What to do if you are worried about a child or young person?

If you are worried or concerned about a child or young person you should contact the Perth and Kinross Child Protection Duty Team or Tayside Police Public Protection Unit:-

<table>
<thead>
<tr>
<th>Perth and Kinross Child Protection Duty Team - (24 hours)</th>
<th>01738 476768</th>
</tr>
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<tbody>
<tr>
<td>Tayside Police Public Protection Unit</td>
<td>0300 111 2222</td>
</tr>
<tr>
<td>In an Emergency</td>
<td>Call 999</td>
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</tbody>
</table>

Others:-

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<tr>
<th>NHS 24</th>
<th>08454 242424</th>
</tr>
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<tbody>
<tr>
<td>National Child Protection Line</td>
<td>0800 0223222</td>
</tr>
<tr>
<td>ChildLine</td>
<td>0800 1111</td>
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<tr>
<td>Crime Stoppers</td>
<td>0800 555 111</td>
</tr>
<tr>
<td>ParentLine Plus</td>
<td>0808 800 2222</td>
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Document Control

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<th>Perth and Kinross Child Protection Committee</th>
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Foreword

The protection of children and young people is everyone’s job and everyone’s responsibility.

In Perth and Kinross this is a shared responsibility and is promoted through the work of the multi-agency Children & Young People’s Strategic Partnership (C&YPSP) and the Child Protection Committee (CPC). The Strategic Partnership provides leadership, direction, scrutiny and support to child protection services across Perth and Kinross. The Child Protection Committee is responsible for the design, development, publication, distribution, dissemination, implementation, evaluation and review of all inter-agency child protection policy and practice. Both partnerships are responsible for ensuring that child protection services remain compliant with existing and emerging national standards, meet local needs and expectations and ultimately provide better outcomes for children and young people.

These inter-agency child protection guidelines have been reviewed to take account of a number of recent legislative, policy and practice developments. Online safety, child trafficking and the protection of children affected by parental alcohol and/or drug misuse are only some of the specific issues that have become the focus of attention in recent times. One of the more fundamental developments, however, has been the move towards children’s services that put the interests of the child at the centre of every process and decision, building up from universal services: the Getting it Right for Every Child (GIRFEC) approach has been instrumental in this. These inter-agency child protection guidelines also take account of messages from research, outcomes from public enquiries, multi-agency inspections and the findings and recommendations from Significant Case Reviews.

These inter-agency child protection guidelines have been produced to inform and support practitioners from all services/agencies. They complement, but do not replace, existing operational child protection guidelines/procedures held within individual services/agencies and to which staff must refer when responding to child protection concerns. The need for early identification, intervention and support, comprehensive and robust assessments, good communication and information sharing, sound decision making and outcome focused planning remain vital and these inter-agency child protection guidelines support that approach.

These inter-agency child protection guidelines reflect our personal and shared commitment to child protection across Perth and Kinross and demonstrate our individual and collective commitment to providing better outcomes for vulnerable children, young people and their families.

Bernadette Malone
Chief Executive
Perth and Kinross Council

Gerry Marr
Chief Executive
NHS Tayside

Justine Curran
Chief Constable
Tayside Police

Paul Mulvanny
Children’s Reporter
Scottish Children’s Reporter Administration
Introduction

These inter-agency child protection guidelines are specifically aimed at practitioners and managers from all services/agencies who are responsible for the protection of children and young people across Perth and Kinross. They contain the core information required by all services/agencies and complement, but do not replace, existing single service/agency child protection procedures.

The overall aim of these inter-agency child protection guidelines is to ensure that services/agencies providing services and support to children, young people and their families have an appreciation and understanding of other service/agency roles, responsibilities and legal powers. They also highlight the importance of, and encourage services/agencies to, communicate and share information about the circumstances and needs of children and families where necessary. This will result in the optimum use of experience and expertise in protecting children and young people. They seek to ensure that in acting to protect children and young people, services/agencies avoid causing them undue stress or adding unnecessarily to any harm already suffered by them.

One acting agency on its own cannot protect children and neither can procedures in isolation. These guidelines are primarily to ensure effective interagency communication, collaborative working and to provide a consistent framework for practice. Professional judgement based on thorough assessment and critical analysis is also required to ensure these procedures are applied appropriately to individual situations and specific needs of the child.

Staff require to be supported to develop skills and knowledge to make them confident and competent practitioners. Improving these attributes will allow complex and difficult decisions to be made which will increase the likelihood of better outcomes for children and young people.

These inter-agency child protection guidelines have been revised and produced in accordance with recent child protection policy, practice and legislative developments, particularly the new National Guidance for Child Protection in Scotland 2010 and take cognisance of other emerging national child protection policy, practice and legislative developments.

They aim to ensure an informed and appropriate response for children and young people about whom practitioners, in key services/agencies, in the public, private and third sectors across Perth and Kinross, may have child care and/or protection concerns.

Bill Atkinson
Chair of Perth and Kinross Child Protection Committee
01 May 2011
How to Use these Guidelines

These Guidelines have been produced to support, reflect and translate the National Guidance for Child Protection in Scotland 2010 into the local Perth and Kinross child protection working context/arrangements.

These Guidelines do not replace the National Guidance for Child Protection in Scotland 2010, nor do they replace any existing single service/agency child protection policies, procedures and/or guidelines. On the contrary, they aim to support them and provide the over-arching policy framework, within which all other child protection policies, procedures and/or guidelines should fall.

These guidelines are divided into five parts.

**Part 1** describes the policy and legislative framework which underpins child protection policy and practice in Scotland and in Perth and Kinross;

**Part II** provides a glossary of definitions, currently used in child protection and includes useful checklists on indicative signs and symptoms of potential harm and abuse;

**Part III** describes in detail, the key component processes for all child care and/or protection concerns including what to do if you are worried about a child; investigation and response; information sharing; risk assessment; interviewing; medical examinations; child protection case conferences and the child protection register;

**Part IV** provides further information on advice on a range of other key child protection issues which practitioners may identify and/or become involved in, keeping in mind this is not an all inclusive and/or exhaustive list of issues; and finally

**Part V** provides information on the profiles of the various partnerships, services/agencies involved in local child protection arrangements, together with useful web-base links and local contact numbers.

Throughout these guidelines, practitioners will find many electronic and/or intelligent links for quick and easy reference to other key documents etc. Practitioners may find these links helpful. These guidelines should now be regarded as both dynamic and iterative and they will be published and maintained as an online electronic resource on the Perth and Kinross Child Protection Website.

Thereafter, they will be kept under continuous review by the Child Protection Inter-Agency Coordinator who can be contacted on 01738 476881.
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Vision, Priorities and Aims

**Our Vision**

“We will support all our children and young people to be the best they can be”

**Our Priorities**

“We will improve the life chances of children and young people by working to reduce inequalities”

“We will ensure that every pupil benefits from education and raise attainment and achievement”

“We will improve methods for engagement with children and young people and increase opportunities for consultation with regard to service delivery”

**Our Aim**

“By placing child protection as a key aspect of not only children’s services but all our responsibilities, we will strive to fulfil the vision and we will deliver improved life chances for all children in Perth and Kinross”
Our Commitment to the Care and Protection of Children and Young People across Perth and Kinross

We believe that “child protection is everyone's job and everyone's responsibility”

Across Perth and Kinross, we consider this to be a shared responsibility between all services and agencies in the public, private and third sectors and a partnership approach with the wider public.

All staff should be committed to the following child care and protection principles:-

• The welfare of all children and young people is paramount;
• All children and young people have a right to be cared for and protected;
• Any actions taken will be child centred and in the child’s best interests;
• All children’s rights and needs will be carefully protected and we respect their cultural, religious and/or additional support needs;
• All children and young people get the help they need when they need it;
• All children and young people are listened to, taken seriously and their wishes considered at all times;
• All children and young people are treated with dignity and respect;
• All children and young people have a right to grow and develop in a safe, protected and comfortable learning environment;
• All staff will ensure that children and young people are safe, secure and protected;
• All staff are properly trained and developed in child care and protection;
• All staff are properly checked and safely recruited to national standards;
• Parents and/or carers have the responsibility and the right to provide the appropriate emotional and physical care for their children and young people except in exceptional circumstances; and
• All staff will follow the Perth and Kinross Inter-Agency Child Protection Guidelines and they all know what to do when they are worried about a child and/or young person.
Part I
Child Protection in Context
1. Policy Statement

Child Protection has to be seen in the context of the wider Getting it Right for Every Child (GIRFEC) approach, the Early Years Framework and the UN Convention on the Rights of the Child. Underpinning this wider approach are two key child protection policy developments, namely the Children's Charter and the Framework for Standards.

The Children's Charter describes, in child-friendly language, the views and expectations of children and young people. It also confirms what makes them feel safe. The thirteen key messages for practitioners, services/agencies are:-

- Get to know us;
- Speak with us;
- Listen to us;
- Take us seriously;
- Involve us;
- Respect our privacy;
- Be responsible to us;
- Think about our lives as a whole;
- Think carefully about how you use information about us;
- Put us in touch with the right people;
- Use your power to help;
- Make things happen when they should; and
- Help us to be safe.

The Framework for Standards translates the above messages from the Children's Charter into child protection practice, by providing eight high level generic statements, all supported by additional narrative/text. The eight standard statements are:-

Standard 1: Children get the help they need when they need it;
Standard 2: Professionals take timely and effective action to protect children;
Standard 3: Professionals ensure children are listened to and respected;
Standard 4: Agencies and professionals share information about children where it is necessary to protect them;
Standard 5: Agencies and professionals work together to assess needs and risks and develop effective plans;
Standard 6: Professionals are competent and confident;
Standard 7: Agencies work in partnership with members of the community to protect children; and
Standard 8: Agencies, individually and collectively, demonstrate leadership and accountability for their work and its effectiveness.
All children and young people have the right to be cared for and protected from harm and abuse and to grow up in a safe environment in which their rights are respected and their needs are met. Children and young people should get the help they need, when they need it and their welfare is always paramount.

The Scottish Government has set out a vision that all Scotland's children and young people will be successful learners; confident individuals; effective contributors; and responsible citizens. This depends very much on how well they have been supported to develop their well-being. All services/agencies in contact with children and young people must play their part in making sure that children and young people are safe, healthy, achieving, nurtured, active, respected, responsible and included.

GIRFEC has a number of key components:-

- a focus on improving outcomes for children, young people and their families based on a shared understanding of well-being;
- a common approach to gaining consent and sharing information where appropriate;
- an integral role for children, young people and families in assessment, planning and intervention;
- a co-ordinated and unified approach to identifying concerns, assessing needs, agreeing actions and outcomes, based on the well-being indicators;
- streamlined planning, assessment and decision-making processes that result in children, young people and their families getting the right help at the right time;
- consistent high standards of co-operation, joint working and communication, locally and across Scotland;
- a Named Person in universal services for each child and a Lead Professional to co-ordinate and monitor multi-agency activity where necessary;
- maximising the skilled workforce within universal services to address needs and risks as early as possible;
- a confident and competent workforce across all services for children, young people and their families; and
- the capacity to share demographic, assessment and planning information electronically within and across agency boundaries.
GIRFEC advises that at each stage of an intervention, practitioners should ask themselves the following five questions:-

1. What is getting in the way of this child or young person’s well-being?
2. Do I have all the information I need to help this child or young person?
3. What can I do now to help this child or young person?
4. What can my agency do to help this child or young person? and
5. What additional help, if any, may be needed from others?

Within Perth and Kinross, the GIRFEC Implementation Group has published a number of key documents, aimed at translating the Getting it Right for Every Child (GIRFEC) Practice Model and approach seamlessly across existing practices in education and children’s services. In doing so they have published the following key information and guidance papers which all practitioners may find helpful in their day-to-day child protection work:-

1. Values, Principles and Core Components;
2. Principles for Seeking, Recording and Acting on the views of Children and Young People;
3. Integrated Assessment Framework;
4. The Named Worker;
5. The Lead Professional; and

2. Policy Context

The following schedule provides the historic and contemporary child protection policy context for the Perth and Kinross Inter-Agency Child Protection Guidelines:-

- Scottish Office Circular SWSG 14/97 Child Protection: Local Liaison Machinery – Child Protection Committees;
- Protecting Children – A Shared Responsibility: Guidance on Inter-Agency Co-operation (Scottish Office 1998);
• Scottish Executive’s Audit and Review Report (2002) entitled “It’s everyone’s job to make sure I’m alright”;

• Scottish Executive (2003) Getting Our Priorities Right; Good Practice Guidance for Working with Children and Families Affected by Substance Misuse;


• Scottish Executive Child Protection Reform Programme 2003 – 2006;

• Scottish Executive (2003) Ministerial Letters of Assurance 1;


• Scottish Executive (2005) Protecting Children and Young People: Child Protection Committees;

• Scottish Executive (2006) Ministerial Letters of Assurance 2;


• HMie Services for Children Unit (2006): Self Evaluation and Quality Indicators Framework: “How well are children and young people protected and their needs met?”;

• Getting it Right for Every Child;


• HMie Services for Children Unit (2009): How good are we now? How well do we protect children and meet their needs? How good can we be? Self Evaluation Using Quality Indicators;

3. Legislative Context

The following schedule provides the historic and contemporary child protection legislative context for the Perth and Kinross Inter-Agency Child Protection Guidelines:-

- The Police (Scotland) Act 1967;
- The Social Work (Scotland) Act 1968;
- The Health and Safety at Work etc Act 1974;
- The Sex Discrimination Act 1975;
- The Race Relations Act 1976;
- The National Health Service (Scotland) Act 1978;
- The Education (Scotland) Act 1980;
- The Sex Discrimination Act 1986;
- The Age of Legal Capacity (Scotland) Act 1991;
- The Children (Scotland) Act 1995;
- The Human Rights Act 1998;
- The Data Protection Act 1998;
- The Race Relations (Amendment) Act 2000;
- The Sexual Offences (Procedure and Evidence) (Scotland) Act 2002;
- The Freedom of Information (Scotland) Act 2002;
- The Protection of Children (Scotland) Act 2003;
- The Criminal Justice (Scotland) Act 2003;
- The Education (Additional Support for Learning) (Scotland) Act 2004;
- The Vulnerable Witnesses (Scotland) Act 2004;
- The Asylum and Immigration (Treatment of Claimants, etc.) Act 2004;
The following extracts provide a brief insight into some of the key relevant legislation applicable to the protection of children and young people in Scotland. Practitioners should note that legislation is always subject to amendment.

**The Children (Scotland) Act 1995**

This is the primary legislation for the protection of children and young people. It includes actions that can be taken in emergencies; situations where it is necessary to plan assessment and longer term legal measures to protect or supervise children and young people.

The Act provides for 3 main types of Emergency Protection: the Child Assessment Order (CAO), the Child Protection Order (CPO) and the Exclusion Order (EO).

**Child Assessment Orders (CAO)**

The conditions which are required to be met to satisfy the Sheriff are set out in Section 55 (1) of the Children (Scotland) Act 1995. A Child Assessment Order is obtained by a local authority from a Sheriff. It enables an assessment of a child’s health or development to be made. It is designed for instances where the situation is not as urgent as that required in the case of a Child Protection Order but there is a concern about a child’s safety or welfare.

A Child Assessment Order can last for up to seven days from the date specified in the Order and can include such directions and conditions as the Sheriff considers appropriate for the proper assessment of the child including provision for the child’s residency and any medical examinations deemed necessary.

The Child Assessment Order (not any other Order under this Act) does not reduce the child’s rights to refuse medical treatment or procedures as determined by the [The Age of Legal Capacity (Scotland) Act 1991](#). An application for this Order requires formal notice to the relevant parties. Should a Sheriff consider it more appropriate, he or she must issue a Child Protection Order rather than a Child Assessment Order.
Child Protection Orders (CPO)

There are occasions when urgent action is required to protect a child from significant harm. Any person, including the local authority, can apply to the Sheriff for a Child Protection Order under Section 57 (1) of the Children (Scotland) Act 1995. Specifically when a local authority suspects that a child is suffering or will suffer significant harm or any person who has reasonable grounds to believe the above may apply to a Sheriff for a Child Protection Order (CPO). Such an Order ceases to have effect where no attempt has been made to implement it within 24 hours of it being granted.

It can do one or more of the following:-

- require the child to be produced;
- authorise removal to and retention of the child in a place of safety;
- prevent the removal of the child; and
- instruct that the child’s location be kept secret.

The local authority can also apply for an Order under Section 57 (2) of the aforesaid Act if its enquiries are being frustrated by being denied access to the child. The Sheriff may make decisions regarding contact with the child and whether medical and psychiatric examinations, assessments or treatments are required.

The duration of the Order is limited to 24 hours/2 working days from implementation until an initial Children’s Hearing. Following the initial hearing the Children’s Reporter must arrange a second hearing on the 8th working day after implementation of the order when the grounds for referral and statements of the facts of the case will be put to the child and parents/relevant persons.

Exclusion Orders (EO)

Under Section 76 of the Act, a local authority may apply to a Sheriff for an Exclusion Order to exclude a ‘named person’ from the house of a particular child or children. An Exclusion Order has the effect of suspending a person’s occupancy rights (if any) to the child’s family home and of preventing that person from entering the home without the express permission of the local authority. The local authority can apply to the Sheriff to attach a power of arrest to any interdict granted, prohibiting the named person from entering or remaining in a specified area in the vicinity of the home. A full Hearing must take place not later than 3 working days after the Interim Order is granted when a Sheriff may grant an Exclusion Order for up to 6 months with conditions attached including the aforesaid power of arrest.

Emergency Protection Procedures

When the conditions for the granting of a Child Protection Order are met but a Sheriff is not available, application can be made to a Justice of the Peace for an Order to produce a child and/or the removal or detention of a child in a place of safety. This particular Order ceases to have effect if it has not been implemented within 12 hours of being granted. Application
must be made to a Sheriff within 24 hours if the child needs to remain in a place of safety. A Police Constable may remove a child to a place of safety if he or she considers the grounds for a Child Protection Order are met.

**Children Seeking Refuge**

In term of Section 38 of [The Children (Scotland) Act 1995](https://www.legislation.gov.uk/ukpga/1995/45) Local Authorities and persons running residential establishments have the power to provide refuge in designated or approved establishments and households for children and young people who appear to be at risk of harm and who request refuge.

- A child or young person must request refuge;
- There is no requirement on the child or young person to disclose information about his or her circumstances as a condition of access to refuge;
- Provision of refuge is not an alternative to the local authority using its other responsibilities and power under the Act;
- Households may include designated foster families; and
- A designated police officer has to be advised that the child or young person is being given refuge and is safe;

A child or young person’s parents and/or carers retain their responsibilities and rights in respect of the child or young person and should be advised that the child or young person is being provided with refuge. However they cannot demand the return of the child or young person nor is it necessary to provide parents and/or carers with other details unless the child or young person wishes them to be told. Parents and/or carers would not normally be advised of the location of the refuge but should have a contact number of a person through whom they can be re-assured of a child or young person’s wellbeing.

**The Children & Young Persons (Scotland) Act 1937**


The Act sets out a number of criminal offences:-

**Section 12** – Cruelty to persons under 16.

If any person who has attained the age of 16 years and has the custody, charge or care of any child or young person under that age, wilfully ill-treats, neglects, abandons, or exposes him or cause or procures him to be ill-treated, neglected, abandoned or exposed in a manner likely to cause him unnecessary suffering or injury to health (including injury to or loss of sight, or hearing, or limb, or organ of the body and any mental derangement) that person shall be guilty of an offence.
Section 15 – Causing or allowing person under 16 to be used for begging.

Section 33 – Prostitution or persons under 16 taking part in performances endangering life or limb.

**The Human Rights Act 1998**

This Act enshrines the UN Convention on Human Rights in statute and creates a mechanism for enforcing these rights in the UK.

**The Age of Legal Capacity (Scotland) Act 1991**

This Act provides that a person under the age of 16 years shall have legal capacity to consent on his or her own behalf to any surgical, medical, or dental procedure or treatment, including psychological or psychiatric examination, where in the opinion of an attending qualified medical practitioner, she/he is capable of understanding the nature and possible consequence of the procedure or treatment. Children and young people who have the legal capacity may withhold their consent.

**Part V of The Police Act 1997**

This Act introduced a system of disclosures, criminal history information, to individuals and organisation for employment and other purposes. This service is known as Disclosure Scotland. The aim of the service is to enhance public safety and to help employers and voluntary organisations make safer recruitment decisions.

**The Sex Offenders Act 1997**

This Act requires certain persons convicted of certain sexual offences (almost all related to offences committed against children and young people) to register their names and addresses with the Police for a given period which varies depending on the crime and the length of sentence. Police must be notified of an intended change of address.

Local authorities have a clear role to play in the Act’s implementation. The exchange of information with local Police and the undertaking of such assessment is vital in order that offenders who present a risk are identified and monitored. Public safety and child protection are paramount in this respect.

**The Crime and Disorder Act 1998**

This Act permits a Chief Constable to apply for a Sex Offender Order when a person of 16 years or over, who is a convicted sex offender, has acted in such a way as to give reasonable cause to believe that an Order under this section is necessary to protect the public from serious harm. The local authority where the offender lives and the Police must consult prior to making an application. The Sheriff may impose certain conditions on the Order and should the offender be in breach of these conditions, a police constable can arrest, without warrant, a person whom he or she reasonably suspects of committing a prohibited act in contravention of the Sex Offender Order.
The Female Genital Mutilation Act 2003 and The Prohibition of Female Genital Mutilation (Scotland) Act 2005

These Acts make it an offence for UK nationals or permanent United Kingdom residents to carry out female genital mutilation (FGM) abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

The Protection of Children (Scotland) Act 2003

This legislation requires that Scottish Ministers keep a list of individuals whom they consider to be unsuitable to work with children and young people, to prohibit individuals included on the list, and the individuals who are similarly regarded in other jurisdictions, from doing certain work relating to children and young people, to make further provision in relation to that list and for connected purposes.

The Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005

This Act creates the offence of sexual grooming. It also makes provision for Risk of Sexual Harm Orders to be granted by the court to protect children and young people from sexual behaviour. It also creates further offences in relation to child prostitution and exposure to pornography.

The Management of Offenders etc (Scotland) Act 2005

This relates to the arrangements for assessing and managing risks posed by certain offenders. The responsible authorities for the area of a local authority must jointly establish such arrangements.

The Protection of Vulnerable Groups (Scotland) Act 2007

This Act allows for the establishment of a new Vetting and Barring Scheme which will replace the current Disclosure System. All individuals who work with children and young people or adults at risk of harm (whether paid staff or volunteers) will be required to register to become a scheme member. This arose from the Bichard Inquiry, undertaken following the Soham murders in 2002. The Inquiry called for a registration system for all those who work with children and adults at risk of harm. The Vetting and Barring Scheme will deliver this recommendation ensuring that those who have a history of behaviour which indicates they are unsuitable to work with children or adults at risk of harm are prevented from doing so.

The Sexual Offences (Scotland) Act 2009

This Act has translated a number of common law offences – including rape – into statutory offences which criminalise sexual conduct which takes place without consent. It defines consent as “free agreement” and makes clear that consent may be withdrawn at any time.
The Act:-

- provides for the first time a statutory definition of consent as “free agreement” enshrined in the law;

- replaces the common-law offence of rape with a broader statutory offence (which includes male rape);

- introduces new statutory crimes, including specific offences of sexual assault by penetration and of voyeurism, and others targeting coercive sexual conduct such as the sending of sexually offensive emails or texts, and sexual exposure; and

- includes ‘protective offences’ to safeguard those with limited or no capacity to consent due to their age or mental disorder. This includes equalising at 16 the age of consent for boys and girls.

The Act introduced in Sections 42-45 a new offence relating to a breach of a position of trust in respect of a child. The Act provides clear guidance as to what constitutes a position of trust in these circumstances. It updated and amended the provisions of the UK Sexual Offences (Amendment) Act 2000. Section 55 also allows for a Scottish resident to be convicted of an offence committed abroad if it would be deemed a criminal offence in Scotland. It is no longer necessary for the behaviour to be illegal in the country where it occurs. Unlawful sexual intercourse with a 12-year-old somewhere in Asia, for example, would be able to be prosecuted in Scotland.

For further information on the existing and emerging national child protection policy/legislative context please contact the Perth and Kinross Child Protection Inter-Agency Coordinator at Pullar House, Perth on 01738 476881.

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Part II
Child Protection Definitions, Signs and Symptoms
4. Definitions

Action to support and protect children must be informed and effective. To achieve this all stakeholders must have a clear and consistent understanding of what is meant by terms such as child, parent, carer, child abuse, neglect, harm, significant harm and child protection. The following section provides definitions and further explanations about key terms used within child protection.

Child

A child can be defined differently in different legal contexts.

Section 93(2) (a) and (b) of The Children (Scotland) Act 1995 defines a child in relation to the powers and duties of the local authority. Young people between the age of 16 and 18 who are still subject to a supervision requirement by a Children’s Hearing can be viewed as a child. Young people over the age of 16 may still require intervention to protect them. The UN Convention on the Rights of the Child applies to anyone under the age of 18. However, Article 1 states that this is the case unless majority is attained earlier under the law applicable to the child.

Young people aged between 16 and 18 are potentially vulnerable to falling “between the gaps” and local services must ensure that processes are in place to enable staff to offer ongoing support and protection as needed, via continuous single planning for the young person. Where a young person between the age of 16 and 18 requires protection, services will need to consider which legislation, if any, can be applied. This will depend on the young person’s individual circumstances as well as on the particular legislation or policy framework. Special consideration will need to be given to the issue of consent and whether an intervention can be undertaken where a young person has withheld their consent.

Parent

A parent is defined as someone who is the genetic or adoptive mother or father of the child. A mother has full parental rights and responsibilities. A father has parental rights and responsibilities if he is or was married to the mother at the time of the child’s conception or subsequently, or if the child’s birth has been registered after 4 May 2006 and he has been registered as the father of the child on the child’s birth certificate. A father may also acquire parental responsibilities or rights under The Children (Scotland) Act 1995 by entering into a formal agreement with the mother or by making an application to the courts.

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. In order 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.
Carer

A carer is someone other than a parent who has rights/responsibilities for looking after a child or young person. Relevant persons have extensive rights within the Children’s Hearing system, including the right to attend Children’s Hearings, receive all relevant documentation and challenge decisions taken within those proceedings. A carer may be a “relevant person” within the Children’s Hearing system.

Kinship Carer

A kinship carer can be a person who is related to the child or a person who is known to the child and with whom the child has a pre-existing relationship (related means related to the child either by blood, marriage or civil partnership). Regulation 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 under the terms of section 17(6) of the Children (Scotland) Act 1995.

Before making such a decision the authority must, so far as reasonably practicable, obtain and record in writing the information specified in Schedule 3 to the Regulations and, taking into account that information, carry out an assessment of that person’s suitability to care for the child. Local authorities' duties are designed to ensure that they do not make or sustain placements that are not safe or in the child's best interests and that placements are subject to regular review.

Preventative and protective work is necessary to support carers and, in particular, kinship carers who may face added challenges. These include the potential risks posed by parents and/or carers; where the kinship carer is a grandparent, this may mean making decisions as to how best to protect their grandchild or grandchildren from their own child. Kinship carers may have ambivalent feelings about the circumstances that have resulted in them having to care for a child or young person. Services should be sensitive to these issues and offer support wherever possible.

Informal kinship care refers to care arrangements made by parents and/or carers or those with parental responsibilities with close relatives or, in the case of orphaned or abandoned children, by those relatives providing care. A child cared for by informal kinship carers is not Looked After. The carer in such circumstances is not a foster carer, nor is assessment of such a carer by the local authority a legal requirement.

Private Fostering

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. Where the child’s parents and/or carers have never married, the term will include the birth father and any person who would have been defined as a relative had the parents and/or carers been married.
Within Perth and Kinross, information and advice leaflets on Private Fostering have been produced, which describe the responsibilities for local authorities and for those who may be looking after someone else’s child. Practitioners may find these helpful:

Private Fostering – Responsibilities for Local Authorities

Are you looking after someone else’s child? You need to know this

5. What is Child Abuse and Child Neglect?

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. Assessments will need to consider whether abuse has occurred or is likely to occur.

The following definitions show some of the ways in which abuse may be experienced by a child but are not exhaustive, as the individual circumstances of abuse will vary from child to child.

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 symptoms of, or deliberately causes, ill health to a child they are looking after.

Emotional Abuse

Emotional abuse is persistent emotional neglect or ill treatment that has severe and persistent adverse effects on a child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may involve the imposition of age-or developmentally-inappropriate expectations on a child. It may involve causing children to feel frightened or in danger, or exploiting or corrupting children. Some level of emotional abuse is present in all types of ill treatment of a child; it can also occur independently of other forms of abuse.

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. 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. 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, pornographic material or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways.
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 or 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. In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young children in particular, the consequences may be life-threatening within a relatively short period of time.

6. What is Child Protection?

Child Protection means protecting a child from child abuse or neglect. Abuse or neglect need not have taken place; it is sufficient for a risk assessment to have identified a likelihood or risk of significant harm from abuse or neglect.

Equally, in instances where a child may have been abused or neglected but the risk of future abuse has not been identified, the child and their family may require support and recovery services but not a Child/Young Person’s Protection Plan. In such cases, an investigation may still be necessary to determine whether a criminal investigation is needed and to inform an assessment that a Child/Young Person’s Protection Plan is not required.

There are also circumstances where, although abuse has taken place, formal child protection procedures are not required. For example, the child’s family may take protective action by removing the child from the source of risk. Children who are abused by strangers would not necessarily require a Child/Young Person’s Protection Plan unless the abuse occurred in circumstances resulting from a failure in familial responsibility.

Similarly, if a young child is abused by a stranger, a Child/Young Person’s Protection Plan may be required only if the family were in some way responsible for the abuse occurring in the first instance or were unable to adequately protect the child in the future without the support of a Child/Young Person’s Protection Plan.

What is Harm and Significant Harm in a Child Protection Context?

Child protection is closely linked to the risk of significant harm. Significant harm is a complex matter and subject to professional judgement based on a multi-agency assessment of the circumstances of the child and their family. Where there are concerns about harm, abuse or neglect, these must be shared with the relevant agencies so that they can decide together whether the harm is, or is likely to be, significant.
Significant harm can result from a specific incident, a series of incidents or an accumulation of concerns over a period of time. It is essential that when considering the presence or likelihood of significant harm that the impact (or potential impact) on the child takes priority and not simply the alleged abusive behaviour. The following sections illustrate considerations that need to be taken into account when exercising that professional judgement.

In order to understand the concept of significant harm, it is helpful to look first at the relevant definitions.

- **Harm** means the ill treatment or the impairment of the health or development of the child, including, for example, impairment suffered as a result of seeing or hearing the ill treatment of another. In this context, development can mean physical, intellectual, emotional, social or behavioural development and health can mean physical or mental health.

- Whether the harm suffered, or likely to be suffered, by a child or young person is **significant harm** is determined by comparing the child’s health and development with what might be reasonably expected of a similar/unaffected child.

There are no absolute criteria for judging what constitutes significant harm. In assessing the severity of ill treatment or future ill treatment, it may be important to take account of: the degree and 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. 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, that interrupt, change or damage the child’s physical and psychological development.

To understand and identify **significant harm**, it is necessary to consider:-

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

The reactions, perceptions, wishes and feelings of the child must also be considered, with account taken of their age and level of understanding. This will depend on effective communication, including with those children and young people who find communication difficult because of their age, impairment or particular psychological or social situation.
It is important to observe what children do as well as what they say, and to bear in mind that children may experience a strong desire to be loyal to their parents and/or carers (who may also hold some power over the child). Steps should be taken to ensure that any accounts of adverse experiences given by children are accurate and complete, and that they are recorded fully.

**Who is a Child in Need?**

The concept of need as defined in the Section 93 (2) (b) of The Children (Scotland) Act 1995 relates to a child being in need of care and attention because:-

- He/she is unlikely to achieve or maintain or to have the opportunity of achieving or maintaining a reasonable standard of health or development unless they are provided for him/her under or by virtue of that Part of the Act by services provided by a local authority;
- His/her health or development is likely to be significantly impaired or further impaired unless such services are provided;
- He or she is disabled; or
- He/she is adversely affected by the disability of any other person in his/her family; and
- Children with particular vulnerabilities or disabilities aged between 16 and 18 are potentially at risk of falling between services and local authorities must ensure that staff offer ongoing support and protection as required.

**7. Signs and Symptoms**

A child or young person who has been abused and/or neglected (or both) may show obvious physical signs and symptoms of such abuse and/or neglect. The following schedules provide some indicators which practitioners may find helpful when trying to identify child abuse and/or neglect. These should not be considered as all inclusive, exhaustive and/or comprehensive.

**General Presentations**

- Conflicting explanations or inconsistent reports of:-
  - medical treatment;
  - reasons for marks or injuries; and
  - reasons for absence from school or medical appointments.
- Obvious, non-accidental marks of hand, belt, stick, etc;
- Injuries in young children (under 1 year);
- Injuries of different ages;
- Delay in parents and/or carers seeking medical attention for their child;
- Children brought for medical attention by the parent or carer who was not present when the injury was sustained;
- Features of general neglect of the child's physical or emotional needs;
• Inappropriate behaviour (including sexualised play or activity) or demeanour of the child or parent;
• Unusual illness suggestive of a fictitious origin; and
• Child’s name already entered on the Child Protection Register;

Physical Abuse

The following indicators may be helpful to practitioners when considering the possibility of physical abuse:-

Bruises

• Black eyes are particularly suspicious if:-
  • both eyes are black (most accidents cause only one);
  • there is an absence of bruising to the forehead or nose;
  • there is a suspicion of skull fracture (black eyes can be caused by blood seeping down from an injury above).
• Bruising in or around the mouth (especially in young babies);
• Grasp marks on the arm or on the chest of a small child;
• Finger marks (three or four small bruises on one side of the face and one on the other);
• Symmetrical bruising (particularly on the ears);
• Outline bruising (eg belt marks, hand prints);
• Linear bruising (commonly on the buttocks or back);
• Bruising on soft tissue with no satisfactory explanation; and
• Petechial bruising (petechia – small spot caused by an effusions of blood under the skin), tiny red marks on the face particularly in or around the eyes and neck, also the ears, indicative of shaking or constriction;

**NB** – Most falls or accidents produce one bruise on an area of the body, usually on a bony protuberance. A child or young person who falls downstairs generally has only one or two bruises. Bruising in accidents is usually on the front of the body as children and young people generally fall forwards. Additionally there may be marks on their hands if they have tried to protect themselves and attempt to break their fall.

The following are uncommon areas for accidental bruising:-

• Back;
• Back of legs;
• Buttocks (except occasionally along the bony protuberance of the spine);
• Neck;
• Mouth;
• Cheeks;
• Behind the ear;
• Stomach;
• Chest;
• Under arm; and
• Genital and rectal areas;
Bites

These can leave clear impressions of teeth and the scientific specialism of Odontology can often identify the abuser.

Burns and Scalds

Distinguishing between accidental and non-accidental burns is problematic but as a general rule burns and scalds with clear outlines are suspicious. Similarly burns of uniform depth over a large area should arouse suspicion. Equally splash marks about the main burn area (caused ostensibly by hot liquid being thrown).

NB – Concerns should be raised where the adult responsible for filling a bath has failed to check the temperature of the bath. A child or young person is unlikely to sit down voluntarily in an excessively hot bath and equally cannot physically scald its bottom without also scalding its feet. A child or young person voluntarily stepping into a bath filled with too hot water will naturally struggle to hop back out again causing splash marks.

Scars

Many children and young people have scars but staff should be vigilant about an exceptionally large number of differing age scars (particularly if combined with fresh bruising), unusually shaped scars (e.g. circular ones resulting from cigarette burns) or of large scars from burns or lacerations that have not received medical attention.

Fractures

These should arouse suspicion if there is discrepant history of causation, swelling or discolouration over a bone or joint. The most common non-accidental fractures are to the long bones, i.e. the arms or legs. Generally, fractures also carry pain and it is difficult for a parent or carer to justify being unaware that a child or young person has been injured in this manner. It would be rare for a non ambulant child to sustain an accidental limb fracture.

Genital/Anal Area

It would be unusual for a child or young person to have bruising or bleeding in these areas and medical opinion should be sought.

Shaken Baby Syndrome

This term refers to the constellation of non-accidental injuries occurring in infants and young children as a consequence of violent shaking. The action can prove fatal.

Poisoning

Poisoning often occurs in fictitious illness syndrome (Munchausen Syndrome by Proxy). Again medical advice should be sought in respect of both child and presenting parent.
Emotional Abuse

The following indicators may be helpful to practitioners when considering the possibility of emotional abuse. In some circumstances they will be applicable to an individual child or young person, in others it may reflect upon all siblings.

Parents’ Behaviour

- Rejection;
- Denigration;
- Scapegoating;
- Denial of opportunities for exploration, play and socialisation appropriate to their stage of development;
- Under stimulation;
- Sensory deprivation;
- Unrealistic expectations of the child;
- Marked contrast in material provision afforded to other siblings;
- Isolation from normal social experiences preventing the child forming friendships;
- Requesting the child be removed from the home or highlighting difficulties in coping with a child about whose care there is existing professional concerns; and
- Domestic violence between care givers;

The effects on children and young people who witness domestic abuse are serious. The possibility of such children or young people also being physically abused must be a realistic concern.

Child’s Behaviour

- Frozen watchfulness;
- Fear of carers;
- Refusal to speak; and
- Severe hostility or aggression towards other children;

Sexual Abuse

Children and young people can disclose either spontaneously or in a premeditated way. This is often dependent on age. The following indicators may be helpful to practitioners when considering the possibility of sexual abuse.

Physical Indicators

- Injuries to the genital area;
- Infections or abnormal discharge in the genital area;
- Complaints of genital itching or pain;
- Depression and withdrawal;
- Wetting and soiling, day and night;
- Sleep disturbances or nightmares;
- Recurrent illnesses, especially venereal disease;
- Anorexia or bulimia;
- Pregnancy; and
- Phobias or panic attacks;

**General Indicators**

- Self harming;
- Exhibiting sexual awareness inappropriate for age of child;
- Acting in a sexually explicit manner e.g. very young child inserting objects into their vagina;
- Sudden changes in behaviour or school performance or attendance;
- Displays of affection which are sexually suggestive;
- Tendency to cling or need constant reassurance;
- Tendency to cry easily;
- Regression to earlier behaviour such as thumb sucking, acting as a baby;
- Distrust of a familiar adult or anxiety about being left with a relative, babysitter or lodger;
- Unexplained gifts or amounts of money;
- Secretive behaviour; and
- Fear of undressing for gym classes or swimming lessons;

**Neglect**

The following indicators may be helpful to practitioners when considering the possibility of neglect:-

- lack of appropriate food;
- inappropriate or erratic feeding;
- hair loss;
- lack of adequate clothing;
- circulation disorders;
- unhygienic home conditions;
- lack of protection or exposure to dangers involving moral danger, or lack of supervision appropriate to a child's age which has arisen due to familial abuse of substances;
- failure to seek appropriate medical attention; and
- general failure to achieve developmental milestones.
Part III
Child Protection Responses
8. What to do if you are worried about a child or young person?

If you are worried or concerned about a child or young person you should contact the Perth and Kinross Child Protection Duty Team or Tayside Police Public Protection Unit:

<table>
<thead>
<tr>
<th>Perth and Kinross Child Protection Duty Team - (24 hours)</th>
<th>01738 476768</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tayside Police Public Protection Unit</td>
<td>0300 111 2222</td>
</tr>
<tr>
<td>In an Emergency</td>
<td>Call 999</td>
</tr>
</tbody>
</table>

Others:-

<table>
<thead>
<tr>
<th>NHS 24</th>
<th>08454 242424</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Child Protection Line</td>
<td>0800 0223222</td>
</tr>
<tr>
<td>ChildLine</td>
<td>0800 1111</td>
</tr>
<tr>
<td>Crime Stoppers</td>
<td>0800 555 111</td>
</tr>
<tr>
<td>ParentLine Plus</td>
<td>0808 800 2222</td>
</tr>
</tbody>
</table>

9. Responding to Concerns about Children or Young People

All staff who work with and/or come into contact with children and their families have a role to play in child protection. Staff should be alert to the previous signs and symptoms which may indicate that a child is being exposed to abuse and/or neglect.

If a child or a young person provides information that suggests that he or she is being exposed to abuse or neglect you should:-

- Remain calm, no matter how difficult it is to listen to the child;
- Listen to the child and take them seriously;
- Reassure them they were right to tell you;
- Ensure the child is safe from harm;
- Keep any questions to a minimum, for clarification purposes and never interrupt;
- Tell the child what you are going to do next and tell them that you are going to have to speak to someone who can help;
- As soon as is practical write down everything that the child has told you using the child’s exact words if possible;
- Make a note of the date, time, place and people who were present; and
• Act promptly and immediately, report your concerns to your Line Manager, Supervisor or designated Child Protection Officer.

All Practitioners should ensure they understand their own service/agency child protection procedures, know how, where and when to access them and know who their designated and/or Lead Child Protection Officer is.

10. Initial Screening and Inter-Agency Referral Discussions (IRDs)

Perth and Kinross has in place an Initial Screening and Inter-Agency Referral Discussions (IRD) Multi-Agency Protocol for all child care and/or protection concerns. This protocol describes in some detail the procedures which will be followed on receipt of all child care and/or protection concerns and includes useful flowcharts, which practitioners may find helpful.

The following key extracts from that protocol are of particular importance:-

Definition – Child Care and/or Protection Concerns

Child care and/or protection concerns are defined and/or interpreted widely and can include:-

• Parent or carer incapable or unable to adequately look after their child;
• Domestic abuse where a child or young person is affected, or lives in the same household as incidents of domestic abuse;
• Child or young person under the influence of alcohol;
• Children left unattended in a household where to do so is leaving them at risk of harm;
• A child or young person who is outwith parental control;
• Drugs search at home address where children/young people are in the household;
• Adult arrested for committing an offence whilst having care of a child or young person;
• Child or young person is the victim of a crime or offence;
• Child or young person living in neglectful circumstances;
• Adult in an unfit state to care for a child; and
• Any other situations where a child or young person may be at risk.

Initial Screening – Child Care and/or Protection Concerns

All child care and/or protection concerns reported to the Perth and Kinross Child Protection Duty Team are initially screened and systems will be fully checked to confirm whether the child, young person and/or family are currently known or have been previously known to Social Work.

Following the initial screening of all child care and/or protection concerns the following immediate action can be taken:-
1. In some cases, the child, young person or family may already have an allocated Social Worker. If so, the concern will be passed to the Team Leader/Social Worker for further consideration and action; 

2. In some cases, there may be no further action required and this will be recorded; 

3. In some cases, further information gathering will be necessary to make a decision as to the best course of action. The Child Protection Duty Team will contact other service/agencies and/or other practitioners in order that all relevant information can be gathered for an Initial Assessment. This will also include Health; 

4. In some cases, it may be necessary to make an immediate referral to the Children’s Reporter, particularly where immediate action is necessary to protect a child or young person, or in cases where there have been a number of concerns and lack of cooperation from the service user; and 

5. In some cases, a child protection investigation may be necessary; 

Child Protection Investigation 

A child protection investigation is defined as a joint investigation, between Police and Social Work where a crime or offence has or may have been committed against a child or young person. Further assessment is necessary in order to decide the risks and needs of a child or young person and what action should be taken.

Inter-Agency Referral Discussions (IRDs) 

An Inter-Agency Referral Discussion (IRD) is a discussion between two or more services/agencies, where it has been suspected that a child has suffered, is suffering or may be at risk of harm or abuse. In practice an IRD is not a single event, but rather a series of ongoing events and discussions. An IRD will take place between Social Work, Police and Health and where appropriate, with School staff in each and every case.

Whenever necessary, practical and possible, these discussions will take place at organised meetings of the relevant practitioners. Where this is not always practical or possible, discussions will take place by phone and the sharing and exchanging of information can be virtual/electronic (phone, e-mail, fax etc).

An IRD will take place for every child or young person where the initial screening process has identified that a Child Protection Investigation is necessary.

In Perth and Kinross an IRD will take place between Police, Social Work and Health in each and every case.

For each child or young person discussed in the IRD, the participating services/agencies/practitioners will agree upon the following:-
• What child care or protection concerns are raised by the information contained within the Child Protection Referral?
• What needs are identified?
• Which service/agency is already involved in providing a support to the child/young person and/or their family?
• What risks factors, protective factors and/or strengths have been identified?
• Is there a need for a joint investigative interview by Police and Social Work?
• Do the circumstances suggest there is a need for a Medical Examination? If so, the Police or Social Work must contact and speak with the On-Call Paediatrician currently arranged through the Custody Nurse. See Appendix III; and
• Do the circumstances suggest there is a need for a Health Assessment? If so, the Police or Social Work must contact and speak with the Perth & Kinross CHP Senior Nurse/Advanced Nurse Practitioner or the Lead Paediatric Clinician for Perth & Kinross. If not available, advice can be sought from the On-Call Paediatrician currently arranged through the Custody Nurse. See Appendix III; and
• What are the timescales, roles, responsibilities and agreed sequence of actions/events?

IRD Outcomes

The IRD must agree on one of the following options for action:-

• No further action following an IRD;
• Direct referral to a single service/agency - in which case the service/agency should be prepared to accept the referral and identify a Lead Professional;
• Child Protection Investigation/Assessment to take place. Immediate actions taken when there are concerns that the information provided suggests that a child or young person may be at risk of immediate and/or significant harm or abuse, and emergency procedures may be necessary to remove a child or young person from their home;
• The On-Call Paediatrician will decide if a medical examination is required as per the NHS Tayside Protocol; and
• Referral to the Children's Reporter where the IRD participants believe that the child has significant needs and where compulsory measures of care may be required. Details of any previous child concern reports shall be included with any referral made to the Reporter at this time or subsequently by any service/agency.

IRD Sharing and Recording

There will be an expectation on the part of those practitioners who participate in an IRD that each service/agency will thoroughly research their own information and recording systems, including all electronic databases and/or paper systems to enable effective decision making to take place. Those practitioners who take part in an IRD will be responsible for recording all the agreed decisions made and outcomes within their own service/agency systems (e.g. in Social Work, the Senior Social Worker, Child Protection Duty Team will ensure the outcomes are recorded within the profile notes on SWIFT).

IRD participants will also be responsible for sharing relevant information and decisions with staff in their own services/agencies who ‘need to know’ and where it is in the best interests of a child or young person to do so.
Wherever possible, all IRD decisions should be made on the basis of agreement and consensus between all participants and will be noted. However, where agreement and consensus cannot be achieved, then the views of the majority will be taken and noted. Any disagreements/dissent which cannot be resolved will be noted and discussed with the participants’ respective Line Managers/Supervisors.

Where there are any issues/concerns raised during the collation of information from services/agencies relating to concerning behaviour, threats or violence to staff members, this information must be shared across all the services/agencies to allow them to assess the level of risk and to safeguard staff members.

If a service/agency is unable to engage with the child and/or family for any reason, and there is evidence that the family’s circumstances are either not improving or indeed deteriorating, they should consider making an immediate referral to the Children’s Reporter.

**IRD Feedback**

Throughout the IRD process, feedback will be provided to the person and/or the service/agency that raised the child care and/or protection concern in the first place. Those providing feedback will ensure that it is recorded in the relevant case files/notes.

**IRD Practitioner Flowchart**

The following flowcharts have been extracted from the *Initial Screening and Inter-Agency Referral Discussions (IRD) Multi-Agency Protocol* and have been included here for easy reference. Practitioners may find these flowcharts helpful.
Perth and Kinross Initial Screening in Response to Child Care and/or Protection Concerns

Child Care and/or Protection Concern Report from Police, Social Work, Health, Education, Voluntary Sector, Families and/or Public

Child Protection Duty Team

Initial Screening, Including SWIFT check

(i) Child Already Has An Allocated Social Worker
(ii) Advice Provided, No Further Action
(iii) Further Enquiries/Assessment
(iv) Referral to SCRA
(v) Child Protection Investigation Assessment

Inter-Agency Referral Discussion (IRD)
Perth and Kinross Inter-Agency Referral Discussion (IRD)

Inter-Agency Referral Discussion (IRD)

No Further Action

Social Work Co-ordinated Child Protection Risk Assessment

Joint Investigation by Police/Social Work

Discussion with Paediatrician Regarding Medical Assessment

Single Agency Referral for Intervention / Support

Immediate Action Required

Child Protection Procedures Followed

Back to Contents
11. Information Sharing in Child Protection

Within Perth and Kinross an Information Sharing Protocol for Staff Working with Children and Families in Need or at Risk has been developed. This protocol sets out in more detail the national and local policy and legislative context within which information should be shared and exchanged between practitioners, services/agencies where there are child care and/or protection concerns. Practitioners may find this protocol helpful.

General Principles

The National Guidance for Child Protection in Scotland 2010 also provides further guidance in relation to this matter and the following high level general principles are relevant:

- The safety, welfare and well-being of a child are of central importance when making decisions to lawfully share information with or about them;
- Children have a right to express their views and have them taken into account when decisions are made about what should happen to them;
- The reasons why information needs to be shared and particular actions taken should be communicated openly and honestly with children and where appropriate, their families;
- In general, information will normally only be shared with the consent of the child (depending on age and maturity). However, where there are concerns that seeking consent would increase the risk to a child or others or prejudice any subsequent investigation, information may need to be shared without consent;
- At all times, information shared should be relevant, necessary and proportionate to the circumstances of the child, and limited to those who need to know;
- When gathering information about possible risks to a child, information should be sought from all relevant sources, including services/agencies that may be involved with other family members. Relevant historical information should also be taken into account;
- When information is shared, a record should be made of when it was shared, with whom, for what purpose, in what form and whether it was disclosed with or without informed consent. Similarly, any decision not to share information should also be recorded; and
- Services/Agencies should provide clear guidance for practitioners on sharing information. This should include advice on sharing information about adults who may pose a risk to children, dealing with disputes over information-sharing and clear policies on whistle-blowing.
Policy/Legal Context – National

The following provisions provide the policy and/or legislative context for the sharing of information for child care and/or protection concerns. These provisions also provide for the sharing of information for other purposes including public protection, crime investigation and crime detection. They also govern issues of privacy and confidentiality. These provisions are:-

- UN Convention on the Rights of the Child;
- Children's Charter;
- Framework for Standards;
- Getting it Right for Every Child;
- National Guidance for Child Protection in Scotland 2010;
- The Children (Scotland) Act 1995;
- The Human Rights Act 1998;
- The Data Protection Act 1998; and other
- Professional Codes of Conduct.

Local Context

Within Perth and Kinross, a number of single and inter-agency policies, procedures, protocols etc have been established to facilitate the sharing and exchange of information in specific child protection circumstances and they include:-

- Initial Screening and Inter-Agency Referral Discussions (IRD) Multi-Agency Protocol;
- Information Sharing Protocol for Staff Working with Children and Families in Need or at Risk;
- Perth and Kinross Child Protection Guidance for Working with ‘under age’ Young People who are Sexually Active
- Inter-Agency Protocols, Procedures, Guidelines and Assessments for Working with Substance Misusing Parents/Carers and Their Children
- Perth and Kinross Multi-Agency Public Protection Arrangements (MAPPA);
- NHS Tayside Policy of Unborn Babies: Child in Need; and other

Practitioners need to understand these provisions and their own service/agency information sharing arrangements.

If a practitioner considers that a child or young person may be at risk of harm (abuse or neglect), this will always override a professional or service/agency requirement to
keep information confidential. All practitioners and service providers have a responsibility to act to make sure that children and young people, whose safety or welfare may be at risk are protected from harm.

Confidentiality and Consent

Confidentiality is a key factor in enabling service users to engage confidently and honestly with practitioners, services/agencies.

Practitioners in all services/agencies should inform service users how information about them will be held, stored and shared. Practitioners should always seek consent from service users prior to sharing and exchanging information with other practitioners, services/agencies. Practitioners should tell the service user that they intend to do so, unless doing this may place the child, or others, at greater risk of harm. If consent is refused, this could be considered as a factor in the overall assessment of risk.

However, in some circumstances, it may not be appropriate for Practitioners to seek consent to share and exchange information, i.e. in some emergency situations, or where such a disclosure could cause further harm to a child or young person, or where such disclosure could prejudice the investigation.

Practitioners should record all requests for consent, whether agreed or otherwise in case file notes. Where applicable, reasons for refusal should also be recorded. Where it is decided not to seek consent, the reasons for not having done so should also be recorded. All services/agencies have in place their own arrangements for the retention and retrieval of such information, in keeping with The Data Protection Act 1998 and The Freedom of Information (Scotland) Act 2002.

The following eight Working Principles of The Data Protection Act 1998 must always be considered:

1. Data must be processed fairly and lawfully;
2. Data must be processed for one or more specified or lawful purpose;
3. Data must be adequate, relevant and not excessive;
4. Data must be accurate and kept up to date;
5. Data must not be kept for longer than is necessary;
6. Data must be processed in accordance with the rights of data subjects;
7. Data must be protected from unlawful or unauthorised processing and from damage or loss; and
8. Data must not be transferred outside the European Economic Arena without adequate protection.

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12. Joint Investigative Interviewing

A Joint Investigative Interview is a formal, planned interview with a child or young person, carried out by specially trained staff, competent to conduct it, for the purpose of gaining the child or young person's account of events (if any) which require further investigation. This interview is child-centred and sensitive to the child's needs and capacity.

In Perth and Kinross, these interviews are carried out exclusively by trained police and social work staff, who have completed the Joint Investigative Interviewing Training (JIIT) approved by the Association of Chief Police Officers in Scotland (ACPO(S)) and the Association of Directors of Social Work (ADSW).

The main purposes of an investigative interview are:-

- To learn of the child or young person's account of the circumstances that prompted the enquiry;
- To gather information to permit decision making on whether the child or young person in question, or any other child or young person, is in need of protection;
- To gather sufficient evidence to suggest whether a crime may have been committed against the child or young person or anyone else; and
- To gather evidence which may lead to a ground of referral to a children's hearing being established.

Decisions to carry out a Joint Investigative Interview are made following the initial screening of all child care and/or protection concerns and in keeping with the Initial Screening and Inter-Agency Referral Discussions (IRD) Multi-Agency Protocol and the Information Sharing Protocol for Staff Working with Children and Families in Need or at Risk. Whilst primarily a decision for social work and police, consultation with other services/agencies, including health, education and the third sector, should also take place as appropriate.

Within Perth and Kinross, all Joint Investigative Interviews are digitally and visually recorded and take place at Almondbank House in Perth. Such interviews can also be carried out at remote locations as necessary.

The Scottish Government has published Guidance on Joint Investigative Interviewing of Child Witnesses in Scotland which provides further information and advice on planning and conducting Joint Investigative Interviews which practitioners may find helpful.
13. Identifying and Managing Risk

What is Risk in a Child Protection Context?

Working with risk is at the heart of child protection. For this reason, the importance of good, accurate risk assessment within child protection cannot be overstated. Understanding the concept of risk is critical to child protection. In the context of these guidelines, risk is the likelihood or probability of a particular outcome given the presence of factors in a child or young person’s life.

Risk is part and parcel of everyday life: a toddler learning to walk is likely to be at risk from some stumbles and scrapes but this does not mean the child should not be encouraged to walk. Risks may be deemed acceptable; they may also be reduced by parents and/or carers or through the early intervention of universal services. Only where risks cause, or are likely to cause, significant harm to a child would a response under child protection be required. There are no absolute criteria for judging what constitutes significant harm: sometimes, it can be a single traumatic event, such as a violent assault or poisoning; often, it is a combination of significant events which can interrupt, change or damage the child’s physical and psychological development.

Risk Assessment and the Getting it Right for Every Child (GIRFEC) Practice Model

The Getting it Right for Every Child (GIRFEC) Practice Model presents a series of tools that are integral to risk assessment.

Elements of the GIRFEC Practice Model

• My World Triangle
• Well-being wheel
• Resilience matrix
These tools are the:-

- **Well-Being Indicators**;
- **My World Triangle**; and
- **Resilience Matrix**.

The **Well-Being Indicators** provide the broad framework for identifying a child’s needs. They do so under eight headings, which forms the basis for single planning around the individual child: **safe**; **healthy**; **achieving**; **nurtured**; **active**; **respected**; **responsible**; and **included**. Because of their role in Child’s Plans (and Child/Young Person’s Protection Plans), they are a key element in the identification of child protection concerns and management of risk.

The **My World Triangle** serves as a starting point for considering what risks might be present in a child’s life. The **My World Triangle** focuses attention on the three dimensions of a child’s world: the child themselves; their family; and their wider environment.

Once a child protection concern has arisen, the **My World Triangle** is a useful tool for gathering information as part of an investigation, focusing attention on areas where there may be risks of significant harm or assessing the factors that have caused the concerns to arise, as expressed in the following diagram.
Practitioners using the **My World Triangle** need to consider who is best placed to provide information in relation to the specific areas of a child’s life. This will include other practitioners, services/agencies, but also the child and family themselves. The five key questions practitioners should consider are as follows:-

1. **What is getting in the way of this child or young person’s well-being?**
2. **Do I have all the information I need to help this child or young person?**
3. **What can I do now to help this child or young person?**
4. **What can my agency do to help this child or young person? and**
5. **What additional help, if any, may be needed from others?**

The **Resilience Matrix** provides a framework for weighing up particular risks against protective factors for the individual child. By helping practitioners make sense of the relationship between the child’s levels of vulnerability or resilience and the world around them, the Resilience Matrix will help highlight areas of risk that need more comprehensive or specialist assessment and analysis. As the diagram below shows, the Resilience Matrix can be used to examine factors in relation to:-

- vulnerability and unmet needs;
- adversity;
- strengths or protective factors; and
- resilience.
This step marks the start of the process of "unpacking" the individual child’s circumstances and exploring their potential impact. The child’s circumstances can be plotted on each of the two continuums, allowing the practitioner to see where the impact of these circumstances places them within the Resilience Matrix and, therefore, how at risk they are:

- resilience within a protective environment (low risk);
- resilience within adverse circumstances (medium risk);
- vulnerable within a protective environment (medium risk); and
- vulnerable within adverse circumstances (high risk).

Assessing Risk

Risk assessment is not static, nor can it be separated from risk management. Risk factors can reduce over time, or conversely, increase. Equally, changes in a child or family’s circumstances can strengthen or limit protective factors. The process of identifying and managing risk must therefore also be dynamic, taking account of both current circumstances and previous experiences, and must consider the immediate impact as well as longer-term outcomes for children. Risk assessment must also consider both the immediate and longer terms needs a child.

The Scottish Government is currently developing a National Child Protection Risk Assessment Tool which is to be published late 2011. In the meantime, practitioners need to be aware of their own service and agency child protection risk assessment tools.
14. Health Assessments and Medical Examinations

The Need for a Health Assessment and Medical Examination

Occasionally, following the initial screening of all child care and/or protection concerns and in keeping with the Initial Screening and Inter-Agency Referral Discussions (IRD) Multi-Agency Protocol a joint investigation may determine the need for a health assessment and/or a medical examination to be carried out on a child or young person.

A thorough comprehensive health assessment of a child or young person’s health needs is an essential part of the joint investigation process, particularly where abuse and/or neglect is suspected. A comprehensive health assessment should also aim to identify unmet health and welfare needs in a very vulnerable child or young person and is integral to the child protection process. A comprehensive health assessment of a child or young person’s family medical history can also assist with the planning, investigation and management of risk.

A medical examination can often provide reassurance that no long term physical injury or health risk has occurred and when conducted sensitively, may be the start of a healing experience/process for both the child or young person and their family. The decision on whether an actual comprehensive health assessment and/or medical examination is appropriate should be made during the planning and investigation stage with social work, police and with the involvement of relevant health professionals.

Medical examinations will only be carried out where this is deemed to be necessary and in the best interests of the child. It is recognised that medical examinations may be traumatic for the child or young person and their family. Therefore it is important that practitioners inform and consult the child or young person and their parents and/or carers about the need for the medical examination and the process.

Consent to Medical Treatment and Examination

In considering the medical treatment and examination of a child or young person under 16, The Age of Legal Capacity (Scotland) Act 1991 will apply. The examining medical practitioner can accept the child's consent to a medical examination if it is considered by the medical examiner that the child has capacity to understand the implications of such an examination.

For children and young people not deemed to have the capacity to consent, parental consent will be required unless other steps have been taken (such as by direction of a Child Assessment Order granted by a Sheriff) to obtain legal authority to dispense with parental consent. Parental consent should be sought if the parents have parental rights and responsibilities and the child or young person is under 16, unless this is clearly contrary to the safety and best interests of the child or young person (for example, in urgent circumstances).

If the local authority believes that a medical examination is required to find out whether concerns about a child or young person’s safety or welfare are justified and the 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. A child or young person...
subject to a Child Assessment Order or a Child Protection Order may still withhold their consent to examination or assessment if they are deemed to have legal capacity.

**In practice no child will be made to undergo a medical examination where they refuse to give consent either by word or actions.**

**Comprehensive Medical Assessment**

A comprehensive medical assessment should be considered in all cases of child abuse and neglect, even when information from other services/agencies show little or no obvious health needs. Accurate and comprehensive entries made in the health records are essential. In some cases of child abuse and neglect, there will be no obvious signs or symptoms and some children or young people will require diagnostic procedures only available in a well-equipped hospital or clinical environment.

The comprehensive medical assessment has five purposes:-

1. to establish what immediate treatment the child may need;
2. to provide information that may or may not support a diagnosis of child abuse or neglect when taken in conjunction with other assessments, so that services/agencies can initiate further investigations if appropriate;
3. to provide information or evidence, if appropriate, to sustain criminal proceedings or care plans;
4. to secure any ongoing health care (including mental health), monitoring and treatment that the child may require; and
5. to reassure the child and the family as far as possible that no long-term physical injury or health risk has occurred.

In order to make the most effective contribution, the examining doctor must 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 or neglect. Wherever possible, information from the joint investigative interview should be made available to the examining doctor(s).

**Specialist Paediatric or Joint Paediatric/Forensic Examination**

A specialist paediatric or joint paediatric/forensic examination may need to be carried out under the following circumstances:-

1. the child urgently requires more specialist assessment or treatment (for example, if they have a head injury or suspected fractures);
2. the account of the injuries provided by the parent or carer does not provide an acceptable explanation of the child’s condition;
3. the result of the initial assessment is inconclusive and a specialist's opinion is needed to establish the diagnosis;

4. lack of corroboration of the allegation, such as a clear statement from another child, young person or adult witness, indicates that a forensic examination, including the taking of photographs, may be necessary to support criminal proceedings against a perpetrator and legal remedies to protect the child or young person;

5. the child or young person's condition (for example, repeated episodes of unexplained bruising) requires further investigation; and

6. in cases of suspected child sexual abuse, as the medical examination has to be carried out by medical practitioners with specialist skills using specialist equipment.

The decision whether a specialist paediatric examination or a joint paediatric/forensic examination should be carried out will be made during the discussions between social work, police and relevant health professionals. Where there is a lack of consensus, this should be resolved by the examining doctor referring the child or young person for a second opinion to a senior paediatric colleague with specialist experience in child protection.

The specialist paediatric examination provides a comprehensive health assessment of the child or young person, establishing the need for immediate treatment and ongoing health care as well as providing a high standard of forensic evidence to sustain any criminal or care proceedings and offering reassurance and advice to the child, young person and/or their carers. The examination is intended to encompass the child or young person's need for medical care and the legal requirement for evidence in a single examination.

The joint paediatric/forensic examination combines a comprehensive medical assessment with the need for corroboration of forensic findings and the taking of appropriate specimens for trace evidence including, for example, semen, blood or transferred fibres. While the paediatrician is responsible for assessing the child or young person's health and development and ensuring that appropriate arrangements are made for further medical investigation, treatment and follow-up, the forensic physician (also known as forensic medical examiner, child medical examiner, or police casualty surgeon) is responsible for the forensic element of the examination and fulfils the legal requirements in terms of, for example, 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 proceeding and is also good medical practice.

**Arranging a Medical Examination**

The number of examinations to which a child or young person is subjected must be kept to a minimum. Careful planning of the medical component of the examination by experienced medical staff will facilitate this. 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.

Where it is clear that a forensic opinion will be required – for example, where there is an allegation or observation of serious physical assault or injury or a disclosure of sexual abuse – the forensic examination should also include a comprehensive medical assessment.

The timing of the medical examination should be agreed jointly by the medical examiners and the other services/agencies involved. It may not be in the child or young person’s best interests to rush to an immediate examination. It may be more appropriate to wait until the child or young person has had time to rest and prepare; this may also allow for more information to become available.

In cases of alleged sexual abuse where the incident has taken place sometime previously, the examination must be carefully planned to take place during working hours when skilled personnel and specialist staff are available. Where the incident is believed to have taken place more recently, care must be taken to ensure that forensic trace evidence is not lost. Particular care should be taken to retain clothing and bedding, and to avoid bathing.

Within Perth and Kinross, medical examinations are requested via the Perth and Kinross Child Protection Duty Team and/or Tayside Police Public Protection Unit, in partnership with the NHS Tayside On-Call Duty Paediatrician (24/7/365).

15. Child Protection Case Conferences (CPCCs)

Within Perth and Kinross, arrangements for all Child Protection Case Conferences are managed via Education and Children’s Services (Children and Families Service).

The National Guidance for Child Protection in Scotland 2010 suggests specific timescales, within which, the various types of Child Protection Case Conferences should take place. However, whilst specifying same, it does recognise the complexity and challenge in doing so in some cases, concluding this may not always be possible. In such cases it suggests the reasons for not complying with these timescales should be recorded.

Child Protection Case Conferences (CPCCs) are a core component of the inter-agency child protection process.

Purpose of CPCCs

The primary purpose of CPCCs is to consider whether the child or young person – including an unborn child – is at risk of significant harm and if so, to review any existing Child’s Plan and/or consider a multi-agency Child Plan to reduce the risk of significant harm.

CPCCs are formal multi-agency meetings that enable practitioners, services/agencies to share and exchange information, assessments and chronologies in circumstances where there are suspicions or allegations of child abuse and/or neglect. The need for a CPCC
should be discussed with other practitioners, services/agencies at an early stage in any child protection investigation. Any practitioner, service and agency can request a CPCC.

**Functions of CPCCs**

The function of all CPCCs is to share and exchange information in order to identify risks to the child or young collectively and the actions by which those risks can be reduced. The participants should maintain an outcome-focused approach:

- ensuring that all relevant information held by each service or agency has been shared, exchanged and analysed on an inter-agency basis;
- assessing the degree of existing and likely future risk to the child;
- considering the views of the child/young person/parents/carers;
- identifying the child or young person’s needs and how these can be met by services and agencies;
- developing and reviewing the Child/Young Person’s Protection Plan;
- identifying a Lead Professional;
- deciding whether to place or retain a child or young person’s name on the Child Protection Register; and
- considering whether a referral to the Reporter to the Children’s Hearing is needed if this has not already been done.

**Types of CPCCs**

There are four types of CPCC: Pre-Birth; Initial; Review; and Transfer.

**Pre-Birth CPCCs**

The purpose of a Pre-Birth CPCC is to decide whether serious professional concerns exist about the likelihood of harm through abuse or neglect of an unborn child when they are born. The participants need to prepare an inter-agency plan in advance of the child’s birth.

They will also need to consider actions that may be required at birth, including:

- whether it is safe for the child to go home at birth;
- whether there is a need to apply for a Child Protection Order at birth;
- whether the child’s name should be placed on the Child Protection Register. (It should be noted that as the Register is not regulated by statute, an unborn child can be placed on the Register. Where an unborn child is felt to require a Child/Young Person’s Protection Plan, their name should be placed on the Register); and
• whether there should be a discharge meeting and a handover to community-based supports.

The National Guidance for Child Protection in Scotland 2010 suggests that where possible, a Pre-Birth 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 concern being raised but always within 21 calendar days of the concern being raised. There may be exceptions to this where the pregnancy is in the very early stages. However, concerns may still be sufficient to warrant an inter-agency assessment.

Within Perth and Kinross concerns regarding unborn babies are managed via the NHS Tayside Policy of Unborn Babies: Child in Need. The Senior Nurse - Child Protection, Perth and Kinross CHP manages this process and practitioners who have concerns about unborn babies should report their concern directly there or to the Perth and Kinross Child Protection Duty Team and/or the Tayside Police Public Protection Unit.

Initial CPCCs

The purpose of an Initial CPCC is to allow practitioners, services/agencies to share and exchange information about a child or young person for whom there are child protection concerns, jointly assess that information and the risk to the child or young person and to determine whether there is a likelihood of significant harm through abuse or neglect that needs to be addressed through a multi-agency Child/Young Person’s Protection Plan.

Where it is agreed that a child or young person is at risk of significant harm and that their name should be placed on the Child Protection Register, those attending the Initial CPCC are responsible for developing and agreeing a Child/Young Person’s Protection Plan and identifying the Core Group of staff responsible for implementing, monitoring and reviewing that Plan. The participants need to take account of the circumstances leading to the Initial CPCC and the initial risk assessment. Due to the timescales for calling an initial CPCC, there may only be time for an interim risk management plan; a more comprehensive risk assessment may still need to be carried out after the Initial CPCC. In some instances, there will already be a multi-agency Child’s Plan in place and this will need to be considered in light of the concerns about the child or young person.

The National Guidance for Child Protection in Scotland 2010 suggests that where possible The Initial CPCC should take place as soon as possible and no later than 21 calendar days from the notification of concern being received. Where possible, participants should be given a minimum of five days notice of the decision to convene an Initial CPCC.

Review CPCCs

The purpose of a Review CPCC is to review the decision to place a child or young person’s name on the Child Protection Register or where there are significant changes in the child or young person’s family circumstances. The participants will review the progress of the Child/Young Person’s Protection Plan, consider all new information available and decide whether the child or young person’s name should remain on the Child Protection Register.
The National Guidance for Child Protection in Scotland 2010 suggests that where possible the first Review CPCC should take place within three months of the Initial CPCC. Thereafter, Reviews should take place six-monthly, or earlier if circumstances change. Where a child or young person is no longer considered to be at risk of significant harm and good progress has been with the Child/Young Person’s Protection Plan, their name should be removed from the Child Protection Register by the Review CPCC. The child or young person and their parents and/or carers may still require ongoing support and this should be managed through the Child/Young Person’s Protection Plan.

Transfer CPCCs

Transfer CPCCs specifically cover the transfer of information about a child where a Child/Young Person’s Protection Plan is currently in place. Only a Review CPCC can de-register a child from the Child Protection Register. Where a child or young person and their family move permanently to another local authority area, the original local authority will notify the receiving local authority immediately, then follow up that notification in writing.

Where the child moves to another authority, the originating authority needs to assess this change in circumstances. If there is felt to be a reduction in risk, the originating authority should arrange a Review CPCC to consider the need for ongoing registration, or, if appropriate, de-registration. In such circumstances it would be best practice for an appropriate member of staff from the receiving authority to attend the Review CPCC. Where the original authority considers that the risk is ongoing or even increased by the move, the receiving local authority is responsible for convening the Transfer CPCC.

The National Guidance for Child Protection in Scotland 2010 suggests that where possible this Transfer CPCC should be held within the timescales of the receiving local authority’s Initial CPCC arrangements but within a maximum of 21 calendar days.

Where a child or young person and their family move from one Scottish local authority area to another then:-

- if the child or young person has a Child/Young Person’s Protection Plan, the case records and/or file needs to go with the child or young person; or

- if the child or young person is subject to a Supervision Requirement, the case records and/or file needs to go with the child or young person.

Where a child was on the Child Protection Register previously in another local authority area, the receiving local authority should request the child’s file from the previous local authority area (if still available).

Participants at CPCCs

The number of people involved in a CPCC should be limited to those with a need to know or those who have a relevant contribution to make. All persons invited to a CPCC need to understand its purpose, functions and the relevance of their particular contribution. This may include a support person or advocate for the child, young people and their parents and/or carers.
Chair of CPCCs

Within Perth and Kinross, all CPCCs are chaired by Senior Managers (Service Managers and Improvement Officers) from Education and Children's Services (Children and Families Service), who are experienced child protection practitioners; they have a sufficient level of seniority and/or authority to do so and are independent from the child or young person’s case being considered.

In their capacity as Chair their role is to:-

• agree who to invite, who cannot be invited and who should be excluded from the Child Protection Case Conference (in discussion with the Lead Professional and any other relevant service/agency);
• meet with parents and/or carers and explain the nature of the meeting and possible outcomes;
• facilitate information sharing and analysis;
• identify the risks and protective factors;
• ensure that the parents and/or carers and child or young person’s views are taken into account;
• facilitate decision-making;
• determine the final decision in cases where there is disagreement;
• wherever possible, chair Review CPCCs to maintain a level of consistency;
• where a child or young person’s name is placed on the Child Protection Register, outline decisions that will help;
• shape the Initial Child/Young Person’s Protection Plan (to be developed at the first Core Group meeting);
• identify the Lead Professional;
• advise parents and/or carers about local dispute resolution processes;
• facilitate the identification of risks, needs and protective factors;
• facilitate the identification of a Core Group of staff responsible for implementing and monitoring the Child/Young Person’s Protection Plan;
• agree review dates;
• challenge any delays in action being taken by staff or agencies;
• ensure that wherever possible, the national timescales are adhered to, including review dates, distribution of minutes and copies of the Child/Young Person’s Protection Plan and changes to Plans; and
• ensure that any member of staff forming part of the Core Group who was not present at the Child Protection Case Conference is informed immediately about the outcome of the Child Protection Case Conference and the decisions made and that a copy of the Child/Young Person’s Protection Plan is sent to them.

Minute-Taker for CPCCs

Minutes are an integral and essential part of CPCCs should be noted by a suitably trained clerical worker and agreed by the chair before being circulated to the participants.

The National Guidance for Child Protection in Scotland 2010 suggests that where possible participants should receive the minutes within 15 calendar days of the CPCC. To avoid any
unnecessary delay in actions and tasks identified, the chair should produce a record of key
decisions and agreed tasks for circulation within one day of the meeting. This should be
distributed to invitees who were unable to attend and members of the core group, as well as
CPCC attendees.
Minutes need to be clearly laid out and should as a minimum record the following:-

- those invited, attendees and absentees;
- reasons for child/young person/parents/carers non-attendance (where appropriate);
- reports received;
- a summary of the information shared;
- the risks and protective factors identified;
- the views of the child/young person and parents and/or carers;
- the decisions, reasons for the decisions and note of any dissent;
- the outline of the Child/Young Person’s Protection Plan agreed at the meeting,
detailing the required outcomes, timescales and contingency plans;
- the name of the Lead Professional; and
- membership of the Core Group.

Service/Agency Representatives at CPCCs

CPCC participants need to include:-

- local authority social worker(s);

- education staff where any of the children or young people in the family are of school
  age or attending pre-five establishments;

- NHS staff, including Health Visitor/School Nurse/GP as appropriate, depending on the
  child or young person’s age and the child’s Paediatrician where applicable; and

- police where there has been involvement with the child or young person and/or their
  parents and/or carers.

Other participants might include other health practitioners (including mental health services),
adult services, housing staff, addiction services, educational psychologists, relevant third
sector organisations, representatives of the Procurator Fiscal and armed services staff where
children of service personnel are involved. 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 in the decision-making.

Participants attending are there to represent their service/agency and to share information to
ensure that risks and needs can be identified and addressed. They have a responsibility to
share and exchange information and clarify other information shared as necessary.

There may be occasions when it is appropriate to invite foster carers, home carers,
childminders, volunteers or others working with the child or family to the CPCC. The
practitioner most closely involved with the person to be invited should brief him or her
carefully beforehand. This should include providing information about the purpose of the
CPCC and their contribution, the need to keep information shared confidential and advice
about the primacy of the child or young person’s interests over that of the parents and/or carers where these conflict.

**Parents/Carers at CPCCs**

Parents, carers or others with parental responsibilities should, where appropriate, be invited to CPCCs. They need clear information about practitioner’s concerns if they are to change the behaviour which puts their child at risk.

In exceptional circumstances, the Chair of a CPCC may determine that a parent/carer should not be invited to, or be excluded from attending a CPCC (for example, where bail conditions preclude contact or there are concerns that they present a significant risk to others attending, including the child or young person). The reasons for such a decision need to be clearly documented. Their views should still be obtained and shared at the meeting and the Chair should identify who will notify them of the outcome and the timescale for carrying this out. This should be recorded in the Minutes.

The Chair should encourage the parent/carer to express their views, while bearing in mind that they may have negative feelings regarding the intervention in their family. The Chair should make certain that parents and/or carers are informed in advance about how information and discussion will be presented and managed. Parents/carers may need to bring someone to support them when they attend a CPCC. This may be a friend or another family member, at the discretion of the Chair, or an Advocacy Worker. This person is there solely to support the parent/carer and has no other role within the CPCC.

**Child/Young Person at CPCCs**

Consideration should be given to inviting children and young people to CPCCs. CPCCs can be uncomfortable for children to attend and the child or young person’s age, developmental stage and the emotional impact of attending a meeting must be considered. 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 beforehand so that they can participate in a meaningful way and thought should be given to making the meeting as child and family friendly as possible. Consideration should also be given to the use of an Advocate for the child or young person. It is crucial that the child or young person’s views are obtained, presented, considered and recorded during the CPCC, regardless of whether or not they are present. Where the child or young person is disabled, consideration should be given to whether they will need support to express their views. Where appropriate and agreed, the child or young person should be part of the Core Group.

Reasons for agreeing that older children and young people should or should not attend a CPCC or a Core Group meeting should be noted, along with details of the factors that lead to the decision. This should be recorded in the Minutes.
**Provision of Reports at CPCCs**

All practitioners, services/agencies invited to attend a CPCC will also be invited to prepare and submit relevant reports, relating to their involvement and support with the child, young person and family. These reports should also include information pertaining to significant adults in the child or young person’s life and provide a clear overview of the risks, needs, vulnerabilities, protective factors and the child or young person’s views. Other siblings, children and young people in the household or extended family should also be considered. Invitees have a responsibility to share the content of their reports with the child or young person and their family in an accessible, comprehensible way. Particularly prior to an Initial CPCC, consideration needs to be given as to the most appropriate means of sharing reports with the child, young person and their family and to when this should be done.

**Restricted Access Information**

Restricted access information is information that, by its nature, cannot be shared freely with the child, young person, parent/carer and anyone supporting them. The information will be shared with the other participants at the CPCC. Such information may **not** be shared with any other person without the explicit permission of the provider.

Restricted information includes:-

- Sub-judice information that forms part of legal proceedings and which could compromise those 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; and
- information that, if shared, could place any individual(s) at risk, such as a home address or school which is unknown to an ex-partner.

**Reaching Decisions at CPCCs**

All participants at a CPCC with significant involvement with the child or young person and family have a responsibility to contribute to the decision as to whether or not to place the child or young person’s name on the Child Protection Register. Where there is no clear consensus in the discussion, the Chair will use his or her professional judgement to make the final decision, based on an analysis of the issues raised. In these circumstances, the decision making needs to be subjected to independent scrutiny from a senior member of staff with no involvement in the case.
Dispute Resolution at CPCCs

Dispute resolution is a way of managing:-

- challenges about the inter-agency child protection process;
- challenges about the decision-making and outcomes;
- challenges by children/young people or their parents and/or carers about the CPCC decisions; and
- complaints about practitioner behaviour.

Within Perth and Kinross, all services/agencies involved in child protection work have clear complaints procedures, which should be followed where there is a complaint about an individual practitioner. However, the following arrangements will also apply:-

- **Agency Representatives** – where a member of staff wishes to raise an issue about the process or disagrees with CPCC decisions, they should go through their normal service/agency line management processes.

- **Parent/Carer** – where a parent or carer wishes to challenge the decisions of the CPCC, they should contact the **Perth and Kinross Chief Social Work Officer**. If the complaint is about a specific practitioner, they should follow that service/agency’s complaints procedures.

- **Child/Young Person** – where a child or young person wishes to raise an issue or challenge these decisions, they should be able to access child and family friendly information on how to do so from any of the practitioners with whom they have had contact, in particular via their social worker.

Child/Young Person’s Protection Plan

A Child/Young Person’s Protection Plan should set out in detail:-

- the perceived risks and needs;
- what is required to reduce these risks and meet those needs; and
- who is expected to take tasks forward including parents and/carers and the child or young person themselves.

In addition, a Child/Young Person’s Protection Plan needs to clearly identify:-

- key people involved and their roles and responsibilities, including the Lead Professional and other named practitioners;
- timescales;
- supports and resources required (in particular, access to specialist assistance);
- the agreed outcomes for the child or young person;
- the longer terms needs of the child and young person;
- the process of monitoring and review; and
- any contingency plans.

Responsibility is shared for the Child/Young Person’s Protection Plan. Each person involved should be clearly identified, and their role and responsibilities set out. To preserve continuity for the child or young person and their parents and/or carers, arrangements should be made to cover the absence through sickness or holidays of key people. All Child/Young Person’s Protection Plans where there are current risks should have specific cover arrangements built in to make sure that work continues to protect the child. Progress can only be meaningfully measured if the action or activity has had a positive impact on the child or young person.

The National Guidance for Child Protection in Scotland 2010 suggests that where possible participants should receive a copy of the agreed Child/Young Person’s Protection Plan within five calendar days of the CPCC. It is recognised that a full comprehensive risk assessment may not be achievable within the timescales of the Initial CPCC or the first Core Group. Therefore, it should be recognised that the early Child/Young Person’s Protection Plan may need to be provisional until a fuller assessment can be undertaken.

Core Groups

A Core Group is a group of identified individuals, including the Lead Professional, the child or young person and their parents and/or carers, who have a crucial role to play in implementing and reviewing the Child/Young Person’s Protection Plan. The Core Group is responsible for ensuring that the Child/Young Person’s Protection Plan remains focused on achieving better outcomes for the child or young person by reducing the known risks. The National Guidance for Child Protection in Scotland 2010 suggests that where possible the initial Core Group meeting should be held within 15 calendar days of the Initial CPCC.

The functions of a Core Group include:-

- ensuring ongoing assessment of the needs of and risks to a child or young person who has a Child/Young Person’s Protection Plan;
- implementing, monitoring and reviewing the Child/Young Person’s Protection Plan so that the focus remains on improving outcomes for the child or young person. This will include evaluating the impact of work done and/or changes within the family in order to decide whether risks have increased or decreased;
- maintaining effective communication between all practitioners, services/agencies involved with the child or young person and parents and/or carers;
- activating contingency plans promptly when progress is not made or circumstances deteriorate;
- reporting to the Review CPCCs on progress; and
- referring any significant changes in the Child/Young Person’s Protection Plan, including non-engagement of the family to the CPCC Chair.
Consideration of the involvement of the child or young person should take cognisance of their age and the emotional impact of attending a meeting to discuss the risks they have been placed at. Children and young people attending must be prepared beforehand to allow them to participate in a meaningful way. It is crucial that their views are obtained, presented and considered during the meeting. The Core Group should provide a less formal way for children, young people, parents and/or carers to interact with service and agency providers.

The Core Group will report back to the CPCC on progress on the Child/Young Person’s Protection Plan. The National Guidance for Child Protection in Scotland 2010 suggests that where a Core Group identifies a need to make significant changes to the Child/Young Person’s Protection Plan, they should notify the CPCC Chair within three calendar days.

16. Child Protection Register (CPR)

What is the Child Protection Register?

All local authorities are responsible for maintaining a central register of all children and young people – including unborn children – who are the subject of an inter-agency Child/Young Person’s Protection Plan. This is called the Child Protection Register. The Child Protection register has no legal status but provides an administrative system for alerting practitioners that there is sufficient professional concern about a child to warrant an inter-agency Child/Young Person’s Protection Plan.

Local authority social work services are responsible for maintaining a register of all children in their area who are subject to a Child/Young Person’s Protection Plan, though the decision to put a child on the Child Protection Register will be based on a multi-agency assessment.

The Child Protection Register provides a central resource for practitioners concerned about a child or young person’s safety or care.

Placing a Child on the Child Protection Register

The decision to place a child or young person’s name on the Child Protection Register should be taken following a Child Protection Case Conference where there are reasonable grounds to believe or suspect that a child or young person has suffered or will suffer significant harm from abuse or neglect and that a Child/Young Person’s Protection Plan is needed to protect and support that child or young person.

When placing a child or young person on the Child Protection Register, it is no longer necessary to identify a category of registration relating to the primary type of abuse and neglect. Instead, the local authority should ensure the child or young person’s name and details are entered on the Child Protection Register, as well as a record of the key areas of risk to the child. The local authority should inform the child or young person’s parents and/or carers about the information held on the Child Protection Register and who has access to it. Where the child or young person has sufficient age and understanding, the child or young person should similarly be informed.
Removing a Child from the Child Protection Register

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

Removal of a child or young person’s name from the Child Protection Register should not necessarily lead to a reduction or withdrawal of services or support to the child or young person and family by any or all of the services/agencies. The risk of significant harm to the child or young person may have receded, but the child or young person may continue to require a range of support; this will form part of the single planning process for the child or young person. At the point of deregistration, consideration should be given to whether a different Lead Professional should be appointed and if so, arrangements made for the transfer to be agreed. The Child/Young Person’s Protection Plan will, following deregistration, become a Child/Young Person’s Plan.

Making Use of the Register

Within Perth and Kinross, the keeper of the Child Protection Register is the Team Leader, Perth and Kinross Child Protection Duty Team.

It is held separately from service/agency records or case files and is secure. There is 24-hour access to the Child Protection Register for all practitioners who need to make an enquiry about a child or young person.

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<tr>
<th>Perth and Kinross Child Protection Duty Team - (24 hours)</th>
<th>01738 476768</th>
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The Scottish Government also maintains a list of current Keepers of Child Protection Registers in Scotland and contact points for Child Protection Registers in other parts of the UK. All practitioners should notify the Keepers of local Child Protection Registers of any changes to details relating to children named on the register.
Part IV
Child Protection in Specific Circumstances
18. Child Protection in Specific Circumstances

In this part of the guidelines, practitioners will find further information and advice on a range of specific circumstances, which could impact adversely on a child or young person, albeit these are not necessarily stand alone and/or mutually exclusive issues from each other. Whilst individually and/or collectively they could impact on a child or young person, their mere presence alone should not necessarily lead to any immediate child care and/or protection assumptions being made.

The National Guidance for Child Protection in Scotland 2010 provides further information and advice on an even wider range of issues which practitioners may also find helpful.

However, if you are worried or concerned about a child or young person you should contact the Perth and Kinross Child Protection Duty Team or Tayside Police Public Protection Unit:-

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<tr>
<td>Tayside Police Public Protection Unit</td>
<td>0300 111 2222</td>
</tr>
<tr>
<td>In an Emergency</td>
<td>Call 999</td>
</tr>
</tbody>
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19. Violence Against Women (Domestic Abuse)

Violence Against Woman is best described as:-

“Physical, sexual and psychological violence occurring in the family, within the general community, or in institutions, including: domestic abuse; rape; sexual harassment and intimidation at work and in the public sphere; commercial sexual exploitation, including prostitution and trafficking; adult survivors of child sexual abuse; dowry related violence; female genital mutilation; forced and child marriages; honour crimes”

Domestic Abuse describes any behaviour that involves exerting control over a partner or ex-partner’s life choices and that undermines their personal autonomy. Although most victims are women, men can also suffer domestic abuse, and it can also occur in same-sex relationships.

Children and young people living with domestic abuse are at increased risk of significant harm, both as a result of witnessing the abuse and/or by being abused themselves. Children and young people living with domestic abuse may suffer from stress-related illnesses and conditions and experience feelings of guilt, shame, anger, fear and/or helplessness. Children and young people can also be affected by abuse even when they are not witnessing it or being subjected to abuse themselves. Domestic abuse can profoundly disrupt a child or young person’s environment, undermining their stability and damaging their physical, mental and emotional health and well-being.
The impact of domestic abuse on a child or young person will vary, depending on factors including the frequency, severity and length of exposure to the abuse and the ability of others in the household (particularly the non-abusive parent/carer) to provide parenting support under such adverse conditions. If the non-abusive parent/carer is not safe, it is unlikely that the children will be safe either.

The best way for practitioners to keep children, young people and non-abusive parents and/or carers safe is to focus on early identification, intervention, assessment and support. When undertaking any assessment or planning for any child or young person affected by domestic abuse, it is crucial that practitioners recognise that domestic abuse involves both an adult and a child victim. Intervention and support should be ongoing and should not cease if and when the abuser and the non-abusing parent/carer separate. Indeed, separation may trigger an escalation of violence, increasing the risk to the child or young person and their non-abusing parent/carer.

Within Perth and Kinross the Violence Against Women Partnership (VAWP) supports the child protection and has developed a range of further information, advice and tools on domestic abuse which practitioners may find helpful.

20. Children Affected by Parental Substance Misuse (CAPSM)

Substance misuse can involve alcohol and/or drug misuse and can include prescription as well as illegal drugs.

Parents and/or carers who are problematic alcohol and/or drug users are not necessarily bad parents and/or carers. However, it is important to acknowledge the strong evidence-base on the impact of problematic alcohol and/or drug misuse on children and young people.

Practitioners working with parents and/or carers who are problematic alcohol and/or drug users must understand the potential impact of that misuse on children and young people. Children and young people whose parents and/or carers are problematic alcohol and/or drug users may experience harm physically, mentally and/or emotionally. One of the challenges is that problem alcohol use and/or drug misuse are often associated with a range of other circumstances that affect the family’s life and the health and well-being of children and young people. These could include poverty, deprivation, poor physical and mental health, poor housing, debt, offending and unemployment. Any or all of these factors are likely to have an impact on the parent/carer and the child/young person.

Within Perth and Kinross the Alcohol and Drug Partnership (ADP) supports the child protection and has developed a range of further information, advice and tools on alcohol and/or drug misuse which practitioners may find helpful.

Further information can also be found at:-

21. Children and Young People Affected by Parental Mental Health Difficulties

Many parents and/or carers who have a mental health difficulty can parent effectively. However, there is evidence to suggest that children and young people can be affected by parental mental health difficulties and this can in some cases, impact on their care and protection from harm and/or abuse.

There are a number of features which can contribute to the risk experienced by a child or young person living with a parent or carer affected by mental health difficulties. Whilst this is not an exhaustive list, it can include:-

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

A number of other factors may also need to be considered, including the attachment relationship and any instances of domestic abuse. Where parents and/or carers experience mental health problems, their needs may at times conflict with the needs of their child or young person.

Practitioners involved with the parent/carer should consider the impact of these factors on the child or young person’s needs. Where concerns are identified, these should be shared with child protection practitioners. Practitioners should bear in mind the importance of putting the child or young person’s interests first.
Within Perth and Kinross, a Joint Protocol Working with Children and Young People Affected by Parental Mental Health Difficulties has been developed between children’s services and adult services and provides practitioners with a clear pathway for joint working and support.

In addition to the above, within Perth and Kinross, a Joint Protocol Working with Children and Young People Affected by Parental Learning Disability has been developed between children's services and adult services and provides practitioners with a clear pathway for joint working and support.

Further information can also be found at:-

See Me (Scotland’s national campaign to end stigma and discrimination associated with mental ill health).

Scottish Good Practice Guidelines for Supporting Parents With Learning Disabilities

22. Children Affected by Disability

The definition of children and young people affected by disability includes children and young people with a comprehensive range of impairments and who have physical, emotional, developmental, learning, communication and/or health care needs. By definition, children and young people affected by disability are therefore less likely to be able to protect themselves from harm and/or abuse.

Children and young people affected by disability are not only vulnerable to the same types of harm and/or abuse as their typically developing peers, but there are some forms of harm and/or abuse to which they are even more vulnerable. Abuse of children and young people affected by disability is more likely to start at an earlier age and repeated multiple abuses are common place. Neglect is by far the most frequently reported form of abuse, followed by emotional abuse. There is a strong association between childhood disability and maltreatment. Abuse of children and young people affected by disability is significantly under-reported.

Children and young people affected by disability are more likely to be dependent on support from their parents and/or carers for communication, mobility, manual handling, intimate care, feeding and/or invasive procedures. There may be increased parental stress, multiple carers, care in different settings (including residential) and often reluctance among adults to believe that children and young people affected by disability are abused. Particularly vulnerable are those children and young people with communication or sensory impairments, behavioural disorders or learning disabilities.

Practitioners responding to any child care and/or protection concerns relating to children and young people affected by disability should always seek expert help and assistance from more specialist practitioners, including child protection workers, residential workers, speech and language therapists and other key health professionals.
23. Children and Young People at Risk of Self Harm and/or Suicide

Pan Tayside Multi-Agency SLWG has published Guidance for Supporting Children and Young People at Risk of Self-Harm and Suicide.

This principal aim of this guidance is to provide support for individuals and practitioners supporting child and young people who are either self-harming or at risk of self-harm or suicide. It supports practitioners working in a wide range of services to better understand how best to respond in an appropriate manner to a very sensitive, and often stigmatising, issue.

Definitions

**Suicide** - is defined as an act of deliberate self-harm which results in death.

**Self-Harm** - can be self-poisoning or self-injury, irrespective of the apparent purpose of the act.

**Suicide and Self-Harm Links**

Self-harm is generally a way of coping with overwhelming emotional distress. Many children and young people self-harm where there is no suicidal intent. However, research shows that young people who self-harm can be at a higher risk of suicide.

**Why do some children and young people self-harm?**

There are many reasons why they may do this and whilst the following may be influencing and/or deciding factors, they are also symptoms of normal adolescent development.

**Influencing Factors** – family problems; feeling stressed; having boy/girlfriend problems; exams/school work; self-esteem issues; bereavement; feeling lonely; feeling guilty; not having someone close to talk to; bullying; difficulties associated with sexuality; feelings of being rejected; mental health issues; reaction to trauma or abuse; peer pressure; poor body image; and substance misuse (drugs and alcohol).

**Types of self-harm** – cutting; biting self; burning, scalding, branding; picking at skin, reopening old wounds; breaking bones, punching; hair pulling; head banging; ingesting objects or toxic substances; overdosing with a medicine; eating disorders; drug and alcohol misuse; dangerous driving/sports; and unsafe sex/multiple sexual partners.
Warning Signs – wearing long sleeves at inappropriate times; spending more time in the bathroom; unexplained cuts or bruises, burns or other injuries; razor blades, scissors, knives, plasters have disappeared; unexplained smell of Dettol, TCP etc; low mood - seems to be depressed or unhappy; any mood changes - anger, sadness; negative life events that could have prompted these feelings - bereavement, abuse, exam stress, parental divorce, etc; low self-esteem; feelings of worthlessness; changes in eating or sleeping patterns; losing friendships; withdrawal from activities that used to be enjoyed; abuse of alcohol and or drugs; spending more time by themselves and becoming more private or defensive.

Why do some children and young people attempt/commit suicide?

Suicide attempts in children and young people nearly always follow a stressful event or life crises: inter-personal loss such as relationship problems, bereavement or traumatic grief, family break-up; or issues relating to sexual orientation. However, sometimes the child or young person will have shown no previous signs of mental health problems.

Sometimes, the child or young person has had serious problems (eg with the police, their family or school) for a long time. These are the children young people who are most at risk of further attempts. Some will already be seeing a Counsellor, Psychiatrist or Social Worker. Others have refused normal forms of help, and appear to be trying to run away from their problems.

Warning Signs – Previous deliberate self-harm or suicide attempt; talking about methods of suicide; dwelling on insolvable problems; giving away possessions; hints that “I won’t be around” or “I won’t cause you any more trouble”; change in eating or sleeping habits; withdrawal from friends, family and usual interests; violent or rebellious behaviour, or running away drinking to excess or misusing drugs; feelings of boredom, restlessness, self-hatred; failing to take care of personal appearance; becoming over-cheerful after a time of depression; and unresolved feelings of guilt following the loss of an important person or pet (including pop or sports idols).

Practitioners who discover a child or young person to have self-harmed should seek medical assistance where necessary. Where the injury is serious or life threatening, then call an ambulance immediately, or go straight to A&E.

If it is something you cannot assess, seek further advice. This could include contacting NHS 24 on 08454 24 24 24 or through a nurse or doctor locally. If it is a minor injury, you don’t have to do this.

Practitioners who discover a child or young person to have attempted suicide should:-

- keep safe - do not endanger your own life;
- if the person’s life is in danger, phone 999 immediately or take the person directly to A&E;
- perform first aid if it is necessary and only if it is safe to do so;
- remove the means if possible;
- if the person is drinking alcohol or taking drugs, try to get them to stop; and
- encourage the person to talk and listen non-judgementally.
24. Under-Age Sexual Activity

The following guidance must be considered in conjunction with the Scottish Government (2010) National Guidance: Under-Age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns published in December 2010 and which describes, in much more detail, the child protection policy and legislative base; current definitions and understanding; roles and responsibilities; information sharing principles; and the indicators of risk and the risk assessment principles and approach.

The following broad information and advice has been extracted from the National Guidance for Child Protection in Scotland 2010 and the Scottish Government (2010) National Guidance: Under-Age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns and included in this guidance, which practitioners may find helpful.

Increasing numbers of young people are engaging in a range of sexual activity before the age of 16. The reasons behind this behaviour vary considerably. In some cases, the activity will be wholly consensual; in others it will happen in response to peer pressure or as the result of child abuse and/or exploitation. Young people who are sexually active will, therefore, have differing needs, so practitioners must provide a range of responses.

Where practitioners working with young people become aware of situations where under-age sexual activity has taken place, they have a duty to consider the impact that this has had on that child or young person and whether this behaviour is indicative of a wider child care and/or protection concern. All practitioners have a duty of care to ensure that the young person’s health and emotional needs are addressed and to assess whether the sexual activity is of an abusive or exploitative nature.

Scottish Law

Within Scotland, the law is clear that society does not encourage sexual intercourse in young people under 16. However, it does not follow that every case presents child care and/or protection concerns and it is important that a proportionate response is made. If there are no child care and/or protection concerns, there may still be needs to be addressed either on a single agency or multi-agency basis.

However, child care and/or protection measures must be instigated if:-

- the child is, or is believed to be, sexually active and is 12 years of age or under;
- the young person is currently 13 years of age or over, but sexual activity took place when they were 12 years of age or under;
• if there is evidence or indication that the young person is involved in pornography or prostitution;

• if the young person is perceived to be at immediate risk and

• where the other person is in a position of trust in relation to the young person.

Engaging in sexual activity under the age of 16 – is illegal

The Sexual Offences (Scotland) Act 2009 maintains the age of consent at 16 and provides that any sexual activity between an adult and a child and young person constitutes a criminal offence. Sexual intercourse between children and young people under the age of 16 also remains unlawful.

Engaging in sexual activity aged between 16 and 18

Over the age of 16, sexual activity is legal. However, the activity may not have been consensual, or the young person might have vulnerabilities and related needs. Furthermore, The Sexual Offences (Scotland) Act 2009 states that young people under the age of 18 could be subject to 'sexual abuse of trust' – for example, if the young person has had sexual relations with a teacher, hospital staff or a residential care unit worker who has caring responsibilities for the child or for children in the institution in which the child is being cared for or taught and is over the age of 18.

In these circumstances, practitioners should:-

• where appropriate, speak with the child and young person prior to passing on the child protection concern – every reasonable effort should be made to seek their agreement;

• share the child care and/or protection concern in line with local child protection procedures; and

• if agreement is not reached, the practitioner should share the child care and/or protection concern and inform the child and/or young person that this will be their course of action.

Within Perth and Kinross the Perth and Kinross Child Protection Guidance for Working with ‘under age’ Young People who are Sexually Active has been published and sets out, in more detail, the local inter-agency working arrangements which practitioners may find helpful.
25. Children and Young People who are Missing and/or Young Runaways

This guidance is not intended to replace existing single agency policies, procedures and/or protocols in place for children and/or young people who are missing and/or are young runaways and should therefore be read in conjunction with same.

Practitioners should be clear that where they are concerned that a child or young person is missing or has runaway, significant concerns about the welfare of a child should be acted on and that existing data protection legislation permits information-sharing within the context of child care and/or protection.

Missing Children and Young People

Describing a child or young person as missing can cover a wide range of circumstances. A child, young person and/or family (including unborn children) can be considered as missing in the following circumstances:-

Children and Young People – Missing to Statutory Services

This can include a child, young person or family's loss of contact with, or their invisibility to, a statutory service, such as education (for example, home educated children), health, social work or a third sector service provider.

Children and Young People – Missing from Home or Care Placement

This can include a child or young person who has run away from their home or care placement, who has been forced to leave or whose whereabouts are unknown.

Children and Young People – Missing from Education (CME)

Children and young people can be missing from education for a variety of reasons including:-

- Families who simply move and do not tell anyone;
- Long term truants/young offenders;
- Families involved with fraud;
- Families that do not return from holiday;
- Families fleeing from domestic violence/abuse;
- Families involved in witness protection; and
- Children whose families become homeless.

Young Runaways

A child or young person who has runaway and cases where a child or young person has been thrown out by their parents and/or carers are both covered by the term young runaway.
All children and young people who go missing and/or runaway remain vulnerable to the factors that led to them going missing or running away as well to the risks associated with being missing or having runaway.

The reasons for a child’s absence may not always be apparent. A number of circumstances in which children or young people may be termed as missing and/or having runaway are listed below:-

- **Parental/Carer Abduction** – A parent/carer may fail to return or remove a child or young person from contact with another parent/carer, in contravention of a court order or without the consent of the other parent/carer (or person who has parental rights). This can occur within national borders as well as across borders;

- **Stranger Abduction** – Whilst extremely rare, a child or young person may fail to return because they have been the victim of a crime;

- **Forced Marriage** – A child or young person may go missing due to being forced into marriage abroad or within the UK;

- ** Trafficked Children and Young People** – A child or young person may go missing due to being trafficked and later being removed from a placement. Asylum-seeking children are particularly vulnerable to vanishing. Their substitute care may feel unsafe and many do not have a trusted adult to advocate for them;

- **Sexual Exploitation** – A child or young person may go missing due to sexual exploitation;

- **Vulnerable Young People** – Such young people are identifiable by their criminal or risk-taking behaviour, poverty, disengagement with education, being looked after, self-harming, mental health issues and/or experience of abuse. They may take steps to escape from their situation;

- **Transition** – A young person moving from children to adult services need processes in place to manage this experience, maximising support and minimising risk. Transition can be a difficult time for young people and their parent/carer, or carer or staff in residential care. Some express their negative emotions through high risk and sometimes offending behaviour; they may also be vulnerable to alcohol and/or drug misuse and sexual predators. These cases are very challenging to manage effectively and call for a collaborative approach that includes offender management services; and

- **Home-Educated Children** – A child or young person may be unknown to services as a result of their removal from mainstream education or never having been enrolled within an education authority. Where this is the result of a decision being made to educate them at home this should not, in itself, be regarded as a child care and/or protection concern.
Practitioners should be alert to children and young people who are missing and/or who may have run away.

*If you are worried or concerned about a child or young person you should contact the Perth and Kinross Child Protection Duty Team or Tayside Police Public Protection Unit:*

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Further information can also be found at:–

[National Guidance for Child Protection in Scotland 2010](#)

[Vulnerable Children and Young People – Guidance Pack](#)

[Vulnerable Children and Young People Young Runaways](#)

[Vulnerable Children and Young People Sexual Exploitation through Prostitution](#)

[Scottish Government – Home Education Guidance](#)

26. Child Trafficking

What is Child Trafficking?

Within Perth and Kinross, we have taken a much broader definition to describe Child Trafficking.

**Child Trafficking** is the term given to the movement of any child or young person up to the age of eighteen, into and within a country with the intent to exploit them generally, but not exclusively, for financial gain. It is a serious, organised crime and is usually linked to prostitution rings and money laundering activities.

Child Trafficking typically exposes children and young people to continuous and severe risk of significant harm. It also involves the recruitment, transportation, transfer, harbouring and/or receipt of a child or young person for purposes of exploitation. This definition holds whether or not there has been any coercion or deception, as children and young people are not considered capable of giving informed consent to such activity. It applies to activity within a country as well as between countries. It should also be noted that the [Palermo Protocol](#) broadens the scope of a child and young person to under 18.
Why are children trafficked?

The majority of children and young people who arrive in Scotland in this way have been falsely promised a good job, and for education, sometimes their parents and/or carers have been persuaded to entrust them to others for a better quality of life. The reality is that they are trafficked for many reasons, including:

- Sexual exploitation;
- Forced labour, such as agricultural work, fishing, sweatshop, restaurant and other catering work;
- Domestic work;
- Drug trafficking - drug mules, drug dealing or decoys for adult drug traffickers;
- Petty criminal activity - begging, pick pocketing;
- Benefit fraud;
- Forced marriages;
- Illegal inter-country adoption; and
- Other criminal activities

What are the signs of Child Trafficking?

Practitioners need to be able to recognise when children and young people have been trafficked. There are some indicators which may suggest that a child or young person have been trafficked into or within the UK and may conceivably be under control of the trafficker or receiving adults.

There are no validated risk assessment tools that can predict the risk of trafficking or definitively identify those who have been trafficked. While the presence of any of the following factors does not provide definitive evidence, they should raise suspicion about the possibility of trafficking. These can include circumstances such as:

- Child or young person has entered the country illegally;
- Child or young person has no passport or other means of identification;
- Child or young person possesses money and goods not able to account for;
- Child or young person does not appear to have money but has a mobile phone;
- Child or young person is unable to confirm name and address of person meeting them on arrival;
- Child or young person is accompanied by an adult who insists on staying with the child or young person at all times;
- Child or young person has prepared a story very similar to that given by other children and young people; and
- Child or young person appears malnourished.

What other things do you need to consider?

Tackling child trafficking requires a multi-agency response at all levels. All practitioners must be aware of the issues pertaining to child trafficking and of the potential indicators of concern. There are two distinctive issues related to child trafficking that make handling more complex than in many other child protection cases: identification; and wider legal concerns.
Identification

Firstly, child trafficking can be difficult to identify. By its very nature, the activity is hidden from view, so practitioners need to be sensitive to the indicators of trafficking when investigating concerns about particular children and young people. There are no validated risk assessment tools that can predict the risk of trafficking or definitively identify those who have been trafficked. However, an indicator matrix has been developed which sets out a list of factors often associated with children who have been trafficked or who are at risk. While the presence of any factor does not provide definitive evidence, the indicators do point to the possibility of trafficking, particularly when more than one is present at the same time.

The indicators may apply to UK nationals and/or migrant children and young people and to both boys and girls. Practitioners should keep them in mind when working with children and young people and making an initial assessment. The indicators do not replace child protection investigations and the presence, or otherwise, of trafficking suspicions should not preclude the standard child protection procedure being implemented.

Legal Issues

Secondly, child trafficking raises important legal issues that require the involvement of specific agencies within the UK. As a signatory to The Council of Europe Convention on Action Against Trafficking in Human Beings, the UK has a responsibility to implement a specific mechanism for identifying and recording cases of child trafficking. This formal procedure, known as the National Referral Mechanism and Child Trafficking Referral Form, became operational on 1 April 2009. This is further supported by the Child Trafficking Assessment Form and Guidance for Completion.

From that date, new arrangements came into force to allow all cases of human trafficking to be referred by frontline services/agencies for assessment by designated competent authorities. In the UK the competent authorities are the United Kingdom Human Trafficking Centre (UKHTC) and a linked authority within the UK Border Agency that handles cases of immigration and asylum.

What to do if you believe that a child may have been trafficked?

First of all, doing nothing is not an option! It is essential that practitioners take timely and decisive action where child trafficking is suspected because of the high risk of the child or young person being moved. Action should not be postponed until a child or young person realises, agrees or divulges that they have been trafficked. Often, children and young people are threatened with punishment if they speak. Also they may not be aware that they are victims of child trafficking.

Any practitioner who believes that a child or young person they are in contact with is or may have been trafficked they should, in the first instance, contact the Perth and Kinross Child Protection Duty Team or Tayside Police Public Protection Unit:-
They will be able to advise you on what further action should be taken. Do not seek consent from the child or young person’s parents and/or carers, given the attendant level of risk for trafficked children. If after enquiry it is considered that the child has been trafficked there will be a referral made to the Competent Authority (the UK Human Trafficking Centre or UK Border Agency). If not, further discussion will decide if there are any child care and/or protection concerns be addressed under existing child care and/or protection procedures.

**Who else can you contact?**

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>NHS 24</td>
<td>08454 242424</td>
</tr>
<tr>
<td>National Child Protection Line</td>
<td>0800 0223222</td>
</tr>
<tr>
<td>Forced Marriage Unit</td>
<td>020 7008 0151</td>
</tr>
<tr>
<td>ChildLine</td>
<td>0800 1111</td>
</tr>
<tr>
<td>Crime Stoppers</td>
<td>0800 555 111</td>
</tr>
<tr>
<td>ParentLine Plus</td>
<td>0800 555 111</td>
</tr>
<tr>
<td>NSPCC Child Trafficking Advice Line</td>
<td>0800 107 7057</td>
</tr>
<tr>
<td>UK Human Trafficking Centre</td>
<td>0114 252 3891</td>
</tr>
<tr>
<td>End Child Exploitation and Trafficking (ECPAT)</td>
<td>020 7233 9887</td>
</tr>
<tr>
<td>Child Exploitation and Online Protection Centre (CEOP)</td>
<td>0870 000 3344</td>
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Within Perth and Kinross, the following Information and Advice Leaflets have also been published [Information for Practitioners](#) and [Information for the Public](#) which practitioners may also find helpful.
27. Honour-Based Violence and Forced Marriage

**Honour-Based Violence** is a spectrum of criminal conduct with threats and abuse at one end and honour killing at the other. Such violence can occur when perpetrators believe that a relative/community member, who may be a child or young person, has shamed the family and/or the community by breaking their honour code. The punishment may include assault, abduction, confinement, threats and murder. The type of incidents that constitute a transgression include:-

- inappropriate make-up or dress;
- having a boyfriend/girlfriend;
- forming an inter-faith relationship;
- kissing or intimacy in a public place;
- pregnancy outside marriage; and
- rejecting a forced marriage.

**A Forced Marriage** is defined as 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 pressure. A clear distinction must be made between a forced marriage and an arranged marriage.

**An Arranged Marriage** is one in which the families of both spouses are primarily responsible for choosing a marriage partner for their child, young person or relative, but the final decision as to whether or not to accept the arrangement lies with the potential spouses. Both spouses give their full and free consent. The tradition of arranged marriage has operated successfully within many communities for generations.

In **Scotland**, a couple cannot be legally married unless both parties are at least 16 years of age on the day of the wedding and are capable of understanding the nature of a marriage ceremony and of consenting to the marriage. Parental consent is not required. The consequences of forced marriage can be devastating to the whole family, but especially to the young people affected. They may become estranged from their families and wider communities, lose out on educational opportunities or suffer domestic abuse. Rates of suicide and self-harm are high. Some of the potential indicators of honour-based violence and/or forced marriage are listed below:-

**Education Indicators**

- Persistent absence from education;
- Request for extended leave of absence and failure to return from visits to country of origin;
- Decline in behaviour, engagement, performance or punctuality;
- Being withdrawn from school by those with parental responsibility;
- Being prevented from attending extra-curricular activities; and
- Being prevented from going on to further/higher education.
Health Indicators

- Self-harm;
- Attempted suicide;
- Eating Disorders;
- Depression;
- Accompanied to doctors or clinics and prevented from speaking to health practitioner in confidence; and
- Female genital mutilation.

Police Indicators

- Reports of domestic abuse, harassment or Breaches of the Peace at the family home;
- Threats to kill and attempts to kill or harm; and
- Truancy or persistent absence from school.

Cases of honour-based violence and/or forced marriage can involve complex and sensitive issues and care must be taken to make sure that interventions do not worsen the situation. For example, mediation and involving the family can increase the risks to a child or young person and should not be undertaken as a response to forced marriage or honour-based violence.

Cases of forced marriage may initially be reported to social work services as cases of domestic abuse. Spouses forced into marriage may suffer domestic abuse but feel unable to leave due to a lack of family support, economic pressures and other social circumstances. In some cases, they may fear having their own children taken away from them.

In all cases, practitioners should discuss the range of options available to the child or young person and the possible consequences. A spouse who is the victim of a forced marriage can initiate nullity or divorce proceedings to end the marriage, but should be made aware that a religious divorce will not end the marriage under UK law.

Further information can also be found at:-

Home Office/Foreign and Commonwealth Office Force Marriage Unit

Forced Marriage (Civil Protection) Act 2007

Forced Marriage: A Wrong not a Right

Forced Marriage: A Civil Remedy
28. Bullying

What is Bullying?

Bullying behaviour can include name-calling; teasing; putting down or threatening; ignoring; leaving out or spreading rumours; physical assault; stealing and damaging belongings; sending abusive text, email or instant messages; making people feel like they are being bullied or fearful of being bullied and targeting someone because of who they are or are perceived to be.

Bullying can leave people feeling helpless, frightened, anxious, depressed or humiliated and can have a devastating and lifelong impact. Bullying behaviour can take place in schools; at home; in the community; at youth groups and out-of-school care. It can be perpetrated by both children and adults alike. It is also increasingly associated with the use of the internet and mobile phone technologies, especially via social networking sites. In essence, the behaviour is the same and requires similar prevention methods.

Bullying behaviour may be related to perceived or actual difference and involve the expression of prejudices regarding, for example, race, gender, disability and sexual orientation. It may be just one manifestation of the prejudice experienced by the child or young person, and/or may compound other difficulties in their life. With this in mind vulnerable children and young people may be at particular risk.

What is Cyber Bullying?

Cyber bullying is a relatively new type of bullying, one that harnesses the modern technologies all teenagers use: mobile phones, email, social networking sites and web based chat rooms.

Cyber bullying is defined by Childnet International as the sending or posting of harmful or cruel text or images using the internet or other digital communication devices. Cyber bullying is an intentional activity and can be carried out by an individual or group using electronic forms of contact repeatedly over time against a victim who cannot easily defend themselves. This can include the taking of a picture or video clip of a child or young person and sending this to others to make them feel threatened and or embarrassed. It can also include the filming of physical attacks and sharing these images with others.

Practitioners can find further information, advice and resources on bullying and cyber bullying at the following websites:-

Respect Me which supports schools, local authorities and communities to prevent and tackle bullying effective through training, support for policy development and awareness raising information provision and includes advice on cyber-bullying.

The Anti-Bullying Network which is an independent operation with the following objectives - to support anti-bullying work in schools; to provide a free website and to offer an anti-bullying service which will include the provision of training, publications and consultancy services.
29. Online and Mobile Phone Child Safety

Perth and Kinross Child Protection Website contains more comprehensive information and advice on Internet and Mobile Phone Child Safety and includes a number of Useful Links/Downloads which practitioners may find helpful.

Technology

New technologies, digital media and the internet are an integral part of children's lives. Whether on a computer at school or at home, a games console or mobile phone, children and young people are increasingly accessing the internet whenever they can and wherever they are. This has enabled entirely new forms of social interaction to emerge, for example, through social networking websites and online gaming.

However, these new technologies make children and young people far more accessible to those who may wish to abuse them. It is more anonymous and it may act as a vehicle for groups of abusers to communicate with one another and provide mutual legitimisation. Secondly, these new technologies introduce new methods to the way in which abusers organise can their abuse.

Risks

These new technologies also bring a variety of risks such as:-

- exposure to obscene, violent or distressing material;
- bullying or intimidation through email and online (cyber-bullying);
- identity theft and abuse of personal information; and
- exploitation by online predators – for example, sexual grooming – often through social networking sites.

Practitioners need to support children and young people to use the internet and mobile technology responsibly and know how to respond when something goes wrong.

Advice for Practitioners

It is important that children and young people understand the risks and can make sensible and informed choices on-line. In a constantly changing technological landscape it is difficult to keep pace with change and criminal activity.

Practitioners may find the following lists of some Do’s and Don’ts helpful:-

**DO’s**

- Do try and get up to speed with new technologies through self-learning;
- Do encourage children and young people to keep personal details to a minimum when on-line and only allow trusted friends access to social network pages;
- Do reassure a child or young person that they are not to blame if they have had unwanted sexual contact whilst on-line;
• Do take possession of the device, computer, mobile phone etc to prevent further activity and preserve evidence; and

• Do refer to your designated child protection officer within your own service/agency if an internet issue occurs.

**DONT's**

• Don't challenge any on-line abuser, you may alert them and compromise a criminal investigation;

• Don't try and interrogate computers, mobile phones or other devices; you may contaminate or destroy evidence;

• Don't try and initiate an investigation but instead contact the police as soon as possible and explain the circumstances; and

• Don't ignore the issue; children or young people elsewhere may still be at risk.

**How to Preserve Evidence**

All practitioners and those involved in the care and/or protection of children and young people should be aware of the value of digital evidence contained on computers, mobile phones and other media (this includes media used by the victim as well as any suspect). If there is a suspicion that such equipment might be of evidential value the following procedures should be adopted:-

• Prevent further use of the computer or other equipment;

• Prevent access to the computer, or other equipment or associated media;

• Do not disconnect the power unless there is a reason to believe that the computer is carrying out a task that would delete any evidence. In which case remove the power lead from the rear of the computer, do not shut the computer down in the normal manner and do not switch off at the wall, (both these actions may cause files to be deleted); and

• Do not allow anyone (no matter how computer literate they may be) to interrogate the computer. This should only be done by Tayside Police. If you do all this the evidential value of the data will then be preserved.

**CEOP (Child Exploitation and On-line Protection Centre)**

The [Child Exploitation and On-line Protection Centre](https://www.ceop.police.uk) (CEOP) is dedicated to eradicating the sexual abuse of children. CEOP is part of the UK policing community and tracks and brings offenders to account, either directly or in partnership with local and international police forces.

CEOP also works with children, young people, parents, carers and practitioners to deliver their unique [Thinkuknow](https://www.thinkuknow.co.uk) internet safety programme. This resource includes films, presentations, games, lesson plans, publications and posters covering a range of issues from grooming by child sex offenders to cyber bullying. These can be accessed and downloaded from their [Website](https://www.ceop.police.uk).

Further information can also be found at: [Scotland’s Child Internet Safety Action Plan](https://www.scotland.gov.uk/Topics/Children-Safeguarding/Online-Safety) and [Internet Watch Foundation](https://www.internetwatch.org/).
30. Lesbian, Gay, Bisexual and Transgender Young People (LGBT)

All practitioners, working with and/or caring for young people, must recognise the rights, needs, and aspirations of lesbian, gay, bisexual and/or transgender (LGBT) young people. This duty is best articulated by The Equality Act 2010. This Act has two main purposes – to harmonise discrimination law and to strengthen the law to support progress on equality and diversity.

For many LGBT young people, the fear of being *outed* and stigmatised is real and for many, very fearful. Sharing information relating to an LGBT young persons’ sexual orientation and/or gender identity with another practitioner, service and/or agency can potentially place that young person at a greater risk and should be treated with sensitivity.

There is often a perception within mainstream services that a young person’s LGBT identity in and by itself, may constitute a child care and protection concern. **This perception is wrong.** Practitioners must therefore be aware and sensitive to these considerations.

**LGBT Youth Scotland** is Scotland’s largest youth and community-based lesbian, gay, bisexual and transgender (LGBT) organisation who to improve the health and wellbeing of LGBT youth and LGBT communities in Scotland. They seek to ensure:-

- LGBT young people can enjoy a safe and supportive upbringing and reach their full potential;
- LGBT young people are empowered to make positive choices about their lives;
- An end to homophobia and transphobia in Scottish schools, colleges and youth groups;
- Better health and wellbeing for LGBT young people and the wider LGBT community; and
- LGBT young people are successful learners, confident individuals, effective contributors and responsible citizens.

Their Website contains a wide range of information, advice and factsheets which practitioners may find helpful. The following reports on LGBT issues, particularly as they relate to child protection may also be helpful:-

- **Our Journey: Child Protection and LGBT Young People**

- **Extraordinary Lives: Creating a Positive Future for Looked After Children and Young People in Scotland**
31. Hostile and Non-Engaging Parents and Carers

Within Perth and Kinross, Inter-Agency Guidance for Working with Hostile and Non-Engaging Parents and carers has been published which practitioners may find helpful.

This guidance provides information and advice on local definitions for hostile and non-engagement; information sharing, exchange and recording; practitioner advice; line management and/or service/agency responsibilities and advice and a number of useful practice notes and checklists to support all practitioners.

On occasion, because of the nature of child care and/or protection work, some parents and/or carers may feel angry and can react in a way that is deemed either hostile and/or non-engaging. This type of behaviour can impact on practitioners in a variety of ways.

Practitioners should therefore be able to identify this type of emerging behaviour at an early stage and whilst adopting a firm but positive and non-discriminatory approach, be mindful of their own safety, the safety of their colleagues and the safety of the child or young person. Line Managers should be made aware of any hostile and/or non-engaging behaviour and this information should be recorded and shared with other practitioners, services/agencies working with the child and family in question.

Practitioners working with Hostile and/or Non-Engaging Parents and/or Carers can also benefit from peer support and/or supervision from Line Managers, both of which is critical when dealing with these types of situations.

The following key practice notes have been taken from the Perth and Kinross Inter-Agency Guidance for Working with Hostile and Non-Engaging Parents and are presented here for quick and easy reference:-

- Practitioners should recognise and know what action to take quickly and effectively in response to this type of behaviour;
- Practitioners should acknowledge that they may feel intimidated by this behaviour and that this is not an unusual response;
- Practitioners should consider their own health and safety and the health and safety of their colleagues;
- Practitioners should see and/or attempt to see the child is safe and should at the earliest opportunity, inform their line manager of such developments;
- Practitioners should where possible, continue to work with the child, parent and/or carer;
- Practitioners should re-affirm their professional and/or legal authority to work with the child and family;
- Practitioners should also take into account the parenting capacity of the parent and/or carer, together with their race, ethnicity, language, cultural and religious backgrounds and
- Practitioners should share, exchange and record this information quickly, appropriately and effectively.
Practitioners should note that the National Guidance for Child Protection in Scotland 2010 provides additional information and advice on more specialist child protection matters including:-

- Children and Young People who Display Harmful or Problematic Sexual Behaviour;
- Complex Child Abuse and Investigation;
- Historic Allegations of Child Abuse; and
- Allegations against Foster Carers and Residential Social Workers.

which practitioners may also find helpful.
Part V
Appendices
Roles and Responsibilities

Part II of the National Guidance for Child Protection in Scotland 2010 sets out, in considerable detail, the roles and responsibilities of Chief Officer Groups, Child Protection Committees, other partnerships and single service and/or agencies.

Within this part of the guidelines, practitioners will find key information on the roles, responsibilities and membership of local child protection partnerships and services within the Perth and Kinross context.

Partnerships

**Children and Young People’s Strategic Partnership (C&YPSP)**

The Chief Officers of the public, private and third sectors discharge their individual and collective responsibility for child protection services by way of the Perth and Kinross C&YPSP. The partnership provides strong leadership, direction and scrutiny of child protection services and promotes the need for continuous improvement.

The C&YPSP meets regularly and continues to scrutinise, support and challenge the work of the CPC, calling for regular reports, inputs and updates. Membership of the C&YPSP includes senior representation from Perth and Kinross Council, NHS Tayside and Perth and Kinross CHP, Tayside Police, Crown Office and Procurators Fiscal Service, SCRA – Authority Reporter and the Third Sector. Perth and Kinross Council representation includes senior managers from the wider children’s services, adult services, housing and community care services and from cultural and community services. The C&YPSP meets at least quarterly.

**Child Protection Committee (CPC)**

The Child Protection Committee oversees the design, development, publication, distribution, implementation, embedding and evaluation of all child protection policy and practice developments across Perth and Kinross. The CPC is fully compliant with the policy requirements specified in Part II of the National Guidance for Child Protection in Scotland 2010. The CPC meets every two months and its Membership is fully representative of the public, private, third sector and independent sectors across Perth and Kinross.

**Alcohol and Drug Partnership (ADP)**

The Alcohol and Drug Partnership (ADP) supports the work of the Child Protection Committee and other partner organisations which are involved in child protection. Part of the Community Planning Partnership, its membership includes representation from the public, private and third sectors. The ADP meets every two months.
Adult Protection Committee (APC)

The Adult Protection Committee (APC) supports the work of the Child Protection Committee and is committed to ensuring that adults at risk in Perth and Kinross are protected from harm. It has a significant role in ensuring co-operation and communication within and between agencies to promote appropriate support and protection as set out in section 42 (2) of the Adult Support and Protection (Scotland) Act 2007. Its membership includes representation from the public, private and third sectors across Perth and Kinross. The APC meets every two months.

Domestic Abuse & Violence Against Women Partnership

The Domestic Abuse & Violence Against Women Partnership is a multi-agency partnership which includes membership from key partners from the public, private and third sectors across Perth & Kinross. The partnership supports the work of the Child Protection Committee and works at a local level to promote and coordinate a range of activity, aimed at raising awareness and addressing the many issues arising from violence against women. The partnership works to implement Scottish Government strategies and initiatives at a local level.

Single Services/Agencies

Perth and Kinross Council

Perth and Kinross Council is responsible for the delivery of public services across a large landward area of approximately 5,286 square kilometres to a population of approximately 145,910. Perth and Kinross Council is ranked fifth in Scotland in terms of area and fourteenth in Scotland in terms of population. A third of the overall population live in Perth City. More rural areas are clustered around Crieff, Kinross, Scone, Blairgowrie, Pitlochry and Auchterarder.

Perth and Kinross Council Headquarters is located in Perth.

Education and Children's Services delivers an integrated approach to Children and Families' Services across Perth and Kinross. Education and Children's Services aims to provide improved outcomes for communities in Perth and Kinross by way of the following five main areas:-

- education;
- social work services for children and families;
- community, cultural and active recreation services;
- support services across Perth and Kinross; and
- IT services for ECS and across the organisation.

Children, young people and their families, communities and children and families in need receive services directly in different ways for example through schools, community centres, residential homes and library and museum facilities. They also work with other providers,
agencies and services to meet the needs of those who use these services. The service works to keep people safe and protected, to improve their health and wellbeing, to develop the range and quality of learning experiences for everyone, to raise standards of performance and achievement, and to develop both active and responsible citizens along with caring and confident communities.

**Education Service**

Teachers and all other education staff have a crucial role to play in the care and welfare of children and young people, along with the promotion of their personal safety and well being. Teachers and staff in all educational establishments have a key role in creating physically and emotionally safe environments where children and young people can feel safe and secure. Teachers are likely to have the greatest level of day-to-day contact with children and young people, so are well placed to observe physical and psychological changes in a child or young person that could indicate abuse and to contribute to the assessment of vulnerable children. Children and young people often see teachers as a trusted source of help and support.

Across Perth and Kinross, each school has a designated Child Protection Officer, who has undergone specific child protection training in relation to this role. This person is responsible for giving child protection advise/support to staff, pupils and parents and/or carers within the school. They have a crucial role in liaising with other service/agencies when appropriate.

Through the [Curriculum for Excellence](#), education practitioners have an important role in equipping children with the knowledge, skills and understanding they need to keep themselves and others safe. This could include offering advice and guidance on issues such as drugs, alcohol, using e-technology and bullying.

**Children and Families Services**

The service is committed to the principle of protecting a child’s right to be brought up in the safety and security by his/her birth family. However the welfare and safety of the child is always the paramount consideration, therefore, in certain circumstances the child or young person may be removed from their parent’s care.

Under [The Children (Scotland) Act 1995](#), Children’s & Families Social Work Services have a statutory responsibility to enquire into the circumstances of children and young people who may require compulsory measures of supervision, who may have been abused or at risk of being abused and to take appropriate measures to protect them from further harm. Social Work will also act as the lead service for the Local Authority in the application for and implementation of the Orders introduced by [The Children (Scotland) Act 1995](#) relating to child protection. Social Work also provides therapeutic services to children, young people and families affected by trauma or abuse.
Criminal Justice Services

Criminal Justice Services also have responsibilities for the supervision and management of risk relating to adults who have committed offences against children and young people, as well as other high-risk offences. Criminal Justice staff may be directly involved in risk assessment, supervision and intervention with adult offenders against children and young people. Alternatively, through the course of their involvement with other service users, concerns about a child’s welfare may come to light – for example, in cases of domestic abuse or alcohol and/or drug misuse.

Youth Justice

Youth Justice staff work with children and young people involved in offending behaviour. Such children and young people may need support in relation to past experiences of abuse, as well as help to manage their offending behaviour. Youth Justice staff may be asked to contribute to risk assessments as well as to support or protection plans. Youth Justice staff can also play an important role in assessing and intervening with children and young people who may present risks to others.

Housing Service

The Local Authority and Registered Social Landlords (RSLs – Housing Associations) can make an important contribution to meeting the health and welfare needs of children and young people, particularly those who need safeguarding from harm. The Housing (Scotland) Act 1987 (as amended) sets out the local authority’s statutory duties as they apply to the housing of homeless families with children and to young people. Legislation governing the allocation of housing is found in The Housing (Scotland) Act 2001 which applies equally to both the Local Authority Council and RSLs.

The Housing Service has the responsibility for assessing the housing and support need of homeless and other vulnerable persons seeking accommodation. In this respect, the assessment will have regard to the welfare of dependent children and in doing so Housing Service staff will liaise with a range of other services/agencies to ensure that needs are met.

Housing Service staff come into direct contact with children on a day to day basis. This is generally through estate management, homelessness and the housing benefit system. Housing departments may be involved in providing accommodation or advice in situations where, for example, a woman and her child or children become homeless due to domestic abuse or where overcrowding, poor conditions or social isolation contribute to the risk of abuse.

Cultural and Community Services

Staff and volunteers in this service provide a wide range of services including libraries, museums, arts, music, sport, out of school care, community link, adult, youth and community services and have regular direct contact with children, young people and adults of all ages. Some staff, such as community link workers, work directly with vulnerable children and families. Staff are committed to ensuring the protection of children and young people is
paramount and that their rights are respected. All staff receive training in helping recognise abuse and following appropriate procedures.

Cultural and Community Services staff work closely with a wide range of community groups and voluntary organisations in the delivery of services. They ensure that any such groups have child protection policies and procedures in place. Culture and community services encompass a number of services that are specifically designed for, or include children and young people.

**Live Active Leisure**

Live Active Leisure have a moral and legal responsibility and duty of care towards children, young people and vulnerable adults and implement procedures to safeguard their well-being and protect them from harm and abuse, whilst they are users' leisure services.

Live Active Leisure has an Integrated Child Protection Policy. Through the implementation of its policies and procedures and the good practices of its members of staff, the Company will respect and promote the rights, wishes and feelings of young people and vulnerable adults.

The Company require staff to adopt and abide by the Company's Child Protection Policy and Procedures. Live Active Leisure, through recruitment, training and supervision of its employees will adopt best practice to safeguard and protect young people from abuse.

Child Protection training is available in a wide range of formats including the induction process, annual refresher courses, and online awareness training, staff requiring more in depth knowledge can access further in-house and partner organisations training.

Live Active Leisure are working closely with Perth & Kinross Sports Council to establish protocols for lets and bookings to ensure clubs and groups have Child Protection at the core of these procedures. In addition, the following initiative has been implemented across the local authority:

**Independent Schools**

Schools in the independent education sector ensure that child protection policies and procedures meet the criteria of the recommendations set out in the Scottish Council for Independent Schools Guidelines on Child Protection and reflect Perth & Kinross Child Protection Guidelines.

*The Children (Scotland) Act 1995* placed upon the managers of independent boarding schools a duty to safeguard and promote the welfare of children resident in their schools. The Protection of Children (Scotland) Act 2003 and the Protection of Vulnerable Groups (Scotland) Act 2007 strengthened this duty on schools and on all persons in child care positions to protect children from harm or from being at risk of harm.

Staff are supported and enabled to respond appropriately to children and young people who have been harmed or may be at risk of harm. Training and development has been delivered to ensure that all staff are appraised of these responsibilities to promote the well-being of
children and young people. All schools in the independent education sector have a designated Child Protection Co-ordinator with a particular responsibility for ensuring effective links with all appropriate agencies.

**Tayside Police**

*Tayside Police* operates within a geographical area of some 2,896 square miles (7,497 square kilometres) and serves approximately 388,000 people across Tayside. Policing services are provided against a backdrop of densely populated urban areas and sparsely populated rural areas.

**Policing across Perth and Kinross** is delivered via the Divisional Police Headquarters in Barrack Street, Perth, which is the base for the Western Division Command Team. In 2008, Public Protection Units (PPUs) were formed within each Operational Policing Division, under the management of a Detective Inspector. The remit of the units have expanded and additional resources have been provided to meet increased service demands. The main function of the units is the protection of the most vulnerable in society; namely children, victims of domestic abuse and adults who are defined as ‘at risk’. Areas of responsibility now include Child Protection, Adult Protection, Domestic Abuse, Offender Management, Youth Justice, Hate Crime and Missing People.

Tayside Police is committed to a policy of co-operation with other agencies involved in the care and protection of children and young people to ensure that all investigations are carried out in a sensitive, sympathetic and child-centred manner. A co-ordinated response will be based on consultation and information sharing and, where necessary, will involve joint investigative interviews by a Police Officer and a Social Worker, as part of a multi-disciplinary assessment approach.

The responsibility to ensure the care and protection of children and young people lies with all police officers. Investigations are normally undertaken by Officers from the Public Protection Units, which works jointly with the Social Work Department’s Child Protection Duty Team and other Social Work staff. In an emergency, initial attendance may involve Uniformed and/or Detective Officers.

The primary role of the police in relation to responding to information which highlights that a child or young person may be at harm, is to ascertain whether a criminal act has been committed and if so to investigate and report the matter to the Procurator Fiscal.

There is a clear distinction between the investigative role of the Police and any decision to prosecute individuals, which is the remit of the Procurator Fiscal. Police involvement does not automatically result in an alleged offender being prosecuted. Similarly the police are obliged, where they have reasonable cause to believe that compulsory measures of supervision may be necessary, to refer a child to the Children’s Reporter.

Whenever there is a suspicion that a crime or offence has been committed against a child or young person, the Police should be informed immediately so that if appropriate, an investigation can be commenced, witnesses interviewed and evidence secured without
delay. Delays in the forensic recovery of potential evidence could be critical, as could any delay in photographing injuries.

In consultation with other key staff involved in the child’s welfare the investigating Police Officers will ensure that any medical examination which may be required for evidential purposes is properly co-ordinated to coincide as far as possible with examinations by a Community Medical Officer, General Practitioner or Casualty Doctor. In some instances it may be necessary to arrange joint examination by a Police Surgeon/Paediatrician.

When a Child Protection Case Conference is called in respect of a child who has been the subject of investigation the Police Officer or a Police representative will attend to contribute to the decision making process. The Police have emergency powers under section 61(5) of The Children (Scotland) Act 1995 to ensure the immediate protection of children and young people believed to suffering from, or at risk, of significant harm.

In order to fulfil their responsibilities the police may:-

- assist in education and awareness programmes;
- liaise with partner agencies;
- investigate allegations of crime;
- gather evidence;
- attend case discussions and/or case conferences;
- carry out joint investigative interviews;
- make joint enquiries with social work services;
- discuss the need to arrange medical examinations as necessary;
- interview suspects;
- detect offenders;
- utilise emergency powers where appropriate and necessary; and
- attend court to give evidence.

**MAPPA (Multi – Agency Public Protection Arrangements)**

*The Management of Offenders etc (Scotland) Act 2005*, sections 10 and 11, provide statutory function for Local Authorities, Police, Health and the Scottish Prison Service (known as the Responsible Authorities) to jointly establish arrangements, MAPPA for the assessment and management of risk to the public posed by sex offenders, violent offenders and those whose conviction leads the Responsible Authority to believe that they pose a significant risk of harm.

The MAPPA guidance provides the framework under which MAPPA operate, identifying three separate but connected levels at which risk is assessed and managed. This structure of risk management is intended to enable resources to be deployed so that identified risk can be managed in the most efficient and effective manner.

The levels are:-

1. Level 1 - Ordinary Risk Management;
2. Level 2 - Local Inter-Agency Risk Management; and
3. Level 3 - MAPPP – Multi-Agency Public Protection Panels
The multi-agency approach to assessing and managing offenders who may pose a risk of harm to the community is well established within Perth and Kinross. A key success of the Tayside MAPPA is the continued joint working of the Criminal Justice Services, Child Care Services, Public Protection Teams and the Offender Management Teams of Tayside Police.

This allows for all initial information to be exchanged in all cases, identifying those that can be effectively managed at Level 1 (which is the vast majority of the offenders) and also identifying those requiring either Level 2 or Level 3 management. The majority of these offenders pose a risk to children and young people and as part of risk assessment procedures, the MAPPA will regularly instigate child protection measures and exclusion orders where necessary. Members of MAPPA also attend the CPC to strengthen links.

**NHS Tayside**

**NHS Tayside** is responsible for delivering healthcare to around 400,000 people living across Tayside and North East Fife. NHS Tayside employs approximately 14,000 staff and provides a comprehensive range of primary, community-based and acute hospital services for the populations of Dundee City, Angus and Perth & Kinross. Acute services are also provided by Ninewells Hospital and Medical School to the population of North East Fife. NHS Tayside’s principal health organisations are Tayside NHS Board, the Single Delivery Unit and three Community Health Partnerships (CHPs) in Angus, Dundee and Perth & Kinross.

**The Perth and Kinross Community Health Partnership (CHP)** aims to establish and develop high quality local services, with health services, social services and voluntary organisations working closely together to provide services that meet local needs. It aims to make sure that the right care is delivered at the right time and in the right place. It also aims to help people in Perth and Kinross to take responsibility for their own health and wellbeing.

All Health Staff should follow the NHS Tayside Child Protection Policy available on the Staffnet website.

**Medical Staff**

**All Doctors**

Health professionals are often the first to be alerted to situations where children or young people have been, or are at risk, of being harmed, particularly in situations where there is some uncertainty regarding the nature of concern. Doctors have a range of responsibilities when responding to concerns that a child or young person has been, or may be at risk of harm as follows:-

1. To assess whether a child or young person is in need of urgent medical treatment, and make appropriate arrangements immediately;

2. To make preliminary examination of the child or young person looking for evidence of harm to the child or young person; which would support the presenting history and/or allegation. At the same time, to look for indications of the child or young person’s
overall physical and emotional care, i.e. physical growth and development and to take into account the background history. This assessment may be carried out either by the child or young person’s GP in his/her surgery or may also be following attendance at an Accident and Emergency Department or minor injury unit. It is the responsibility of the examining doctor to provide a hand-written report on his/her findings for the benefit of the relevant agencies;

3. Where medical findings support the possibility of harm to the child or young person, the doctor must inform Social Work or Police colleagues. A doctor can also seek direct advice from the On Call Consultant Paediatrician for Child Protection. If the findings are inconclusive but the doctor is concerned abuse may have occurred, the doctor must also inform Social Work or Police colleagues. Social Work and Police should then discuss with the On-Call Paediatrician for Child Protection about the need for further medical assessments. This would take place as part of the Initial Referral Discussion (IRD);

4. Where a decision is taken to proceed with a joint paediatric/forensic medical examination, this should take place in a dedicated Child Protection facility. If the child or young person is already in hospital, the forensic medical examiner will carry out the examination in hospital with the child’s Consultant Paediatrician;

5. The findings of this joint paediatric/forensic medical examination will be shared with police and social work and a formal report is sent to the Procurator Fiscal to be used in evidence in any subsequent legal proceedings. Examination findings can also be made available to the Children’s Reporter;

6. At all stages, there will be close liaison with Social Work, Police and any other involved services/agencies through discussion at the time of referral, throughout the investigation and by the provision of a report for the subsequent Child Protection Case Conference to ensure that the child or young person’s health needs are carefully considered by the multi-disciplinary team;

7. To ensure ongoing health surveillance and management of medical and developmental problems in children and young people who have been identified as being at risk.

General Practitioners

General Practitioners and other health care professionals are in a position to identify stress in families and to notice any indication that a child or young person has been, or is at risk of being harmed at an early stage. They therefore have a key role to play in the prevention of harm by promoting better parenting skills and referring to support agencies at an early stage when this is required. If in doubt initial guidance or advice may be sought from the Lead Clinician or Senior Nurses for Child Protection.

It is essential that whenever a doctor becomes suspicious that a child or young person may be at risk of being, or has been harmed, that these concerns are discussed with colleagues experienced in working in the field of child protection.
The General Medical Council (November 1987) has stated that if a doctor has reason for believing that a child or young person is being physically or sexually abused not only is it permissible for the doctor to disclose information to a third party but it is a duty of the doctor to do so.


"if you believe a patient to be a victim of neglect or physical, sexual or emotional abuse and that the patient cannot give or withhold consent to disclosure, you should give information promptly to an appropriate responsible person or statutory agency, where you believe that the disclosure is in the patient's best interests. You should usually inform the patient that you intend to disclose the information before doing so. Such circumstances may arise in relation to children where concerns about possible abuse need to be shared with other agencies such as social services. Where appropriate you should inform those with parental responsibility about the disclosure. If for any reason you believe that disclosure is not in the best interests of an abused or neglected patient, you must still be prepared to justify your decision."

Nursing Staff

Nursing staff may frequently be the first contact when there is concern that a child or young person has been, or is at risk of being harmed and it is essential that staff having contact with children/young people and parents and/or carers are knowledgeable about procedures to follow and the guidance available to them.

The welfare of the child or young person is paramount at all times and the child should be consulted and kept informed throughout any investigation. Even quite small children can indicate their hurt, concerns and wishes. Nurses can help provide an environment in which the child feels safe and secure.

All nurses follow the NHS Tayside Child Protection Policies and Procedures.

Hospital Nursing Staff

Hospital Nursing staff will be involved in admission procedures, examinations of the child or young person and any necessary treatments. The prime responsibilities of nursing staff are to provide a caring and supportive environment appropriate to the age and needs of each particular child or young person and to observe and record the child and young person and interactions with parents and/or carers. Inappropriate behaviour will also be recorded and reported. Hospital Nursing staff record their nursing interventions and actions and prepare care plans appropriate to the individual child and his/her circumstances and needs. Hospital Nursing staff prepare reports and attend Child Protection Case Conferences. They communicate and co-operate with other service/agencies in determining child protection strategies.
Community Nursing

These members of staff, have the potential for having in depth knowledge of the family and may be well placed to recognise children or young people who may be vulnerable and at risk of significant harm through compromised parenting.

The Community Nurse will contribute to the protection of children by:-

1. Observing and assessing the growth, health & developmental progress of children and young people, both in and out with the context of the family situation. This enables identification of children or young people at risk and initiating appropriate child protection procedures;

2. Facilitating communications with other service/agencies. The relationship between the family and the Community Nurse will aid other services/agencies in their investigations;

3. Co-operating and participating in investigations by providing appropriate reports and information;

4. Providing reports for and attending Child Protection Case Conferences or other meetings;

5. Providing post-investigation support where there is no evidence of the child or young person being harmed by continuing contact, monitoring and recording the child or young person’s health and development.

NHS 24

NHS 24 is a special health board providing national services including online, telephone, video and web-based services. NHS 24 provides access to clinical assessment, healthcare advice and information and aims to give customers the assistance and advice they require to meet their health needs.

Most calls to NHS 24 are made out-of-hours, when GP surgeries are closed, but the service is available 24 hours a day. When NHS 24 staff identify a child protection issue they will share this information with partners from other services/agencies to ensure that services are alert to the protection needs of the unborn baby, child or young person.

Accident and Emergency

These members of staff may be the first point of contact in cases of suspected or actual child abuse and neglect. This may include scenarios where adult carers are presenting with an injury/health problem. The same applies to the Ambulance Service. Emergency Dispatch Centres record and register all calls and can act as an initial hub for emergency medical responses or notifications.

Parents and/or carers may seek medical care from a number of sources in order to conceal the fact that a child or young person is being injured regularly. Similarly, staff may
notice a child or young person presenting themselves repeatedly, even with slight injuries, in a way that they find worrying. This may include signs of self-harming or of alcohol and/or drug misuse. Arrangements for obtaining medical and nursing advice from the appropriate designated professional/team are in place locally.

**Dental Care Practitioners**

Dental staff will often come into contact with vulnerable children and young people and are in a position to identify possible child abuse or neglect from examinations of injuries or oral hygiene. The dental team have the knowledge and skills to identify concerns regarding a child or young person’s welfare and know how and with whom to share that information.

**Community Pharmacy Services**

Pharmacists, Pharmacy Technicians and Pharmacy Support staff regularly deal with children/young people and parents and/or carers including those in at risk groups such as children of substance misusing parents and/or carers in the course of their day to day practice. As such, they have an important role to play in identifying whether a child or young person is at risk of harm and/or abuse.

**NHS Tayside Child Protection Team**

NHS Tayside has a dedicated Child Protection Team. Medically there is the Designated Doctor for Child Protection supported by Lead Paediatric Clinicians for each area in Tayside. There is a Lead Nurse supported by Senior Nurses Child Protection and Advanced Nurse Practitioners. The following staff are in place in NHS Tayside/Perth and Kinross CHP with specific roles for the protection of children and young people:-

**Designated Doctor Child Protection**

The Designated Doctor works closely with NHS Tayside, Child Protection Committees, Lead Clinicians and Nurses in supporting all activities necessary to ensure NHS Tayside meets its responsibilities in protecting children. The Designated Doctor has an inter-agency role and also an advisory role to NHS Tayside Board both managerially and clinically. This includes advice on policy, procedure, training and communication. The Designated Doctor is also clinically active in the field of child protection and contributes to the Tayside wide Consultant led On-Call rota for child protection.

**Lead Paediatric Clinician Child Protection**

The Lead Clinician for Child Protection is a senior Paediatrician with responsibility for overseeing medical services and assessment of children and young people in Perth and Kinross who may have been abused. The Lead Clinician can be contacted for advice by medical and health staff about child protection concerns at any time. The Lead Clinician is involved in the tri-partite IRDs discussing the overall medical and health management of children and young people in non-acute cases. However the On-Call Paediatrician for child protection will provide initial advice in child protection investigations. The Lead Clinician also contributes to the Tayside-wide Consultant Led On-Call rota for child protection.
Senior Nurse / Advanced Nurse Practitioner Child Protection

The role of the Senior Nurse is:-

- To encourage professionals and staff in the identification and management of child protection through advice, support and supervision;

- To provide effective leadership in monitoring and evaluating practice standards and work closely with service leads and managers to ensure standards are met.

- To act as a resource for professionals at all levels both within and outside a specified area;

- To establish and maintain professional networks within a specified area;

- To co-ordinate the provision of specialist advice throughout the organisation that is both proactive and reactive;

- To provide a credible, accessible and approachable service which empowers staff;

- To identify training needs of health staff and to deliver single agency/multi-agency child protection training.

- To contribute policy development within and outwith the organisation; and

- To contribute to the Multi-Agency CPC Sub Groups actively
Child Protection Training Co-ordinator

The role of the Co-ordinator is:-

- To ensure the implementation of Child Protection training programmes across NHS Tayside. This includes active liaison with the Officers from each of the three Local Authority areas, Tayside Police and local further education providers.

Other Health Professionals Working Directly With Children

This group includes many diverse health professionals e.g. Speech and Language Therapists and Physiotherapists, all of whom may play a key role in providing therapy, treatment and care to children and young people. As with all other health professionals, this group of staff have a duty to share information with appropriate professionals to ensure the protection of children that they come into contact with.

Health Staff Who Do Not Work Directly With Children

Although the child or young person may not be their patient or client, health staff in this category e.g. mental health teams or substance misuse workers must proactively share any concerns regarding a child or young person’s safety, protection or welfare with an appropriate professional, either within their own service/agency or within another service/agency. It is essential that the impact of the parent or carer’s condition on the welfare of the child or young person be assessed.

Scottish Children’s Reporter Administration (SCRA)

SCRA is a national body focused on children most at risk. SCRA’s role and purpose is: to make effective decisions about a need to refer a child to a Children’s Hearing (that child having been referred to the Reporter from any one or more of a number of sources and for a variety of reasons); to enable children and families to participate in Hearings; to provide suitable accommodation and facilities for Children’s Hearings and to disseminate information and data to inform and influence improved outcomes for children and young people. The Office and Hearings Centre covering the geographical area of Perth & Kinross is located in Kinnoull Street, Perth.

With an increasing number of children being referred to SCRA in the Perth & Kinross area, and with an increasing number of children requiring compulsory measures of care, SCRA is committed to working in partnership with local services and/or agencies to ensure that the best possible outcomes for vulnerable children are achieved and will publish shortly the SCRA Strengthening Partnership Working: Guidance for Partnership Working Nationally and Locally which will be underpinned by eight Core Partnership Standards. Further contextual information on SCRA can be found of their website at http://www.scra.gov.uk/home/index.cfm

A child will come into the Children’s Hearing System by virtue of a referral to the Children’s Reporter. Such referrals are usually from the police, health services, school or the social work department but may also come from members of the public or the child’s own family.

Upon receipt of a referral (which may relate to offences committed against the child or by the child), the Children’s Reporter investigates the child’s circumstances to decide if there is evidence to support one or more of the conditions listed in The Children (Scotland) Act 1995 at Section 52; the Children’s Reporter must also decide whether compulsory intervention is likely to be needed.
Should that be the case then grounds of referral (the legal document which sets out the
concerns about the child) will be written and a Children’s Hearing arranged. If there is a
dispute about the grounds of referral, that is, if the child and/or relevant persons do not agree
with what has been said, these grounds are sent to Court where the facts have to be proved
(or accepted) before a Sheriff; it is the role of the Children’s Reporter to present the case
before the Sheriff.

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, not beyond reasonable doubt, as is the case in the mainstream Scottish Legal
System.

It is important to emphasise that the Children’s Reporter plays an active role in diverting
children from the Hearings System where compulsory intervention is unlikely to be needed.
That may involve asking the social work department (or perhaps a voluntary agency) to work
with the child and/or their family on a voluntary basis. Or, indeed, it may be decided that no
further action is needed. These decisions are usually made after the reporter has
investigated the child’s circumstances by asking for reports from agencies such as the social
work department or the child’s school.

Children’s Panel

The principal task of a Children’s Hearing is to decide whether compulsory measures of
supervision are necessary for the protection, guidance, treatment or control of a child or
young person. Panel Members make their decision based on the welfare of the child or
young person, taking into account the child or young person’s views and make an order only
when absolutely necessary.

In an emergency a Sheriff has the power to grant a Child Protection Order where a child or
young person is in immediate danger. This is reviewed by Panel Members on the second
working day after the order has been taken. In certain circumstances a Children’s Hearing is
able to issue a warrant to keep a child or young person in a “place of safety” where this is
deemed necessary.

Procurator Fiscal

The [Crown Office and Procurator Fiscal Service (COPFS)](https://www.gov.scot/organisations-procurator-fiscal-service) is responsible for the day-to-day
prosecution of crimes/offences in Scotland. The Procurator Fiscal is the local independent
public prosecutor who receives and considers reports of crimes and offences from the police,
and other agencies and decides whether or not to take criminal proceedings in the public
interest.

The Procurator Fiscal, as the Lord Advocate’s local representative, has the duty to
investigate the circumstances of any crime/offence or suspected crime/offence brought to his
or her attention. He or she acts in the public interest and decides whether to bring criminal
proceedings. Where proceedings have started, the Procurator Fiscal may precognose
(interview) witnesses. Child protection encompasses effective investigation and prosecution
of offences against children and young people.

Decisions regarding criminal proceedings against adults or children/young people are taken
by the Procurator Fiscal in the public interest, which includes, but is not restricted to, the
interests of the child or young person as a witness or accused. The gravity of the alleged
offence and protection of the public are matters which required to be weighed, but in all actions concerning children/young people, the Procurator Fiscal will have regard to Article 3 of the United Nations Convention on the Rights of the Child which provides that the best interest of the child will be a primary consideration.

It is likely that a Procurator Fiscal or Precognition Officer will interview a child witness in advance of any prosecution, particularly a more serious offence which is liable to take place before a jury. This interview is known as a precognition. Its purpose is to establish what evidence the child or young person is able to give and to assess whether the child or young person is capable of giving evidence in court.

Under the **Vulnerable Witnesses (Scotland) Act 2004**, witnesses under the age of 16 are regarded as ‘vulnerable’ and have the right to give evidence by the use of standard special measure(s). The degree of vulnerability will determine which special measure(s) are most appropriate to use. For all children and young people under the age of 16, the party citing the witness must complete a ‘child witness notice’ notifying the court of the use of standard special measures or request to use any of the other special measure(s).

Standard special measures that child witnesses under the age of 16 have a right to use are:-

1. a live television link where the witness is in another part of the court building;
2. a screen; and
3. a supporter in conjunction with either (i) or (ii) above

The full list of other special measures available on application (available to both child and vulnerable adult witnesses as defined in the Act) are:-

1. a live television link from another part of the court building or other place outwith that building;
2. prior statement as evidence in chief (criminal cases only);
3. taking evidence on commission;
4. a screen; and
5. use of a supporter.

The provision of these special measures aims to maximise the quality of evidence provided, in terms of its completeness, coherence and accuracy, in that vulnerable witnesses will be better supported to give their evidence with the involvement of the COPFS- VIA (Victim Information and Advice) service in all cases involving child witnesses and the SCS witness services at all Sheriff and High courts in line with local arrangements. In cases of particular delicacy or doubt the Procurator Fiscal is available for discussion with other professionals.

**Third Sector**

The **Perth and Kinross Association of Voluntary Services (PKAVS)** is a diverse charity which supports the wider community of Perth & Kinross through a number of services. Every year, they help over 5,000 local people enjoy a better quality of life, including adults with mental ill health or limited mobility and young and adult carers. As a charity, PKAVS have to respond to changing community needs and embrace new ideas. PKAVS promote volunteering and citizenship and aim to ensure that those they support, particularly our young people, have every chance to succeed in life.

In communicating widely through established statutory and third sector networks, PKAVS continues to raise awareness of child protection policy and practice developments for those involved in delivering services directly to children and young people and also to those whose interest is secondary to their main role. **PKAVS** promotes child protection training.
opportunities provided locally and makes them available to the wider sector, which in turn will help develop skills and knowledge of child protection across Perth and Kinross.

**Perth and Kinross Voluntary Organisations Child Protection Forum (VOCPF)** is a well established peer support and practitioner network, which allows all third sector practitioners, services and/or agencies the opportunity to regularly meet, discuss, share and exchange good child protection practice.

At present, membership includes 15 services that regularly contribute to and benefit from their training updates, peer support and resource sharing. Several of them have roles to help reduce risks of harm and neglect for children and young people, by providing a significant relationship via a worker for them and their family. Membership includes Action for Children; Perthshire Families Service; Barnardos-Hopscotch; CAIR Scotland; Tayside WEB Project, Homestart; Domestic Abuse; YMCA; Plus One and Young Carers.

**VOCPF** has representation at the Perth and Kinross Association of Voluntary Services (PKAVS), Perth and Kinross CPC and all CPC Sub Groups. These established links between VOCPF, PKAVS, the CPC and the CPC Sub Groups help ensure that the third sector is working to the required child protection policy and/or legislative requirements. It also ensures that local child protection procedures and guidance which help keep children and young people safe and promote their future well being, are widely understood and complied with.

The third sector is a significant provider of services for children and young people, including nurseries, residential care, pre-school play groups, parenting and family support, youth work and other youth services, befriending, counselling, respite care, foster care, adoption, through-care and after-care, advocacy, helplines and education. Some services are provided substantially by volunteers, particularly in relation to youth work. The third sector includes a number of large to medium-sized charities providing a wide range of specialised services. These often deploy both professional staff and volunteers.

Within Perth and Kinross, the third sector plays an important role in supporting children and young people and families. In the interests of protecting children and young people, each third sector organisation should have a clear Child Protection Policy in place. If a third sector organisation has a concern in relation to the safety or well being of a child or young person, the Social Work Service or the Police will be contacted as soon as possible.

Perth and Kinross’ statutory services/ agencies work in partnership with the voluntary sector, in order to promote good practice, share professional issues and engage in cross sector training.
Useful Web Links

Aberlour  www.aberlour.org.uk/
Action for Children  www.actionforchildren.org.uk/
Anti Bullying Network  www.antibullying.net/
Association of Chief Police Officer in Scotland  http://acpos.police.uk/
Association of Directors of Education in Scotland  www.adescotland.org.uk/
Association of Directors of Social Work  www.adsw.org.uk/
Barnardo's  www.barnardos.org.uk/scotland
Child Exploitation and Online Protection Centre  www.ceop.police.uk/
Centre for Learning in Child Protection  www.clicp.ed.ac.uk/
Child Net (Know it All)  www.childnet-int.org/kia/
Child Protection In Sport  www.childprotectioninsport.org.uk/index.html
Childline  www.childline.org.uk
Children 1st  www.children1st.org.uk/
Children's Hearing's  www.chscotland.gov.uk/
Children in Scotland  www.childreninscotland.org.uk/
Confederation of Scottish Local Authorities  www.colta.gov.uk/
Crimestoppers  www.crimestoppers-uk.org
Institute of Research & Innovation in Social Services (IRISS)  www.iriss.org.uk/
Internet Watch Foundation  www.iwf.org.uk
Legislation  www.opsi.gov.uk/index.htm
NHS Tayside  www.nhstayside.scot.nhs.uk/
NHS 24  www.nhs24.com/
Multi Agency Resource Service  www.mars.stir.ac.uk/
Perth & Kinross Council  www.pkc.gov.uk
Royal College of Paediatrics and Child Health  www.rcpch.ac.uk/Policy/Child-Protection
Scottish Child Care and Protection Network  www.sccpn.stir.ac.uk/
Scottish Child Law Centre  www.sclc.org.uk/
Contact Details for Reference and Information

Perth and Kinross Child Protection Duty Team 24hrs (24/7/365) 01738 476768

To report child care concerns and to seek advice and guidance

Tayside Police Public Protection Unit 0300 111 2222

Specialist police unit that deals with all child protection investigations.

Additionally, a Domestic Violence Officer is located within this team, as are other officers responsible for monitoring sex offenders and attending to adult support and protection issues

Child Protection Inter Agency Coordinator 01738 476881

Education and Children’s Services (Education and Social Work)

Each school in Perth and Kinross has a Child Protection Designated Officer.

This person or the Head Teacher is the first point of contact within each school.

Social Work Service

<table>
<thead>
<tr>
<th>Service</th>
<th>Address</th>
<th>Telephone Numbers</th>
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<tbody>
<tr>
<td>Pullar House</td>
<td>35 Kinnoull Street, Perth</td>
<td>Tel - 01738 476200</td>
</tr>
<tr>
<td></td>
<td>PH1 5GD</td>
<td></td>
</tr>
<tr>
<td>Blairgowrie Social Work Team</td>
<td>2 Balmoral Road, Rattray</td>
<td>Tel - 01250 871343</td>
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<tr>
<td></td>
<td>PH10 7AB</td>
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<tr>
<td>Nimmo Resource Centre</td>
<td>22 Nimmo Place, Perth</td>
<td>Tel - 01738 477600</td>
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<tr>
<td></td>
<td>PH1 2PZ</td>
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<tr>
<td>Colonsay Resource Centre</td>
<td>39 Colonsay Street, North Muirton, Perth</td>
<td>Tel - 01738 783450</td>
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<tr>
<td>Crieff Social Work Team</td>
<td>32 James Street, Crieff</td>
<td>Tel - 01764 657810</td>
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<td>PH7 3EY</td>
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<tr>
<td>Almondbank House</td>
<td>Lewis Place, Perth</td>
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<tr>
<td>Barnardos Link Worker</td>
<td>Divisional Police, Perth</td>
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<tr>
<td>Tel - 0300 111 2222</td>
<td>Tel - 01738 892910</td>
<td>Tel - 01738 892516</td>
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<tr>
<td>Tayside Police</td>
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</table>
The Caldicott Guardians

All NHS organisations have a Caldicott Guardian to oversee access to patient information. The Guardian is responsible for agreeing and reviewing protocols for governing the disclosure of the patient identifiable information across organisational boundaries. The Guardians of the Information Security Officer can offer advice if you have any concerns regarding the handling of patient identifiable information.

The Caldicott Guardians in NHS Tayside are:-

Medical Director
Primary Care Division
Ashludie Hospital
Monifieth
Dundee
DD5 4HQ

Medical Director
Acute Services Division
Ninewells Hospital
Dundee
DD1 9SY

Director of Public Health
Tayside NHS Board
Kings Cross Hospital
Clepington Road
Dundee
DD1 9SY
### Other Services/Agencies

<table>
<thead>
<tr>
<th>Service</th>
<th>Address</th>
<th>Phone Numbers</th>
</tr>
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<tbody>
<tr>
<td>Authority Reporter</td>
<td>6 Commercial Street, Dundee</td>
<td>Tel - 0300 200 1818</td>
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<tr>
<td>Children 1st</td>
<td>47 Blinshall Street, Dundee</td>
<td>Tel - 01382 349910</td>
</tr>
<tr>
<td>Children's Panel Chairperson</td>
<td>Democratic Services, Perth</td>
<td>Tel - 01738 475000</td>
</tr>
<tr>
<td>Tayside Council on Alcohol</td>
<td>13 King Street, Dundee</td>
<td>Tel - 08445 612910</td>
</tr>
<tr>
<td>Alcohol and Drug Partnership (ADP)</td>
<td>5 Whitefriars Crescent, Perth</td>
<td>Tel - 01738 476966</td>
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<tr>
<td>Victim Support (Perth)</td>
<td>47 Blinshall Street, Dundee</td>
<td>Tel - 01382 456012</td>
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<tr>
<td>Witness Service</td>
<td>13 King Street, Dundee</td>
<td>Tel - 01738 638018</td>
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<tr>
<td>WRASAC</td>
<td>5 Whitefriars Crescent, Perth</td>
<td>Tel - 01738 630965</td>
</tr>
<tr>
<td>Email – <a href="mailto:witnessservice@wsperth.demon.co.uk">witnessservice@wsperth.demon.co.uk</a></td>
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