



Dundee Child Protection Committee



Inter-Agency Child Protection Operational Procedures



**Dundee
Child Protection
Committee**

www.dundeeprotectschildren.co.uk

FOREWORD

On behalf of the Chief Officers Public Protection Strategic Group and the Dundee Child Protection Committee we welcome the opportunity to endorse the Dundee City Inter-Agency Child Protection Operational Procedures.

This document revises the previous Inter-Agency Child Protection Instructions to incorporate the National Guidance for Child Protection in Scotland 2021 (Scottish Government 2021). We have chosen to largely retain the existing Operational Procedures as a focussed expression of the core processes expected of practitioners involved in child protection.

Where necessary changes have been made to the wording to reflect the 2021 National Guidance and regular hyperlinks have been inserted within these updated Procedures to direct practitioners to the relevant sections of the 2021 National Guidance. It is expected that this document remains the essential Inter-Agency Practitioner Guide but that all involved in Child Protection also take the time to read the 2021 National Guidance.

The aim of these Inter-Agency Operational Procedures is to improve the way all professionals and organisations work together to give children the protection they need, quickly and effectively at the earliest possible stage and highlights the shared responsibility that our agencies and services have for protecting children and safeguarding their welfare.

In presenting these Procedures we would draw your attention to a statement quoted from the 2014 National Guidance that remains as true and relevant as ever.

“Procedures and guidance cannot in themselves protect children: a competent skilled and confident workforce, together with a vigilant public, can. Child protection is a complex system requiring the interaction of services, the public, children and families. For the system to work effectively, it is essential that everyone understands the contribution they can make and how these contributions work together to provide the best outcomes for children. Everyone working with children and families, including social workers, health professionals, police, education staff, voluntary organisations and the third sector, as well as members of the community, need to appreciate the important role that they can play in remaining vigilant and providing robust support for child protection. Guidance provides the framework for that understanding.”

This is a statement that we continue to endorse. These Procedures are not in themselves going to meet the needs of children who require protection, it is only people who use these procedures that can and must achieve that. We also wholeheartedly endorse the increased emphasis within the 2021 National Guidance on placing the child at the heart of Child Protection and working in partnership with families wherever possible, as set out within The Promise and within the GIRFEC principles of prevention and proportionate intervention.

These Procedures, together with the suite of materials available here are part of an evolving and developing conversation. We invite you to contribute to this. If you wish to make any comments that could be considered for inclusion or review, please email these to the office of the Child Protection Committee (dundeeprotects@dundeecity.gov.uk)



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Introduction

These Inter-Agency Child Protection Operational Procedures have been produced by Dundee Child Protection Committee (CPC) and are specifically aimed at those practitioners, services and agencies who are working with or may have direct contact with children and young people or through work with a child's parents or carers.

They translate the National Guidance for Child Protection in Scotland 2021 (Scottish Government, 2021) into our inter-agency partnership working arrangements and provide a useful working framework for our local child care and child protection services.

How the Procedures should be used

The Procedures should act as a practical reference point for professionals who are working with children and/or their families and have concerns for their safety or wellbeing. They should not be regarded as exhaustive and they do not replace specific single agency procedures, for example those used in Health Service and by Police. The Procedures add to them. The 2021 National Guidance provides summaries of the key responsibilities of single agencies. A list of the agencies can be found in Appendix 1 of these Procedures.

Hyperlink: [National Guidance: Single-Agency responsibility for child protection: 2.45 to 2.180](#)

The National Guidance for Child Protection in Scotland 2021 remains the best source for wider information and guidance about the over-arching legislative and policy framework within which all child protection instructions, policies, procedures, guidelines and practice are based.

Whilst these Procedures do not constitute legal advice, they do aim to provide clear and unambiguous expectations of practice for all staff to enable them to safeguard, support and promote the wellbeing of all children and to protect them from harm and abuse. We have chosen to name this document "Inter-Agency Child Protection Operational Procedures" as opposed to "Instructions" as this better conveys that these are the agreed processes that practitioners should use but within a context of professional accountability and responsibility for decision making and professional development, rather than staff undertaking actions because they have been instructed to do so. Our child protection operational procedures should enable practitioners to know their practice well.

The Procedures are intended to be dynamic; a 'live' document that will be responsive to learning and developments in Child Protection. They are in line with the National Child Protection Legislative and Policy Frameworks of Scotland. They are built on what we **know** works in practice and reflect the lessons learned from Research, Significant Case Reviews and Inspection Reports.



Child protection is important and it is essential that *everyone* understands the contribution they have to make in *keeping all children and young people safe* and *protected from harm and abuse*.



The 2021 National Guidance provides a summary of the key themes.

1. **Attention to the child's needs, rights, voice and experience is fundamental.** This requires recognition of risk of harm to a child; risk of harm to others from a child; and recognition of the context in which such risks occur.
2. **Recognition and engagement with family** entails attention to the needs, strengths, perspective and experience of those family members who are key to the child's safety and wellbeing.
3. **Information sharing** that is protective must be relevant, proportionate, accurate, timely, necessary, and lawful.
4. **Multi-disciplinary assessment** of risk and strength should be structured and formed in collaboration between professionals, child and family. It should include analysis of what needs to change to prevent harm to the child, through the consideration of the interaction of factors that may help or hinder change.
5. **Co-ordinated and collaborative planning** requires agreed steps, expectations, responsibilities, outcomes, supports and timescales. Strength-based approaches may assist in bringing professionals and family together in shared objectives.
6. **Practical help** that is responsive to need also involves qualities in professional relationship, including reliability, honesty, respect, care, accessibility and encouragement.
7. **Workforce:** effective child protection depends on sufficient training in core knowledge, skills and values applicable to role, the supervision, support and leadership that sustains ethical practice, and a learning culture that integrates learning from mistakes.

The 2021 National Guidance discusses the Principles and Standards which underpin the Guidance in the following section:

Hyperlink: [National Guidance: Principles and Standards 1.99 to 1.114](#)

The 2021 National Guidance locates Child protection within the GIRFEC framework of support, within the context of The Promise, with its emphasis on listening to children and understanding their lived experience and within a rights-based approach, incorporating UNCRC (United Nations Convention on the Rights of Children).

Hyperlink: [National Guidance: GIRFEC 2.183](#)

Hyperlink: [National Guidance: Safety and Rights 1.100](#)

Hyperlink: [National Guidance: UNCRC Appendix E](#)

The 2021 National Guidance places a stronger emphasis than previous guidance on using a strengths-based approach (seeking to understand a child and a family's strengths as well as concerns).

Hyperlink: [National Guidance: Strength-based approaches 2.247 to 2.257.](#)



There is also enhanced reference to trauma informed practice, as an aid to better understanding and responding to, children and their families.

Hyperlink: [National Guidance 1.122](#)

Section 2 of these Instructions sets out the key components of a holistic assessment. The National Guidance makes additional reference to the National Risk Assessment Toolkit.

Hyperlink: [National Guidance 1.60](#)

The 2021 National Guidance recognises the importance of intensive family support and of effective partnership working between Children's and adult services to support families.

Hyperlink: [National Guidance 1.114](#)

The 2021 National Guidance sets out the need for continuity and co-ordination of planning and support for vulnerable young people at risk of harm as they make the transitions to adult life and services.

Hyperlink: [National Guidance 1.15](#)

The 2021 National Guidance has the following definition of child abuse and child neglect: Abuse and neglect are forms of maltreatment. Abuse or neglect may involve inflicting harm or failing to act to prevent harm. Children may be maltreated at home; within a family or peer network; in care placements; institutions or community settings; and in the online and digital environment. Those responsible may be previously unknown or familiar, or in positions of trust. They may be family members. Children may be harmed pre-birth, for instance by domestic abuse of a mother or through parental alcohol and drug use. The guidance has a section defining the different forms of abuse (e.g physical, emotional)

Hyperlink: [What is child abuse and child neglect? 1.33 to 1.49](#)

The 2021 National Guidance introduces the concept of contextual safeguarding and the need to consider extra-familial influences upon a child including the influence of peers.

Hyperlink: [Contextual safeguarding 2.539 is actually 2.259](#)

The 2021 National Guidance also asks practitioners to consider the wider context of poverty and poor housing. The Guidance states the following: Individual practitioners may have little influence on structural inequalities. However, in each situation, multi-agency planning to protect children should seek to maximise income and access appropriate resources for the family in order to address the distinctive context and relevance of deprivation. **Agencies should familiarise themselves with the most appropriate local resources for income maximisation and cost-of-living support.**

Hyperlink: [National Guidance: Poverty 4.2 to 4.7](#)

Previous Dundee Interagency Child Protection Instructions acknowledged the need to consider the needs of siblings within an assessment. The 2021 National Guidance adds emphasis to this: All agencies have a responsibility to recognise and actively consider potential risks to a child, irrespective of whether the child is the main focus of their involvement. There must be consideration of the needs, rights and mutual significance of siblings in any process that has a focus on a single child.

[\(https://www.gov.scot/publications/staying-together-connected-getting-right-sisters-brothers-national-practice-guidance/\)](https://www.gov.scot/publications/staying-together-connected-getting-right-sisters-brothers-national-practice-guidance/)



1 Legislative context

1.1 Importance of legislation

Legislation places a variety of duties and responsibilities on services and organisations. These include duties conferred on services to investigate and respond to concerns about a child's wellbeing, as well as the responsibilities of local authorities to develop community planning processes with partner agencies. Primary legislation, including laws relating to offences against children and young people; legislation, such as Data Protection, and sections of Civil Law or administrative arrangement, all have implications for the Child Protection Process.

Staff should be aware of their legal responsibilities and duties as well as understanding the legal framework within which they and other organisations and agencies operate. This section highlights the legislation covering the duties and the authority placed on services and outlines the key overarching legislation. Further information is available in Appendix 2.

Legislation also establishes the different definitions of a child within Scots law. For many legal purposes and for Child Protection good practice a child is defined as up to their 18th birthday. However, there is also a need for co-ordination with adult services when both Children's and Adult legislation may apply. A detailed review of the definition of a child within legislation is contained within Definitions of a Child section of the National Guidance.

Hyperlink: [Definitions of a Child: 1.7 to 1.22](#)

1.2 Police and Fire Reform (Scotland) Act 2012

The legal duty to investigate and report issues in relation to child protection is derived from two sources: the Police and Fire Reform (Scotland) Act 2012, which provides the mandate for police officers, and the Children's Hearings (Scotland) Act 2011, sections 60-64, which set out the duties and powers of local authorities, constables, courts and other persons to refer all children who may be in need of a Compulsory Supervision Order to the Scottish Children's Reporters Administration. Section 66 of the 2011 Act requires the Principal Reporter to consider whether such Compulsory Supervision Orders are necessary – in which case the Reporter must refer the case to the children's hearing under section 69.

1.3 Social Work (Scotland) Act 1968

Although amended many times over the years, this legislation provides the primary mandate for social work intervention in Scotland. It is the legislation that creates the duty under section 12 to “promote social welfare”.

While this has been updated by the Children (Scotland) Act 1995 to specify “children in need”, the overarching mandate remains that it is the duty of the local authority to ensure that such services are made available across their jurisdiction that are consistent with this duty.

1.4 Children (Scotland) Act 1995

This remains one of the primary pieces of legislation providing the range and scope of local authority intervention in the lives of children and their families, and the duties and responsibilities it establishes are discussed at different points elsewhere in this Guidance. The duties of the local authority within this legislation are, in the main, discharged by statutory social work services.

1.164 This Act sets out the duties of a local authority to publish information about services provided by them for children in their area, or which are provided for these children by other local authorities (section 20).

1.165 The Act also permits the local authority to request help, in the exercise of their functions in children's services, from a range of persons specified, and imposes an obligation on the person requested to provide help, unless where doing so would not be compatible with that person's own statutory or other duties (section 21).

1.5 Children and Young People (Scotland) Act 2014

In terms of [Section 97 \(1\) of The Children and Young People \(Scotland\) Act 2014](#) a child means a person who has not attained the age of 18 years.

The Act contains provisions relevant to the protection of children and young people such as:

- 1) The rights of children and young people
- 2) Investigations by the Commissioner for d Young People in Scotland
- 3) the provision of services and support for or in relation to children and young people
- 4) the statutory operation of the Named Person and Child's Plan
- 5) the role of 'corporate parents'
- 6) the extension of aftercare support to young people leaving care (up to and including the age of 25)
- 7) entitling 16 year olds in foster, kinship or residential care the right to stay in care until they are 21
- 8) support for kinship care
- 9) amendments to children's hearings legislation
- 10) appeals against detention in secure accommodation

1.6 Children's Hearings (Scotland) Act 2011

The Children's Hearings (Scotland) Act 2011 sets out the framework for the care and protection of children by the imposition of Compulsory Measure of Supervision. The Act sets out when referrals must be made to the Children's Reporter, the mechanisms for the provision of Compulsory Measures of Supervision and the forms such measures may take.

This Act also sets out the legislation governing emergency measures for the protection of children, including child protection and child assessment orders, emergency applications to Justices of the Peace and the powers of a constable to remove a child to a place of safety.

In terms of The Act, a child means a person who is under 16 years of age, although there are exceptions in particular circumstances when children over 16 can still be referred or considered at a Children's Hearing.

1.7 Local Government in Scotland Act 2003

Part 2 of this legislation, which is concerned mainly with issues of community planning, contains details of the duty on local authorities to establish and maintain a process of community planning which will include within its functions the scope for developing Child Protection Committees.

Part 3 of the Act deals with the power of local authorities to enhance wellbeing and again this can be interpreted as being relevant to the establishment of Child Protection Committees.

1.8 The Protection of Vulnerable Groups (Scotland) Act 2007

This legislation introduced the Protection of Vulnerable Groups (PVG) scheme to replace the former system of Disclosure for people working with vulnerable groups.

It identifies categories of employment or contact (regulated work) where there is the expectation that a PVG check will be required and also provides direction on responsibilities of employers.

1.9 Education (Additional Support for Learning) (Scotland) 2004 as amended

Under section 4 of the 2004 Act, where a local authority has responsibility for the child's or young person's education, and it has been established that the child or young person has additional support needs, the Authority has a **duty** to provide such support as is necessary to help them benefit from school education.

Under section 9 of the 2004 Act, where a local education authority has responsibility for the child's or young person's education and it has been established that the child or young person requires a co-ordinated support plan, the education authority has a **duty** to provide a co-ordinated support plan for the child.

1.10 Children Scotland Act (2020)

The Children (Scotland) Act 2020 was passed by The Scottish Parliament in August 2020. It amends many aspects of the Children and Young People (Scotland) Act 1995, bringing the law further into line with children's rights under the United Nations Convention on the Rights of the Child (UNCRC); make sure children's views are heard in family court cases and children's hearings and the best interests of children are at centre of those cases and give more protection to victims of domestic abuse and their children.



1.11 Child Poverty (Scotland) Act 2017

The Child Poverty (Scotland) Act 2017 sets in statute the ambition to eradicate child poverty. Local authorities and health boards must work together to prepare joint annual Local Child Poverty Action Reports, outlining action both taken and planned, in order to tackle local child poverty.

Other relevant primary legislation

1.12 General Data Protection Regulations 2018

Guide to the UK General Data Protection Regulation (UK GDPR) | ICO

These regulations largely replace the Data Protection Act 1998 and, together with a new Data Protection Act which is yet to make its way through parliament, sets out/will set out the conditions in which any personal data can be 'processed' and it is the responsibility of the data controller within any organisation to ensure that the key principles set out are adhered to by all staff.

Of particular note in the child protection context are the provisions relating to confidentiality, sharing of information and disclosure of sensitive information. These Regulations have not changed the requirement that when child protection concerns arise, information must be shared. For further information, see Inter-Agency Guidance on Information Sharing

Hyperlink: [The National Guidance 2021 gives this advice on data sharing 1.128 to 1.155](#)

1.13 Human Rights Act 1998

The European Convention on Human Rights (ECHR) provides an international framework for human rights. It was given domestic legal effect in the UK through the Human Rights Act 1998 which places a duty on public authorities (which includes the Scottish Ministers) not to act incompatibly with certain articles (known as 'Convention rights'). There are also specific legal requirements relating to Convention rights in the Scotland Act 1998. The Equality Act 2010 places duties on public authorities, which include the requirement to have due regard to the need to eliminate discrimination, harassment and victimisation and any other conduct prohibited under that Act.

1.14 The Human Trafficking and Exploitation (Scotland) Act 2015

The Human Trafficking and Exploitation (Scotland) Act 2015 defines a child as a person under 18 years. When s38 of this Act is implemented there will be a statutory duty on certain public bodies to notify Police Scotland about possible victims of human trafficking. The sexual abuse of trust offence applies to persons over 18 who are in a defined position of trust (such as teachers, care workers and health professionals) intentionally engaging in sexual activity towards a person under 18 years (Sexual Offences (Scotland) Act 2009, s42). The Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005 also defines a child as a person under 18 years in relation to sexual exploitation of children under the age of 18 through prostitution or pornography.

1.15 UN Convention on the Rights of the Child

UNCRC underpins the Getting it right for every child approach. The child's best interests, right to non-discrimination, and appropriate involvement in decision-making are key requirements. The Children and Young People (Scotland) Act 2014 supports implementation of key aspects of the UNCRC. The findings of the Independent Care Review further strengthen these expectations.

1.16 The Age of Legal Capacity (Scotland) Act 1991

The Age of Legal Capacity (Scotland) Act 1991 (section 2 (4)) gives medical practitioners authority to make a judgement about the level of understanding of a child: "A person under the age of 16 years shall have legal capacity to consent on his own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending him, he is capable of understanding the nature and possible consequences of the procedure or treatment."

Children and young people who have legal capacity in relation to medical treatment may also withhold their consent to treatment.

Universal services should seek to identify pregnant women who will require additional support. There must be local assessment and support processes for high-risk pregnancies

1.17 UN Convention on the Rights of Persons with Disabilities

Ratified by the UK Government in 2009, the Convention stipulates that in order for disabled children to be able to realise the rights mentioned above, they need to be provided with disability and age-appropriate assistance.

Hyperlink: [2021 National Guidance: The Protection of Disabled Children 4.21 to 4.41](#)

If you have any questions or are in any doubt about legislation and legal requirements, you must refer to your organisations Legal Division for further advice.

2 Assessment

Hyperlink: [2021 National Guidance: Assessment in Child protection 2.218 to 2.271](#)

Assessment for children where there are concerns is an essential part of keeping them safe. Assessment of risk is dependent on the gathering and **analysis** of information. Agencies involved with the child may hold considerable or little information that may, or may not seem important. Often, it is only when information and observations are shared, and then contribute to a wider picture, does its significance become apparent.

Assessment is not a 'one off' action, nor should it be static, it is a continuing process that begins at the point of referral and continues until work with the child and their family ends. Assessment, and the judgements and outcomes flowing from it, need to be dynamic, persistent and subject to critical evaluation and review. Failure to properly identify any increased risk, and therefore the dangers a child might face, can lead to serious, and even fatal outcomes for children. Without a good quality Assessment, professionals working with children and their families will not have an accurate picture of a child's circumstances and whether they are suffering, or at risk of suffering from harm. This can prevent professionals from taking decisive, effective action to protect children.

While Assessment is an ongoing process, there will be a need for written documents to be available at strategic times. This will usually be when key decisions are to be made for example, following a Child Protection Investigation; for a Child Protection Planning Meeting; and Children's Hearings. Therefore, information needs to be gathered, recorded and analysed on a continuing basis. It is essential that any information carried through successive reports remains accurate and relevant.

Significant decisions are made on the basis of social work and other professional assessments that affect outcomes for children in both the short and the long term. It is therefore critical that we are getting it right.

2.1 Good Quality Assessments

2.1.1 Will ensure that the child remains at the centre

- Children must be seen alone and be given the opportunity to talk about their experience of their daily life. This is essential to help those undertaking assessment to better understand each child, their needs, and risks they may face.
- Workers need to get to know children through regular and direct contact to be aware of their behaviours in a variety of settings, including with their families, and to notice any changes in their behaviour
- At all times 'holding them in mind' and maintaining regular and direct contact with children is one of the most effective ways of identifying risk and abuse.
- Workers need to consider, and demonstrate how they help children to talk about their experiences and views on a continuing basis, not just for specific reports.
- Provide appropriate support to the child and their family throughout the Assessment process.
- Workers must avoid a 'generic' assessment where observation can be applied to any child. Assessments need to consider the child's circumstances and how family dynamics impact on EACH child and their lived experience.

2.1.2 Will include a family and social history and a chronology

- History remains the best predictor of future events, and therefore a full social history that takes into account each family members history and experience is essential.
- Consideration must be given in the Assessment how past experiences, particularly Adverse Childhood Experiences, are likely to impact on individuals, the individual as a parent and on the child.
- The impact of any religious or cultural beliefs need to be considered. It is important that this is checked out explicitly in each individual family, and what it means for them, and particularly, the child. It is essential to avoid making assumptions based on perceived (stereotyped) awareness.
- Where a child or family have moved from another country, attempts should be made through International Social Services ([CFAB](#)) to gather relevant information from all the equivalent sources, as we normally use with all families.
- An interagency chronological history must be included in all Assessment reports. A chronology should include all significant events in a family and how these have impacted on the child.
- Chronologies will reflect the information contained in the more detailed social history of the child and their family.
- Chronologies should be used to determine if there are any 'patterns' of behaviour or incidents, and conversely patterns of any periods of an increase in protective factors.

Hyperlink: [National Guidance: Chronology 3.172 to 3.180](#)



2.1.3 Will contain full, concise, relevant and accurate information

- Assessment begins at the first point of contact and will continue until contact with the child and family ends. It must be a transparent process that involves the child and their family.
- Information must be gathered from a variety of sources, including immediate and extended family, and other working with the family
- Comprehensive Assessments must be based on enough observations in more than one situation across sufficient time to be reliable.
- Assessments must include all those living in the family home and others who have regular contact with the child and/or their family. This must include any new partners of the child's parent or carer.
- All professionals have an obligation to [share relevant information](#) to inform an assessment.
- Assessments must reflect the child 'lived experience' and the impact this has, or is likely to have on them.
- Assessment should always consider the needs of adults providing care, the impact of the family's social circumstances and how poverty may impact on them.
- Assessment of parents' generally rely on verbal communication, and Interpreters, including BSL, should be used to ensure understanding of what is being said.
- If parents or carers are inarticulate, passive, have learning disabilities, communication impairments or there are cultural misunderstandings, cooperation and engagement might be misunderstood. It is essential that this is considered and discussed with families. Workers must avoid making generalised assumptions about culture.
- Assessments must be specific, naming what is being described and avoiding global statements such as 'chaotic'.
- Individual workers and their manager must be alert to any obstructiveness from family or others that may lead to restricted access to information – for example, not being permitted to talk with children alone. This needs to be discussed in professional supervision, a supported challenge made to anyone causing obstruction, and implications of this needs to be reflected on in the Assessment process.
- For Assessments to be robust, they must be subject to change as new information comes to light. Workers need to have particular awareness of the risk of confirmation bias. The family, and those working with them, must be made aware of any changes to an Assessment.
- Assessments must be shared with children and families in a format(s) that they understand, and the relevance understood in any future access requests.
- There must be systems in place for family and professionals to challenge, and seek to correct any information that is not accurate.

Good Assessments Are:

- An analysis of the information gathered, the behaviour being described and the impact on the child.
- Dynamic and live tools that are developed from a shared understanding of the child and family circumstances and provide clear reasoning for decision made and the actions required by whom.
- A tool to make decisions aimed at reducing risk and protecting children.
- A potential therapeutic tool for working with families to give them a fresh perspective on their family's situation and incentivise change.
- A means to identifying obstacles to reducing risk including 'disguised compliance'.
- Supported by good professional supervision that helps maintain a focus on the child, ensures that information gathering is robust and that decisions resulting from it are reflective and responsive to change. It will also consider how assessment can be effected by the overwhelming emotions of dealing with the complexities of abuse and from fear and intimidation.

3 Reporting and responding to concerns – including interagency referral discussions (IRDS)

3.1 Taking action when there are concerns

Everyone needs to know **what action** to take *and has a responsibility to do something* if they are concerned **about the safety or welfare** of a child. **Doing nothing is not an option.**

Where the referral concerns a young person between ages of 16 -18 years Child Protection Procedures should be applied unless there has been formal agreement that the matter will be considered under Adult Protection Measures

When professionals are concerned for the wellbeing or safety of a child, they **must act**. They should in the first instance share their observations and concerns with their own manager or designated child protection officer and decide what the next steps should be. It needs to be borne in mind at this point, that it will be unlikely that they have all relevant information relating to the child, and it will almost certainly be necessary to talk to other agencies' who know the child or their family.

If any worker finds themselves in circumstances where their manager or designated child protection officer is not available, they must not delay taking action. They should contact the Multi Agency Screening Hub (MASH), or if outwith normal working hours, social work Out of Hours Service, to ask for advice.



The 2021 National Guidance provides the following “Practice points relevant at any time.”

1. Where a child is felt to be in immediate danger, any practitioner should report, without delay, directly to the police. Similarly, where a child is thought to require immediate medical assistance, this should be sought as a matter of urgency from the relevant health services.
2. Where the risk of harm is significant and immediate, the focus of risk assessment is about what needs to happen to keep the child safe right now. Inter-agency discussion out of hours may be essential. The need to gather information must always be balanced against the need to take any immediate protective action. Social work services and police must decide whether any immediate action should be taken to protect the child and any others in the family or the wider community.
3. Other children affected. Where a child is at risk of harm from neglect, abuse or exploitation, consideration should always be given to the needs and potential risks to other children in the same household or family network, and to children who are likely to become members of the same household or family network.
4. Risk assessment is not static. The interaction of factors can shift, and risk of harm can become more or less severe. The risk of harm from on-going concerns may become increasingly apparent. Similarly, protective factors in the family and the child's wider world may change or could be brought to bear on the situation in a way that reduces risk of harm. The process of identifying and managing risk must therefore also be dynamic and responsive, taking account of both current circumstances and previous experiences. Immediate and long-term needs and risks should both be considered.
5. Referral to the Principal Reporter is an option at any stage if it is likely that the child is in need of protection, guidance, treatment or control, and that a Compulsory Supervision Order might be necessary. The grounds for a hearing are that the Principal Reporter, following investigation, is satisfied that one of the conditions in s67(2) of the 2011 Act exists and that it is necessary for a Compulsory Supervision Order be made for the child (or an existing order be reviewed) (Guidance on referral to Reporter). Contact can be made with local SCRA Reporter Offices at any stage for advice relating to referrals. Guidance for Children's Panel Members is also available from Children's Hearings Scotland.
6. Proportionate response. Many concerns raised over a child's wellbeing will not need a child protection investigation. A co-ordinated response may still be necessary. The GIRFEC principles and practice model apply.
7. When urgent, short-term decisions are needed, practitioners should always keep in mind the long-term emotional security of each child in support and planning with children and their families.

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

Hyperlink: [2021 National Guidance: What is harm and significant harm in a child protection guidance? 1.55 to 1.73](#)

Significant harm is a complex matter and subject to professional judgement based on a multi-agency assessment of the circumstances of the child or young person 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.

3.2.1 Concerns that a child may be at risk of significant harm can result from:

- **A specific incident** such as a suspected or confirmed injury or sexual abuse or where a child may be a witness to a serious crime perpetrated against another.
- **A series of incidents** that in themselves may not have raised concern but together indicate a child may be in need of care and or protection. This might include a child or young person frequently missing from home; parents' who repeatedly avoid appointments; children or young people who are at risk of 'radicalisation'; children and young people who may be at risk of Trafficking.
- **An accumulation of concerns over a period of time.** This may include concerns about neglect, a child living with domestic abuse, parental substance misuse, or mental health issues experienced by the parent or child.
- Concerns may also be about **risks of harm** an **unborn baby** might experience after their birth based on past experience and current knowledge of the parent(s) circumstances.

It is essential that when considering the presence or likelihood of significant harm that the impact, or potential impact, on the child or young person remains the focus, and not simply the suspected or reported abusive behaviour.

3.3 Reporting concerns for consideration of a Child Protection Investigation:

When concerns arise or increase for a child who **already has social work involvement** these must **be shared with the relevant social worker, or their team manager**. In these circumstances, there should also be a discussion about who will inform the Named Person. If checks are needed to establish that a child is involved with social work or the name of the allocated worker, this can be done by contacting the Multi Agency Screening Hub (MASH) on 307940.

- The allocated worker and/or their manager must arrange a discussion involving Core Group Professionals and the Police (this can, if necessary be by phone). A multi-agency decision will then be made at a senior level, about how best to respond. The discussion must include deciding if an Inter-Agency Referral Discussion (IRD) should be arranged. The discussion and resulting decision with reason must be recorded in the child's record.
- Where a child protection concern is raised about a child or young person in **foster care** or **Kinship care** there are particular procedures to follow. In respect of foster care, contact must be made with the social work senior manager with responsibility for Resources. Where the concern relates to a child or young person in kinship care, contact must be made with the social work senior manager responsible for the team providing the service to that child or young person. The Scottish Government in "managing allegations against foster carers and approved kinship carers: how to respond" lays down what is expected, including defining a role for 'Designated Managers'. In Dundee, the senior manager(s) specified above will assume the role of 'Designated Manager'.
- If the child is **not already involved** with Children and Families Social Work Service, you should make your manager /Designated Child Protection Officer aware of your concerns, and, with their agreement, make contact with the Multi Agency Screening Hub for advice and guidance, or to make a direct referral to MASH. If you have already been given a contact number by your own agency for contacting MASH, you should use this, otherwise contact MASH 307940. **If your line manager is not available, you should not delay and refer directly to MASH for advice.**
- When making a referral to MASH it is important to state clearly and exactly what the concerns are, what has already been done to try to address this and all other relevant information that will help make the best possible decision on behalf of the child.
- It is not necessary to have parental consent to make the referral and/or share information where there is a concern for a child.



- If your manager does not agree, a referral is necessary and you still have concerns, please refer to escalation procedures
- Where a referral has been made by other than the Named Person, agreement needs to be reached between MASH and the referrer as to who will inform the Named Person about the referral.
- Where a concern arises **out with normal working hours**, whether or not the child is involved with Children and Families Social Work Services, this **should be referred to Social Work Out of Hours Service without delay tel. 307964.**
- In cases where a **Medical Practitioners in Paediatrics or General Practice** have a **definite** child protection concern, and there is clear evidence of a Non-Accidental Injury, this must be referred straight to MASH or Police Public Protection Team (307980). Where the child is already involved with social work the referral should be made directly to the allocated worker or their manager or Police Public Protection Unit. If concern arises outwith normal working hours, referrals should be made to Police (101) and social work Out of Hours Service (307964).

Where we are notified, or become aware of a child who was on the Child Protection Register previously in another area, the assigned Social Worker should request full information/the child's file from the previous authority. When the case history is lengthy and/or significant, a face-to-face meeting between relevant staff from both areas should be considered as part of the case transfer

3.4 Multi - Agency Screening Hub - Response to Referral

- MASH representatives will check and share information across the partner agencies – Police, Health, Social Care and Children and Families Services. In addition, information will be gathered from other agencies such as housing, anti-social behaviour team, and if appropriate, any third sector agencies, about the child and their family. The purpose of this is to put the current referral in the context of what is already known about the family and therefore better determine the nature and extent of risks that the child may face and what, if any steps are necessary to protect them and meet their needs.

If an injury occurs in a non - mobile baby this MUST always be referred for consideration under Child Protection Procedures.

- It may be, that after all these checks are undertaken, it will be decided that no direct action is required at this time, and advice will be given to the referrer what alternative steps should be taken. Where the reported concerns and subsequent checks are assessed as a Child in Need rather than Child Protection, and it is decided that further information and/or assessment is necessary, MASH will pass all the referral details to the Child Care and Protection Team with a view that a social worker will be allocated to undertake an initial assessment of the child and family circumstances. MASH representatives will record details of this on the child's records.
- If it is decided that a Child Protection Response is necessary, MASH representatives will refer directly to Police and/or the Child Care and Protection Team.

All referrals must be confirmed in writing as soon as possible and no later than 2 working days. This should be done using the agreed MASH referral form and forwarded by secure email to MASH or the allocated worker. In exceptional circumstances where the form is not available, the details of the referral, with all relevant information, can be sent by secure email. If particular work circumstances make it difficult for you to confirm the referral in writing, this must be discussed with your manager to ensure that the requirement can be met.

3.5 Deciding if an Inter - Agency Referral Discussion is needed

Hyperlink: [National Guidance. Inter-agency referral discussions \(IRD\) 3.15 to 3.47](#)

In Dundee, Police Scotland, NHS Tayside and Dundee City Council Children and Families Service have been designated as the 'core agencies' responsible for deciding whether an IRD should be convened and for ensuring that Guidance and Procedures are followed.

Only where risks cause, or are likely to cause, significant harm to a child will a response under child protection procedures be required.

Any one of the core partner agencies, health, education, social work or Police can call for an IRD. In Dundee IRDS are currently chaired by Police and Social Work. This remains the case until informed otherwise, although the Child Protection Committee is examining the possibility of Health and Education also chairing. Where information is received by police, health or social work that a child may have been abused or neglected and/or is suffering or is likely to suffer significant harm, an IRD must be convened as soon as reasonably practicable. An IRD will co-ordinate decision-making about such investigation and action as may be needed to ensure the safety of children involved.

If it is subsequently decided that an **IRD is not required**, then the reason for this **decision must be recorded and held on the child's record by each of the Core Agencies**. The person who received the referral, either directly or from MASH, must contact the referrer, explain the decision reached and suggest alternative actions that should be taken. If the referrer is another professional they should be advised what action they can take if they disagree with the decision not to convene an IRD.

- When there is concerns that a child is a victim of, or at risk of Child Sexual Exploitation this should always be considered as a child protection issue and an IRD arranged
Hyperlink: [2021 National Guidance; Child Sexual Exploitation 4.184 to 4.206](#)
- When there is a concern that a child may be a **victim of human trafficking**, an IRD must always be held. A concurrent referral must also be made under the National Referral Mechanism at the earliest possible opportunity.
Hyperlink: [2021 national Guidance on Human Trafficking 4.332 to 4.353](#)
- Where there is concern that a child may be at risk of 'radicalisation' an IRD should be arranged, and consideration given to direct referral to **PREVENT**.
Hyperlink: [2021 National Guidance on Vulnerability to being drawn into Terrorism 4.392](#)

- When a child protection referral is received by the **Out of Hours Service, the duty coordinator must discuss with the appropriate Police Duty Sergeant, how to proceed.** If it is considered that there is a need for immediate action, then an IRD will be arranged, with the duty coordinator and police Sergeant taking the lead roles.
- Attempts should be made to gather as much information as circumstances allow, including contact with health services. If it seems likely a Joint Investigative Interview will take place, where possible, the Police officer and Social Worker who will conduct the Joint Interview should be at the IRD. If the concern is raised by hospital staff they must be included in any IRD and this should, in most circumstances, take place at the hospital. In exceptional circumstances, such as where Police or health are responding directly to the immediate concern, the IRD can be conducted by telephone. Details of the IRD must be recorded by the duty coordinator with responsibility for coordinating any investigation.

3.6 Preparing for IRD

In arriving at a decision that an IRD is necessary, the Core Agencies must, as a matter of urgency, consider any immediate risks to the child and if emergency protection measures are necessary.

3.6.1 The IRD is:

- The first stage in the process of a joint child protection investigation and assessment. The purpose of an IRD is to discuss the concerns raised and to further consider them in the context of what is known about the child, their family, including siblings and children connected through adult relationships and the particular circumstances in which they live.
- Not a 'one off' but a series of meetings and is the decision-making forum which discusses and implements an immediate protection plan and holds it under review, identifies key workers and their specific roles and responsibilities for the child and family during the course of the investigation.

3.6.2 Gathering Information

It is absolutely essential that an IRD has detailed and accurate information in order to understand risk and make sound decisions. It is therefore critical that everyone involved at this stage of information gathering, from whatever agency, affords this task the highest priority.

As far as can be ascertained from earliest inquiries, consideration is given not only to the child's age but to the child's development, including: linguistic abilities, memory retrieval capacities, suggestibility and effects of stress and trauma

The information sought, gathered and shared should relate to:

- The child for whom there is a concern
- Siblings of that child, including those living in a different household
- Other children connected to the child.
- Any key or significant adults who are involved and associated with the child.
- Details of any other children an adult accused may have contact with.
- Where another child is the accused, all of the above in respect of them.

- Services with information could include Police, Health, Children and Families Service voluntary organisations, substance misuse services, Neighbourhood Services, Housing Associations, and SCRA. The Children and Families Service should ensure that information is drawn from records held within Children's Service, Community Justice Services and Health and Social Care Partnership
- Chronological histories, covering significant events, should be extracted from each agency's records and shared at IRDs
- There is an expectation that all professionals attending an IRD will share all relevant information they and their agencies hold in respect of the child, their family and other relevant persons. If in doubt about the relevance of certain information, the information should be shared at the IRD
- Agencies must also share information which indicates any potential risk to practitioners.

Information gathering and sharing, like assessment, is an ongoing process. Information shared at one stage of the process is unlikely to be all that is available. Professionals should continue to seek more information to allow for the most accurate assessment and robust decision making on behalf of the child at each and every stage.

3.6.3 Timing of an IRD

How quickly an IRD is arranged is a matter for professional judgement by the Core Agencies involved. The first consideration must always be the need to act to protect a child from significant harm. If the initial information suggests the child is at immediate risk of significant harm, then the timing of the IRD must reflect this even though all the information or relevant people cannot be assembled. If urgency demands it, an IRD may proceed with only Police and Social Work in attendance. In these circumstances, outcomes from the IRD must be sent to other core agencies (Education and Health) as soon as possible, and on the same day. It is also possible that, due to the urgency of the situation that requires immediate action to protect a child, the IRD process commences after the safety of the child is secured.

In exceptional circumstances, if in the course of a MASH meeting (not a hub discussion) it becomes apparent that there are significant Child Protection Concerns **and** where there is an urgent need to respond, **that** particular MASH meeting should be considered as IRD. In these circumstances the chairperson must ensure that the meeting adheres to the requirements of an IRD and address the issues of investigation and planning.

The factors the core agencies have to take into account are:

- The need to act quickly.
- The likelihood a child will be subject to a Joint Investigative Interview
- If there is concern that others may be at risk of harm
- The time required to gather information.
- How quickly relevant people can be brought together.
- If others, including adults are considered to be at risk, the core agencies must make referral to appropriate services.

3.6.4 Attending an IRD

The IRD meeting is a key part of the child protection process and there is a duty on all those with information and responsibilities in the process to fully participate and understand their role and contribution. **Attendance at an IRD should be seen as a priority.**

- Representatives of each of the core agencies, including Police and Social Work Officers who will undertake any investigation and/or Joint Investigative Interview should attend. The Named Person for the child should attend
- Agencies that have current, direct involvement with the child and/or other connected children or adults should be present.
- Where the child is a victim or at risk of child sexual exploitation the [CSE advisor](#) must be invited to any IRD

- The professional making the initial referral, or the person who a child disclosed to (if they are professional) should attend.
- In circumstances where the alleged perpetrator of any abuse are themselves a child, the Named Person for that child or young person should be invited to the IRD. Where the alleged child perpetrator has a Lead Professional (most commonly a social worker) they should be invited too. The purpose of inviting the workers for alleged child perpetrators is so that these workers have access to the best available information about the incident of concern and can use that in assessing the risk and need of the alleged child perpetrator. The Named Person/Lead Professional for the alleged child perpetrator will use the information gathered about the alleged offence to decide if a Care and Risk Management meeting is required for the alleged perpetrator

Hyperlink: [2021 national Guidance on Serious Harmful Behaviour shown by children above and below the Age of Criminal Responsibility 4.374 to 4.391](#)

- Social Work, Health, Education and Police managers responsible for initiating the process must decide if any other professional, who may have relevant information or expertise should be invited to attend. Where it is not possible for all of these to attend within the timescale, arrangements should be made for as much information as possible to be shared for example: participation via telephone conferencing or the submission of written information by e-mail. During school holiday periods it will be necessary that Senior Locality Officers access relevant education records to do this, and for this information to be shared at IRD.

IF THE ALLEGATION IS AGAINST A FOSTER CARER OR KINSHIP CARER THEN A DESIGNATED MANAGER, MUST ATTEND.

The role of Designated Manager is identified in the Scottish Government document, “Managing allegations against foster carers and approved kinship carers: How agencies should respond”. This Government Document suggests that the Designated Manager should introduce a separate assessment activity into the process, however in Dundee they will not set up separate meetings or undertake activity. The Designated Manager will be part of the ‘team’ that considers all the circumstances at an IRD and will incorporate their responsibilities into our agreed and existing child protection procedures. The role of a Designated Manager is to oversee concerns about the welfare or safety of a looked-after child or children, who are being cared for by foster carers or approved kinship carers. This will not be limited to the child specified in the referral, but consider other children who the carers have contact and responsibility for. Each person undertaking the role of Designated Manager will have been briefed and trained in the role, be familiar with the content of the Scottish Government document, how it is interpreted and applied locally, and will inform other IRD participants of the extent their role and responsibilities.

Hyperlink: [2021 National Guidance: Allegations against Registered carers. 4.288 to 4.292](#)



WHEN ALLEGATION IS BEING MADE IS ABOUT A MEMBER OF STAFF OR VOLUNTEER

who is engaged in any service involved in child care, health, public protection or education services, a senior manager of that agency or service should be asked to attend the IRD. This will be discussed and agreed by the Children and Families Social Work Service and Police Public Protection Unit prior to the IRD and needs to ensure there is an appropriate level of independence. This will allow them to consider any personnel matters that may require their attention. Where an employee or volunteer of any of the above services has been referred and investigated relating to personal circumstances, the IRD must consider what steps if any, need to be taken when and by whom, to make their employer and any regulatory body aware of the circumstances.

3.6.5 Decision Making Throughout the IRD Process

The IRD process will involve one or more meetings during the investigative and initial assessment phase until a final decision is made on the course of action to be followed. An Interim Protection Plan needs to be considered and be put in place. In most circumstances where there is a joint Police and Social Work Investigation and there has been a Joint Investigative Interview with a child, it will be necessary to have an immediate debrief following the interview. This will involve the two Interviewers and should where possible include the appropriate Police Sergeant and Social Work Team Manager. If a Joint Interview has taken place 'out of hours' the duty coordinator from out of hours service will take on the role of a team manager. The IRD is part of a series of events (including debriefs) in any joint child protection investigations and must ensure in each meeting there is a review of the interim child protection plan, resulting actions and the consideration of any additional support to the child, their family or staff that may be required (See also section 3.11)

Inter-Agency Referral discussion will make and record decisions on a number of issues including:

- Deciding if intervention under child protection procedures is warranted and there is a need to conduct a Joint Child Protection Investigation. When deciding if and how to proceed consideration need to be given to the fact we may not know all there is to know and professional judgement, based on knowledge of the family and general risk factors, needs to be made about likelihood of an investigation uncovering protection issues.
- The need for a Joint Investigative Interview (JII) with the child or Children.

Hyperlink: [National Guidance: Joint Investigative Interviews \(JII\) 3.48 to 3.67](#)

- The likely need for any medical examination, although this may need to be decided or reviewed after any JII. Decision around need or otherwise for a medical must be guided by medical personnel

- How to secure additional information, who is responsible for doing this, how information will be shared between meetings, and how decisions and actions might be modified in the light of such information.
- The need for immediate legal measures - Child Protection Order, Assessment Order, Exclusion Order
- Consideration of any matter of consent from parent/carers (if necessary), who is to obtain this and how or how consent will be secured if parents carers are unable to.
- Consideration must be given to any particular arrangements required based on the cultural, ethnicity or particular needs of the child and family including the need for a language interpreter, signer, gender of interviewer for any JII or subsequent contact with family, ease of access for any JII if there are mobility issues
- The risk to any other siblings and/or children connected to the child in question whether living in same household or elsewhere.
- Risk to any children connected to the alleged abuser, whether in same household or not
- Who the best person to be a “buddy” for the child or young person might be to support them and make sure their views are heard throughout the child protection process?
- Where the alleged perpetrator is a child or young person, in addition to assessing any risk they may present, consideration must be given to their needs and how these will be met.
- Where there are concerns that the child or young person has become, or is at risk of ‘radicalisation’ a referral to [PREVENT](#) must be discussed and consideration given to any influences or risks they may face or present to others
- Setting clear timescales and sequences of actions, with roles and responsibilities assigned to named individuals. This will include co-ordinating actions; e.g. visits/contacts and feeding back outcome of these to each other;
- The appropriateness of a referral to the Children's Reporter. Any such referral should be made within 5 working days of the date of the IRD.
- It there is need to convene a child protection case conference?
- If a child protection response is not to continue, what alternative action is appropriate? It may in some circumstances be decided that ‘no further action’ is necessary. In others it may be felt more appropriate to refer to one or other single agency for follow up; to decide to have a Team Around the Child or to refer to a voluntary agency.
- A draft, contemporaneous record will be made available at conclusion of (each) IRD to be signed by all participants attending the meeting and for them to take away.
- It is for those present at an IRD to decide if the discussion will move into the phase of:
- Planning and preparation for any Joint Investigative Interview.
- Planning for any liaison with the Procurator Fiscal.
- Or, whether this discussion will be left to end of IRD for only to those directly involved in JII

3.7 Medical Examination

Hyperlink: [National Guidance: Health assessment and medical examination. 3.68 to 3.91](#)

There are local protocols in place for the Examination of Children in Cases of Abuse. This includes issues around consent to Joint Paediatric/Forensic examination.

Where the IRD considers that a medical examination may be required, the police sergeant should make early contact with the paediatrician on call to establish whether a joint paediatric/forensic examination is required, and to discuss issue of consent to any medical examination the paediatrician will make the decision on the type of examination required. The paediatrician should be contacted via the custody nurse. The custody nurse will arrange for the paediatrician to return the call. If the case presents out of hours, the custody nurse will contact the consultant paediatrician on call at Ninewells Hospital. If a joint paediatric/forensic medical is required, the custody nurse will arrange to contact the police surgeon to attend at an agreed time and place. In some circumstances the paediatrician may need to speak to the police surgeon directly to discuss plans.

The National Guidance states that Social work services, the police and the examining doctor should ensure that the child and parent(s) (and/or any other trusted adult accompanying the child) have the opportunity to hear about what is happening, why and where so that they have an opportunity to ask questions and gain reassurance. As far as can be achieved in the circumstances, the examining doctor should have: a preparatory meeting with parent or carer and child.

3.8 Child Trafficking

In addition to normal procedures followed at an IRD, where the case being considered is one involving a potential child victim of [trafficking](#), the following areas must be discussed:

- Access to appropriate safe and secure accommodation.
 - Access to translation and interpretation services.
 - Access to counselling and information services.
 - Access to legal advice, information and representation (including information about rights to compensation).
 - Access to education.
 - Access to medical services.
 - Possible repatriation and return of the victim.
 - Review and update the child trafficking assessment.
-
- When considering access to appropriate and safe accommodation the IRD must ensure that the child is not returned to accommodation, private or public, that has been associated with concerns about the trafficking and/or related exploitation of the child. This will be particularly important in circumstances of suspected internal trafficking (i.e. movement of the child within the UK). For example, it would not be appropriate to return a child to residential accommodation that those involved in the suspected trafficking/exploitation of the child are aware of, have previously accessed or contacted the child through. Similar consideration needs to be given to other issues like attending at same school or community group where the victim may be known to attend.
 - Consideration also needs to be given to other means by which a Trafficker may contact or control their victim, such as mobile phones, computers and other electronic devices. A child or young person may need to be provided with a new mobile phone.
 - Where the case involves private fostering arrangements the IRD must instigate steps to verify the validity of these arrangements by confirming the nature of the relationship between the child and the carer. The Senior Manager (children and family service) with responsibility for Resources must be notified of the circumstances of the case. In some cases this may mean contacting International Social Services for advice and assistance.
 - The IRD should also establish whether or not any agency holds a current/recent photograph of the child (this might include agencies not represented at the IRD, such as UKBA). Where one is not readily available actions must be agreed to obtain a new photograph.

3.9 Referring a potential victim of trafficking under the [National Reporting Mechanism](#)

The NRM process is designed to run concurrently with existing child protection procedures and therefore staff working across all agencies should continue to follow their single and multi-agency child protection guidance and procedures at the same time as making a referral through the NRM. Throughout this process the Children and Families Social Work Service are responsible for the ongoing care and protection needs of the child.

The lead professional within the Children and Families Social Work Service will be responsible for completing the [NRM referral](#). In exceptional circumstance where the child's lead professional is based outwith the Children and Families Service there may be an agreement that the lead professional will undertake the process of compiling and submitting the referral form to the Competent Authority. This will only take place where the lead professional sits within one of the core child protection agencies (i.e. Police or Health), and where it will not delay the submission of the referral to the Competent Authority.

Where concerns have been raised regarding multiple potential victims one referral must be completed for each child or young person.

Referrals must be made using form “National Referral Mechanism for Child Victims of Trafficking” and be completed and submitted to the Competent Authority at the United Kingdom Human Trafficking Centre (UKHTC) as soon as possible.

Following the initial referral the referring agency, usually Children and Family Service will continue to be responsible for communicating any further concerns and relevant information to the Competent Authority in order to assist them to fully consider the referral.

3.10 Abuse by Organised Networks and/or cases involving Multiple Victims or Perpetrators

Hyperlink: [2021 National Guidance: Complex Investigations. 4.393 to 4.410](#)

In cases involving multiple victims or perpetrators or when there is suspicion that abuse might be happening within an organised network, all that is stated above applies. Senior Officers from Police Scotland, Health and the Children and Families Social Work Service should be involved in the Inter-Agency Referral Discussions. The command structure for the inquiry, time scales and means of communication should be agreed at the first IRD.

- It is essential that each child, their circumstances and needs, as well as risks, are considered on an individual basis as well as considering how they may relate to each other.
- Abuse by organised networks is particularly complex. Consideration must be given to each child's place' in the abusive network and if, as well as being victims, they may present any risk to others.
- Decisions about the conduct and management of the Child Protection Investigation must be explicit and agreed by all those attending the IRD. a record of the decision making process must be retained for each individual child and of the cumulated concerns relating to the investigation
- Consideration also needs to be given to who will undertake the investigation and any Joint Investigative Interviews. If more than one 'pair' of Interviewers are to be involved, then particular consideration need to be given to how information is shared between interviews and interviewers.
- Considerations also needs to be given as to how emerging evidence is used, shared and secured with a view to ensuring the safety of any children who may be victims but not yet identified.
- Recording assumes particular importance in such inquiries. Other agencies must be guided by Police Scotland in relation to the collation and analysis of information, given their expertise in gathering, storing and handling intelligence, and access to such resources as the Scottish Intelligence Database.
- In some circumstances there may be attention from the Press and this needs to be considered in each IRD.

3.11 Interim Protection Plan

When the IRD has decided to pursue a child protection investigation, then it must agree an interim protection plan with identified individual tasks and timescales to protect the child during the investigation and up to any Child Protection Planning Meeting that may be arranged. Actions may develop and change as the investigation proceeds. If so, those directly involved with members of the family must be part of the decision-making, implementation and management of that interim protection plan.

The interim Safety Plan resulting from an IRD and any updates must set out what information, taking into account any continuing Police investigation is to be shared, with whom, when, by whom. National Guidance states that the safety plan must be recorded and shared. It should be in plain language and practical detail, with no acronyms and no professional jargon.

Hyperlink: [National Guidance: Interim Safety Plan 3.110](#)

It is the responsibility of the relevant social work Team Manager to oversee any Interim Safety Plan. In the case where an investigation has been conducted out of hours the duty coordinator of that service is responsible for the interim plan until this responsibility can be transferred to the appropriate team manager. In these circumstances it will be the responsibility of the OOHS duty coordinator to ensure that all information is shared, including details of any JII and Interim Protection Plan. The OOHS Duty Coordinator where possible should attend at any IRD immediately following transfer of responsibility.

3.12 Outcomes from IRDs

The outcome of every IRD must be contemporaneously noted and a draft must be signed given to each participant at the end of each IRD. A finalised minute must be available and circulated within 5 working days.

Anyone who was invited to attend but could not, and those professionals who made a contribution by submitting information must also be given copies of the minute. It is the responsibility of the person chairing the IRD to check the accuracy of the record made. **Any changes to** a plan previously agreed in an IRD must be **highlighted** and be agreed by those attending the meeting. Changes must also be ratified by those not present but who had attended when the previous plan was agreed.

When a decision is made to convene a Child Protection Planning Meeting, it must be agreed how and by whom the family members will be informed. There must also be discussion about identifying an appropriate “buddy” to support the child in preparation for and during the case conference.

The IRD process is closed when a reasoned and evidenced inter-agency decision has been made and recorded about joint or single-agency assessment and action up until the point of either:

- a) Child Protection Planning Meetings (CPPM)
- b) decision made that a CPPM is not required

Closure may also follow a reasoned interagency decision to take no further immediate action.

3.13 Resolving Disagreements

If a referrer disagrees with the decision of the core agencies not to convene an IRD, then they should request that the relevant Social Work Service Manager, Police Inspector and Lead Nurse Child Protection liaise and make a binding decision. Professionals making a referral must be made aware of this process when decision not to convene an IRD are reported to them.

When the situation happens 'out of hours', then the senior social work manager on duty and the duty Detective Inspector will be asked to make the binding decision where there is disagreement on decision being made.

If those involved in an IRD process disagree with the decision about whether or not to convene a child protection planning meeting, the matter can be referred to the Children and Families Social Work Head of Service, who shall consult with the Detective Chief Inspector and the Lead Nurse Child Protection and will make a binding decision.

If there is disagreement about any aspect of the IRD process (whether to convene an IRD or decisions made in IRD) although referral can be made to senior managers, this should not impede necessary protective action. The National Guidance states "If any agency involved in the IRD disagrees with the decision of any party and where a compromise cannot be reached, consultation with senior managers from core agencies should take place in order to reach a decision. The points of disagreement and resolution must be recorded on the IRD Record. There should be no delays in protective action as a result of the disagreement and the majority decision will apply to avoid delay beyond 24 hours"

3.14 Feedback to the Referrer

The responsibility to provide feedback to the referrer generally rests with the person who received the information in the first place. Where an IRD has made a decision that there is no need for a Child Protection Investigation, feedback is then the responsibility of the Chair of the IRD or person delegated by them. Once done, this must be recorded in the case records.

Where the initial referral was received by MASH or OOHS and passed to intake services for further action, it will be the responsibility of the team manager of Care and Protection Team, or person delegated by them to provide any feedback.

There should be no unnecessary delay in ensuring that feedback is provided. The timing and nature of the feedback must take account of the role and status of the person to whom it is being given. This information must be shared with the child's Named Person and recorded in the Child's Plan by the Lead Professional.

3.15 Information to the Child and their Carers

The provision of information to the child and those caring for him or her about what is happening, why, and what is going to happen next must always be a central part of planning and action. The child and Parents can be given details of Dundee Protects Children Website for information.

Not only do the child and family have a right to be informed of an investigation, but appropriate information sharing and involvement by those most directly affected is likely to lead to a more effective engagement and a better outcome for child. It can begin the process of offering parents a different perspective on their circumstances.

If a parent/carer is believed or suspected to be responsible for any significant harm that the child may be suffering, then particular attention must be paid to what information can be shared with him or her. If a "buddy" has been identified for the child, then they should be informed as above. The social worker must ensure that the principles of *information sharing* have been explained to the child, young person and his or her family.

Hyperlink: [National Guidance: Involving Children and Families in Child Protection Processes 3.114 to 3.125](#)

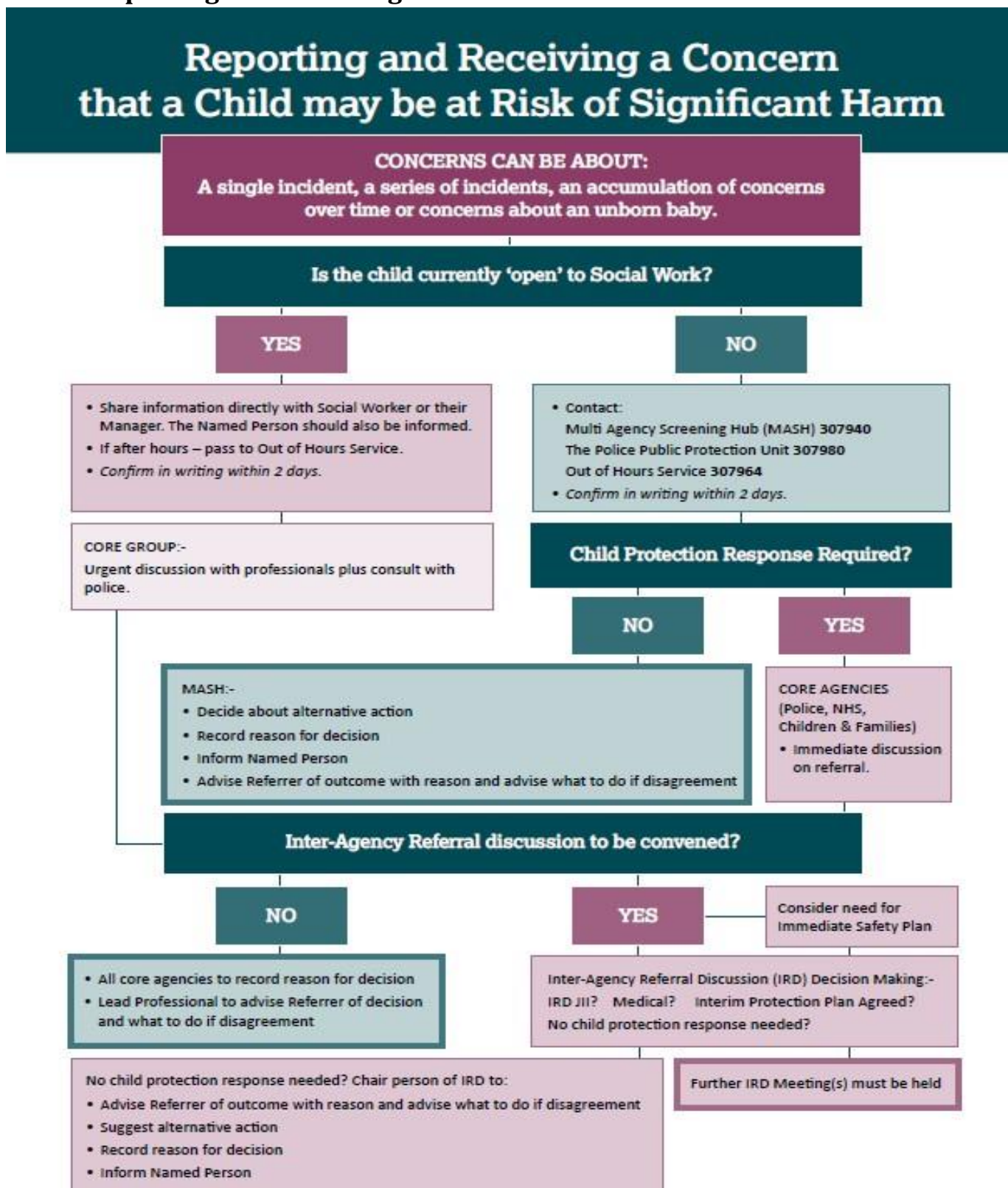
The National Guidance stresses the need to consider whether a child may benefit from Advocacy and that practitioners consider extra support where a child has particular communication issues. Trauma informed Practice is key to supporting children who may have experienced grooming, threats or coercion. Where counselling and therapeutic support is offered there is a need to ensure that this is undertaken in a manner that does not risk contaminating any evidence a child might be required to give within a legal process. Similar considerations of advocacy, communication needs and trauma informed practice apply to building partnership with parents. There is a particular need to consider how best to engage with a non-abusing parent.

The National Guidance states that working in partnership with one or more family members is likely to have long-term beneficial outcomes for the child, and staff must take account of a family's strengths as well as its weaknesses. Practitioners must seek to achieve a shared understanding with parents about concerns and about steps needed to ensure safety. However, it is recognised that the emotive nature of Child Protection can make partnership building a complex task. 'Partnership' may not be attainable in a timescale that

protects the child. However, even when urgent action is needed, the Guidance stresses the need for proactive and persistent effort to understand and achieve a shared understanding of concerns, and a shared approach to addressing them. The Guidance references collaborative, strength-based approaches to assessment and engagement in protective action.



3.16 Reporting and Receiving a Concern Flow Chart



4 Child Protection Planning Meetings (CPPM)

The responsibility to arrange and manage the system of CPPMs is delegated by the Chief Executive of Dundee City Council to the Children and Families Social Work Service. Generally, there are considered to be four types of Child Protection Planning Meeting (CPPM) initial, pre-birth, review and transfer. In Dundee we use only two terms– Initial and Review - to describe all CPPMs.

4.1 Initial Child Protection Planning Meetings (including Pre-birth)

The decision to convene an initial CPPM will normally be made during the IRD process, either at the initial meeting or one of the debrief meetings. An initial CPPM must be held as soon as is practicably possible and no later than 15 working days from the date on which the decision to have such a meeting is made. A decision to convene an Initial Child Protection Planning Meeting where the child is already known to Children and Families Service can be made by the responsible team manager after consultation with their Practice Manager or Service Manager. Core Agencies can request an Initial Child Protection Planning Meeting. This would usually be done through a Team Around the Child meeting or by that Core Agency requesting an IRD.

A pre-birth CPPM for an unborn child may be agreed at an IRD or Unborn Team Around the Child Meeting. A pre-birth CPPM must take place no later than at 28 weeks pregnancy, or, in the case of late notification of pregnancy, within 15 working days from the date on which the decision to have such a meeting is made. National Guidance stresses the importance of an inter-agency discharge from hospital plan for any child placed on the Child Protection Register pre-birth. This plan will most commonly be agreed by the Core group following the initial CPPM. Where a child is placed on the Child Protection register pre-birth, the child must not be discharged from hospital following birth without an agreed inter-agency discharge plan in place.

Hyperlink: [2021 National Guidance on Pre-birth Assessment and Support. 4.259 to 4.273](#)



4.2 Review Child Protection Planning Meetings (including Transfers)

The purpose of the CPPM is to review the previous decisions made and assess the progress, or not, of the Child Protection Plan in reducing risks to the child. These are held within set time periods from the initial case conference, within 3 months from the Initial CPPM, then at least 6 monthly thereafter. A RCPPM can be convened outwith these times if there are significant concerns/changes which need to be addressed by the conference. Any agency may request that a Review CPCC be convened, although it would be expected that this should be discussed within a Core Group Meeting (See also section 5 – Core Groups).

Where an Unborn Initial Child Protection Planning Meeting placed the baby's name on the Child Protection Register, the Review Child Protection Planning Meeting will be held three months from the baby's birth and not from date of the initial CPPM

When a Review CPPM would normally fall during a school holiday period the core group should consider asking for an early review or a justifiable short delay to allow education who are key members of the core group to attend.

National Guidance states that at the transfer CPPM, the minimum requirement for participation will be the originating local authority's social worker and manager and the receiving local authority social worker and their manager, as well as representatives from appropriate services including health and education.

4.3 Preparing for a CPPM

Persons who can contribute to the decision-making and planning must be invited. These will include:

- The child and their family and the child's 'buddy'
- Children and Families Social Work Service personnel
- The Named Person or Lead Professional
- Health visitor/school nurse
- Nursery/school staff
- GP
- Investigating police officer.

And where appropriate

- Examining medical professionals.
- Other medical staff with specific, or particular, information.
- Professionals from 3rd Sector who are providing service to the child and/or family.
- Neighbourhood Services/Housing
- Any professional providing services to an adult family or household member, that could have protection or safety implications for the child for example CJS, Addiction Services, and Mental Health Professionals.



PARENTS AND CHILDREN SHOULD BE GIVEN THE LEAFLETS
“ATTENDING A CHILD PROTECTION PLANNING MEETING”

4.4 Information Sharing at CPPM

The sharing of information is at the core of a child protection planning meeting. Everyone attending a CPPM should be familiar with legislation, and the [Statement by Head Child Protection Scottish Government](#) and the guidance and policies of their own agency relating to the sharing of information. All professionals should understand the inter-agency protocol.

All professionals invited to a CPPM are expected to provide written reports that will be provided to the family in advance of the CPPM. These reports must include a chronology, a summary of workers own agencies involvement, relevant information regarding the child and family's current circumstances, identified strengths and concerns, details of future planned interventions and recommendation regarding registration.

4.5 Restricted Information at a Child Protection Planning Meeting

Any professional who is advised or become aware of information that should **not** be shared with or between the parents and child must ensure this is brought to the attention of the Chairperson prior to the start of the meeting.

Care must be taken when preparing reports that only information that can be shared is included in reports that will go to everyone. It may be that reports for particular person where information is being restricted can be copied omitting the restricted information. This too needs to be brought to the attention of the Chairperson so they can ensure that reports are provided to individuals in line with above.

Examples of why information might be excluded when it could:

- Result in serious harm to the physical or mental health or emotional condition of the individual or any other person.
- Prejudice an ongoing criminal investigation.
- Disclose the identity of third parties.
- Disclose the address the victim is residing at after fleeing domestic abuse.
- Disclose the address of a child where a Children's Hearing has ordered the nondisclosure of the child's address.

Where information is being excluded, discussion of this information will take place prior to the family members joining the CPPM. Reasons for not sharing particular information must be recorded in the minute. If there is no restricted information to be shared, the family members will normally participate in the entire CPPM.

If, during the course of the CPPM, a professional wishes to share some information without one or more family members being present, they can ask the chairperson for an adjournment and the family member(s) will be asked to leave for a short time.

4.6 Arranging Child Protection Planning Meeting

4.6.1 Child protection administrations responsibilities

All CPPMs are arranged by [Child Protection admin](#)

- Receiving requests from social workers or managers to arrange CPPMs, organising venues, chairperson and minute taker.
- Establishing the names of all those to be invited and advising them of the date, time and place of the CPPM
- Requesting written reports from relevant individuals and agencies.
- Distributing written reports to participants.
- Maintaining the mentoring system for review CPPMs, allowing invitations and requests for reports to be processed in good time.

4.6.2 Social Workers responsibilities

- Ensure that [CP case conference admin](#) are informed of the decision to convene an Initial Child Protection Planning Meeting
- To ensure that parents have received, and understood, a copy of the leaflet 'Child Protection Planning Meetings' and to answer any questions the family members
- To make sure the family understand what a CPPM can and cannot decide.
- To make sure the family are aware of the professional concerns and the changes that the agencies consider necessary to improve the protection of the child;
- To advise the child about the meeting including their right to attend and to have someone help them prepare what they want to say to the meeting and to support them there.
- To ensure the views of the child are provided to the meeting where the child or young person is too young to participate, attends but feels unable to express their views verbally, or chooses not to attend;
- To help the parents prepare what they wish to contribute to the meeting either verbally or in writing if requested
- Ensure that the family have the means to get to the meeting location.
- Arrange for the family to be at the meeting venue approximately fifteen minutes ahead of the time scheduled for the CPPM to meet the chair of the conference.

Where social workers are struggling to undertake all the expected tasks they must raise this with their manager who will take steps to ensure time is created for this or allocate specific tasks to others. The manager will record any decisions made regarding this.

4.6.3 Responsibilities of the Chairperson

The Chairperson holds overall responsibility for the organisation and conduct of the CPPM. The involvement and actions of individual professionals, their professional responsibility and accountability, remain with their own agencies. CPPMs in Dundee will be chaired by Senior Officers.

4.7 Attendance Child Protection Planning Meetings

4.7.1 Attendance of child

When deciding upon the attendance of a child at a Child Protection Planning Meeting the chairperson should be guided by:

- The wishes of the child about attending and ability to participate.
- The views of professionals who know the child.
- The age and maturity and level of understanding of the child.
- The information likely to be shared at the CPPM.
- The likely effect on the child, particularly when an adult suspected of abuse may also require to have some involvement.
- The views of the parents where appropriate.
- If the child is represented by their 'buddy'

If the child does not attend the meeting, the reason for this must be recorded. The child and relevant family members should be invited and supported to participate, as appropriate in each situation. Where they are unable to participate in person their views must be sought and represented at the meeting. Where possible, participants should be given a minimum of five days' notice of the decision to convene a CPPM.

4.7.2 Attendance of Parents/Carers/Family Members

Both parents will normally be invited to the CPPM. This will include any parent who has contact with the child but do not live in same household as child, unless there is any order in place that prevents such contact.

Some circumstances may mean only the partial attendance of family members in order to ensure there is a full and proper consideration of the child's circumstances. Exceptionally, it may be necessary to exclude one or more family members for part, or the whole of the meeting, e.g. where there is strong likelihood of disruption to the meeting or harm to a child, young person or adult.

The chairperson decides whether there are exceptional circumstances as described above. Professionals with concerns should contact the chairperson as soon as possible to allow for early decisions to be made and therefore allowing the family to be forewarned. The chairperson's reasons for excluding anyone in whole or in part must be recorded and given to the family member concerned. Those excluded must be provided with appropriate updates following the CPPM. This will be the responsibility of CPPM chair person.

4.7.3 Attendance of Professionals

It is expected that ALL professionals invited to a Child Protection Planning Meeting will prioritise attending.

The chairperson must be satisfied that there is sufficient and relevant representation at a case conference for decisions to be made. They must also be satisfied that there is a suitably trained and experienced clerical offices present to take a minute of the meeting.

National Guidance states that there must be a sufficient number of multi-agency professionals contributing to the information sharing and analysis to enable safe decisions and effective planning. Minimum participation would be expected from children's social work, police (as relevant), health, education and early learning and childcare, with prepared parental involvement.

4.8 On the Day, Before Start of CPPM

4.8.1 On the day of the meeting the chairperson will meet with the family/child:

- Advise them how they will conduct the meeting;
- Inform them of what written reports have been submitted, and check with the family members if they have had the opportunity to read and discuss the contents. Where necessary the start of the CPPM should be delayed to allow this to happen
- Clarify and question anything that appears to be confused or contested.

- Explain who is expected to be in attendance at the meeting.
- Tell the family if they are going to be asked to leave the room, and reasons for this, while information which is not being shared with them is given to the CPPM.
- Stress that their contribution to the CPPM is important and that they will be regularly asked to share their views.
- Encourage the family members that if they disagree with anything said in the CPPM they express this when they are invited to reply to each of the contributions from professionals.

Where accommodation permits, other professional staff, once assembled, should be invited to join the family members and chairperson in the Meeting room.

4.8.2 Each CPPM will follow a similar agenda:

- Restricted Information discussion.
- Introductions.
- Consideration of reports and other fact gathering.
- Interpretation and assessment of risk.
- Decide on the need for registration, referral to The Children Reporter, and whether it is safe for a child to live at home.
- Conclusions, agree a provisional Child Protection Plan which is clear about outcomes to be achieved and identify a *Core Group* if the child is to be registered.

4.9 During a Child Protection Planning Meeting

4.9.1 After introductions, the Chairperson will remind all participants:

- The purpose and remit of a Child Protection Planning Meeting;
- That the Child Protection Planning Meeting will share information, form a view about risks to the child based on the information and make decisions about placing, retaining or removing a child's name on the Child Protection Register.
- That Child Protection Registration is a non-statutory decision
- That for the child to be Registered the CPPM must agree that the child is at risk of significant harm
- The need to consider whether or not a referral should be made to the Reporter (SCRA) and/or whether an application should be made to the Court to cause the child's living circumstances to be changed, e.g. Child Protection Order, Assessment Order, Exclusion Order.

The use of 'jargon' should be avoided. Professionals must explain, in lay terms, what is meant by any technical or professional language they may have used. The Chairperson must be satisfied that all family members have understood what has been said by each contributor. Family members should be invited to comment about what each person has said.

4.9.2 The Chairperson and professionals attending must ensure that the views and perspective of the child are embedded throughout the process of the CPPM. This will be done by:

- The child sharing these verbally and directly to the meeting.
- The child's views being available within a statement or report that they have put in writing or they have been helped in writing by their Social Worker a "buddy" or another person chosen by them.
- The child's views being offered verbally by the Social Worker, "buddy" or other person chosen by the child/young person.
- Where the child is unable to express a view, the social worker should, from their knowledge of the child, reflect their lived experience.
- Their views being recorded within the minutes.

4.10 Decision Making at CPPM

4.10.1 At the end of the CPPM the chairperson will:

- Summarise the discussion
- Identify and record the risk and protective factors for the child and identify specific point that need to be included in the Interim Protection Plan
- Ensure that a decision is reached whether the child's name should be placed on, retained on, or removed from the Child Protection Register. The aim should be to reach a consensus view. If this is not possible, dissenting views must be noted in the minute. The chairperson retains ultimate responsibility for the decision made on the day. Dissent is acceptable as it arises from individual practitioners taking responsibility for their professional judgement. Normally it will be sufficient for dissent to be dealt with through its acknowledgement in the minute, however if the practitioner retains exceptionally strong concerns about the decision or the conduct of the CPPM, they should consult their line manager, who may decide if the Dundee Resolution and Escalation Arrangements should be applied. Please note the Resolution and Escalation Arrangements set out a staged response, with resolution by those most directly involved the first stage.

Hyperlink: [Multi-Agency Practitioners' Guidance. Resolution and Escalation Arrangements.](#)

- A Child Protection Planning Meeting must describe and record the concerns that have led to the view that registration is appropriate. It is the responsibility of the Chairperson to ensure that an adequate description of the concerns are recorded.
- Inform parents/carers and the child (or arrange for this to be done) that if they disagree with the decision made about registration, they can ask for this to be reviewed
- Ensure the issue of Criminal Injuries Compensation is discussed. Where relevant, a worker should be identified to advise the family/child of the procedures and support their application
- Ensure an agreement is reached about the need for a referral to the Children's Reporter.

If the decision has been to place, or retain, the name of a child on the Child Protection Register, the conference members must:

- Specify what it considers to be the essential points to be included in the child protection plan and record these on the CPPM minute.
- Establish the names of those to be invited to the core group meeting.
- Set a date for the core group to meet within 15 calendar days of CPPM to develop the provisional CP plan into the more detailed child protection plan.

4.10.2 The CPPM must identify one or more of the following as the concern(s) to be recorded on system databases:

- Domestic abuse
- Parental alcohol misuse
- Parental drug misuse
- Non-engaging family
- Parental mental health problems
- Children placing themselves at risk
- Sexual abuse
- Child exploitation
- Physical abuse
- Emotional abuse
- Neglect
- Other concern(s).

Removing Child's Name from Register – Child's Plans

National Guidance states that when a child's name is removed from the register there should be a transition to an amended Child's Plan and where necessary a new lead professional identified. "Removal of a child's name from the register should not necessarily lead to a reduction or withdrawal of services or support to the child and family by any of the agencies. The risk of significant harm to the child may have receded, but the child may continue to require a range of support. This will form part of the single planning process for the child. At the point of de-registration, consideration should be given to whether a different lead professional should be appointed. If so, arrangements made for the transfer will be agreed. Following de-registration, the child's plan will be amended to reflect the revised assessment of risk and need."

4.11 Following A CPPM

The chairperson must:

- **Ensure a copy of the provisional CP plan is sent to participants within 5 calendar days;**
- Complete the appropriate paperwork that allows decisions to be recorded on the section of the Children and Families Social Work Service database concerned with child protection;
- Ensure any restricted information be recorded separately on the CP2 form for professionals and not be included in the copy of the minutes provided to the parents.
- Sign the minute of the conference, once checked for accuracy;
- Ensure the minute is distributed to all those present at the conference and to others named on the distribution list **within 15 calendar days;**
- Where a referral to the Reporter has been agreed, ensure that this has been done **within 5 working days.**

Any person not agreeing with the accuracy of the record, should inform CP Admin, in writing, and include a proposed amended text. CP Admin will then forward a copy of the letter and the relevant passages of the minute to the CPPM chair. The Chairperson must then decide whether to accept the proposed amendments. Any amendments should be made on the original copy of the minute. Amended papers should then be distributed to all those who received a copy of the minute. The Social Worker, or the child's 'buddy' should go through the minute with the child and parents soon after the meeting to ensure they are fully aware of the detail.

4.12 Dispute Resolution

If the parents of a child or the child believes that a CPPM reached a decision based on flawed process and/or practice they can request that the decision is reviewed.

The only reasons for which a review can be considered are:

- a) The CPPM failed to take proper account of all the information available to it, or was unable to because professionals did not make the information available to the meeting. NB – the failure, by any professional, to present relevant information to the CPPM is a matter that would rest with the agency concerned and could be dealt with under its complaints and/or disciplinary procedures.
- b) The CPPM obviously misled itself in terms of the understanding of, or meaning given, to the body of information considered.
- c) The CPPM arrived at a decision in respect of child protection registration that cannot be supported by the information shared and assessed at the meeting.

The only ground for dispute upon which a review shall base a decision is:

- Placing a child's name on the child protection register
- Not removing a child's name from the child protection register
- Removing a child's name from the child protection register.

The fact that a family member disagrees with the decision about registration is not, in itself, a reason for a Review to be conducted.

4.12.1 Requesting a review

Before the CPPM takes place, the Lead Professional must ensure that family members have received a copy of the leaflet 'Child Protection Planning Meetings' and that they understand its contents.

A review request must be lodged with the Lead Officer Protecting People, within 14 days of the CPPM. The decision of the CPPM will stand during the review process and until that is changed by a further CPPM.

The review request must be in writing. A family member can prepare the written request or can ask the Lead Professional or another person to make a note of what they wish to say. The written request should include evidence that supports the reason(s) for the appeal– a, b, or c, above. In other words, state what procedures were not followed, what information it failed to take account of, or what misunderstanding there might have been of information shared.

4.12.2 The Review of a Decision

The review shall be carried out as soon as possible, and no later than 28 days, after the request is submitted. It shall be carried out by a panel comprising the Lead officer Protecting People accompanied by a member of the Child Protection Committee.

The decision of this review panel will be final.

4.12.3 Information upon which the panel shall base its decision:

- The panel shall read the Record of the Child Protection Planning Meeting in question and any reports to the CPPM that the Lead Officer considers appropriate.
- The child or young person and their parents or carers shall have the right to attend and present their case. They can, if they wish, have someone of their choice accompany them to support and assist them to do so. The chairperson of the CPPM in question shall attend to explain, if required, the processes that led to the decision made and the reasons for it.

Before formally meeting to consider the case, panel members may collectively conclude that the lodging of a review request is vexatious and/or frivolous and dismiss it. If doing so, the panel members shall agree their reasons for arriving at that decision and the Lead Officer Child Protection shall communicate this to the person who called for the review.

After reviewing the CPPM, the panel may reach one of the following conclusions:

- The ground is not upheld and the decision of the CPPM stands.
- The person appealing has cause to be discontent with aspects of how the decision was arrived at and the lessons to be learned will be disseminated. However, the overall body of information considered at the CPPM supports the decision that was made. Therefore, the decision shall stand.
- One or more of the reasons for the appeal being lodged was evidenced and, as a result, the CPPM must be reconvened to assess the risk of significant harm and arrive at a decision.

When the decision is that a CPPM be reconvened, the decision of the original CPPM shall remain in place until the reconvened meeting makes a decision. A reconvened CPPM must take place no later than 15 working days after Review Panel Decision.

4.13 Transfers between Authorities

4.13.1 Temporary Residence

If it is clearly established from both the referring authority and the adults having charge of, and control over, the child, that the child is to be in Dundee for only a short time (e.g. 2 or 3 weeks) and is to return to the referring authority's area, then arrangements can be made for Dundee City Council social work staff to monitor the child on behalf of the referring authority.

This will involve agreed arrangements for contact with the child and for reporting back to the referring authority. It will be the responsibility of the Team Manager appointed by the Senior Manager (Child Protection) to ensure these arrangements are in place and to arrange for the referring authority to send a copy of the latest comprehensive (and any other relevant) assessment, child protection plan and minute of the last CPPM. If the Child is to be visiting over a local holiday period, it is the responsibility of the Duty Intake Team Manager to liaise with the Manager of OOHS to arrange monitoring.

The receiving authority must immediately place the child's name on their local register.

If a child subject to current Child Protection Investigation in another area arrives in Dundee, the above criteria will also apply.

4.13.2 Families in Homeless Accommodation

The same procedures will be followed where a child from another area is on the CP register (or subject to a Child Protection Plan) or where there are concerns are accommodated in homeless or other temporary accommodation (e.g. Woman's Aid refuge). Responsibility for allocating the case will lie with the Duty Team Manager Care and Protection Team. Discussion, within the terms of the agreed transfer protocol should take place to agree reallocation to appropriate locality team.

4.13.3 Planned and Permanent Move to Dundee

When another authority advises of a child on their Child Protection Register moving to Dundee, they must be directed to the Duty Manager Child Care and Protection Manager Team who will:

- Have initial discussion with allocated social worker or the manager from the originating authority about current concerns and identify any immediate risks.
- Arrange for contact to be made with the child and family. This must be done as soon as possible after the referral and no later than 2 days. Visit must not be delayed waiting for written reports.
- The assigned Social Worker from the Care and Protection Team will meet the child and family and complete an initial assessment. In subsequent reports, workers must distinguish what the views are of the receiving authority and those of the originating authority.
- That a copy of the latest comprehensive, and any other relevant assessments, child protection plan and minute of the last CPPM to be sent immediately to secure email address
- Request all files, or copies of files, to be transferred from the other authority within 10 working days.

The child's details will be immediately placed on Mosaic noting the child's status on another authority's Child Protection Register pending a review Child Protection Planning Meeting being convened within 21 calendar days in Dundee. Workers from the transferring Local Authority will be expected to attend the conference along with relevant local agencies/services. This can be done through video conferencing.

If the decision of the Review Child Protection Planning Meeting is that the child's name will be placed on the Child Protection Register then the temporary registration will be confirmed. If not, the temporary registration will be cancelled. A copy of the minute of this meeting must be sent to the referring authority within 10 working days of the CPPM.

At the end of the CPPM the chair person should immediately complete all relevant documents and forward this to Child Protection admin.

4.13.4 Contacting Another Local Authority When Children Named on Dundee Child Protection Register, or for whom there are concerns, Moves to Live In Another Area

A Review/transfer CPPM will be arranged if a child, already on the Child

Protection Register, moves to another local authority area.

If it is considered there will be a **reduction in risk by the move**, Dundee Children and Families Social Work Service will convene a CPPM to consider the need for ongoing registration or deregistration. An appropriate member of staff from the receiving authority will be expected to attend.

As soon as it is established that a child who is named on the Child Protection Register, or for whom there are concerns, has moved or is moving to another authority area, the case responsible Social Worker will:

- Contact local office of the receiving Authority covering the area in which the child is now living to outline the circumstances; to ensure that the workers in the new area fully understand the assessed needs of the child or young person, the actions that were being taken in Dundee and the recommendations regarding the need for ongoing involvement
- The most recent Assessment Report, Child Protection Plan, and the minute of the most recent Child Protection Planning Meeting must immediately be sent to a secure e mail address
- Attend in person or by video link, any CPPM convened in the receiving authority
- Arrangements must be made for files, or copies of files to be sent to the receiving Authority.

4.13.5 Special Arrangements for Missing Children

When a child who is named of the Child Protection Register in Dundee goes missing the allocated social worker or their manager must instigate the Missing Child/Family Alert.

When a child on the Child Protection Register, or for whom there are concerns, goes missing from another authority, the originating authority may request our help. Any request from the originating authority for urgent contact with a child for the purposes of conducting a risk assessment must be passed directly to the Duty Team Manager (Care and Protection Team) who will instigate the Missing Child/Family Alert.

In some circumstances information about missing children will be sent to OOHS. It is the responsibility of the duty coordinator to instigate the Missing Child/Family alert. Information then must be passed to the Care and Protection Team in the next working day.

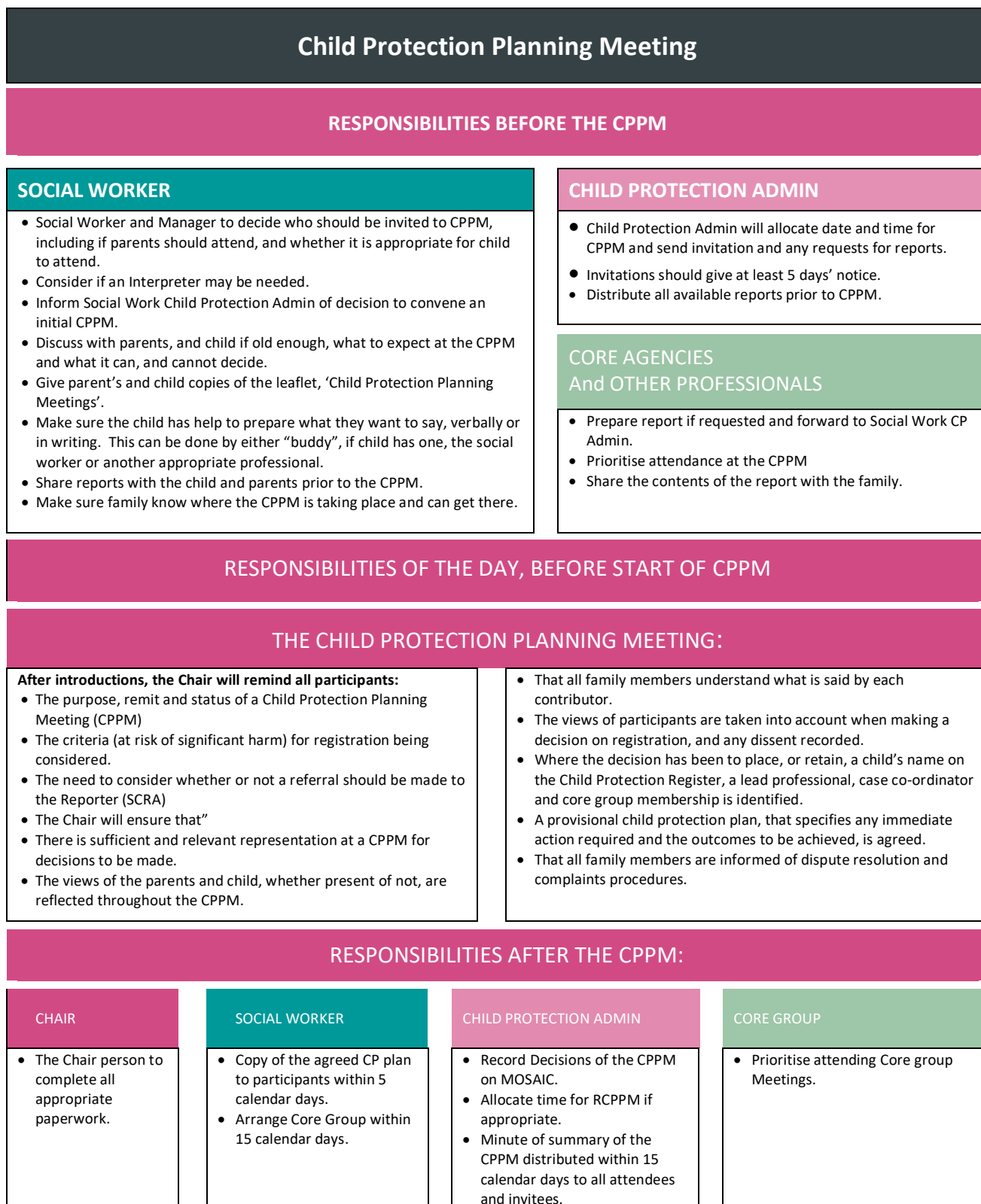
At this stage professionals in Dundee know very little of the circumstances, so should assume a very high level of risk, and respond to any request for information or involvement urgently.

4.13.6 Unaccompanied Asylum-Seeking children

Unaccompanied asylum-seeking children when arriving through the National Transfer Scheme (NTS) will require inter-agency planning and practitioners will be aware of the likelihood of trauma within each child's life-story but unless there are specific current child protection concerns, unaccompanied asylum-seeking children who arrive through the National Transfer Scheme do not require an IRD or other Child Protection response. Unaccompanied asylum-seeking children who arrive through non-official channels may be more likely to require an IRD when they first come to attention of agencies if there are active concerns about exploitation within the route or method the young people were brought to or came to Dundee. The National Guidance provides a section on unaccompanied asylum-seeking children, which includes consideration of age determination where this is uncertain.

Hyperlink: [National Guidance: Protecting unaccompanied asylum-seeking children. 4.320 to 4.331](#)

4.14 Child Protection Planning Meeting Flow Chart



5 Child Protection Plans and Core Groups

5.1 Provisional Child Protection Plan

A provisional Child Protection Plan must be agreed at an initial Child Protection Planning Meeting. It is the responsibility of the person chairing the meeting to ensure this is done.

This Plan must:

- Be distributed within five calendar days of the CPPM to those attending the conference, and those who were invited but were unable to attend. The person chairing the CPPM must ensure this is done
- The provisional plan must confirm the core group of professionals who work with the family and who will have a responsibility to work together to protect and support the child or young person.
- Identify the main outcomes to be achieved to reduce risk
- Agree the key actions to be undertaken prior to the first meeting of the Core Group which must be within fifteen working days of the CPPM. It must be clear who is responsible for each action.

5.2 Child Protection Plans

In line with GIRFEC (Getting It Right for Every Child) Wellbeing Indicators, each child, where professionals have raised concerns, must have a Child's Plan and this will be agreed and monitored through Team Around the Child Meetings.

If a child's name is placed on the Child Protection Register then the Child's Plan will be referred to as Child Protection Plan and be agreed and monitored by the Core Group. If there is already a multi-agency child's plan in place, this will need to be considered in light of the concerns about the child. There will be a multi-agency child's plan when co-ordinated actions between services are required to meet the child's wellbeing needs. There should be a single plan of action, managed and reviewed through a single meeting structure even if the child is involved in several processes. The child's plan will incorporate and prioritise the Child Protection Plan where the criteria for placing a child's name on the child protection register are met. The Plan will provide the basis for assessing progress in reducing risk and for informing a Review Child Protection Planning Meeting.

Hyperlink: [National Guidance: Child Protection Plan fit with Child's Plan 3.138 to 3.140](#)

The Child Protection Plan must be **SMARTER**: Specific, Measurable, Attainable, Relevant, Timebound, Evaluate and Re-evaluate.

A Child Protection Plan is a working document that provides the framework for the activities of all professionals involved with a family. The plan directs action and identifies what each individual role is to support and protect a child.

Plans need to:

- Clearly identify without the use of jargon, the essential outcomes required to keep the child safe.
- Plans must be specific and focus on the needs of the child and not simply on child behaviours. This is particularly important when establishing plans for older children and adolescents. While the Child must be the focus of the plan they need to be considered in the wider context of their family.
- Plans should detail adult carer's vulnerabilities, such as mental health problems, addictions and care experience, and what if any additional supports may be needed to help them in their caring role. This may involve referrals to other services
- Plans must detail how outcomes will be achieved, who is responsible for each action, and what resources will be required. Timescales must be attached to each. The term "ongoing" should not be used as a timescale.
- Plans should recognise and support strengths.
- The Plan must identify how progress will be monitored on a continuing basis by each agency and across the agencies.
- The Plan must include what **action** must be taken by each Core Group member if they become aware of fresh concerns or become aware that aspects of the plan are not being adhered to. This would include missed or failed visits.
- The plan must specifically identify what will happen if further concerns arise, if progress is not being made or there is a lack of cooperation with the agreed Plan.
- The Plan must set out what steps should be taken if there is disagreement about the detail of the plan or the degree of compliance with it.
- The Plan must include cover arrangements for the absence of key people, and how the Core Group will be made aware of such absence.
- The Plan must include date of next Core Group and details of the process to arrange additional Core Group if any professional considers this necessary.
- If the Core Group is recommending to a Review Child Protection Planning Meeting that a child's name is to be removed from the Child Protection Register, it must consider and record plans for providing continuing support and monitoring to the child and their family for a transition period immediately after deregistration. This will be referred to as 'Amber Period'.
- The Child Protection Plan must be recorded on agreed Pro Forma and distributed to each member of the Core Group including the child (if appropriate) and their family. This must be done within five days of the Plan being agreed. Particular care needs to be taken that the Plan is made available to professional covering in the case of absence or for professional joining the Core Group. It will be the responsibility of the lead professional to ensure this.
- Out of Hours Service must be made aware that a Child Protection Plan is in place

- In the case of an unborn baby, a copy of the plan must also be sent to Maternity Liaison for inclusion in antenatal notes.
- **Each agency** should have in place procedures for noting on electronic systems the existence of a plan and for appropriate management oversight of Child Protection Plans.

5.3 The Core Group

Who are the Core Group?

Who will form the Core Group will have been decided at the CPPM and will include:

- Professionals directly working with family members, including those whose work is directly with the adults
- Parents or carers
- The child if they are sufficiently mature to understand and can safely and appropriately participate in the group

5.4 Functions and Responsibilities of the Core Group

The Core Group will meet within fifteen working days of the Child Protection Planning Meeting. It is the responsibility of the Core Group to make sure the Child Protection Plan is clear and specific about what need to change in the life of the child to reduce risk and keep them safe.

5.4.1 The Core Group will:

- Meet within 15 working days of the CPPM, and then at least six weekly thereafter.
- Agree that attending all meetings must be a priority for all members of the Core Group.
- In the first meeting identify who the Lead professional will be, this will in most circumstances be the child's allocated social worker, and which professional, other than lead professional, will be responsible for chairing the Core Group. This may be the case coordinator.
- Any member of the Core Group can ask for an additional meeting if they believe this to be necessary. This will be arranged through the lead Professional. Requests can be made in person or by phone call but should be confirmed in writing (email included) within 3 days.

- Core Group members each have distinct roles but have an **equal** and **shared responsibility** to ensure that the Child Protection Plan is working as intended.
- The Core Group must ensure the ongoing assessment of needs and risk for the child by sharing any new information and contribute to the analysis of how any changes impact on the child.
- Each Core Group member is responsible for ensuring the Child Protection Plan is up to date in that it reflects any changes to the risk and needs of the child. If the Core Group identifies there are increased risks to the child, they must discuss how the Child Protection Plan needs to change, including if emergency protection measures are needed.
- The Core Group must discuss the expectations set out in the Child Protection Plan, including who will visit to see the child, where and when. This must include a Child Protection visit by the allocated social worker, or another designated social worker a minimum of once every fourteen days. The child must be seen alone as well as with family.
- The Core Group must agree and record what actions will be taken if key aspects of the plan, including missed appointments, are not being adhered too – either by the family or the professionals working with them.
- The Group must be clear about how they will communicate with each other between meetings and how critical information will be shared. They must ensure this is noted in the Child Protection Plan.
- The Core Group must develop a culture that encourages members who disagree with aspect of the Plan to, in the first instance, share these in the Group.
- It is the responsibility of the person chairing the Core Group to ensure that all members have a clear understanding of what is being agreed in each meeting. It is particularly important to ensure that the child and their parents understand what is being agreed.
- Emergency Protection measure can be taken outwith the Core Group, but in such circumstances Core Group members must be notified, within 24 hours of the action being taken and the reasons for such action explained.
- The meeting of the Core Group prior to a Review Child Protection Planning Meeting must discuss the need or otherwise for continued registration and make a collective recommendation. This decision should then be reflected in each professional's report.
- When a Review CPPM would normally fall during a school holiday period the core group should consider asking for an early review or a justifiable short delay to allow education who are key members of the core group to attend
- Where there is a recommendation that a child's name should be removed from the Child Protection Register, the Core Group must discuss a transitional plan where support to the child and family will continue.

5.5 Role of Case Coordinator

This role will normally be the responsibility of team manager of the child's allocated social worker. The Case Coordinator role is distinct from that of lead professional, and they will not usually have direct contact with the child or their family to ensure a degree of objective oversight of the effectiveness of the Child Protection Plan.

5.5.1 They will also have a key role in ensuring:

- That the Core Group is working as a cohesive and effective unit
- Meeting within the agreed time frames.
- That members are contributing to a shared assessment including a shared chronology and that assessments are updated to reflect any new information that comes to light.
- If new information suggests that a significant change to the Child Protection Plan is needed, in particular if urgent protective measures are needed, the case coordinator should discuss with their line manager (Practice manager/Service manager)
- They must strive to identify any obstacles to the Child Protection Plan being implemented, including lack of resources or any professional or inter-professional difficulties.
- Be available to discuss with members any concerns of disagreements about the plan as a first step in an escalation process.

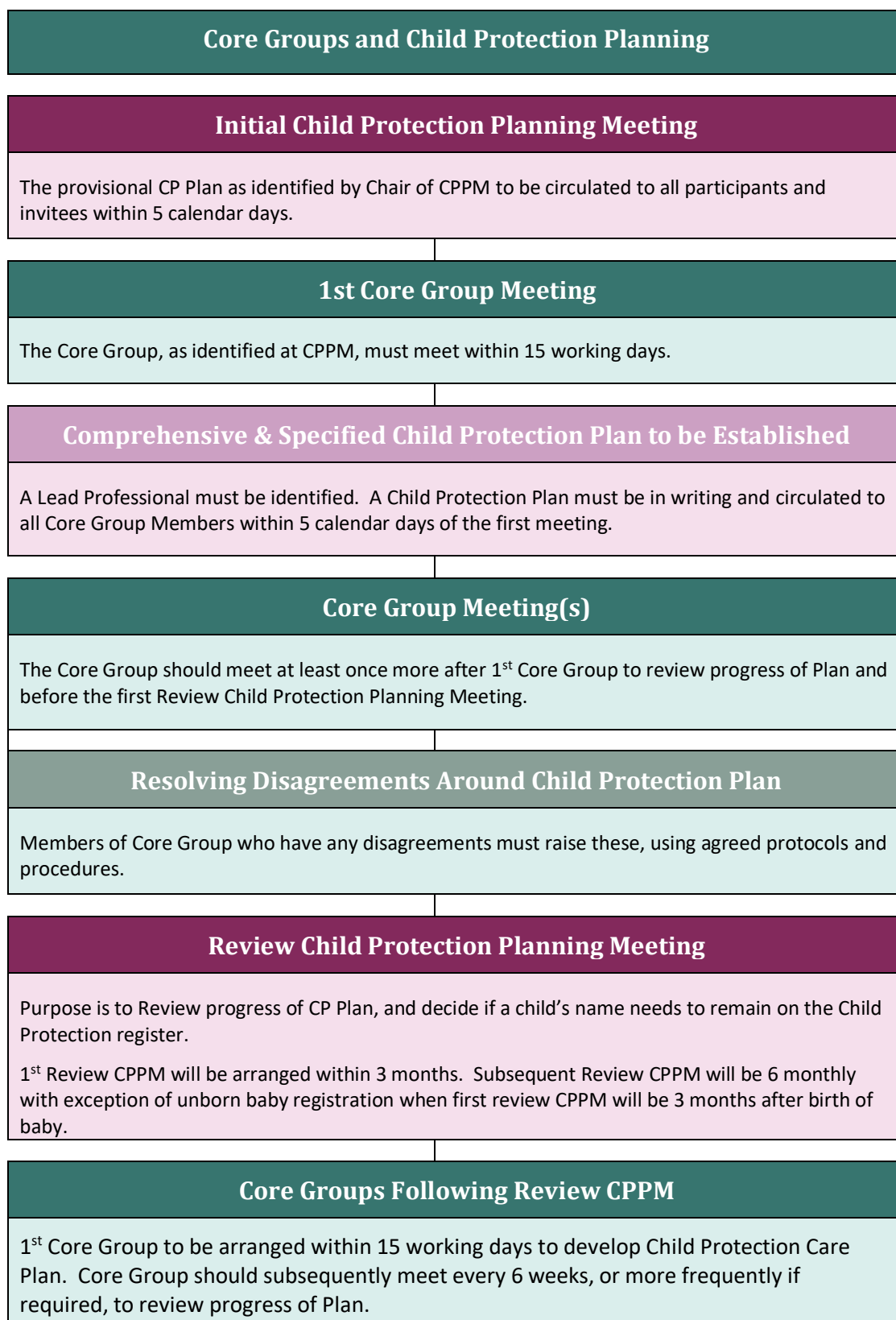
5.6 Professional Network Meetings

On occasion it may be necessary for professionals to meet as a group without the parents or carers being present. Such a meeting should only be convened in certain limited circumstances: where there is a need to consider intervention with an aggressive or resistant parent; or there is a significant issue of inter-professional working to be addressed

If a professional network meeting is considered necessary, it must be conducted with the following guidance:

- The family members are informed the meeting is taking place and why.
- A professional network meeting must never be a substitute for a child protection case conference or core group meeting.
- Consideration must be given and agreements reached on what information from the meeting should be shared with the child/family
- A record of the meeting must be made and copied to all those who participate.

5.7 Core Groups and Child Protection Plans Flow Chart



6 When Immediate Protection is Needed – Legal orders to Protect Children at Risk

Hyperlink: [National Guidance: Emergency legal measures to protect children at risk of significant harm: 3.92 to 3.108](#)

6.1 What are the options?

In some cases urgent action may be required to protect a child from actual or likely significant harm or until compulsory measure of supervision can be considered within the Children's Hearing System.

At times, a child's parents or carers may agree to the child being cared for outwith the family home on a voluntary basis under Section 25 of The Children's (Scotland) Act 1995 while the situation is being clarified and an assessment of risk and need is progressed. Consideration should be given to others in the child's extended family or social network who may be able to look after the child during this period. Records checks, including Police, must be undertaken on anyone being asked or offering to care for the child on a voluntary basis. The National Guidance states that when a child's parents or carers do not object, the local authority may accommodate the child to keep the child safe whilst concerns about the child's safety, or reports or suspicions of abuse or neglect, can be assessed. Parents must have an explanation of voluntary accommodation that they understand. They should know that they can seek legal advice. Others in the child's extended family or social network may offer to look after the child in the interim.

There will however be cases where the risk of significant harm, or the possibility of the parents or carers removing the child without notice, makes it necessary for agencies to take legal action for their protection.

There are four Legal Orders available to protect children at risk are detailed below: These are:

- Child Protection Orders (CPO)
- Emergency Protection powers (Police or Justice of the Peace Powers)
- Exclusion Orders (EO)
- Child Assessment Orders (CAO)

6.2 Child Protection Order (CPO) Children's Hearing (Scotland) Act 2011

A Child Protection Order is an emergency provision intended to safeguard a child who is considered to be at risk of immediate and significant harm. The term "significant harm" is not defined in legislation and it will require professional judgements to be made by the applicant and, more crucially, by the Sheriff determining the application, to decide whether or not risk of immediate and significant harm is established.

An application for a CPO is a serious step involving direct and urgent intervention to remove a child to a place of safety, or to prevent him or her from being removed from a specified place. Before making an application, professional must be satisfied that this degree of intervention is justified, that it is in the best interests of the child and there are no other reasonable means to protect the child.

Anyone, including a local authority, can seek a Child Protection Order where there are reasonable grounds to believe that a child is suffering or likely to suffer significant harm. The appropriate Manager must be consulted as early as possible in this process and the decision to proceed with any application must be approved by them.

Only a local authority can apply for a CPO where the criteria are that there are reasonable grounds to suspect that a child is suffering or will suffer significant harm, that efforts to make enquiries are being made and that access to the child or young person is being unreasonably denied.

An Application for a CPO must:

- Succinctly specify the urgency of the situation, the grounds for applying and present supporting evidence, in writing and, if necessary, in person before the Sheriff.
- When application is being made out of hours, the application will be emailed by the co-ordinator out of hours to the duty Sheriff clerk, who will forward to the to the duty sheriff. The Order, if granted, will be sent via email to the duty coordinator. The Sheriff Clerk has issued a list containing the names, email addresses and home telephone numbers of their staff for use of staff who need to make application out with normal office hours. A copy of the list is held by the Out of Hours Service.
- It is normal practice in Dundee for the staff making the application to serve notice of the granting of a CPO. For this to happen the application must contain a request that the sheriff authorise intimation of the CPO by an officer of the local authority. Where there are concerns for staff safety, the Team Manager can request assistance from the Police or Sheriff Officers to serve the notice



- Once a CPO is granted, the relevant persons (that is persons named in the application) must receive a copy of the application and all supporting evidence, and a copy of the authorised CPO
- There are strict time limits governing the time between when an order is granted and when the local authority attempts to implement it. If no attempt is made to implement the order that is serve (give) the papers to the relevant persons and remove the child to a place of safety with 24 hours, then the order lapses. However, if workers make failed attempts to implement the Order it stands. Additionally, if the child is located they can be removed to a place of safety while attempts are being made to serve the papers on the relevant persons.
- A copy of the Order should be left where the child has been placed.
- The Area Reporter must be made aware, as soon as possible (usually by phone) of the intention to seek a CPO
- The Area Reporter must receive a copy of the application, including all supporting evidence.
- Any decision not to implement an Order once granted, must be agreed by the relevant senior manager and the reasons fully recorded. The senior manager must make a record to indicate they have agreed a decision not to implement an Order.
- Where a child is already on the Register the Social Work Senior Manager will decide with the workers whether a new Child Protection Inquiry is undertaken or if an updated comprehensive assessment is needed.
- Where a child is removed from home through a CPO, the child's Care Plan must clearly require an assessment to be undertaken by the allocated social worker and this to be provided to the LAC Review. No child should be returned home without this Review taking place.
- In exceptional cases (e.g. where the child is liberated by the Children's Reporter or the Children's Hearing do not agree to the CPO) there must be a discussion involving the allocated worker, their manager, a senior manager and the Named Person to consider how to respond to this and what further actions may be necessary. Other professional who were consulted and involved in the decision to apply for a CPO should, where possible, be included in this discussion. All professional involved with the child must be informed of the decision made by the Children's Hearing.

6.3 Emergency Protection Authorisations – Children’s Hearing (Scotland) Act 2011

A Police officer, acting in accordance with Section 56 of the 2011 Act, may remove a child to a place of safety. Police Officers will only invoke section 56 of the 2011 Act when it is not practicable to apply to a Sheriff and the need for immediate action is indicated. This action by the Police is commonly referred to as “Police Powers”.

Under Section 55 of the 2011 Act, any other person may apply to a Justice of the Peace for authorisation to remove a child to a place of safety or to prevent a child from being moved from the place where he or she is being accommodated.

Professionals should only consider approaching a Justice of the Peace for authorisation after taking all reasonable steps to secure an audience before a Sheriff for the purposes of applying for a CPO.

In both cases the same conditions that are required for a Child Protection Order that the child is at risk of immediate and significant harm, must be satisfied. The power to continue such action lasts for 24 hours. To continue the action beyond 24 hours requires application for and granting of a Child Protection Order.

An Emergency Justice of Peace Authorisation ceases to have effect if not implemented within 12 hours of being granted. If an Emergency Authorisation is not implemented within 12 hours, the Team Manager must arrange for the Justice of the Peace to be notified immediately and for notice to be given to the relevant persons.

6.4 Exclusion Order (EO) - Section 76-80 Children (Scotland) Act 1995

An Exclusion Order excludes an alleged abuser from the family home. It has the effect of suspending the named person's right of occupancy to the family home. It prevents the person from entering the home without the express permission of the Local Authority which applied for the Order. An Exclusion Order can only be sought by a Local Authority and granted by a Sheriff. The conditions to be met are much the same as a CPO however the additional safeguard the child is that it allows that “the Order would better safeguard the welfare of the child than removing the child from the family home”.

When applying for an Exclusion Order consideration must be given to how any person expected to give effect to the Order will be able to achieve this.

Consideration must also be given to any the potential for increased risk, particularly in circumstances where domestic violence is an issue,

The application must be discussed with the Council’s Legal Division. Members of staff from the Legal Division will advise and lead on the completion of the application and attend all court hearings dealing with the application.

[6.5 Child Assessment Orders \(CAO\) Section 35 Children's Hearing \(Scotland\) Act 2011](#)

The Children's Hearing (Scotland) Act 2011 makes provision for the local authority to apply for a Child Assessment Order (CAO). A CAO is not an emergency provision. It is an order that requires the child to be available for an assessment.

Where there are no immediate child protection concerns but the family persistently fail to attend appointments/meetings and/or refuse access to the child, and all alternative strategies have been frustrated, consideration should be given to a CAO. Senior Managers in the Children and Families Social Work Service must be consulted and agree to a CAO application being made. Thereafter it is the responsibility of the Team Manager and/or Social Worker to consult with Legal Services and reach agreement on the role of the allocated Solicitor with regards to the preparation of the application and the hearing before a Sheriff.

The key points about a CAO are:

- The order has to specify the period during which it has effect. That period has to begin within 24 hours of the order being granted and can last no longer than three days. Any assessment therefore has to take place within that three day window.
- Any application requires co-operation and collaboration between the professionals who will be involved in the assessment.
- If a specialist medical assessment is to be included as part of the assessment then there must be discussion and advice taken on which medical discipline is best placed to carry out the assessment. The consultant on call for the Child Health Directorate should be contacted for this advice. The appropriate specialist should then be contacted by the social worker/team manager and necessary arrangements agreed and made. The details will then be included in the application.
- Consent is required for medical treatment and examination.
- Parental consent should be sought if the parents have parental rights and responsibilities and the child is under 16, unless this is clearly contrary to the safety and best interests of the child
- Children who are judged of sufficient capacity to consent can withhold their consent to any part of the medical examination
- Clear notes should be taken of which parts of the process have been consented to and by whom.
- Where the child is of sufficient age and understanding, they may refuse consent to a medical examination or treatment whether or not a Child Assessment Order is made.

6.6 Appeals

When notification of an appeal against the making or continuation of a CPO, or any direction is notified to the Council, the worker who made the application should immediately consult their Legal Division, who will assist them to examine the circumstances and advise on the response to the grounds of appeal. A solicitor from the relevant Legal Division will appear in court when the appeal is being heard

Where an appeal is lodged against any of the above orders applied for by the Children and Families Social Work Service, Legal Division must be informed and they will be actively involved in the appeals process.



7 Appendices

Appendix 1- The National Guidance addresses these issues in Part 4 Specific Support Needs and Concerns.

1. Poverty
2. When services find it hard to engage
3. Protection of disabled children
4. Parents with learning disabilities
5. Impact of mental health or health problems on children
6. Children and young people experiencing mental health problems
7. Suicide and self-harm affecting children
8. Responding to neglect and emotional abuse
9. Domestic abuse
10. Children and families affected by alcohol and drug use
11. Physical abuse, equal protection, and restraint
12. When obesity is a cause for escalating concerns about risk of harm
13. Child sexual abuse
14. Child sexual exploitation
15. Indecent images and internet-enabled sexual offending by adults
16. Children and young people who have displayed harmful sexual behaviour
17. Child protection in the digital environment/online safety
18. Under-age sexual activity
19. Pre-birth assessment and support
20. Children who are looked after away from home
21. Reunification or 'return home'
22. Preventing the repeated removal of children
23. Children and young people who are missing
24. Protecting unaccompanied asylum-seeking and trafficked children
25. Child trafficking and child criminal exploitation
26. Protection in transitional phases
27. Bullying
28. Hate crime
29. Serious harmful behaviour shown by children above and below the age of criminal responsibility
30. Vulnerability to being drawn into terrorism
31. Complex investigations
32. Female genital mutilation

33. Honour-based abuse and forced marriage
34. Fabricated or induced illness
35. Sudden unexpected death in infants and children
36. Cultural and faith communities
37. Children and families in the defence community
38. Child protection in the context of disasters and public emergencies
39. Historical (non-recent) reports of abuse

Hyperlink: [National Guidance: Specific Support Needs and Concerns 4.1 to 4.96](#)

The National Guidance sets out a description of Single-Agency Responsibilities for Child Protection.

The agencies discussed are:

1. Local authority education services
2. Early learning and childcare
3. Grant Aided Special Schools (GASS)
4. Independent schools
5. Police Service of Scotland ('Police Scotland')
6. British Transport Police (BTP)
7. Health services
8. Chief/Consultant/Lead Nurse for child protection
9. Lead Doctor for child protection
10. Child Protection Advisor (CPA)
11. Paediatricians with a Special Interest in Child Protection (PwSICP)
12. Paediatricians
13. Midwives
14. Health Visitor
15. Family Nurse
16. School Nurse
17. General Practitioners
18. Emergency Departments
19. GP Out of Hours Services
20. Scottish Ambulance Service
21. NHS 24
22. Community pharmacy services
23. Dental care practitioners
24. Mental health services
25. Addiction services

26. Adult healthcare providers
27. Other health services
28. Local authority children and families social work
29. Social work justice services
30. Adult health and social care services
31. Learning disability services
32. Third Sector
33. Young carers services
34. National Carer Organisations
35. Children's hearings system
36. Crown Office and Procurator Fiscal Services
37. Carers looking after children away from home
38. Social housing
39. Private landlords
40. Community safety services
41. Scottish Prison Service
42. Scottish Fire and Rescue Service (SFRS)
43. Faith organisations
44. The defence community
45. Culture and leisure services
46. Sport organisations and clubs

Hyperlink: [National Guidance: Single-Agency responsibility for child protection: 2.45 to 2.180](#)

The National Guidance has the following Practice Insights.

1. Inter-agency referral discussion (IRD) and progression to Joint Investigative Interview (JII) 1
2. Joint chronologies common approach 6
3. Pre-birth assessment, early support and planning 9
4. Early support in pre-birth child protection, using family group decision making 13
5. Domestic abuse informed practice in child protection 17
6. Contextual safeguarding 23
7. Safeguarding and child sexual exploitation 27
8. Familial child sexual abuse 33
9. Equal protection, child protection and cultural competence 40
10. Disabled children and child protection investigative interviews 47
11. Child protection in transitions to adult life and services for disabled children 53
12. Supporting parents with learning/intellectual disabilities 57
13. Understanding a child's journey and keeping the child at the centre of decision making 61.
14. Assessing parental capacity to change 66
15. Identifying and addressing neglect: applying the Graded Care Profile 71
16. Addressing Neglect and Enhancing Wellbeing (ANEW) 75
17. Child participation: sharing a child's protection plan with a child 84



18. Participation and engagement 88

Hyperlink: [National Guidance: Practice Insights](#)

Appendix 2- Legislation

Legislation for Children and Child Protection

- [Child Poverty \(Scotland\) Act 2017](#)
- [Children \(Scotland\) Act 2020](#)
- [Limitation \(Childhood Abuse\) \(Scotland\) Act 2017](#)
- [The Age of Legal Capacity \(Scotland\) Act 1991](#)
- [The Children \(Scotland\) Act 1995](#)
- [The Children and Young People \(Scotland\) Act 1937](#)
- [The Children and Young People \(Scotland\) Act 2014](#)
- [The Children's Hearings \(Scotland\) Act 2011](#)
- [The Human Trafficking and Exploitation \(Scotland\) Act 2015](#)
- [The Looked After Children \(Scotland\) Regulations 2009](#)
- [The Prohibition of Female Genital Mutilation \(Scotland\) Act 2005](#)
- [The Protection from Abuse \(Scotland\) Act 2001](#)
- [The Protection of Children \(Scotland\) Act 2003](#)
- [Domestic Abuse \(Scotland\) Act 2018](#)
- [The Protection of Children and Prevention of Sexual Offences \(Scotland\) Act 2005](#)
- [The Social Work \(Scotland\) Act 1968](#)
- [Children \(Equal Protection from Assault\) \(Scotland\) Act 2019](#)

- [Female Genital Mutilation \(Protection and Guidance\) \(Scotland\) Act 2020](#)
- [Equalities and General Protective Legislation](#)
- [Abusive Behaviour and Sexual Harm \(Scotland\) Act 2016](#)
- [United Nations Convention on the Rights of the Child \(Incorporation\)\(Scotland\) Bill \(passed 16 March 2021 and due to come into force six months after Royal Assent\)](#)
- [Domestic Abuse \(Scotland\) Act 2018](#)
- [The Adult Support and Protection \(Scotland\) Act 2007](#)
- [The Domestic Abuse \(Scotland\) Act 2011](#)
- [The Equality Act 2006](#)
- [The Equality Act 2010](#)
- [The Forced Marriage \(Protection and Jurisdiction\) \(Scotland\) Act 2011](#)
- [The Human Rights Act 1998](#)
- [The Protection of Vulnerable Groups \(Scotland\) Act 2007](#)
- [The Vulnerable Witnesses \(Scotland\) Act 2004](#)
- [Victims and Witnesses \(Scotland\) Act 2014](#)
- [Age of Criminal Responsibility \(Scotland\) Act 2019](#)
- [Forensic Medical Services \(Victims of Sexual Offences\) \(Scotland\) Act 2021](#)

Education Legislation

- [The Education \(Scotland\) Act 1980](#)
- [Education \(Additional Support for Learning\) \(Scotland\) Act 2009](#)



Other Relevant Legislation

- [Carers \(Scotland\) Act](#)
- [Data Protection - General Data Protection Regulations 2018](#)
- [Mental Health \(Scotland\) Act 2015](#)
- [The Antisocial Behaviour \(Scotland\) Act 2004](#)
- [The Asylum and Immigration \(Treatment of Claimants, etc.\) Act 2004](#)
- [The Education \(Additional Support for Learning\) \(Scotland\) Act 2004](#)
- [The Freedom of Information \(Scotland\) Act 2002](#)
- [The Housing \(Scotland\) Act 1987](#)
- [The Housing \(Scotland\) Act 2001](#)
- [The Local Government in Scotland Act 2003](#)
- [The Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)

Criminal Justice Legislation

- [Criminal Justice \(Scotland\) Act 2016](#)
- [Police and Fire Reform \(Scotland\) Act 2012](#)
- [Sexual Offences \(Procedure and Evidence\) \(Scotland\) Act 2002](#)
- [The Criminal Justice \(Scotland\) Act 2003](#)
- [The Criminal Justice and Licensing \(Scotland\) Act 2010](#)
- [The Criminal Procedure \(Scotland\) Act 1995](#)
- [The Management of Offenders etc \(Scotland\) Act 2005](#)
- [The Serious Crime Act 2015](#)
- [The Sex Offenders Act 1997](#)

- [The Sexual Offences \(Scotland\) Act 2009](#)

Appendix 3 - Guidance, Research, Publications

.....for Children and Child Protection

- [Information Sharing On behalf of Judith Ainsley, Head of Child Protection, Scottish Government 25/05/2018](#)
- [Scottish Government \(2021\): National Guidance for Child Protection in Scotland - Protecting](#)
- [Scottish Government \(2012\): National Child Protection Risk Assessment Framework – Useful Toolkit for Practitioners](#)
- [Scottish Government \(2014\): National Guidance for Child Protection in Scotland – Protecting Disabled Children From Abuse and Neglect – OnLine Toolkit](#)
- [Barnardo’s Scotland \(2015\): Unprotected, Overprotected: Meeting the Needs of Young People with Learning Disabilities who experience, or are at risk of, Sexual Exploitation](#)
- [Pre-Birth Assessment Tool Kit Suffolk SCB](#)
- [UN Convention on the Rights of the Child \(UNCRC\)European Convention on Human Rights \(ECHR\)](#)
- [Scottish Government \(2012\): National Risk Framework to Support the Assessment of Children and Young People](#)
- [Scottish Government Guidance \(2011\) on Joint Investigative Interviewing of Child Witnesses in Scotland](#)
- [The national Institute of Child Health and Human Development \(NICDH\) Protocol Interview Guide](#)
- [Scottish Government \(April 2013\): Getting our Priorities Right: Updated Good Practice Guidance](#)
- [Scottish Government \(2013\): Inter-Agency Guidance for Child Trafficking](#)
- [Scottish Government \(2017\): Trafficking and Exploitation Strategy](#)
- [Scottish Government \(2014\): Scotland's National Action Plan to tackle Child Sexual Exploitation](#)



- [Scottish Government \(2017\): National Action Plan on Internet Safety for Children and Young People](#)
- [Scottish Government \(2017\): National Missing Persons Framework for Scotland](#)
- [Care Inspectorate \(2015\): Inspecting and improving care and social work in Scotland: Findings from the Care Inspectorate 2011 - 2014](#)
- [improve care in Scotland 2017 - Care Inspectorate](#)
- [Care Inspectorate: 2014: A report on the effectiveness of child protection arrangements across Scotland](#)
- [Getting it Right for Every Child \(GIRFEC\)](#)
- [Head and Spinal Injuries in Children – Core Information NSPCC](#)
- [Neglect or Emotional Abuse in Children Aged 5-14 years - Core Information NSPCC](#)
- [Neglect or Emotional Abuse in teenagers aged 13-18 years – Core Information NSPCC](#)
- [Emotional Neglect and Emotional Abuse in Pre School Children – Core Information NSPCC](#)
- [Looking After Infant Mental Health in Scotland - NSPCC](#)

.....Equalities and General Protective

- [Scottish Government \(2016\): Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence Against Women and Girls \(VAWG\)](#)
- [UN Convention on the Rights of the Child \(UNCRC\)European Convention on Human Rights \(ECHR\)](#)

.....Criminal and Community Justice

- [Scottish Government \(2008\): The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem](#)





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