



FIFE CHILD PROTECTION COMMITTEE

getting
it right
for every child

Fife Child Protection Committee Inter-agency Guidelines 2010 (Interim)

Fife Child Protection Committee



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FOREWORD

Child Protection is everybody's job.....it's our job.

This statement confirms that if we want to protect children and young people in Fife, all individuals and services have a contribution to make.

In Fife leadership and direction on child protection matters is provided by Fife Chief Officers' Public Safety Group (COPS). Fife Child Protection Committee (CPC) is a multi-agency forum responsible for the development, co-ordination and review of child protection inter-agency policy and practice across Fife. CPC is responsible for ensuring that child protection activity complies with national and local standards, and aims to promote better outcomes for children and young people, embracing the principles of Getting it Right for Every Child (GIRFEC). The CPC reports directly to the COPS group.

The CPC has produced these guidelines to inform and support practitioners from all agencies who are tasked with protecting children and young people who may be at risk of harm. The CPC provides a clear framework for action for all those who are involved with the protection of children and young people and promotes inter-agency practice to protect children and young people.

These guidelines complement operational procedures that are held within each individual agency and to which staff must refer when responding to child protection concerns.

Accurate and comprehensive assessments of children and young people's circumstances demand full access to relevant information held by all professionals who are involved with vulnerable children and young people. Fife CPC promotes and supports the sharing of information across agencies in order to protect children and young people, respond effectively to those who may be at risk of harm and improve outcomes for all children and young people in Fife.

The nature of child protection work is stressful. Staff require to be supported to develop skills and knowledge to make them confident and competent practitioners. Raising confidence and competence will allow complex and difficult decisions to be made which will increase the likelihood of better outcomes for children and young people. The CPC is committed to supporting and providing both single and inter-agency training to support these outcomes.

If you are concerned that a child or young person may have been harmed or may be at risk of harm, it is essential that you share your concerns. You do not need to have enough information to be sure that a child has been abused or neglected.

These guidelines describe the process for raising a concern and outlines the duties, responsibilities and authority of particular agencies in response to child care concerns. They reflect the shared commitment of all public service agencies and the Voluntary Sector in Fife to the protection of children and young people to work together effectively to minimise the risk to children and young people and promote their welfare and well-being.

We as the Chief Officers confirm our personal commitment and the commitment of the agencies we represent to seek continuous improvement and ongoing self-evaluation of services that reduce the risk of harm to children and young people living in Fife.

Ronnie Hinds
Chief Executive
Fife Council

Norma Graham
Chief Constable
Fife Constabulary

George Brechin
Chief Executive
Fife NHS Board

January 2010

Contents

Part 1

Page 5	Introduction
Page 6	Section 1 Policy Statement
Page 7	Section 2 Roles and Responsibilities
Page 14	Section 3 Definitions of Abuse
Page 18	Section 4 Recognition of Abuse
Page 27	Section 5 Referral, Initial Assessment and Investigation
Page 33	Section 6 Child Protection Case Conferences
Page 40	Section 7 Child Protection Register
Page 43	Section 8 Special Circumstances:
	8.1 Children and young people with sexually inappropriate or harmful behaviours
	8.2 Adults who hold a position of trust
	8.3 Child abuse and information technology
	8.4 Children and young people with additional support needs
	8.5 Children and young people from black and minority ethnic groups
	8.6 Commercial sexual exploitation of children and young people
	8.7 Female genital mutilation
	8.8 Young runaways
	8.9 Missing children and young people
	8.10 Children and young people who may be at risk of being groomed for sexual abuse
	8.11 Adult disclosure of historical child abuse
	8.12 Abusers living in the same household as a child
	8.13 Child protection links to Multi-Agency Public Protection Arrangements (MAPPA)
	8.14 Significant Case Reviews
Page 57	Section 9 Individual Agency Procedures

Part 2 - Appendices

Page 58	Appendix A Important Contacts and Telephone Numbers
Page 61	Appendix B Legislation and Legal Definitions
Page 70	Appendix C National Guidance
Page 71	Appendix D Health Guidance
Page 75	Appendix E Armed Forces Guidance
Page 78	Appendix F Criminal Injuries Compensation Authority
Page 79	Appendix G Information Sharing Guidance
Page 82	Appendix H IRD Practitioners Flow Chart

Part 1

Introduction

These guidelines have been developed to help staff recognise and respond effectively to situations involving children and young people who have been harmed or may be at risk of harm. They contain the core information required by all agencies and are intended to advise and complement their individual agency guidance.

An integrated approach is key to the prevention, investigation and management of children and young people deemed to be at risk. Children and young people who have been harmed or may be at risk of harm are entitled to have their needs met in the most comprehensive sense. While the core business of the Fife CPC remains 'Child Protection', the values and principles underpinning the Getting It Right for Every Child agenda provides a common platform for practitioners and professionals to work with children and young people. Meeting the holistic needs of vulnerable children and young people is dependent on partnership working, and these guidelines outline the respective roles and responsibilities of individual agencies. They reflect the principle that all children and young people have a right to be protected from harm and that professionals across the agencies are tasked with the responsibility of promoting this in line with Protecting Children and Young People: Children's Charter and Framework for Standards.

The guidelines are produced in accordance with legislation and national guidance, including:

1. The Children (Scotland) Act 1995
2. Child Death Inquiry Reports and Significant Case Reviews
3. The UN Convention on the Rights of the Child
4. Protecting Children - A Shared Responsibility – Guidance on Inter-Agency Co-operation 1998
5. The Human Rights Act 1998
6. The Data Protection Act 1998
7. "It's Everyone's Job to make sure I'm alright": Report of the Child Protection Audit and Review 2002
8. "Getting it Right for Every Child": Scottish Executive 2004
9. Vulnerable Children and Young People Guidance 2003
10. The Sexual Offences Act 2003
11. Getting our Priorities Right 2003
12. Prohibition of Female Genital Mutilation (Scotland) Act 2005
13. Protecting Children and Young People: Children's Charter, Framework for Standards and Child Protection Committees 2004
14. How well do we Protect Children and Meet their Needs 2009

1 Policy Statement

All children and young people have the right to be protected from abuse and exploitation.

All policies, guidelines, and procedures relating to children and young people in Fife will reflect the principle that the welfare of the child or young person is the paramount consideration, and that any actions taken will be child-centred and in their best interests. These policies, guidelines and procedures will be updated as required and reviewed regularly.

All children and young people are entitled to grow up in a safe environment within their own families wherever possible.

All children and young people have the right to be listened to and taken seriously and for their wishes and feelings to be considered.

Parents have the responsibility and the right to provide the appropriate emotional and physical care for their children and young people except in exceptional circumstances.

All workers in Fife have a fundamental duty of care to children and young people. All agencies will work in an open and collaborative way, including the appropriate sharing of information, so that children and young people in Fife will get the help they need when they need it.

Agencies will identify the risks children and young people face and provide support in the short and long-term to children and young people who have been harmed or who may be at risk of being harmed without prejudice.

Partnership working with children and young people and their parents/carers will be promoted.

All child protection practice will be carried out in accordance with these guidelines and must adhere to the principle of responding to the needs of **all** children and young people without prejudice.

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2 Roles and Responsibilities

2.1 Chief Officers' Public Safety Group

The Chief Officers' Public Safety Group (COPS) is comprised of the highest level Officers (CEO NHS Fife, CEO Fife Council, CC Fife Constabulary, Authority Reporter) across all the agencies who are involved in Child Protection Services. This group provides leadership, direction and accountability and ensures collective responsibility and collaborative working at all levels to ensure improved outcomes for children and young people. The Fife Child Protection Committee (CPC) reports on its work to the COPS Group which meets on a bi-monthly basis.

2.2 Child Protection Committee (CPC)

The CPC is the primary strategic planning mechanism for inter-agency child protection work in the Fife area. To function effectively it collaborates with other planning structures, linking closely to integrated children's services planning and community planning.

Key agencies in Fife commit to representation and active participation at a sufficiently senior level to ensure that the CPC can effectively discharge its obligations in respect of policy and practice in child protection issues.

2.3 Getting it Right in Fife (GIRIF) Group

The Getting it Right in Fife Group (GIRIF) replaces the Children's Services Group (CSG) and is a top-level multi-agency group aiming to improve the outcomes for children and young people in Fife by providing leadership to achieve enhanced integrated children's services.

To do this, the GIRIF group will:

- Implement *Getting it Right for Every Child (GIRFEC)* in Fife, ensuring services work together to deliver improvements on nationally and locally agreed outcomes
- Promote and oversee planning, collective improvement and integration of children's services in Fife
- Target services to prevent greatest risk and in pursuit of equalities
- Improve the safety and well-being of vulnerable children by working in close partnership with Fife CPC to ensure full integration between GIRIF and Child Protection at all levels
- Develop and implement the Integrated Children's Services Plan (ICSP)

2.4 Social Work Services

The Social Work Service is committed to the principle of promoting children and young people's right to be brought up in a safe and secure environment where their welfare will always be the paramount consideration. Social Work will support and encourage children and young people to remain within their birth family wherever possible provided this is consistent with the best interests of the child or young person.

The Social Work Service will always take seriously any information received regarding

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the welfare of a child or young person. Action taken will be proportionate, informed and sympathetic, and in the best interests of the child. In all aspects of child protection the Social Work Service is committed to working closely with other agencies.

Under the Children (Scotland) Act 1995, the Social Work Service has a legal responsibility to enquire into the circumstances of children and young people who may require compulsory measures of supervision, who may have been abused or be at risk of being abused, and to take all reasonable measures to protect them from further harm. This responsibility extends to all children and young people, whether they are in the community with their parents, in the care of others or being looked after by the local authority.

These measures include referring concerns about the child or young person to the Children's Reporter where there is reason to believe that the child or young person may be in need of compulsory measures of supervision. In every case, the Service actively seeks to involve parents, carers, and where appropriate, the child, in discussions and decisions that may affect their lives, and also to consult with other professions and agencies to whom the family may be known.

The responsibilities of Fife Council's Social Work Service upon receipt of a child concern referral shall include: the investigation, identification and assessment of risk and abuse. This may require the monitoring and support of children and young people at risk of abuse; the provision of support and therapeutic help to enable children and young people and families to overcome the effects of abuse; and work with children and young people who display sexually inappropriate or harmful behaviours. **See Section 8.1 for further details.**

The Service also has a statutory responsibility for supervising convicted offenders who are subject to community based sentences, such as probation and community service, or who are subject to statutory supervision on release from prison. The Service provides, on a voluntary or compulsory basis, advice, guidance and assistance to people who request it following release from custody. The Social Work Service will also work with partner agencies in the process of joint assessment and management of risk from offenders who pose a serious risk to the public. This will be conducted through the Multi-Agency Public Protection Arrangements (MAPPA).

Children and Families and Criminal Justice are a joint service within Social Work, ensuring close liaison between staff working with children and young people and those working with offenders.

2.5 Police

Fife Constabulary is committed to a policy of co-operation with its partner agencies to ensure that all investigations are proportionate and carried out in a sensitive, sympathetic and victim-centred manner. A co-ordinated response will be based on consultation and information-sharing. The investigation may involve joint interviews by a Police Officer and a Social Worker as part of a multi-disciplinary assessment. Police Officers carrying out this role are based at the Family Protection Unit (FPU) and are specially trained in joint interview protocols.

When a medical examination is necessary for evidential purposes, the unit can call upon the expertise of appropriately trained NHS Fife staff and the police Forensic Medical Examiner (FME). This joint working addresses both legal and welfare issues, and is intended to provide the best service for victims and families.

Whenever there is a suspicion that a crime or offence has been committed, the police should be contacted immediately so that an investigation can be commenced. The police also investigate adult disclosures of historical child abuse and deal with these matters in a professional and sympathetic way, assisting victims to cope with these traumatic incidents. The police will also refer victims to the appropriate agencies who will provide support and counselling.

The FPU is the central point of contact for the Force in relation to invitations for police attendance at Child Protection Case Conferences.

Domestic abuse is a serious crime and is often linked to instances of child abuse. Within the FPU dedicated and trained police officers are available, along with a support worker and social work staff, to provide a readily accessible sympathetic support service for all victims of domestic abuse.

The responsibilities of the FPU, upon receipt of a child concern referral will include the identification and investigation of any potential criminal offences who the victim(s) may be and any potential offender. Police staff will engage with partners by implementing an Inter-Agency Referral Discussion and plan for a joint investigation when that is appropriate. They will also liaise with the local Procurator Fiscal to discuss the evaluation of evidence and the progress of serious cases. Police will always contribute with relevant information sharing to a continuing joint risk assessment and Child's Plan.

2.6 Children's Reporter

Under Section 56 of the Children (Scotland) Act 1995, the Children's Reporter is required to investigate referrals received, which can originate from individuals or services. Upon receipt of a referral, the Children's Reporter will investigate the facts to establish whether these are sufficient to frame grounds of referral for consideration by a Children's Hearing. This involves requesting reports on incidents and/or taking statements from witnesses in order to gather evidence on the abuse, which may be physical neglect, emotional abuse, physical injury or sexual abuse.

Where there is sufficient evidence, the Children's Reporter will decide whether there are grounds for compulsory measures of supervision. The Children's Hearing will decide if compulsory measures of supervision are required, or alternative voluntary supervision, a warning or advice is required. Where grounds are denied at a Children's Hearing, the Children's Reporter refers to the Sheriff for a decision on grounds.

2.7 Education

The Education Service has a range of roles in relation to child protection. First, through curricular activities and experiences designed to achieve the outcomes of the Health and Wellbeing curricular area of Curriculum for Excellence. These aim to develop the emotional, social and physical well-being of individual pupils and explore ways in which they can keep themselves and others safe from harm. One of the four priorities within the Children's Rights Strategy in Fife attempts to ensure that all children and young people are aware of their rights as individuals through curricular activities.

Second, to support children and young people who are victims, recognising that to be free of threat or risk is a prerequisite to effective development and learning. This role will almost always involve co-operation with other agencies. All suspicions and

allegations of abuse will be taken seriously and responded to promptly.

Third, to identify children and young people who may be victims of abuse. In this role school staff need to be aware of signs and symptoms of abuse. They should observe carefully the behaviour and demeanour of children and young people and, when approached, take time to listen. Any concern or suspicions the teacher might have, no matter how trivial they may seem at the time, should be recorded on the Education Service's Care and Welfare form, and given to the Child Protection Co-ordinator for the school. This form is placed in a dedicated file held by the Child Protection Co-ordinator. Where a specific concern is noted as a child protection issue the Child Protection Co-ordinator will take the appropriate action, i.e. contact either Social Work Service or Family Protection Unit (Police) and follow this up in writing by completing the Child Concern Referral Form, put appropriate support for the pupil in place and record any action taken.

To enable schools to fulfil these roles, each school should have two designated members of staff for child protection issues i.e. a Child Protection Co-ordinator and a Depute Co-ordinator. The Child Protection Co-ordinator is usually a senior promoted member of staff and will be appropriately trained. Every school has a copy of the Education Service's Care and Welfare Guidance, and receives regular updates on procedures and practice.

Integrated Community Schools

Integrated Community Schools staff work with vulnerable children, young people and their families who are experiencing difficulties at home, in school or in the local community. Integration Managers work in partnership in their local areas to develop integrated services for children and young people most at risk.

In addition to supporting children, families and schools where a referral has been made, ICS staff have a role to play in identifying, monitoring and supporting young people where any care and welfare issue is suspected. This is done in collaboration with the other agencies involved, eg Child Protection Co-ordinators in schools, Social Workers, etc with whom information will be shared appropriately.

2.7.1 Independent Education Sector

The independent education sector should ensure that child protection policies and procedures, which reflect Fife Child Protection Inter-Agency Guidelines, are in place in all independent schools. Staff should be supported and enabled to respond appropriately to children and young people who have been harmed or may be at risk of harm. Training and development opportunities should be developed to ensure that staff are apprised of their responsibilities in promoting the well-being of children and young people. The independent sector should ensure that all schools have a designated Child Protection Co-ordinator with a particular responsibility for ensuring effective links with all appropriate agencies across Fife.

2.8 NHS

NHS Fife is committed to promoting and protecting the health and welfare of all children and young people in Fife through the provision of universal healthcare services. The principle of information sharing and inter-agency working underpins clinical practice around child welfare and staff have clear responsibilities in this regard.

Greenfield Clinic provides a specialist child protection service offering comprehensive clinical and forensic assessment of children and young people considered at risk of harm or abuse. Collaboration with partner agencies is an essential element of the Inter-Agency Referral Discussion (IRD) process with Social Work and the Police, in response to child concern referrals. Children, young people and their families will be supported appropriately by a range of services including specialist psychological, paediatric and community health care.

For detailed guidance in respect of specific health groupings, refer to **Appendix D**.

2.9 Housing and Communities

Housing and Communities covers a wide range of universally available services for Fife residents and includes Housing and Neighbourhood Services, Local and Community Services and, Leisure and Cultural Services.

Housing and Communities recognises that the welfare of all children and young people is paramount, irrespective of gender, racial origin, religion or disability.

Housing and Communities staff and volunteers provide services which may involve regular direct contact with children and young people of all ages. Staff will take all reasonable steps to protect children and young people from harm and abuse, and will respect their rights at all times.

All suspicions and allegations of abuse will be taken seriously and responded to promptly. Staff have received training in helping them to recognise the main forms of abuse and in the appropriate procedures for reporting concerns and contributing to child protection plans.

These Services play some specific roles in relation to child protection which include the following:

- The Council has a statutory responsibility to house children and young people. Housing applicants with children and young people may be given priority because of their potential vulnerability. Other priorities include young people over the age of 16 for whom the Council has a duty of care and who may need accommodation and support to maintain their tenancy.
- A range of housing accommodation and related support services is available, which provides for assistance to children, young people and families. Fife Council, registered social landlords, housing associations and a number of voluntary sector organisations all offer a range of responses to the needs of families, children and young people.
- Housing Officers and Local Services Advisors engage with parents/carers, children and young people in a variety of circumstances, including their homes, for example, through their responsibilities for addressing homelessness; resettlement; tenancy issues; anti-social behaviour and racial harassment; the provision of housing and housing support services to young people.

Housing and Communities staff also work closely with a wide range of trusts, voluntary and independent organisations in the delivery of services. The service will promote dialogue, training and good practice to ensure that any such groups employ child protection procedures in keeping with the principles outlined above.

2.10 Procurator Fiscal

The Procurator Fiscal Service is responsible for the day-to-day prosecution of crime in Scotland.

The Procurator Fiscal is an independent public prosecutor who receives and considers reports of crimes and offences from the Police and other agencies and decides whether or not to take criminal proceedings in the public interest. The Procurator Fiscal also investigates sudden deaths, suspicious fires and complaints of criminal conduct by Police Officers.

The Crown Office is the departmental headquarters of the Procurator Fiscal Service and provides the secretariat for the Scottish Law Officers. Crown Counsel are based there. Crown Counsel advise and instruct Procurators Fiscal on serious cases and on issues of particular complexity or sensitivity. They spend much of their time prosecuting cases in High Court sittings around the country as well as appearing for the Crown in the Appeal Court. The Lord Advocate and Solicitor General are the Law Officers.

The Procurator Fiscal has a duty to:

- consider the terms of reports provided by the police and other agencies and to instruct them to make appropriate enquiries
- consider whether criminal proceedings are appropriate and if so to consider how they should be prosecuted, taking account of all of the circumstances of the offence and the offender
- liaise with the Children's Reporter

It is possible that the Procurator Fiscal, or a precognition officer acting on his/her behalf, will interview a child witness in advance of prosecution in relation to serious charges. This interview is known as a precognition. Its purpose is to establish what evidence a child or young person is able to give, whether the child or young person is capable of giving evidence in court, and to consider whether application should be made to the court to allow the child or young person to give evidence behind a screen, by live closed circuit television link or by a commission appointed by the court to take the evidence of the child or young person recorded by video recorder under the special provisions of the Criminal Procedure (Scotland) Act 1995 for the evidence of children and young people. The Judge considers the application, and having applied the criteria set out in the 1995 Act decides whether an application for the child or young person to give evidence in this way is to be granted.

2.11 Cases involving HM Forces Families

Family life in the armed forces is different to that in civilian life. The Forces control the movement of families in relation to service commitments, and families often endure long periods of separation, without extended family support. Local authorities and their partners in the Police and NHS have primary responsibility for the care and protection of children and young people, however, when a family becomes subject to child protection enquiries, these differences should be taken into account and consideration given to how the Service Authority may be able to assist in the process. Each service has its own welfare organisation, which supports service families. It is important that the Service Authorities are involved and made fully aware of any child or young person who may be at risk of harm.

The Service Authorities will co-operate with statutory agencies and support service families where child abuse or neglect occurs or is suspected. The information held on families is an important part of the assessment and review of child protection cases. Procedures exist in all the services overseas to register and monitor the protection of children and young people at risk and the usual rules of confidentiality are observed. **See Appendix E for further details.**

2.12 Voluntary Sector

The voluntary sector in Fife plays an important role in supporting children and young people and families. Fife Voluntary Sector Children's Forum brings together agencies with a common interest in services for children and young people and has a strong child protection focus.

In the interests of protecting children and young people, each voluntary organisation should have a clear Child Protection Policy detailing its procedures, which should be linked to these Guidelines. If an organisation has a concern in relation to the safety or well-being of a child or young person the Social Work Service or the Police should be contacted as soon as possible.

Voluntary organisations have a responsibility to provide support and access to training. All workers and volunteers should be made aware of their own organisation's Child Protection Policy and of these multi-agency guidelines.

Fife's statutory agencies will work in partnership with the voluntary sector, in order to promote good practice, share professional issues and engage in cross-sector training.

2.13 Local Community

The Child Protection Committee recognises that members of the public have a vital role in keeping children and young people safe. The community as a whole has responsibility for the well-being of children and young people. All citizens should remain alert to circumstances in which children and young people may be harmed. Individuals can assist the statutory agencies by bringing cases to their attention. Relatives, friends and neighbours of children and young people are particularly well placed to do so, but they must know what to do if they are concerned. **See Section 5.1 Making a Referral.**

Because of the difficult and sensitive nature of the situation, people must be confident that any information they provide will be treated in a sensitive way and used only to protect the interest of the child. They should know that early action on their part is often the best way of helping a family stay together as well as protecting the child.

Anyone who has concerns about the safety or welfare of any child or young person can contact any of the agencies listed in Appendix A or can access further information on the Fife child protection website (www.fifechildprotection.org.uk).

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3 Definitions of Abuse¹

3.1 Introduction

All forms of child abuse involve the elements of a power imbalance, exploitation, and the absence of true consent, whether they concern acts of commission or acts of omission. The abuse of children and young people can take many forms; children and young people can be subjected to more than one form of abuse at a time; and different children and young people in a family may be abused in different ways.

A comprehensive, multi-disciplinary assessment is needed to fully determine the extent of the abuse or risk of abuse to a child or young person. No single agency has a monopoly in the identification and management of child abuse. Agencies must work together in considering known medical, educational, legal and psycho-social factors, as well as the known facts about an allegation, in order to assess the level of risk and arrive at appropriate decisions.

The following are the standard categories used in Scotland for the recording and classification of abuse. Although these are presented as discrete definitions, in practice there can be overlap and interaction between categories, and the abuse experienced by a child or young person may not always fit neatly into one category. Children and young people may be assessed and registered as at risk in more than one category at any time, and categories of risk may change over time.

3.2 Abuse and Neglect

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

To define an act or omission as abusive and/or presenting future risk for the purpose of registration a number of elements must be taken into account. These include demonstrable or predictable harm to the child which must have been avoidable because of action or inaction by the parent or other carer.”

3.3 Physical Injury

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

Physical injury may include a serious incident or a series of minor incidents involving bruising, fractures, scratches, burns or scalds; deliberate poisoning; attempted drowning or smothering; fabricated and induced illness (previously known as Munchausen Syndrome by Proxy); physical chastisement deemed to be unreasonable; and serious risk of actual injuries resulting from parental lifestyle prior to birth, for example, substance misuse or domestic violence.

¹ Protecting Children: A Shared Responsibility, Guidance on Inter-Agency Co-operation, 1998
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3.4 Sexual Abuse

“Any child below the age of 16 may be deemed to have been sexually abused when any person(s), by design or neglect, exploits the child, directly or indirectly, in any activity intended to lead to the sexual arousal or other forms of gratification of that person or any other person(s) including organised networks. This definition holds whether or not there has been genital contact and whether or not the child is said to have initiated or consented to the behaviour.”

Sexual abuse may include activities such as incest, rape, sodomy or intercourse with children and young people; lewd or libidinous practices or behaviour towards children and young people; indecent assault of children and young people; taking indecent photographs of children and young people or encouraging children and young people to become prostitutes or witness sexual behaviour or pornographic materials.

3.4.1 Sexual Exploitation

“Any involvement of a child or young person below 18 in a sexual activity for which remuneration in cash or in kind is given to the child or young person or a third party or persons. The perpetrator will have power over the child by virtue of one or more of the following – age, emotional maturity, gender, physical strength or intellect.”

Activities involving sexual exploitation, particularly involving a young person, may be indicated by the presence of one or more of the following characteristics: lack of informed consent; inequalities in terms of chronological age, developmental stage or size; actual, threatened or implied coercion.

3.5 Non-Organic Failure to Thrive

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

A child's growth and development may suffer when he/she receives insufficient food, love, warmth, care and concern, praise and encouragement or stimulation. When a medical explanation cannot be found this is called non-organic failure to thrive.

3.6 Emotional Abuse

“Failure to provide for the child's basic emotional needs such as to have a severe effect on the behaviour and development of the child.”

This may include situations where, as a result of persistent behaviour by the parent(s) or care giver(s), children and young people are rejected, denigrated or scapegoated; inappropriately punished; denied opportunities for exploration, play and socialisation appropriate to their stage of development or encouraged to engage in antisocial behaviour; put in a state of terror or extreme anxiety by the use of threats or practices designed to intimidate them; isolated from normal social experiences, preventing the child or other family members from forming friendships.

Children and young people who are left on their own for long periods, are under-stimulated or suffer sensory deprivation, especially in infancy; who do not experience adequate nurturing; or who are subject to a large number of care givers, may also come into this category.

Sustained or repeated abuse of this type is likely, in the longer term, to result in failures or disruptions of development of personality and inability to form secure relationships, and may additionally have an effect on intellectual development and educational attainment.

3.7 Physical Neglect

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

Physical neglect may also include a failure to secure appropriate medical treatment for the child or young person, or when an adult carer persistently pursues or allows the child or young person to follow a lifestyle inappropriate to the child or young person's developmental needs or which jeopardises the child or young person's health.

3.8 Definition of Commonly Used Terms:

3.8.1 ‘Child’

A child in Scotland is defined as anyone below the age of 16. However, child protection guidelines may apply to young adults up to the age of 18 if they are subject to a Children's Hearing supervision requirement, or are looked after by the local authority. The guidelines may also be applied in respect of young people between 16 and 18 years who are particularly vulnerable, perhaps as a result of disability. For the purposes of Human Trafficking, a child is any person under 18 years of age.

3.8.2 ‘Parent’

A parent is defined as any person who has parental responsibilities in relation to a child. A mother has full parental responsibilities and rights. A father has parental responsibilities and rights¹ if he was married to the mother at conception or subsequently, if he is registered as the child's father, or if he has acquired them in terms of the Children (Scotland) Act 1995. These guidelines include other adults who may have substantial or regular care of the child. These adults have a duty of care, if not parental responsibilities under the law. Examples include childminders, adults living with the child as partner of the parent or relatives caring for the child over a holiday period.

3.8.3 ‘Threshold of Risk’

The focus at the initial stage of an investigation is of an assessment of whether abuse has occurred and of the degree of risk to which a child may be subject. Child protection case conferences focus on assessing the extent of future risk and whether this is sufficient to require registration. The threshold of risk is the level beyond which a child is believed to be likely to suffer significant harm. Once this threshold is exceeded, the

¹ Family Law (Scotland) Act 2006 provides rights and responsibilities for unmarried fathers
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child's name should be placed on the Child Protection Register and an inter-agency protection plan agreed and implemented. The definition of this threshold is a complex matter requiring thorough assessment of all relevant issues. It relies on high quality professional evaluation and judgement.

3.8.4 'Significant Harm'

The concept of significant harm is similarly complex, and depends on professional judgement of a child's individual and family circumstances. Significant harm can arise as a result of a specific incident, a series of incidents, or as a result of cumulative concerns that have arisen over a period of time. In any assessment of significant harm the central focus must be the child's needs and circumstances, rather than an evaluation of the alleged abusive behaviour.

“The harm that the child must be suffering or threatened with is serious harm of a not minor, transient or superficial nature. It may be physical or emotional. The Act gives little guidance as to how serious this harm need be but it is submitted that, since the aim of the Act is to protect the child's welfare, harm will be significant only when it is clearly more serious than the potential trauma removal from home will almost inevitably cause a child”

(Professor K. Norrie: Commentary on Children (Scotland) Act 1995, Section 57)

When assessing whether a child or young person is at risk of significant harm the following must be considered:

- the seriousness of the concerns (actual or potential) particularly in terms of harm to the child or young person
- the level of risk to the future safety, development and welfare of the child or young person
- the level of professional confidence either that abuse has occurred and is likely to be repeated, or that the child or young person is at risk of abuse
- the most effective form of intervention to address the child or young person's needs

The following factors must also be considered:

- the duration of the abuse and its severity
- the actual or potential effect on the child's or young person's health, development and welfare
- the background circumstances including the age of the child or young person, the level of the child's understanding
- parental attitude and willingness to co-operate
- the presence of other factors that may offer protection to the child or young person, for example the presence of supportive extended family living nearby
- the child or young person's reactions and views which illustrate their personal resilience.

4 Recognition of Child Abuse

4.1 Signs and Symptoms

4.1.1 Alerting Signs

This section is intended to help all professionals who come into contact with children and young people. It should not be considered as a comprehensive or definitive list, and the presence of one or more factors does not prove that child abuse has occurred. It is likely, however, to indicate that careful investigation should take place.

4.1.2 Presentation

Parental responses known from research and experience to suggest a cause for concern include:

- an unexpected delay in seeking treatment or treatment sought at an inappropriate time
- a lack of awareness or denial of any injury
- incompatible and inconsistent explanations for injuries, or explanations that are improbable due to the child's age or stage of development (NB the child and/or other members of the family may support the explanations however improbable)
- a reluctance to give information or failure to mention previous injuries known to have occurred; conversely some parents may be over compliant in their responses
- frequent attendances of the child or young person at Accident and Emergency Departments
- frequent presentation of minor injuries that may represent "a cry for help", which if ignored may lead to more serious injury; attention may be sought for other problems unrelated to the injury
- unrealistic expectations on the child or young person or constant complaints about the child; parents may show a violent reaction to a child's behaviour
- consent for further medical investigation refused
- parents are under the influence of alcohol or drugs, or cannot be found
- parents ask for the child or young person to be removed from home or indicate difficulties coping with the child or young person
- child or young person is present/has witnessed/has been drawn into a domestic abuse incident

4.2 Physical Injury

This section is particularly relevant to doctors, but also offers a lay person's guide to the more common injuries found in cases of child abuse. Some injuries may seem insignificant by themselves, but repeated injuries, even of a very minor nature, especially in a baby or young child may be symptomatic of child abuse and, if no action is taken, the child may be more seriously injured. It is however important to remember that injuries may have occurred for reasons other than deliberate harm and genuine accidental injuries are common.

4.2.1 Bruises

- petechial haemorrhage (pinpoint blood spots) on the face and neck can indicate a serious shaking injury or constriction
- bruised eyes, particularly suspicious if both eyes are bruised (most accidents cause only one), if the lids are swollen and tender, and if there is no bruising to the forehead or nose; blood seeping down from an injury above, e.g. a skull fracture can also cause bruised eyes; in these cases there will be little lid swelling
- bruising in or around the mouth (especially in small babies where it can indicate forced feeding)
- finger marks from prodding or grasping (e.g. 3 – 4 small bruises may be seen on one side of the face and one on the other)
- bruising on the ears, including behind the ear (may be due to pinching or cuffing)
- a direct impression or outline bruising (e.g. belt marks, hand prints)
- linear bruising (especially on the buttocks or back)
- bruising on soft tissue with no obvious explanation
- bruises of different ages

Most falls or accidents produce one bruise on a single surface, usually on a bony protuberance. A child who falls downstairs generally has only one or two bruises. Accidental bruising is usually on the front of the body as children and young people generally fall forwards. In addition, there may be marks on their hands if they have tried to break their fall.

Uncommon sites for accidental bruising are:

- the back of the legs or the buttocks (except occasionally along the bony protuberances of the spine)
- mouth/cheeks/behind the ear
- stomach or chest
- under the arm
- genital/perineal area

4.2.2 Fractures

Fractures should be suspected if there is pain, swelling and discoloration over a bone or joint. The most common non-accidental injuries are to the long bones (e.g. arms, legs, ribs). It is very rare for a child under one year to sustain a fracture accidentally.

Fractures normally cause pain and it is difficult for a parent to be unaware that a child has been hurt. Injuries that should raise concerns include:

- any fracture which does not have a **clear** accidental history
- a vague history of "must have hit her/his head on the cot bars" or maybe "falling downstairs"
- additional unsuspected fractures often of varying ages of the ribs, long bones and skull may be revealed on x-ray

4.2.3 Mouth

A tear to the frenula of the lips and tongue often indicates force feeding of a baby. There is often finger bruising on the cheeks or in and around the mouth. In addition there may be linear grazing on the palate. A blow to the face may cause frenula injuries to an older child.

4.2.4 Bites

Bites can leave clear impressions of marks of individual teeth, or sometimes a more general crescent shape mark. Human bites are oval or crescent shaped. If the distance is more than 3cm across, an adult or older child with permanent teeth may have caused them.

4.2.5 Burns and Scalds

It can be very difficult to distinguish between accidental and non-accidental burns, but as a general rule burns or scalds with clear outlines are suspicious, e.g. a glove or sock effect. So are burns of uniform depth over a large area. Also splash marks above the main scald area (caused by hot liquid being thrown).

Remember:

A responsible adult checks the temperature of the bath before a child gets in.

A child is unlikely to sit down voluntarily in too hot a bath, and cannot scald his/her bottom accidentally without also scalding his/her feet.

A child getting into too hot water of its own accord will struggle to get out again and there will be splash marks.

Small round burns may be cigarette burns (but may be friction burns and accidental, if along the bony protuberances of the spine). It is sometimes difficult to differentiate between impetigo and cigarette burns, but generally impetigo is multiple and spreads evenly during early stages of treatment. Cigarette burns tend to have a characteristically dark thick base.

4.2.6 Scars

Many children and young people have scars. Notice should be taken of an exceptionally large number, particularly of different ages and if accompanied by current bruising. Unusually shaped scars (e.g. old cigarette burns) or large scars (indicating burns that did not receive treatment) should be given careful assessment.

4.2.7 Shaken Baby Syndrome

Shaken Baby Syndrome is a collective term for the internal head injuries a baby or young child sustains from being violently shaken. It is a descriptive term of how injuries may have occurred and not a medical diagnosis. Violent shaking can cause a range of serious injuries to a baby or small child, which are often fatal. These injuries are mainly to the head but there may also be injuries to the body. Symptoms can include one or more of the following:

- Lethargy
- Irritability
- Abnormal movements or seizures
- Drowsiness
- Vomiting
- Poor feeding
- Irregular breathing
- Apnoea (stopping breathing)

4.3 Physical Neglect

Signs of possible physical neglect are:

- constant hunger
- poor personal hygiene
- constant tiredness
- poor state of clothing
- frequent lateness and/or unexplained non-attendance at school
- untreated medical problems
- low self-esteem
- poor peer relationships
- excessive passivity

4.4 Non-Organic Failure to Thrive (growth failing to meet the potential expected for age)

Factors affecting a diagnosis may include inappropriate relationships between the care giver(s) and child, especially at meal times, for instance the persistent withholding of food as punishment and the insufficiency and/or unsuitability of the food for the child. In its chronic form, non-organic failure to thrive can result in greater susceptibility to more serious childhood illnesses, reduction in stature and, in young children particularly, the results may be life threatening over a relatively short period.

When children and young people who are suffering from non-organic failure to thrive are placed in a different environment, e.g. hospital or foster care, they sometimes show rapid and dramatic improvement, both physically and developmentally.

Height and weight centile charts are crucial for the diagnosis of neglect and failure to thrive, as well as failure to seek medical attention. A medical diagnosis is essential in all cases of suspected non organic failure to thrive, also known as 'Faltering Growth'.

4.5 Sexual Abuse

Sexual abuse is now known to be more common than was previously recognised. Boys and girls of all ages can be victims. Perpetrators may be male or female, may range

from the very young to the very old, but most commonly are known to their victims. Abuse within a family is rarely an isolated event; it sometimes lasts for months and years and may involve more than one child. Perpetrators often 'groom' children and young people, for example by offering positive attention and treats. Perpetrators of sexual abuse may target vulnerable children and young people and families and may seek out work or recreational situations where they have access to children and young people.

Victims may disclose their situation to adults in whom they have confidence and rarely fantasise or make up stories of sexual abuse. Children and young people's allegations should always be taken seriously and thoroughly investigated. However, not all children and young people are able to tell others they have been abused and changes in behaviour may be a signal that something has happened.

The signs that follow are general indicators that the child or young person may be troubled though not necessarily about a sexual assault. The child or young person may have some of these problems or none at all. It is the combination, frequency and duration of signs that will indicate a possible problem. All changes in usual behaviour should be considered.

It is important to remember that in sexual assault there may well be no physical or behavioural signs.

4.5.1 Signs of Possible Sexual Abuse

Behavioural

- lack of trust in adults or over familiarity with adults
- fear of a particular individual
- social isolation - withdrawal and introversion or poor relationships
- sleep disturbance (nightmares, irrational fears, bed-wetting, fear of sleeping alone, needing a nightlight)
- running away from home
- girls taking over the mothering role
- reluctance or refusal to participate in physical activity or to change clothes for activities
- low self-esteem
- drug, alcohol or solvent abuse
- stealing
- inappropriate sexual behaviour, e.g. in play, compulsive masturbation or 'French kissing'
- display of sexual knowledge beyond child's years
- unusual interest in the genitals of adults or children and young people or animals
- fear of bathrooms, showers, closed doors
- abnormal sexualised drawing
- fear of medical examination
- developmental regression
- psychosomatic factors, e.g. recurrent abdominal pain or headache

Physical/Medical

- bruises, scratches, bite marks to the thighs or genital areas
- itching, soreness, discharge, unexplained bleeding from the rectum, vagina or penis
- pain on passing urine or recurrent urinary infection
- stained underwear/unusual genital odour
- anxiety/depression
- eating disorder, e.g. anorexia nervosa or bulimia
- discomfort/difficulty in walking or sitting
- pregnancy - particularly when reluctant to name the father
- venereal disease/sexually transmitted diseases
- soiling or wetting in children and young people previously trained
- self-mutilation/suicide attempts

4.6 Emotional Abuse

Emotional abuse can exist in the absence of physical ill-treatment. A child's need for love, security, encouragement, praise and stimulation when unmet, can have a serious and sometimes irreparable effect on the child's development. Parents may be hostile, rejecting, indifferent, or inconsistent and unpredictable in their response to their child.

In some families, one particular child may be singled out for such treatment and siblings encouraged to scapegoat their abused brother or sister. Some children and young people may have to carry the burden of many tasks in the home, inappropriate to their age and status.

Some parents emotionally abuse their children and young people by being seriously over-protective and possessive to the extent of preventing normal social contact and activity with friends. This may extend to refusing to allow their children and young people to attend school, or reluctance on the part of the child to attend.

Emotional abuse is difficult to evaluate, and where it is suspected, it is advantageous to obtain psychological and psychiatric opinion as part of the assessment.

4.6.1 Signs of possible emotional abuse

- low self-esteem
- continual self-deprecation
- sudden speech and language difficulties
- significant decline in concentration
- socio-emotional immaturity
- head banging or 'rocking'
- self-mutilation

- compulsive stealing (often from parents/carers/teachers)
- extremes of passivity or aggression
- running away
- indiscriminate friendliness

4.7 Other Risk Factors

4.7.1 Domestic Abuse

Domestic abuse as (as gender based abuse) can be perpetrated by partners or ex-partners and can include:

- physical abuse (assault and physical attack involving a range of behaviour);
- sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape; and
- mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family and friends (Scottish Executive 2000).

Although domestic abuse primarily involves adult victims, it also has a significant impact on children and young people living in the household. In addition to the emotional impact of living in an atmosphere of violence, there is also evidence to suggest that those who abuse their partners may also abuse their children, or force them to participate in the abuse of the other parent. Children and young people living with domestic abuse may suffer from stress-related illnesses and conditions, and experience feelings of guilt, shame, anger, fear and helplessness.

In Fife last year 2008/9, the Family Protection Unit had 3955 incidents of domestic abuse reported to them, a further increase of 5.5% from the previous year. Domestic abuse is the reason for around one third of non-offence cause for concern reports. There is a very high incidence of repeat victimisation which means children are likely to be repeatedly exposed to domestic abuse within their family.

Many children living with domestic abuse face ongoing and serious difficulties including increased risk of developing mental health problems and are recognised by the Scottish Government as a priority group for service provision. In 90% of incidents, children and young people are in the same or next room and a third of children intervene during domestic abuse incidents. 40% to 60% of children whose mother is abused are also directly abused by the perpetrator

Agencies should ensure that their staff are aware of the links between child abuse and domestic abuse and about their role and responsibilities. The most effective intervention may be to support the non abusing parent. Some children might require additional support to aid their recovery from the impact of the abuse

Fife Domestic and Sexual Abuse Partnership (FDASAP) develops Fife's strategy in relation to domestic abuse including voluntary and statutory sectors. For further information about FDASAP see **contact details in Appendix A.**

4.7.2 Children Affected by Parental Substance Misuse (CAPSM)

Many children and young people are affected by parental drug and alcohol use in Scotland. The then Scottish Executive guidance "Getting Our Priorities Right" (2003) outlines the expectations on a range of agencies in respect of referral, information-sharing and service provision for families where parents or carers misuse substances including alcohol. This has been further supported by the Hidden Harm report¹.

All agencies providing a service for substance misusing adults should:

- ensure that staff understand the impact of parental or carer drug misuse on children and young people, and are able to identify children and young people who may be at risk of harm (whether from abuse or neglect) as a result of parental drug misuse, or from associates of drug misusing parents
- adopt policies that ensure child protection issues are considered as an integrated part of each assessment undertaken by the agency
- establish procedures to ensure that local children and young people's services are informed of:
 - a) any concerns that a child cared for by their service users may be at risk of harm or neglect
 - b) the potential need of children and young people cared for by their service users for additional family support
- ensure that staff are aware of and can help parents access services designed to support parents in caring for their children

All practitioners should be aware that the needs of the child must take precedence over the need of the substance-misusing adult.

Fife Alcohol and Drug Partnership in conjunction with Fife CPC have produced a practitioner's guide to providing an 'Early Response to Children Affected by Parental Substance Misuse' which was launched on 9th December 2009. The purpose of the guide is to support and enable practitioners

- to identify early signs and act quickly to provide an early response that is appropriate, timely and proportionate to the child's needs.
- to enhance multi-agency working.

The focus is firmly on **early action**, before any problem escalates, and reinforcing the message to all practitioners that '**doing nothing is not an option**'.

4.7.3. Children Left Unattended

There is often considerable uncertainty surrounding the legal position in Scotland about children left unattended. The factual position is that leaving children unattended is **not** an offence in itself. There is no actual designated age limit below which it becomes an offence. It must be recognised, however, that any child left under the age of 16 in charge of a child younger than that age is not held to be in proper care of that younger child and any adult who leaves children in these circumstances will be held accountable.

¹ "Hidden Harm" – Report of the UK's Advisory Council on the Misuse of Drugs (ACMD) (2003)
"child protection is everyone's job It's our job"
www.fifechildprotection.org.uk

To constitute an offence there needs to be evidence of a real likelihood of suffering or likely injury to health. It is a vital and essential part of childhood and maturation that children are occasionally left unattended in circumstances that would not ordinarily give cause for concern. Factors which would be decisive in evaluating the degree of risk would include the age of the child, the time of the day, the existence of obvious hazards and frequency of such occurrences. Actions taken should be proportionate to assessed risk.

4.7.4 Fabricated and Induced Illness (previously known as Munchausen's Syndrome by Proxy)

Fabricated and induced illness, previously known as Munchausen's Syndrome by Proxy is described as:

- a parent or someone who is in a position of childcare fabricating or inducing illness in a child
- interfering with treatment
- presenting the child for medical assessment and care, usually persistently, often resulting in multiple medical procedures
- denying the causes of the child's illness

Acute symptoms and signs of illness cease when the child is separated from the perpetrator. Children and young people affected may present with a variety of symptoms, some of which may seem bizarre, including:

- seizures - including, in small babies, apnoeic cyanotic episodes caused by partial suffocation
- bleeding disorders - especially haematuria and haematemesis
- rashes - usually caused by direct skin trauma
- unexplained fevers
- alleged psychological illness in a child

The perpetrator is often the mother. The mother in 20% of cases may have a history herself of fabricated and induced illness.

This syndrome is extremely complex and difficult to diagnose. Investigation must be thorough and well planned, to avoid further unnecessary trauma to the child. Medical and psychiatric advice should be sought when managing all such cases.

5 Referral, Initial Assessment and Investigation

5.1 Making a Referral

All practitioners working with children and young people and their families should be familiar with their own agency's practice and procedure with regard to recognition and referral of cases of suspected child abuse.

All cases of suspected or alleged child abuse should be referred either to the Social Work Service or the Police. Outwith normal working hours all child protection referrals should be made to the Social Work Emergency Out of Hours Service or the Police. **See contact details in Appendix A.**

A common Child Concern Referral Form for use by all agencies and individuals in Fife is being developed for the purpose of recording details of concerns. The Child Concern Referral Form (CCRF) should be completed wherever possible and submitted in accordance with the accompanying guidance. Until the CCRF is fully implemented agencies should use their current forms and follow their internal guidance.

Confidentiality is an important issue for children and young people, parents and professionals. Children and young people and parents may wish to raise or share concerns, but may be fearful of setting in train a sequence of events which will have far reaching and unwanted consequences. They may seek an assurance of confidentiality before expressing their concerns. Practitioners in all agencies should explain that, whilst every effort will be made to respect confidentiality, if concerns arise about a child's wellbeing, it may be necessary for that information to be passed on to the appropriate authorities. The child's best interests will be paramount. Staff should at all times be sensitive to the family's cultural and ethnic background.

5.1.1 Anonymous Referrals

As with any child protection referral, anonymous allegations will be treated seriously and investigated appropriately.

Anyone receiving an anonymous telephone call about a concern for the wellbeing of a child should try to obtain the caller's details. If this is impossible, full details of the allegation/concern should be recorded carefully in writing. Callers should be encouraged to be as specific as possible.

No anonymous caller should be discouraged from sharing the information he/she has about a child, nor should any pressure be applied that could lead to the caller refusing to provide information. The protection of children and young people is paramount and it is more important to secure this protection than to identify an anonymous caller.

No false guarantees should be given about ensuring the anonymity of the person making the allegation, although callers should be told when and to whom their identity may be disclosed. The caller should be made aware that it is possible that their identity may be revealed in the course of any subsequent police investigation/court case. It may also be the case that the family about whom allegations are made will have strong suspicions about the identity of the referrer, particularly in circumstances where there have been disputes with neighbours.

Guidance on Information Sharing has been produced for all practitioners and managers who may be concerned about a child or young person's welfare. This guidance can be found at **Appendix G**.

Anyone who has reasonable cause to believe that a child requires compulsory measures of supervision may make a referral to the Children's Reporter. It is the Reporter's responsibility to determine if further investigation of the child's circumstances is required and if so make such enquiries as deemed appropriate.

5.2 Inter-Agency Referral Discussion (IRD)

Throughout Fife, practitioners in all public, private and voluntary sector services and agencies must know what to do if they are worried about a child.

If the receiving agency, Social Work or Police, has sufficient concerns that a child is possibly at risk of significant harm they can initiate the Inter-Agency Referral Discussion (IRD) Process described below.

In Fife the three core agencies engaged in the IRD process are Fife Council Social Work Service, Fife Constabulary and NHS Fife (Greenfield Clinic).

Inter – Agency Referral Discussion (IRD) Process

The IRD is the first stage in the process of joint investigation following a referral to the Social Work Service or the Police. It will include a need to share and exchange information, to carry out assessment and to make decisions to determine any risks to the child, any siblings of that child and any other child related to the child in question. It will also identify key workers and their specific roles and responsibilities.

In practice, an IRD is not a single event, but rather a series of discussions between the three core agencies and any other service and/or agency which may be involved with the child and/or have relevant information relating to that child.

An IRD is normally a virtual/electronic sharing and exchange of information, but can, on occasion, be a face-to-face discussion in more complex cases. It can include information received by telephone, e-mail or fax.

Initial Assessment (Social Work)

Where appropriate and agreed by the Inter-Agency Referral Discussion process, the Social Work Service will make enquiries and carry out assessments without the involvement of the Police.

Joint Child Protection Investigations

In normal circumstances, an IRD will take place before any joint child protection investigation proceeds. Joint Investigations will not be delayed simply because an IRD cannot take place immediately between all three core agencies.

Interviews of children and young people are undertaken jointly by a Police Officer and Social Worker. These joint investigative interviews will be carried out by social work and police staff who have been properly trained and accredited to national level in carrying out Joint Investigative Interviews (JIIT). Guidance is being prepared nationally to introduce visual and audio-recording of these joint investigative interviews. Interviews of

any suspected abuser are normally undertaken by Police personnel only. The Police role is primarily to collect evidence of an offence, interview suspected abusers, charge where appropriate, and provide reports for both the Procurator Fiscal and the Children's Reporter. The primary role of the Social Worker is to assess risk to the child, take any necessary steps to secure the protection of the child and provide appropriate advice and assistance to the family.

Feedback

Feedback will be provided to the person and/or the service/agency that made the referral in the first place. The person making the referral is also encouraged to seek feedback for themselves. Those providing feedback will ensure that it is recorded in case files.

A Practitioner's Flow Chart showing the IRD process and outcomes is attached at Appendix H

5.3 Sharing and Recording

There will be an expectation on the part of those practitioners who participate in an IRD that each service/agency will thoroughly research their own information and recording systems, including all electronic databases and/or paper systems to enable effective decision making to take place.

Those practitioners who take part in an IRD will be responsible for recording all the agreed decisions made and outcomes within their own service/agency systems.

IRD participants will also be responsible for sharing relevant information and decisions with staff in their own services/agencies who '*need to know*' and where it is in the best interests of a child or young person to do so.

Wherever possible, all IRD decisions should be made on the basis of agreement and consensus between all participants and will be noted. However, where agreement and consensus cannot be achieved, then the views of the majority will be taken and noted. Any disagreements/dissent which cannot be resolved will be noted and discussed with the participants' respective Line Managers/Supervisors. The agency that initially receives the referral will be responsible for the completion of the IRD form and the distribution of the completed form to the other core agencies. A copy of the agreed IRD form will be held in Social Work, Police and Health files.

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

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

5.4 Consent of Child and Parents/Carers

Sensitivity to the needs of children and their families must always be shown when undertaking child protection work. Children and their carers are entitled to expect an honest approach, to be provided with explanations for actions or decisions taken and be given the opportunity to express their views.

It is the responsibility of the Police and the Social Workers carrying out the investigation to:

- arrange for the relevant parent/carer, and child if appropriate, to be informed of a referral alleging child protection concerns
- obtain their consent for any interviewing
- ensure that parents are aware that their consent will normally be required for any medical examination of their child
- ensure that interpreters and/or translators are used when required
- ensure that the religious/cultural upbringing of the child and family are taken into consideration when decisions are being made.

NB: It is the responsibility of the medical practitioner to ensure that consent is obtained for the medical examination of the child.

Parental consent will be obtained unless:

- the child is mature enough to give his/her own consent taking into consideration the Age of Legal Capacity (Scotland) Act 1991
- to do so would seriously impede the criminal investigation
- to do so would significantly increase the risk of immediate harm to the child

5.5 Medical Examination (Police/NHS)

Medical examination of children and young people suspected of being victims of sexual or physical abuse will be undertaken only where this is deemed necessary and in the best interest of the child.

There will be other occasions where investigation raises concerns about neglect or failure to thrive and in these cases too, medical examinations may be required.

It is recognised that such examination may be traumatic for the child and carers. In all cases efforts will be made to reduce this trauma by informing and consulting the child and carers on reasons for, and process of, medical examinations, using interpreters where appropriate.

When in the child's best interests, a medical examination will be considered in order to:

- a) secure appropriate medical assessment and treatment for injuries or other conditions arising as a result of possible sexual or physical abuse, neglect or failure to thrive

- b) secure information for a Police or Social Work investigation where a medical assessment of the child's condition may be later used as evidence in court (at criminal or civil level) or as part of an assessment of risk to a child (for example at child protection case conference); the need to secure evidence will not override the best interests of the child

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

For children and young people not deemed to have the capacity to consent, parental consent will be required unless other steps have been taken (such as by direction of a Child Assessment Order granted by a Sheriff) to obtain legal authority to dispense with parental consent.

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

For detailed information relating to arrangements for medical examinations see relevant single agency procedures.

5.6 Emergency Protection

Child Protection Order

In circumstances where there are reasonable grounds to believe that a child is suffering or will suffer significant harm and where a voluntary arrangement cannot be made with the parent/carer it may be necessary to apply to the Sheriff for a Child Protection Order to protect the child from further harm.

Under Section 57(1) of the Children (Scotland) Act 1995 any person, including a local authority, can apply to the local Sheriff for a Child Protection Order. In applying for a Child Protection Order under this section the court must have reasonable cause to believe that the child is suffering or will suffer significant harm.

A local authority can also apply to a Sheriff for a Child Protection Order under Section 57(2) of the Act if there is reasonable cause to believe that its enquiries are being frustrated by being denied access to the child. Although any person is entitled to apply under Section 57(1), in instances of abuse coming to the attention of agencies involved in child protection, standard practice will be for the Social Work Service, supported by the Council's Legal Service to make the application.

A Child Protection Order can:

- require the child to be produced
- authorise removal to, and retention of the child in, a place of safety
- prevent removal of the child from the place he or she is currently accommodated in
- provide that the child's location be kept secret

A child who is the subject of a Child Protection Order is a "looked after child". This means the local authority has a duty to take account of the child's views and those of his/her parents before making decisions, take account of his/her religion and culture, safeguard and promote his/her welfare and promote contact between the child and his/her parents where this is in the child's interests.

In circumstances where a Sheriff is not readily available to hear an application, a Justice of the Peace may authorise a child's removal to, or keeping in, a place of safety. A Police Officer is also empowered to do so if circumstances warrant such action. In both these cases, consent is granted only up to a maximum of 24 hours and any extension requires an application to be made for a Child Protection Order. If there has been no immediate application to the Sheriff for variation or recall of the Order, a Children's Hearing will meet on the second working day after the Child Protection Order is implemented and decide whether to continue it.

Child Assessment Order and Exclusion Order

The local authority can also apply to the Sheriff Court for a Child Assessment Order or an Exclusion Order. In both these cases the emphasis is not on necessarily removing the child from his/her home. In the former the emphasis is on multi-disciplinary assessment and investigation in cases where it seems that the authority is being actively prevented from seeing the child. In the latter the emphasis is on securing the exclusion of the alleged perpetrator from the child's home for up to six months. However, it should be noted that in both these applications, the Sheriff is empowered to grant a Child Protection Order instead if he/she considers that conditions for doing so are satisfied and believes this to be in the child's best interests.

A Child Assessment Order is intended to allow local authorities to undertake preliminary investigation and assessment where they have suspicions of neglect or abuse and are being prevented access to the child. It is not intended for cases where the child is thought to be at immediate risk.

Child Protection Orders, Child Assessment Orders and Exclusion Orders are explained in more detail under the Legislative and Legal Definitions in **Appendix B**.

6 Child Protection Case Conferences

6.1 Definition, Criteria and Function

6.1.1 Definition

A child protection case conference is a multi-agency meeting at which information relevant to concerns about abuse, or risk of abuse, is shared and considered, and decisions made regarding the future protection of children and young people.

Child protection case conferences play a key role in the management of child abuse and it is crucial that all case conferences – whether initial or review – are given the highest priority by personnel in the respective agencies involved in child protection.

6.1.2 Criteria for arranging Child Protection Case Conferences

A child protection case conference will be arranged following a child protection investigation or an initial assessment indicating concern, where:

- it appears there may be risks to child(ren) within a household
- there is a need to share and assess information
- there is a need to clarify and confirm the risks and level of risk to each child in the household
- there is a need to consider formulating a multi-agency child protection and family support plan, referred to as the Child's Plan, and to clarify the roles and tasks of key agency personnel
- there is a need to consider whether the child(ren)'s name(s) need to be placed on Fife's Child Protection Register

These criteria are linked to the functions of child protection case conferences below.

6.1.3 Function of Child Protection Case Conferences

- to share information: medical, psychological, social and educational
- to identify risks to the child in respect of specific identifiable dangers to their health, well-being or development
- to discuss the potential risks to each child in the household, regardless of who is the original focus of the conference; decisions about registration and de-registration should be made in respect of every child in the household
- to ensure that the child or young person and their family are active participants or, if inappropriate, that their views are known and taken into consideration at the conference
- to identify key agency personnel involved with a child and family, clarify roles and tasks and formulate an inter-agency Child's Plan
- to decide whether or not to place the child's name on the Child Protection Register, or to retain or remove the child's name

- to consider the use of compulsory measures of supervision and whether it is appropriate to refer the child to the Children's Reporter
- to notify other agencies if a child moves to another area
- to set a date for reviewing and monitoring conference decisions; the first review to be held within 3 months of the initial conference and thereafter at a maximum of 6 monthly intervals

6.2 Convening and Timing

A child protection case conference will be convened following an initial child protection investigation or assessment. The need for a conference will be based on consideration of information gathered from all sources during the course of the initial investigation or assessment and on the criteria listed above.

Any agency may request that an initial or review child protection case conference be convened. The Social Work Service is responsible for responding to such requests. Such requests for conferences from other agencies should be confirmed in writing to the relevant Social Work Team Manager. The Team Manager will act to arrange a conference unless there are clear reasons why such action is deemed inappropriate and such reasons have been discussed with the appropriate Service Manager. The reasons will be put in writing to the person making the request.

Initial child protection case conferences will be arranged within 10 working days of the completion of an investigation or an initial assessment of concerns.

The first Child Protection review case conference will take place three months after the initial case conference. Subsequent review case conferences will take place 6 monthly. Early reviews can be called if circumstances dictate.

Children can be placed on the Temporary Register in exceptional circumstances e.g. children who are subject to Child Protection Orders (CPOs) or are resident in the area on a short-term basis.

6.3 Guidance on the decision to call an Initial Child Protection Case Conference

6.3.1 Nature of Concern(s)

In each case, the nature of the alleged or potential abuse should be specified in terms of the five categories of abuse defined in Section 3 of these guidelines. In some instances, a combination of types of abuse will be evident or suspected. Serious concerns may arise from a culmination of factors which, if they occurred in isolation, might not cause the same degree of concern. At times it may be appropriate to acknowledge repeated concerns about a child where each referral has, in itself, been insufficient to warrant action.

Pre-birth conferences can be convened where there is evidence that any of the categories of abuse set out above may exist at the birth of the child, for example where other children and young people in the family are considered to be or to have been at risk in the past, or where parental abilities may be limited or impaired.

Where the Social Work Service has information that a person convicted of an offence against a child (known as a Schedule 1 Offender) may have contact with children and young people, an assessment of risk will be undertaken.

For children or young people under 16 years who are displaying problematic sexual behaviours, including those who are alleged to have abused other persons, a child protection case conference is likely to be the appropriate mechanism for considering risks to these children or young people. The risks involved might include:

- concerns of physical abuse from within the family or wider community
- the risk of the child or young person being or becoming a victim of sexual abuse themselves
- the risk of emotional abuse from those caring for the child as a result of their problematic behaviours

Any child displaying such problematic sexual behaviours should be referred to the Child Support Service (part of the Public Protection Team) (**see Section 8.1**) following which plans will be put in place to assess and address any risks posed by the child's behaviour. Other children and young people deemed at risk could themselves become subject of a case conference should the situation demand.

6.3.2 Assessment and Level of Risk to the Child

In fulfilling its statutory responsibility to investigate allegations of child abuse, the Social Work Service will actively seek information, comment and advice from other agencies who have knowledge of the child/family in order to ensure a full, multi-agency assessment.

The assessment of risk and/or potential risk is central to the child protection investigation. In all cases, the type and degree of risk must be assessed and this will be the single most important consideration in determining what, if any, action is to be taken.

The level of risk will be assessed on the basis of the civil standard of proof i.e. "the balance of probabilities". It will not be possible to establish "fact" or "guilt" through an investigation. Workers will make a professional judgement based on the gathering of available information and a thorough assessment.

Evidence of abuse is not the sole factor to be considered in the course of an investigation. The assessment process will also take account of the resilience of individual children and protective factors around them, for example:

- the age of the child and his/her ability to protect him/herself
- the child's response, e.g. is the child anxious or frightened about a possible repetition of abuse and what does the child want to happen?
- the family response, e.g. do they accept responsibility and do they believe the child?
- the person responsible for the abuse: how close is his/her relationship to the child and what is the likelihood of further contact?
- how serious was the abuse?
- what support/protection is in place for the child?

6.3.3 Young Persons Significant Risk Advisory Group (YPSRAG)

There are a small number of young people whose behaviour is such that they are at high risk of causing serious harm. They pose risks which require to be managed through careful, comprehensive planning based on close co-operation between key service providers. They may already have care plans, formulated in other planning forums.

The Young Person's Significant Risk Advisory Group (YPSRAG) is not intended to replace any of these forums. It exists to ensure that there is an appropriate plan in place to monitor cases of particular concern with the aim of protecting public safety while fulfilling the local authority's responsibilities in relation to the welfare of the young people concerned.

The primary focus of the YPSRAG is to provide an agreed multi-agency consensus for the assessment and management of young people who pose a significant risk of harm to others. It will also address community safety issues in individual cases of high risk young people.

The YPSRAG reviews the work identified in the risk management plan for individual young people.

Primary Tasks of The Young Person's Significant Risk Advisory Group

- Oversee the development of an overall risk assessment and management framework for young people in Fife.
- Flag up to key agencies the young people who are at high risk of offending and harm to others.
- Ensure that there is an appropriate risk assessment undertaken and shared with all relevant agencies.
- Share information in a multi-agency forum about the level of risk of harm posed by the young person.
- Identify the nature of this harm.
- Check that there is an appropriate multi-agency response to the young person's behaviour, taking account of both public safety issues and the needs of the individual young person.
- Make recommendations about any action necessary, including contingencies, as part of a risk management plan.
- Decide on the need to review the level of risk and the risk management plan in light of changes in circumstances or behaviour.

6.4 Attendance at Child Protection Case Conferences

6.4.1 Invitations to Attend Child Protection Case Conferences

Invitations will be extended to the child (unless this is felt to be inappropriate), the child's parents, the social worker and social work team manager and all other agency personnel who can contribute to the assessment of risk and to the future plan of action.

Invitations may be sent to any of the following:

Child	Foster carers
Parents	Carer (if not parent or foster carer)
Investigating social worker	Link social worker (for foster carers)
Allocated social worker	Residential unit staff
Team Manager	Parents' legal representative
Reporter	Child's legal representative
Senior nurse practitioner	Addiction Services
Health visitor	Child and family psychiatrist
General practitioner	Psychologist
Police	Childminder
Community paediatrician	Voluntary organisation representative
School/nursery representative	Housing Providers
Hospital paediatrician	Occupational therapist
Police Forensic Medical Examiner	Local Services Network
Community Learning Development staff	Advocacy Worker
School Nurse	

The presence of observers should only be agreed in exceptional circumstances and must be approved beforehand by the chairperson, with the consent of the child and parents, if present.

Invitations will be issued as early as possible for initial child protection case conferences. For review case conferences all attendees at the initial case conference will receive a reminder to attend 3 weeks prior to the review date. Any additional services or individuals identified as having a necessary interest or involvement in the continued care of the child or young person will also be invited at this time. With the aim of achieving the best possible outcome for the child or young person, practitioners should consider personal attendance at the case conference as a priority.

6.4.2 Attendance by Parents/Carers

Parents/carers will generally be invited to attend all conferences. Parents/carers must be given sufficient notice of the date of the conference, **which should be arranged at a time convenient for them to attend**. A member of staff should be identified to explain the process in advance and advise the parents/carers regarding their effective involvement in the conference. They should be given a leaflet to explain the conference aims, objectives and procedures. They will be given copies of the relevant reports submitted to the conference. All the reports should be returned to the chairperson at the end of the conference, with the exception of the Social Work report which can be retained by the parents/carers. Parents may be assisted by the presence of a support person of their choosing or an Appropriate Adult if required.

Parents/carers who have allegedly abused their children should also be invited to attend all conferences unless there are specific reasons why they should be excluded. For example:

- where the need for legal proceedings is clear before the conference and attendance of parents/carers may prejudice their legal position (e.g. bail conditions or police enquiry still continuing)
- where the attendance of parents/carers might seriously disrupt the conduct of the conference

Any objection regarding parent/carer participation should be raised with the chairperson prior to the commencement of the conference. The chairperson will decide whether a degree of exclusion is appropriate. If the chairperson decides to exclude the parent/carer, the reason must be clearly recorded in the minute of the conference. Should the parent/carer not find the explanation acceptable, they should be given the opportunity to discuss the matter with the chairperson at a suitable time. If they remain dissatisfied with the response, they should be advised how to pursue their complaint through the Service's complaints procedure.

The best interests of the child must remain the objective focus of a conference and care must be taken not to allow the parents'/carers' needs to override those of the child.

Parents will not be invited to child protection case conferences (or may be asked to leave) if it is thought that their presence is not in the child's best interests or may prejudice the conduct of the meeting.

6.4.3 Children's Attendance at Child Protection Case Conferences

Children and young people should be invited to attend all or part of the conference, if they are able to understand the purpose of the conference and if the chairperson considers this to be in their best interests.

Prior to the conference, children and young people should be given an information leaflet and offered support from a member of Social Work staff, advocate or some other trusted person identified by the child or young person to assist them in understanding the purpose and process of the conference. Fife Children's Rights Service (FCRS) works closely with the Social Work Service to ensure that all children aged 8 and above have access to advocacy at initial case conference and if appropriate at subsequent reviews. The Social Worker reviewing service notify FCRS of all relevant children and thereafter FCRS will liaise with the Social Worker and family regarding the most appropriate means of advocacy.

6.5 Inter-Agency Child's Plan

When the conference decides to place a child's name on the Child Protection Register, a plan must be agreed by the conference to reduce the risk to the child and provide support to the family.

Individual points of the child's plan should be listed and numbered and clarity ensured about the roles and responsibilities of the various people involved in the plan, including agency staff and family members. There may be circumstances (e.g. where the child is looked after or there continues to be significant identified needs) where such a plan is set out for the protection of the child and to provide support for the family, but where the child's name is not placed on the register. (Further detailed guidance on this is contained within the Social Work Service's single agency guidance.)

6.6 Core Groups

6.6.1 Function, Criteria and Purpose

Core Groups provide an important mechanism to ensure a co-ordinated approach to the protection of a child.

A Core Group should be set up in all cases where a decision has been reached to place a child on the Child Protection Register. Core Groups are likely to be particularly helpful in circumstances where there are a large number of people involved or the child's situation is complex, the risks are high, the child's carers are not committed to the plan or conflict exists between carers and professionals.

The primary purpose of the group is the implementation of the child's plan.

6.6.2 Setting up a Core Group

The minute of the initial child protection case conference will record the decision to establish a Core Group, its membership, its purpose/tasks, its chairperson and date of the first meeting.

6.6.3 Arrangements

Core Group meetings will normally be held monthly and chaired by the responsible Social Work Team Manager or Senior/Experienced Practitioner. The meetings will be attended by the child's parents, other significant adults in the child's life (when appropriate) and all professionals responsible for carrying out tasks identified in the child's plan.

Only in exceptional circumstances, where Core Group members have strong reasons to believe that it would not be in the child's best interests, will parents be less than fully involved. In these cases, the parents will be given a copy of the minute of the meeting at which this decision was taken.

6.7 Role of Keyworker

A keyworker will be nominated within the child's plan to co-ordinate the agreed tasks. Any changes in the child/family's circumstances should be communicated to the keyworker who will take necessary action, including convening an early review. In most cases the keyworker will be a member of Social Work staff, although staff from other key agencies may be nominated as keyworker.

6.8 Case Conference Reports and Minutes

Agencies involved with a child/young person should provide written reports for a child protection case conference. Reports, where possible, should be submitted in advance to the chairperson. All reports are confidential and copies will be returned to the chairperson at the end of the meeting, with the exception of Social Work reports which may be retained by the families. Staff providing reports should share their contents with the parents, and children and young people attending the conference. Social Work reports should be submitted to the chairperson prior to the meeting. Agencies should advise the conference of any records within their agency, which exist on that child or family. In the

event that a professional cannot attend the conference, but submits a report, the substance of the report should be discussed, considered and minuted.

Every child protection case conference must be recorded. Minutes should be completed within seven working days of the meeting and distributed to the relevant participants. Parents will normally receive a copy of the full minutes unless there is a specific reason not to do so (e.g. in respect of third party information), in which case parents should be informed in writing of the conference decisions and their implications.

The chairperson should ensure that participants' contributions clearly distinguish between fact, observation, allegation and opinion, and that these distinctions are reflected in the conference minutes.

7 The Child Protection Register

7.1 Purpose of the Register

The Child Protection Register provides a list of names of vulnerable children and young people for whom there is an ongoing need for protection by means of an inter-agency Child's Plan.

The Register also provides useful statistical information that can contribute to inter-agency strategic planning for children and to the Integrated Children's Services Plan.

7.2 Status of the Register

There are no statutory provisions relating to Child Protection Registers. They are maintained by all Scottish local authorities in accordance with current Scottish Government guidance. Here in Fife the Child Protection Register is held on the Social work SWIFT system on behalf of other agencies, with on-line access afforded round the clock to authorised staff in the Education and Housing services, NHS Fife, the Police and the voluntary sector.

7.3 Criteria for Registration

The decision to place a child's name on the Child Protection Register will be made at the child protection case conference, by consensus. When a consensus cannot be reached the chairperson will assess the contributions made by the attendees and make a judgement on whether registration is required or not.

In considering a decision to place a child's name on the Child Protection Register, the conference must be satisfied that registration and a formal child's plan are required in order to:

- continue to assess and monitor the risk to the child
- protect the child from future risk
- allocate tasks and responsibilities to protect the child

Registration is a statement of continuing significant concern, not just a statement that abuse is believed to have occurred. A decision should be made to place a child's name on the Register if a child's continuing safety and welfare are placed in jeopardy by an unacceptable level of risk, which can only be reduced or eliminated by establishing an inter-agency protection plan.

Disagreement with the decision to place a child's name on the Child Protection Register does not absolve individual agencies from the responsibility to contribute to the agreed child's plan.

7.4 Criteria for De-registration

When a review child protection case conference agrees that the level of risk has been reduced such that there is no longer significant concern due to improvement/change in the child/family circumstances, the child's name should be removed from the Register. In considering de-registration the conference will look for evidence on how effective the initial child protection plan has been. Agencies should be aware that young people who

are de-registered may still require a significant level of support. It may be necessary for this young person to continue to work with a number of services beyond de-registration.

7.5 Recording of Registration

The chairperson will nominate a representative of Social Work staff to ensure that the child's name is placed on or removed from the Register within one working day of the conference at which this decision was taken.

7.6 Transfers from Registers in Other Areas

A child's name may initially be placed on the Register on a temporary basis. Temporary registration may take place when a child is either visiting or transferring to Fife and is already on the Register of another authority. If the child is transferring to Fife on a permanent basis, a child protection case conference must be convened as soon as possible to establish whether there are grounds for registration in Fife. A representative from the original area will be invited to attend. If unable to attend, relevant information will be requested and forwarded in writing to the conference chairperson.

7.7 Access to the Register

Access to the Child Protection Register during normal working hours can also be obtained by contacting the Custodian of the Register or the duty social worker in the child's area. Authorised individuals in Social Work, Education, NHS, Police and the Voluntary Sector have direct electronic access to the Child Protection Register on a 24/7 basis. Outwith normal working hours contact can also be made with the Social Work Out of Hours Service. **See Appendix A for contact details.**

A designated agency representative should make an enquiry to the Register as soon as they become aware or suspicious of child abuse. An enquiry to the Register is not in itself a referral for action. A call-back system will be operated to verify the caller's identity. All requests to the Register will be recorded. The caller's name will be taken together with the agency, date, reason for the request and the name of the child. Any enquiries to the Register will be notified to the social work team manager in the child's area within one day.

Child Protection Messaging allows core services to be informed via e-mail of children that have recently been registered. This system alerts schools and health professionals, in particular, to children and young people who have been assessed as being at risk.

7.8 Custodian of the Register

The Child Protection Register is maintained by the Social Work Service and the Register Custodian is responsible for ensuring that it is accurate and up-to-date. Only authorised inter-agency staff are able to gain direct access to the Register.

8 Special Circumstances

8.1 Children and Young People with Sexually Inappropriate or Harmful Behaviours

When abuse, including sexual or physical assault or intimidation, is believed to be perpetrated by a child or young person, these guidelines should be followed for both the child who is the victim, and the child who is the alleged abuser. Abuse is no less distressing or harmful to a child if perpetrated by another child or young person. Any form of sexual exploitation should be considered in the context of the balance of power, coercion and the ability to give informed, and therefore true, consent.

The following questions can be helpful in determining the significance of a particular set of circumstances or in helping to define abusive behaviour:

- what is the nature of the relationship between the 'perpetrator' and the 'victim'? (does one party have authority over the other, and what power differentials are present?)
- it is important to take into account that it is not only sexual acts that are abusive; the use of sexually suggestive or sexually offensive language may also have significant effects on a child or a young person's emotions and behaviour
- how sophisticated is the activity? - is the type of sexual activity age appropriate? - if it is not, and it shows 'excessive sexual knowledge' or there appear to be age-inappropriate sexual motivations in the actions of the perpetrator, the act is more likely to be abusive
- how often, and for how long did the activity happen? - whilst it is acknowledged that one short incident may be abusive, frequency and persistence are strong indicators of abuse; in making this judgement, full information may not always be available about either the regularity of the behaviour in question or indeed whether similar behaviours have occurred in the past
- has a pattern of activity changed over time? - has it become more frequent, severe or deviant, are 'victims' getting younger? - an evolving pattern of behaviour can be suggestive of abuse
- is there overt aggression, coercion or bribery? - if so, this usually indicates an abusive relationship
- what is the experience of the person who has been 'abused'? - were the behaviours perceived by the recipient as abusive, or is the recipient blaming him/herself for what happened? - either scenario indicates that the act may be abusive; some children and young people may block off their emotional reaction and not view behaviour as abusive
- have there been any attempts to secure secrecy by any of the individuals involved? - if there have, the reasons for this need to be clarified
- how was the activity revealed? - was there a disclosure from either the 'abuser' or the 'victim', or was the behaviour 'discovered' or disclosed after an inadvertent comment?
- does the abuser appear to target a particular type of 'victim'? - common features such as age, sex or vulnerability may suggest a target group, which is indicative of abuse
- what are the natures of any fantasies? - those with fantasies that include abusive

scenarios may be more likely to express these in abusive situations; fantasies give a clue to self-image, views about sex and nature of sexual interest

In circumstances where abuse is believed to have occurred, both the victim and the abuser may become the subject of child protection case conferences. If so, separate conferences should be held. A thorough assessment of any child or young person involved in abusive behaviour towards others, together with planned intervention are essential if the child or young person's behaviour is to be stopped.

Any child or young person considered to be displaying problematic sexual behaviour should be referred to the Child Support Service (part of the Public Protection Team). **See Appendix A for contact details.**

8.1.1 Child Support Service

The Child Support Service offer a service for children and young people under the age of 18 who display sexually inappropriate or harmful behaviour.

Referrals will be accepted from a variety of sources including:

- parents/carers
- health
- social work
- police
- children's reporter
- education
- any concerned member of the community

A comprehensive assessment will be required in some cases and will address:

- the child's needs
- risk he/she presents to others
- child protection concerns
- the problematic sexual behaviour

The Child Support Service staff have been trained to deliver specialist assessment tools and programmes of intervention aimed at addressing the individual needs of each child or young person referred to the service. Risk Management is an integral part of the service and the Child Support Service devise and implement structured risk management plans in collaboration with other services and partner agencies for each child or young person. The Child Support Service are standing panel members of the Young Person's Significant Risk Advisory Group (YPSRAG) and contribute to the Multi-Agency public protection arrangements (MAPPA) where appropriate. The Child Support Service can be contacted by anyone requiring advice or assistance prior to making a formal request for assessment. This service is jointly managed by Children and Families and Criminal Justice Social Work Services and staffed by qualified Social Workers.

The aims of the Child Support Service are to:

- carry out risk assessments jointly with Fife Constabulary on all known and suspected sex offenders under the age of 18 years living in Fife
- undertake assessment for all children and young people who display problematic sexual behaviour
- provide a service that identifies the needs of these children and young people
- support families in helping children and young people to change their behaviour and reduce the risk of further abuse
- provide children and young people with the services they need
- give information to parents to help them to support their child

The service will advise, direct and support work addressing the identified needs of children and young people who display sexually inappropriate or abusive behaviour.

8.2 Adults who hold a Position of Trust

This term refers to any person who is or has been appointed by a local authority or other official body or unofficial group whose position involves the care and protection of children and young people, either directly or indirectly, or who is a volunteer or has been a volunteer with an organisation whose main purpose involves contact with children and young people.

In circumstances where an allegation relates to a person in a position of trust, senior officers of Social Work Service and Police will be informed. The Detective Superintendent in his capacity as Force Crime Manager will arrange a multi-agency strategy meeting to decide on how the incident will be investigated. The first consideration will be the welfare and safety of any children and young people involved.

On this basis the strategy meeting will consider all matters relevant to the case and specifically will:

- decide on lead role, resources and timescales for the investigation
- ensure effective sharing of information on a confidential basis, between key agencies
- agree what information can be shared with families
- make decisions and agree priorities on how to proceed with the investigation
- ensure appropriate support and counselling services are available for families
- agree a media strategy
- ensure full recording of the strategy meeting and policy decisions
- assess the impact of effects on the local community
- consider any disclosure issues
- ensure that all children and young people who have contact with the alleged abuser are visited

Investigating agencies should be aware of and check the individual's status in terms of the 'Risk to Persons' list, registration with professional bodies and consider a Disclosure check through Fife Constabulary Disclosure Unit.

8.2.1 Organised/Multiple Abuse

Most child sexual abuse will involve some degree of organisation. This organisation is characterised by the purposeful and secret targeting, seduction and silencing of the subjects. It can be perpetrated by one person on a number of children and young people. However, organised abuse can also be abuse by multiple perpetrators, some or all of whom may be outside the immediate household of the victims, and who act together to abuse the child(ren).

This can include:

- a network of abusers who jointly participate in sexual activities with children and young people
- a network of abusers who recruit children and young people separately for abuse but pass their victims from one to another
- the sexual exploitation of children and young people for financial gain
- child pornography rings (possibly using computer technology such as the Internet to circulate material)

When the possibility of organised or multiple abuse emerges, senior officers of Social Work Service and Police must be informed. The Police will arrange a multi-agency strategy meeting to decide on how the incident will be managed.

The strategy meeting for organised/multiple abuse will be the same as for those in a position of trust.

8.3 Child Abuse and Information Technology

Computer technology and the Internet are now a permanent part of the infrastructure of our society. The number of households/businesses with access to the Internet has grown exponentially over recent years. There has been a similar growth in the use of computers by the criminal fraternity. Overall, the digital age has not heralded many new crimes, but has provided new ways to commit existing ones.

The largest section of the Internet is concerned with the proliferation of pornography. The World Wide Web does not recognise boundaries and allows the transportation, largely undetected, of images (including movies) throughout the world in seconds. The Internet also provides forums (chat rooms, news groups, etc.) where like-minded individuals can communicate anonymously. Included amongst these individuals are those who collect or trade in indecent images of children and young people. These paedophiles may be extremely computer literate and go to great lengths to avoid detection. They often form tight-knit security conscious groups such as the eight members of the paedophile network convicted at Edinburgh High Court in 2009 following Operation Algebra, the largest police investigation of its kind in Scotland. For each image, a child will have been subjected to some form of physical abuse. Studies have shown that of those people convicted of downloading indecent images of children and young people, approximately 30% were found to be physically abusing children and young people.

People who sexually abuse children and young people often actively seek to befriend their victims prior to committing any indecent act; this process is known as 'grooming'.

Digital technology has provided unique ways to 'groom'. Paedophiles, often posing as children and young people, join social networking sites frequented by children and young people and enter into a discussion with potential victims to gain their trust prior to luring them to a meeting. Similarly text messaging is also used.

8.3.1 Risk Factors

The rapid development of information technology has brought about new considerations with regard to the protection of children and young people.

The use of the Internet and IT has enormous educational and other benefits for children and young people. However, parents and carers should be expected to reduce the risks posed by appropriate levels of supervision. The risks include:

- **unsuitable sites of a sexual or violent nature** (ensure that necessary barriers and parental controls are in place to prevent access to unsuitable sites and to monitor Internet usage)
- **frequenting 'internet cafes' or communication centres** (the risk is not only present through 'on-line' activity, but also through associations made on or near the premises - some premises have a degree of regulation but individuals are not regularly supervised)
- **On-line conversations with other individuals** (young people may regularly enter into on-line conversations regarding subjects of mutual interest for educational purposes or for leisure activity - often these conversations are with peers, however, no reliable method of checking the genuineness, trustworthiness, age or intent of the other party exists; young people might find themselves potentially at risk, particularly where personal details are exchanged or arrangements made to meet. The proliferation of accessible social networking sites such as Bebo, MSN, Facebook, etc. offer opportunities for predatory individuals to engage in grooming behaviour. The unsupervised use of webcams poses a further risk.)
- **Texting** (many young people use mobile phones to send and receive texts and pictures. Unsupervised, this communication may be with individuals whose intent could pose a risk to the young person; active consideration needs to be given by those charged with the responsibility to protect children and young people as to how the use of IT may pose a risk to them either directly or indirectly)

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

- prevent further use of the computer or other equipment
- prevent access to the computer, other equipment or associated media
- do not disconnect the power unless there is reason to believe that the computer is carrying out a task that would delete any evidence, in which case remove the power lead from the rear of the computer; do not shut the computer down in the normal manner and do not switch off at the wall (both these actions may cause files to be deleted).

- do not allow anyone (no matter how computer literate they may be) to interrogate the computer - this should only be done by Fife Constabulary's Specialist Investigation Unit so as to ensure that the evidential value of the data is preserved
- contact Fife Constabulary for advice in the normal manner (officers throughout the force are experienced in the seizure of computer based evidence and the Specialist Investigation Unit are available for advice when necessary)

8.3.2 CEOP (Child Exploitation & On-line Protection)

The Child Exploitation and Online Protection (CEOP) Centre delivers a multi-agency service dedicated to tackling the exploitation of children, particularly through the use of technology. That means building intelligence around the risks, tracking and bringing offenders to account either directly or with local and international police forces.

CEOP co-ordinate national awareness-raising days and provide educational resources incorporating the latest on-line safety and child protection advice for parents and professionals. There is a continuing national focus on this issue.

CEOP also support schools in delivering their own 'Thinkuknow' training, which has already reached more than 1.8 million children across the UK, and is promoted in schools across the Fife area.

They also investigate cases of child trafficking.

8.3.3 Child Trafficking

Children and young people are trafficked into, within and out of the UK for many different types of exploitation. This includes, but is not limited to:

- sexual exploitation (See Section 8.6)
- labour exploitation – such as in cooking and cleaning in restaurants
- domestic servitude
- enforced criminal activity – such as street crime, fraud or cannabis cultivation
- illegal adoption
- underage, servile or forced marriage
- benefit fraud

In 2009, the Scottish Government published '[Safeguarding Children in Scotland](#) who may have been Trafficked', a guidance report outlining the procedures to be adopted in child-trafficking cases. It emphasises the need to consider the child's needs first and foremost, and to acknowledge that all child trafficking cases are examples of child abuse. It is vitally important that these vulnerable children are identified as early as possible and safeguarded from further harm.

If any agency, individual practitioner or volunteer suspects a child may have been trafficked they should immediately contact social work or the police. They may also contact the NSPCC Child Trafficking Advice and Information Line for advice (0800 107 7057), or the UK Human Trafficking Centre (01142523891) at www.ukhtc.org.

8.4 Children and Young People with Additional Support Needs

Research indicates that children and young people with additional support needs may be up to four times more likely to experience all types of abuse than their peers (NSPCC November 2003). To ensure that the particular needs of the child are met, consideration will be given to the involvement of specialist staff with the necessary communication and support skills.

Due consideration will be given to the following points and should be borne in mind during all subsequent investigations:

- abuse can often go unrecognised and unreported due to people's attitudes and assumptions about disability (e.g. assuming that a physical injury or "challenging" behaviour is a result of a child's condition and not indicative of abuse)
- children and young people with additional support needs are often cared for by a range of people other than their primary carers
- children and young people with additional support needs may lack the necessary language to communicate that they are being abused
- a method of communication, suitable for the child's individual circumstances, must be established between the child and the individual(s) carrying out the investigation; it is the responsibility of the individuals carrying out the investigation to enable children and young people to communicate in their preferred way

NB Certain language systems may not have sufficient words or shades of meaning, e.g. Makaton or the use of an augmentative communication device.

- while it may be appropriate to eliminate the cause of symptoms that may arise as a result of a child's specific need, e.g. a susceptibility to bruising as a consequence of medication, it is important to apply the same rigour as in all cases of child abuse enquiries; no assumptions should be made as a result of individual support needs for children and young people
- the child or young person may have impaired capacity to assess risk or avoid abuse and may therefore be particularly vulnerable to bullying and intimidation.

8.5 Children and Young People from Black and Minority Ethnic Groups

Child protection policies and procedures must reflect the importance of responding to the needs of all children and young people, and all child protection interventions must be tailored in response to particular needs. Attention should be paid to language, culture, ethnic origin and religion in all child protection practice.

As in the case of all child abuse interventions, the response of agencies must:

- be child centred
- reflect anti-racist and anti-discriminatory practice

Families from ethnic minorities may be unaware of services, and positive action is required on the part of all agencies to redress this. Staff should be sensitive to other cultures and religions and ensure that information about services can be made available in other languages.

All agencies are required by the Race Relations (Amendment) Act 2000 to draw up a Race Equality Scheme showing:

- an assessment of the impact of policies and procedures on all aspects of the community
- a plan for addressing any identified inequalities
- identified action if the plan is not working
- a programme of staff training

Child protection interventions should consider the following, when a child or an alleged abuser is from a black or minority ethnic group:

- who is available to assist the child and family because he/she understands their culture, language and upbringing?
- are practitioners available from the same racial grouping or who have first hand knowledge and understanding of the issues in the context of the child's racial background?
- is help available to communicate with the family to overcome language difficulties, and can reports be translated into the family's first language?

Help can be obtained by contacting Fife Community Interpreting Service or FRAE Fife. **See Appendix A for contact details.**

8.6 Commercial Sexual Exploitation of Children and Young People

Commercial sexual exploitation is difficult to define, but previous Scottish Executive Guidance published in 2003, 'Vulnerable Children and Young People - Sexual Exploitation' (ISBN 0 7559 0923 2) includes all those under 18, and provides a list of potential indicators of involvement in sexual exploitation for commercial gain that may be a useful tool in assessment.

Children and young people may not always recognise that they are being abused or exploited and may find it difficult to accept the fact that this is happening. However, the guidance also emphasises that sexual exploitation for commercial gain is abuse and should be treated accordingly.

It is important to challenge the view that young people sexually exploited for commercial gain have made a lifestyle choice. Sexual offences against children and young people are covered by both statute and common law, and a child under 16 cannot legally consent to sexual activity.

Agencies must recognise that children and young people are lured into such sexual exploitation because of a range of issues. These may include: abuse, family breakdown and conflict, low self-esteem, poverty, substance misuse and truancy. As a result, a range of interventions may be required to address the child's underlying problems. The primary aim of agencies should be to provide support to the child and to take action against the child's abusers. This will require collaboration across agency boundaries.

8.7 Female Genital Mutilation

The Prohibition of Female Circumcision Act 1985 which first made female genital mutilation (FGM) an offence, except on specific physical and mental health grounds, was repealed in 2003 in England and Wales and replaced by the Female Genital Mutilation Act 2003, which strengthens and amends the 1985 legislation. It makes it an offence for the first time for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal. In order to apply the principles from this Act throughout the UK, the Scottish Parliament has passed the Prohibition of Female Genital Mutilation (Scotland) Act 2005.

Female Genital Mutilation (FGM) is a collective term for procedures, which include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. It is typically performed on girls aged between 4 and 13, although in some cases it is performed on newborn babies or young women prior to marriage or pregnancy. FGM is extremely harmful, causing long-term mental and physical suffering, difficulty in giving birth and infertility, and can be fatal. It violates the most basic human rights.

It is estimated (2006) that there are around 74,000 women in the UK who have undergone the procedure, and about 7,000 girls under 16 who are at risk. This estimate is based on the number of women and girls living in the UK who originate from countries where FGM is traditionally practiced, such as Yemen, Oman, Malaysia, Indonesia and the United Arab Emirates, as well as 26 countries in Africa.

8.7.1 Responding to the Needs of a Particular Child

While FGM is distinctive from other forms of child abuse, it is important to acknowledge that the response should be the same as in other types of child abuse. FGM can cause serious harm and suffering, and consequently should be referred in the same way as any other concern that a child has been harmed or may be at risk of being harmed.

Fife Child Protection Committee recognises that whilst there may be no intent to harm a child through FGM, the practice can directly cause serious short- and long-term medical complications. Consequently, the practice of FGM is seen as a physically abusive act. It is the aim of Fife Child Protection Committee to prevent the practice of FGM in a way that is culturally sensitive and with the fullest consultations with community representatives and professional agencies.

All agencies should be alert to the possibility of FGM, and their policies should include a preventative strategy that focuses upon education, as well as the protection of children and young people at risk of significant harm. Appropriate educational and preventative programmes should discourage the genital mutilation of female children and young women.

Any information or concern that a child is at risk of, or has undergone FGM, should result in a child protection referral either to the Police or Social Work Service as FGM places a child at risk of significant harm and will therefore be subject to a child protection investigation.

Where the child appears to be in immediate danger of mutilation and parents cannot satisfactorily guarantee that they will not proceed with it, a Child Protection Order should be sought. A Child Protection Order should also be sought if the child's parents are

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intent on sending their daughter out of the country, and it can be shown that mutilation is likely if she goes.

8.8 Young Runaways

Scottish Government guidance in respect of 'Vulnerable Children and Young People - Young Runaways' was published in 2003 (ISBN 0 7559 0843 0).

Running away puts children and young people in danger and is often a sign of underlying problems in a child or young person's life. It is associated with a number of short-term risks, including sleeping rough, involvement in crime, sexual exploitation and substance misuse, as well as poorer long-term outcomes in terms of increased levels of homelessness, social exclusion and unemployment.

Children and young people who are in need because they have run away from home may have an immediate need for somewhere safe to stay. Section 38 of the Children (Scotland) Act 1995 enables local authorities to provide a short-term refuge in designated or approved establishments and households.

A 12 month pilot focussing on the delivery of Returns Home Welfare Interviews for Young Runaways has been introduced in the Grampian area by the Scottish Government Minister for Children and Early Years. A full evaluation is expected in May 2010. The findings of this research will inform future guidance specifically addressing the issue of young runaways in Fife.

8.9 Missing Children and Young People

This guidance is not intended to replace existing single-agency protocols in respect of missing children and young people, and should be read in conjunction with any relevant single agency procedures.

Staff should be clear that significant concerns about the welfare of a child should be acted on, and that Data Protection legislation permits information-sharing within the context of child protection.

8.9.1 Children and Young People on the Fife Child Protection Register

Any agency becoming aware of a child who is missing and currently on the Fife Child Protection Register will immediately notify the relevant Social Work Team Manager/Social Worker and the Custodian of the Child Protection Register. The Team Manager/case-responsible Social Worker will take immediate action to notify other services in Fife, including Police, Health, Education, and where appropriate the Children's Reporter.

The Team Manager/Social Worker will notify other local authorities in writing of the details of the child, and concerns for his/her welfare, including contact details of relevant personnel in Fife. This notification should be forwarded to the Custodian of the Child Protection Register, who will arrange for it to be circulated to all local authorities.

The Team Manager/Social Worker should also notify the Benefits Agency of the details of the missing child as they may be able to assist in tracing the family if a claim for benefit has been made elsewhere. The Social Worker should continue to maintain

regular contact with family and friends of the missing child as they may be able to provide information about the family's whereabouts.

When the child is located, the relevant services in Fife should be notified immediately, as well as the Custodian of the Register, who will notify other local authorities. If the child has returned to Fife, an assessment of his/her circumstances will be undertaken as a matter of priority, to establish what action is required to ensure his/her ongoing safety.

When the child has relocated to another local authority, and is not intending to return immediately to Fife, the Team Manager/Social Worker should establish contact with Social Work Service in that area to agree action to be taken to ensure the immediate safety of the child, and set up a review case conference. The Custodian of the Fife Child Protection Register will write to the Custodian of the Register in the receiving area to provide details of the child and to request temporary registration pending a case conference. The Social Worker should ensure that a report and other relevant information are made available to the case conference. The Team Manager/Social Worker should attend this case conference. Following the case conference, if the child is not returning to Fife, his/her name will be removed from the Fife Child Protection Register

8.9.2 Children and Young People who are not on the Fife Child Protection Register

Where a child is not on the Fife Child Protection Register, but is considered to be vulnerable (e.g. because of prior registration, Looked After status, teenage absconders), the concerned agency will undertake checks with other agencies to establish whether the whereabouts of the child are known. These enquiries should be made promptly and recorded in writing, within the child's case file.

If checks do not locate the child, and there continues to be significant concern, the Police should be notified. The concerned agency should also consider notifying other local authorities and NHS areas. If it is established that the child has relocated to another area, and is not returning to Fife, contact should be made with relevant agencies in the receiving area, transfer of records/information agreed, and consideration given to the convening of a multi-agency case conference.

8.9.3 Children Missing from Education

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

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

The Education Service have developed procedures which are outlined in Standard Circular NYP 3. This outlines action to be taken by the headteacher and Headquarters

staff, ie referral to Police/Social Work, local search, risk assessment, referral to CME (Scotland). These procedures ensure that children at risk are not lost from the system.

8.10 Children and Young People who may be at risk of being Groomed for Sexual Abuse

It is important to accept that young people under the age of 16 will have a healthy interest in sex and sexual relationships. Professionals have a responsibility to identify when these relationships may be abusive and provide protection and support in accordance with these guidelines.

It is important that an assessment of need considers the effects of abuse and the potential for "grooming" children and young people. Grooming can be characterised as the behaviours of adults who may contact, befriend and associate with a child or young person with the intent of sexually abusing them. If there is concern that a child or young person is being contacted in this way or an assessment identifies that there is a power imbalance in a sexual relationship (through age and development, differences in size, or when gender, sexuality, race and sexual knowledge are used to exert power or control), the response should comply with agency child protection procedures and with these inter-agency guidelines.

Information-sharing and discussion are key elements in the formulation of an appropriate protection plan. All agencies should ensure that procedures are in place to enable staff to recognise when children or young people are being groomed for sexual abuse or may be at risk, and ensure an appropriate response.

8.11 Adult Disclosure of Historical Child Abuse

An adult may disclose abuse that happened to him/her as a child. The person may do so by making a complaint direct to the Police, or the disclosure may emerge in another context, such as therapeutic work. Police and Social Work should be consulted. Support to the victim may be offered by NHS or voluntary services such as KASP, Safe Space or Victim Support Fife. The Social Work Public Protection Team must be provided with the details of all alleged abusers.

If the adult's allegation indicates that there may be children and young people at risk because of their current contact with the alleged perpetrator, a child protection investigation should begin immediately.

8.12 Abusers Living in the Same Household as a Child

Information that an abuser may be living in the same household as a child should be referred to the Social Work Service and the Police immediately in order that the risk to the child may be assessed. A child protection case conference should be considered if initial assessment suggests continued risks to the child.

Information on the identity and circumstances of the abuser should be passed to the Social Work Public Protection Team for the collation of information and any necessary action. This necessary action may include placing an individual's name on the 'Risk to Persons' list, contacting the Care Commission and/or the Scottish Social Services Council (SSSC), if appropriate.

This applies when an adult is known to have been convicted of an offence listed in

Schedule 1 of the Criminal Procedure (Scotland) Act 1995 and Schedule 1 of the Sex Offences Act 2003, or when grounds of referral concerning the adult have been established for a Children's Hearing. Action should also be considered when agencies have information that suggests an adult in a house with children and young people, or who has substantial contact with children and young people, might have been involved in past abusive behaviour.

8.13 Child Protection links to MAPPA (Multi-Agency Public Protection Arrangements)

The Management of Offenders Etc (Scotland) Act 2005 introduced a statutory function for Responsible Authorities, i.e. Local Authorities, Scottish Prison Service, Police and Health Service to establish joint arrangements for the assessment and management of the risks posed by certain offenders who pose a risk of harm to the public, including children and young people.

The introduction of Multi Agency Public Protection Arrangements (MAPPA) across Scotland in April 2007 attempted to bring a consistent approach to the management of offenders across all local authority and police force areas by providing a framework for assessing and managing offenders.

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

The levels are:

Level 1 - Ordinary Risk Management

Level 2 - Local Inter-Agency Risk Management

Level 3 - MAPPA – Multi-Agency Public Protection Panels

The fundamental purpose of MAPPA in Fife is to enhance public safety and the reduction of serious harm through effective assessment and management of sex offenders, violent offenders and others who pose a significant risk of harm. This multi-agency approach allows for all initial information to be exchanged in all cases, identifying those that can be effectively managed at Level 1 (which is the vast majority of the offenders) and also identifying those requiring either Level 2 or Level 3 management. The majority of these offenders pose a risk to children and young people and as part of risk assessment procedures, the MAPPA will regularly instigate child protection measures and can apply for legal measures through the courts (e.g. SOPO, bail conditions, etc.) where necessary. A member of MAPPA should attend CPC meetings to strengthen links.

8.14 Significant Case Reviews

In accordance with national guidance, a Significant Case is defined as follows:-

The death of a child where:-

- Abuse or neglect is known or suspected to be a factor in the child's death;

- The child is on, or has been on the Child Protection Register (CPR) or a sibling is or was on the CPR. This is regardless of whether or not abuse or neglect is known or suspected to be a factor in the child's death unless it is absolutely clear to the Child Protection Committee that the child's registration has no bearing on the case;
- The death is by suicide or accidental death;
- The death is by alleged murder, culpable homicide, reckless conduct, or act of violence;
- The child was looked after by the local authority;

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

When a child has not died

- but has sustained significant harm or risk of significant harm under one or more of the categories of abuse and neglect set out in *Protecting Children – A Shared Responsibility: Guidance for Inter-Agency Co-operation*;
- Cumulative inaction or wrong action may be more difficult to evidence but nevertheless should be considered to the best extent possible;

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

Fife Child Protection Committee will consider any request made to them, from whatever source, for a Significant Case Review (SCR) to be undertaken. In addition, any concerns raised by children, families and/or other interested or representative parties will be similarly considered and/or addressed through normal single service/agency complaints procedures.

The Objectives of a SCR are to:-

- establish whether there are lessons to be learned and to promote learning;
- make recommendations for action;
- consider how any recommendations will be implemented;
- ensure accountability;
- increase public confidence;
- identify national issues and good practice.

More detailed guidance can be found in the SCR protocol which can be accessed via the CPC website or at www.fifedirect.org.uk/publications.

9 Individual Agency Procedures

In addition to these inter-agency guidelines, individual agencies have their own detailed procedures. **These are intended to complement Fife's inter-agency guidelines. Fife CPC has agreed that individual agency procedures will be approved and regularly reviewed by Fife CPC.** It is intended to develop hyperlinks to these single-agency guidance documents. At this time, however access to an individual agency's guidance can be requested from the following:

Social Work	Service Manager Children & Families (West) Park Road Rosyth	Tel	08451 555555 ext 493756
		e-mail	theresa.stephenson@fife.gov.uk
	Service Manager Children & Families (Central) 16 East Fergus Place Kirkcaldy	Tel	08451 555555 ext 445778
		e-mail	ann.mckendrick@fife.gov.uk
	Service Manager Children & Families (East) 390 South Street Glenrothes	Tel	08451 555555 ext 450313
		e-mail	rae.ormiston@fife.gov.uk
Health	Child Protection Nurse Adviser Greenfield Clinic Willow Drive Kirkcaldy	Tel	01592 648114
		e-mail	barbararowland@nhs.net
Education	Directorate Service Improvement Rothesay House Glenrothes KY7 5PQ	Tel	08451 555555 ext 444206
		e-mail	garry.crosbie@fife.gov.uk
Police	Assistant Chief Constable Fife Constabulary Headquarters Detroit Road Glenrothes, KY6 2RJ	Tel	0845 600 5702
		e-mail	andrew.barker@fife.pnn.police.uk
Housing Services	Senior Manager Rothesay House Glenrothes KY7 5PQ	Tel	08451 555555 ext. 480269
		e-mail	john.mills@fife.gov.uk
Scottish Children's Reporter Administration	Authority Reporter SCRA Albany House Glenrothes, KY7 5NA	Tel	01592 583314
		e-mail	David.Millar@scra.gsx.gov.uk
Community Services	New City House 1 Edgar Street Dunfermline KY12 7EB	Tel	01383 609136
		e-mail	Duncan.simpson@fife.gov.uk

PART 2 Appendices

Appendix A Important Contacts and Telephone Numbers

ChildLine (Scotland)	Tel 0844 892 0280 HELPLINE 0800 1111
Child Protection Line (National)	Tel 0800 022 3222
Fife Constabulary Headquarters Detroit Road Glenrothes KY6 2RJ	Tel 0845 600 5702
Criminal Injuries Compensation Authority Tay House 300 Bath Street GLASGOW G2 4LN	Tel 0800 358 3601
Child Assessment Team Social Work Service New City House 1 Edgar Street Dunfermline KY12 7EP	Tel 08451 555555 ext. 493774
Child Assessment Team Social Work Service 70 Stenhouse Street Cowdenbeath KY4 9DD	Tel 08451 555555 ext. 402073
Child Assessment Team Social Work Service Castlehill Cupar KY15 4HA	Tel 08451 555555 ext. 450324
Child Assessment Team Social Work Service Park Road Rosyth KY11 2JL	Tel 08451 555555 ext. 493751
Child Assessment Team Social Work Service 12 Station Road Leven KY8 4QU	Tel 08451 555555 ext. 460504
Child Assessment Team Social Work Service East Fergus Place Kirkcaldy KY1 1XT	Tel 08451 555555 ext. 470495

Child Assessment Team Social Work Service 390 South Street Glenrothes KY7 5NL	Tel	08451 555555 ext. 445752
Lead Clinician Child Protection Greenfield Clinic Willow Drive Kirkcaldy	Tel	01592 648114
Child Protection Administrator Greenfield Clinic Willow Drive Kirkcaldy	Tel	01592 648114
Centre for the Vulnerable Child Whytemans Brae Kirkcaldy	Tel	01592 648060
Child Support Service 1 Swan Road Kirkcaldy	Tel	08451 555555 ext. 472828
Scottish Children's Reporter Administration Albany House North Street Glenrothes KY7 5NA	Tel	01592 583314
Fife Council Headquarters (This number will connect you with Social Work Service, Community Services, Housing and Education)	Tel	08451 550000
Social Work Emergency Out of Hours Service (after 5.00 p.m. and at weekends)	Tel	08451 550099
NHS 24	Tel	08454 242424
NHS Fife Primary Care Division/ Community Health Partnerships Cameron House Cameron Bridge Leven KY8 5RG	Tel	01592 226465
Fife Community Interpreting Service 9 Esplanade Kirkcaldy KY1 1HR	Tel	01592 261900
FRAE Fife 1 Victoria Road Kirkcaldy KY1 1DT	Tel	01592 204005

Family Protection Unit 12 Carnegie Drive Dunfermline KY12 7PA	Tel	01592 312910
Child Protection Committee Lead Officer Auchterderran Centre Woodend Road Cardenden KY5 ONE	Tel	08451 555555 ext 442079
KASP 29 Townsend Place Kirkcaldy KY1 1HB	Tel	01592 644217
Safe Space St Margaret's House St Margaret Street Dunfermline KY12 7PE	Tel	01383 739084
Fife Domestic and Sexual Abuse Partnership Auchterderran Centre Woodend Road Cardenden KY5 ONE	Tel	08451 555555 ext 441967
Dunfermline Women's Aid 160 Appin Crescent Dunfermline KY12 7TX	Tel	01383 732289
East Fife Women's Aid 8 Lady Wynd Cupar KY15 4DE	Tel	01334 412300
Kirkcaldy Women's Aid 15 Nicol Street Kirkcaldy KY1 1NY	Tel	01592 261008
CVS Fife 23/27 Randolph Street Buckhaven	Tel	01592 567100
Fife Alcohol & Drug Partnership (ADP) Saltire Centre Pentland Park Glenrothes	Tel	08451 555555 ext 446154

Appendix B

Legislation and Legal Definitions

The Children (Scotland) Act 1995 (referred to in this Appendix as “the Act”)

This is the primary legislation for the protection of children and young people. It covers action to be taken in emergencies; situations where it is necessary to plan assessments; and longer term legal measures to protect or supervise children and young people. It is not a codification of the law affecting children and young people in Scotland and is applied alongside other relevant legislation where appropriate.

The Act provides for 3 main types of emergency protection. The Child Protection Order, the Child Assessment Order and the Exclusion Order. These are considered below.

Child Protection Order

Section 57 of the Act sets out the grounds upon which a Child Protection Order can be granted and specifies what actions it may authorise. There are strict time limits to be adhered to throughout (particularly where the Child Protection Order authorises the removal of a child to a place of safety.) Any person may apply for a Child Protection Order under s57(1) of the Act. The order can be granted if

(a) there are reasonable grounds to believe that a child:

(i) is being so treated (or neglected) that he is suffering significant harm; or

(ii) will suffer such harm if he is not removed to and kept in a place of safety, or if he does not remain in the place where he is then being accommodated

and

(b) an order under this section is necessary to protect that child from such harm (or such further harm)

In addition, a local authority may apply for a Child Protection Order under s57(2) of the Act. The order can be granted if the Sheriff is satisfied in respect of the following 3 matters:-:

- the local authority have reasonable grounds to suspect that a child is being or will be so treated (or neglected) that he is suffering or will suffer significant harm
- the local authority is making enquiries to allow it to decide whether it should take any action to protect the welfare of the child, and
- those enquiries are being frustrated by people unreasonably denying access to the child and the local authority has reasonable cause to believe that such access is urgently required

The Sheriff may make decisions as to who can have contact with the child and whether he/she needs physical or mental state examinations, assessments or treatment.

Under Section 60 (1) of the Act a Child Protection Order, once made, must be

implemented within 24 hours. (However, this condition does not apply where the authorisation granted is to prevent the removal of the child from where he/she is accommodated.) Whatever happens, a Child Protection Order must come to an end at the latest on the eighth working day after its implementation.

The person applying for the Child Protection Order must give notice as soon as practicable to the Children's Reporter. If the Children's Reporter considers, following a change in circumstances or on receiving more information, that the conditions for making a Child Protection Order (or any condition attached to it) are no longer satisfied, they may end the order (or the condition) without referring to the Hearing.

If no application is made to the Sheriff to vary or recall a Child Protection Order, and the Children's Reporter does not return the child, an initial Children's Hearing must be convened for the second working day after the Child Protection Order is put in place in order to determine whether the Child Protection Order should continue in effect. If no such initial hearing is held, or if the hearing does not continue the Child Protection Order, it shall cease to have effect. If the Child Protection Order is not continued, the child will be returned. If it is continued, either unchanged or varied, the Children's Reporter will arrange for a Children's Hearing to take place on the eighth working day after the order was put in place. This Hearing will consider the reasons for the referral.

A child subject to a Child Protection Order (which has necessitated their removal to a place of safety) is 'looked after' by the local authority.

Child Assessment Order

This order allows for the investigation of a child's health or development where the assessment is unlikely to be carried out satisfactorily without a legal order.

Professionals may lack sufficient information to establish whether action is necessary to protect the child, and may be refused access to the child to obtain this information.

Points to consider include:

- the local authority must have reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm
- an assessment is necessary to establish whether there is reasonable cause to believe that the child is suffering significant harm
- the assessment is unlikely to be carried out, or be carried out satisfactorily unless the order is granted

The main features of the order are:

- it is limited to a maximum of seven days from the beginning of the assessment, and will describe how and by whom the assessment will be carried out
- if the child is to be away from home during the assessment, he/she will be 'looked after' by the local authority who will have a duty to promote and protect the child's welfare and promote contact between the child and his/her family
- if the assessment is to be carried out away from the child's home, the order must contain details of contact with other persons which the Sheriff approves of
- if the Sheriff considers that the conditions for making a Child Protection Order are satisfied, he/she must make a Child Protection Order instead of a Child Assessment Order

The Child Assessment Order (or any other order under this Act) does not reduce the child's right to refuse medical treatment or procedures as determined by the Age of Legal Capacity (Scotland) Act 1991 i.e. the order therefore permits an assessment to be carried out in the absence of parental consent but not in the absence of the capable child's own consent.

Exclusion Order

Under Section 76 of the Act an Exclusion Order to remove a threatening adult (referred to in Section 76 as the "named person") from the child's family home as an alternative to removing the child may be granted by a Sheriff if the following 3 conditions are satisfied and the onus lies on the local authority to establish them:-

- the child has suffered, is suffering, or is likely to suffer, significant harm as a result of any conduct, or any threatened or reasonable apprehended conduct, of the named person
- the order is necessary for the protection of the child and the order would better protect the welfare of the child than removing him/ her from the family home
- that there will be a person specified in the application who is capable of taking responsibility for the care of the child in the child's own home.

There is also provision under s76(4) of the Act for an interim Exclusion Order to be granted. Here the Sheriff must hold a hearing not later than three working days after the granting of the order.

It is important to note that an Exclusion Order is a civil order.

Emergency Child Protection Measures

Any decision relating to the removal of a child from a family home will usually be made by a Sheriff in the context of an application for a Child Protection Order under Section 57 of the Children (Scotland) Act 1995. However, on the very rare occasions when a Sheriff is not available, a Justice of the Peace may issue an emergency authorisation under the Emergency Provisions (Section 61). This allows (but does not require) a child to be removed to a place of safety or prevents the child being removed from where he/she is being accommodated.

Any authorisation granted by a Justice of the Peace will only allow for the child to be kept in a place of safety for up to 24 hours. This time limit also applies where a Police Officer acts without contacting a Justice of the Peace before removing a child.

Emergency child protection measures can be considered if:

- the conditions for making a Child Protection Order under Section 57(1) or 57(2) are satisfied and it is likely that if a Child Protection Order was made, it would contain an authorisation either to remove the child to a place of safety or prevent the child from being removed from any place where he/she is being accommodated
- it is not practical or possible in the circumstances, for a Child Protection Order application to be made to the Sheriff

If a Justice of the Peace grants the authorisation, it may:

- require the child to be produced
- prevent any person from removing the child from the place where he or she is being accommodated
- authorise the person applying to remove the child to a place of safety and keep him/her there until the authorisation ends

There are very strict time limits. Any authorisation by a Justice of the Peace ends 12 hours after being granted if, within that time, arrangements have not been made to do any of the above. If one of these actions has been taken, the authorisation will end 24 hours after being granted or where an application for a Child Protection Order no longer applies. The child may not be kept in a place of safety or prevented from being removed from any place if the Children's Reporter considers that the conditions for granting the authorisation are not met or that it is no longer in the child's interests.

Section 61(5) of the Children (Scotland) Act 1995 authorises a Police Officer to remove a child to a place of safety where it is not practicable to make application for a Child Protection Order to a Sheriff but the conditions are satisfied. It is not necessary to obtain a warrant in such circumstances.

Any child taken to a place of safety in such circumstances can only be kept there for a maximum of 24 hours, or until a Child Protection Order is granted, whichever is the shorter (Section 61(6) of the Act).

A child may not be kept in a place of safety under these powers if the Children's Reporter considers that the conditions for using this power are not met, or that it is no longer in the child's interest. The Police Officer may only keep a child in a place of safety for as long as they have reasonable cause to believe that the above conditions apply.

Children Seeking Refuge

Section 38 of the Act empowers Local Authorities and persons running residential establishments to provide refuge in designated or approved establishments and households for children who appear to be at risk of harm and who request refuge;

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

A child's parents retain their responsibilities and rights in respect of the child and should be advised that the child is being provided with refuge. However they cannot demand the return of the child nor is it necessary to provide parents with other details unless the child wishes them to be told. Parents would not normally be advised of the location of

the refuge but should have a contact number of a person through whom they can be reassured of a child's wellbeing.

The Criminal Law (Consolidation) (Scotland) Act 1995

The Criminal Law (Consolidation) (Scotland) Act 1995 sets out a number of offences including procuring, abduction, unlawful sexual intercourse, indecent behaviour towards a girl between 12 and 16 years, causing or encouraging prostitution, permitting to be in a brothel, sodomy or gross indecency by one male person with another male person under the age of 18 years and incest.

The Children and Young Persons (Scotland) Act 1937 as amended by The Children Act 1975, The Criminal Justice Act 1998 and The Criminal Justice (Scotland) Act 2003 sets out a number of criminal offences:-

Section 12: Cruelty to persons under 16

If any person who has attained 16 years of age with parental responsibilities, charge or care of a child under 16 years of age wilfully ill-treats, neglects, abandons or exposes the child, or causes or procures the child to be ill-treated etc, in a manner likely to cause the child unnecessary suffering or injury to health that person shall be guilty of an offence.

Section 15: Causing or allowing persons under 16 to be used for begging

The causing by any person or the permitting by a person having parental responsibilities, charge or care of a child of begging by the child.

Section 33: Prohibition of persons under 16 taking part in performances engaging life or limb

Public performance in which the life and limb of the child are endangered.

Lewd and Libidinous Behaviour (Common Law)

It is an offence at Common Law to engage in lewd, indecent and libidinous practices and behaviour towards children and young people below the age of puberty with or without their consent. The age of puberty is deemed to be twelve years for girls and fourteen years for boys.

Section 6 of the Criminal Law (Consolidation) (Scotland) Act 1995 extends the protection of the common law by providing that it is an offence for any person to use towards a girl of or above the age of twelve years and under the age of sixteen years with or without her consent any lewd, indecent or libidinous practice or behaviour which if used towards a girl under the age of twelve would have constituted an offence at Common Law.

Criminal Law (Consolidation) (Scotland) (Act) 1995

Part 1

Sexual Offences

Incest and related offences

The crime of incest is an offence contrary to Section 1 of the Criminal Law (Consolidation) (Scotland) Act 1995 and is defined as follows:-

- 1 (1) Any male person who has sexual intercourse with a person related to him in a degree specified in column 1 of the following Table, or any female person who has sexual intercourse with a person related to her in a degree specified in column 2 of the Table, shall be guilty of incest, unless the accused proves that he or she:
- a) did not know and had no reason to suspect that the person with whom he or she had sexual intercourse was related in a degree so specified; or
 - b) did not consent to have sexual intercourse, or to have sexual intercourse with that person; or
 - c) was married to that person at the time when sexual intercourse took place, by a marriage entered into outside Scotland and recognised as valid by Scots Law.

Table

Degrees of Relationship

<u>Column 1</u>	<u>Column 2</u>
1. Relationships by blood	
Mother	Father
Daughter	Son
Grandmother	Grandfather
Grand-daughter	Grandson
Sister	Brother
Aunt	Uncle
Niece	Nephew
Great Grandmother	Great Grandfather
Great Grand-daughter	Great Grandson
2. Relationships by adoption	
Adoptive mother or former adoptive mother	Adoptive father or former adoptive father
Adopted daughter or former adopted daughter	Adopted son or former adopted son

- 1 (2) For the purpose of this section, a degree of relationship exists in the case of a degree specified in paragraph 1 of the Table -
- a) whether it is of the full blood or the half blood and;
 - b) even where traced through or to any person whose parents are not or have not been married to one another;

For the avoidance of doubt sexual intercourse between persons who are not related to each other in a degree referred to in subsection (1) above is not incest.

2. Intercourse with Step-child

The offence is created by Section 2 of the Criminal Law (Consolidation) (Scotland) Act 1995 and protects step children who are either under 21 years or have lived “in family” with the person charged, before reaching the age of 18 years.

It stipulates that: -

Any step-parent or former step-parent who has sexual intercourse with his or her step-child or former step-child shall be guilty of an offence if that step-child is either under the age of 21 years or has at any time before attaining the age of 18 years lived in the same household and been treated as a child of his or her family, unless the accused can prove that he or she:

- a) did not know and had no reason to suspect that the person with whom he or she had sexual intercourse was a step-child or former step-child; or
- b) believed on reasonable grounds that that person was of or over the age of 21 years; or
- c) did not consent to have sexual intercourse, or to have sexual intercourse with that person; or
- d) was married to that person, at the time when sexual intercourse took place, by a marriage entered into outside Scotland and recognised as valid by Scots Law.

Intercourse of a Person in a Position of Trust with a Child under 16

Section 3 of the Criminal Law (Consolidation) (Scotland) Act 1995 provides protection for children and young people who do not come within the scope of sections 1 and 2 of the Criminal Law (Consolidation) (Scotland) Act 1995 as detailed above and who live in the same household as the accused. Foster children and those belonging to one party in an unmarried relationship would fall within this category. Section 3 states:-

- (1) Any person of or over the age of 16 years who -
 - (a) has sexual intercourse with a child under the age of 16 years;
 - (b) is a member of the same household as that child; and
 - (c) is in a position of trust or authority in relation to that child, shall be guilty of an offence, unless the accused proves that subsection (2) below applies in his or her case.
- (2) This subsection applies where the accused -
 - (a) believed on reasonable grounds that the person with whom he or she had sexual intercourse was of or over the age of 16 years; or
 - (b) did not consent to have sexual intercourse or to have sexual intercourse with that person; or
 - (c) was married to that person at the time when the sexual intercourse took place, by a marriage entered into outside Scotland and recognised as valid by Scots Law.

Human Rights Act 1998

The Human Rights Act enshrines the UN Convention on Human Rights in statute, and creates a mechanism for enforcing these rights in the UK. The aim of the Act is to incorporate the Convention rights into the everyday activities of public authorities.

The Age of Legal Capacity (Scotland) Act 1991

This Act provides that a person under the age of 16 years shall have legal capacity to consent on his or her own behalf to any surgical, medical or dental procedure or treatment, including psychological or psychiatric examination, where, in the opinion of an attending qualified medical practitioner, he/she is capable of understanding the nature and possible consequences of the procedure or treatment. Children and young people who have the legal capacity may withhold their consent. Even if ordered by a Children's Hearing, medical examinations are governed by the provisions of the Age of Legal Capacity (Scotland) Act 1991.

Where, in the opinion of the medical practitioner, the child is not capable of understanding the nature and possible consequences of the procedure or treatment, the medical practitioner should seek the consent of the child's parent or guardian. Where children and young people give their consent, parents or carers should be consulted as a matter of good practice.

Management of Offenders etc (Scotland) Act 2005

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

Protection of Vulnerable Groups (Scotland) Act 2007

This legislation allows for a new scheme which will replace the current disclosure system. All individuals who work with children and young people or protected adults (whether paid staff or volunteers) must register to become a scheme member.

This arose from the Bichard Inquiry, undertaken following the Soham murders in 2002. The Inquiry called for a registration system for all those who work with children and protected adults. The vetting and barring scheme delivers this recommendation ensuring that those who have a history of behaviour which indicates they are unsuitable to work with children or protected adults are prevented from doing so.

Sexual Offences Scotland Act 2009

The Act reforms the current law on sexual offences and creates a range of new statutory offences which criminalises sexual conduct which takes place without consent. It defines consent as "free agreement" and makes clear that consent may be withdrawn at any time.

The Act will:

- provide for the first time a statutory definition of consent, as "free agreement", enshrined in the law;

- replace the common-law offence of rape with a broader statutory offence (which includes male rape);
- introduce new statutory crimes. Including specific offences of sexual assault by penetration and of voyeurism, and others targeting coercive sexual conduct such as the sending of sexually offensive emails or texts, and sexual exposure;
- enable Scottish law enforcement agencies to pursue anyone from Scotland who commits a sex crime under Scots law against someone under-18 abroad (including child pornography and child prostitution offences) regardless of the law in that country;
- include 'protective offences' to safeguard those with limited or no capacity to consent due to their age or mental disorder. This includes equalising at 16 the age of consent for boys and girls.

Appendix C

National Guidance

“Protecting Children – A Shared Responsibility”

Guidance on Inter-Agency Co-operation, Scottish Office, HMSO 1998
ISBN 0 11 495908 0

“Protecting Children – A Shared Responsibility”

Guidance for Health Professionals in Scotland, Scottish Executive Health Dept 2000
ISBN 0 7480 8272 7

"Protecting Children - a Shared Responsibility"

Draft Guidance for Education Authorities, Independent Schools, School Staff and all others working with children and young people in an education context in Scotland, Scottish Executive 2003

“Protecting Children” – a Collective Responsibility – Reviewing the Contribution of Child Protection Committees to Inter-Agency Co-operation in Scotland

Scottish Executive Education Department, March 2000

“Managing the Risk”

Social Work Services Inspectorate for Scotland 2000
ISBN 1 84268 042 0

“Protecting Children: The Next Steps Towards Securing Their Safety”

Scottish Executive Education Department 2001
ISBN 0 7559 0102 9

“Reducing the Risk” Improving The Response To Sex Offending

Report of the Expert Panel on Sex Offending Scottish Executive 2001
ISBN 0 7559 0101 0

“It’s Everyone’s job to make sure I’m alright”

Report of the Child Protection Audit and Review, Scottish Executive 2002
ISBN 0 7559 0585 7

“Getting Our Priorities Right”

Good practice guidance for working with children and young people and families affected by substance misuse. February 2003
ISBN 0 7559 0716 7

“A Guide to Getting it Right for Every Child”

An overview of the GIRFEC agenda, Scottish Government September 2008
ISBN 0 7559 5775 0

“Protecting Children and Young People: The Charter and Framework for Standards”

Scottish Executive website www.scotland.gov.uk/childprotection

Appendix D

Health and Medical Services

Medical Staff

Guidance from professional bodies and the Scottish Executive emphasises the importance of considering the child's interests as paramount at all stages in the investigation and management of possible abuse, including any court procedures. These interests may override the general rule of professional confidentiality. The General Medical Council has recently revised its guidelines to practitioners regarding the sharing of information about child abuse. The new advice states that:

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

(General Medical Council, Protecting Patients, Guiding Doctors, Confidentiality: Protecting and Providing Information)

All medical staff have a role in recognising child abuse and neglect, and in responding in accordance with local and national guidelines.

Doctors in all areas of medical practice may frequently be the first contact in cases of suspected or actual child abuse, and it is essential that they are knowledgeable about the signs and symptoms, the procedures to follow and the guidance available to them. Child abuse may come to the notice not just of those working with children and young people and families, but to any practitioner in the course of his/her day-to-day work.

Hospital Nursing Staff

Nursing staff are committed to protecting children and young people from abuse and to providing child-centred care, which is suited to each child's requirements. Nurses should recognise a child's vulnerability and provide an environment in which the child feels secure, taking time to comfort, support and reassure, whilst respecting the privacy of the child at all times.

It is essential that staff having contact with children and young people and parents/carers are knowledgeable about child protection procedures and have guidance available to them.

Nursing staff should communicate with members of the inter-disciplinary team on behalf of the child, taking steps to mitigate further physical or emotional distress, and should actively participate in the inter-agency child protection system. Opportunities should be provided for the parents to express their feelings and concerns, and to communicate these to the inter-disciplinary team.

Community Nursing Staff (practice nurses, public health nurses, health visitors, midwives, school nurses, treatment room nurses, paediatric nurses, learning disability nurses)

The community nurse will contribute to child protection by:

- observation of children and young people within and outwith the family situation, identifying children and young people at risk and initiating child protection procedures when required
- facilitation of communication with other agencies – the established relationship between the family and the community nurse will aid other agencies in their investigations
- participation in investigations by providing relevant reports and other information, with the parents' knowledge
- participation in child protection case conferences: the community nurse contributes knowledge of the development and progress of the child and the health of the family; s/he will also have knowledge of relationships within the family that other conference members may not have
- post-investigation support, whether or not an allegation has been substantiated – this will take the form of continuing to visit, monitor and record relevant aspects of the child's health and development, and participating where necessary in the agreed child protection plan; long-term support to the family may be required after the enquiry has been concluded

Community nursing staff, particularly health visitors/public health nurses may have knowledge of the family, and are well placed to recognise when children and young people are vulnerable.

Health visitors/public health nurses will come into contact with children and young people between the 10th and 14th day after birth and then again over the first few years. Other health professionals may come into contact with children under 5 years in the community, and may be involved in the recognition of abuse or continuing work with abused children and young people.

Health professionals are often the first to be alerted to cases of child abuse, particularly in doubtful cases of emotional abuse and neglect. All health professionals, including those who are not generally perceived as working directly with children and young people, have a responsibility both to be alert and to respond to suspected or actual cases of child abuse that come to their notice.

Health professionals have their own guidelines in cases of suspected or actual abuse.

Nursing and medical staff should be aware that close liaison is necessary at all stages with Social Work, Police and other involved agencies.

The Child Protection Nurse Advisor

The Child Protection Nurse Advisor provides a comprehensive service to healthcare professionals working with children and young people, including training, clinical supervision, liaison with other agencies and the development of child protection policies and protocols.

The Lead Clinician for Child Protection

The Lead Clinician for Child Protection has an advisory role for NHS Fife, providing a high level of expertise in child protection to professionals within the NHS and across all relevant agencies. Specific responsibilities include: the development of child protection standards for the NHS; auditing; liaising with appropriate health professionals; producing child protection health guidelines, strategies and procedures; and overseeing effective child protection training initiatives for NHS Fife.

The Lead Clinician for Child Protection is a member of the Health Steering Group, which has responsibility for the development of child protection health policies, strategies and guidance in Fife.

Child Mental Health/Clinical Psychologist

Child mental health workers and clinical child psychologists work largely in the community, providing a service for children and families with a range of psychological difficulties. In the general service they work with emotional and behavioural problems and developmental problems, as well as with children and young people who have been subject to neglect and abuse.

Clinical psychologists/child mental health workers are frequently in touch with children and young people who are highly vulnerable and who may well disclose abuse or give rise to strong suspicions that abuse may have occurred.

Where disclosure occurs or suspicions are aroused, clinical child psychologists and child mental health workers have a duty to inform the child protection agencies of their concerns. For both these professions, it is expected that they consult with a senior colleague before deciding to refer on to the child protection agencies.

Child mental health workers have a role in supporting children, young people and their families where there has been abuse that affects the child's emotional well-being. In the main, the Centre for the Vulnerable Child will deal with cases of child sexual abuse on an out-patient basis. In other cases of abuse, or where the child is an in-patient, therapeutic help will be provided by any member of the Child Mental Health Team or the clinical psychology profession.

Given the experience of mental health professionals working with children and young people, they may be consulted by other child protection agencies, for example in complex cases where there are very young children, children and young people with learning difficulties or where psychiatric features are present.

In some instances child mental health professionals and clinical psychologists will have a role in working with children and young people and young people who are behaving in abusive ways, e.g. with sexually inappropriate behaviour towards other children and young people. The Centre for the Vulnerable Child, the Child Support Service or the In-Patient Unit may be involved.

Other Health Professionals (including allied health professions, dental surgeons, opticians and pharmacists)

All health professionals should be aware of Fife Child Protection Guidelines, the expectations on them to comply with these, and of the need to recognise the signs of abuse. Suspicions of abuse should be reported to the Social Work Service or the Police.

"child protection is everyone's job It's our job"

www.fifechildprotection.org.uk

Private Healthcare

All health professionals who work in private healthcare must be aware of their duty to protect children and young people and should know about the child protection guidelines of the area in which they are based. Doctors, nurses and other professionals who see children and young people and their families on a private basis are expected to follow agreed child protection procedures if they become concerned about a child's welfare.

Appendix E

Armed Forces Guidance

Army

The welfare of Army families whose children are considered by the Social Work Service to be at risk is the responsibility of the Army Welfare Service (AWS). The AWS provides a comprehensive and confidential welfare support service to all Army personnel and their families through the Army Welfare Workers (AWW). The Social Work Service should liaise with one of the two Welfare Support Officers (WSO) who provide cover for the whole of Scotland. They should be invited to send a representative to the child protection case conference. They respond to the Divisional Welfare Support Officer (DWSO). Contact details are as follows:

Army HQ 2 nd Division Craigiehall South Queensferry West Lothian EH30 9TN DWSO AWS 0131 310 2107/2108	Lowlands Building 29 Dreghorn Barracks Redford Road Edinburgh EH13 9QW WSO AWS 0131 310 2850	Highlands 24 Wimberley Way Inverness IV2 3XX WSO AWS 01463 233132
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Royal Navy

All child protection matters within the Royal Navy are handled by the Naval Personal and Family Services (NPFS), which is the Royal Navy's dedicated Social Work and Community Support Service. This provides a confidential and professional Social Work service to all naval personnel and their families, liaising as appropriate with the local Social Work Service, particularly as required by statute for child protection cases. Child protection referrals involving a member of the Royal Navy should be referred to the Regional Officers listed below, and marked FAO AREA OFFICER. The Area Officer will co-ordinate and negotiate action on behalf of naval families, and should be invited to any case conference concerning them. All cases overseas are initially handled by the Eastern Region & Overseas office.

Eastern Region & Overseas Area Officer NPFS HMS NELSON Queen Street Portsmouth Hampshire PO1 3HH Tel No 02392 722712	Western Region Area Officer NPFS HMS DRAKE HM Naval Base Devonport Plymouth PL2 2BG Tel No 01752 555041	Northern Region Area Officer NPFS HMS NEPTUNE Tinton House 1 – 5 Churchill Square Helensburgh Argyll & Bute G84 9HL Tel No 01436 672798
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Royal Marines

All welfare matters within the Royal Marines are dealt with by the Royal Marine Welfare Service. This is a non-statutory agency, which provides a confidential and professional service to all Royal Marine personnel and their families. The Royal Marine Welfare Service will liaise with the local Social Work Service and will negotiate service action on

behalf of families. The Royal Marine Welfare Service should be informed in all cases of child protection involving a member of the Royal Marines.

Scotland
Welfare Officer
RM Condor
Arbroath
Angus
DD11 3SJ

Tel No 01241 872201 ext 2015/6

Service Manager
RM Welfare
2nd Floor
Jervis Block
HMS Nelson
Portsmouth
PO1 3HH
Tel No 02392 720114

Royal Air Force

The Royal Air Force has an independent welfare organisation on each station in an area. Social issues are managed as a normal function of command and co-ordinated by each station's Personnel Officer; the Officer Commanding Personnel Squadron (OCPMS) who is supported by a qualified SSAFA forces Help Social Worker, or a Personal & Families Support Worker. Whenever child protection enquiries concern the family of a serving member of the RAF, the Social Work Service should notify the parent unit or the nearest RAF unit by contacting the OCPMS or SSAFA Forces Help Worker. Every RAF unit has an officer appointed to this duty and s/he may be familiar with child protection procedures. The SSAFA Social Worker or the Area Social Work Manager, both based at RAF Leuchars on telephone number 01334 839471 extension 7444/7318 are available for informal discussion.

Service Families Going or Returning from Overseas

When the services are aware of child protection issues within a family who are being considered for overseas service, this will be highlighted during the screening process and action taken to prevent the family's move before any child protection issues have been resolved. It is essential that the Social Work Service exchanges information about agencies' involvement with a service family to ensure that no child named on a UK Child Protection Register is taken abroad without appropriate assessment.

The Soldiers', Sailors', Airmen's and Families' Association Forces Help (SSAFA Forces Help) provides, at the request of the Ministry of Defence, a qualified social work and health visiting service for families of all services on overseas stations.

When there is a child protection plan in this country for a child in a service family moving overseas, the Social Work Service should notify SSAFA Forces Help in writing with full documentation, case summary, etc, to:

Director of Social Work
SSAFA FH
Central Office
Queen Elizabeth the Queen Mother House
19 Queen Elizabeth Street
LONDON SE1 2LP
Tel No: 020 7403 8783

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

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

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

Emergency Action Regarding Service Families Overseas

When it appears that a child is in urgent need of care or control, any officer having jurisdiction in relation to the child may order the child to be removed to and detained in a place of safety. These arrangements were introduced in 1991. If the officer makes an order to transfer the child to the United Kingdom so that care of the child can become the responsibility of the relevant local authority, all necessary action will be arranged and agreed beforehand between the responsible agencies concerned.

Appendix F

Criminal Injuries Compensation

Children who have been the subject of significant harm either within or outside their family may be eligible for compensation in the form of a financial award. Two key elements are required to support the application:

- the injury has been the subject of police investigation although prosecution is not a prerequisite. Failed prosecution does not automatically negate a Criminal Injuries Compensation claim;
- the injury, either physical or psychological, is assessed as meriting an award. The Criminal Injuries Compensation Authority assessors have guidance relating to levels of award.

An award may be refused or reduced if it is believed that the perpetrator may benefit.

Application for, or receipt of, a Criminal Injuries Compensation Authority award does not negate any claim in civil proceedings for damages. In the event of an award for civil damages the Criminal Injuries Compensation Authority award may have to be returned.

These applications made on behalf of children who have been abused must be viewed by professionals as an important part of social work intervention where the issues involved must be carefully assessed.

It is important to emphasise that the Children (Scotland) Act 1995 highlights in its overarching principles that the welfare of the child is paramount, that children are entitled to be protected from abuse and its consequences and that the views of children must be taken into account in major decisions affecting their lives.

Children and young people who are the victims of crimes of violence require special consideration because of the exploitative dynamics of child abuse. Professionals should strive to ensure that all claims on behalf of children and young people are comprehensive and contain sufficient information for the Criminal Injuries Compensation Authority to consider making as full an award as possible.

The award of compensation is a clear and strong message to children and young people that they were not responsible for the abuse they have endured, that what happened to them was wrong and that society recognises this through awarding compensation. Whilst financial recompense can never fully compensate for the abuse suffered by many children, it can bring important material assistance at key stages in their lives.

Claims must be made within defined time limits (2 years).

Application forms and notes for guidance are available from:

Criminal Injuries Compensation Authority
Tay House
300 Bath Street
GLASGOW G2 4LN

Freephone No: 0800 358 3601
Fax No: 0141 331 2287
Internet access: www.cica.gov.uk

A new Criminal Injuries Compensation Scheme (2008) reviews and updates the Tariff of Injuries and Standard Amounts of Compensation.

Appendix G

Information Sharing Guidance

Recent Scottish Government reports on Child Protection practice, including 'It's Everyone's Job to Make Sure I'm Alright (2002)', and 'Getting It Right for Every Child (2004)' and numerous child abuse inquiry reports have highlighted the importance of sharing information promptly with other relevant agencies. A key factor in many serious case reviews has been a failure to record information, to share it, to understand the significance of the information shared, and to take appropriate action in relation to known or suspected abuse or neglect.

In 2004, the Scottish Executive Guidelines on Sharing Information about Children at Risk, states, "***If there is reasonable concern that a child may be at risk of harm, this will always override a professional or agency requirement to keep information confidential. All professionals and service providers have a responsibility to act to make sure that a child whose safety or welfare may be at risk is protected from harm, they should always tell parents this***".

Confidentiality

All workers and agencies should respect the need for other professionals and agencies to protect the information that they hold on behalf of service users. Confidentiality is a key factor in enabling service users to engage confidently and honestly with agencies. However, sometimes professionals will need to share specific information with staff in their agencies or other professionals in the best interests of the child.

In order to ensure that the sharing of personal information is informed all agencies should have available, material which explains:

- The rights of individuals under the Data Protection Act 1998.
- Details of the procedures in place to enable service users to access their records.
- Details of the circumstances under which information may be shared without consent and the procedures which will be followed.
- Details of the complaints procedures to follow in the event that the individual concerned believes information about them has been inappropriately disclosed.
- Details of how the information they provide will be recorded, stored and the length of time it will be retained both by the point of contact agency and the agencies to which they may disclose that information.

Practitioners in all agencies including universal, targeted and specialist services should proactively inform children and their families when they first engage with the Service about their policy on how information will be held, stored and shared and seek consent as soon as possible.

This process should include explaining to service users the potential outcomes if they refuse to consent to share information e: individual agency assessments, slower service delivery, necessary information not available in order to have full assessment of risk and implications of safeguarding child. They may also not receive the most appropriate service provision.

The rejection of consent to allow agencies to share information will be a factor which will feature in the overall assessment of risk for a child. On many occasions this may heighten the assessed risk for a child and further investigation/intervention may be required.

It is essential that all agencies work together and share information, using an agreed protocol. It is only when all agencies share the information they hold, that a full picture emerges upon which to reach decisions and determine a plan of action to minimise the risk of harm, and to improve the outcomes for children. An inter-agency Information Sharing Protocol (ISP) details the policy, principles and gives examples of the practical processes and procedures for information sharing.

Consent to share information should be sought from service users prior to sharing information, except in some situations where a child may be placed at risk or an initial assessment is required to ascertain the level of risk to a child.

Circumstances Where Information Should Be Shared

- A child's health, development or behaviour is impaired, or likely to be affected, by possible abuse/neglect
- A child may be exposed to harm, this could be due to parental substance misuse, parental mental health or parental learning difficulties
- A parent/carer may not be able to care for a child adequately or safely without help
- The behaviour/presentation of a child may indicate possible abuse
- Information held about an adult may raise concerns for children they have contact with i.e. an adult who has convictions for a Schedule 1 Offence or is violent
- Where the behaviour of an adult raises concerns for a child
- Where a victim of domestic abuse is pregnant, or is a parent and there is concern that a child may be harmed as a consequence of this
- A child/young person who may be involved in sexually harmful behaviour to others
- Where a child/young person's mental health raises concerns about them placing themselves at risk of harm
- A child/young person who may be involved in offending.

It is recognised that it is not always clear whether or not a child is at risk and that professional judgements may need to be made about whether or not to share information. This guidance aims to provide clarity on the issues surrounding information sharing. It is important that practitioners:

- Understand what information is, and is not, confidential, and the need in some circumstances to make a judgement about whether confidential information can be shared, in the public interest, without consent;
- Understand and apply good practice in sharing information at an early stage as part of preventative work;
- Are clear that information must be shared where you judge that a child or young person is at risk of harm.
- Are supported by their employers in working through these issues

The Professional and Legal Context

Legislation

Legislation acknowledges an individual's right to privacy but also enables disclosure and sharing of information in appropriate circumstances. The following legislation should be referred to:

- Children (Scotland) Act 1995
- Data Protection Act 1998
- The Human Rights Act 2000.

Since 1 March 2000, the key legislation governing the protection and use of identifiable service user information (Personal Data) has been the **Data Protection Act 1998**

The requirement to act in a child's best interest, as referred to in the Children (Scotland) Act 1995, will supersede the right to privacy and family life, enshrined in the Human Rights Act.

National Guidance

The following publications from various sources all underline the importance of information sharing in order that vulnerable children and young people are supported and protected:

- Sharing Information about Children at Risk: A Guide to Good Practice (Scottish Executive 2004)
- 'Getting it Right for Every Child' (GIRFEC) (Scottish Executive 2004)
- 'It's Everyone's job to Make Sure I'm Alright' (Scottish Executive 2004)
- Fraser Guidelines (1985)
- Protecting Children, A Shared Responsibility. (Scottish Office)(1998)

Local Guidance/Protocols/Procedures

- Fife Child Concern Referral Form and Guidance
- Inter-Agency Referral Discussion (IRD) Form and Guidance
- Gold Standard Protocol for Sharing Information between Fife Council, Fife Constabulary and NHS Fife
- Child Protection Information Sharing Protocol
- Child Protection Governance Arrangements in Fife
- Early Response to Children Affected by Parental Substance Misuse
- Fife Multi-Agency Public Protection Arrangements (MAPPA)
- Single Agency and Multi-Agency Child Protection Procedures

Appendix H

Inter – Agency Referral Discussion – Practitioners Flow Chart

