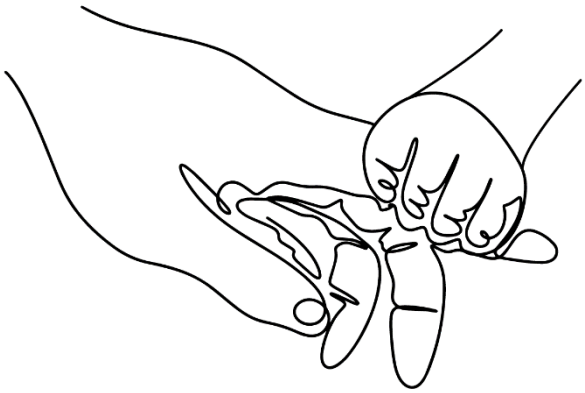
Shetland Inter-agency Child Protection Procedures

Shetland Public Protection Committee

Safer Shetland

Safeguarding children and young people in Shetland



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2024

SHETLAND
INTER-AGENCY CHILD PROTECTION PROCEDURES

Safeguarding Children and Young People in Shetland

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

To make a Child Protection Referral contact the duty social worker. If you are worried or concerned about a child or young person you can contact one of the following agencies:-

Duty Children's Social Work Service	**Telephone**
Monday to Friday 9am – 5pm childrens&families-intake@shetland.gov.uk (during working hours)	01595 744420
Duty Out of Hours Service (outwith above times)	01595 695611

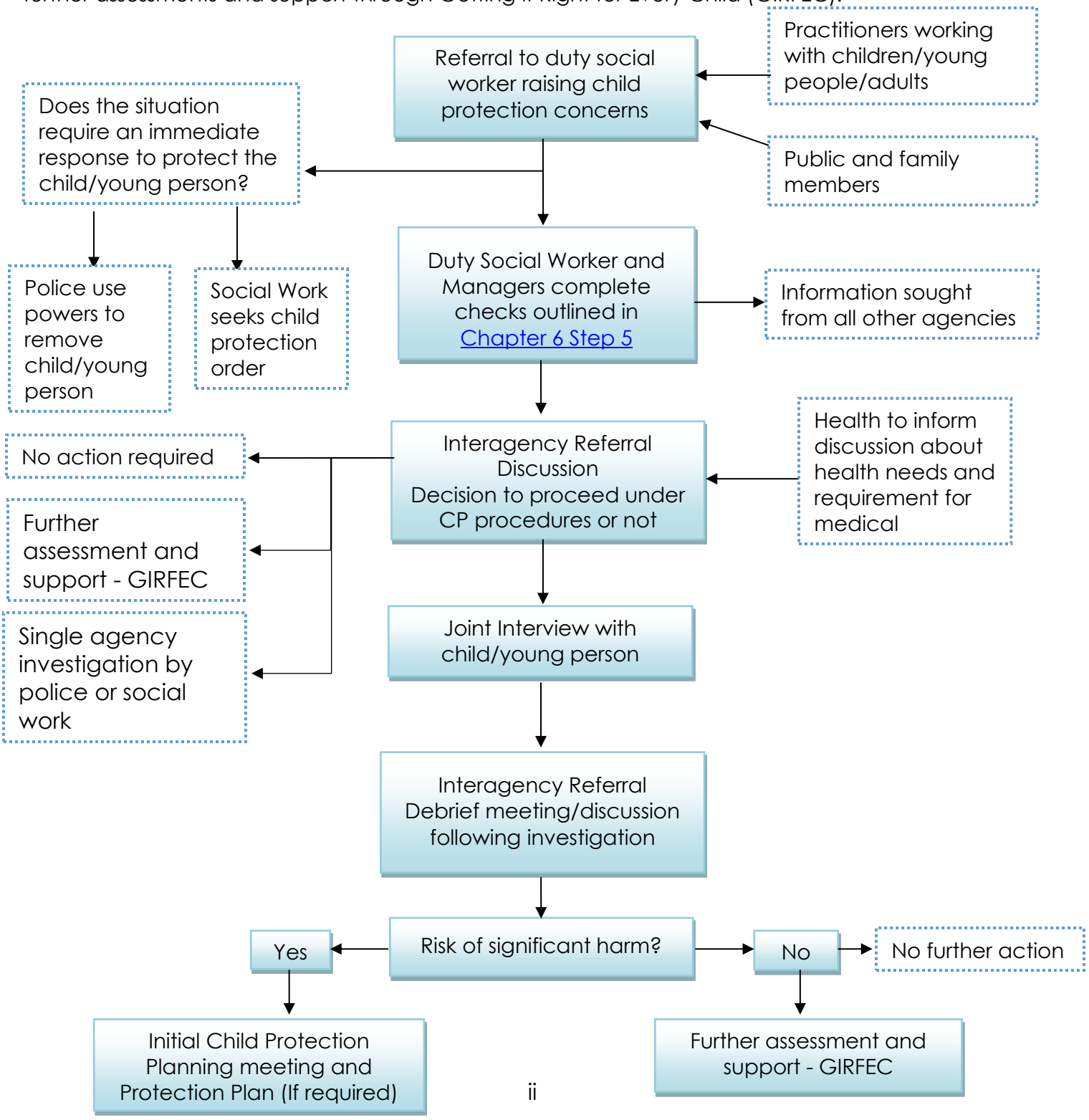
Police	**Telephone**
24 hour cover Lerwick Police Station In an emergency call 999	 101

Other numbers	**Telephone**
Scottish Children's Reporter Administration **Children's Reporter** Monday to Friday 9am – 5pm ShetlandMailbox@scra.gov.uk **Childline** Or go to Online chat at: www.childline.org.uk	 0131 244 3780 0800 1111

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FLOWCHART

The process of responding to Child Protection concerns is represented in diagrammatic form below. At any stage in the process it can be stopped if it is felt that either the child requires immediate emergency measures to protect them or if the information gathered does not require a response under Child Protection Procedures. Some children, young people and families may benefit from further assessments and support through Getting it Right for Every Child (GIRFEC).



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Protocols and additional information can be found in the National Guidance for Child Protection in Scotland 2021 (updated 2023) under Part 4: Specific Support Needs and Concerns

EXPLANATION OF TERMINOLOGY

Throughout this document **the terms 'investigation' 'investigate' and 'investigative interview' are used to refer to the activities of the police, the Reporter and the Council's Children's Social Work services.** Usually these terms imply the gathering of evidence, which is the responsibility of the Police and the Reporter. The primary responsibility of social work services in child protection is to gather information and make assessments about the best interests of children and young people. However, for the purposes of this document, the above terms have been used to indicate the activities of all three agencies specifically in respect of child protection.

Throughout these procedures, the terms **"child and young person"** or **"children and young people"** are used. These terms **refer to all children and young people up to the age of 16 years.** Where there is reference to **"young people aged 16-18",** this is specified in each section referring to this age group.

OPENING HYPERLINKS WITHIN THE INTERNET VERSION OF THIS DOCUMENT

To open a hyperlink you should hover over the link and right click when you will be presented with a number of options. Choose "Open Hyperlink" which will take you to the website or document.

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1. Introduction

1.1 Shetland's Public Protection Committee, which fulfils all the functions of a Child Protection Committee, has produced these Procedures as the basis of local practice in relation to child protection. It is consistent with the National Guidance for Child Protection in Scotland 2021 (updated 2023) - www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/documents and with the 2019 Guidance for Chief Officers and Child Protection Committees Protecting Children and Young People: Child Protection Committee and Chief Officer Responsibilities (www.gov.scot)

1.2 Shetland Public Protection Committee is made up of representatives from a range of organisations including the statutory and voluntary agencies with responsibility for the welfare of children and young people. Its Constitution is approved by the Chief Officers of NHS Shetland, Shetland Islands Council and the Chief Inspector, Shetland Area Command, Police Scotland, through the Chief Officers' Group.

1.3 Shetland Islands Council, the Board of NHS Shetland and Police Scotland have approved these Procedures. The policy, procedures and practice guidance which follow apply to all statutory and third sector agencies represented at Shetland Public Protection Committee, and must be followed irrespective of the source of the referral or its first point of contact.

1.4 Third sector organisations providing services to children and young people are represented at Shetland Public Protection Committee. The National Guidance for Child Protection in Scotland 2021 makes it clear that all organisations should adopt local and national child protection procedures. Further guidance for community groups is available at http://www.safershetland.com/adult-protection-for-community-groups

1.5 Further protocols may be developed to provide additional guidance on specific areas of child protection work. Once approved by Shetland Public Protection Committee, they will be added to these Procedures and shared accordingly.

1.6 The Shetland Inter-Agency Child Protection Procedures are compatible with the equality and diversity principles and duties set out within the Equality Act 2010. The Procedures are also compatible with the Human Rights Act 1998. Child Protection services in Shetland will ensure that they operate in fair, consistent and reliable ways with an emphasis on participation, respect and inclusion.

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2. The National Guidance for Child Protection in Scotland 2021

2.1 Shetland Interagency Child Protection Procedures are consistent with the National Guidance for Child Protection in Scotland 2021

2.2 The principles underpinning the National Guidance can be summarised as follows:

- All children and young people have a right to protection from abuse and exploitation, and to adequate physical, emotional and social care; parents have the responsibility and the right to provide such care;
- Children and young people are best cared for in their own families, except where consideration for their safety and welfare dictates otherwise;
- Early effective support to families, children and young people to support them using the Getting it Right for Every Child (GIRFEC) principles to prevent harm and promote wellbeing are a fundamental element of work by all agencies in Shetland;
- The welfare of children and young people must be the paramount consideration in all decisions concerning them; all decisions must be based on children's and young people's best interests;
- Each child must be treated as an individual with individual needs, views and beliefs;
- Work will be carried out on the basis of partnership with families wherever possible, parents being consulted and involved in all decisions affecting their children;
- The highest priority will be given to the protection of children and young people from abuse, and all agencies and organisations will ensure that activities carried out in the name of child protection are child-centred, and give paramountcy to the views, welfare and interests of children and young people;
- The views of children and young people should be sought and they have the right to be listened to and to be taken seriously; interview and other procedures will focus on the child or young person, and will reflect his/her views, rights, wishes and needs;
- All concerns that children and young people may be at risk of significant harm, have been, or are being, abused will be investigated in accordance with agreed inter-agency procedures;

- All agencies are committed to working in an open and collaborative way, together and with parents, whilst recognising the potential for conflict in child protection situations;

- All children and young people will be provided with appropriate support in accordance with their particular needs;

- All child protection interventions must be child centred and consistent with the equality and diversity principles and duties set out in the Equality Act 2010.

2.3 The National Guidance for Child Protection in Scotland 2021 and therefore the Shetland Interagency Child Protection Procedures, are also underpinned by recognition of the United Nations Convention on the Rights of the Child based on the following articles:

- Best interest of the child as a primary consideration (Article 3);

- Protection from all form of physical violence, sexual abuse, neglect, maltreatment, exploitation in human or degrading treatment (Articles 19, 37, 35);

- Right of a child capable of forming views to express views truly in all matters affecting the child (Article 12);

- Right to a family life and the right to preserve personal relations if separated from their family (Articles 5, 7 and 9.3);

- Respect for rights without discrimination;

- A mentally or physically disabled child should enjoy a full life in conditions which facilitate self-reliance and active participation (Article 23);

(A more complete list of United Nations Convention on the Rights of the Child articles which apply to Child Protection processes are given in the National Guidance for Child Protection in Scotland 2021, Appendix E)

2.4 The underpinning principles which guide Shetland Interagency Child Protection Procedures have been approved by Shetland Public Protection Committee, its constituent members and Shetland Chief Officers' Group.

2.5 Shetland Public Protection Committee will work closely with other partnerships – Shetland Children's Partnership, Shetland Alcohol and Drug Partnership, Shetland Community Justice Partnership and

Shetland Domestic Abuse Partnership to promote the safety and wellbeing of all children and young people in Shetland.

2.6 The National Guidance for Child Protection in Scotland 2021 acknowledges that the most effective protection of children involves early support within the family before any urgent action or child protection processes are required. Real protection of children involves attuned trauma-informed practice and sufficiently sustained support for children, young people and families.

2.7 Effective early support is best achieved through consistent application of the GIRFEC approach, summarised as follows:

- timing, process and content of all assessment, planning and action will apply to the needs of the individual child, and to their present and future rights, safety and wellbeing;
- children's views will be heard and given due consideration in decisions, in accordance with their age, level of maturity, and understanding;
- services will seek to build on strengths and resilience as well as address risks and vulnerabilities within the child's world;
- partnership will be promoted between those who care about and have responsibilities for the child – this requires a collaborative approach between professionals, carers and family members.

2.8 'Partnership' may not be attainable in a timescale which protects the child. However, even when urgent action is needed, the National Guidance for Child Protection in Scotland 2021 stresses the need for proactive and persistent effort to understand and achieve a shared understanding of concerns, and a shared approach to addressing them. The National Guidance references collaborative, strength-based approaches to assessment and engagement in protective action. This will be the basis for all child protection interventions carried out by agencies in Shetland.

2.9 Recognising the context of risk and need requires recognition of the influence of structural inequalities, such as poverty. Effective protection addresses the interaction between early adverse experiences, poverty, ill health and neglect. A disproportionate intensity of child protection interventions occur in the most materially deprived neighbourhoods. This indicates a need, not only to 'think family' but to think beyond the family, addressing patterns of concern and supporting positive opportunities in communities. GIRFEC – Shetland Islands Council.

2.10 Expectations from Children who may be Involved in Child Protection Processes

Voices of children and young people involved in child protection processes shaped the Children's Charter (2004), and are represented in the wheel diagram below (Figure 1). Their voices are echoed and strengthened by the voices of the children, 15 years later, who contributed to the consultation on the National Practice Model for Advocacy in the Children's Hearings System (revised 2020).

The Independent Care Review (2020) also listened to over 5,500 young people, more than half of whom had had experience of the 'care system'. This Review emphasised again the need to listen to children's voices. In addition, the significance of sibling relationships must also be recognised in assessment and decision-making as required by the Children Scotland Act (2020).

Figure 1: Expectations from children who may be involved in child protection processes



Figure 1

2.11 Expectations from Parents who may be Involved in Child Protection Processes

Families also have a range of distinct yet connected expectations. Strong themes arose from parents, support groups, advocacy and support services during the development of the National Guidance for Child Protection in Scotland 2021. These are reflected in Figure 2 below. 'Parents' refers to parents and any other carers with parental responsibility or day to day care of the child.



Figure 2

2.12 Ages for Child Protection Referrals

Under the Children and Young People (Scotland) Act 2014, a 'child' is defined, as someone who has not yet attained the age of 18, however, the individual young person's circumstances and age will dictate what legal protections are available. For example, the Adult Support and Protection (Scotland) Act 2007 can be applied to over-16s when the criteria are met. Where a young person between the age of 16 and 18 requires support and protection, services will need to consider which legal framework best fits each Individual's needs and circumstances.

2.13 In Shetland, Shetland Public Protection Committee and Shetland Islands Council's Children's Services have agreed that:

- Any child or young person who is, or may be, at risk of significant harm, up to the age of 18, should be referred to Children's Duty Social Work using these Procedures;
- Any young person who is over the age of 18, but who is still on a school roll (for some young people with additional support needs this can be up to their 19th birthday) who is, or may be, at risk of significant harm should be referred to Children's Duty Social Work using these Procedures;
- Any young person over the age of 18 who is at risk and has left school and is no longer on a school roll should be referred under Adult Protection Procedures to Adult Duty Social Work;
- Any young person who is Care Experienced and who is receiving support from the Through Care and After Care Team, should be referred in the first instance, to Children's Duty Social Work.

2.14 For young people aged 16-18, or beyond their 18th birthday, who are still in education the Quality Improvement Service will provide a suitable Named Person. For young people who have left school and who have not been Looked After, Shetland Islands Council Children's Services, Central Inclusion Team (centralinclusionteam@shetland.gov.uk) will be the Named Person. For any young person who was Looked After on their 16th birthday they are entitled to a Through Care and After Care service and that service will provide a Named Person.

2.15 A supportive working relationship with the young person, taking account of their views is always key to the best decision making. An Initial Child Protection Planning Meeting can be called for a young person over 16 and they can have their name placed on the Child Protection Register if those attending the Planning Meeting assess that that is the best way to protect them. For young people over 16, consideration must always be given as to whether any of the provisions

under the Adult Support and Protection (Scotland) Act 2007 would assist in safeguarding them.

2.16 It is possible for a young person to remain on a Compulsory Supervision Order under the Childrens Hearing Act (Scotland) 2011 up to the age of 18, if they are already subject to such an order on their 16th birthday. This means that they are "Looked After" and the local authority has a responsibility for their care and welfare until they are 26. A young person who is subject to a Compulsory Supervision Order is classed as a child for the purposes of the remedies available under the Childrens Hearing Act (Scotland) 2011 Act or the Children's (Scotland) Act 1995 Act. A Compulsory Supervision Order is part of the child protection framework, and it would unnecessarily complicate matters to deal with a young person who is already being dealt with under this framework, under the Adult Support and Protection Procedures. (Hyperlink to be added) However, it should be noted, that the remedies available under the Adult Support and Protection Framework, such as a Banning Order, would still be available to protect such a young person. This is a complex area, legally, and staff should seek advice from the Children's Duty Social Worker who can consult with Shetland Islands Council's Legal Services for advice, if required.

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3. Roles and Responsibilities

3.1 All agencies, whether providing statutory or voluntary services, have a responsibility through Getting it Right for Every Child to recognise when any child, young person or family needs advice, guidance and assistance in order to promote wellbeing and prevent harm or abuse. Working with families to offer effective early help is the aim of all services in Shetland.

3.2 All agencies, whether statutory or voluntary, have a responsibility to make a child protection referral following these procedures, if they know or suspect, that a child or young person is at risk of significant harm. The statutory responsibility for the investigation of suspected abuse of a child or young person lies with three agencies:

1. Police Scotland
2. Shetland Islands Council through its Children's Social Work Team
3. The Reporter

3.3 **Police Scotland**- www.scotland.police.uk/contact-us/ - have a general duty to protect the public and to investigate matters on behalf of the Procurator Fiscal, where they believe that a criminal offence may have been committed. They will give the Procurator Fiscal any information which will help decide whether a criminal prosecution should take place. The Police will refer a child or young person to the Reporter if they believe that a child or young person may be in need of compulsory measures of supervision. Police will also consult and share information with all other appropriate agencies on matters which relate to the wellbeing of a child or young person.

3.4 The **Children's Social Work Team** located within Shetland Islands Council Children's Services Directorate – www.shetland.gov.uk/children-families – have a duty to make enquiries into allegations of child abuse of every kind; and, where these enquiries suggest that a child or young person may be in need of compulsory measures of supervision, to refer the case to the Reporter.

3.5 The **Reporter –** www.scra.gov.uk/ – has a duty to investigate referrals made to the Scottish Children Reporters' Administration and to refer a child or young person to a Children's Hearing if the Reporter is satisfied that it is in the child's or young person's interests to provide protection, care, treatment or control on a compulsory basis. The extent and type of investigation is for the Reporter to decide.

3.6 With the responsibility to investigate goes the responsibility for decision making. All decisions made will be recorded by the relevant organisations in accordance with their own procedures.

3.7 The **Procurator Fiscal** - www.copfs.gov.uk - also has clear statutory responsibilities in relation to the investigation of crime. With regard to child protection matters the Procurator Fiscal has a duty to:

a) Consider the terms of reports sent in by the Police or other agencies and to instruct them to make appropriate enquiries;

b) Consider bail conditions which may protect a child or young person from an alleged offender;

c) Consider whether criminal proceedings are appropriate and if so, to consider how they should be prosecuted taking account of all the circumstances of the offence and the offender;

d) Set up contact with the child or young person witness where there is prosecution, in consultation with other agencies;

e) Assess, with the help of professional colleagues, the most appropriate way for the child or young person to give evidence in any criminal court proceedings and to make appropriate applications to the court;

f) Work with the Reporter; and

g) Attend Child Protection Planning Meetings, if this is appropriate.

3.8 **NHS Shetland Staff** – staff working for NHS Shetland have a duty of care for all children and young people and a responsibility to recognise and refer any child who is at risk of significant harm. Specific NHS Shetland staff have key roles in child protection processes and in connection with arranging medical examinations.

3.9 **School Staff, Children's Services** – staff working in a range of school education and early learning and childcare settings play a crucial role in the support and protection of children and young people as well as the development of their wellbeing.

3.10 **Whistleblowing** - Organisations that work with children and young people should have policies in place which allow individuals to escalate a child protection concern outside of their management structure. This may be where an individual believes that their manager, senior managers or appointed child protection officer are not dealing with a child protection concern appropriately (including when allegations of harm are dismissed or minimised). It could also be where the individual suspects that a colleague who forms part of the management structure may be harming a child or young person. While

these policies should be in place, any individual who has concerns about a child's wellbeing should contact their Children's Duty Social Work or Police Scotland without delay if they believe a child or young person is at risk of harm.

3.11 For further detailed information about the respective roles and responsibilities of different agencies please see Part 2A Roles and Responsibilities of the National Guidance for Child Protection in Scotland 2021.

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4. Key Definitions (National Guidance for Child Protection in Scotland 2021)

4.1 What is Child Abuse and Child Neglect?

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

Physical Abuse

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

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

Emotional Abuse

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

- conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person;
- exploitation or corruption of a child, or imposition of demands inappropriate for their age or stage of development;
- repeated silencing, ridiculing or intimidation;
- demands that so exceed a child's capability that they may be harmful;

- extreme overprotection, such that a child is harmed by prevention of learning, exploration and social development;

- seeing or hearing the abuse of another (in accordance with the Domestic Abuse (Scotland) Act 2018).

Sexual Abuse

Child Sexual Abuse is an act which involves a child in any activity for the sexual gratification of another person. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at or in the production of indecent images, in watching sexual activities, using sexual language towards a child, or encouraging children to behave in sexually inappropriate ways.

A child under age 16 cannot consent to sexual activity at all, so it cannot be claimed that the child consented or assented to such activity. Generally, the position for children aged 16/17 will depend on whether there is consent or a reasonable belief of consent. Some sexual offences, such as sexual abuse of trust (section 42 of the Sexual Offences (Scotland) Act 2009) apply up to age 18 irrespective of consent. The offences of taking or possession of indecent photographs of children (sections 52 and 52A of the Civic Government (Scotland) Act 1982) apply up to age 18, with certain defences related to those in established relationships where the child is reasonably believed to be 16 or over.

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

Child Sexual Exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a person under 18 into sexual activity in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child Sexual Exploitation does not always involve physical contact. It can also occur through the use of technology. Children who are trafficked across borders or within the UK may be at particular risk of sexual abuse.

Criminal Exploitation

Criminal exploitation refers to the action of an individual or group using an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity in exchange for something the victim needs or wants, or for the financial or other advantage of the perpetrator or facilitator. Violence or the threat of violence may feature. The victim may have been criminally exploited, even if the activity appears consensual. Child criminal exploitation may involve physical contact and may also occur through the use of technology. It may involve gangs and organised criminal networks. Sale of illegal drugs may be a feature. Children and vulnerable adults may be exploited to move and store drugs and money. Coercion, intimidation, violence (including sexual violence) and weapons may be involved.

Child Trafficking

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

Neglect

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

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

The GIRFEC SHANARRI (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included) indicators, often referred to as the Wellbeing Indicators, set out the essential wellbeing needs for all children and young people. Neglect of any, or all of these, can impact on healthy development. Once a child is born, neglect may involve a parent or carer failing: to provide adequate food, clothing and shelter (including exclusion from home or abandonment); to protect a child from physical and emotional harm or danger; to ensure adequate supervision (including the use of inadequate caregivers); to seek

consistent access to appropriate medical care or treatment; to ensure the child receives education; or to respond to a child's essential emotional needs.

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

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

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

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

4.2 What is Child Protection?

Child protection refers to the processes involved in consideration, assessment and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of significant harm. Child protection guidance provides overall direction for agencies and professional disciplines where there are concerns that a child may be at risk of harm. Child Protection Procedures are initiated when police, social work or health professionals determine that a child may have been abused or may be at risk of significant harm. Child protection involves:

- immediate action, if necessary, to prevent significant harm to a child

- inter-agency investigation about the occurrence or probability of abuse or neglect, or of a criminal offence against a child. Investigation extends to other children affected by the same apparent risks as the child who is the subject of a referral

- assessment and action to address the interaction of behaviour, relationships and conditions that may, in combination, cause or accelerate risks

- focus within assessment, planning and action upon listening to each child's voice and recognising their experience, needs and feelings

- collaboration between agencies and persistent efforts to work in partnership with parents in planning and action to prevent harm or reduce risk of harm

- recognition and support for the strengths, relationships and skills within the child, family and their world in order to form a plan that reduces risk and builds resilience

Child protection is part of a continuum of collaborative duties upon agencies working with children. The Getting it Right for Every Child approach promotes and supports planning for such services to be provided in the way which best safeguards, supports and promotes the wellbeing of children, and ensures that any action to meet needs is taken at the earliest appropriate time to prevent acute needs arising. The planning of systems should ensure that action is integrated from the point of view of recipients.

Child protection processes fall at the urgent end of a continuum of services which include prevention and early intervention. The Getting it Right for Every Child principles and approach are consistently applicable. Children who are subject to child protection processes may already be known to services. They may already have a Child's Plan in place. Child protection processes should build on existing knowledge, strengths in planning and partnerships to reduce the risk of harm, uphold children's rights and meet the child's needs.

Preventative and protective work may be needed at the same time. Preventative, restorative, supportive, collaborative and therapeutic approaches do not stop because compulsory measures or urgent protective legal steps are taken. A tailored blend of care and professional authority may be needed whether a child at risk is at home with family or accommodated, or when the child is to transition between placements or to be reunified with birth family after a placement away from home.

The level of risk a child is exposed to can shift, often rapidly, as circumstances change or information emerges. Services may be organised in response to 'thresholds' of risk. However, the way children and families act and think is not bound within such categories. Safe systems allow for a degree of flexibility as professional understanding of need and risk evolves. Safe systems ensure sufficient continuity of support when the immediate urgency to protect is alleviated. Safety may depend upon accessible support when need arises over the longer term. Protection of children from all forms of abuse, neglect, exploitation and violence is inextricable from protection of the full range of each child's United Nations Convention on the Rights of the Child rights and human rights.

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

Protecting children involves preventing harm and/or the risk of harm from abuse or neglect. Child protection investigation is triggered when the impact of harm is deemed to be significant.

'Harm' in this context refers to the ill treatment or the impairment of the health or development of the child, including, for example, impairment suffered as a result of seeing or hearing the ill treatment of another. 'Development' can mean physical, intellectual, emotional, social or behavioural development. 'Health' can mean physical or mental health. Forming a view on the significance of harm involves information gathering, putting a concern in context, and analysis of the facts and circumstances.

For some actions and legal measures the test is 'significant harm' or risk of significant harm. There is no legal definition of significant harm or the distinction between harm and significant harm. The extent to which harm is significant will relate to the severity or anticipated severity of impact upon a child's health and development.

The National Guidance for Child Protection in Scotland 2021 provides the following definitions:

"Harm: Impairment of the health or development of the child, including, for example, impairment suffered as a result of seeing or hearing the ill treatment of another. Risk in this context refers to the probability of harm given the presence of adverse factors in a child's life. There is no statutory definition or uniform defining criterion for significant harm, which refers to serious interruption, change or damage to a child's physical, emotional, intellectual or behavioural health and development."

It is a matter for professional judgement as to whether the degree of harm to which the child is believed to have been subjected, is suspected of having been subjected, or is likely to be subjected is 'significant'. Judgement is based on as much information as can be lawfully and proportionately obtained about the child, his or her family and relevant context, including observation. Assessment frameworks and tools, some of which may be specialised, can assist professional judgement. The way in which information about children's developmental needs, parenting capacity, and family and community context is recorded will help professionals analyse the child's needs, and the capacity of the parents or carers. Purposeful and accurate chronologies assist in analysis and decision-making.

Professional judgement entails forming a view on the impact of an accumulation of acts, events and gaps or omissions, and sometimes on the impact of a single event. Judgement means making a decision about a child's needs, the capacity of parents or carers to meet those needs, and the likelihood of harm, significant or otherwise, arising.

A National Risk Assessment Toolkit is a resource which integrates the Getting it Right for Every Child National Practice Model in a generic approach to assessment of risk, strength and resilience in the child's world.

When there are concerns that a child may have experienced or may experience significant harm, and these concerns relate to the possibility of abuse or neglect, then police or social work must be notified. Along with other relevant services –such as health and schools- they will form a view as to whether the harm is or is likely to be significant. Professionals must also consider what harm might come to a child from failing to share relevant information, within the terms of their respective duties. Police and health also have single-agency duties in relation to protection from harm.

In assessing whether harm is or may become 'significant' it will be relevant to consider:

- the child's experience, needs and feelings as far as they are known;
- the nature, degree and extent of physical or emotional harm apparent;
- the duration and frequency of abuse and neglect;
- overall parenting capacity;

- the apparent or anticipated impact given the child's age and stage of development;

- extent of any premeditation;

- the presence or degree of threat, coercion, sadism and any other factors that may accentuate risk to do with child, family or wider context.

Sometimes, a single traumatic event may constitute significant harm – for example a violent assault, suffocation or poisoning. More often, significant harm results from an accumulation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development.

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

Where there is evidence of harm relating to parental behaviour, assessing risk of future significant harm is enhanced by assessment of parental capacity to change. This consists in analysis of what helps and hinders the parents to change their behaviour. It also involves assessment of progress within supported opportunities for parents to resolve key difficulties, within an agreed timescale that relates to the child's needs.

Significant harm is not the threshold for referral to the Principal Reporter. The test for referral to the Principal Reporter, in the case of those with a statutory duty (such as, local authority and police) to refer is, namely, that, i) the child is in need of protection, guidance, treatment or control, and, ii) it might be necessary for a Compulsory Supervision Order to be made. The grounds upon which a child can be referred to a children's hearing are set out in s67 of the Children's Hearings (Scotland) Act 2011. They define a broad range of harms or potential harms that might individually or in combination have significant effect, including, for example, exposure to a person who may cause harm, or lack of parental care which may cause unnecessary suffering or serious impairment to health and

development.

In summary, child protection involves activity to assess and prevent harm from abuse, neglect, maltreatment and exploitation. Inter-agency judgement about whether harm is significant will evolve from assessment activity in which the child is central. Significant harm remains the test for some legal steps and actions. However, the threshold is not precisely defined in law or in guidance. Professionals need to be open minded and clear about the evidence and analysis that informs professional judgement regarding potential harm to a child at a certain stage in time, recognising that risk factors interact and assessments must be reviewed to reflect change.

5. Recognition

5.1 There are a number of signs which **may** indicate that a child or young person has been abused.

When providing information about possible signs of abuse it is important to remember:

- Any list of signs is not completely definite or exhaustive
- Child abuse could be one of a number of possible causes, and the existence of one or more symptoms does **not necessarily** indicate abuse

The following information should be looked at in the context of the child or young person's whole situation, and in combination with a range of other information related to the child or young person's circumstances.

5.2 Taking careful notice of what a child or young person communicates either directly through a disclosure or indirectly through behaviour is key to be able to recognise when a child or young person may be at risk.

5.3 Good practice would always be to seek advice and guidance by contacting the duty social worker if you have any concern about a child's or young person's welfare or safety.

5.4 It is reasonable to expect parents and professionals to be seriously concerned by the appearance of any of these signs, singly or in combination. **However, assumptions cannot be made on the basis of checklists, and it is essential to make objective assessments at all times**.

The following gives some information about possible indicators of physical, sexual, emotional abuse or neglect and online abuse. There can be an overlap between different forms of child abuse and all or some can co-exist. Abuse, including sexual abuse, can be perpetrated by both males and females, including other young people. Abuse can happen within families or within extended families or communities or by adults who occupy positions of trust (whether paid or voluntary). Abuse can happen online or in a specific place that young people gather (referred to as contextual safeguarding).

5.5 **General Presentations**
Conflicting explanations or inconsistent reports of:

- Medical treatment;

- Reasons for marks or injuries;
- Reasons for absence from school or missing medical appointments;
- Obvious, non-accidental marks of hand, belt, stick etc;
- Injuries to babies and very young children;
- Delay in parents and/or carers seeking medical attention for their child;
- Children and young people brought for medical attention by parent or carer who was not present when the injury was sustained;
- Features of general neglect of the child's / young person's physical or emotional needs;
- Inappropriate behaviour (including sexualised play or activity) or demeanour of the child/young person or parent;
- Unusual illness suggestive of a fictitious origin; and
- A child's/young person's name already entered on the Child Protection Register.

5.6 **Physical Abuse**

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

Injuries to Babies and Very Young Children

Recent research would indicate that injuries to babies and very young children should always be checked out by a suitably qualified medical practitioner or paediatrician. A child protection referral to duty social work would be an appropriate response so that this could be arranged. Becoming aware of any of the following would need an initial child protection response:

- Any bruises in a non-mobile child or baby;
- Any bone fracture in a child under the age of two years.

Bruises

Bruised eyes are particularly suspicious if:

- Both eyes are bruised (most accidents cause only one);
- There is an absence of bruising to the forehead or nose;
- There is a suspicion of skull fracture (bruised eyes can be caused by blood seeping down from an injury above);

Other Signs

- Bruising in or around the mouth, especially in young babies;
- Grasp marks on the arm or on the chest of a small child;
- Finger marks, three or four small bruises on one side of the face and one on the other;
- Symmetrical bruising, particularly on the ears;
- Outline bruising e.g. belt marks, hand prints;
- Linear bruising commonly on the buttocks or back;
- Bruising on soft tissue with no satisfactory explanation;
- Petechial bruising (petechia – is the small spot caused by an effusion of blood under the skin), tiny red marks on the face particularly in or around the eyes and neck, also the ears, indicative of shaking or constriction;

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

The following are uncommon areas for accidental bruising:-

- back
- back of legs
- buttocks, except occasionally along the bony protuberance of the spine
- neck
- mouth
- cheeks
- behind the ear
- stomach
- chest
- under arm
- genital or rectal areas

Where there are concerns about a possible non-accidental cause of an injury, a referral to the Duty Children's Social Work is the appropriate first step. The duty social worker will liaise with NHS Shetland colleagues and a medical can be arranged to assess the injuries. If injuries are serious then seek immediate medical help.

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

Burns and Scalds
Distinguishing between accidental and non-accidental burns is problematic, and medical advice should always be sought. As a general rule, burns and scalds with clear outlines are suspicious. Similarly burns of uniform depth over a large area, or splash marks about a main burn area (possibly caused by hot liquid being thrown) should raise suspicion.

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

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

Fractures
These should arouse suspicion if the explanation for the injury changes, or is not consistent with the injury, or the age and stage of the child. Concerns can also arise if there is swelling or discolouration over a bone or joint. The most common non-accidental fractures are to the long bones, i.e. the arms or legs. Generally, fractures also cause pain and it is difficult for a parent or carer to justify being unaware that a child or young person has been injured in this manner. It would be rare for a child who is not walking or crawling to sustain an accidental limb fracture. Fractures are rare and always a cause for concern in children under the age of two and child protection procedures should be followed to ensure medical assessments and wider risk assessments are completed.

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

Injuries Caused by Shaking

Shaking a child of any age risks injury to the brain, eyes and other parts of the body. This can be life threatening and any concerns about a child being shaken should be immediately referred under these procedures and urgent medical attention sought.

5.7 **Sexual Abuse**

Children and young people can disclose either spontaneously or in a planned way by making a choice to tell a trusted adult or peer. The following indicators may be helpful to practitioners when considering the possibility of sexual abuse.

Physical Indicators

- injuries to the genital area
- infections or abnormal discharge from the genital area
- complaints of genital itching or pain
- depression or withdrawal
- wetting and soiling, day and night
- sleep disturbance or nightmares
- recurrent illnesses, especially venereal disease
- anorexia or bulimia
- pregnancy and
- phobias or panic attacks

General Indicators

- self-harming
- exhibiting sexual awareness inappropriate for the age of the child/young person
- acting in a sexually explicit manner e.g. very young child inserting objects into their vagina
- sudden changes in behaviour or school performance or attendance
- displays of affection which are sexually suggestive
- tendency to cling or need constant reassurance
- tendency to cry easily
- regression to earlier behaviour such as thumb sucking, acting as a baby
- distrust of a familiar adult or anxiety about being left with a relative, babysitter or lodger
- unexplained gifts or amounts of money
- secretive behaviour
- fear of undressing for physical education classes or swimming lessons

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5.8 Child Sexual Exploitation

Groomers can use social media sites, instant messaging apps, or online gaming platforms to connect with a young person or child. They can spend time learning about a young person's interests from their online profiles and then use this knowledge to help them build up a relationship. Groomers no longer need to meet children in real life to abuse them; increasingly groomers are sexually exploiting their victims by persuading them to take part in online sexual activity.

When sexual exploitation happens online, young people may be persuaded, or forced, to

- send or post sexually explicit images of themselves
- take part in sexual activities via a webcam or smartphone
- have sexual conversations by text or online

Sexual exploitation can be very difficult to identify. Warning signs can easily be mistaken for 'normal' teenage behaviour. **Young people who are being sexually exploited may**

- go missing from home, care or education
- be involved in abusive relationships, intimidated and fearful of certain people or situations
- hang out with groups of older people, or antisocial groups, or with other vulnerable peers
- associate with other young people involved in sexual exploitation
- get involved in gangs, gang fights, gang membership
- have older boyfriends or girlfriends
- spend time at places of concern, such as hotels or known brothels
- not know where they are, because they have been moved around the country
- be involved in petty crime such as shoplifting
- have unexplained physical injuries
- have a changed physical appearance, e.g. lost weight

For more information about Child Sexual Exploitation, please see Page 168 from National Guidance for Child Protection in Scotland

5.9 Emotional Abuse

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

Parents' Behaviour

- rejection
- denigration
- scapegoating
- denial of opportunities for exploration, play and socialisation appropriate to their stage of development
- under stimulation
- sensory deprivation
- unrealistic expectations of the child/ young person
- marked contrast in material provision, or affection and attention provided to other siblings
- isolation from normal social experiences preventing the child/young person forming friendships
- requesting the child/young person be removed from the home or highlighting difficulties in coping with a child/young person about whose care there is existing professional concerns
- domestic abuse between care givers

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

Child/Young Person's Behaviour

- frozen watchfulness
- fear of carers
- refusal to speak
- severe hostility or aggression towards other children/young people

5.10 Neglect

There are factors which can impact on a parent or carer's ability to provide safe care for their child, including substance misuse, domestic abuse, severe mental illness and learning disabilities. These are all issues which can affect a child's/young person's situation to the extent that they are being harmed due to neglect.

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

- lack of appropriate food
- inappropriate or erratic feeding
- significant underweight or obese
- hair loss
- lack of adequate clothing and unclean clothing
- circulation disorders, which can be caused by the child not being kept warm enough
- unhygienic home conditions
- lack of protection from adults e.g. allowing a sex offender access to the child, allowing other adults with substance misuse problems to come to the family home
- lack of supervision appropriate to the child's/young person's age which may arise due to familial abuse of substances
- general failure to achieve developmental milestones
- lack of parental involvement, care and interest
- lethargy and tiredness
- persistent lateness to school, non-attendance at school; or conversely arriving early and appearing reluctant to go home
- failure to keep routine medical, dental and health visiting appointments
- poisoning which may occur accidentally if children are not being supervised appropriately and they then access hazardous substances, prescribed medication or illegal substances.

Faltering Growth

This refers to children who are not growing and developing when any medical or genetic reason for this has been ruled out. This was previously referred to as non-organic failure to thrive.

Signs of possible faltering growth

- significant lack of growth
- weight loss
- hair loss
- poor skin or muscle tone and
- circulatory disorders

5.11 Bullying

Bullying is not always easy to recognise as it can take a number of forms. Bullying may not be a child protection issue which necessitates referral to the duty social worker; however it does cause distress to children and young people. Shetland Islands Council's Quality Improvement Service has a dedicated policy to address bullying in schools - Anti-Bullying in Shetland Schools and these should be used to minimise the harm caused to children.

Bullying behaviours may include

- physical: pushing, kicking, hitting, pinching and other forms of violence or threats
- verbal: name-calling, sarcasm, spreading rumours, persistent teasing
- emotional: excluding, tormenting, ridiculing, humiliating

Persistent bullying can result in

- depression
- low self-esteem
- shyness
- poor academic achievement
- isolation
- threatened or attempted suicide

Signs that a child may be being bullied can be

- coming home with cuts and bruises
- torn clothes
- asking for stolen possessions to be replaced
- losing money
- falling out with previously good friends
- being moody and bad tempered
- wanting to avoid leaving their home
- aggression with siblings
- doing less well at school
- sleep problems
- anxiety
- becoming quiet and withdrawn

5.12 Online Abuse

It does not matter whether abuse happens online or offline; a child can experience harm, trauma and long-lasting damage as a result of online abuse. Cyberbullying can make children and young people feel more frightened and helpless than bullying because they feel like they cannot escape.

Many of the signs that a child is being abused are the same no matter how the abuse happens.

A child may be experiencing abuse online if they

- spend much more or much less time online, texting, gaming or using social media
- are withdrawn, upset or outraged after using the internet or messaging
- are secretive about who they are talking to and what they are doing online or on their mobile phone
- have lots of new phone numbers, texts or e-mail addresses on their devices

Child/Young Person's Behaviour may be

- Withdrawn
- Suddenly different
- Anxious, clingy
- Depressed
- Aggressive
- Problems sleeping
- Eating disorders, changes in eating habits
- Takes risks
- Misses school
- Obsessive behaviour
- Nightmares
- Thoughts about suicide
- Self-harm
- Alcohol

Grooming

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation, criminal exploitation or trafficking. Children and young people can be groomed online or face to face, by a stranger or by someone they know. Groomers may be male or female. They could be any age. Many children and young people do not understand that they have been groomed or that what has happened is abuse. Young people may believe they are in a loving and consenting relationship. Groomers may try to gain trust of a whole family to allow them to be left alone with a child and if they work with children they may use similar tactics with their colleagues.

Groomers do this by

- pretending to be someone they are not, e.g. saying they are the same age online
- offering advice or understanding
- buying gifts
- giving the child attention
- using their professional position or reputation
- taking them on trips, outings or holidays
- secrets and intimidation to control children

Signs of Grooming in Children/Young people

- they may become very secretive, including about what they are doing online
- they may have older boyfriends or girlfriends
- they go to unusual places to meet friends
- they have new things such as clothes or mobile phones that they cannot or will not explain
- they have access to drugs and alcohol

5.13 Contextual Safeguarding

'Contextual safeguarding' is an ecological approach which complements the use of the 'My World Triangle' and the concept of resilience. There are principles and tools within this evolving approach which may add depth to understanding and response, particularly in relation to risks and harm young people face beyond the family home. Being at risk of significant harm outside the family can still be child protection issue and concerns should be raised following these Procedures and the Stepwise Guide in Chapter 6.

Contextual safeguarding emphasises

- exploration of the dynamic between a young person, their family, peers, school context, and areas in their neighbourhood where they spend time, when assessing their needs, and developing plans to meet them

- recognition of the increasing 'weight of influence' which peer relationships, and other extra-familial factors, may have during adolescence, and the relevance of this for young people's experiences of harm and safety

- a shift in focus towards the contexts in which young people make 'choices' or 'behave' – so that plans seek to create the conditions in which young people can make safer choices rather than simply

focusing on changing young people's behaviour in persistently harmful contexts

- the development of interventions which address the social conditions/environmental drivers of extra-familial risk and harm. This can be combined with support to individual young people and families. Such an approach can create safety for those identified as being at risk of significant harm in extra-familial contexts alongside broader populations of young people who spend time in those contexts

5.14 Partnerships and appropriate, necessary and lawful sharing of information across sectors are important in the interruption of patterns of harm, such as sexual exploitation for example, in relation to known places of concern.

5.15 Contributing factors such as poverty and structural discrimination, including racism, should be considered as part of the context of risk.

5.16 A practice insight on Contextual Safeguarding is part of the supporting documentation for the National Guidance for Child Protection in Scotland 2021-updated 2023. It illustrates and explains key practice considerations, offers a resource, prompt reflection and signposts selected sources.

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6. Stepwise Guide for Child Protection

Introduction
This Chapter gives a step-by-step guide about how to refer and respond to child protection concerns and applies to all agencies, third sector organisations and also the general public.

This section is based on the principle of supporting everyone in Shetland to be able to:

Recognise
Be aware that a child or young person may be at risk of abuse and may need support and protection.

Respond
Take immediate action when necessary to ensure the safety of all children and young people.

Report/Refer
Follow Child Protection Procedures.

Record
Record all information including referrals, actions, discussions and decisions.

Steps 1 to 4 cover the actions to be taken by any person including staff from any agency or third sector organisation which has concerns that a child or young person is or may be at risk.

Steps 5 to 6 relate to the specific actions that will be taken by the investigating agencies.

For ease of reference "staff member" is used to mean anyone employed or working as a volunteer. Members of the public and family members also make child protection referrals and this is referred to where appropriate. Where guidance may differ slightly for different staff, this is indicated.

All allegations of child abuse will be treated seriously and investigated in accordance with these Interagency Child Protection Procedures.

Information Sharing Inter-Agency Principles

Sharing accurate, proportionate and relevant information in order to assess risk and protect a child or young person is a key principle of Shetland Interagency Child Protection Procedures.

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The National Guidance for Child Protection in Scotland 2021 gives clarity to information sharing. Practitioners with child protection concerns may share relevant information in order to:

- clarify if there is a risk of harm to a child
- clarify the level of risk of harm to a child
- safeguard a child at risk of harm
- clarify if a child is being harmed
- clarify the level of harm a child is experiencing
- safeguard a child who is being harmed

Consent from a child or young person or their parent or carers to make a child protection referral is not required. However it would always be good practice where possible to inform and involve young people and their parents ***if to do so would not increase the risk to the child.*** Agencies making a child protection referral can seek advice from duty social work about what information could or should be discussed with a parent or carer. In many cases informing and involving parents or carers will be the responsibility of Children's Social Work.

STEP 1

Concern or Initial Referral about a Child at Risk

6.1 Person Responsible

The staff member or any other person who witnesses, suspects or receives information, either from the child/young person or from another person about a child/young person who may be at risk, have a duty to report that information immediately.

6.2 Action to be Taken

6.2.1 If the child/young person requires urgent medical attention or urgent police protection, go to Step 3.

6.2.2 If the child/young person has an obvious injury, then staff may seek an explanation from the child or young person or from the child's parents. Even if the explanation indicates an accidental cause then it is always good practice to record that. If a child or young person speaks about experiences of physical harm, neglect, sexual abuse or emotional abuse, then listen carefully, seek basic clarification of what the child/young person is saying and record the information carefully as soon as possible. Further information about how to support a child or young person who discloses abuse is contained in Appendix 2.

6.2.3 If the information about the risk to the child or young person comes directly from the child or young person or from someone else, explain that you cannot keep this, this is confidential and will need to speak to your line manager/supervisor.

6.2.4 In many cases, concerns about a child's or young person's safety may come from a number of events or pieces of information which, when added together, indicate that the child or young person may be at risk. For example, neglect or emotional abuse are often the result of a series of events which impact on the child or young person's physical and emotional care. It is always appropriate to seek advice and make a child protection referral if the information indicates the child or young person may be at risk. Acting quickly to seek advice and share information is important and gives the best opportunity to protect the child.

6.2.5 The timing and nature of further contact with parents/carers must be decided by the investigating agencies following a referral being made.

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STEP 2

Consultation with a Manager

6.3 **People Responsible** – the staff member, or any other person, and line manager or supervisor, or other designated person in their organisation.

6.4 **Action to be Taken**

The staff member will discuss the suspected or alleged harm, mistreatment or neglect with their line manager/supervisor as soon as possible. If the line manager is not available, then the staff member should speak to a suitable alternative manager. NHS staff can seek the advice of the Nurse Advisor Child and Adult Protection. Anyone who is not a staff member or who is not able to speak to a line manager / supervisor can seek advice from Duty Children's Social Work, without the need to make a formal referral at this stage. Action should be taken immediately to protect the child.

6.4.1 A plan of action should be the outcome of this meeting or discussion. The plan should take the following into account:

- The need for immediate action and any consequent risk to the child or young person, For example, if a child or young person has told a teacher that they have been physically abused, then they may be at risk of further harm when school closes and they return home. Delaying making a referral will reduce the time that the investigating agencies (Police and Social Work) have to respond and this potentially increases the risk to the child or young person.

- The need to share full information that the staff member, the line manager/supervisor and their agency hold about the child or young person, family composition, address, contact numbers.

- The need to consider the risks to other children and young people and possibly adults too. For example, a young person may disclose that they have witnessed domestic abuse involving a physical assault on an adult and this poses future risk to the adult as well as the young person and any siblings.

- The concern about the child may also indicate that a vulnerable adult may be at risk and this information must also be shared with the duty social worker.

6.5 **Specific Guidance for NHS Shetland Health Professionals**

NHS Shetland and the Shetland Public Protection Committee have agreed that some staff are able to make a direct referral to Children's Duty Social Work without consulting with a line manager.

These staff must have completed the Level 3 Child Protection training.

- GPs
- Consultants
- Accident and Emergency staff
- Health Visitors
- Midwives
- Child and Adolescent Mental Health staff
- Advanced Nurse Practitioners

All of these staff can also seek advice and guidance from line managers or the Nurse Advisor Child and Adult Protection, but are not obliged to, before making a referral.

Good practice would be that a copy of the written referral would follow the telephone referral and would be shared with line managers, the patient's consultant if made during a hospital stay, and with the Nurse Advisor Child and Adult Protection.

6.6 Specific Guidance for School Staff

School staff should seek the advice of a designated person in the school, usually a Head Teacher or Depute, as soon as possible. Teachers may need assistance with covering a class in order that they can do this. No situation where a child is potentially at risk should be left until the end of the school day. It should be dealt with immediately. Given that schools in Shetland vary in size and management structures, Quality Improvement Officers based in the central service in Children's Services will always assist any member of staff who has a concern about a child's safety and who is unable to contact a designated person quickly.

A copy of any child protection referral made by school staff should be retained for school files and a copy sent to their link Quality Improvement Officer and the Executive Manager for Inclusion.

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STEP 3

When immediate medical assistance or Police involvement is needed because a crime may have been committed or there is an immediate risk of harm

6.7 **The Person Responsible** – the staff member or any other person.

6.8 **Action to be Taken**

6.8.1 If urgent medical assistance is required, take the child or young person to Accident and Emergency or phone 999 for an ambulance.

6.8.2 Where there is a report or suspicion of a crime or if immediate assistance is required, a child protection referral can be made directly to the police in an emergency by phoning 999. This may also need to be considered if the safety of the child or young person, and the staff member, is at immediate risk.

6.8.3 All action taken **must** be recorded and discussed with a line manager or an alternative manager as soon as possible – but do not delay summoning emergency help.

STEP 4

Referral to the Duty Social Worker

6.9 The Person Responsible

Wherever possible, it is better for Duty Children's Social Work to receive first-hand information, so the referral should be made by the staff member or person who received the information or recognised the risk. If that is not possible, then the line manager to whom the staff member has spoken about the concern for the child or young person, should make the referral.

6.10 Action to be Taken

6.10.1 Once a referral is made by telephone it should be followed immediately by a full and detailed account in writing of the information shared verbally. The Referral Form attached at Chapter 14 should be completed. A copy should be retained for the records of the referring agency. NHS Shetland staff should send a copy to the Nurse Advisor Child and Adult Protection. Schools should send a copy to their Quality Improvement Officer and to the Executive Manager for Inclusion.

6.10.2 The staff member or person making the referral to the Duty Children's Social Work should make the referral by telephone and provide sufficient information to enable Children's Social Work to make an informed decision about how to proceed. Referrers should clearly state who they are and what their role is in respect of the child and that the referrer has concerns about the safety of a child or young person.

The following information should be shared verbally and confirmed in writing:

- What the concerns are;
- Other relevant information - name, address, date of birth, family composition, siblings, parents/carers;
- What has been observed, heard and what sense has been made of the information. It is important that referrers are clear about what is fact, and what is opinion, and what is the source of the information. For example has the child or young person made a direct disclosure or has the referrer observed something that has raised the concern;
- Details of the alleged perpetrator, where known;

- Details of any specific incidents – dates, times, witnesses, any visible injuries;
- Where the child or young person is now;
- Any relevant background information about the child or young person or any history of previous concerns;
- Who is the child's or young person's Named Person and is there already a Child's Plan co-ordinated by a Lead Professional in place;
- If the information indicates that an adult may also be at risk;
- If the child has any additional support needs which require specialist assistance to support communication with the child.

STEP 5

Receiving a Child Protection Referral by Duty Social Worker

6.11 **Out-of-Hours Duty Response** (tel. 01595 695611 for Out of Hours Duty Social Work – see Contacts Information inside the front cover of these Procedures).

Shetland is too small to have a waking 24 hour social work response team, but help in an emergency situation, or where the risk to a child is such that it will not wait until the next morning, advice can always be obtained at any time of the day or night via the Duty Out-of-Hours Service.

The Out-of-Hours number will be answered by an operator who will contact the duty social worker or Duty Children's Social Work Manager, who will call the referrer back. The referrer will need to provide a number for this purpose. However, if the referrer is unable to give a number, it is important that they provide as much information as possible to the operator, who will pass it on. It is more helpful if the duty social worker can speak directly to the person making the referral in order to respond in the best way possible to safeguard a child or young person.

The duty social worker receiving the call will check social work records and the Child Protection Register to identify if the child or young person is known to the service.

After checking to see if the child or young person is known, the duty social worker will contact the out-of-hours manager to discuss what actions may be necessary to take to protect the child or young person. There may be difficulties in seeking information out of office hours, however, action will always be taken by social work, involving Police Scotland if necessary, to provide immediate protection to a child or young person if that is required.

Police Scotland should be contacted by dialling 999 if an emergency response is required and 101 for more routine matters.

Information passed to Out-of-Hours Duty Children's Social Work and Police Scotland that a child is at risk of significant harm will always be responded to and the child safeguarded overnight until further plans can be made. Joint Interviews will only be carried out in cases of urgent necessity overnight, and at weekends, due to the availability of trained social work staff.

6.12 Daytime Duty Response

Child protection referrals will normally be dealt with by the duty social worker for the Children's Social Work Team. Child protection referrals must take priority over all other work and referrals must be the subject of an immediate assessment.

6.13 **People Responsible** – the duty social worker receiving the child protection referral and the team leader assisting the duty social worker.

All child protection referrals must be responded to within 24 hours. At a minimum, this means the duty social worker gathering information to inform an initial risk assessment, and the duty manager considering the need for an Inter-Agency Referral Discussion. All concerns which may indicate risk of significant harm must lead to consideration of an Inter-Agency Referral Discussion. Child sexual exploitation, child criminal exploitation and child trafficking are complex and are often hidden forms of abuse that are under-reported. Where there is a concern a child is at risk of, or has experienced exploitation and/or trafficking, an Inter-Agency Referral Discussion will always be held.

An initial risk assessment may involve meeting with the child and family to gather some information and seek views. Not every child protection referral made in good faith will need to proceed under child protection processes and not all will require an Inter-Agency Referral Discussion. The timing of any subsequent actions will be informed by the initial risk assessment which should address the safety of the child or young person who has been referred, and the risk to others. Timescales will be agreed by the duty manager and Inter-Agency Referral Discussion Sergeant.

Inter-Agency Referral Discussion meetings are attended by the Inter-Agency-Referral Discussion Sergeant, Team Leader or Duty Manager Children's Social Work, NHS Shetland Child and Adult Protection Nurse Advisor, and the Executive Manager for Inclusion or the Education Support Officer for Inclusion.

6.14 Referral under the Age of Criminal Responsibility (Scotland) Act 2019

On 17 December 2021 the Age of Criminal Responsibility (Scotland) Act 2019 became law, and this established that a child under the age of 12 could not commit a crime or be referred to the Reporter for a crime or prosecuted: Age of Criminal Responsibility (Scotland) Act 2019 (legislation.gov.uk).

Police powers of investigation are limited to circumstances where a Police Constable has reason to believe that a child, whilst aged under 12:

- by behaving in a violent or dangerous way, has caused, or risked causing, serious physical harm to another person; or

- by behaving in a sexually violent or sexually coercive way, has caused, or risked causing, harm (in the case of sexual harm, whether physical or not) to another person.

In these circumstances Police Scotland have a responsibility to be in contact with Duty Manager Children's Social Work and set up an Age of Criminal Responsibility Inter-Agency Referral Discussion to consider what response to the child's behaviour needs to be made, with a focus on the wellbeing of the child, and the safety of others. Age of Criminal Responsibility Guidance links closely with the National Guidance for Child Protection in Scotland 2021 and therefore the Shetland Interagency Child Protection Procedures, and should be followed in these rare case. For more details: Age of Criminal Responsibility (Scotland) Act 2019 - Police Investigatory and Other Powers: Statutory Guidance on Investigative Interviews

6.15 Action to be Taken

6.15.1 The Duty Children's Social Worker will consult with the Duty Manager. The Duty Manager will decide, on the basis of the information received, if there is an urgent need to protect the child/young person. This need could be met by either, calling on the immediate support of police officers, or seeking advice from the Shetland Islands Council's Legal Services about the requirement to apply for a Child Protection Order.

6.15.2 The Duty Social Worker is responsible for ensuring that all relevant information relating to the child and family referred is gathered. The following checks will be made. Checks must include relevant and proportionate background information on any parent/carers/adults involved and all children in the family:

- Social Work records
- The Child Protection Register
- Health records – GP/Health visitor/midwife/school nurse/Child and Adolescent Mental Health Service/ Accident and Emergency/Dental/Paediatrics, etc. The Nurse Advisor Child and Adult Protection will be able to gather relevant information by checking NHS Shetland records and sharing this with the duty social worker
- School information
- The Named Person and the Lead Professional if there is a Child's Plan in place

- Criminal Justice Unit

6.15.3 The Duty Manager will make contact with the Inter-Agency Referral Discussion Sergeant based at Police Scotland Divisional Child Abuse Investigation Unit in Inverness.

6.15.4 The Inter-Agency Referral Discussion Sergeant has an immediate duty to respond to the child protection referral by gathering information as detailed below and participating in an Interagency Referral Discussion:

- Check Police Scotland databases for relevant and proportionate information in respect of the child or young person and all family members;
- Share relevant information with the Duty Social worker or Team Leader.

6.15.5 In situations where allegations are made against a member of staff in any agency, the Child Protection Procedures as laid out here should be followed. However, the Duty Manager should consult with the employing manager or human resources service for the agency involved, as decisions may need to be made in respect of suspending the staff member in order to protect other children. Relevant human resource services must also be informed of the outcome of any child protection investigation, as this information will need to be considered with respect to invoking the relevant agency's disciplinary procedures. For more information in dealing with allegations against staff and the specific roles of Duty Social Worker and Duty Manager, please also see Chapter 7 - Child Protection in Special Circumstances - Allegations against staff

6.15.6 Referrals relating to a person who has a position of trust over a child or young person under the age of 18 years and who may have caused harm to a child or young person through abuse, neglect or exploitation, should always be considered for Inter-Agency Referral Discussion. If the threshold of significant harm has not been met and an Inter-Agency Referral Discussion is deemed not suitable, consideration should be given to the referral details by the receiving agency. It may be necessary to notify the employer or relevant organisation of a person's actions, as whilst not significant harm, the employer/relevant organisation may wish to investigate further.

6.15.7 In situations where allegations are made against kinship or foster carers the Team Leader/Senior Social Worker Family Placement Services should be informed. Please see Chapter 7 - Child Protection in Special Circumstances, for additional information.

6.15.8 In situations where the child protection referral has been made due to concerns about radicalisation under the Prevent Counter Terrorism Responsibilities the Single Point of Contact for Prevent

should be informed, an Interagency Professionals Meeting held and Prevent Procedures followed. Please see Chapter 7 - Child Protection in Special Circumstances.

6.15.9 The purpose of an Inter-Agency Referral Discussion is to:

- collate available information and establish the facts about the circumstances giving rise to concern;
- consider, and decide, if any investigation into the circumstances of the child who has been referred should be conducted as single-agency investigation, either Police Scotland or Children's Social Work, or as a joint Police Scotland and social work investigation;
- consider the requirement for a Joint Investigative Interview with the child;
- consider the need for a paediatric or forensic medical as part of the formal child protection investigation in consultation with the Nurse Advisor Child and Adult Protection;
- also consider the need for a medical to ensure the wider holistic health needs of the child/young person are being met and identify any unmet need. This will be important in a number of situations, but particularly when there are concerns about neglect or emotional abuse. Consideration should be in consultation with the Nurse Advisor Child and Adult Protection;
- agree the nature of the child protection enquiries and the criminal investigation; (see Step 6 below for detailed planning of an investigative interview, and Chapter 8, Health Assessment and Medical Examinations for detailed consideration of medical examinations);
- identify sources and levels of risk;
- consider and plan any necessary protective action in relation to the child/young person and any others.
- consider if an early referral to the Children's Reporter is required as the child is in need of protection, guidance treatment and/or control, and a Compulsory Supervision Order requires to be considered.

6.15.10 If, at this stage the duty manager, in consultation with those staff attending the Inter-Agency Referral Discussion, decide that the referral does not require formal investigation under these procedures, one of the following decisions will be made:

- No further action

- Further assessment of the child's/young person's wellbeing needs by Children's Social Work or by the Named Person
- Review of the existing Child's Plan by the Lead Professional

6.15.11 Single agency investigation, either by Children's Social Work or Police Scotland still fall under Child Protection Procedures e.g. Children's Social Work completing a single agency investigation /assessment in respect of allegations of emotional abuse. If this is the case information about the outcome of the Investigation will be shared with the participants who attended the Inter-Agency Referral Discussion - see paragraph 6.18.6

6.15.12 Other than in circumstances where this would be detrimental to the child's/young person's best interests, the Inter-Agency- Referral Discussion should plan how to consult and involve the child's parent(s). If the initial risk assessment made by the Inter-Agency-Referral Discussion is that risk to the child will be increased if parent or carers are informed before speaking to the child the reason for this decision, which will be an unusual one, should be clearly recorded.

6.15.13 It is essential that, where it is safe to do so, relevant information relating to the Inter-Agency- Referral Discussion is shared with the child and their family. This will include ensuring the child and family are made aware that the Inter-Agency Referral Discussion is taking place and an explanation of the reason for this. Where it is practically possible, this should be undertaken prior to the Inter-Agency- Referral Discussion taking place. The timing of an Inter-Agency- Referral Discussion should not be unduly delayed by this process.

6.15.14 Following the Inter-Agency- Referral Discussion, where it is safe to do so, feedback should be provided to the child and family. This should include an overview of the information which was shared and the agreed safety plan and actions. In doing so, the following are essential considerations:

- how information about the investigation can best be exchanged and shared with the child, taking into account their capacity, communication needs and maturity;
- how information can best be exchanged and shared with the family and whether information should not be shared if this may jeopardise a police investigation or place the child, or any other child, at risk of significant harm;
- the child and family's feelings and views about the investigation.

6.15.15 Any decision to proceed without the child or family's awareness should be recorded on the Inter-Agency Referral Discussion record, along with the justification for this.

6.15.16 The Team Leader Children's Social Work should ensure that:

- Decisions are recorded on the social work information system;
- The Named Person and/or Lead Professional is informed;
- Any further work needed to assess the child's/young person's wellbeing needs is put into action.

6.15.17 The staff member or member of the public who has made the child protection referral should be informed of the outcome of the referral within seven working days, and the fact that feedback has been given should be recorded. Without breaching confidentiality, members of the public can be given basic information to reassure them the matter has been dealt with.

6.15.18 If, as a result of an Inter-Agency Referral Discussion, attendees decide that the referral needs to be progressed by both agencies under child protection procedures, then the following actions are required:

- In those situations where a Joint Investigative Interview is required, the Team Leader will identify an investigating social worker; and the Inter-Agency Referral Discussion Sergeant Police Scotland will ensure a police officer is available who is Joint Investigative Interview trained. The investigating social worker and police officer will be included in the Joint Investigative Interview Briefing Meeting or discussion.

- The Team Leader Children's Social Work and Inter-Agency Referral Discussion Sergeant also have the discretion to call an Inter-agency Child Protection Professionals' Strategy Meeting if they assess it would assist them to support the better protection of the child.

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STEP 6

Planning and carrying out Joint Investigative Interviews and Debriefs

6.16 People Responsible

The Duty Children's Social Work Manager and designated managing Police Scotland sergeant.

Having decided that a Joint Investigative Interview with a child is necessary, to plan this work, the Duty Children's Social Work Manager and designated managing Police Scotland sergeant will call a Joint Investigative Interview Briefing Meeting with the interviewing social worker and interviewing police officer. Not all child protection investigations will require a Joint Investigative Interview, but many will.

In all cases, the decision to proceed with a Joint Investigative Interview will be taken by Police Scotland and Children's Social Work taking into account any relevant information from other agencies.

Joint Investigative Interviews

6.17 Persons Responsible

The allocated social worker and police officer who have been briefed at the Joint Investigative Interview Briefing Meeting have responsibility for the Joint Investigative Interview. Social workers and police officers should have completed specific Joint Investigative Interview training. The decision about when to hold a Joint Investigative Interview needs to be informed by the risk assessment. In all cases, safety planning for the child, is the paramount consideration when planning the timing of a Joint Investigative Interview.

6.18 Action to be Taken

6.18.1 The Joint Investigative Interview is a formal planned interview with a child or young person. It is carried out by staff trained and competent to conduct it for the purposes of eliciting the child's/young person's account of events (if any) which require investigation. A trauma-informed approach to Joint Investigative Interviews is essential in providing a safe space to hear a child's story about what has, or has not, happened. It is important to bear in mind that interviewers must always be kind and empathetic to the child whilst maintaining objectivity. This is because, at the time of the interview, it will not be

known what proceedings, if any, the record of the interview may be used in, whether criminal, civil or both. The recorded evidence could stand as the child's Evidence in Chief. Before carrying out any interviews there must be discussion and agreement regarding the venue for interview and the structure of the interview, who will take the lead and the purpose of the interview. This should be agreed at the Joint Investigative Interview Briefing Meeting.

6.18.2 The consent of a parent or guardian is not required prior to undertaking a Joint Investigative Interview. Through discussions they would be made aware that the interview is taking place unless there is a good reason not to, for example, where there are strong grounds to suspect that they themselves are involved in the abuse. Where appropriate, a parent or guardian can help to plan for the support the needs of the child during the interview.

6.18.3 The main purposes of the investigative interview are to:

- Learn the child's/young person's account of the circumstances that prompted the enquiry;
- Gather any information to permit decision making on whether the child/young person in question or any other child, is in need of protection;
- Gather sufficient evidence to suggest whether a crime may have been committed against the child/young person or anyone else;
- Gather evidence which may lead to Grounds of Referral to a Children's Hearing being established.

6.18.4 A specialist interview suite is available and other premises suitable for carrying out Joint Investigative Interviews have been identified throughout the isles. Venues used for visual recording must comply with national guidance on this matter to ensure the recording can be used in later proceedings. It is important that any venue needs to be suitable for recording equipment and where the child/young person feels comfortable and safe to speak.

6.18.5 All those undertaking Joint Investigative Interviewing should be familiar with and follow national guidance. The Scottish Government Guidance can be accessed by opening the following link Guidance on Joint Investigative Interviewing of Child Witnesses in Scotland

After a Child Protection Investigation

6.18.6 Following every Child Protection Investigation, where an Inter -Agency Referral Discussion has agreed single agency enquiry, participants at

the Inter-Agency Referral Discussion will be informed of the outcome by the single agency leading the enquiry. Where there has been a Joint Investigative Interview, there will be a debrief discussion which records outcomes and considers any further actions. Generally this should involve the police officer and social worker who undertook the interview, however for speed, debriefs will often be between the Duty Children's Social Work Manager and the police sergeant managing the enquiry. Children's Social work will feedback relevant information to the Named Person, and to those who attended the original Inter-Agency Referral Discussion.

6.18.7 Debrief meetings need to consider if there should be an Initial Child Protection Planning Meeting. They should also ensure that Named Persons are informed of the outcome of the child protection investigation and that any further assessment of the child or family's needs is put in place.

6.18.8 Further Inter-Agency Referral Discussions may be necessary on receipt of additional information from any Joint Investigative Interview, medical examination or other relevant source, in order to assist the decision-making process, or if risks to other children are identified.

6.18.9 Police Scotland have a duty to investigate any crimes which may have been committed against a child. The Police Scotland Divisional Child Abuse Investigation Unit in Inverness have a responsibility to keep the Duty Children's Social Work Manager or appropriate Team Leader informed of the progress of any criminal investigation and if any adult who is a risk to the child has been arrested, detained, charged or bailed so safe plans for the child can be made.

6.18.10 The Team Leader and Inter-Agency Referral Discussion Sergeant have the responsibility of ensuring that all the actions and discussion that take place are carefully recorded. The Inter-Agency Referral Discussion Sergeant send the note of the meeting by email to the Team Leader Social Work, and to NHS Shetland Protection Nurse Adviser. It is then copied and pasted into the appropriate agency's records. Defensible decision-making requires careful record keeping.

6.18.11 Disagreements about the methods of progressing the investigation, if not resolved at the Inter-Agency Referral Discussion, will be referred to the Chief Social Work Officer and Detective Chief Inspector, Public Protection Policy Unit, Divisional Headquarters, Inverness.

6.18.12 Children's Social Work retain the lead responsibility for assessing risk and supporting children and families throughout child protection processes and beyond, taking a child and family centred trauma-informed approach. These are distressing and difficult experiences for any child,

parent or carer and providing the right support and minimising the causing of further trauma are important principles of working with child protection situations.

The Child at the Centre

Children and young people are not just objects of concern, and great care must be taken in any Child Protection Investigation whether or not that includes a Joint Investigative Interview to respect, Inform and support them. Seeking a child or young person's view at every stage in the process is key to supporting their rights and ensuring a trauma-informed approach.

Conducting the investigations in as sensitive and child-centred a way as possible is vital. The following gives some guidance on this approach:

- Providing age appropriate explanations to children and young people about what is happening (a leaflet for children and young people is available at About Child Protection and keeping safe | Safer Shetland (bottom of the page)
- Answering questions as honestly as possible;
- Considering the best way to communicate with a child/young person of a given age;
- Considering if the child/young person has any additional support needs which require more specialist help with communication. Please see Chapter 7, Child Protection in Special Circumstances;
- Considering the support needs of children and young people, especially those who are very young. In some circumstances children and young people may need a parent or trusted adult to be close by while they are being interviewed for reassurance and support and this need should be respected and accommodated;
- Allowing a child or young person to express their views and to participate in the process as fully as possible;
- Explaining what will happen next – especially if the child or young person will be asked to agree to a medical examination.

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7. Child Protection in Special Circumstances

7.1 Children and Young People with Additional Support Needs

Every child has unique potential. Their needs must be considered in the context of a holistic assessment of the child and the intersecting strengths and risks in their world. The term 'Disabled children' is used in the National Guidance and in Scottish Government policy documents to reflect a social model of disability (p7. A Fairer Scotland for Disabled People). It is the right of individuals, families and groups to use terms which feel acceptable to them, such as 'children with disabilities'.

7.1.1 'Disabled children' is a broad term which may be applied to children with a broad range of physical, emotional, developmental, learning, communication and healthcare needs. The term is applicable when these needs have a substantial and long-term impact on a child's ability to engage fully in normal day-to-day activities. Some children, and some adults, are affected by disabilities and developmental delays which have never been assessed or diagnosed.

7.1.2 Children with communication impairments, behavioural disorders, learning disabilities and sensory impairments may be additionally vulnerable to abuse and neglect.

7.1.3 They may suffer from **all** forms of abuse, and may be targeted for specific forms of abuse, e.g. sexual abuse, because of their vulnerability. They are often cared for by a range of people in addition to their primary carers and may lack the necessary language to communicate that they are being abused.

7.1.4 Disabled children obviously have an equal right to be safe. Structures, processes and attitudes may open or close doors to safety. Effective protection requires extra preparation and consideration of the impact of any disability for a child within child protection processes.

7.1.5 The experience of each child must be central. Their voice and feelings must be heard when people make decisions which involve them. Some disabled children require specific assistance and communication support so that they can share their experience and participate. This must be provided. Some children will have significant challenges in communicating their experience, and their needs will require special consideration to ensure their wellbeing and safety. Principles of inclusive communication apply.

7.1.6 Disabled children, and children affected by the disability of another family member, are entitled to support as a child 'in need' as defined in section 93(4) of the Children (Scotland) Act 1995, for the purpose of

meeting requirements under Part 2 of that Act, to safeguard and promote their welfare etc. The Equality Act 2010, the United Nations Convention on the Rights of the Child (Articles 2 and 23) and the United Nations Convention on the Rights of Persons with Disabilities help to reinforce, and promote the rights of disabled children.

7.1.7 Protecting disabled children is a shared responsibility for all involved. It requires close collaboration between education and health, as well as with specialist practitioners, those leading child protection investigations, and parents or carers, and with advocacy services, as relevant in each situation.

7.1.8 Incidence of abuse of disabled children is likely to be under-reported. Some people may find it hard to believe that disabled children are at risk of abuse. Abuse can also often go unrecognised and unreported due to assumptions made e.g. assuming that a physical injury or 'challenging' behaviour is attributable to the child's/young person's condition rather than a symptom of abuse – this should be rigorously checked out, taking appropriate specialist advice as needed.

7.1.9 Invisibility of abuse is more likely when children are afraid, isolated or do not understand what is happening, and also when those around are not responsive to their distress. Distressed reactions do not necessarily relate to disability. Direct communication with children is essential when there are concerns. Supportive relationships with practitioners who know the child are protective.

7.1.10 **Interacting factors**: Risks which may be accentuated by some disabilities can combine with unrelated factors. Interacting factors may include:

- a child's dependency on support for communication, mobility, manual handling, intimate care, feeding and/or invasive health procedures
- a child's understanding of abusive behaviour and their ability to resist
- availability of sex education and support for understanding
- a child's experience of asserting choice
- the availability of a trusted person within or outside the family
- availability of advocacy
- fear of abusers, of rejection or blame
- potential additional vulnerability to online abuse

- attachment history, including significant losses, disruptions and trauma
- neglectful or abusive responses to the child relating to parent or carer needs, or cultural attitudes

7.1.11 Harm may be accentuated by many intersecting contextual factors, including the impact of poverty and housing insecurity; lack of support for parents who have learning disabilities or physical or mental health problems; domestic abuse; parental substance use; family isolation from positive community relationships or professional support; immigration status anxieties; insecurities in relation to leave to remain in the country, access to funds and housing; and abusive, coercive control within the family or care setting.

7.1.12 Barriers to effective protection can occur at any stage in support and child protection processes:

- when nobody listens to the child and those who know the child best
- if the child's communications and reactions are not understood
- when there is a lack of curiosity, competence and confidence in exploring reasons for distress or signs of maltreatment
- when there is a lack of practitioner awareness of the impact of neglect
- when there are delays or fragmentation in the assessment and sharing of information, or the co-ordination and planning of assessment and support

7.1.13 As is the case of non-disabled children, some disabled children may behave harmfully to others. In some situations, a limited understanding (e.g. of boundaries) and reduced self-control may play a part in the interaction of reasons for this.

7.1.14 Training about the susceptibility of disabled children to abuse is essential in order to build confidence and awareness among those working with children. This includes staff such as bus drivers, care assistants, escorts and personal assistants.

7.1.15 All staff working with disabled children must have an awareness of child protection processes as described in these procedures. They must understand and know how to respond when a child may be showing or telling about abuse. This requires a supportive approach which protects everyone closely involved – for example by considering siblings' needs and experience.

7.1.16 Some roles and tasks require provision of additional training, guidance and supervision. For example, practitioners involved in a child protection investigation will need additional guidance and training in relation to indicators of concern; consideration of a child's wishes, feelings, support and communication needs; and investigative interviewing, as appropriate. There is a need for guidance and training for practitioners working with people with learning disabilities in the field of sexual health and relationships.

7.1.17 Significant transitions require assessment and must be planned in good time, together with parents and carers, in accordance with applicable local procedures. These are phases of heightened and predictable vulnerability, as children move between services or life stages. Disabled children and young adults must be provided with appropriately adapted learning methods and resources so that they can help to keep themselves safe as they grow up. A Practice Insight on this topic is published as part of the supporting documents for the National Guidance for Child Protection 2021.

7.1.18 Robust assessment and data recording processes support improvement in child protection assessment and planning. For example, when a child has a disability, the type should be recorded, along with the implications for the child's support and communication needs. A practice insight on this topic is published as part of the supporting documents for the National Guidance for Child Protection 2021. Resources and References – Disabled children.

7.1.19 Staff from all agencies working with children and young people with complex additional support needs, whether within their employment or not, will benefit from additional training in communication and recognition to assist in the protection and support of disabled children and young people.

7.1.20 Anyone making a child protection referral in respect of a child with additional support needs should share full information about their needs at the point of referral. The Inter-Agency Referral Discussion will then need to consider if specialist support in order to communicate effectively will need to be sought. This will include consideration of what specialist staff could assist in the interview of the child/young person and who could provide the most appropriate support to the child/young person, e.g. in assisting in the use of communication aids.

7.1.21 A list of trained and experienced staff from all disciplines will be made available to the investigating agencies to provide specialist support to children and young people with additional support needs. Services and staff who can assist in Shetland are as follows:-

Executive Manager, Inclusion
Education Support Officer, Inclusion
Central Inclusion Team
Educational Psychology Service
Education Outreach Service Manager
Teacher - Vision Service
Teacher - Hearing Impairment and Communication Service
Teacher - Social Communication and Autism Spectrum Disorder
Teacher – Pre-School Home Visiting Service
NHS Shetland, Consultant Learning Disabilities Nurse
Principal Teacher – Additional Support Needs, Anderson High School
Depute Head Teacher – Inclusion, Bells Brae Primary School
Child and Adolescent Mental Health Service in the case of children whose additional support needs are connected with a diagnosed mental health issue

7.1.22 Should the disabled child/young person be being interviewed as a result of suspected abuse by parents, consideration needs to be given to who would be the most appropriate responsible adult to support them during interview.

7.1.23 In some situations it may be alleged that children, young people and adults with additional support needs have harmed children, and it will be necessary for them to be interviewed by Police as an alleged offender. In these circumstances, use of the Shetland Islands Council's Appropriate Adult Scheme is important to assist in safeguarding the right of an accused person. This would be agreed at the Inter-Agency Referral Discussion. The Appropriate Adult Guidance can be found as an appendix to the Shetland Public Protection Committee Adult Protection Procedures. (Hyperlink to follow)

7.2 Children who Cause Harm to Self or Others

In some circumstances children and young people display behaviour that causes harm to themselves and also to others. Sometimes the main risk is to self and not to others. In either circumstance a risk assessment or risk management approach, being mindful of the need to use child protection processes, when appropriate, is important. In certain high-risk situations where the criteria is met, a Care and Risk Management (CARM) approach is required. See National Guidance for Child Protection in Scotland 2021 Care and Risk Management processes on page 176. In situations where children or young people are posing sexual harm to others please also see page 173 of the National Guidance for Child Protection Scotland - Children and young people who have displayed harmful sexual behaviour

7.2.1 Children who Pose a Risk to Themselves

The National Guidance for Child Protection in Scotland 2021 is clear that child protection process should apply to children and young people who place themselves at risk.

7.2.2 Children and young people who place themselves at risk often have a history of abuse and trauma. They may be being exploited, sexually or in other ways, by older young people and adults. In cases of child sexual exploitation, young people can be drawn into relationships that they see as loving, but which are in reality controlling and abusive. The use of social media to groom and exploit can contribute to situations where young people are seen to place themselves at risk.

7.2.3 The Children's Hearing (Scotland) Act 2011 allows anyone to refer a child/young person to the Reporter to the Children's Panel. Please see Protocol 2 – Links between Child Protection Planning meetings and the Scottish Children's Reporter Authority, for the Grounds of Referral to the Reporter. The Reporter will make the decision about whether the child/young person may be in need of compulsory measures and that a Children's Hearing should be convened.

7.2.4 While not exhaustive the following list gives the different types of concern that may arise:

- self-harm and/or suicide attempts (Please also see National guidance for Child Protection Scotland - Suicide and Self-harm affecting children on page 146)
- alcohol and drug misuse
- running away/going missing – especially if this is a frequent occurrence or has a regular pattern
- child sexual exploitation and problematic or harmful sexual behaviour (see page 173 of the National Guidance for Child Protection Scotland - Children and young people who have displayed harmful sexual behaviour)
- indecent or sexually inappropriate behaviour towards others
- criminal activity
- unsafe use of the internet – either the child or young person generating pictures or text which is inappropriate or being groomed by someone. see National Guidance for Child Protection - Child Protection in the digital Environment/Online Safety

7.2.5 Children who Harm Others

In situations where allegations of sexual abuse or other forms of harm are made against a child or young person, the child protection procedures will be followed and a child protection investigation undertaken in order to interview the alleged victim or victims. Police Scotland will need to interview any child or young person who is an alleged offender, ensuring that they are treated as a child or young person and that they have appropriate legal advice and support throughout any police interviews.

7.2.6 Young people under 16 who are charged with an offence will be referred to the Reporter. In exceptional cases involving a very serious offence young people under 16 can be referred to the Procurator Fiscal and prosecuted in the Sheriff Court. An appropriate Youth Justice Service for young people who offend will be provided by the Children's Social Work Team and when required, the Criminal Justice Team.

7.2.7 Children and young people who harm others are often distressed and traumatised by events in their own lives. Therefore, a thorough social work led assessment of their needs, any potential risk they are at themselves or they may pose to others should be undertaken. A detailed Child's Plan to address need and risk must then be prepared, with a social worker as Lead Professional. The Plan must then be monitored by an interagency core group. There may be occasions when the child or young person's behaviour is as a result of being abused and they are at risk of significant harm. An Initial Child Protection Planning Meeting may therefore need to be arranged.

7.2.8 Organised or Multiple Abuse

7.2.9 Features of Organised or Multiple Abuse could include:

- groups encompassing one or more families, friends, neighbours and wider networks;
- enticement or intimidation of children and young people for sexual exploitation;
- variations in the degree and form of sexual exploitation, including child pornography;
- groups of adults using the internet and social media to create and distribute child abuse images.

7.2.10 If links are established between cases which suggest the possibility of organised abuse, careful planning of each stage of any investigation must include:

- sharing full information at regular, planned and well-structured briefing meetings;
- careful recording of all activity between the agencies;
- periodic joint assessment of progress and future plans.

7.2.11 Where it appears that organised, historical or multiple abuse may be involved, the Chief Social Work Officer, Chief Inspector, Police Scotland, Shetland Area Command, and appropriate NHS Shetland Representative must be informed, and they will take responsibility for a professionals' child protection strategy meeting.

The interests of the children and young people will always remain paramount, even to the extent that evidence may be lost, if obtaining that evidence would cause serious harm and distress to the children and young people involved.

7.3 Allegations Against Staff

7.3.1 Any allegation that a child or young person under the age of 18 has been harmed by a member of staff from any organisation (or volunteer working for any organisation) will be dealt with in accordance with these procedures following the Stepwise Guide as laid out in Section 6. In some instances, an individual doing regulated work can become unsuitable to continue to do this work due to their conduct at work or outside of work.

7.3.2 Anyone who receives an allegation against a member of staff must make a child protection referral immediately, following these procedures.

7.3.3 The Team Leader Children's Social work will coordinate the child protection investigation and will ensure that the staff member's line manager is informed immediately, and the appropriate senior manager, and the human resources officer in the employing organisation. An identified representative of the employing organisation will then be kept informed by of the progress of the investigation and its outcome. It is up to the employing organisation to decide, using a risk-based approach, what immediate action to take, with respect to their employee.

7.3.4 Additionally, in specific situations, the following should be notified:

- For allegations against social workers or social care staff, the Chief Social Work Officer should be informed;

- For allegations against teachers or other staff employed by the Quality Improvement Service, or the Schools Service, the Director of Children's Services should be informed;
- For allegations against NHS Shetland staff, the Head of Human Resources should be informed;
- For allegations against Police Scotland personnel, the Chief Inspector Shetland Area Command should be informed.

Third Sector and private employers will need to manage such situations through their own managers, management committees and human resources support services.

The Shetland Inter-agency Child Protection procedures should be implemented to conduct the child protection investigation. But these processes should work alongside organisations' own human resources procedures.

7.3.5 When there is an allegation made against a member of staff who is registered with a professional body e.g the Scottish Social Services Council, the General Teaching Council Scotland, the Nursing Midwifery Council, the General Medical Council, the requirements to report to that body must be checked, and their process followed.

7.4 Allegations Against Foster Carers

7.4.1 The welfare of children looked after away from home is always paramount. Any allegation against a foster carer will be investigated in accordance with these procedures and the Stepwise Guide will be followed.

7.4.2 The Team Leader/Senior Social Worker Family Placement Services must be informed immediately of an allegation against a foster carer. The Team Leader Children's Social Work will then keep them informed of the progress of the investigation and its outcome.

7.4.3 Immediate consideration will be given to whether a change of placement is in the child's or young person's best interests.

7.4.4 An Inter-Agency Referral Discussion meeting will be called by the team leader and discussion will consider the choice of investigating social worker, including whether there is a need for help to be requested from another area to ensure independence.

7.4.5 Shetland Islands Council recognises the vulnerability of carers and the supervising Fostering Officer will offer support and advice to the carer in the event that child protection investigation is undertaken in respect of allegations made against carers. The Fostering Network

may also be able to support the foster carer through its advice helpline and counselling service. https://www.thefosteringnetwork.org.uk/about/about-us/our-work-in-scotland

7.4.6 Allegations which are made against kinship carers would be investigated as outlined above. Not all kinship carers are supported by the Family Placement Team, but some are, and in those circumstances, the Team Leader/Senior Social Worker Family Placement should be informed.

7.5 Non Recent Abuse

7.5.1 An adult or an older young person no longer at risk may disclose abuse which happened to them 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 through therapeutic work. As well as offering support to the person, the Police and the Duty Children's Social Work should be consulted, and provided with the details of all alleged abusers. If initial enquiries indicate that other children and young people may currently be at risk due to contact with the alleged perpetrator, an Inter-Agency Referral Discussion must be convened to plan an immediate child protection investigation in accordance with these Procedures.

7.5.2 Further guidance on handling disclosures of non-recent abuse is to be found in the National Guidance for Child Protection in Scotland - Historical (non-recent)reports of Abuse on page 220

7.6 Children and Young People Living in the Same Household as Abuser(s)

7.6.1 Information that an abuser may be living in the same household as a child or young person should be referred to Duty Children's Social work immediately, who will consult with Police Scotland and arrange an Inter-Agency Referral Discussion in order that the risk to the child/young person may be assessed. In the event of any difficulty in contacting Duty Children's Social Work, or where there is an allegation of a crime, a child protection referral can be made direct to the Police. An initial Child Protection Planning Meeting should be convened if initial assessment suggests continued risks to the child/young person. 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 - http://www.legislation.gov.uk/ukpga/1995/46/contents 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 or similar process, such as findings of fact made in a court elsewhere in the UK

or abroad. Action should also be considered where agencies have information which suggests an adult who is living 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.

7.6.2 Adults who access child abuse images online may be identified by police investigations. Any child living with them, or with whom they have contact, should be considered to be at risk and a child protection referral made and an Inter-Agency Referral Discussion arranged.

7.7 Anonymous Referrals

7.7.1 Anyone receiving an anonymous telephone call about concern for the safety of a child or young person should try to obtain the caller's number. If this is impossible, full details of the concerns for the child/young person should be recorded carefully in writing. Callers should be encouraged to be as specific as possible. Efforts should be made to identify the anonymous caller in order that they may be interviewed about the allegation.

7.7.2 However, **anonymous callers should not be discouraged from sharing the information they have about a child or young person, 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 obtain any information than to identify an anonymous caller.

7.7.3 No referrer can ever be given a guarantee that the anonymity of the person making the referral will be protected, and although in conducting investigations agencies should avoid naming the source of the information whenever this can appropriately be done, 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 or 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, and support in dealing with this should be offered where appropriate, particularly to members of small and isolated communities.

7.7.4 As with any child protection referral, anonymous allegations must be treated seriously, with checks being made and decisions regarding further action taken in accordance with these Procedures. Anonymous referrers should be given the opportunity of phoning back to know what action has been taken, although the amount of

information that can be given may be limited if their identity is not known or where the referral is of a criminal nature.

7.8 Children at Risk of Radicalisation – PREVENT Strategy

7.8.1 The Counter Terrorism and Security Act 2015 places a duty on local authorities and partner agencies to prevent people from being drawn into terrorism. The "Prevent Duty Guidance for Scotland" has been prepared to assist agencies to put this into practice. Staff have a duty to be aware of situations where young people may become radicalised and to stop people becoming terrorists or supporting terrorism. There are threats posed to the UK by terrorism groups based in the Middle East, but also in Northern Ireland, and from far right wing or racist groups. Young people can be groomed and influenced and this process is very similar to the way in which children and young people can be groomed for other purposes. This can take place online or in the real world. Becoming involved in such activity can be a clear risk to the child or young person, as well as a potential risk to others.

7.8.2 There can be a risk of significant harm, and so staff who have concerns about a child or young person who may be being drawn into such activity should either:

- make a child protection referral to the duty social worker; or
- contact the police.

7.8.3 There is a single point of Contact for Prevent - currently that role is held by the Executive Manager for Children's Social Work who should be notified if a concern about radicalisation is raised through child protection or any other process.

7.8.4 Following an initial Inter-Agency Referral Discussion, a plan will be formulated to assist the child or young person and their family. In some cases it may be appropriate to hold a Prevent Professional Concern Planning Meeting which will be chaired by the Improvement Reviewing Officer and will follow appropriate Prevent Procedures.

Web link to PREVENT Guidance for Scotland: *https://www.gov.uk/government/publications/prevent-duty-guidance*

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8. Health Assessment and Medical Examinations

8.1 Purpose of Assessment

The health assessment of a child for whom there are child protection concerns aims to:

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

8.2 **The decision to carry out** a medical assessment and the decision about the type of medical examination will be made by a paediatrician informed by multi-agency discussion with police, social work and other relevant health staff. Through careful planning, the number of examinations will be kept to a minimum. The decision to conduct a medical examination may:

- follow from an Inter-Agency Referral Discussion, and an inter-Agency agreement about the timing, type and purpose of assessment;
- follow when a person presents to health services. This includes the possibility of self-referral for victims of rape and sexual assault who are over 16 years old as described below.

8.3 **The main types** of medical examination that may be undertaken within the child protection process are:

a. **Joint Paediatric Forensic Examination (JPFE)**. This is an examination by a paediatrician and a forensic physician. This is the usual type of examination for sexual assault and is often undertaken for physical abuse, particularly infants with injuries, or older children with complex injuries. For Shetland, this type of examination would always be carried out in Aberdeen.

b. **Single doctor examinations with corroboration by a forensically trained nurse.** These are sexual assault examinations undertaken for children and young people aged 13-16. In some areas/situations, a

Joint Paediatric Forensic Examination would occur, and in all areas/situations Joint Paediatric Forensic Examination should be considered.

c. **Specialist Child Protection Paediatric/Single Doctor/Comprehensive Medical Assessment.** This type of examination is often undertaken when there is concern about neglect and unmet health needs but may also be used for physical abuse and historical sexual abuse. Comprehensive medical assessment for chronic neglect can be arranged and planned within Shetland under guidance from NHS Grampian, Child Protection Paediatrician.

8.4 All medical examinations/assessments are holistic, comprehensive assessments of the child/young person's health and developmental needs. There may be variations in who undertakes medical examination, and the purpose of the examination must be clear prior to the examination (usually discussed at Inter-Agency Referral Discussion or at time of referral for the examination) to allow for a clinician with the appropriate skillset to undertake the assessment.

8.5 Where victims of rape or sexual assault are aged 16 and over, they are able to self-refer for a forensic medical examination without first making a report to police. Since 1 April 2021 the Scottish Government Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021 has extended consistent access to self-referral services for those aged 16 and over. Professional judgement is required as to whether following self-referral, a forensic medical examination is in the person's best interests. This includes clinical and non-clinical considerations. Even when a forensic medical examination is not provided, the need for healthcare support and treatment must be considered.

8.6 A specialist paediatric or Joint Paediatric Forensic Examination is appropriate when:

- the child requires a specialist assessment or treatment from another department (for example, multiple fractures, signs of abusive head trauma);
- the account of the injuries provided by the carer does not provide an acceptable explanation of the child's presentation;
- the result of the initial assessment is inconclusive and a specialist's opinion is needed to establish the diagnosis;
- lack of corroboration, for example by way of a clear statement from another child or adult witness, indicates that forensic examination, including the taking of photographs, may be

necessary to support criminal proceedings against a perpetrator, and legal processes to protect the child;

- the child's condition (for example, repeated episodes of unexplained bruising) requires further investigation;
- child sexual abuse is suspected.

8.7 **A comprehensive medical examination for neglect** can be arranged and planned for within localities when all relevant information has been collated. However there may be extreme cases of neglect that require urgent discussion with the NHS Grampian, Child Protection Paediatrician.

8.8 Significant new information may arise from a medical examination which requires the reconvening of an Inter-Agency Referral Discussion.

8.9 Wherever possible, the wishes of children who may have experienced sexual abuse, should be considered and supported in respect of choice of sex of examiner (Clinical Pathways NHS Scotland 2020).

8.10 As far as can be achieved in the circumstances, the examining doctor should have:

- all relevant information about the cause for concern;
- information on previous concerns about abuse or neglect;
- the inter-agency plan to meet the child's needs at this stage;
- relevant known background of the family or other relevant adults;
- information from any Joint Investigative Interview if available;
- a preparatory discussion with the relevant social work and police officer;
- a preparatory meeting with parent or carer and child.

8.11 It should be recorded what information is handed over/conveyed verbally to the examining doctor and by whom.

8.12 Children's Social Work, the police, and the examining doctor should ensure that the child and parent(s) (and/or any other trusted adult accompanying the child) have the opportunity to hear about what is happening, why and where, so that they have an opportunity to ask questions and gain reassurance.

8.13 Consideration will be given to how the child may be examined in child-friendly surroundings, with the right support for their age, stage and understanding.

8.14 Consent must be obtained in one of the following ways, as appropriate:

- from a parent or carer with parental rights;
- from a young person assessed to have capacity;
- through a court order.

8.15 The Age of Legal Capacity (Scotland) Act 1991 allows a child under the age of 16 to consent to any medical procedure or practice if in the opinion of the qualified medical practitioner the child is capable of understanding the nature and possible consequences of the proposed examination or procedure. Children who are assessed as having capacity to consent can withhold their consent to any part of the medical examination, for example, the taking of blood, or a video recording. Consent must be documented within medical notes and must reflect which parts of the process have been consented to and by whom. This includes consent to forensic medical examination.

8.16 In order to ensure that children and their families give properly informed consent to medical examinations, it is the role of the examining doctor, assisted if necessary by the social worker or police officer, to provide information about all aspects of the procedure and how the results may be used; and to ensure informed consent has been obtained. Where a medical examination is thought necessary for the purposes of obtaining evidence in criminal proceedings but the parents/carers refuse their consent, the Procurator Fiscal may, in exceptional circumstances, consider obtaining a warrant for this purpose. However, where a child who has legal capacity to consent declines to do so, the Procurator Fiscal will not seek a warrant.

8.17 If the local authority believes that a medical examination is required to find out whether concerns about a child's safety or welfare are justified, and parents refuse consent, the local authority may apply to a Sheriff for a Child Assessment Order, or a Child Protection Order with a condition of medical examination. This is still subject to child's consent under section 186 of the 2011 Act.

8.18 The timing of the medical examination is agreed jointly by the medical examiners and the other agencies involved.

8.19 Child protection health assessments should be carried out, in the child's interests, during the day, unless there is a forensic need or other clinical indication of urgency.

8.20 In some cases, when there is not a forensic urgency, it may be a priority that the child has had time to rest and prepare. This may also allow for more information to become available. The majority of cases arise in working hours, and a comprehensive medical assessment will be carried out locally and timeously.

8.21 In cases of suspected or reported non-recent sexual abuse, examinations should be planned during normal working hours.

8.22 Medical examinations out of hours, will be arranged in consultation with NHS Grampian, Child Protection Paediatrician to ensure the opportunity to collect forensic trace evidence is not lost.

8.23 The Clinical Pathway for Children and Young People who have disclosed sexual abuse is relevant for children under 16 years of age (or up to 18 years of age for young people with vulnerabilities and additional support needs) (Scottish Government 2020). The Pathway will be reviewed following the publication of the revised Child Protection Guidance. Guidance on the Adult Clinical Pathway (2020) has overlapping relevance for those over 16 years of age (Scottish Government 2020).

8.24 More detailed information about the roles and responsibilities of all doctors can be found in General Medical Council Guidance on Protecting Children and Young People (2018).

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9. The Child's Experience of Child Protection Processes

9.1 Article 12 of the United Nations Convention on the Rights of the Child must inform the approach to participation of children in child protection processes. This makes no restrictive presumption about age. Article 12 states:
"States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child."

9.2 There is no age limit on the right of the child to express their views. Practitioners must not begin with the assumption that a child is incapable of expressing her or his own views, but rather presume that a child has the capacity to form their own views and recognise that she or he has the right to express them. Advocacy, translation or communication support may be needed.

9.3 Practitioners must consider whether the child has the capacity to make their own decisions. Under the Data Protection Act 2018, a child under the age of 16 must be treated as though they have capacity to exercise their rights under that Act, if there is reason to believe that the child has a general understanding of what it means to exercise those rights.

9.4 If a child is too young or immature to understand the full implications of information sharing, practitioners should seek the consent of the parent on behalf of their child unless there are good reasons not to do so, in which case these reasons should be recorded. In general, it should be assumed that a child over the age of 12 years has reached the age where they have the necessary level of maturity to have this understanding, unless there is evidence to the contrary.

9.5 Implementation of Article 12 requires recognition of, and respect for, non-verbal forms of communication including play, body language, facial expressions, and drawing and painting, through which very young children, or children with additional support needs may demonstrate understanding, choices and preferences.

9.6 The National Guidance for Child Protection in Scotland 2021 and Shetland Inter-Agency Child Protection procedures are based on the United Nations Convention on the Rights of the Child, and the right of all children and young people to be protected from abuse, exploitation and violence. That protecting children is inextricably linked to full consideration of what maybe in their best interest and their rights

in relation to participation, non-discrimination, survival recovery, parental support and support for healthy development.

9.7 Public authorities should promote the upbringing of children by their families in so far as it is consistent with safeguarding and promoting the child's welfare. Each child has a right to be treated as an individual. Every child who confirms a view on matters affecting them has the right to express that view if they so wish. Those views should be given due weight in accordance with a child's age and maturity. Any intervention in child's life must be properly justified.

9.8 In following the Four R's and Stepwise Guide in these Procedures, the child's experience, views and needs are central to all child protection processes. Listening to children of any age but especially young children requires close attention to non-verbal communication and to physical and behavioural responses to their care and environment.

9.9 In conducting Inter-Agency Referral Discussions and Joint Investigative Interviews, and in undertaking any subsequent work with the child, their views, feelings and experiences are paramount.

9.10 Children and young people should be offered advocacy.

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10. Parents and Carers Experience of Child Protection Processes

10.1 The National Guidance for Child Protection in Scotland 2021 and Shetland Inter-agency Child Protection Procedures are based on the rights of parents, carers and families to care for their children, and they acknowledge the fundamental importance of working in partnership with parents and carers.

10.1.1 It is acknowledged that children and young people live in a number of family settings and may be cared for and have close bonds with adults to whom they are not related by blood or marriage. Working with families means respecting those relationships and including carers, guardians, partners of parents, and informal or formal kinship carers in child protection processes, where appropriate.

10.1.2 Parents and carers should be informed of any child protection referrals, Inter-Agency Referral Discussions or formal recorded interviews whenever possible. The only circumstances in which child protection processes may take place without their knowledge is if it is alleged they have harmed the child. In these circumstances, informing parents at a later stage in the process would still be important.

10.1.3 Working in partnership with parents and carers, keeping them informed and treating them with respect and care are central to child protection processes in Shetland. Taking a trauma informed lens to working with parents who may have experienced loss and abuse themselves is also important.

10.1.4 Parents may benefit from access to advocacy.

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11. Child Protection Planning Meetings

11.1 Child Protection Planning Meetings are a core feature of inter-agency co-operation to protect children and young people. Their primary purpose is to consider if a child/young person – including an unborn child – is at risk of significant harm, and if so, to review an existing Child's Plan, and/or consider a multi-agency protection plan, using the format of the Child's Plan, with the aim of reducing risk and meeting needs.

11.1.1 Child Protection Planning Meetings are convened by Shetland Islands Council Children's Services, Children's Social Work as a delegated function of the Shetland Public Protection Committee under its child protection functions. The Planning Meeting Chair is accountable to the Chief Social Work Officer.

11.1.2 The National Guidance for Child Protection in Scotland 2021 recommends that there are four distinct types of Child Protection Planning Meetings:

- the Initial Child Protection Planning Meeting
- the Pre-Birth Child Protection Planning Meeting
- the Review Child Protection Planning Meeting
- the Transfer Child Protection Planning Meeting

11.1.3 The function of all Child Protection Planning Meetings is to share information in order to identify risks to the child/young person collectively, and the actions by which those risks can be reduced. The participants should maintain an outcome-focused approach as follows:

- ensure all relevant information held by the Named Person and each service or agency has been shared and analysed on an inter-agency basis;
- assess the degree of existing and likely future risk to the child or young person;
- consider the views of the child or young person;
- consider the views of parents or carers;
- identify the child's/young person's needs and how these can be met by services and agencies;
- develop and review the Child's Plan – which in child protection cases functions as a Child Protection Plan;

- identify a Lead Professional;
- decide whether to place, or retain, a child's/young person's name on the Child Protection Register; and
- consider whether there might be a need for Compulsory Measures of Supervision and whether a referral should be made to the Children's Reporter, if this has not already been done.

When considering the need for a Child Protection Planning Meeting the assessment and weighing up of vulnerability factors in all cases is an important process which includes:

- Factors specific to the child;
- Factors specific to the adults;
- Adverse stress and environment factors;
- Strengths, supports and protective factors

11.2 Organising and Chairing Child Protection Planning Meetings

11.2.1 The agency responsible for convening a Child Protection Planning Meeting is Shetland Islands Council Children's Services, Children's Social Work. Any agency can request that a Child Protection Planning Meeting be held in respect of a child or young person who they have assessed as being at risk of significant harm.

11.2.2 The decision to hold a Child Protection Planning Meeting is based on an assessment of risk and a judgement that a child or young person is at risk of significant harm. Following a child protection investigation, the decision to go to a Child Protection Planning Meeting may be made at a debrief meeting or at a Professionals' Strategy Meeting or by the Team Leader. Where there has been an accumulation of concerns leading to an assessment of risk of significant harm, the Team Leader of Children's Social Work can decide to hold a Child Protection Planning Meeting.

11.2.3 Child Protection Planning Meetings will be chaired by the Improvement Reviewing Officer. If the Improvement Reviewing Officer is not available, an appropriate manager with no case management responsibility will chair the Child Protection Planning Meeting. Please see 11.13 below for further information about the role of the Chair.

11.2.4 The Team Leaders in Children's Social Work are responsible for ensuring that the administrative arrangements are made for Child Protection Planning Meetings. This includes a suitable venue, minute takers, invitations to relevant participants in consultation with the child's/young person's social worker and the Child Protection Planning Meeting chair. The social worker acting as Lead Professional has the responsibility to

arrange an Initial or Review Child Protection Planning Meeting. A list of invitees should be provided to Children's Social Work administrative staff. The Child Protection Planning Meeting Chair should approve the invitation list before admin invites attendees. It is important at this stage to identify any barriers to communication and participation and to make suitable arrangements to support parents, carers, children and young people to be able to participate fully: for example if the family's first language is not English, then a translator needs to be made available.

11.3 Participation of Children and Parents

11.3.1 Child protection Planning Meetings should be planned to ensure the full participation of children, young people, parents and carers. This will involve planning times which suit parents, and speaking to children and young people and families about what support they need to participate fully. Support should include where required, accessible meeting rooms, augmented communication, translators for children and parents whose first language is not English (Language Line or other professional translation service should be used, rather than a friend or relative).

11.3.2 The Chair should encourage the parent or carer to express their views, while bearing in mind that they may have negative feelings regarding practitioners' intervention in their family. The Chair should make certain that parents and carers are informed in advance about how information and discussion will be presented and managed. Parents and carers may need to bring someone to support them when they attend a Child Protection Planning Meeting. This may be a friend or another family member, at the discretion of the Chair, or an advocacy worker. This person is there solely to support the parent or carer and has no other role within the Child Protection Planning Meeting. Parents should be afforded every respect by the Chair and other professionals attending the Planning Meeting.

11.3.3 Child Protection Planning Meetings can be distressing and difficult for parents and children so it is important that they bring a supporter or advocate with them to help them.

11.3.4 All children, where appropriate, will be supported to attend their Planning Meeting. Children and young people attending should be prepared beforehand so that they can participate in a meaningful way, and thought should be given to making the meeting as child and family friendly as possible.

11.3.5 All children and young people have the right to express their views and these should be included in the multi-agency Child's Plan prepared by the social worker for the Child Protection Planning Meeting. A format for

the child's views is included in the Child's Plan and its use is encouraged - although other means of sharing a child's views with the Child Protection Planning Meeting can also be used. These could be drawings, voice recordings or messages via social media - whatever may assist the child to express their views and wishes.

11.3.6 Information about Child Protection Planning Meetings is available for children and young people at: http://www.safershetland.com/for-children-and-young-people at the end of this webpage and for parents and carers from: http://www.safershetland.com/for-parents-and-carers.

11.4 Named People

11.4.1 Using the GIRFEC Notification Form, Named People should be notified when a Child Protection Planning Meeting is being held and also its outcome. The form can be found at: https://www.shetland.gov.uk/downloads/download/149/girfec-forms-and-templates

11.4.2 Where a child is placed on the Child Protection Register, the Named Person should also receive a copy of the Child's Plan.

11.5 Timescales

11.5.1 When an Initial Child Protection Planning Meeting is considered necessary it will be convened as soon as possible, and always within **14 working days** of the decision to hold it.

11.5.2 For the timing of the Pre-Birth Child Protection Planning Meeting please see 11.7 below.

11.5.3 Review Child Protection Planning Meetings should be planned well in advance and invitations issued at least **15 working days** before the Review Meeting date.

11.5.4 If a Child Protection Planning Meeting decides that a referral to the Reporter, to consider the need for compulsory measures, is appropriate then the Team Leader should ensure the referral is made within **five working days** of the Child Protection Planning Meeting.

11.6 Initial Child Protection Planning Meeting

11.6.1 The purpose of an Initial Child Protection Planning Meeting is to allow representatives from across services to share information about a child or young person for whom there are child protection concerns, jointly assess that information, and the risk to the child/young person, and

determine whether there is a likelihood of significant harm through abuse or neglect which needs to be addressed through a multi-agency Child Protection Plan. The Initial Child Protection Planning Meeting should also consider whether the child/young person is safe to remain at home, and if a referral to the Children's Reporter is required.

11.6.2 The Initial Child Protection Planning Meeting should be held within **14 working days** from the decision being taken that a Child Protection Planning Meeting is necessary. During school holidays the link Quality Improvement Officer for the school the child/young person attends should be contacted to ensure that the Initial Child Protection Planning Meeting has access to information held by schools. If the link Quality Improvement Officer is not available, the Executive Manager for Inclusion should be contacted to attend.

11.6.3 Initial Child Protection Planning Meetings will consider the situation of all the children and young people in the household even if a child protection investigation has been focussed on the risk to one specific child or young person.

11.7 Pre-birth Child Protection Planning Meeting

11.7.1 The purpose of a Pre-Birth Child Protection Planning Meeting is to decide whether serious professional concerns exist about the likelihood of harm through abuse or neglect of an unborn child when they are born. The Lead Professional should prepare an inter-agency plan in advance of the child's birth, which meets the needs of the baby and mother prior to and following birth, minimising risk of harm.

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

- whether it is safe for the child to go home at birth;
- whether there is a need to apply for a Child Protection Order at birth;
- whether supervised access is required between the parents and the child and who will provide this if needed;
- whether the child's name should be placed on the Child Protection Register. Where an unborn child is felt to require a Child Protection Plan, their name should be placed on the Register;
- whether there should be a discharge meeting from the maternity ward and a handover to community based supports.

11.7.3 The Pre-Birth Child Protection Planning Meeting should take place **no later than at 28 weeks pregnancy.** In the case of late notification of

pregnancy and identification of a risk of significant harm to the unborn baby, an initial Child Protection Planning Meeting should be held as soon as possible, but in any case **within 14 working days** of the decision to hold a Planning Meeting being made. Time to complete a full risk assessment needs to be factored into the allocation of pre-birth child protection referrals and so rapid allocation and close working between maternity services and Children's Social Work is essential. The 28 week deadline is the **latest** point a Planning Meeting should be held - in most cases it will be better practice to hold the Pre-Birth Child Protection Planning Meeting earlier in the pregnancy.

11.7.4 Until the baby is born, the Register will record 'Baby' (surname of mother) and the Register will be updated as soon as the given name is known. The first Review Child Protection Planning Meeting should be held **within three months** of the Pre-Birth Child Protection Planning Meeting. A review Child Protection Planning Meeting must be held as soon as reasonably practicable once the baby is born and in any event within **14 working days of discharge from hospital.**

11.7.5 The need for an initial Pre-Birth Child Protection Planning Meeting should be considered where:

- previous children or young people have been removed because of significant harm;
- an adult who poses a risk to children, joins the family;
- there are concerns about parents' ability to protect;
- there are acute professional concerns re parenting capacity, particularly in relation to parental mental health/learning disability or domestic violence;
- alcohol/substance misuse could affect the health and wellbeing of the baby;
- the parent is vulnerable, or has been or is known to services, and may need an assessment of their own needs.

11.8 Review Child Protection Planning Meetings

11.8.1 The purpose of a Review Child Protection Planning Meeting is to review the decision to place a child's/young person's name on the Child Protection Register, or where there are significant changes in the child's/young person's or family's circumstances. The participants will review the progress of the Child Protection Plan, consider all new information available and decide whether the child's or young person's name should remain on the Child Protection Register.

11.8.2 The first Review Child Protection Planning Meeting should be held **within six months** of the initial Child Protection Planning Meeting. Thereafter, reviews should continue to take place **six-monthly**, or earlier if circumstances change. Where a child/young person is no longer considered to be at risk of significant harm, their name should be removed from the Child Protection Register by the Review Child Protection Planning Meeting. The child/young person and their family/carers may still require ongoing support and this should be managed through a Child's Plan.

11.9 Transfer Child Protection Planning Meeting

11.9.1 Where a child/young person is on the Child Protection Register of another authority, their name may initially be placed on the Register in Shetland on a temporary basis.

11.9.2 If the child/young person is moving to Shetland on a permanent basis, and the originating authority considers the risk ongoing, or even increased, by the move, an initial Transfer Child Protection Planning Meeting must be convened as soon as possible and in any event **within 14 days of the move being notified**. A representative from the original area will be invited and their attendance encouraged and facilitated in person or by remote link.

11.9.3 The child's/young person's name should be temporarily registered pending the "transfer-in" Planning Meeting. Where a child/young person is on the register of another authority, great caution should be exercised. Rarely would it be appropriate to decline to register in Shetland until all the available information and current circumstances have been carefully assessed.

11.9.4 If the originating authority consider that the move may be linked to a reduction in risk, they are responsible for convening a Review Child Protection Planning Meeting to consider de-registration. Children's Social work in Shetland should be invited to attend.

11.9.5 For any child/young person whose name is on Shetland's Child Protection Register and who moves to another area permanently, the Children's Social Work Team Leader would be responsible for notifying the receiving area.

11.9.6 Where a child/young person, subject to a Protection Plan, moves from one local authority to another, the child's case records and file need to go with the child.

11.10 Child's Plan for Children whose names are on the Child Protection Register

11.10.1 When a Child's Plan incorporates a Child Protection Plan this should set out in detail:

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

Plans should be Specific, Measureable, Achievable, Realistic and Time Bound (and transparent).

11.10.2 Working in partnership with parents, carers, children and young people to reduce risk requires the full engagement of the family and they require support to clearly understand what is being offered to assist them and why. Parents should have a full honest understanding of what needs to change. They need clear information about practitioner's concerns if they are to change parenting behaviour which puts the child or young person at risk.

11.10.3 In addition, Child Protection Plans need to clearly identify:

- the agreed outcomes for the child or young person;
- the key people involved and their responsibilities, including the Lead Professional, who will be a social worker for children whose names are placed on child protection register, and named practitioners;
- timescales; it is recognised as good practice that when a child is placed on the Register, weekly visits will be carried out by the allocated Social Worker or, with prior agreement with the Social Work line Manager/Improvement Reviewing Officer, or by another appropriate agency.
- supports and resources required, in particular, access to specialist assistance;
- the longer term needs of the child and young person;
- the process of monitoring and review;
- any contingency plans.

11.10.4 Responsibility is shared for the Child Protection Plan. Each person involved should be clearly identified, and their role and responsibilities set out. To preserve continuity for the child/young person and their parents and carers, arrangements should be made to cover absence of key people through sickness or holidays. Plans should also clearly

identify whether there might be a need for Compulsory Measures of Supervision. As part of this continuity, children and young people who are on the Child Protection Register should not be excluded from school unless there is a multi-agency discussion to identify risk factors and strategies to address these.

11.10.5 Head Teachers are expected to discuss with the Lead Professional and their link Quality Improvement Officer if they are considering excluding a child whose name is currently placed on Shetland's Child Protection Register.

11.10.6 Participants should receive a copy of the agreed Child Protection Plan **within five working days** of the Child Protection Planning Meeting. This circulation should include all Core Groups members. The minutes of the Child Protection Planning Meeting should then be circulated **within ten working days** of the Child Protection Planning Meeting. It is recognised that a full comprehensive risk assessment may not be achievable within the timescales of the Initial Child Protection Planning Meeting or the first Core Group Meeting. Therefore, it should be recognised that the early Child Protection Plan may need to be provisional until a fuller assessment can be undertaken.

11.10.7 Under GIRFEC Guidance, the Named Person should receive a copy of the Child's Plan once it is finalised. In most cases the Named Person is likely to have attended the Child Protection Planning Meeting, however in cases where they were not present, the Lead Professional for the child/young person has the responsibility to share the Child's Plan with the Named Person.

11.11 Core Groups

11.11.1 A Core Group is a group of identified individuals which includes the Lead Professional, the child or young person, and their parents and carers, who have a crucial role to play in implementing and reviewing the Child Protection Plan. The Core Group is responsible for ensuring that the Plan remains focused on achieving better outcomes for the child/young person by reducing the known risks. The initial Core Group meeting should be held **within 10 working days** of the Initial Child Protection Planning Meeting. The Core Group should meet monthly thereafter.

11.11.2 The functions of a Core Group include:

- refining and finalising the draft plan agreed at the Initial Child Protection Planning Meeting;

- ensuring ongoing assessment of the needs of, and risks to, a child or young person who has a Child Protection Plan;
- implementing, monitoring and reviewing the Child Protection Plan so that the focus remains on improving outcomes for the child/young person. This will include evaluating the impact of work done and/or changes within the family in order to decide whether risks have increased or decreased;
- maintaining effective communication between all services and agencies involved with the child/young person and parents/carers;
- activating contingency plans promptly when progress is not made or circumstances deteriorate;
- reporting to Review Child Protection Planning Meetings on progress and, recommending earlier reviews, if there needs to be any significant changes to the Child Protection Plan; this would include any concerns about non-engagement of the family;
- If there is a significant change, or a concern regarding the Child Protection Plan, the Chair/Lead Professional should be notified as quickly as possible, but always within **three** calendar days of the change/concern being identified.

11.11.3 Consideration of the involvement of the child/young person in Core Group meetings should take cognisance of their age and the emotional impact of attending a meeting to discuss the risks they have been placed at. Children and young people attending must be prepared beforehand to allow them to participate in a meaningful way. It is crucial that their views are obtained, presented and considered during the meeting. Core Group meetings should provide a less formal way for children and young people, parents and carers to interact with agency and service providers.

11.11.4 The first Core Group following an Initial or Review Child Protection Planning Meeting will be chaired by a Team Leader/Senior Social Worker from Children's Social Work. Subsequent core groups will be chaired by the allocated social worker acting as Lead Professional. The Improvement Reviewing Officer or Team Leader/Senior Social Worker may identify cases where it is not appropriate for the allocated social worker/Lead Professional to chair core groups. In these situations, the Team Leader/Senior Social Worker will continue to chair. If the Core Group identifies that there needs to be an earlier Review Child Protection Planning Meeting to make significant changes to the Protection Plan, due to changes in the child's circumstances or level of risk, the Team Leader who chaired the first Core Group, in consultation

with the Improvement Reviewing Officer, will organise a Review Child Protection Planning Meeting within **14 working days.**

11.12 Decision to either Place a Child's Name on the Register or to Remove a Child's Name from the Register

11.12.1 Initial and Pre-Birth Child Protection Planning Meetings need to consider if a child/young person, or any other children/young people in the household, are at risk of significant harm and therefore whether a Child's Plan which specifically addresses risk as well as need is required. Please see 11.20 below re Risk Assessments.

11.12.2 Review and Transfer Child Protection Planning Meetings need to consider if registration needs to be continued or not. A child or young person's name should only be removed from the Register when risks have reduced to such an extent that the child's/young person's name would not now be placed on the Register. Where a child or young person remains at home, care must be taken not to de-register before there is confidence that the reduction of risk is significant enough to protect the child or young person and likely to be permanent.

11.12.3 Following the decision to remove a child's or young person's name from the register, the child/young person and family may benefit from further support and guidance. A revised Child's Plan co-ordinated by a Lead Professional, who may or may not be a Social Worker, should then be put in place.

11.12.4 Child Protection Planning Meetings are interagency meetings and **ALL** agencies share the responsibility for making decisions about registration and deregistration. **Any professional from any agency who attends the Child Protection Planning Meeting has to be prepared not only to share information, but to be clear in their recommendations about the decision to register or deregister. The Chair will seek the views of all participating agencies**.

11.12.5 Where there is no clear consensus about registration or deregistration, the Chair will use their professional judgement to make the final decision, based on an analysis of the issues raised. In circumstances where the Chair has had to make a decision, the Chair will refer the decision to the Chief Social Work Officer for independent scrutiny. In considering the decision made, the Chief Social Work Officer may request support from the Lead Officer Public Protection if that is appropriate.

11.13 Child Protection Planning Meetings - Role of the Chair

11.13.1 The Chair's role is to:

- in consultation with the Team Leader/allocated social worker agree who to invite, who cannot be invited and who should be excluded from the meeting;
- check that any special arrangements to support the attendance and participation of parents, carers, children and young people have been put in place;
- ensure that all persons invited to the Child Protection Planning Meeting understand its purpose, functions and the relevance of their particular contribution;
- meet with parents/carers immediately prior to the Child Protection Planning Meeting to explain the nature of the meeting and possible outcomes;
- facilitate information-sharing, analysis and consensus about the risks and protective factors;
- ensure that the parents/carers are included, respected and supported to take part in the Child Protection Planning Meeting and share their views;
- that the child or young person is supported appropriately to attend all or part of the Child Protection Planning Meeting as may best meet their needs in consultation with the Lead Professional;
- ensure that even if children and young people are not present, their views are detailed in the Multiagency Child's Plan for the Child Protection Planning Meeting, or are shared by some other means, and that their views are taken into account;
- facilitate decision-making;
- determine the final decision in cases where there is disagreement;
- wherever possible, chair Review Child Protection Planning Meetings to maintain a level of consistency;
- where a child's or young person's name is placed on the Register, outline decisions that will help shape the initial Child Protection Plan, to be developed at the first core group meeting;
- identify the Lead Professional, if not already appointed;
- facilitate the identification of risks, needs and protective factors and how strengths can be built on to improve the child's/young person's situation;

- facilitate the identification of a Core Group of staff responsible for implementing and monitoring the Child Protection Plan;
- agree review dates in line with national timescales;
- challenge any delays in action being taken by staff or agencies;
- ensure that timescales are adhered to, including review dates, distribution of minutes and copies of the Child Protection Plan and any changes to Plans;
- Inform parents, carers and young people of their right to appeal the decision of the Child Protection Planning Meeting and how they can do that. See Appendix 1 Appeals Process;
- Ensure that where a child has been a victim of an offence that consideration is given to applying for Criminal Injuries Compensation. The Chair should ensure that this is discussed and agreed at the Child Protection Planning Meeting, and if appropriate, the Lead Professional will take this forward and make application on the child's behalf.

11.14 **Child Protection Planning Meetings – Attendance**

11.14.1 Child Protection Planning Meetings are interagency meetings and decisions about registration should not be taken by a sole agency. There must be a sufficient number of multi-agency professionals contributing to the information sharing and analysis to enable safe decision and effective planning.

11.14.2 A Child Protection Planning Meeting, at a minimum, should have three agencies represented in order to be quorate and to proceed with the meeting. Minimum participation would be expected from Children's Social Work, Health, Education (this could be from Early Learning and Childcare), and Police (as relevant). If there are fewer than three agencies present the Chair has the discretion to proceed if it is in the best interests of the child and will offer a short term Interim Safety Plan to reduce risk, pending an early rescheduled Child Protection Planning Meeting which should take place within **10 working days**.

10.14.3 In exceptional circumstances, the Chair may decide to proceed despite lack of agency representation. This would be where a child has not had relevant contact with all key agencies e.g. a Pre-Birth Child Protection Planning Meeting, or where sufficient information is available and a delay is likely to be harmful to the child. Where an inquorate Child Protection Planning Meeting is held, the Chair must ensure that the reasons for proceeding with the Child Protection Planning Meeting, and any arrangements to safeguard the child in the meantime are recorded in the Child Protection Planning Meeting

Minute. An early Review Child Protection Planning Meeting should be arranged immediately. Two consecutive inquorate Child Protection Planning Meetings must not be held. Inquorate Child Protection Planning Meetings cannot remove a Child Protection Plan.

11.15 Restricted Information

11.15.1 Decisions about how to restrict information need to be made by the Chair. Restricted access information is information that, by its nature, cannot be shared freely with the child/young person, parents or carers and anyone supporting them. The information will be shared with the other participants at the Child Protection Planning Meeting. Such information may **not** be shared with any other person without the explicit permission of the provider.

11.15.2 Anyone who has restricted information that they need to share should let the Chair know **at least 24 hours** before the Child Protection Planning Meeting so that a confidential section of the meeting can be arranged.

11.15.3 Restricted information includes:

- Sub-judice information which forms part of legal proceedings and which could compromise those proceedings;
- information from a third party that could identify them if shared;
- information about an individual which may not be known to others, even close family members, such as medical history and police intelligence reports;
- information which, if shared, could place any person at risk, such as a home address or school which is unknown to an ex-partner.

11.15.4 Restricted information will normally be shared by agreeing a confidential section of at the beginning of the Child Protection Planning Meeting. People with whom restricted information cannot be shared, and this includes parents, carers and children and young people, will be excluded from the confidential section of the meeting.

11.16 Exclusions

11.16.1 Exclusion of parents/carers/supporters of those attending should only occur after serious consideration of exceptional circumstances, for example the threat of, or actual, physical violence or serious disruption, or where a parent's attendance is not in the best interests of the child/young person or where bail conditions preclude contact.

11.16.2 There may be circumstance where parents are not excluded, but it is not appropriate for them to be together in the meeting for e.g. in situations where there is domestic abuse, the children have different parents with different legal responsibilities, or an acrimonious relationship between adults which will detract from the purpose of the Child Protection Planning Meeting. In these circumstances the Chair can decide to run the meeting in separate sections summarising for each parent the information shared in the section of the meeting they did not attend.

11.16.3 One parent can request that personal information about them is not shared with the other parent and this should be respected and the Child Protection Planning Meeting arranged in such a way that this can happen.

11.16.4 The decision to exclude a parent before, or during, the Child Protection Planning Meeting will be made by the Chair.

11.16.5 Justification for any exclusion should be recorded in the minute, and include supporting evidence.

11.16.6 Where a parent does not wish to attend, or is excluded, or where it is thought that the parent(s)' attendance is not in a child's or young person's interests, it is important to encourage and facilitate the expression of the parent(s)' views: either by recording them in writing within the multi-agency Child's Plan, or by a recording to be played at the Child Protection Planning Meeting, or through a representative.

11.17 Child Protection Planning Meetings – Complaints and Appeals

11.17.1 All of the agencies and services involved in child protection work have clear complaints procedures, which should be followed where there is a complaint about an individual practitioner from that agency.

11.17.2 If a parent or carer wishes to appeal the decision of a Child Protection Planning meeting, they can do using the Dispute Resolution process set out in Appendix 1.

11.17.3 The grounds for appeal are:

- the decision to place a child's name on the Child Protection Register;
- the decision to remove a child's name from the Child Protection Register;
- the provisions of the Child Protection Plan approved by the Child Protection Planning Meeting.

11.17.4 Pending the completion of any dispute resolution process all agreed protective actions should continue, the child's/young person's name should be added to the Child Protection Register and the Child Protection Plan developed as required.

11.17.5 If a child or young person wants to make a complaint or make an appeal, they should be supported to do so by their Lead Professional.

11.18 Reports to Child Protection Planning Meetings

11.18.1 The Lead Professional, a social worker in Child Protection cases, will prepare a multi-agency Child's Plan within the GIRFEC National Framework, for the Child Protection Planning Meeting.

11.18.2 The report prepared by the social worker will be a multi-agency Child's Plan and will contain information about the child and family from all relevant agencies. Professionals working with the child and family will be asked to provide information to the social worker and this will be included in the Child's Plan making it clear where the information has come from and quoting it accurately. Under the National Guidance for Child Protection in Scotland 2021, agencies retain the responsibility of sharing with a parent/carer the information they have shared with the Lead Professional. Agencies also have a responsibility to share their content of the report with the child and family in an accessible and comprehensible way. Requests for information will include a timescale to allow the Child's Plan to be prepared in time for the Child Protection Planning Meeting.

11.18.3 For Initial Child Protection Planning Meetings, Child's Plans should be shared with the Chair **at least 24 hours** before the Child Protection Planning Meeting. For Review Child Protection Planning Meetings Child's Plans should be shared at least **seven calendar** days before the Review Child Protection Planning Meeting.

11.18.4 It is very important that parents, children and young people have time to read and understand the Child's Plans before the Planning Meeting. For Initial Child Protection Planning Meetings, social workers should meet with families to share the Child's Plan **at least 24 hours before** the Initial Child Protection Planning Meeting.

11.19 Agency Representatives

11.19.1 Child Protection Planning Meeting participants **need** to include:

- A **Social Worker** from the Children's Social Work Team;
- A police officer from **Police Scotland;**

- **Education staff** - where any of the children and young people in the family are attending school education or are attending an Early Learning and Childcare setting;
- **NHS staff** – a health visitor/ a school nurse/ a GP / the child's paediatrician as appropriate, depending on the child/young person's age.

11.19.2 Other appropriate participants might include other health practitioners, including mental health services, foster carers/children's residential staff, adult social work services, housing services staff, addiction services staff, an educational psychologist, representatives from relevant third sector organisations, representatives of the Procurator Fiscal. Additionally, following Protocol 2 – Links between Child Protection Planning Meetings and the Scottish Children's Reporter Authority (Hyperlink to be added), Children's Reporter can be asked to attend a Child Protection Planning Meeting in certain circumstances.

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

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

11.20 Risk Assessment

11.20.1 Risk is not just about considerations of concern or harm. Children and young people have to be exposed to experiences that may raise their risk potential at different stages of their growth and development to help them develop into rounded, secure, healthy individuals. Risk is also a dynamic concept with many different aspects to be considered.

11.20.2 Risk assessments must take account of current circumstances, past history and future potential.

11.20.3 The minimum guidance to be followed when undertaking a risk assessment is the National Risk Framework 2012 National Risk Framework to Support the Assessment of Children and Young People

11.20.4 Children's Social Work Policy and Procedure updated in April 2019 gives a framework for risk assessments to be considered by the Lead Professional Social Worker for Child Protection Planning Meetings.

11.21 Criminal Injuries Compensation

11.21.1 Children who have suffered harm either within or outwith the family as a result of abuse may be eligible for criminal injuries compensation. Criminal Injuries Compensation Scheme 2012 (publishing.service.gov.uk). Other children or non-abusing adults who have a loving relationship with the abused child may also be eligible for compensation if they suffer a mental injury as a result of witnessing the abuse or its immediate aftermath. Professionals should be aware of this scheme, and should consider whether any child for whom they are responsible is eligible to apply. They should also ensure that applications are progressed timeously.

11.21.2 Where the victim was under the age of 18 at the time of the incident, and it is reported to the police before their 18th birthday, an application for compensation can be made until the victim turns 20. Where the victim was under the age of 18 at the time of the incident but it was not reported to the police before their 18th birthday, an application for compensation can be made up to two years from the first report to the police. Applications from adults should be made within two years from the date of the crime. These time limits can only be extended in exceptional circumstances. The Criminal Injuries Compensation Authority does not need to wait for the outcome of a criminal trial if there is already enough information to make a decision on a case, so application can be made without delay for this reason. Decisions are made on 'balance of probabilities.' (Criminal Injuries Compensation Act 1995).

11.21.3 Consideration as to whether or not the Criminal Injuries Compensation Scheme may apply should be a standing item at all initial and review Child Protection Planning Meetings. It is the responsibility of the Chair of the review to ensure that reasons are recorded within the record of the meeting as to why the decision was reached whether to proceed or not to proceed with an application.

11.21.4 It is crucial that scrutiny is given to the above as the local authority can be held liable if it fails to make a claim. Action may also be taken against the local authority if it accepts an inadequate offer of compensation on behalf of a child. Children and young people who have been abused in residential care are also entitled to claim compensation

12. Legal Action

12.1 General

12.1.1 Legal action is only appropriate when it is not possible to protect a child by working with the family on a voluntary basis. If a family will not work voluntarily with the Children's Social Work department then a referral will be made to the Reporter for consideration of compulsory measures of care. In those rare cases where children are at immediate risk of significant harm, an Order to protect them can be sought from the relevant Sheriff Court (usually in Lerwick). The option of legal measures should only be considered when other ways to protect the child are not available.

12.1.2 There are three forms of emergency court order available for the protection of children under the Children (Scotland) Act 1995 (the "1995 Act") and the Children's Hearings (Scotland) Act 2011 (the "2011 Act").

These orders are:-

1. Child Protection Order
2. Child Assessment Order
3. An Exclusion Order

12.1.3 The Emergency Authorisations under Section 55 of the 2011 Act from a Justice of the Peace are not available in Shetland because of the nature of appointments locally. However, a police constable has a power to remove a child to a place of safety in certain circumstances.

13. Child Protection Register – Administration

13.1 General

All local authorities are responsible for maintaining a central Child Protection Register for all children who are the subject of an inter-agency Child Protection Plan. This includes unborn babies. The Register has no legal status. This is an administrative system for alerting practitioners that there is sufficient professional concern about a child to warrant an inter-agency Child Protection Plan. Local authority social work services are responsible for maintaining a Register of all children in their area who are subject to a Child Protection Plan. Some authorities may choose to maintain a joint register with other authorities. The decision to place a child's name on the Register should be taken following multi-agency assessment and a Child Protection Planning Meeting, as detailed in Part 11 of these Procedures.

13.1.1 A child may be placed on the Register if there are reasonable grounds to believe or suspect that a child has suffered or will suffer significant harm from abuse or neglect, and that a Child Protection Plan is needed to protect and support the child. When placing a child on the Register, it is not necessary to identify a category of registration relating to the primary type of abuse and neglect. The local authority should ensure the child's name and details are entered on the Register, as well as record the areas of concern identified. The local authority should inform the child's parents or carers verbally and in writing about the information held on the Register and who has access to it. This is done verbally at the end of the Child Protection Planning Meeting, and recorded in the minute. The minute is a written record. The minute is sent to the child's parents or carers. If for any reason the child's parents or carers are not in attendance at the Child Protection Planning Meeting, then the Chair will notify them verbally of the outcome. This will be done on the same day as the Child Protection Planning Meeting was held. To ensure that informing the child's parents or carers of who has access to the Child Protection Register is dealt with, a standard paragraph will be added to the template for the Child Protection Planning meeting.

13.1.2 If a Compulsory Supervision Order is likely to be required to meet the child's needs for protection, guidance, treatment or control, or to ensure compliance, then a referral must be made to the Principal Reporter to allow consideration as to whether a Children's Hearing should be arranged.

13.1.3 Police Scotland has developed a child protection flag for its interim Vulnerable Persons Database. This alerts police call-handling staff and police officers attending incidents, whether physical or not that there has been sufficient previous professional concern about a child to warrant placing them on the Child Protection Register. It also provides

details of the lead local authority contact. Local authorities continue to be responsible for maintaining a Child Protection Register for children in their areas.

13.1.4 When a child is placed on, or removed from the Child Protection Register, Children's Social Work notify NHS Shetland Information Services. NHS Shetland information Services then update 'trakcare' with the alert "Shetland child at risk" and inform the Nurse Advisor for Protection who in turn updates the on-line register and the GP electronic management system with an alert "Child on the Child Protection Register" and the date of registration. The process is the same for removal of a child from the Child Protection Register-in reverse.

13.1.5 If a child on the Child Protection Register attends Accident and Emergency, Duty Children's Social Work should be informed at the earliest opportunity. If attendance at Accident and Emergency is 'Out of Hours' then an assessment of risk of harm to the child will inform the decision as to whether to call Out of Hours Social Work or to wait until the morning and call Duty Children's Social Work. The reasons for the decision as to when to call social work should be recorded on the Accident and Emergency attendance record.

13.1.6 Best practice dictates consent should be sought from parent prior to contacting Social Work, however if seeking consent would increase risk to the child then referral should be made without consent and recorded as such.

13.1.7 The Child Protection Register is kept electronically and accessed via the Children's Social Work Information System.

13.1.8 The designated Keeper of the Child Protection Register is the Executive Manager of Children's Social Work and the Depute Keeper is the Improvement Reviewing Officer. Shetland Public Protection Committee's Lead Officer will ensure that the Scottish Government is notified of any changes to the Keeper or Depute Keeper.

13.1.9 The Shetland Island Council is the keeper of the Child Protection Register and is responsible to maintain relevant information and guidance on how the Child Protection Register is kept and maintained.

13.2 Section 3: Children Reported as Missing

Shetland Multi Agency Procedure for National and Local Missing Children/Family Alerts (hyperlink to follow)

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14. Forms and Leaflets

Index of forms and leaflets:

Referrals:

Referral form – Form 3

Links To Leaflets

Information for children and young people explaining about investigations, planning meetings, etc. are available from: www.safershetland.com/child-protection/for-children-and-young-people

Information for parents and carers are available from: www.safershetland.com/child-protection/for-parents-and-carers

Link to GIRFEC leaflets: http://www.shetland.gov.uk/children_and_families/GIRFEC.asp

Children's Social Work
Duty and Intake Referral Form

Date:	Agency making Referral:	Name / designation / contact details:	Relationship to Child(ren):

Do you consider this a Child Protection Referral?	**Yes / No**
Was this phoned in to the Duty Social Worker initially	**Yes / No**

Do you consider this a Child Welfare Concern?	**Yes / No**

Name of Child(ren) referred:		**DOB:**	**Gender**	**Named Person:**
First Name	**Surname**			
			Male/Female	
			Male/Female	
			Male/Female	
			Male/Female	
Address:				
Contact Details:				

Name of other Child(ren) in household:		**DOB:**	**Gender**	**Named Person:**
First Name	**Surname**			
			Male/Female	
			Male/Female	
			Male/Female	
			Male/Female	

GP / Health Visitor / Midwife details:	
Early Years / School / College:	
Open Childs Plan:	**Yes / No** **Lead Professional:**
Additional Support Needs: **If known**	**Yes / No / Not known** If yes please specify:
Ethnic Origin	White / Mixed / Asian or British Asian / Black or Black British / Not Known / Other (please specify)

Religion	Church of Scotland / Roman Catholic / Other Christi / Muslim / Buddhist / Sikh / Jewish / Hindu / Pagan / None / Not Known / Other (please specify)
First Language	English / Not Known / Other (please specify)

Family Composition					
Name	**DOB**	**Relationship Child**	**Employment/ School/other**	**Residence different**	**PRR**
Mother:					**Yes / No**
Father:					**Yes / No**
Carer:					**Yes / No**

Details of Referral – **what service are you requesting from social work?** Where there is a disclosure of harm, provide details of alleged perpetrator where known / specific incidents – dates, times, witnesses, any visible injuries / history of previous concerns.

Is Child Aware of Referral? Yes / No	**Are Parents Aware of Referral? Yes / No**
Where is the child now:	**Whereabouts (if known) of siblings:**

Category of Concern if Child Protection Referral (tick as appropriate)		
	Child Exploitation	
	Children Placing Themselves at Risk	
	Domestic Abuse	
	Emotional Abuse	
	Neglect	
	Non-engaging family	
	Physical Abuse	
	Parental Alcohol Misuse	
	Parental Drug Misuse	
	Parental Mental Health Problems	
	Sexual Abuse	
	Other concern(s) – Please specify:	

Summary of Previous Involvement with Family – please attach agency chronology if availab

Signed ……

Please attach a copy of your agency's chronology and Child's Plan if available, along with this referral and send to:

Duty & Intake Manager
Children & Families Team
Hayfield House
Hayfield Lane
Lerwick
ZE1 0QD Tel: 01595 744420 - childrens&families-intake@shetland.gov.uk

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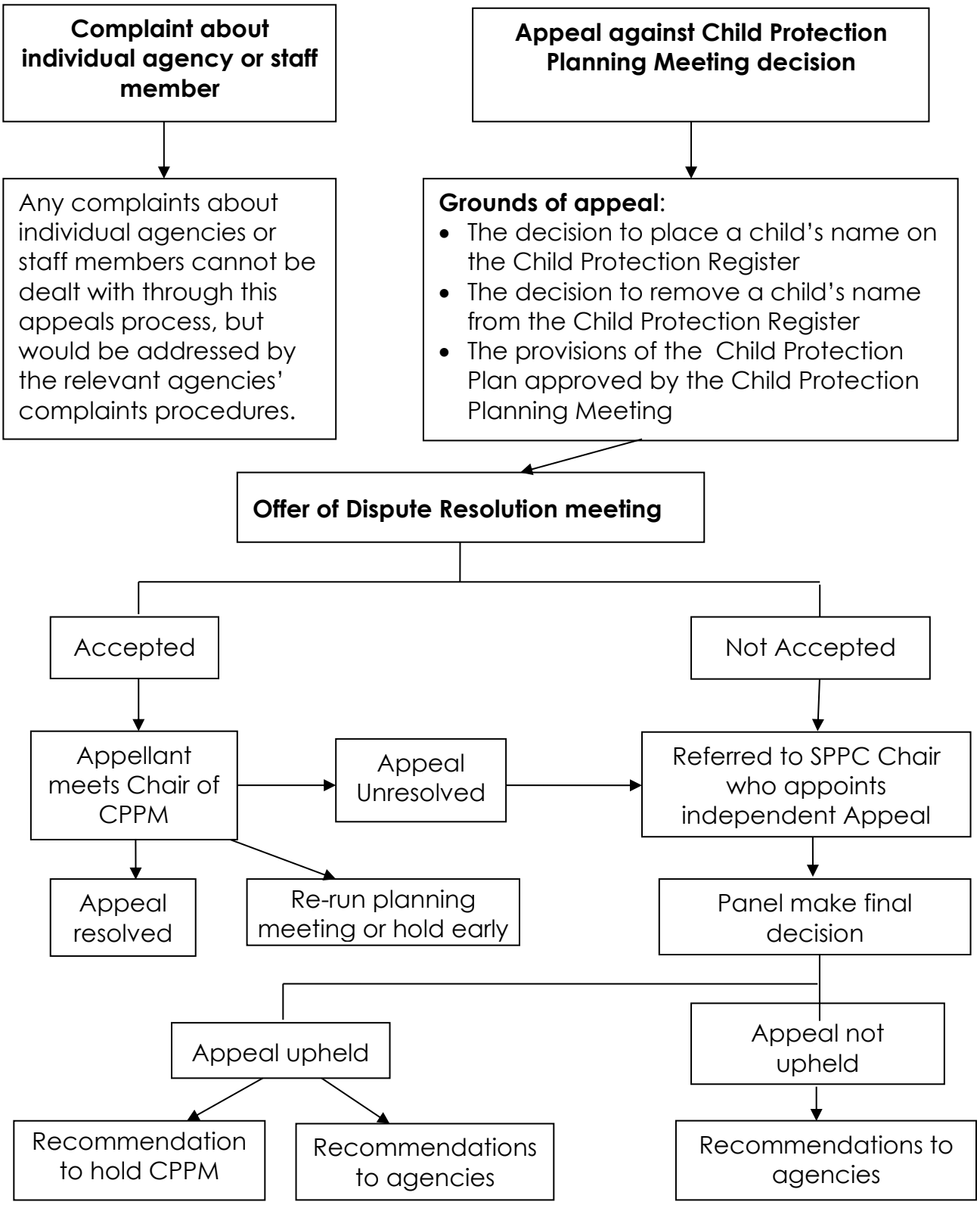
SECTION TWO – APPENDICES:

Appendix 1 Appeal against the Decision of a Child Protection Planning Meeting

Appendix 2 Managing a Disclosure of Abuse

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Appendix 1 - Appeal against the Decision of a Child Protection Planning Meeting



Process

1. Any Parent, Carer, Child or Young person who has either attended or been excluded from attending an Initial, Pre-Birth, Review or Transfer Child Protection Planning Meeting can use this process to challenge the decision of the child protection Planning Meeting.

2. The appeal process is in relation to decisions of the Child Protection Planning Meeting. The decisions which can be appealed are therefore as follows:
   - The decision to place a child's name on the Child Protection Register
   - The decision to remove a child's name from the Child Protection Register
   - The provisions of the Child Protection Plan approved by the Child Protection Planning Meeting.

3. It is always important to address any concerns and seek to resolve them. They often provide good opportunities for agencies involved in child protection work to learn and improve. However this process must not detract from the need to focus on the safety of a child and any Protection Plans put in place to reduce risk will be adhered to whilst the appeal process is ongoing and until a Review Child Protection Planning Meeting makes a decision which changes the protection plan.

4. Child Protection Planning Meetings are interagency meetings. If a parent, carer, child or young person has a concern about the information shared at the Planning Meeting by a particular person representing their agency or the professional conduct of a staff member then the agencies individual complaints procedure should be used to raise this. The Chair of the Child Protection Planning Meeting can provide advice on who to contact and how to go about making a complaint.

5. Child Protection Planning Meetings can be stressful and upsetting for families and support and help to assist them to participate fully and understand why a Planning Meeting has been called and has reached a particular decision is the shared responsibility of the Team Leader in Children's Social Work, The Lead Professional and the Chair of the Planning Meeting. If, following informal discussions the parent, carer, child or young person remains dissatisfied and wants to pursue an appeal, they should be referred to the Chair of the Planning Meeting for advice on this appeal process.

6. There are two grounds for appealing a decision to either place a child's name on the child protection register or remove a child's name:

- The criteria for registration or de-registration have not been met. The criteria for registration are that the child is assessed as being or likely to be at risk of significant harm. The criteria for de-registration are that the child is no longer at risk of significant harm.
- That the process was sufficiently unfair to invalidate the outcome. This may refer to, but is not limited to, the way in which the meeting was chaired, not following proper procedure as laid down in the Shetland Interagency Child Protection Procedures, the opportunities for parents, carers, children and young people to participate, the way in which the decision about registration was reached, or the information shared at the Planning Meeting which influenced the decision.

7. The grounds for appealing the Child Protection Plan are that the terms of the Plan do not protect and promote the best interests of the child.

8. If possible the person making the appeal should write or e-mail the Chair of the Planning Meeting stating the decision they wish to appeal and the grounds for their appeal. If this is difficult then the Chair can have a preliminary meeting with the person making the appeal to clarify and record their reasons.

9. On the receipt of an appeal the Chair will offer to arrange a formal Dispute Resolution meeting. The appellant can refuse a Dispute Resolution meeting and proceed with an appeal to the Appeal Panel. People making an appeal can bring a supporter or an advocate to the Dispute Resolution meeting to assist them. The Chair will arrange for the minutes and reports considered at the Planning Meeting to be available at the Dispute Resolution meeting. The Dispute Resolution meeting should be minuted and copies of the minutes provided to everyone who attends, unless to do so may place the child or any other person at risk. This process should take place **within 20 working days** of the Chair of the planning meeting being notified that an appeal has been made.

10. The outcome of the Dispute will be one of the following:

- The matter is resolved and the appeal closed

- There are grounds to uphold the appeal and a review Child Protection Planning Meeting should take place or some other agreement is reached with the appellant.
- The appellant remains dissatisfied and seeks a formal Appeal.

It should be noted that a Dispute Resolution Meeting **cannot** change the decision of the Child Protection Planning Meeting.

11. Following the meeting, the Chair should write to the person making the appeal outlining the outcome of the Dispute Resolution meeting and any next steps.

12. In the event that there is to be a Review Child Protection Planning Meeting, in most cases it will be appropriate that the same person should chair the Review Child Protection Planning Meeting, but in some situations it may be helpful to have a different Chair, particularly if the fairness of the original Child Protection Planning Meeting is in question. The Chief Social Work Officer will decide who should chair the Review Child Protection Planning Meeting and will have due regard to the view of the person who appealed when making this decision.

13. If there has been a change of circumstances identified at the time of the Dispute Resolution meeting, so that there is new or emerging information which indicates the level of risk to the child is changing and either a new Initial Child Protection Planning Meeting to consider increased risk or an early Review to consider reducing risk is appropriate a Child Protection Planning Meeting will be arranged in accordance with usual Child Protection Procedures.

14. If the appellant remains dissatisfied following a Dispute Resolution meeting, they can request an Appeal. The Chair of Shetland Public Protection Committee2, which fulfil all responsibilities of a child protection committee, will convene a three member Appeal Panel from members of Shetland Public Protection Committee. The Panel will be chaired by the Chair of Shetland Public Protection Committee or their nominee. The Panel members should represent as far as possible the membership of Shetland Public Protection Committee.

15. The Lead Officer Public Protection will act as Clerk to the Appeal Panel unless they have already acted as the Chair at the disputed

Child Protection Planning Meeting in which case another officer of the Council will take the Clerk's role.

16. The appellant shall be invited to the Appeal Panel Hearing and shall be entitled to submit a short written statement in support of his or her appeal in advance of the meeting. The appellant shall be entitled to be heard by the Appeal Panel and may be accompanied by a friend advocate or supporter at the discretion of the Appeal Panel.

17. The Chair of the disputed Child Protection Planning Meeting shall be invited to the Appeal Panel Hearing and shall provide the minutes of the Child Protection Planning Meeting and any Dispute Resolution meeting to the Appeal Panel. The Chair of the disputed Child Protection Planning Meeting shall be entitled to submit a short written statement in explanation of his or her views in advance of the meeting and shall be entitled to be heard by the Appeal Panel.

18. The Chair of the Appeal Panel shall regulate the hearing as he or she thinks fit. The Appeal Panel may deal with the matter in the absence of the appellant or any other person.

19. The Appeal Panel can decide that either:

- The decision of the disputed Child Protection Planning Meeting is not upheld and further action is recommended to one of the partner agencies. The Appeal Panel can recommend that a Child Protection Planning Meeting is held to reconsider the decision made by the disputed Child Protection Planning Meeting. **The Appeal Panel cannot register or de-register a child.**
- The decision of the disputed Child Protection Planning Meeting is upheld and no further action is required or recommendations for improvement are made to one of the partner agencies or the Shetland Public Protection Committee.

20. The Clerk to the Appeal Panel shall arrange for the decision of the Panel and the reasons for that decision to be sent to the appellant in writing within seven days of the date of the hearing.

21. The Appeal Panel's concludes the inter-agency Child Protection Planning Meeting Appeal's procedure.

Appendix 2

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Managing a Disclosure of abuse

1. Listening to a Disclosure of Abuse

1.1 Children and young people will often choose a trusted adult to confide in. It is important to take what the child says seriously and to react calmly, no matter how you may be feeling. A calm reassuring approach will help the child.

1.2 Research tells us that children and young people usually tell the truth about experiences of abuse. Children are the victims of abuse never the cause. Sometimes they may feel that they are the cause and if a child does feel this or express this, it is important to be clear that they are not to blame.

1.3 Always take what a child says seriously and make a child protection referral following the Stepwise Guide in these procedures. Do not delay.

2. Asking Questions

2.1 It is not your role to investigate but it still may be appropriate to check out with the child your understanding of what has happened, especially if you are not clear whether what the child is telling you amounts to a cause for concern or not. You can do this by asking open ended questions.

- **Open ended questions** are questions designed to avoid suggesting the answer to the child or putting the child under pressure. Only one question should be asked at a time, and simple construction should be used, e.g. "Tell me what happened next?" and "How did you get there?"

- **Specific yet non leading questions** are more focused questions that allow for the extension and clarification of **previously provided information**. Certain facts can be referred to, but be careful to avoid implying the answer. For example, once a child has said "George made me do something" you can ask "What diTo: Contents Page ou do?"

- **Closed and leading questions should NOT be used.** Leading questions are those that suggest the answer and should be avoided at all costs. The danger of leading questions is that people listening to the child's disclosure can then be accused of coaching them or encouraging them to be untruthful. This could make it more difficult to protect the child and prosecute the alleged abuser at a later date. Closed questions tend to elicit yes/no answers for example, "Was it George that hit you in the tummy?" which would prompt a reply in the way an open question would not.

3. After a Disclosure

3.1 Once a child has disclosed abuse, it is important to tell the child what will happen next and to whom you need to pass on the information. Take the time you need to reassure and explain – rushing out of the door the moment a child speaks may not be helpful to them.

Bear in mind the following points:

- Do not promise confidentiality and do not make promises that you cannot keep. You may want to say 'I'll make sure that never happens again to you', but you cannot promise that.

- A fuller exploration of the concerns raised by the child should be postponed until social workers and police officers can speak to the child more fully.

- You will need to speak to the designated person in your organisation to pass the concerns on. No-one else should question the child about what they have said. Follow the Stepwise Guide in these procedures.

- As soon as possible make a detailed written note of what the child has said, using the child's own words i.e. the particular words and phrases that they have used, even if you would not put things that way. It may sometimes be possible to note things down at the time the child says them, but only do this if it can be done in a way that does not distract you from what the child is saying.

- Remember that a child or young person has placed their trust in you, and that puts a responsibility on you to begin the process designed to protect the child.

4. Further help

4.1 It is not possible in a set of Procedures such as these to cover every eventuality. Training at various levels and on various topics is available through the Shetland Public Protection Committee, and may be provided by your own organisation. The Lead Officer maintains an extensive library of child protection related guidance and research, and can provide information about training available and the latest national best practice guidance.

4.2 The Lead Officer Public Protection can be contacted on 01595 74 4435 or via www.safershetland.com website.

4.3 For all queries about specific children, for example where you are not certain if something raises a child protection issue, please speak to the duty social worker as soon as you can.

4.4 To make a child protection referral, contact the duty children's social work service, following the procedure in Chapter 6. (The numbers to ring are at the front of these procedures). The police can also be contacted where their immediate assistance is required.

4.5 Look after yourself. It can be distressing to hear a first-hand account from a child who has been harmed. Seek support from your line manager and colleagues and remember that in following the child protection procedures and this guidance you will have done your best to support and protect a child.

SECTION THREE – PROTOCOLS

Local Protocols:

1. Links Between Child Protection Planning Meetings and the Scottish Children's Reporter Authority

2. Gender Based Violence Protocol

3. Child Protection Learning Reviews Protocol

4. Shetland Missing Person Protocol

5. Care and Risk Management Protocol (Hyperlink to follow)

Protocols and additional information can be found in the National Guidance for Child Protection in Scotland 2021 (updated 2023) under Part 4: Specific Support Needs and Concerns