



Outer Hebrides Child Protection Committee

Journeying with children and families to reach their full potential

Outer Hebrides Inter-Agency Child Protection Procedures

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

If you are worried or concerned about a child or young person you should contact the Comhairle nan Eilean Siar Children and Families Social Work Department or Police Scotland.

To report childcare concerns, to seek advice or guidance you can contact any of the following :

Lewis and Harris CnES Children and Families Social Work Team CnES, Sandwick Road, Stornoway, Isle of Lewis	01851 822749
Uist and Barra CnES Children and Families Social Work Team Lionacleit Education Centre, Isle of Benbecula	01870 604 880
Western Isles Out of Hours Social Work	01851 701 702
Police Scotland (non-emergency)	101
NHS Public Protection Advisors	01851 708 029
Child Protection Co-ordinator	01851 822 737
Education and Early Years Services Each school in Western Isles has a Child Protection Designated Officer. This person is the first point of contact within each school.	01851 822 727

Document Control

Outer Hebrides Child Protection Committee	
Guardian/Keeper:	Child Protection Committee through the Child Protection Co-Ordinator
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1. Introduction

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

In the Outer Hebrides this is a shared responsibility and is promoted through the work of the multi-agency [Chief Officers Group \(COG\)](#) and the [Child Protection Committee](#). The Chief Officers Group provides leadership, direction, scrutiny and support to child protection services across the Outer Hebrides. The Child Protection Committee is responsible for the design, development, publication, distribution, dissemination, implementation, evaluation and review of all inter-agency child protection policy and practice. Both partnerships are responsible for ensuring that child protection services remain compliant with existing and emerging national standards, meet local needs and expectations and ultimately provide better outcomes for children and young people.

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

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

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

[The National Guidance for Child Protection in Scotland 2021](#) describes the responsibilities and expectations of everyone who works with, or comes into contact with children and young people, families and carers in Scotland. It sets out how agencies should work together with children and young people, families, carers and communities to protect children and young people from abuse, neglect and exploitation and replaces the 2014 National Guidance.

This overarching national Guidance is a resource that provides advice to local partnerships and agencies to inform the development of local multi-agency child protection procedures, processes and training. It also informs pre- and post-qualifying training and education for all key professions and volunteers. The National Guidance is set within a broader range of materials, guidance and training which local areas draw on to inform local practice and policy development.

The National Guidance has been revised to ensure consistency with the legislative and policy framework and current practice developments. It incorporates our understanding of best practice from various sources, including practitioner and stakeholder experience, inspections, research, and learning from child protection cases.

'Child' is defined as a child or young person up to 18 years of age in line with the United Nations Convention on the Rights of the Child (UNCRC) definition. In general terms, while respecting the implications of different legal definitions of a 'child', the Guidance considers the protection of unborn babies and of children under the age of 18 years. As such, this is the definition that these local procedures work to.

The broad objectives of the 2021 National Guidance revision are to:

- ensure children's rights and voices are central to child protection
- underline the critical need to engage with families to offer support and reduce risk of harm
- support consistency in understanding about key processes when agencies must work together to prevent and respond to significant harm to reduce unwarranted variation
- integrate essential changes in legislation and national guidance
- reference key policy, research and practice developments and sources

With the intended outcomes of the revision being:

- support a reduction in the incidence of significant harm and child death in Scotland
- improve professional inter-agency practice, supervision, management, training and development
- promote a shared, rights-based inter-agency ethos of care and protection, as experienced by children, families and communities
- support a context in which children and young people receive a more consistent approach to care and protection

2. Key changes in the 2021 National Child Protection Guidance

The National Guidance revision has been undertaken in a period of extraordinary challenge and inspiration such as:

- incorporation of the UN Convention on the Rights of the Child (UNCRC) into Scots law
- learn and rebuild from the coronavirus (COVID-19) pandemic
- fully recognise the influence of structural factors, including poverty and housing on assessments of rights, needs and risk
- our leadership and strategic goals are given new focus through our commitment to implementing the UNCRC and fulfilling the ambition and aspirations of The Promise

The UNCRC requires a clear unified approach to protecting children from all forms of abuse, neglect, exploitation and violence and supporting parents, families and carers. Scotland's approach to supporting and protecting children is consistent with this principle: being increasingly rooted in accessible and responsive universal services and a holistic, proportionate approach to statutory intervention which acknowledges that the creative expertise of the third sector will often be key to reducing risk without stigmatising families.

One of the key changes in the 2021 Guidance is to reflect the greater integration of child protection within the Getting it right for every child (GIRFEC) continuum and use GIRFEC language and core components to frame identification and proportionate responses to child protection concerns within the National Practice Model.

The National Guidance outlines the continuum of support for all children, from universal support through to protection from significant harm, underlining that the wellbeing and safety of children are indivisibly connected. There is a clear articulation of the importance of GIRFEC to protecting children, particularly in recognising that all children must receive the right help at the right time.

Whilst the National Guidance is aligned with the current context in which practitioners are working, it is also consistent with the ambitions of The Promise and anticipates and prepares for the changes in the years ahead. This includes a greater emphasis on ensuring that a child's views are taken into account in all decision-making that affects them, and supporting practice that recognises and builds on strengths as well as addressing risk, working in partnership with families and communities. This is a necessary shift in practice that supports the least intrusive and most supportive levels of intervention at all stages.

The National Guidance also sets out the relationship between GIRFEC and contextual safeguarding, illustrating that these approaches are not distinct, but are in fact mutually supportive, situating a child within their wider world.

Poverty is a mediating factor – amongst others – that increases the risk of interaction with the care and protection system. Evidence shows that there is a clear trend in the rates of children subject to formal child welfare interventions (such as child protection registration, criminal or children's hearings proceedings, or becoming looked after) with children in the most deprived 10% of neighbourhoods being 20 times more likely to be subject to these interventions than those living in the least deprived (Bywaters et al., 2017). The Independent Care Review consistently heard that financial and housing support were some of the greatest concerns of children and families.

The National Guidance places a stronger emphasis on the range of issues that impact on the wellbeing and safety of children. It underlines the importance of assessing the impact of all structural factors including poverty and poor housing as part of all care and protection planning. The intention is to further support more holistic approaches that reduce stressors in families and communities to help reduce the risk of harm to children.

The key role of the education workforce in protecting children is affirmed and strengthened by the inclusion of education staff in all references to multi-agency arrangements. The Guidance also underlines the responsibilities of adult services to consider the needs of children and their parents where vulnerability and protection needs are identified.

These inter-agency child protection procedures are aimed at practitioners and managers from all services/agencies who are responsible for the protection of children and young people across the Outer Hebrides and also the members of the public who wish to be better informed of the nature of child protection work. They contain the core information required by all services/agencies and complement, but do not replace, existing single service/agency child protection procedures.

The overall aim of these inter-agency child protection procedures is to ensure that the fullness of the reviewed 2021 National Guidance for Children Protection is implemented and delivered.

Throughout these guidelines, practitioners will find many electronic and/or intelligent links for quick and easy reference to other key documents etc. Reference to the 2021 National Guidance is necessary to sit alongside these local guidelines. These guidelines should now be regarded as both dynamic and iterative and they will be published and maintained as an online electronic resource on the Outer Hebrides child protection website.

Thereafter, they will be kept under continuous review by the Child Protection Co-ordinator who can be contacted on 01851 822 749.



PART I

Child Protection in Context

3. Local and National Context

The 2021 National Guidance states that “the most effective protection of children involves early support within the family, before urgent action is needed and purposeful use of compulsory measures are necessary. If children do require placement away from home, real protection involves attuned, trauma informed and sufficiently sustained support towards reunification, or towards an alternative secure home base when this is not possible.

The Scottish approach to child protection is based upon the protection of children’s rights. The Getting it right for every child (GIRFEC) policy and practice model is a practical expression of the Scottish Government’s commitment to implementation of the United Nations Convention on Rights of the Child (UNCRC). This requires a continuum of preventative and protective work.

There are consistent threads running between enabling, preventative and protective work applying the GIRFEC approach.

They may be distilled in this way:

- the timing, process and content of all assessment, planning and action will apply to the individual child, and to their present and future safety and wellbeing. Their 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 is promoted between those who care about and have responsibilities for the child – it entails a collaborative approach between professionals, carers and family members

‘Partnership’ may not be attainable in a timescale that protects the child. However, even when urgent action is needed, this Guidance stresses the need for proactive and persistent effort to understand and achieve a shared understanding of concerns, and a shared approach to addressing them. The Guidance references collaborative, strength-based approaches to assessment and engagement in protective action.

Recognising the context of risk and need entails 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.

In rural and island areas, access to assessment and support services may be reduced. Child protection structures may require tailored adaptation in every area. This Guidance clarifies shared responsibilities and standards across diverse structures.

The interaction of risks and needs for each child in the context of their family and their community increasingly involves appreciation of the role of media and internet in each situation, especially in teenage years. Every child has the right to safety and support online.

Guidance, procedures and assessment frameworks may promote broad consistency.

However, effective communication and partnership is a matter of relationship. This begins with listening and seeking shared understanding. Intuition, analysis, consultation and professional judgement all play

a part in deciding when and how to intervene in each situation. Inter-agency training and predictable supervision are key to safe, principled and competent practice.

Child protection provokes constant developmental challenges for every individual and for every team. Safe practice is more likely to arise from a culture of leadership that has an evaluative focus on outcomes and promotes systematic learning from mistakes and good practice.

Engagement with children in child protection

Voices of children and young people shaped the Children’s Charter in 2004. Those voices are echoed and strengthened by the voices of those who, 15 years later, contributed to consultation on the [National Practice Model for Advocacy in the Children’s Hearings System](#) (revised 2020).

The [Independent Care Review](#) (2020) listened to over 5,500 individuals. More than half of whom had had experience of the ‘care system’. This Review emphasised the need to listen to children’s voices. The significance of sibling relationships must also be recognised in assessment and decision-making as now required by the Children Scotland Act (2020).

Engagement with families in child protection

Families have a range of distinct yet connected expectations. Strong themes arose from parents, support groups, advocacy and support services during the revision of this Guidance.”

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

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

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

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

- Standard 1: Children get the help they need when they need it;
- Standard 2: Professionals take timely and effective action to protect children;
- Standard 3: Professionals ensure children are listened to and respected;
- Standard 4: Agencies and professionals share information about children where it is necessary to protect them;

- Standard 5: Agencies and professionals work together to assess needs and risks and develop effective plans;
- Standard 6: Professionals are competent and confident;
- Standard 7: Agencies work in partnership with members of the community to protect children; and
- Standard 8: Agencies, individually and collectively, demonstrate leadership and accountability for their work and its effectiveness.

Getting it Right for Every Child (GIRFEC)

All children and young people have the right to be cared for and protected from harm and abuse and to grow up in a safe environment in which their rights are respected and their needs are met. Children and young people should **get the help they need, when they need it** and their welfare is always paramount.

GIRFEC has a number of key components:-

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

GIRFEC advises that at each stage of an intervention, practitioners should ask themselves the following five questions:-

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

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

- [Parents and young people's views;](#)
- [The Named Person;](#)
- [The Lead Professional;](#)
- [The Child's Plan;](#)
- [Chronologies;](#)
- [Getting It Right for Children and Young People in the Western Isles;](#)

Chief Officers and senior managers have a clear responsibility to deliver robust, co-ordinated strategies and services for protecting children and to provide an agreed framework to help practitioners and managers achieve the common objective of keeping children safe. These will be delivered and monitored through the Child Protection Committee (CPC) and the CPC Improvement Plan.



PART II

Child Protection in Practice

4. Definitions

What exactly are Child Care and/or Protection Concerns?

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

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

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

[Paragraph 1.33](#) of the National Guidance states that “Abuse and neglect are forms of maltreatment. Abuse or neglect may involve inflicting harm or failing to act to prevent harm. Children may be maltreated at home; within a family or peer network; in care placements; institutions or community settings; and in the online and digital environment. Those responsible may be previously unknown or familiar, or in positions of trust. They may be family members. Children may be harmed pre-birth, for instance by domestic abuse of a mother or through parental alcohol and drug use.”

Child

A child can be defined differently in different legal contexts – the 2021 National Guidance states:

“While child protection procedures may be considered for a person up to the age of 18, the legal boundaries of childhood and adulthood are variously defined. There are overlaps.

In Part 1 of the [Children \(Scotland\) Act 1995](#), which deals with matters relating to parents, children and guardians, a child is generally defined as someone under the age of 18, but most of the provisions which deal with parental rights and responsibilities apply only to children under the age of 16. Chapter 1 of Part 2 deals with support for children and families and includes local authorities’ duties in respect of looked after children and children ‘in need’. For these purposes a child is also defined as someone under the age of 18.

Section 67 of [The Children and Young People \(Scotland\) Act 2014](#) inserted a new section, 26A, into the Children (Scotland) Act 1995. The current law provides that a young person born on or after 1 April 1999 who is looked after in foster, kinship or residential care is generally eligible to remain in their current care placement and be provided with accommodation and other assistance by the local authority, until they turn 21. This is called Continuing Care.

The [Children's Hearings \(Scotland\) Act 2011](#) contains provisions about the children's hearings system and child protection orders. Section 199 states that, for the purposes of this Act, a child means a person under 16 years of age. However, section 199 of this Act provides qualifications as follows:

- in the ground for referral to a hearing under section 67(2)(o) (failure to attend school), 'child' means a person who is of school age, and school age has the definition in section 31 of the Education (Scotland) Act 1980 in Scotland 2021
- 'child' includes any child who has turned 16 after being referred to the Principal Reporter, until the Principal Reporter makes a decision not to arrange a hearing, or a hearing makes a decision to discharge a referral, or until a Compulsory Supervision Order is made
- children who are subject to a Compulsory Supervision Order under the Act on or after their 16th birthday are also treated as children until they reach the age of 18, or until order is terminated if this occurs first
- where a sheriff remits a case to the Principal Reporter under section 49(7)(b) of the Criminal Procedure (Scotland) Act 1995, then the person is treated as a child until the referral is discharged, any Compulsory Supervision Order in place is terminated, or the child turns 18"

The individual young person's circumstances and age will dictate what legal measures can be applied. For example, the [Adult Support and Protection \(Scotland\) Act 2007](#) can be applied to over-16s where the criteria are met. This further heightens the need for the Comhairle to establish very clear links between the Child and Adult Protection Committees and to put clear guidelines in place for the transition from child to adult services. Young people aged between 16 and 18 are potentially vulnerable to falling "between the gaps" and our local services must ensure that processes are in place to enable staff to offer ongoing support and protection as needed, via continuous joint planning between Child and Adult Social Work services for the young person. The GIRFEC framework and provision of the Named Person service for 16-18 year olds will be key to ensuring that wellbeing needs can be identified and addressed.

Where a young person between the age of 16 and 18 requires protection, services will need to consider which legislation or policy, if any, can be applied. This will depend on the young person's individual circumstances as well as on the particular legislation or policy framework. Through the [Children and Young People \(Scotland\) Act 2014](#), similar to child protection interventions, all adult protection interventions for 16 and 17 year olds will be managed through the statutory single Child's Plan.

Special consideration will need to be given to the issue of consent and whether an intervention can be undertaken where a young person has withheld their consent. The priority is to ensure that a vulnerable young person who is, or may be, at risk of significant harm is offered support and protection.

This guidance is designed to include children and young people up to the age of 18. However, as noted above, the protective interventions that can be taken will depend on the circumstances and legislation relevant to that child or young person. It is also important to identify and support vulnerable pregnant women and give consideration to high-risk pregnancies within child protection processes.



PART III

Child Protection Responses

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

If you are worried or concerned about a child or young person you use details below to contact staff.

CnES Social Work	01851 822 749 Lewis and Harris 01870 604 880 Uist and Barra
Police Scotland (non-emergency)	101
NHS Public Protection Advisors	01851 708 029
Scottish Children's Reporter Administration	0131 244 8391
Out of Hours Emergency Social Work	01851 701 702
For all Emergencies	Call 999

The 2021 National Guidance states that 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 harm." Part 3 of the 2021 National Guidance provides full details on [Identifying and Responding to Concerns about Children](#).

When a child protection concern is received the by any professional, they will take the full details of the child protection concern. Within the [2021 National Guidance - paragraphs 3.1 - 3.6](#) provides a checklist for staff as to what information is required to be gathered for sharing a child protection concern. See image below.

3.6 Suggested information to record in relation to a child protection concern

Key contacts

Name, role, contact details of the person reporting the concern.

Name, date of birth and home address of the child if possible.

Name, address, phone number of parents/carers or guardians.

Name of child's school, nursery, early learning centre or childcare.

Immediate considerations around the child

Where is the child now and are they safe? If not, in your view, is there action that might be taken to make them safe?

How is the child physically? Do they have any known injuries or immediate health needs and do they require medical treatment?

How is the child emotionally? What do they need immediately for their reassurance/ understanding?

Are there any aspects of the child's culture, language or understanding that might require additional consideration or support?

Is it known if the child is on the child protection register?

Record of concerns

What is the nature of the child protection concerns?

How did the concerns first come to light: for example because of an injury, through what this or another child has said, because of how a child appears or due to e.g. parental behaviour?

What happened?

Is a person/are people believed to be responsible for harm to a child? If so, is/are their name, address, occupation and relationship to the child known?

Are you aware if this person/those people has/have access to other children? If so, do you know the name, age and address of such children?

If the concern was raised by this child, who has spoken to them and when?

What has the child been asked and what have they said?

If the child or young person spoke with someone else, is that person available to be spoken with?

If concerns were not reported when they first arose, was there a reason for this and what has prompted reporting now?

Once these details have been obtained, the worker will share, without delay, through their organisational processes to enable the information to be shared to the Inter-Agency Referral Discussion (IRD) Police Sergeants who will coordinate the arrangement of an MS Teams/Video Conference to initiate the Child Protection Process.

Within the 2021 National Guidance, [Part 4](#) covers specific areas of concern; and also factors that may intersect with these concerns and so may require specific attention and support. There are common threads connecting practice. The GIRFEC approach encourages consideration of the child’s experience and perspective, within and beyond the family. The Promise encourages a focus on support for those relationships that are key to emotional safety and resilience.

Below are the specific areas:

Poverty	Community
When services find it hard to engage	Preventing the repeated removal of children
Protection of disabled children	Children and young people who are missing
Parents with learning disabilities	Suicide and self-harm affecting children
Impact of mental health or health problems on children	Children and young people experiencing mental health problems
Child trafficking and child criminal exploitation	Protection in transitional phases
Domestic abuse	Bullying
Responding to neglect and emotional abuse	Honour-based abuse and forced marriage
Protecting unaccompanied asylum-seeking and trafficked children	Serious harmful behaviour shown by children above and below the age of criminal responsibility
Children and families affected by alcohol and drug use	Vulnerability to being drawn into terrorism
Physical abuse, equal protection, and restraint	Complex investigations
When obesity is a cause for escalating concerns about risk of harm	Indecent images and internet-enabled sexual offending by adults
Child sexual abuse	Hate crime
Child sexual exploitation	Fabricated or induced illness
Child protection in the digital environment/online safety	Sudden unexpected death in infants and children
Children and young people who have displayed harmful sexual behaviour	Child protection in the context of disasters and public emergencies
Female genital mutilation	Cultural and faith communities
Under-age sexual activity	Children and families in the defence community
Pre-birth assessment and support	Reunification or ‘return home’
Children who are looked after away from home	Historical (non-recent) reports of abuse

6. Initial Risk Assessment and Inter-agency Referral Discussion

For fuller guidance on these matters, please refer to the [2021 National Guidance](#) in relation to Inter-agency Referral Discussions.

An **Inter-agency Referral Discussion (IRD)** is a discussion between two or more services/agencies, where it has been suspected that a child has suffered, is suffering or may be at risk of harm or abuse. In practice an IRD is not a single event, but rather a series of ongoing events and discussions.

Within the Outer Hebrides the partners to be present within the IRD are:

- Police,
- Children's Social Work,
- NHS Public Protection and
- Education management representatives.

The need to recognise and respond to a **16- or 17-year-old** in need of protection as 'a child first' is recognised in the [Scottish Government's Child Protection Improvement Programme's 2017 Report](#). Special consideration will need to be given to the issue of consent and whether an intervention can be undertaken where a young person has withheld their consent. The priority is to ensure that a vulnerable young person who is, or may be, at risk of significant harm is offered support and protection.

As the practice around this specific area develops the guidance may change and will be updated to reflect this.

IRDs should be considered for young people aged 16 and 17 if one or more of the following criteria apply:

- They are enrolled in a school setting;
- They are currently Looked After at Home through a Compulsory Supervision Order;
- They are currently Looked After and Accommodated through a legal order or voluntary measures;
- Previously open within the last 12 months or currently open to Social Work Children's Services

If the young person does not meet these criteria points, consideration must be given for a referral to Adult Services under the [Adult Support and Protection \(Scotland\) Act 2007](#). The reasons for the decision to refer to Adult Services or not must be recorded within Eclipse.

Within each IRD, for each child or young person discussed, the participating services/agencies/practitioners will agree upon the following:-

- What child care or protection concerns are raised by the information contained within the Child Protection Referral?
- What needs are identified?
- Whether immediate legal measures to protect the child – child protection orders / assessments or exclusions are necessary
- Which service/agency is already involved in providing a support to the child/young person and/or their family?
- What risks factors, protective factors and/or strengths have been identified for that child and other siblings?
- Whether an initial single-agency enquiry is appropriate, the outcome of which must be discussed fully with the IRD immediately thereafter
- Whether an initial police enquiry is appropriate, the outcome of which must be discussed

fully with the team leader in Education and Children Services?

- Is there a need for a joint investigative interview by Police and Social Work?
- Do the circumstances justify a need for a Health Assessment?
- Do the circumstances justify a need for a Medical Examination? If so, NHS Public Protection Nurses will contact the Designated Consultant in NHS Western Isles.
- What are the timescales, roles, responsibilities and agreed sequence of actions/events?
- Whether a referral should be made to the Reporter as compulsory measures of care may be required.
- Consideration given if the child has been subject to Child Exploitation.

The inter-agency referral discussion should also consider the need for:

- Establishing who holds parental rights and responsibilities for the child
- Ensuring in cases where the child is looked after that the parents are notified and;
- Providing immediate support to the child and family.

At all stages following a referral being received, ongoing consideration must be given to the needs and welfare of the child, including their need to be accommodated out with the family home or any care needs that may arise in the event of a parent or carer having to be removed from the household. Parents should be kept fully informed throughout the process unless there are circumstances which prohibit this. If parents are not to be informed of any aspect of an investigation, then the reasons for this must be clearly recorded.

Any person may also refer a child to the Reporter at any stage in the process. The Getting it Right for Every Child (GIRFEC) philosophy now implemented across Scotland and reinforced by new duties in the Children and Young people (Scotland) Act 2014 ensures that where voluntary engagement is not sufficiently addressing a child's needs or is thought unlikely to be able to do so a referral to the Reporter should be considered. A full explanation of this approach and the criteria surrounding such a decision can be obtained via the following [link](#).

IRD Outcomes

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

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

IRD Sharing and Recording

Police Scotland Sergeants will make a record of the IRD discussions and will circulate this following the IRD. These are to be stored on agencies systems in an appropriate manner, and shared with those involved with the family as is reasonable and proportionate.

IRD Feedback

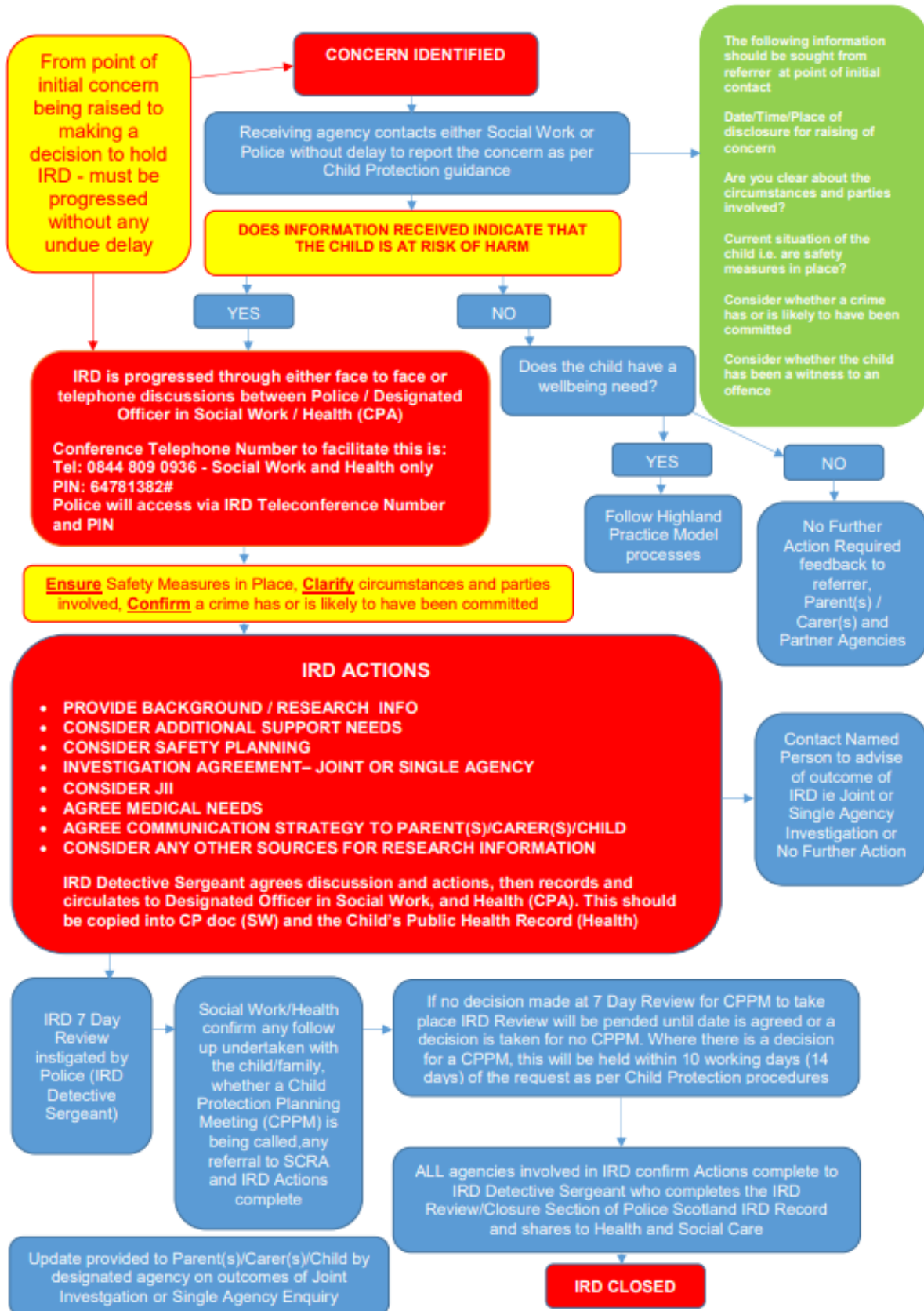
Throughout the IRD process, feedback will be provided to the person and/or the service/agency that raised the child care and/or protection concern in the first place. Such notification will be in accordance with data protection and confidentiality guidelines Those providing feedback will ensure that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

Feedback must also be provided to the children and family involved in the IRD. The [2021 National Guidance](#) outlines the parameters of this information sharing – noted in the table below. It is essential that a decision regarding this information exchange to the family is discussed at IRD and the decisions, and reasons for this decision, is recorded in the IRD record.

Information sharing and gathering the views of children and families	
3.49	It is essential that, where it is safe to do so, relevant information relating to the IRD is shared with the child and their family. This will include ensuring the child and family are made aware that the IRD is taking place and an explanation of the reason for this. Where it is practically possible, this should be undertaken prior to the IRD taking place. The timing of an IRD should not be unduly delayed by this process.
3.50	Following the IRD, where it is safe to do so, feedback should be provided to the child and family. This should include an overview of the information that was shared and the agreed safety plan and actions. In doing so, the following are essential considerations: <ul style="list-style-type: none"> • 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
3.51	Any decision to proceed without the child or family’s awareness should be recorded on the IRD record, along with the justification for this.

Inter-agency Referral Discussion (IRD)

RESPONDING TO CHILD PROTECTION REFERRALS - MULTI AGENCY GUIDANCE



7. Information Sharing, Recording, Confidentiality and Consent

Information sharing

Where it is considered that a child or young person is at risk of harm, information must be shared between agencies to enable an assessment to be undertaken. In such circumstances, consent from the child or parent is not required and should not be sought.

It is nevertheless, often good practice to inform the child and parent of any actions you are going to take. There can however be circumstances where it is considered that this could place a child or others at risk, or compromise any investigative enquiry, so advice should normally be sought first from social work or police.

An exchange of relevant information between professionals is therefore essential in order to protect children. To secure the best outcomes for children practitioners need to understand when it is appropriate to seek or share information, how much information to share and what to do with that information. Practitioners also need to consider from and with whom information can and should be sought and/ or shared. This applies not only between different agencies but also within agencies. Although those providing services to adults and children may be concerned about the need to balance their duties to protect children from harm and their general duties of confidentiality towards their patient or service user, the overriding concern must always be the welfare of the child.

Where agencies are acting in fulfilment of their statutory duties, it is not necessary or appropriate to seek consent – for example, where a referral is made to the Reporter under the Children’s Hearings (Scotland) Act 2011 or where a report is provided by the Local Authority in the course of an investigation by the Reporter under the Act. In such instances, the consent of a child and/ or parents need not be sought prior to the submission of a report.

All services/agencies have in place their own arrangements for the retention and retrieval of such information, in keeping with [The Data Protection Act 2018](#) and [The Freedom of Information \(Scotland\) Act 2002](#).

The following seven Principles of [The Data Protection Act 2018](#) must always be considered:

- Lawfulness, fairness and transparency
- Purpose limitation
- Data minimisation
- Accuracy
- Storage limitation
- Integrity and confidentiality (security)
- Accountability

Dr Ken Macdonald, Assistant Commissioner Scotland & Northern Ireland Information Commissioner’s Office offers this directive in March 2013.

“Whilst it is acknowledged that practitioners need to be sure their actions comply with all legal and professional obligations, fear that sharing genuine concerns about a child’s or young person’s wellbeing will breach the Act is misplaced. Rather, the Act promotes lawful and proportionate information sharing, while also protecting the right of the individual to have their personal information fairly processed.”

Most practitioners are confident about appropriate and necessary sharing where there is a child protection risk. The problem can be where the circumstances do not yet reach the child protection trigger yet professional concerns exist, albeit at a lower level. In many cases, a risk to wellbeing can be a strong indication that the child or young person could be at risk of harm if the immediate matter is not addressed.

As GIRFEC is about early intervention and prevention it is very likely that information may need to be shared before a situation reaches crisis. In the GIRFEC approach, a child's Named Person may have concerns about the child's wellbeing, or other individuals or agencies may have concerns that they wish to share with the Named Person. Whilst it is important to protect the rights of individuals, it is equally important to ensure that children are protected from risk of harm.

Where a practitioner believes, in their professional opinion, that there is risk to a child or young person that may lead to harm, proportionate sharing of information is unlikely to constitute a breach of the Act in such circumstances.

*It is very important that the practitioner uses all available information before they decide whether or not to share. Experience, professional instinct and other available information will all help with the decision making process as will anonymised discussions with colleagues about the case. **If there is any doubt about the wellbeing of the child and the decision is to share, the Data Protection Act should not be viewed as a barrier to proportionate sharing.***

Subsequently, in July 2016: Following the Supreme Court judgement about the 'Named Person' scheme incorporated within the Children and Young People's Act 2014, the Information Commissioner's Office through Ken Macdonald issued the following statement of reassurance.

"We will be working with the Scottish Government and agencies within the children's sector to ensure that the concerns of the Supreme Court are adequately addressed. In the meantime, practitioners should be reassured that information sharing for child protection purposes is not affected by the judgment and that they should continue to share such information following best practice within the framework of the Data Protection Act and other law."

Full guidance on Information Sharing, Confidentiality and Consent issues can be viewed within the explanatory document at the [Practitioners Guide to Information Sharing, Confidentiality and Consent to Support Children and Young People's Wellbeing](#)

If a child's wellbeing is considered to be at risk, early and effective sharing of relevant information must always take place to minimise or mitigate risks and harm.

8. Policy and Legal Context

National Policy/Legal Context

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

- [UN Convention on the Rights of the Child](#);
- [Children's Charter](#);
- [Framework for Standards](#);
- [Getting it Right for Every Child](#);
- [National Guidance for Child Protection 2021](#);
- [The Children \(Scotland\) Act 1995](#);
- [Children and Young People \(Scotland\) Act 2014](#);
- [The Human Rights Act 1998](#);
- [The Data Protection Act 1998](#); and;
- [The Data Protection Act 2018](#)

Local Policy/Legal Context

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

- Western Isles Vulnerable Young People Aged 15 -19 years Good Practice Guidelines Active
- Multi agency practitioners guide to Information Sharing, Confidentiality and Consent to support Children and Young Peoples Wellbeing
- Risk Assessment Framework Operational Guidance
- Children and Young people and Families affected by Problematic Alcohol and/or Drug Use Inter Agency Guidelines
- Multi Agency Guidance for Personnel Working with Young People at Risk of Self Harm and Suicide.
- Safeguarding Children and Young People at Risk of Child Sexual Exploitation Practice Guidance.
- Multi-agency Pre-birth Concern Guidance

Practitioners in all services/agencies should inform service users how information about them will be held, stored and shared. Children and their families have a right to know when information about them is being shared, where possible their consent should be sought unless doing so would increase the risk to a child or others, or prejudice any subsequent investigation.

Practitioners should record all requests for consent, whether agreed or otherwise in case file notes. Where applicable, reasons for refusal should also be recorded. Where it is decided not to seek consent, the reasons for not having done so should also be recorded.

9. Identifying and Managing Risk

For a flow chart of the entire Child Protection Process, click [here](#).

What is Risk in a Child Protection Context?

Working with risk is at the heart of child protection. For this reason, the importance of good, accurate risk assessment within child protection cannot be overstated. Understanding the concept of risk is critical to child protection.

In the context of these guidelines, risk is the *likelihood* or *probability* of a particular outcome given the presence of factors in a child or young person's life.

Risk is part and parcel of everyday life: a toddler learning to walk is likely to be at risk from some stumbles and scrapes but this does not mean the child should not be encouraged to walk. Risks may be deemed acceptable; they may also be reduced by parents and/or carers or through the early intervention of universal services. Only where risks cause, or are likely to cause, significant harm to a child would a response under child protection be required.

Failure to properly identify risk can lead to serious, and even fatal, outcomes for children. The [National Risk Framework to Support the Assessment of Children and Young People \(2012\)](#) aims to support and assist practitioners at all levels, in every agency, in these tasks.

There are no absolute criteria for judging what constitutes significant harm: sometimes, it can be a single traumatic event, such as a violent assault or poisoning; often, it is a combination of significant events which can interrupt, change or damage the child's physical and psychological development.

This is supplemented by a [National Risk Assessment Toolkit](#) to support the assessment of children and young people.

Risk Assessment and the [Getting it Right for Every Child \(GIRFEC\)](#) Practice Model

The [2021 National Guidance has fuller information on risk assessment within Child Protection](#), but specifically in reference to GIRFEC it states that "the GIRFEC National Practice Model provides shared practice concepts within assessment and planning. Practitioners should be familiar with the core elements such as the 'SHANARRI' wellbeing indicators, the My World Triangle, and the resilience matrix as summarised below. Together they support holistic analysis of safety and wellbeing, dimensions of need, and the interaction of strengths and concerns."

Locally use will be made of the [My World Triangle](#), [SHANARRI](#), [Resilience Matrix](#), Engagement Quadrant, Risk Quadrant and Wellbeing Web.

My World Triangle

Practitioners should support children, young people and families to fully participate in discussions about what is happening in a child or young person's world. Using the 'My World Triangle' allows practitioners, together with children, young people and families, to consider:

- How the child or young person is growing and developing;
- What the child or young person needs and has a right to from the people who look after them;
- The impact of the child or young person's wider world of family, friends, community and society. If practitioners are concerned about harm or significant harm related to a child or young person, refer to the [National Child Protection Guidance \(2021\)](#).

In all cases, information should be divided into strengths and challenges faced by a child or young person and family. Practitioners should consider all sides of the Triangle in relation to a child or young person, but it may not be necessary to gather detailed information on all sides of the Triangle if this is not proportionate to the issues identified.

How I grow and develop is where consideration should be given to factors in the child or young person's life relating to various aspects of physical, cognitive, social and psychological development. In order to understand and reach sound judgments about how well a child or young person is growing and developing, practitioners must think about many different aspects of their lives including: learning

and achieving, positive relationships with family and friends, self-confidence, independence and communication.

What I need from the people who look after me accounts for the critical influences of other people in the child or young person's life. Parents normally have the most significant role, but the role of siblings, wider family, teachers, friends and community is also important. Considering the inputs from people surrounding the child or young person can indicate where there are strong supports and where other supports are required. Practitioners must think about a range of factors including: every day care and support, positive adult role models, knowing what is going to happen and when, and an understanding of family background, beliefs and culture.

My wider world reflects how the communities where children and young people grow up can have a significant impact on their wellbeing and the wellbeing of their families. The level of support available from a child or young person's wider family, social networks and within their neighbourhood can have differing effects. Practitioners must think about the local context including: employment, education, healthcare, housing and sense of belonging and safety.

SHANARRI Indicators

There are five key GIRFEC questions that practitioners should ask themselves when considering a child or young person's wellbeing needs, whilst maintaining a focus on the rights of the child. The child or young person should fully participate in discussions when considering these questions:

- What is getting in the way of this child or young person's wellbeing?
- Do I have all the information I need to help this child or young person?
- What can I do now that is needed and appropriate to help this child or young person?
- What can my agency or organisation do now to help this child or young person?
- What additional help, if any, may be needed from others?

Safe – growing up in an environment where a child or young person feels secure, nurtured, listened to and enabled to develop to their full potential. This includes freedom from abuse or neglect.

Healthy – having the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy and safe choices.

Achieving – being supported and guided in learning and in the development of skills, confidence and self-esteem, at home, in school and in the community.

Nurtured – growing, developing and being cared for in an environment which provides the physical and emotional security, compassion and warmth necessary for healthy growth and to develop resilience and a positive identity.

Active – having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community.

Respected – being involved in and having their voices heard in decisions that affect their life, with support where appropriate.

Responsible – having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision.

Included – having help to overcome inequalities and being accepted as part of their family, school and community.

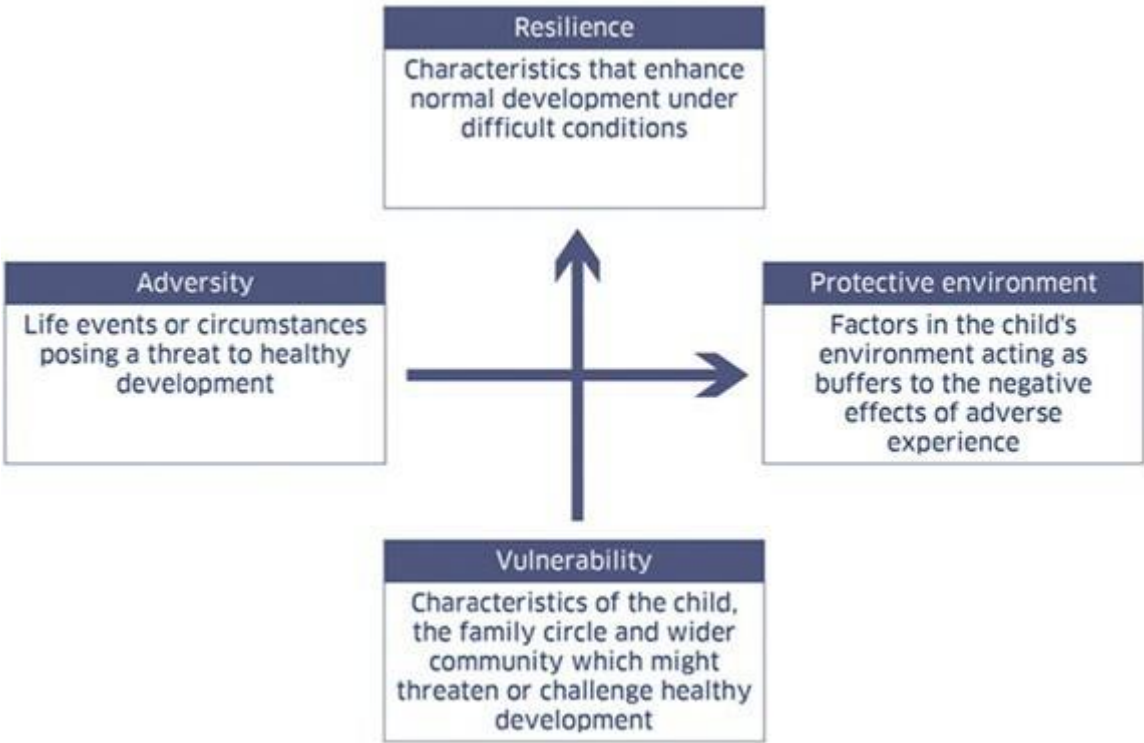
Resilience Matrix

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

- vulnerability and unmet needs;
- adversity;
- strengths or protective factors; and
- resilience.

This step marks the start of the process of “unpacking” the individual child’s circumstances and exploring their potential impact. The child’s circumstances can be plotted on each of the two continuums, allowing the practitioner to see where the impact of these circumstances places them within the Resilience Matrix and, therefore, how at risk they are:-

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



Engagement Quadrant and Risk Quadrant

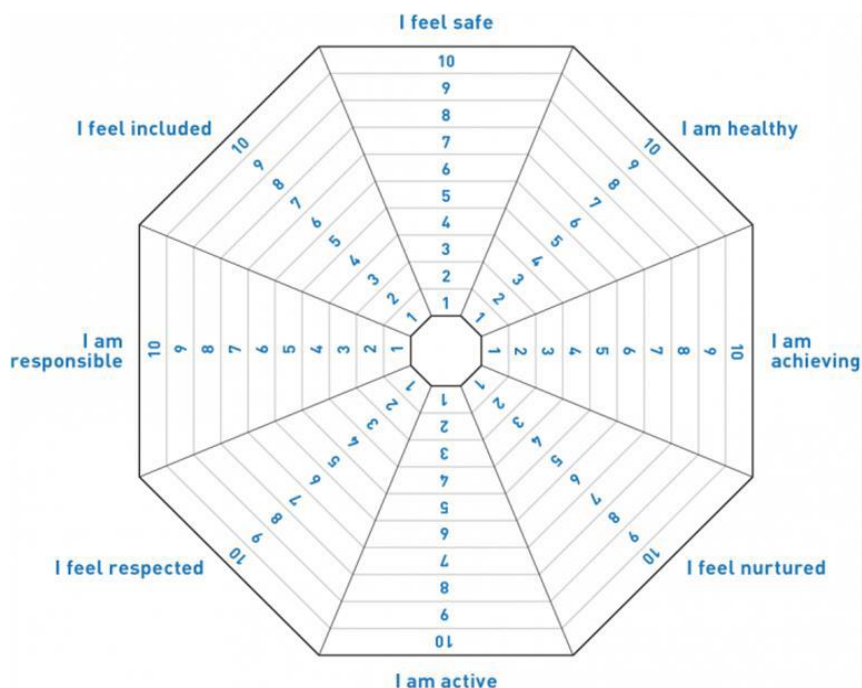
Following the process of completing the assessment using the My World Triangle, SHANARRI and Resilience Matrix, practitioners should use these quadrants to identify the level of engagement from the family and the level of risk presented before them.

Practitioner comments can be added to provide analysis of how they came to such a determination and can be used in terms of tracking progress by the family.

<p>Low strength/ high concern</p> <p>Parents are likely to be at the pre-contemplative stage and unlikely to move from this position. Families assessed to be in this category are the most worrying. The children are likely to need to be looked after, probably long term. The length of time in care will be dependent on the parent's ability to change, however their own upbringing may have left them too damaged to change.</p>	<p>High concern/ high strength</p> <p>Parents may be more willing to change at this level. There will be parents at different stages of change. There could be worries about children living in these families and alternative placement may be an option however this depends on the parent's ability to change. There is more scope for working with families in this group and less need to separate.</p>	<p>GENUINE COMMITMENT</p> <p>Parent recognises the need to change and makes real efforts to bring about these changes</p>	<p>TOKENISM</p> <p>Parent will agree with the professionals regarding the required changes but will put little effort into making change work</p> <p>While some changes may occur they will not have required any effort from the parent. Change occurs despite, not because of, parental actions</p>
<p>Low concern/ low strengths</p> <p>Families in this group are highly unlikely to need care. These are the referrals that are likely to be referred on a number of occasions before they are willing to change. Community resources are the best outcome. This group of children/young people should not come in to care as generally there are no issues to put the child at risk at home.</p>	<p>Low concern/ high strengths</p> <p>Network of support and supervision is available to child/young person. Families in this group are generally of little worry and would probably benefit from standard support systems, school, GP etc. Generally these families should not be referred to social services as their needs are similar to the standard population. They may need advice and guidance from standard services.</p>	<p>COMPLIANCE/APPROVAL SEEKING</p> <p>Parents will do what is expected of them because they have been told to "do it"</p> <p>Change may occur but has not been internalised because the parents are doing it without having gone through the process of thinking and responding emotionally to the need for change</p>	<p>DISSENT/AVOIDANCE</p> <p>Dissent can range from proactively sabotaging efforts to bring about change to passively disengaging from the process</p> <p>The most difficult parents are those who do not admit their lack of commitment to change but work subversively to undermine the process (ie. perpetrators of sexual abuse or fictitious illness)</p>

Wellbeing Web

The Wellbeing web is an outcome measurement tool that is to be used by practitioners to measure the progress of the family circumstances, linked to SHANARRI indicators, and to assist with development of the Child's Plan. Below is the web which is to be presented to the first CPPM, and subsequent reviews. It is also to be completed 3months post deregistration from the Child Protection Register to ensure that the Child's Plan is meeting the needs of the child/family, and making progress.



Assessing Risk

Risk assessment is not static, nor can it be separated from risk management. Risk factors can reduce over time, or conversely, increase. Equally, changes in a child or family's circumstances can strengthen or limit protective factors.

The process of identifying and managing risk must therefore also be dynamic, taking account of both current circumstances and previous experiences, and must consider the immediate impact as well as longer-term outcomes for children. Risk assessment must also consider both the immediate and longer terms needs of a child.

The Local Risk Assessment Framework guidance for practitioners can be viewed at [Risk Assessment Framework Operational Guidance](#)

10. Guidance on the Compilation of Chronologies & the process of Integrated Chronologies

A chronology seeks to provide a clear account of all significant events in a child's life to date, drawing on the knowledge and information held by agencies involved with the child and family.

A significant event is anything that has a significantly positive or negative impact on the child. It does not have to happen to the child, but could result in a change of their circumstances, which has positive or negative consequences for them. It is important to note that what might be a key event in one child's life, such as a period of good health or good school attendance after a long period of absence or exclusion, will not even be relevant to another child. In this respect agencies are asked to use their professional judgement in completing the chronologies.

A chronology is important because it records the circumstances and experience of the child and milestones in their life. For example those positive events celebrated by a family which are usually easily remembered. Some significant experiences may be less positive but are an important influence on the life of the child. This needs to be recorded as a chronology to identify at a glance, the key patterns indicating needs, risks, evidence of resilience and the family's potential to support its own needs or progress with minimal intervention.

The key purpose of the chronology of significant events, therefore, is early indication of an emerging pattern of risk and concern. This may be evident by gradual and persistent withdrawal from protective factors such as non-attendance at health appointments and non- attendance at nursery/school alongside a frequent attendance at A&E or GP on-call service. Events such as domestic abuse referrals, referrals to the Children's Reporter and referrals of concern should also be recorded. In most circumstances the child's chronology should start with their birth however in some cases particularly in that of a baby it will be relevant to start the chronology pre-birth. This will show emerging patterns of risk before the baby is born.

The full guidance protocol can be viewed at the following link [Chronology of Significant Events Good Practice Guidance](#) and [Care Inspectorate Practice Guide to Chronologies](#)

11. Joint Investigation

Every child has a right to protection from harm, abuse and exploitation. Where a child may have suffered such treatment, and agencies involved in child protection are called to intervene, the child's welfare should be of paramount importance. Under GIRFEC, the interests of other children should also

be considered. From the outset, every decision made about interviewing the child must be made on the basis the paramount consideration is the best interests of the child.

Care must be taken that children do not suffer any undue distress during the investigations into allegations or reported information. Agencies should also endeavour to treat children as individuals, and where possible, involve them in making decisions. These principles are founded on [the United Nations Convention on the Rights of the Child 1989](#), and [the Children \(Scotland\) Act 1995](#).

The National Child Protection Guidance 2021 makes clear that any notification of concern must result in the consideration of relevant information and indicate a need to make decisions on a number of issues. One of these is whether a joint investigative interview is required and, if so, the arrangements that need to be put in place.

The purpose of joint investigations is to establish the facts regarding a potential crime or offence against a child, and to gather and share information to inform the assessment of risk and need for that child, and the need for any protective action. The joint investigation can also provide evidence in court proceedings, such as a criminal trial or a Children's Hearing proof.

A joint investigation may normally be undertaken in cases:

- involving familial abuse;
- where the child is looked after by the local authority;
- where there are particular difficulties in communicating and it is considered that social workers or other staff could contribute effectively to the investigation; or
- in any other circumstances, where it is agreed at the IRD that a joint approach would be beneficial to the enquiry.

The decision to instigate a Joint Investigative Interview will be made at the IRD. Consideration will be given as to whether the Scottish Child Interview Model (SCIM) or the Step-Wise Interview model will be used.

The investigative interview is a formal, planned interview with a child, carried out by a core team trained and competent to conduct it, for the purposes of eliciting the child's account of events (if any) which require investigation. This group should include other staff from relevant agencies including the Named Person and the Lead Professional. This interview is child-centred and sensitive to the child's needs and capacity.

Seeking the child or young person's permission for interview

Children or young people must be fully involved in the process with their wishes and feelings being taken into account throughout. The two investigating officers must seek the child or young person's permission for interview as appropriate to their age and stage of development, taking into account any communication needs. Consideration must also be given to the possibility of allied health professionals, relevant teaching/education and or other staff familiar to the young person and/or speech and language support being involved as well as interpreting services.

If the child or young person refuses to be interviewed, then workers must support, engage and discuss with the child or young person reasons for being interviewed. If the child or young person, however,

continues to refuse, this must be accepted and the child or young person's refusal recorded (for further information please refer to the Legal Age of Capacity Act 1991).

Prior to being interviewed, all children or young people (irrespective of age) should have access to a supporting adult (if required) who can prepare the child or young person for the workers' arrival, and where necessary, can be present during the process of interview to support and provide security to the child or young person. Supporting adults must take no part in the interviewing of the child or young person.

Where the child or young person has already spoken to a person about the allegations this person cannot be considered as a supporting adult as this person's evidence could be challenged later in court.

Recording of child protection investigations

All action taken in the process of the child protection investigation must be recorded in the child protection initial investigation report on Eclipse, along with any analysis of risk regardless of the outcome of the investigation.

Where Social workers or police officers commenced the child protection investigation, they will record the actions they have taken in the child protection initial investigation report and then the relevant locality will progress and conclude this and record their actions and recommendations.

12. Timescales

The lead investigating social worker(s) must:

- complete all child protection initial investigation reports within 14 calendar days from the date of the notification of child protection concern (regardless of whether or not the child protection investigation is progressing to an Initial Child Protection Planning Meeting)
- commence or update a chronology for the child
- submit the report and chronology to the Team Leader (Children and Families)
- all relevant Eclipse records to be updated and completed

The Team Leader (Children and Families) must:

- endorse the recommendations of the workers or, include their own recommendations (and reasons for these) if they differ from the worker's recommendations
- submit and complete the report as per Eclipse
- pass the report and chronology to the Children's Services Manager for consideration and progression to CPPM, or arrange a TATC if not progressing to CPPM, as required
- All reasons for decisions are to be recorded within Eclipse.

The Children's Services Manager Social Work manager must consider:

- review the process and practice of the child protection investigation highlighting any matters for further consideration/action
- decide whether or not to progress the matter within the child protection framework to an Initial Child Protection Planning Meeting, record decisions for this and record what other appropriate action has been agreed
- decide whether to refer a copy of the report to the authority reporter. The reasons for this decision (to refer or not) must be recorded within Eclipse.

Delay in completing the report within the 14 calendar day period must be agreed with the Children's Services Manager and authorisation recorded, along with reasons for the delay.

Approval and decision making by the Children's Services Manager, including notification to convene an Initial Child Protection Planning Meeting, should be completed within a further 21 calendar days of the initial notification of concern.

Timescales for progressing child protection concerns to an Initial Child Protection Planning Meeting is 28 calendar days, from date of the notification of concern (child protection) being received.

It is recognised that child protection investigations for unborn babies may require more in depth analysis of risk factors and when these situations arise, however the first Pre-Birth Child Protection Planning Meeting must also be 28 days from notification of concern, with Review Child Protection Planning Meeting's being held at three month intervals until three months post birth. After this stage, if remaining on the Child Protection Register, reviews will be at five month intervals.

Timescales for stages of the Child Protection Process	
When to share a child protection concern with police or social work?	Without delay, following consultation with line manager/child protection lead where this applies.
When to hold an inter-agency referral discussion?	Referral for IRD is to be made immediately, and decision when to arrange is as soon as reasonably practical and to be proportionate to the level of risk. This is to be within 48hours maximum. Out with core hours, the IRD may focus on immediate protective actions. A more comprehensive IRD will continue as soon as practical. This should normally be on the next working day. This includes an unborn baby that may be exposed to current or future risk.
How much notice should participants be given of a CPPM?	5 calendar days (wherever possible). In every situation families should be given support to understand processes and to participate.
When to hold a CPPM?	If a child protection investigation has been progressed a CPPM will follow within 28 calendar days unless there is an IRD decision that this is not required.
When to hold an unborn child CPPM?	Within 28 calendar days of concern being raised. (There may be exceptions where the pregnancy is in the very early stages i.e., pre 10 weeks gestation.) Subsequent review at three month intervals. A child on the CP register pre-birth, will have a further CPPM after 3months of being born, whereafter reviews will take place every 5months .
When a CPPM is inquorate, how soon must it be reconvened?	Within 10 working days
How soon should participants receive a record of the CPPM?	Participants, invitees who were unable to attend and Core Group members should receive the record when approved by the Chair within 10 working days of the CPPM.
How soon should a Core Group meet after a CPPM?	Within 15 working days
How soon should Core Group refer significant changes or concerns within the plan to CPPM Chair/lead professional?	As urgently as necessary and always within 3 calendar days of the change/concern being identified.
When should a CP Plan be reviewed?	Within 3 months of a pre-birth CPPM but there should be latitude for professional judgement about the most appropriate timing post-birth. 5 months of the initial CPPM and thereafter 5 monthly or earlier if circumstances change significantly.
When to refer to the Reporter?	At any stage when a compulsory supervision order appears necessary. Single agencies and individuals can also refer.

13. Emergency legal measures to protect children at risk

In some cases urgent action may be required to protect a child from actual or likely significant harm or until compulsory measures of supervision can be put in place by the Children's Hearing System. At times, a child's parents or carers may agree to local authority social work services providing the child with accommodation and looking after them until concerns about the child's safety, or reports or suspicions of abuse or neglect, can be clarified. Social work services might also consider whether others in the child's extended family or social network could look after the child while agencies carry out further inquiries or assessment. There will, however, be cases where the risk of significant harm, or the possibility of the parents or carers removing the child without notice, makes it necessary for agencies to take legal action for their protection.

Any person (including the local authority) may apply to a Sheriff for a Child Protection Order, or the local authority may apply for an Exclusion Order. The Child Protection Order authorises the applicant to remove a child from circumstances in which he or she is at risk, or retain them in a place of safety, while the Exclusion Order requires the removal of a person suspected of harming the child from the family home. The general practice in the Western Isles is to pursue a Child Protection Order in circumstances if there are reasonable grounds to believe that the child is at risk of significant harm and the order is necessary to protect the child from that harm.

Local Authority Process for Applying for Child Protection Order

During Office Hours

- Social Worker and either/both Team Leader and Service Manager agree that a child is at immediate risk of significant harm and needs to be removed to or kept at a place of safety, and that parental consent is being with-held or likely to be with-held. Essentially, that the threshold for a CPO has been satisfied in their professional opinion. That discussion and assessment would take account of alternatives to a CPO, e.g. for the risk to be removed from the child's home by the abusive party agreeing to move out of the home, or by seeking an Exclusion Order. The option is open to the Team Leader/ Service Manager to refer to Legal Services for legal advice.
- Irrespective of whether legal advice is being sought per point (1) above, Social Work to notify Legal Services of situation and circumstances as early in the day as possible.
- Social Work to consider whether or not they need to notify Police Scotland at this stage or at any future stage of the process.
- Social Work will continue to try and get consent from parent/carer for either a voluntary move for the child to an agreed place of safety (i.e. kinship/foster or residential placement) or for the risk to be removed from the child's place of residence/ home by agreement.
- Social Work to complete CPO Application Form (Form 47), Form 50 (Service on Child) and Form 51 (Service on Other) in preparation of the Order being granted and share drafts with Legal Services. Legal Services to check Application and offer advice as appropriate.
- Legal Services to liaise with the Sheriff Clerk of the appropriate Court of regarding submission of any application to be made and arrange timing and arrangements for any Hearing (including whether in-person or virtual and whether parents to be involved).
- Legal Services Rep and Social Work Rep to attend the Hearing on the application.

- On granting of the CPO, Social Work to serve the Order on all relevant parties. This would normally be the Social Worker and a Team Leader or Service Manager. A risk assessment should have been completed by this stage in terms of whether Police Scotland will need to accompany Social Work when serving the Order. Each case will be different; advice is always available from Legal Services
- Social Work to complete Certificate of Service (Form 43) and forward to Legal Services for submission to Court.

Out of Hours/Public Holidays

Out of Hours, the process above should be followed with the following additions and considerations:

- Should the senior on-call social worker not be from Children's Services or be from Children's Services but does not have prior experience of applying for a Child Protection Order or just feels they require advice and guidance, then the Head of Children's Services or Service Manager should be contacted.
- Whether the immediate risk can and should be managed short term or even overnight into office hours, by the exercise of police powers, pending any court process. Naturally, this requires the co-operation of Police Scotland but also sensitivity in terms of the degree of co-operation and good working relations, as maybe with the family.

[The Children's Hearing Scotland Act 2011](#) also makes provision for the local authority to apply for a Child Assessment Order if it has reasonable cause to suspect that a child may be suffering or is likely to suffer significant harm and that it is unlikely that an assessment to establish this could be carried out without obtaining the order (for example, where those with parental responsibility are preventing an assessment of the child being undertaken to confirm or refute the concern).

The Child Assessment Order can require the parents or carers to produce the child and allow any assessment needed to take place so that practitioners can decide whether they should act to safeguard the child's welfare.

The authority may ask, or the Sheriff may direct, someone such as a GP, paediatrician or psychiatrist to carry out all or any part of the assessment. The order may also authorise the taking of the child to a specified place, and keeping them there, for the purpose of carrying out the assessment and may make directions as to contact if it does so.

Practitioners need to assist in carrying out these assessments when asked to do so and local procedures should make provision for this. Where the child is of sufficient age and understanding, they may refuse consent to a medical examination or treatment whether or not a Child Assessment Order is made.

14. Health Assessments and Medical Examinations

The need for a Comprehensive Health Assessment and Medical Examination will be agreed at the IRD. The NHS Western Isles Public Protection Nurses will hold the responsibility for coordinating the process of arranging and undertaking health assessments or medical examinations.

Full details on the process for Health Assessments and Medical Examinations can be found here



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15. Child Protection Planning Meetings (CPPMs)

Within the Outer Hebrides, arrangements for all Child Protection Planning Meetings are managed via Education and Children's Services (Children and Families Service).

Child Protection Planning Meetings (CPPMs) are a core component of the inter-agency child protection process.

Purpose of CPPMs

The National Guidance for Child Protection in Scotland 2021 from [page 121](#) (has full details on the function and roles of the CPPMs. It also states that the CPPM is a formal multi-disciplinary meeting, which must include representation from the core agencies (social work, health and police) as well as any other agencies currently working with the child and their family, including education. The child and relevant family members should be invited and supported to participate, as appropriate in each situation. Where they are unable to participate in person their views must be sought and represented at the meeting. Where possible, participants should be given a minimum of five days' notice of the decision to convene a CPPM.

The purpose of the meeting is to ensure relevant information is shared (where it is proportionate to do so), to carry out a collective assessment of risk, and to agree a plan to minimise risk of harm to the child. The CPPM must decide whether the child is at risk of significant harm and requires a co-ordinated, multi-disciplinary Child Protection Plan. Where a Child Protection Plan is required, the child's name must be added to the child protection register. In addition, CPPMs must consider whether a referral to the Principal Reporter is/is not required if this has not already been done. Where the CPPM has identified immediate risk of significant harm to the child, action should be taken without delay, using emergency measures. Any decision to refer to the Principal Reporter should be actioned straight away. A referral to the Principal Reporter should include relevant and proportionate information, including the reasons for the referral, and where possible including the child's plan and a full assessment of risk and need.

Prior to the CPPM, agencies will have been working to an Interim Safety Plan since the point of IRD. The CPPM should review this plan and develop a Child Protection Plan.

Consideration should be given to immediate and short-term risks as well as longer term risks to the child. For the avoidance of drift and uncertainty of purpose, it is recommended that the Plan's objectives be Specific, Measurable, Attainable, Relevant, Timebound, Evaluated and Re-evaluated ('SMARTER'). Interventions should be proportionate, and linked to intend

Functions of CPPMs

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

- ensuring that all relevant information held by each service or agency has been shared and analysed on an inter-agency basis
- assessing the degree of existing and likely future risk to the child;
- considering the views of the child/young person/parents/carers;
- identifying the child or young person's needs and how these can be met by services and agencies;
- developing and reviewing the Child/Young Person's Protection Plan;
- identifying a Lead Professional;
- deciding whether to place or retain a child or young person's name on the Child Protection

Register; and

- considering whether 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.

Types of CPPM: Pre-Birth; Initial; Review; and Transfer.

Pre-Birth CPPMs (link to National 2021 Guidance section [here](#))

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

The 2021 National Guidance states that **Pre-birth CPPMs** will consider:

- whether serious professional concerns exist about the likelihood of significant harm to an unborn or newly born baby
- in advance of the child’s birth, participants need to prepare an inter-agency plan which will meet the needs of the baby and mother prior to and following birth, minimising risk of harm
- plans for discharge from hospital and handover to community-based supports must be clearly set out in the inter-agency plan
- early engagement and planned support is essential. CPPM’s are recommended within 28 calendar days of the concern being raised and always within 28 weeks of gestation, taking in to account the mother’s needs and all the circumstances in each case. There may be exceptions to this where the pregnancy is in the very early stages. However, concerns may still be sufficient to warrant an inter-agency assessment
- the CPPM may place the unborn baby’s name on the child protection register before birth. If the child is registered the Child Protection Plan must stipulate who is responsible for notifying the birth of the child and what steps need to be taken at that point (e.g. referral to the Principal Reporter). Legal measures such as referral to the Reporter and application for a CPO can only be made at birth

Initial CPPMs (link to National 2021 Guidance section [here](#))

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

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

In some instances, there will already be a multi-agency Child’s Plan in place and this will need to be

considered in light of the concerns about the child or young person.

Review CPPMs (link to National 2021 Guidance section [here](#))

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

They should be held within **five months** of the initial CPPM with the exception of reviews that follow a pre-birth CPPM, which are recommended at an earlier juncture of **three months**.

A Core Group can also trigger the request for a review. Thereafter, reviews should take place six-monthly, or earlier if circumstances change. Where a child is no longer considered to be at risk of significant harm and the Child Protection Plan no longer forms part of a child's plan, their name should be removed from the child protection register by the review CPPM (referred to as deregistration). The child and their family/carers may still require on-going support and this should be managed through the child's plan.

With regards to Reviews of Pre-birth CPPMs, the 2021 National Guidance states ([here](#)) that there should be latitude for professional judgement about the most appropriate timing post-birth. This does not preclude an earlier review where changes to the child's living situation are enough to remove or significantly reduce risks. Careful consideration is required about early decisions to remove a baby's name from the register, for example by ensuring that necessary supports are in place.

Where a Child Protection Plan is in place prior to a child's birth, the child must not be discharged from hospital following birth until a pre-discharge meeting has been held. This meeting should include the Core Group members and the child's relevant family members, as well as hospital-based maternity ward staff.

The purpose of this meeting is to agree arrangements for the care of the child following discharge from hospital. This should include consideration of the role and level of involvement of community-based supports. Where the decision of this meeting is that the child would be at risk of significant harm by being discharged to the care of their parent/s, the Child Protection Plan should be amended to reflect this, and proportionate action should be taken to keep the child safe.

Transfer CPPMs (link to National 2021 Guidance section [here](#))

Geographical moves are a time of accentuated stress and risk for children and families. CPPMs must be held to ensure proper transfer of information and responsibilities when a Child Protection Plan is currently in place. Only a review CPPM can de-register a child from the child protection register. Where it is known that a child and/or their family are moving permanently to another local authority area, the original local authority will notify the receiving local authority immediately, then follow up the notification in writing.

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

Where the child moves to another authority the originating authority must assess the change in circumstances. If there is felt to be a reduction in risk, the originating authority should arrange a review CPPM to consider the need for on-going registration or, if appropriate, de-registration. In such circumstances it would be best practice for an appropriate member of staff from the receiving authority to attend the review.

Where the original authority considers that the risk is on-going or even increased by the move, the receiving local authority is responsible for convening the transfer CPPM. This should be held within the timescales of the receiving local authority but a maximum of 21 working days is recommended. Until the transfer meeting, where necessary, an interim safety plan must be agreed between the relevant authorities.

Where a child and their family move from one Scottish authority to another and the child has a Child Protection Plan, the originating authority must ensure that the relevant child's records are made available to the receiving authority for the purposes of the assessment of current and future risk and need. Where a child was on the child protection register previously in another area, the receiving authority should request the child's file from the previous authority (if still available).

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

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

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

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

Chair of CPPMs (link to National 2021 Guidance section [here](#) with full details of the Chair's role)

Within the Outer Hebrides, all CPPM's are chaired by senior members of staff or an independent reviewing officer who are experienced child protection practitioners; they have a sufficient level of seniority and/or authority to do so.

CPPMs will be chaired by senior staff members, experienced in child protection, who are competent, confident and capable. It is critical that the chair has a sufficient level of seniority within their own organisation and is suitably skilled and qualified to carry out the functions of the chair. The chair, wherever possible, should not have any direct involvement with or supervisory function in relation to any practitioner who is involved in the case.

They should be sufficiently objective to challenge contributing services on the lack of progress of any agreed action, including their own. While the chair will in the majority of instances be from Social work services, where an individual could fulfil the required criteria, it is possible for a senior staff member from a different agency or service to undertake the role. The chair should be able to access suitable training and peer support.

Minute-Taker for CPPMs (link to National 2021 Guidance section [here](#) with full details of the CPPM Record)

Minutes are an integral and essential part of CPPMs. They should be noted by a suitably trained clerical worker, and must not be recorded by the Chair of the CPPM. The record of the CPPM must be agreed by the chair before being circulated to the participants.

Where possible participants should receive the minutes within 15 calendar days of the CPPM. To avoid any unnecessary delay in actions and tasks identified, the chair should produce a record of key decisions and agreed tasks for circulation within one working day of the meeting.

This should be distributed to invitees who were unable to attend and members of the core group, as well as CPPM attendees.

Child Protection Decision Letter

Within 24 hours of any child protection meeting being held, the child protection decision letter must be completed and circulated to those who attended to ensure that all are aware of the decisions taken, including who has responsibility for progressing specific actions.

Service/Agency Representatives at CPPMs (link to National 2021 Guidance section [here](#))

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

Consideration should be given to how to respond to a situation when a parent or carer refuses to allow a child or young person access to information and advocacy services in relation to child protection processes and particularly in situations where there are issues relating to the age and development of the child or young person.

CPPM participants need to include:-

- local authority children and families social work service
- education/early years staff where any of the children or young people in the family are of school age or attending pre-five establishments;
- NHS staff, including Health Visitor/School Nurse/GP as appropriate, depending on the child or young person's age and the child's Paediatrician where applicable; and
- police where there has been involvement with the child or young person and/or their parents and/or carers.

Other participants to attend or to submit written reports in advance of the CPPM might include other health practitioners (including mental health services), adult services, housing staff, addiction services, educational psychologists, relevant third sector organisations, representatives of the Procurator Fiscal and armed services staff where children of service personnel are involved. It is the role of the CPPM Chair to agree the final invite list and who may submit reports.

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

There may be occasions when it is appropriate to invite foster carers, home carers, childminders, volunteers or others working with the child or family to the CPPM. The practitioner most closely involved with the person to be invited should brief him or her carefully beforehand.

This should include providing information about the purpose of the CPPM and their contribution, the need to keep information shared confidential and advice about the primacy of the child or young

person's interests over that of the parents and/or carers where these conflict. **The Chair must recognise the need to keep the number in attendance proportionate for effective decision making.**

Parents/Carers at CPPMs (link to National 2021 Guidance section [here](#))

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

In exceptional circumstances, the Chair of a CPPM may determine that a parent/carer should not be invited to, or be excluded from attending a CPPM (for example, where bail conditions preclude contact or there are concerns that they present a significant risk to others attending, including the child or young person). The reasons for such a decision need to be clearly documented. Where children and/or parents/carers are not invited to attend they must be informed and given reasons for the decision in writing by the Chair at least seven calendar days before the date of the conference.

Views should still be obtained and shared at the meeting and the Chair should identify who will notify them of the outcome and the timescale for carrying this out. This should be recorded in the Minutes.

The Chair should encourage the parent/carer to express their views, while bearing in mind that they may have negative feelings regarding the intervention in their family. The Chair should make certain that parents and/or carers are informed in advance about how information and discussion will be presented and managed. Parents/carers may need to bring someone to support them when they attend a CPPM.

This may be a friend or another family member, at the discretion of the Chair, or an Advocacy Worker. This person is there solely to support the parent/carer and has no other role within the CPPM.

Child/Young Person at CPPMs (link to National 2021 Guidance section [here](#))

Consideration should be given to inviting children and young people to CPPMs. CPPMs can be uncomfortable for children to attend and the child or young person's age, developmental stage and the emotional impact of attending a meeting must be considered. A decision not to invite the child or young person should be verbally communicated to them, unless there are reasons not to do so.

Children and young people attending should be prepared beforehand so that they can participate in a meaningful way and thought should be given to making the meeting as child and family friendly as possible. Consideration should also be given to the use of an Advocate for the child or young person. It is crucial that the child or young person's views are obtained, presented, considered and recorded during the CPPM, regardless of whether or not they are present. Where the child or young person is disabled, consideration should be given to whether they will need support to express their views. Where appropriate and agreed, the child or young person should be part of the Core Group.

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

Provision of Reports at CPPMs (link to National 2021 Guidance section [here](#))

All practitioners, services/agencies invited to attend a CPPM will also be invited to prepare and submit relevant reports, relating to their involvement and support with the child, young person and family.

These reports should also include information pertaining to significant adults in the child or young person's life and provide a clear overview of the risks, needs, vulnerabilities, protective factors and the child or young person's views. Other siblings, children and young people in the household or extended family should also be considered. Invitees have a responsibility to share the content of their reports with the child or young person and their family in an accessible, comprehensible way. Particularly prior to an Initial CPPM, consideration needs to be given as to the most appropriate means of sharing reports with the child, young person and their family and to when this should be done.

Restricted Access Information (link to National 2021 Guidance section [here](#))

Restricted access information is information that cannot be shared freely with the child or parent/carer, or anyone supporting them. The information will be shared with the other participants at the CPPM, where it is proportionate to do so. Such information may not be shared with any other person without the explicit permission of the provider. If it is necessary to have a segment of the CPPM without parents present for this reason, the Chair will prepare them for this and explain the reasons why this has to occur.

Restricted information includes sub judice information which could compromise legal proceedings; information from a third party that could identify them if shared; information about an individual that may not be known to others, even close family members, such as medical history and intelligence reports; and information that, if shared, could place any individual(s) at risk, such as a home address or school which is unknown to an ex-partner

Reaching Decisions at CPPMs (link to National 2021 Guidance section [here](#))

The Chair of the CPPM will recommend to the CPPM their view of whether or not to place the child or young person's name on the Child Protection Register based on the information shared at the meeting. All participants at a CPPM with significant involvement with the child or young person and family have a responsibility to share any views they have on this recommendation.

Where there is no clear consensus in the discussion, the Chair will use their professional judgement to make the final decision, based on an analysis of the issues raised. In these circumstances, the decision making needs to be subjected to independent scrutiny from a senior member of staff with no involvement in the case.

Continuation of Child Protection Planning Meetings

If it is not feasible to make a decision on registration, de-registration or other significant matters at a Child Protection Planning Meeting because further information is required, then the conference can be continued for a period, but not exceeding **3** weeks.

If the timescale for continuing a conference i.e. within **3** weeks is exceeded the locality social work manager must record reasons for this in the minute.

Where a decision to delay registration is made, the case will continue on alert to SWES, with the same supports being provided to the family as would apply to a registered case, including the allocation of a social worker.

Where possible, and appropriate, the timing of Child Protection Planning Meetings must take account of the availability of family members and other agencies.

Dispute Resolution at CPPMs

CPPMs are non-statutory meetings and as such have no legal status. Dispute resolution is a way of managing:-

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

What if a practitioner wishes to make a complaint about any part of the Child Protection process, including elements of the investigation, the decision making or the behaviour of another practitioner?

Across the Outer Hebrides all services and/or agencies involved in child protection work have clear complaints procedures, these should be followed where there is a complaint about an individual practitioner or a decision taken by a single agency.

Where a member of staff wishes to raise an issue or disagrees with any multi-agency decision making including at the CPPM meeting, they should go through their normal service and/or agency Line Management/Supervision arrangements. The matter can then be given attention by senior officers in the concerned agencies and move toward satisfactory resolution as outlined in the following escalation procedures.

What if a child/young person or their parents/carers and/or guardians and/or representatives wish to make a complaint about the Child Protection process, decision making or the behaviour of another practitioner, service and/or agency?

If the complaint is about a specific practitioner, or their service and/or agency, then they should follow that service and/or agency's complaints procedures, details of which will be given to them and explained.

Children and young people and their parents/carers and/or guardians and/or young people themselves who are unhappy about any aspect of the Child Protection process may request the respective designated officers of the key agencies namely the Police Scotland Area Commander, The Head of Children's Services or a Chairperson of the Case Conference to meet with the complainant, if they have not already done so, learn of their grievance and thereafter review practice and the decision making process. Where there remains dissatisfaction, then a review of any decision can be requested.

Any child, young person, parent, carer, guardian and/or representative, wishing such a review should write to the Head of Service (Children and Families) and will be given support in doing so. In these circumstances, the Lead Professional or Named Person will direct them to the appropriate support services such as Advocacy.

The Head of Service will only review the decision of any CPPM where one or more of the following criteria apply and progress through this CNES process ([here](#)):-

- relevant information was not available to the original CPPM;
- there are reasonable grounds to suggest that inaccurate or insufficient information was presented to the CPPM; and
- there are reasonable grounds to suggest that the decision reached by CPPM was unreasonable in light of the evidence provided to the CPPM.

Decision by Head of Service

The decision by the Head of Service, whether at Stage 1 or Stage 2 of the review process will be final.

Should the child, young person, parent/carer/guardian and/or representative still not accept the outcome of this review process, it will be open to them to pursue the formal statutory complaints procedure ([available here](#)).

Escalation Procedures for Professionals with Child Protection or Child Wellbeing Concerns

This policy has been developed to outline quick and straightforward means of resolving professional differences of view in specific cases in order to safeguard the welfare of children and young people.

Effective working together depends on resolving professional disagreements/differences to the satisfaction of workers and agencies and a belief in genuine partnership working.

The process of resolution should be kept as simple as possible and the aim should be to resolve difficulties at a professional practitioner level wherever possible. This CNES process can be accessed ([here](#)).

16. Contact following child protection registration

The Team Leader (Children and Families) must identify which social worker will be allocated responsibility for the case during the period of child protection registration. This may be the lead investigating social worker or another social worker.

Visits to see the child, young person or pregnant woman and their family, by the allocated social worker, should be commensurate with the level of risk identified at the Child Protection Planning Meeting. Frequency of contact in some instances, due to significant risk could be daily, but at a **minimum** should be weekly. This is to be agreed and set at the CPPM. There may be occasions when the allocated Social Worker may request for someone else to undertake this visit on their behalf. This should typically be someone from the existing Child Protection Core Group with suitable knowledge of the risks and plan.

Following the birth of a baby, where registration has been in effect and continues to be in effect until the review conference (within 5 working days) it is the expectation that the baby will be seen at a **minimum** of daily contact whilst either it remains in hospital or has been discharged home.

The allocated social worker :

- carry out the tasks allocated to them promptly in the child protection plan
- any variation must be authorised by the relevant senior social worker (children and families)
- offer support and assistance to the family
- continually assess the level of risk to the pregnant woman, child, young person and other child or young people in the household

If the allocated social worker identifies increasing levels of risk this be immediately shared with the Team Leader (Children and Families). If they're not available they must share with Children's Services Manager or Head of Children's Services.

If the allocated social worker experiences difficulty in seeing the child, young person or pregnant woman, this must be discussed with the Team Leader (Children and Families) and Children's Services Manager as soon as possible and this information and any decisions recorded clearly on Eclipse.

The allocated social worker must maintain regular contact with staff from within the department and key agencies involved with the child, young person or pregnant woman and family and share relevant information. Such contact with staff from other departments and key agencies must be made at least **once** every week and recorded.

If significant changes occur, for example, the arrival of a new cohabitee in the household or the whereabouts of the pregnant woman are unknown, the lead social worker must advise the Team Leader (Children and Families) and all agencies involved and record this information.

If it is thought that a crisis is likely to occur out with normal working hours the allocated social worker must advise the Team Leader (Children and Families) and place an alert with the OOH Senior Social Worker and Practitioner.

If a Court or Children's Hearing makes a decision which appears to be inconsistent with the recommendations of a Child Protection Planning Meeting, the allocated social worker must inform the Team Leader (Children and Families) who must report this to the Children's Services Manager who must consider convening a review conference. Evidence of this discussion and decision must be recorded within Eclipse.

17. Signing of protection files

The allocated social worker must keep a record of work with the child, young person or pregnant woman and their family. The social worker will discuss this intervention and support in **monthly** formal supervision with their Social Work Team Leader, with a record of this discussion taken.

The Children's Services Manager will undertake a **3-monthly** overview of the case file to ensure appropriate support and scrutiny is present.

18. Child/Young Person's Protection Plan

(link to National 2021 Guidance section [here](#))

When a Child's Plan incorporates a Child Protection Plan this must:

- be developed in collaboration and consultation with the child and their family
- link actions to intended reduction or elimination of risk

- be current and consider the child's short-, medium- and long-term outcomes
- clearly state who is responsible for each action
- include a named lead professional • include named key contributors (the Core Group)
- include detailed contingencies
- consider the sensitive direct involvement of children and/or their views

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

This plan should be shared within **five working days** of the CPPM.

19. Child protection Core Groups

(link to National 2021 Guidance section [here](#))

The Core Group are those who have direct and on-going involvement with the child and/or family. They are responsible for implementing, monitoring and reviewing the Child Protection Plan, in partnership with children and parents.

The Core Group should:

- be co-ordinated by the lead professional
- meet in person/virtually on a regular basis to carry out their functions, the first time being within 15 days of the CPPM
- keep effective communication between all services and agencies involved with the child and parents/carers
- activate contingency plans promptly when progress is not made or circumstances deteriorate.
- refer the need for any significant changes in the Child Protection Plan to the CPPM Chair within 3 calendar days, or as urgently as necessary to safeguard the child
- be alert, individually and collectively, to escalating concerns, triggering immediate response, additional support and/or a review CPPM as appropriate

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

20. Child Protection Register (CPR)

What is the Child Protection Register? (link to National 2021 Guidance section [here](#))

All local authorities are responsible for maintaining a central register of all children and young people – including unborn children – who are the subject of an inter-agency Child/Young Person’s Protection Plan. This is called the Child Protection Register.

The Child Protection Register has no legal status but provides an administrative system for alerting practitioners that there is sufficient professional concern about a child to warrant an inter-agency Child/Young Person’s Protection Plan.

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

Further details on [Placing a Child on the Child Protection Register](#), [Making Use of the Register](#) and [Movement of Children on the Child Protection Register](#) is accessible through these hyperlinks.

Within the Outer Hebrides, the keeper of the Child Protection Register is the Head of Children’s Services / Chief Social Work Officer. The depute keeper is the Children’s Services Manager. This Register is electronically stored as part of the Eclipse system when the CP classification is added.

21. Sharing of information across areas when a child moves

Where there is a change in a child’s circumstances and they move to another local authority, the originating area is responsible for forwarding information, including details of any increased levels of risk resulting from the move to the receiving local area. The [Children and Young People \(Scotland\) Act 2014](#) contains provisions which, when enacted, introduces a legal duty for the Named Person Service Provider to inform the new service provider of that move, and to share information that they consider necessary to promote, support or safeguard a child’s wellbeing. Where a Child’s Plan is in place, the legislation is specific that, with few exceptions, the area into which the child moves is responsible for the management of the Plan.

22. Training requirements for inter-agency staff

All staff involved with direct contact with children and young people must have completed an equivalent to General workforce training. This training is available within some individual agencies (i.e. Police Scotland) or it is available through local training provision. Those with in-direct contact with children should seek advice from their manager if General workforce training is required.

Any staff involved in Child Protection Investigations or have likely to be involved in Child Protection Plans and Child Protection Planning Meetings must also attend an equivalent of the Specific Workforce training. Training is regularly reviewed through the Learning and Development subgroup of the Child Protection Committee, and should these standards change, this will be communicated to Service Managers directly.

Additionally training for Risk Assessment is available to the multi-agency staff group. Click [here](#) to access dates for this training and to book through Child Protection Admin.

23. Contact Details for Reference and Information

To report childcare concerns, to seek advice or guidance you can contact any of the following :

Lewis and Harris CnES Children and Families Social Work Team CnES, Sandwick Road, Stornoway, Isle of Lewis	01851 822749
Uist and Barra CnES Children and Families Social Work Team Lionacleit Education Centre, Isle of Benbecula	01870 604 880
Western Isles Out of Hours Social Work	01851 701 702
Police Scotland (non-emergency)	101
NHS Public Protection Advisors	01851 708 029
Child Protection Co-ordinator	01851 822 737
Education and Early Years Services Each school in Western Isles has a Child Protection Designated Officer. This person is the first point of contact within each school.	01851 822 727

For additional advice or guidance, you can contact any of the following:

Scottish Children's Reporter Administration (SCRA) Unit 9 James Square, Stornoway, Isle of Lewis	0131 244 8391
Procurator Fiscal Service, Procurator Fiscal's Office Sheriff Court Buildings, Lewis Street, Stornoway	01851 703439
Action for Children 30 Bayhead Street, Stornoway	01851 705080
Women's Aid Resource Centre 53A Bayhead Street, Stornoway, Isle of Lewis	01851 704750
<p>Safer Outer Hebrides is a local website where you will find contact details for organisations locally and nationally offering public protection advice, assistance, and information. There is also useful information about upcoming events, training, and up-to-date news.</p>	

