



Fife Inter-Agency Child Protection Guidance 2016



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getting
it right
for every child

If you consider a child(ren) or young person to be in IMMEDIATE danger, DO NOT wait, call Police Scotland on 999.

If you have a concern and the child is not in immediate danger you should contact the Social Work Contact Centre on **03451 551503** then **press the star key on your phone or contact** Police Scotland on 101. Using the star key will automatically fast track your call so it is dealt with as a priority by Customer Services Advisors or for Emergency Out of Hours call **03451 550099**.

The [Fife Child Concern Notification Form](#) (NOCC) for use by all agencies in Fife has been developed for the purpose of recording and sharing details of concerns. The form should be completed wherever possible and submitted to the Social Work Contact Centre SW.Contactctr@fife.gov.uk.

You should complete what you can but do not hesitate to send the form even if there are sections you can't complete. It is more important that concerns are acted on quickly with some gaps in information than failing to act due to concerns being shared too late. Most of the boxes are self-explanatory; however you can contact your line manager or child protection lead if you would like clarification on how to fill this in.

Feedback will be provided as appropriate to the person and/or the service/agency that made the notification in the first place. The person sharing the concern is also encouraged to seek feedback for themselves and if they are not satisfied with the information provided should raise with their line manager or child protection lead.

Fife Inter-Agency Child Protection Guidance

FOREWORD

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

Our Vision is for all children in Fife to be safe and protected from harm.

Our Values ensure that we:

- Treat children as individuals considering any diversity
- Ensure we use the least intrusive intervention needed
- Hear children
- Maximise the strengths within families and communities

Our Aim is to see all of Fife's children achieve their full potential by providing them with a safe and supportive environment.

We have produced this guidance to inform and support practitioners from all agencies in Fife who may as part of their normal jobs or who may in the course of their duties identify children at risk. Information within this guidance will support staff in recognising and responding appropriately to ensure children receive the right support. This guidance provides a clear framework for action for all those who are or may be involved with the protection of children and young people and promotes inter-agency practice to protect children and young people.

This guidance refreshes the version published in 2011 and is designed to complement operational procedures that are held within each individual agency and to which staff must refer when responding to child protection concerns. In addition it reflects the need for early and effective support for children, young people and their families to achieve the best outcomes where possible.

In Fife, leadership and direction on child protection matters is provided by Fife Chief Officers' Public Safety Group (COPS). This group collectively works to protect children as effectively as possible. The Fife Child Protection Committee (CPC) reports to COPS on a regular basis.

Fife's Child Protection Committee (CPC) is a multi-agency forum responsible for the development, co-ordination and review of child protection inter-agency policy and practice across Fife. The CPC is responsible for ensuring that child protection activity complies with national and local standards, and aims to promote better outcomes for children and young people, embracing the principles of *Getting it Right for Every Child (GIRFEC)*.

We recognise that the nature of child protection work is often complex and acknowledge that all staff from both adult and child & family focussed services, across all agencies, require support to undertake this challenging work day in and day out.

As Chief Officers, we confirm our commitment to support our staff to protect children and families. We recognise that people are our biggest asset in ensuring we can achieve our vision that all children in Fife are protected from harm.

This guidance could not have been achieved without the commitment and support of many practitioners who contributed their valuable time and expertise. We are extremely grateful for the efforts of all involved and offer them our sincere thanks.



Steve Grimmond
Chief Executive
Fife Council



Paul Hawkins
Chief Executive
NHS Fife



Angela McLaren
Chief Superintendent
Police Scotland

Fife Child Protection Committee Vision Values and Aims

Our Vision

- All children in Fife are safe and protected from harm.

Our Values

- Treat children as individuals considering any diversity need
- Ensure we use the least intrusive interventions
- Hear Children
- Maximise the strengths within families and communities

Our Aim

- To see all of Fife's children achieve their full potential by providing them with a safe and supportive environment.



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PART 1

THE CONTEXT FOR CHILD PROTECTION

Child Protection

1. Article 19 of the United Nations Convention on the Rights of the Child states:

‘ States Parties shall take all appropriate legislative, administrative, social and emotional measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child’

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

3. Here in Fife we support the ethos that “child protection is everyone’s job and everyone’s responsibility”. We consider this to be a shared responsibility for all practitioners and managers across the public, private and voluntary sectors.

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

Key Definitions

Child

5. The Children and Young People (S) Act 2014 (CYPA) **defines a child as being up to 18yrs of age (and a young person as having attained the age of 18yrs but still at school.)** Every child who requires child protection interventions will fall under the scope of this legislation when Part 4 is commenced (expected to be August 2017) and a Child's Plan must be in place as a consequence.

6. However, it is possible that a child at risk of significant harm may also fall under the scope of the Children and Young People (S) Act 2014 when commenced and the Adult Support and Protection (S) Act 2007. In such cases practitioners should discuss the situation with their line manager or child protection lead.

7. For the purposes of [Human Trafficking](#) and [Child Sexual Exploitation](#), a child is any person under 18 years of age.

Parents

8. A parent is defined as someone who is the genetic or adoptive mother or father of the child. A child may also have a parent by virtue of provisions in the Human Fertilisation and Embryology Act 2008. A *mother* has full parental rights and responsibilities. A *father* has parental rights and responsibilities if he is or was married to the mother at the time of conception or subsequently, or if the child's birth has been registered after the 4th of May 2006 and he has been registered as the father of the child on the child's birth certificate. A father may also acquire parental responsibilities or rights under the [Children \(Scotland\) Act 1995](#) by entering into a formal agreement with the mother or by making an application to the courts.

Carers

9. A carer is someone other than a parent who has rights/responsibilities for looking after a child.

10. A kinship carer can be a person who is related to the child or a person who is known to the child and with whom the child has a pre-existing relationship.

11. [Private fostering](#) refers to children placed by private arrangement with persons who are not close relatives.

GIRFEC

12. 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. Child protection must be seen within the wider context of supporting families and meeting children's needs through GIRFEC.

13. GIRFEC promotes action to improve the wellbeing of all children across eight wellbeing indicators, commonly referred to as SHANARRI. These wellbeing indicators

encourage practitioners to consider the holistic needs of children in relation to them being Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included. The primary indicator for child protection is to keep a child Safe.

Child Wellbeing Pathway

14. GIRFEC promotes a staged intervention approach across a continuum to consider the wellbeing needs of children. Within Fife, Children's Services can use the [Child Wellbeing Pathway](#) as a means to begin multi-agency conversations and planning for individual children at the earliest stage.

15. The Pathway supports effective information exchange between agencies and collective assessment of needs, risks and strengths pertaining to a child together with collaborative decision-making and planning.

16. The Pathway specifically supports professionals to take account of the views of the child and family and may, as one potential outcome, lead to child protection processes being implemented. The approach is complemented by agreed single agency Risk Assessment Tools which are available to nominated Education and all Health staff.

Harm/Significant Harm

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

18. Significant harm can result from a specific incident, a series of incidents or an accumulation of concerns over a period of time. It is essential that when considering the presence or likelihood of significant harm that the impact (or potential impact) on the child or young person takes priority and not simply the alleged abusive behaviour.

19. The reactions, perceptions, wishes and feelings of the child must always be taken into account and given weight in accordance with their age and stage of development.

20. To understand and identify significant harm, it is necessary to consider:

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

Risk

21. '**Risk**' is the **likelihood** or **probability** of a particular outcome given the presence of factors in a child's life. 'Risks' may be deemed acceptable; they may also be reduced by

parents/carers or through the early intervention of universal services. At other times, a number of services may need to respond together as part of a co-ordinated intervention. Only where risks cause, or are likely to cause, significant harm to a child would a response under child protection be required. Where a child has already been exposed to actual harm, assessment will mean looking at the extent to which they are at risk of repeated harm, the seriousness of that harm and the potential effects of continued exposure over time.

22. The definition of this is a complex matter requiring thorough assessment of all relevant issues. It relies on high quality professional evaluation and judgement and a reflection on the relative significance of the harm in any specific circumstance.

23. For further information on child protection in specific circumstances please click on the following links to pages on the Fife child protection website:

[Abuse by organised networks or multiple abusers](#)

[Abusers living in same household as child](#)

[Adults who hold a position of trust](#)

[Child Sexual Exploitation](#)

[Child trafficking](#)

[Children and young people affected by parental substance misuse \(CAPSM\)](#)

[Children and young people experiencing or affected by mental health problems](#)

[Children and young people who display harmful or problematic sexual behaviour](#)

[Children young people who place themselves at risk](#)

[Disabled children and young people](#)

[Domestic abuse](#)

[Fabricated or induced illness](#)

[Female Genital Mutilation](#)

[Historical child abuse](#)

[Honour based violence and forced marriage](#)

[Hostile/non-engaging parents and carers](#)

[Missing children and young runaways](#)

[Neglect](#)

[Online and mobile phone child safety](#)

[Ritual abuse](#)

[Sudden unexpected death in infants and children](#)

[Underage Sexual Activity](#)

Principles and Standards for Child Protection

24. The principles, enshrined in legislation and practice in child protection, are derived from Articles of the [UN Convention on the Rights of the Child](#), ratified by the UK Government and endorsed by the Scottish Government. These principles inform the [Children's Charter](#), Framework for Standards and underpin the GIRFEC approach.

25. The aim of child protection services in Fife in terms of equality are that age, ethnic origin, religion, disability or sexual orientation of any child will not affect their right to be protected and experience a high quality service. The best interests of the child must always be paramount.

Information Sharing and Recording

26. Information Sharing can be a complex and sometimes confusing legal environment for practitioners. In relation to child protection it is fundamental that if a

child is considered to be at risk of harm, relevant and proportionate information must always be shared.

General Principles

27. The general principles in relation to Information Sharing for child protection are:

- The safety, welfare and wellbeing of a child is of central importance when making decisions to lawfully share information with or about them.
- Children have a right to express their views and have them taken into account when decisions are made about what should happen to them. For children with a communication impairment, learning difficulties or where English is not their first language, consideration must always be given to how to support them with this.
- The reasons why information needs to be shared and particular actions need to be taken should be communicated openly and honestly with children, and, where appropriate, their families.
- At all times, information shared should be relevant, necessary and proportionate to the circumstances of the child, and limited to those who need to know as per the principles of the [Data Protection Act](#).
- When gathering information about possible risks to a child, information should be sought from all relevant sources, including services which may be involved with other family members. Relevant historical information should also be taken into account.
- When information is shared, a record should be made of when it was shared, with whom, for what purpose, in what form and whether it was disclosed with or without consent. Similarly, any decision *not* to share information should also be recorded.
- Agencies should provide clear guidance for practitioners on sharing information. This should include advice on sharing information about adults who may pose a risk to children or others, dealing with disputes over information-sharing and clear policies on whistle-blowing.

28. Children and their parents/carers should be made aware that agencies will share confidential information in a responsible way to ensure the safety and wellbeing of children. It should over-ride any perceived risk of damaging the relationship between a professional and their service user.

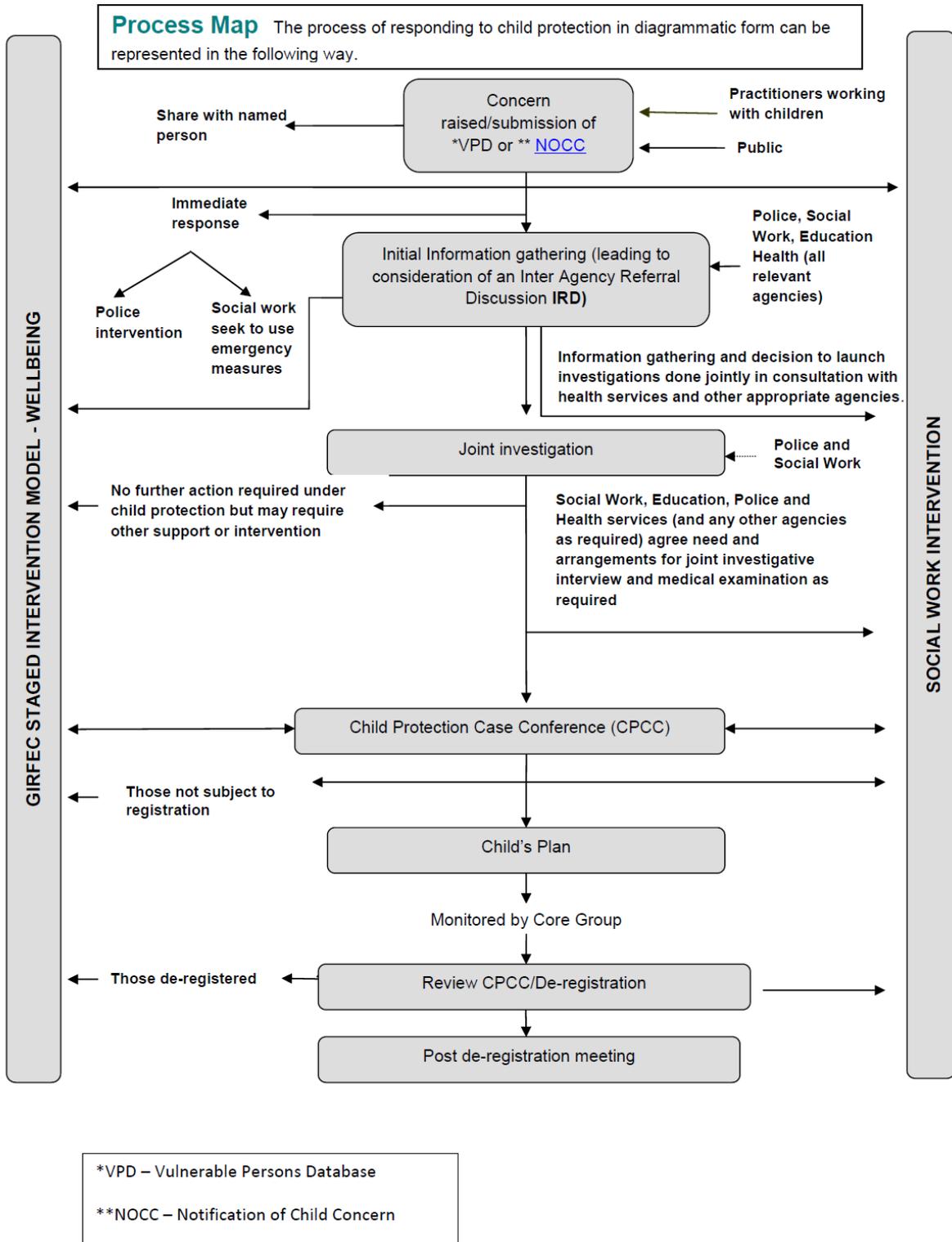
29. Information must be recorded professionally with the following principles applying:

- whether consent/or not has been given, this must be recorded on local electronic systems and manual systems, and with which Data Sharing Partnership, or other, the client has agreed for information to be shared with;
- what information has been agreed to share, all, none or some;
- where information has been shared or received cross agency the reasons for sharing the information must be recorded on local systems, the source of the information and the date requested and provided. It must also be clearly stated whether the information provided is fact/opinion based on assessment, or a combination; and

- record the agreed action and outcomes including by whom and when, it should be noted that several actions could be agreed.

30. Within Fife, data sharing is governed by the [Scottish Accord on the Sharing of Personal Information \(SASPI\)](#) which sets out a high level agreement for information sharing between agencies; currently Fife Council, NHS Fife and Police Scotland - Fife Division.

Stages of Child Protection in Fife



Recognising: Identifying Concerns and Risks (signs and symptoms)

31. This section is intended to help all staff who come into contact with children.

If you are Worried about a Child

32. Concerns about a child can arise in a number of ways, e.g. an accumulation of concerns, a single significant incident, reports from the child themselves, observation of child/parent interaction or information from a relative or a member of the public.

The child may be living with or affected by:

- Problematic alcohol and/or drug use
- Mental health / illness
- Disability
- Domestic abuse
- Neglect
- Physical, sexual or emotional abuse

33. There may be signs which cause concerns and could be an indication of a child being abused neglected or exploited. Whilst not an exhaustive list the child may:

- Have unexplained bruising or bruising in an unusual place
- Appear afraid, quiet or withdrawn
- Be afraid to go home
- Appear hungry, tired or unkempt
- Be left unattended or unsupervised
- Have too much responsibility for their age
- Be acting out in a sexually inappropriate way
- Be misusing drugs or alcohol

34. Not all children who are abused or neglected will display these signs and equally a child may display some of these signs and symptoms for other reasons.

35. All staff who work and/or come into contact with children and their families have a role to play in child protection. That role will range from identifying and sharing concerns about a child to making an active contribution to joint decision-making and/or providing direct support to the child and their family.

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

37. The following are the 13 areas of concern identified by Scottish Government for the recording and classification of abuse. Although these are presented as discrete definitions, in practice there can be overlap and interaction between areas of concern, and the abuse experienced by a child or young person may not always be affected by just one factor. Children

may be assessed and registered as at risk due to more than one area of concern at any time and concerns which create risk may change over time.

1. Domestic Abuse
2. Parental Alcohol Misuse
3. Parental Drug Misuse
4. Non-Engaging Family
5. Child Affected by Parental Mental Health Problems
6. Child Placing Themselves At Risk
7. Sexual Abuse
8. Child Exploitation
9. Physical Abuse
10. Emotional Abuse
11. Physical Neglect
12. Child Sexual Exploitation
13. Other Concern

Sharing concerns and initial information gathering

38. If a child's wellbeing is or is likely to be at risk relevant information must always be shared in a proportionate manner.

IF IN DOUBT, SEEK ADVICE FROM STAFF WITHIN INDIVIDUAL AGENCIES WHO HAVE DETAILED KNOWLEDGE OF INFORMATION SHARING WITHIN CHILD PROTECTION.

39. For the general principles in relation to information sharing for child protection or for greater detail see the [information sharing page](#) and the [Scottish Accord on the Sharing of Personal Information \(SASPI\)](#)

40. If there is reasonable concern that a child is or is likely to be at risk of harm, this will always override a professional or agency requirement to keep information confidential. All professionals and service providers have a responsibility to act to make sure that children whose safety or welfare may be at risk is protected from harm.

41. Where there is a concern that the child is, or is likely to be at risk of harm, information should be shared appropriately. In such circumstances consent should not be sought, but the subject of the information sharing must be made aware unless by doing so the child would be exposed to further risk or a criminal investigation or judicial proceedings would be prejudiced. Examples of circumstances where this may occur:

- a child's health, development or behaviour is impaired, or likely to be affected by possible abuse/neglect;
- a child may be exposed to harm, this could be due to parental substance misuse, domestic abuse, parental mental health or parental learning difficulties;
- a parent/carer may not be able to care for a child adequately or safely without help;
- the behaviour/presentation of a child may indicate possible abuse;
- information held about an adult may raise concerns for children they have contact with i.e. an adult who has convictions for offences against children;
- where a victim of domestic abuse is pregnant, or is a parent and there is concern that a child may be harmed as a consequence of this;
- a child who may be involved in sexually harmful behaviour to others;

- where a child's mental health raises concerns about them placing themselves at risk;
- a child who may be involved with offending / for the prevention, detection or prosecution of serious crime;
- when instructed to do so by a court.

42. Confidentiality is an important issue for children and young people, parents and professionals. They may seek an assurance of confidentiality before expressing their concerns. Practitioners in all agencies should explain that, whilst every effort will be made to respect confidentiality, if concerns arise about a child's safety, it may be necessary for that information to be shared with the appropriate authorities. The child's best interests will always be paramount. Staff should at all times be sensitive to the family's cultural and ethnic background when considering responses.

Anonymous Notification of Concern

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

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

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

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

Transition Planning

47. The move from child to adult services, and childhood to adulthood, requires careful consideration to ensure that the potential for risk does not arise. Children going through transition require a collective approach by all agencies to responsibly manage their transition effectively.

48. The named person or lead professional (as appropriate) for the child must ensure a careful and planned transfer of responsibility in situations where another service becomes the lead agency.

49. Because there is a legislative overlap between child and adult protection assessment and planning processes these may need to be aligned. Some investigations or assessments may be best undertaken jointly, for example when child and adult protection issues are identified within the same family. The aim should be to maximise the safety and welfare of children and at-risk adults while minimising the impact of the investigation on those involved.

50. Further information is contained in the [Fife Inter-agency Adult Support and Protection Guidance](#). Further Adult Protection info can be found at www.fifedirect.org.uk/adultprotection.

Responding:

Emergency Protection

51. There are four possible means of protecting children in an emergency situation:

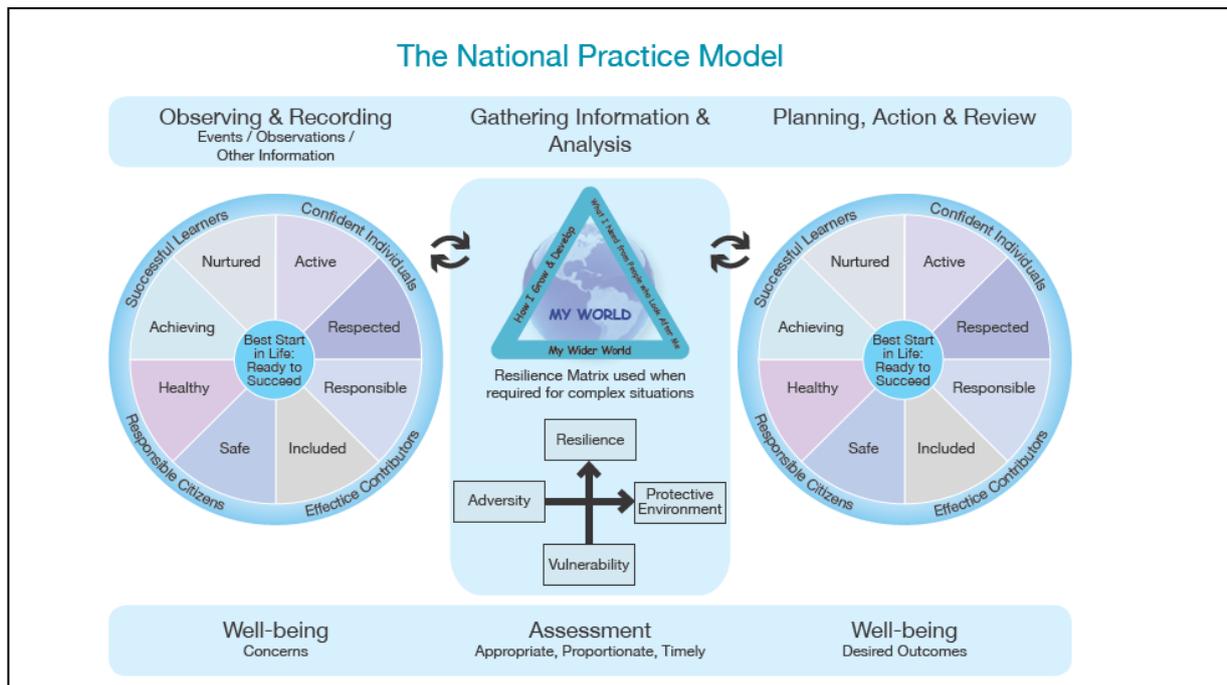
- (i) Child Assessment Order ([section 35 Children's Hearing \(Scotland\) Act 2011](#))
- (ii) Child Protection Order (CPO) ([section 37 Children's Hearing \(Scotland\) Act 2011](#))
- (iii) In exceptional circumstances if a Sherriff is not available children can be removed to a Place of Safety by a Justice of the Peace or Police Scotland (section 55 / 56 Children's Hearing (Scotland) Act 2011)
- (iv) Exclusion Order (section 76-80 CSA 1995) An Exclusion Order excludes an alleged abuser from the family home. It has the effect of suspending the named person's right of occupancy to the family home. It prevents the person from entering the home without the express permission of the Local Authority which applied for the Order. An Exclusion Order can only be sought by a Local Authority and granted by a Sheriff. The conditions to be met are much the same as a CPO however the additional safeguard the child is that it allows that "the Order would better safeguard the welfare of the child than removing the child from the family home".

52. For any of the above to be granted, the condition of "significant harm" must be satisfied. Since this term is not defined in the 2011 Act it will require professional judgements to be made by the applicant and, more crucially, by the Sheriff (or Justice) determining the application, to decide whether or not risk of immediate and significant harm is established

Initial Assessment

Responding to Initial Concerns

53. If a child is identified as being at risk of 'Significant Harm' then this should be reported immediately to Social Work or Police Scotland. These agencies will undertake an assessment and progress according to their internal guidance. The use of the [GIRFEC](#) 'practice model' and particularly the resilience matrix is a useful tool to apply when undertaking an initial assessment.



Inter-Agency Referral Discussion (IRD)

54. In Fife the four core agencies engaged in the IRD process are Social Work Service, Police Scotland, Education and NHS Fife.

55. An IRD is not a single event, but rather a series of discussions and exchanges of information between Police, Social Work, Education and Health and any other service and/or agency which may be involved with the child and/or have relevant information relating to that child.

56. The possible outcomes from an IRD are as follow:-

- Single agency action
- Joint investigation
- Joint Investigative Interview (Police and Social Work)
- Specialist or Joint Paediatric Forensic Medical Examination

Investigation

Joint Child Protection Investigation

57. The purpose of a joint investigation 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.

58. The purpose of Joint Investigative Interviews (JII) 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. It is clear that when planning or during the actual interviewing of a child the overriding consideration throughout the process is that the welfare of the child will be paramount and all decisions will be made with the best interests of the child in mind.

The specialist Social Work [Child Protection Team](#) (CPT) has staff trained to undertake investigations. The CPT work very closely with police officers from the Child Abuse Investigation Team to conduct joint investigations.

59. There will be occasions when a child cannot be interviewed as part of the investigation for example by reason of age, disability, etc.

60. The possible outcomes from a Joint Investigative Interview are:

- the child requires medical investigations/treatment
- further assessment required by Social Work
- further investigation by the Public Protection Unit (PPU)
- single agency response
- emergency measures required;
- refer to the Children's Reporter for consideration of compulsory measures;
- Child Protection Case Conference to be arranged.

61. Relevant NHS staff will be involved in the planning of child protection investigations to ensure appropriate decisions about the wider health needs of the child and whether or not a [medical examination](#) is required.

62. The decision about whether or not a medical examination is required should not be taken by police and social work staff without consulting with the NHS Fife On Call Paediatrician and the Police Forensic Medical Examiner or Procurator Fiscal (where necessary). This is essential in order that the wellbeing needs of the child are considered together with the need to collect forensic evidence.

Medical Examination (Police/NHS/Social Work)

63. Medical examinations of children suspected of being victims of sexual or physical abuse will be undertaken only where this is deemed necessary and in the best interest of the child. This recognises that such examinations may be traumatic for children and carers. Additionally, where an investigation raises concerns about neglect this may also require a medical examination.

64. A thorough assessment of the child's health needs is an essential element in joint investigations. This assessment, alongside information from police, social work and other services, can help determine whether further investigation is necessary.

65. In all cases where any form of abuse or neglect of a child is suspected, the need for medical assessment must be discussed during the initial Inter-agency Referral Discussion (IRD). The decision to undertake a medical examination, the nature and timing of that examination **and any decision not to** examine the child must be made by the Paediatrician on-call for Child Protection in discussion with other core agencies and clearly documented. Any examination undertaken must be carried out by a doctor or doctor(s) with appropriate skills and competencies for the individual case.

66. For detailed information relating to arrangements for medical examinations and forensic evidence see relevant single agency procedures.

67. There are 3 types of medical examinations –

- Comprehensive Medical Assessment (CME)
- Specialist Paediatric Medical Examination (SPME)
- Joint Paediatric Forensic Medical Examination (JPFME)

68. Further information is available on the [medical page](#) of our website.

Child Protection Case Conference (CPCC)

Definition

69. A Child Protection Case Conference is a multi-disciplinary meeting at which information, assessments and chronologies relevant to concerns about abuse, or risk of abuse, are shared and considered and decisions are made regarding the future protection of children.

Criteria for Arranging Child Protection Case Conferences (CPCC)

70. Norrie (2013) emphasises that significant risk is a judgement to be made but the concern cannot be minor, transient or of a superficial nature. It may be physical, emotional or developmental; currently being experienced or there is a reasonableness to suspect it may occur due to past events. Whilst there is not an expectation that consideration of calling a CPCC meets the criteria of significance and immediacy required for a Child Protection Order, it is a high level decision and registering a child should not been done without reflection on whether a less intrusive measure (e.g. Child Wellbeing Meeting) could achieve a better outcome.

71. A CPCC may be arranged following a Child Protection Investigation or an assessment indicating serious concern where:

- It appears there may be significant risks to child(ren) within a household or being cared for by a person about whom concerns have been raised and there is a need to share and assess concerning information;
- There is a need to clarify and confirm the risks and level of risk to each child in a household;
- There is evidence to suggest a child has been non accidentally injured or abused;
- There is a need to consider formulating a multi-agency Child Protection Plan, and to clarify the roles and tasks of key agency personnel;
- When a child from another Local Authority moves permanently to Fife and was on the originating authority's Child Protection Register.

72. Any agency may request that an initial or review CPCC be convened. The Social Work Service is responsible on behalf of partners for responding to such requests. Such requests for conferences from other agencies should be submitted in writing to the relevant

Social Work Team Manager. The Team Manager will act to arrange a conference unless there are clear reasons why such action is deemed inappropriate and such reasons have been discussed with their appropriate Service Manager. The reasons for not convening a case conference will be put in writing to the person making the request within 20 working days. If the staff member in any agency is unhappy with the reasons given and the decision they should pursue this through their own management structure.

73. Social Work's Reviewing Service are responsible for chairing all Fife's Initial, Transfer and Review CPCC's and ensuring all children's registration details are recorded on Fife's Child Protection Register immediately following the Case Conference.

Types of Case Conference

74. There are four types of case conference:

75. Children and their families must be encouraged to participate meaningfully in the meeting and their views must be shared. A pre-conference meeting between the Chairperson and the child plus his / her supporter / advocate may help to make the child feel central to the process. A similar meeting may be arranged with the parents.

- Initial Child Protection Case Conference (ICPCC) which should be arranged within 15 working days from the conclusion of an investigation or decision by Team Manager that a meeting is required.
- The pre-birth ICPCC should take place no later than at 28 weeks pregnancy or, in the case of late notification of pregnancy, as soon as possible after the notification of concern and in any case within 15 working days.
- Review Case Conference which is arranged within 3 months of the initial meeting and within 6 months thereafter.
- Transfer Case Conference which will be arranged within 20 working days of the request from the other Local Authority to transfer a child who is on their Child Protection Register. These cases will be reviewed within 3 months and 6 months thereafter. There is a national agreement that all children transferring in to a new authority will be subject to an initial period of registration.

The Case Conference Meeting

76. All participants should maintain an outcome-focussed approach and

- Assess the degree of existing risk and likely future risks to the child;
- Ensure that all relevant information held by each service or agency has been shared and analysed on an inter-agency basis;
- Ensure that the child and their families views are taken into consideration at the conference;
- Identify the child's needs and how these can be met by services and agencies;
- Develop and review the Child's Plan;
- Confirm specific areas of concern relating to the protection of a child;

- Decide whether or not to place the child's name on the Child Protection Register, or to retain or remove the child's name;
- Where it is agreed that a child is at risk of significant harm and that their name should be placed on the Child Protection Register, those attending the CPCC are responsible for developing and agreeing a Child's Plan and identifying the core group of staff responsible for implementing, monitoring and reviewing the plan. The Lead Professional who has a coordinating role in the plan should also be identified at this meeting. The Lead Professional will be the allocated social worker for the child and family.
- Consider the use of compulsory measures of supervision and whether it is appropriate to refer the child to the Children's Reporter, if this has not already been done;
- Notify other agencies if a child moves to another area.
- The Chairperson should ensure that participants' contributions clearly distinguish between fact, observation, allegation and opinion.
- The decision to place a child's name on the Child Protection Register will be made at a CPCC by consensus. If agreement cannot be reached, in exceptional circumstances, the chairperson will assess the contributions made by the attendees and make a judgement on whether registration is in the child's best interests or not. In these situations the chairperson must refer the matter to their Service Manager following the meeting.
- Registration is a statement of continuing significant concern, not just a statement that abuse is believed to have occurred. A decision should be made to place a child's name on the Register if a child's continuing safety and welfare are placed in jeopardy by an unacceptable level of significant risk, which can only be reduced or eliminated by establishing a multi-agency Child's Plan.
- Disagreement with the decision to place a child's name on the Child Protection Register does not absolve individual agencies from the responsibility to contribute to the agreed Child's Plan.
- When a Review CPCC agrees that the level of risk has been reduced by such a degree that there is no longer significant concern due to improvement/change in the child/family circumstances, the child's name should be removed from the Register. It may be necessary for the child or family to continue to work with a number of services beyond de-registration and to continue to be subject to a Child's Plan (see post [deregistration](#) meeting).
- If a child registered within another Authority is transferring to Fife on a permanent basis, a representative from the original area must attend. The child will remain on the Register until it is assessed that the risk has been reduced and they are assessed to be no longer at significant risk.

Report Requirements for Case Conference

77. The participants need to take account of the circumstances leading to the CPCC and the initial risk assessment. Due to the timescales for calling an Initial CPCC, there may only be time for an interim risk management plan; a more comprehensive risk assessment may still

need to be carried out after the CPCC. In some instances, there will already be a multi-agency Child's Plan in place and this will need to be considered in light of the concerns about the child. However, on many occasions the first Child's Plan may be based on limited information and therefore an incomplete assessment. The first Child's Plan should be subject to monitoring through the core group process and subsequent Review CPCC's, however any significant changes to the plan should only be agreed at a case conference.

78. The family, including the child when appropriate, should have a copy of the Social Work Report and the opportunity to discuss it with the author at least 24 hours before the meeting. All other agencies are required to share the content of their report with the child and/or family with the exception of Police Scotland.

79. The Chairperson and allocated Social Worker should receive a copy of all reports 48 hours prior to the conference presented in the correct report format.

Attendance at Child Protection Case Conferences

80. Guidance on Children Attending their CPCC

- Children's interests must be paramount throughout the process of CPCCs.
- Children have a right to attend as opposed to a duty or obligation; they should have an informed choice.
- The decision on whether or not to invite a child to a CPCC held in respect of them will depend on
 - their age and understanding;
 - the potential for them to suffer undue distress in the conference; this distress may be caused by the nature of the information being discussed or by potential conflict with their parents which could severely inhibit their participation in the meeting. In such cases it may be necessary to consider who has the primary right to attend – the child or the parents?
- Preparation of children is vital. This will include use of a [leaflet](#) explaining to the child the purpose and process of the meeting, the possible outcomes, information on who will attend, and what might be expected of the child at the meeting. The use of a leaflet must be in addition to individual preparation of the child by the Social Worker including speaking to the child about the content of their report.
- In each case, the Social Worker and Chairperson should consult prior to the conference on the desirability of the child(ren) being present. Care arrangements should be considered for very young children who may attend with their parents.
- The child may need a clearly identified supporter / advocate at the meeting. This may be the Social Worker or someone else identified by the child. Fife Children's Rights Service (FCRS) aim to ensure that all children aged 5 and above have access to advocacy as appropriate at CPCCs.

81. Attendance of professionals

- The number of people involved in a CPCC should be limited to those with a need to know or those who have a relevant contribution to make. All people invited to a CPCC need to understand its purpose, functions and the relevance of their particular

contribution. This may include a support person or advocate for the child and/or family. In general the balance has to be struck between being able to address the issues which generated the meeting and trying to make the meeting as non-threatening and comfortable as possible for the child and family.

- There are individual [information leaflets](#) available for [practitioners](#), [children and young people](#) and [parents and families](#) attending CPCCs.
- Invitations will be extended to the child (unless this is felt to be inappropriate), the child's parents, the Social Worker and Social Work Team Manager and all other agency personnel who can contribute to the assessment of risk and to the future plan of action.
- Invitations may be sent to any of the following (this list is not intended to be exhaustive):
 - Named person
 - Lead professional
 - Parent(s)
 - Child
 - Carer
 - Link Social Worker (for foster carers)
 - Social Worker
 - Team Manager
 - Parents' legal representative
 - School Nurse
 - Addiction Services
 - General Practitioner
 - Police
 - Voluntary organisation representative
 - School/Nursery representative
 - Housing Providers
 - Advocacy Worker
 - Other
- The presence of observers should only be agreed in exceptional circumstances and must be approved beforehand by the Chairperson and Social Worker, with the consent of the child and parents, if present.
- Invitations will be issued as early as possible for Initial CPCCs. For Review CPCCs all attendees at the Initial CPCCs will receive a reminder to attend 3 weeks prior to the review date. Any additional services or individuals identified as having a necessary interest or involvement in the continued care of the child will also be invited at this time. With the aim of achieving the best possible outcome for the child or young person, practitioners should consider their attendance at the CPCC as a priority.

82. Attendance by Parents/Carers

- Parents/carers will generally be invited to attend all conferences. Parents/carers must be given sufficient notice of the date of the conference, which should be arranged at a time convenient for them to attend. Practitioners providing reports for the CPCC must inform parents/carers about the contents of their reports, unless this would increase risk to the child. A member of staff, usually the lead professional or Social Worker, should be identified to explain the process in advance and advise the parents/carers regarding their involvement in the conference. They should be given a leaflet to

explain the conference aims, objectives and procedures. It is acknowledged that in some circumstances it may be appropriate to engage an interpreter. Parents may be assisted by the presence of a support person or an advocate.

- Parents/carers who are reported to have abused their children should be invited to attend all conferences unless there are specific reasons why they should be excluded. For example:
 - where the need for legal proceedings is clear before the conference and attendance of parents/carers may prejudice their legal position (e.g. bail conditions or police investigation still continuing);
 - where the attendance of parents/carers might seriously disrupt the conduct of the conference;
 - where it is deemed not to be in the best interests of the child.
- Any objection regarding parent/carer participation should be raised with the Social Worker and Chairperson prior to the commencement of the conference. The Chairperson will decide whether a degree of exclusion is appropriate. If the Chairperson decides to exclude the parent/carer, the reason must be clearly recorded in the minute of the conference. Should the parent/carer not find the explanation acceptable, they should be given the opportunity to discuss the matter with the Chairperson at a suitable time. If they remain dissatisfied with the response, they should be advised how to pursue their complaint through the Service's complaints procedure.
- The best interests of the child must remain the objective focus of a conference and care must be taken not to allow the parents'/carers' needs to override those of the child.

Child's Plan

83. The Children and Young People (Scotland) Act 2014, when commenced, will place the Child's Plan on a statutory basis and a Child's Plan will be instigated in all cases where a targeted intervention is required to address a wellbeing need for a child between the ages of 0 and 18yrs, including where a child is at risk of significant harm and is on the child protection register. Current agreements are that when a child is placed on the register a Child's Plan will be instigated.

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

85. Clarity and detail must be provided relating to the roles and responsibilities of the various people involved in the Plan, including agency staff and family members.

86. There may be circumstances (e.g. where the child is looked after) where a Child's Plan including an element of protection is created for the child and family, but where the child's name is not placed on the register.

After the Child Protection Case Conference

87. Following the CPCC, consideration should be given to the Chairperson providing a debriefing for the child and their supporter to ensure the child fully understands what has happened in terms of the decisions, the outcome of the meeting and what happens next.

Case Conference Minutes

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

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

Child Protection Register

90. The Fife Child Protection Register is a list of children that is maintained by the custodian of the register to highlight those children who have been assessed by a multi-agency group at a Child Protection Case Conference of being at significant risk of harm.

91. The register has no legal status but provides an administrative system for alerting practitioners that there is significant professional concern relating to that child.

92. A record of the key areas of risk to the child is recorded on an electronic data base within one working day of the conference at which this decision was taken.

93. Access to the Child Protection Register during normal working hours can be obtained by contacting the Keeper of the Register or the Social Work Contact Centre. Authorised individuals in Social Work, Education, NHS, Police and the Voluntary Sector have direct electronic access to the Child Protection Register on a 24/7 basis. Out with normal working hours contact can also be made with the Social Work Out of Hours Service on Tel: 03451 550099. All requests to the Register will be recorded. The caller's name will be taken together with the agency, date, reason for the request and the name of the child.

Core Groups and Child's Plan Meetings Post Deregistration

94. [A Core Group](#) should be set up in all cases where a decision has been reached to place a child on the Child Protection Register and a Child's Plan has been produced. The primary purpose of the group is to co-ordinate and review the implementation and progress of the Child's Plan.

95. The minute of the Initial CPCC will record the decision to establish a Core Group and date of the first meeting.

96. Core Group meetings will be held monthly and chaired by the responsible Social Work Team Manager or a Senior Practitioner. The meetings will be attended by the child's parents, other significant adults in the child's life (when appropriate) and all professionals or person with a significant role and responsibility for carrying out tasks identified in the Child's Plan.

97. Although the Core Group may identify additional actions required to progress actions agreed in the Child's Plan, it is not the role of the Group to significantly amend the plan as this is the responsibility of the Review CPCC.

98. When a Review CPCC agrees that risks to a child have reduced sufficiently to remove their name from Fife's Child Protection Register then there must be a Post Deregistration

Child's Plan meeting. The Reviewing Officer and those in attendance at the Conference will agree who is responsible for convening and chairing this meeting. The meeting will be chaired by the most appropriate person, possibly the Lead Professional or Named Person. If consensus cannot be reached the Reviewing Officer will make the final decision. This meeting should be held between 6 and 8 weeks of the Review CPCC with the timing being agreed at the Conference.

99. The purpose of this meeting is to consider the child's current situation and confirm that risk has not escalated since deregistration. If risk has escalated the situation will be assessed by social work. If risks remain reduced then the meeting should review the activity outlined in the Child's Plan and at this point consider whether the Child's Plan needs to be multi or single agency depending on the needs of the child and the agencies involved and follow the relevant guidance.

Child Protection Messaging

100. Child Protection Messaging allows core services to be informed of children that have recently been registered and de-registered, child protection investigation instigated and ceased. This system alerts schools, police and health professionals, in particular, to children who have been assessed as being at risk and subject to a case conference or child protection investigation.

PART 3

GOVERNANCE, ROLES AND RESPONSIBILITIES FOR CHILD PROTECTION

Governance Public Protection

101. One of the aims of Public Protection is to reduce the potential for harm to children and adults. Public protection requires agencies to work together at both strategic and operational level to raise awareness and understanding and co-ordinate an effective response that provides individuals with the support needed to reduce the risk in their lives. In Fife there are a number of strategic bodies to support this.

102. Work within Public Protection is carried out on an inter-agency basis, and it is important that each agency is clear about its own role and responsibility and understands the role of the other agencies involved. Agencies must also agree the outcomes they are working towards. Achieving a balance between the welfare of the child, which should be paramount, and the needs of the adult will require effective management.

Chief Officers' Public Safety Group

103. The Chief Officers' Public Safety Group (COPS) is comprised of the highest level Officers (Chief Executive NHS Fife, Chief Executive Fife Council, Chief Constable Police Scotland (Fife Division), Authority Reporter) across all the agencies who are responsible for Child Protection Services. This group provides leadership, direction, accountability and ensures collective responsibility and collaborative working at all levels to ensure improved outcomes for children. The Fife Child Protection Committee (CPC) reports on its work to the COPS Group which meets on a quarterly basis.

Child Protection Committee (CPC)

104. The CPC is the primary strategic planning mechanism for inter-agency child protection work in the Fife area. To function effectively it collaborates with other planning structures, linking closely to Single Outcome Agreement, the Community Plan and the Children's Services Plan.

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

106. The Child Protection Committee has a core responsibility to raise awareness and disseminate information about child protection throughout Fife. Its aim is to highlight and promote child protection work within the public, private and voluntary sectors. It also has a role in developing public information and information to supporting agencies making clear policy, procedures and processes relating to child protection.

Continuous Improvement

Self-Evaluation

107. It is recognised that to have a positive effect on children's lives, self-evaluation is key. The Fife Child Protection Self-Evaluation and Audit Working Group maintain an overview of single and multi-agency evaluation activities which contribute to the development and monitoring of the Child Protection Improvement Plan.

108. Where activity identifies a need for improvement this will be monitored to ensure action to achieve improvement is implemented. Equally where positive practices are identified these will be shared across the partnership and promoted.

109. Corporate learning is further supported through the work of the CPC Case Review Working Group. This partnership group considers the identification of cases where there may be opportunities for shared learning, considering these cases and undertaking case reviews where appropriate on behalf of Chief Officers. In Fife the initial decision making in respect of this area of responsibility is delegated to the Case Review Working Group. This group report any recommendations to the CPC for discussion and agreement, who then report to COPS.

110. Where relevant the Case Review Working Group and/or the CPC will ensure learning from local reviews, and Significant Case Reviews undertaken elsewhere, are effectively disseminated and shared for the purpose of corporate learning.

111. A [Significant Case Review](#) is a multi-agency process for establishing the facts of a situation where a child has died or been significantly harmed, within a child protection context, in order to learn lessons. Significant Case Reviews are seen in the context of a culture of continuous improvement and focus on learning and reflection around day to day practices, and the systems within which practice operates.

Policies, Procedures and Protocols

112. The CPC will maintain an overview of multi-agency policies, procedures and protocols and where required ensure these are reviewed, evaluated and updated, or if necessary develop new ones. Existing documents are available on the CPC website. All partners have in place their own documents which are similarly reviewed, evaluated and updated. These are available through partners own internal arrangements.

Multi-Agency Training

113. Taking account of the [National Framework for Child Protection Learning and Development](#), published by the Scottish Government in 2012, the Child Protection Committee (CPC) will provide multi-agency training which will ensure the delivery of a consistently high standard of support to children and young people across Fife.

114. Multi-agency training is an essential component in building common understanding and fostering good working relationships, which are vital to effective child protection practice.

115. The CPC is responsible for developing training programmes which embrace multi-agency training needs, to ensure that all staff are confident about their own roles and how these fit into the wider picture.

116. Training will be delivered across local areas, reflecting the principles, values and processes set out in national guidance as well as local protocols.

117. The CPC has a responsibility to maintain an overview of the training needs of all staff and managers involved in child protection activity and will develop multi agency training through:-

- The collection of data from individual services through the CPC/GIR Workforce Development Group;
- Responding to gaps highlighted in inspection reports;
- Corporate learning from the Significant Case Review Working Group, self-evaluation processes and nationally identified issues.

118. The CPC is responsible for publishing, implementing and reviewing an inter-agency child protection training strategy, as well as quality assuring and evaluating the impact of that training.

119. Multi-agency training is further complimented by single agency training.

Roles and Responsibilities

Local Community

120. The Child Protection Committee recognises that members of the public have a vital role in keeping children and young people safe. The community as a whole has responsibility for the well-being of children and young people. All citizens should remain alert to circumstances in which children and young people may be harmed. Individuals can assist the statutory agencies by bringing cases to their attention. Relatives, friends and neighbours of children and young people are particularly well placed to do so, but they must know what to do if they are concerned. See Part 2 – [Identifying and Responding to Concerns about Children](#)

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

122. Anyone who has concerns about the safety or welfare of any child can contact any of the agencies listed in useful numbers and links.

123. Services will strive to provide direct feedback in a timely manner to members of the public who pass on child protection concerns.

Social Work Services

Child and Family Social Work Services

124. Local authorities have a duty to promote, support and safeguard the wellbeing of all children in need in their area, and, insofar as is consistent with that duty, to promote the upbringing of children by their families by providing a range and level of services appropriate to children's wellbeing needs. Social Work will support and encourage children and young people to remain within their birth family wherever possible provided this is consistent with the best interests of the child or young person.

125. The Social Work Service will always take seriously any information received regarding the welfare of a child. Action taken will be proportionate, informed and in the best interests of the child. In all aspects of child protection work the service is committed to working closely with other agencies.

126. Children and family social workers also either directly provide, or facilitate access to, a wide range of services to support vulnerable children and families, increase parents' competence and confidence, improve children's day-to-day experiences and help them recover from the impact of abuse and neglect.

127. For children in need of care and protection, social workers usually act as Lead Professional, co-ordinating services and support as agreed in the Child's Plan.

128. In fulfilling the local authorities' responsibilities to children in need of protection, social work services have a number of key roles:

- the investigation, identification and assessment of risk and abuse;
- the monitoring and support of children at risk of abuse;
- the provision of support and therapeutic help to enable children and families to overcome the effects of abuse;
- work with children who display sexually inappropriate or harmful behaviours;
- co-ordinating multiagency risk assessments;
- arranging Child Protection Case Conferences;
- maintaining the Child Protection Register;
- and supervising children on behalf of the Children's Hearing.

Social Work Child Protection Team

129. The Child Protection Team (CPT) remit is to respond to all child protection concerns where there is a need for an Inter-agency Referral Discussion (IRD) with Police, Education and NHS, to share information and determine what action is required to investigate the concerns and safeguard children. The team along with the Public Protection Unit (PPU) will undertake all joint investigative interviews in accordance with national standards. Concerns most likely to require joint investigation include allegations of sexual abuse, physical harm/injury and cases of serious neglect. Other causes of concern will continue to be responded to by the appropriate area social work team.

Criminal Justice Social Work Service

130. Staff within Criminal Justice Services should be aware of the circumstances where a child's wellbeing needs within the family are not being met and ensure appropriate action is taken. The Service has a responsibility for the supervision and management of adults who have committed high-risk offences including those against children. Criminal justice staff may be directly involved in risk assessment, supervision and intervention with adult offenders against children. The Social Work Service will also work with partner agencies in the process of joint assessment and management of risk from offenders who pose a serious risk to the public. This will be conducted through the [Multi-Agency Public Protection Arrangements \(MAPPA\)](#).

Adult Services

131. Staff within Adult Services should be aware of the circumstances where a child's wellbeing needs within the family are not being met and ensure appropriate action is taken. In consultation with colleagues they should ensure there is strong transitional planning for

young people entering their services. This should form part of the single planning process for that young person.

Education

132. Staff within Education Services should be aware of the circumstances where a child's wellbeing needs within the family are not being met and ensure appropriate action is taken.

133. The Education Service is committed to promoting and protecting the health and wellbeing of all children in Fife through the provision of universal services. The principles of information sharing and inter-agency working underpin service delivery.

134. As a partner within the [IRD process](#) members of the Education Service gather initial background information used to inform multi-agency decision making assessment and planning processes.

135. To enable schools to fulfil these roles, each school has two designated members of staff for child protection issues i.e. a Child Protection Co-ordinator and one Depute Co-ordinator. The Child Protection Co-ordinator is usually a senior promoted member of staff and will be appropriately trained.

NHS Fife

136. All staff within NHS Fife should be aware of the circumstances where a child's wellbeing needs within the family are not being met and ensure appropriate action is taken. NHS Fife is committed to promoting and protecting the health and wellbeing of all children and young people in Fife through the provision of universal healthcare services. The principles of information sharing and inter-agency working underpin clinical practice.

137. As a partner within the [IRD process](#) members of NHS Fife Child Protection Team gather initial background information used to inform multi-agency decision making assessment and planning processes.

Police Scotland (P Division)

138. Staff within Police Scotland, in the course of their duties, may become aware of circumstances where a child's wellbeing needs within the family are not being met and will ensure appropriate action is taken.

139. Upon receipt of a child concern, the responsibilities of the Child Abuse Investigation Team (CAIT), will include the identification and investigation of any potential criminal offences who the victim(s) may be and any potential offender. Police will engage with partners by implementing an [Inter-Agency Referral Discussion \(IRD\)](#) and plan for a joint investigation when that is appropriate.

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

Independent Education Sector

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

Scottish Children's Reporters Administration (SCRA)

142. The [Children's Hearing system](#) is a care and justice system for children and young people in Scotland. SCRA have a duty to investigate the circumstances of children where concerns have been raised relating to a child's welfare, and ensure appropriate action is taken.

143. To assist the Reporter in making a decision reports may be requested from agencies involved with the child. On receipt of this information the Reporter can decide to take no further action, refer the child for voluntary support from the local authority

144. The [SCRA](#) website provides full information for families and agencies.

Housing and Neighbourhood Services (H&NS)

145. All staff within Housing and Neighbourhood Services should be aware of the circumstances where a child's wellbeing needs within the family are not being met and ensure appropriate action is taken.

146. The service has dedicated staff in each locality who have a specific responsibility to manage concerns relating to child protection, high risk offenders and anti-social behaviour.

Procurator Fiscal (COPFS)

147. [The Crown Office and Procurator Fiscal Service](#) (COPFS) are responsible for the prosecution of crime in Scotland, the investigation of sudden or suspicious deaths, and the investigation of complaints against the police. They work closely with partners in the criminal justice system to help make Scotland a safer place.

148. The Procurator Fiscal is an independent public prosecutor who receives and considers reports of crimes and offences from the Police and other agencies and decides whether or not to take criminal proceedings in the public interest. They also liaise closely with the Children's Reporter service.

Victim Information and Advice (VIA)

149. [The Victim Information and Advice](#) (VIA) service is part of the Crown Office and Procurator Fiscal Service (COPFS). The service offers help to child victims and victims of crime in cases of domestic abuse, hate crime, sexual crime or where it is likely that a trial will involve a jury.

Cases involving HM Forces Families

150. All staff within [HM Forces](#) should be aware of the circumstances where a child's wellbeing needs within the family are not being met and ensure appropriate action is taken. Due to the frequency with which the families move, it is important that the Service Authorities are fully aware of any child or young person who is deemed to be at risk of harm within their family.

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

Voluntary Sector

152. All those working within the voluntary sector should be aware of the circumstances where a child's wellbeing needs within the family are not being met and ensure appropriate action is taken.

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

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

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

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

Wider Planning Links

MAPPA

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

157. The risk that sex offenders pose to children is well recognised by agencies and the public. This area can often be the focus of public anxiety and the arrangements we have in place in Fife aim to address the very serious risk certain offenders pose to children by managing offenders in a robust but proportionate way.

158. [The Management of Offenders Etc \(Scotland\) Act 2005](#) introduced a statutory function for Responsible Authorities, i.e. Local Authorities, Scottish Prison Service, Police and Health Service to establish joint arrangements for the assessment and management of the risks

posed by certain offenders who pose a risk of harm to the public, including children and young people.

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

160. To further strengthen local MAPPA, Strategic Oversight Groups have been established in every CJA area. Nationally, the focus is on empowering local Strategic Oversight Groups to provide effective leadership in terms of the operation of MAPPA, including the governance of consistent policies and processes and robust performance monitoring.

161. In Fife, the MAPPA Strategic Oversight Group is known as the Offender Management Group (OMG) and is composed of strategic leads from the Responsible Authorities. This group provides oversight of the MAPPA process and seeks to ensure that decisions are taken which increase the effectiveness of the delivery of the MAPPA in Fife. The OMG meets every two months and is chaired by either Police Scotland Assistant Chief Constable or Fife Council's Head of Service for Children and Families and Criminal Justice Services.

162. The MAPPA Steering Group in Fife is known as the High Risk Offender Operational Management Group, is composed of representatives of the Responsible Authorities and provides operational supervision of the MAPPA within Fife. The Criminal Justice Service Manager chairs this meeting.

163. The Multi Agency Public Protection Panel (MAPPP) comprises members from the Responsible Authorities and Duty to Co-operate Agencies in Fife and is held on a weekly basis and is chaired by a Police Superintendent or a Social Work Service Manager. In the case of a Level 3 MAPPA case either the Assistant Chief Constable or a Senior Social Work Manager will chair the meeting.

(FDASAP) Fife Domestic and Sexual Abuse Partnership

164. [FDASAP](#) is an independent partnership that reports directly to the Community Safety Partnership and Safer Communities Committee. Fife Domestic and Sexual Abuse Partnership (FDASAP) develop Fife's strategy in relation to violence against women including voluntary and statutory sectors.

[Equally Safe](#) - Scotland's strategy for preventing and eradicating violence against women and girls was published June 2014 by the Scottish Government and COSLA. It encompasses the full spectrum of violence against women and girls:

- domestic abuse, rape and sexual assault;
- sexual harassment and intimidation at work and in public;
- stalking; commercial sexual exploitation such as prostitution, pornography and human trafficking;
- dowry-related violence; female genital mutilation (FGM);
- forced marriage; and
- so-called 'honour' based violence.

These are child protection issues. It identifies the need to eliminate the systemic gender inequality that lies at the root of violence against women and girls, as well as seeking to ensure that when violence and abuse does occur interventions are early and as effective as

possible, holding the perpetrators of violence to account and helping to keep women and girls safe.

165. FDASAP has a pivotal role in building capacity, supporting local understanding, training, establishing strategic priorities and, generally developing effective services across Fife.

166. FDASAP aims to link national and local strategic frameworks and developments to ensure that the needs of women and children who experience or are at risk of violence and abuse, are firmly embedded in local priorities and service initiatives, and that positive outcomes are achieved. This has been supplemented by the [National Domestic Abuse Delivery Plan for Children and Young People \(2008\)](#) which is based on the GIRFEC principles:

- Violence Against Women / Gender based violence take the form of actions that result in physical, sexual and psychological harm or suffering to women and children, or affront to their human dignity, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

167. [Violence Against Women](#) has a significant impact on children and young people in a range of ways as highlighted in FDASAP's information and resource pack for working with children and young people Preventing Gender Based Violence

MARAC (Multi Agency Risk Assessment Conferencing)

168. MARAC reduces risk to adult victims of domestic abuse - it also has a significant role to play in increasing children's safety working alongside child protection processes.

169. The purpose of the MARAC is to:

- Share information to increase the safety, health and well-being of victims adults and their children;
- Determine whether the perpetrator poses a significant risk to any particular individual or to the general community;
- Construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm;
- Improve accountability and
- Improve support for staff involved in high risk domestic abuse cases.

170. Information shared at MARAC, with the focus on the adult victim's safety, supports existing child protection processes but does not replicate them. Fife Children's Services Plan 2011-2014 required that agencies work together to "*increase access to appropriate help of children experiencing domestic abuse through MARAC*".

171. In 2013/14 MARAC Fife considered the physical and emotional safety needs of 519 children and young people from unborn baby to 16 years.

172. 21% (308) of tasking related to a child or young person - with Social Work Children & Families, Education, NHS Fife and Fife Women's Aid - Children and Young Peoples service playing a key role.

Adult Support Protection Committee

Adult support and protection

173. The [Adult Support and Protection](#) Committee is the statutory inter-agency strategic planning structure for the safeguarding of adults at risk in Fife.

174. [The Adult Support and Protection \(Scotland\) Act 2007](#) defines an adult at risk as an individual, aged 16 years or over, who

- a. Is unable to safeguard their own well-being, property, rights or other interests, and
- b. Is at risk of harm; and
- c. because they are affected by disability, mental disorder, illness or physical or mental infirmity; are more vulnerable to being harmed than others who are not so affected

An adult is at risk of harm where

- another person's conduct is causing (or is likely to cause) the adult to be harmed; or
- the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm

175. Adult Cause for Concern reports of harm can be made by calling the Adult Protection phone line: 01383 602200. There is also a generic Inter-[agency Adult Cause for Concern form](#) which can be completed and submitted to sw.contactctr@fife.gcsx.gov.uk

176. In respect of adult support and protection, the statutory framework governing adult protection establishes specific criteria for identifying an adult at risk. Young people identified as in need of protection will not automatically fit these criteria when they reach the age of 16. We need to ensure there is routine consideration of their "risk" status and the most appropriate route to support and protect the young person. Further information is contained in the [adult protection guidance](#).

Alcohol and Drug Partnership

177. Fife Alcohol and Drug Partnership (ADP) is responsible for developing local strategies to deliver core and local outcomes on the basis of local need, and for making commissioning decisions to achieve these. A key role also includes delivering on national policy initiatives including the Alcohol Framework and The Road to Recovery. Further information on the ADP and national information can be found at www.fifedirect.org.uk/fifeadp

Children Affected by Parental Substance Misuse (CAPSM)

178. Many children are affected by parental drug and alcohol misuse in Fife. Several documents including [Hidden Harm – Next Steps](#) from the Scottish Government, reference this and outline expectations of all services in contact with someone with substance misuse issues where children may be affected. The most recent and revised publication, [Getting our Priorities Right \(2013\)](#), further advises of responsibilities for all agencies. Policy initiatives emphasise the importance of early intervention alongside evidence-based parenting intervention and recovery-orientated substance misuse treatment.

179. All agencies providing a service for substance misusing adults should:

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

180. The primary outcome for all agencies in Fife working with substance misusing adults who live with, or have access to children, is a safer and more supportive environment for children. Practitioners should therefore be aware that the needs of the child must take precedence over the needs of the substance-misusing adult.

181. Fife Alcohol and Drug Partnership in conjunction with Fife CPC have published an updated practitioner's guidance entitled, [Promoting the Wellbeing of Children Affected by Parental Substance Misuse](#).

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