










FORTH VALLEY INTER AGENCY CHILD PROTECTION GUIDANCE

October 2023

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Introduction to the Guidance

This Forth Valley Inter-Agency Child Protection Guidance is based on the [National Guidance](#) for Child Protection in Scotland (2021, updated in 2023).

The Guidance outlines how agencies should work together with parents, families and communities to prevent harm and to protect children from abuse and neglect. Everyone has a role in protecting children from harm.

The Guidance is for partner agencies across Forth Valley and should be read in conjunction with the guidance available within individual agencies, including:

Clackmannanshire Council

Falkirk Council

Stirling Council

NHS Forth Valley

Police Scotland

Third Sector Partners

Scottish Children's Reporters Administration

The Forth Valley partnership recognizes that physical and emotional safety provide a foundation for wellbeing and healthy development. There are collective responsibilities to work together to prevent harm from abuse or neglect from pre-birth onwards, including safe transitions of vulnerable young people towards adult life and services.

The Child Protection Committees of Forth Valley are committed to the vision of everyone working together to help children to grow up loved, safe and respected so they can realize their full potential.



What works for children and families across Forth Valley:

<p>Children and young people in Forth Valley have told us they want the following from professionals:</p> <p><i>Treat us with respect and fairness</i> <i>Personalise your approach</i></p> <p><i>Consider accessibility needs</i> <i>Value and show interest in our opinions</i></p> <p><i>Actively listen</i> <i>Be understanding and take us seriously</i></p> <p><i>Give us time to think and share</i> <i>Make it meaningful</i></p> <p><i>Take action and give feedback</i></p> <p>The Promise also tells us that children and young people need and want:</p> <p><i>"..to grow up loved, safe and respected so we can realise our full potential"</i></p>	
<p>What Forth Valley families have told us:</p> <p><i>"I just wanted to be part of the discussion and not part of their problem"</i></p> <p><i>"I had never felt so powerless, and I was their mum"</i></p> <p><i>"I wouldn't know who to ask for help, outside family and friends"</i></p> <p><i>"I felt that I couldn't protect my son once the system took over"</i></p>	<p>What helps – views of Families in Forth Valley:</p> <p><i>A consistent person to approach across services (a person, not a team)</i></p> <p><i>To tell their story once</i></p> <p><i>To know where to go in a crisis</i></p> <p><i>Time to build trusting relationships with service staff</i></p> <p><i>A safe space to meet other parents/families</i></p> <p><i>To be listened to</i></p> <p><i>To not feel judged</i></p>
<p>Importantly, the children and young people told us how being listened to makes them feel:</p>	<p>We also asked them how they know they are being listened to:</p>
<p><i>"Being listened to makes me feel happy because I feel I am not useless"</i></p> <p><i>"Being listened to is nice because it makes you feel included in your community"</i></p> <p><i>"Like you're actively trying to arrange something for the better"</i></p>	<p><i>"I know when I'm listened too when the changes I want are being talked about"</i></p> <p><i>"Actions actually being taken"</i></p>



Part 1: The Context for Child Protection in Forth Valley

Child Protection is integral to the protection of human rights as referenced in the United Nations Convention for the Rights of the Child ([UNCRC guidance](#)) and the European Convention on Human Rights which was given domestic legal effect in the UK through the Human Rights Act (1998). The principles of the UNCRC are now enshrined in legislation in Scotland and all work with children and young people should take a rights-based approach.

UNCRC underpins the Getting it right for every child approach. The child's best interests, right to non-discrimination, and appropriate involvement in decision-making are key requirements. *The Children and Young People (Scotland) Act 2014* supports implementation of key aspects of the UNCRC. [The Promise](#) is Scotland's commitment to care experienced children and young people that they will grow up loved, safe and respected. The national guidance underpins the aims of the Promise that children and young people's rights can be realised, what matters to children and families can be at the heart of services, and a scaffolding of support exists around children and young people's lives.

GIRFEC published a refresh of the guidance in September 2022 to align more with a rights-based approach.

[Getting it right for every child: Policy Statement 2022](#)

[Getting it right for every child: Practice Guidance 1 – Using the National Practice Model](#)

- Improving outcomes using the **Wellbeing Indicators (SHANARRI)**
- Gathering information with the **My World Triangle**
- Analysing information with the **Resilience Matrix**

[Getting it right for every child: Practice Guidance 2 – Role of the Named Person](#)

[Getting it right for every child: Practice Guidance 3 – Role of the Lead Professional](#)

[Getting it right for every child: Practice Guidance 4 – Information Sharing](#)

[Getting it right for every child: Assessment of Wellbeing 2022](#)

[Getting it right for every child: Information Sharing Charter – Parents and Carers](#)

[Getting it right for every child: Information Sharing Charter – Children and Young People](#)

[Getting it right for every child: Glossary 2022](#)



Definitions of a ‘child’ In Scotland a child is defined in accordance with relevant legislation below;

<h2>Definition of a Child</h2>	
Legislation	Age
Children (Scotland) Act 1995	Parental Responsibilities (16) Looked After Children (18)
Children and Young People (Scotland) Act 2014	Foster, Kinship or Residential Care- provision of accommodation and assistance until 21
Children’s Hearing (Scotland) Act 2011	Child under the age of 16 Subject to Compulsory Supervision Order (before 16) until 18 Criminal Proceedings if already subject to Order until 18
Human Trafficking and Exploitation (Scotland) Act 2015	Under the age of 18
Adult Support and Protection (Scotland) Act 2007	Over 16 if criteria met
Mental Health (Care and Treatment) (Scotland) Act 2003	Under the age of 18
Adults with Incapacity (Scotland) Act 2000	Attained the age of 16

Parental Responsibilities and Rights

Parental rights are necessary to allow a parent to fulfil their responsibilities, which include looking after their child’s health, development and welfare, providing guidance to their child, maintaining regular contact with their child if they do not live with them, and acting as their child’s legal representative.

Parents/Carer	Definition/Rights
Mother	A ‘parent’ is the genetic or adoptive mother or father of the child. A mother has parental responsibilities and rights automatically.
Father	A father has parental rights automatically if he was married to the mother at the time of conception or subsequently if he is named on the birth certificate and is the genetic father. The mother must agree to the father’s name being on the birth certificate as the child must be registered jointly. A father can also acquire parental responsibilities and rights by registering a Parental Responsibilities and Rights agreement with the mother or obtaining a court order.
Carer	A ‘carer’ is someone other than a parent who is looking after a child. A carer may be a ‘relevant person’ within the children’s hearing system. ‘Relevant persons’ have extensive rights within the children’s hearing system .

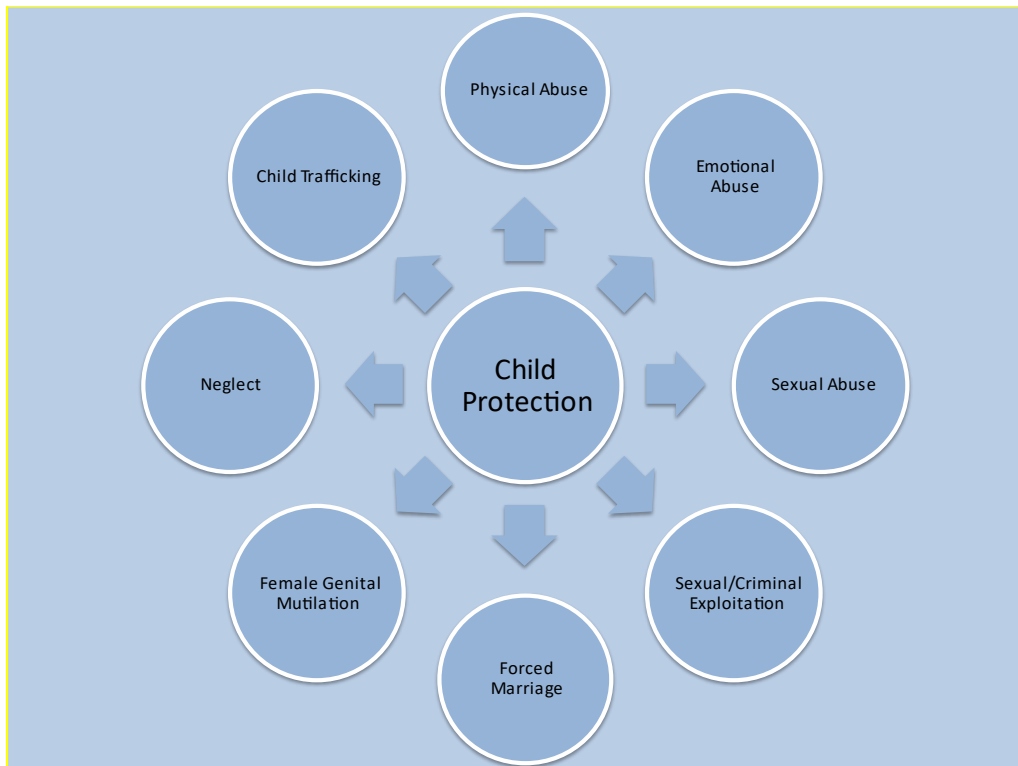


Kinship Carer	A 'kinship carer' is a carer for a child looked after by the local authority, where the child is placed with the kinship carer in accordance with Regulation 10 of the Looked After Children (Scotland) Regulations 2009 ('the 2009 Regulations'). In or ('related' means related to the child either by blood, marriage or civil partnership). A kinship carer may or may not have parental rights and responsibilities. This will depend if there are any legal orders in place with the conditions contained within.
Same sex couple	Same-sex couples can adopt a child together. A same-sex partner has no automatic parental responsibilities and rights for their partner's children. If a child is conceived by donor insemination or fertility treatment on or after 6 April 2009, a same-sex partner can be the second legal parent. The second parent may hold parental responsibilities and rights if they were in married or in a civil partnership with the mother at the time of insemination/ fertility treatment, or if the person is named as the other parent on the child's birth certificate and the birth was registered post 4 May 2006, or if the person completes and registers a Parental Responsibilities and Rights agreement with the mother. It is possible for a same sex partner to apply for parental responsibilities if none of these conditions apply.
Foster Carer	Foster carers offer children and young people a safe, loving and nurturing home when they can't live with their birth families. Foster carers and kinship carers require support and partnership in the care and protection of the children placed with them. A foster carer may or may not have parental rights and responsibilities. This will depend if there are any legal orders in place with the conditions contained within.
Private Fostering	Private fostering refers to children placed by private arrangement with persons who are not close relatives. 'Close relative' in this context means mother, father, brother, sister, uncle, aunt, grandparent, of full blood or half blood or by marriage.

What is Child Abuse and Child Neglect?

Abuse and neglect are forms of maltreatment. Abuse or neglect may involve inflicting harm or failing to act to prevent harm. Children may be maltreated at home; within a family or peer network; in care arrangements; institutions or community settings; and in the online and digital environment.

Child Abuse includes:



The National Guidance for Child Protection in Scotland (2021) – updated 2023 provides detailed information about all forms of [child abuse and neglect](#).

Information Sharing

Sharing relevant information is an essential part of protecting children from harm. Where there is concern about a child's safety or welfare, relevant information should be shared with Police or Social work without delay, provided it is necessary, proportionate and lawful to do so.

Practitioners should always strive to be transparent with parents/carers about any information that is shared regarding themselves or their children. Information that is shared will always be appropriate and proportionate to the nature of the concern.

Relying on consent to share information may not be appropriate if, for example, refusal to give consent would prejudice a criminal investigation or might lead to serious harm to the child. Where there may be a child protection concern, information may be lawfully shared without the need for consent to be obtained from the individual(s) to whom the information relates. [Key GIRFEC principles on Information Sharing](#) and [Information Sharing](#) within the National Child Protection Guidance are helpful. Forth Valley has a localised [GIRFEC Information Sharing protocol](#) which can also help.



Part 2A: Roles and responsibilities for child protection

What is Child Protection?

Child protection refers to the processes involved in **consideration, assessment and planning** of required action, together with the actions themselves, where there are **concerns** that a child may be at **risk of harm**.

Child protection procedures are initiated when **police, social work, education and health** professionals **determine** that a **child** may have been abused or may be at **risk of significant harm**

What is Harm/Significant Harm?

Protecting children involves preventing harm and/or the risk of harm from abuse or neglect

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.

No legal definition of significant harm

Severity or anticipated severity of impact upon a child's health and development

Collective Responsibilities for Child Protection

All agencies have a responsibility to recognise and actively consider potential risks to a child, irrespective of whether the child is the main focus of their involvement. There must be consideration of the needs, rights and mutual significance of siblings in any process that has a focus on a single child. [Staying together and connected: getting it right for sisters and brothers: national practice guidance.](#)

Effectiveness and continual improvement within child protection services relies upon:

- Collaborative leadership from chief officers and senior managers
- Planned workforce development
- Communication, information and partnership with communities
- Communication and commitment to partnership with families

Single Agency responsibilities for Child protection

All services and professional bodies should have clear policies in place for identifying, sharing and acting upon concerns about risk of harm to a child or children. Each practitioner remains accountable for their own practice and must adhere to their own professional guidelines, standards and codes of professional conduct.

Single Agencies include:

Clackmannanshire, Falkirk and Stirling Education Services	Early Learning and Childcare
Grant Aided Special Schools	Independent Schools
Police Scotland	British Transport Police
Crown Office and Procurator Fiscal Services	Scottish Prison Service
NHS Forth Valley	Scottish Ambulance Service
NHS 24	
Scottish Fire and Rescue Service	



Clackmannanshire, Falkirk and Stirling Children’s Work Services	Clackmannanshire, Falkirk and Stirling Social Work Justice Services
Clackmannanshire, Falkirk and Stirling Adult Health and Social Care Services	Learning Disability Services
Children’s Hearing Systems	
Third Sector	
Young Carers	National Carer Organisations
Social Housing	Private Landlords
Community Safety Services	
Faith Organisations	The Defence Community
Clackmannanshire, Falkirk and Stirling Culture and Leisure Services	Clackmannanshire, Falkirk and Stirling sport organisations and clubs

[Single Agency responsibilities](#) are set out in the National Guidance

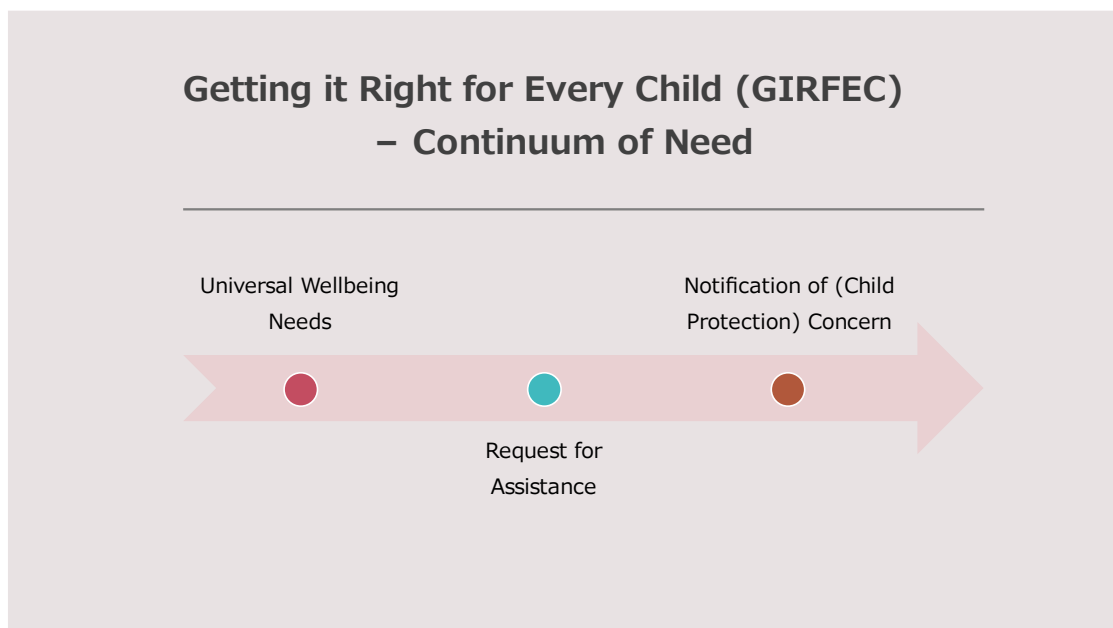


Part 2B: Approach to Multi-Agency Assessment in Child Protection

Part 2b outlines common elements in multi-agency assessment in children and families. Assessments may have a specific focus and legal basis. The general purposes of a child protection assessment are (a) to gather, share and analyse such information about a child, family and relevant context as may be necessary for the purpose of determining harm, or risk of harm, and (b) to inform planning of action and support necessary to ensure a child’s safety and wellbeing.

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. Together they support holistic analysis of safety and wellbeing, dimensions of need, and the interaction of strengths and concerns.

The GIRFEC model promotes early and effective intervention. What this means is that multi-agency working has already begun for a child prior to risks escalating and meeting child protection thresholds. Team around the Child meetings take place when initial concerns arise regarding a child when the concern has not yet reached child protection level. This multi-agency approach fully involves the child and their family in decision making at all stages. Information on chairing a [‘Team around the Child’](#) meeting is within the Forth Valley TAC packs.



Components of a Child Protection Assessment:

Assessment work can be complex and has many facets. Assessment should consider all aspects of a child’s life and involve information from many sources. Good examples of the components of a Child Protection Assessment can be found in the [National Guidance](#) and are listed below.

Chronologies are a crucial part of the assessment process as they help identify patterns and key events in a child’s life. A multi-agency chronology is a synthesis which draws on single-agency chronologies, reflects relevant experiences and impact of events for child and family. It will include turning points, indications of progress and/or relapse and will inform analysis. It should evolve in a flexible way to integrate further necessary detail and may highlight further assessment, exploration or support that may be needed. In Forth Valley, chronologies are embedded in the assessment tools used.

The [National Risk Framework](#) is a national risk assessment 'toolkit' for child protection to support practitioners in identifying and acting on child protection risks in children and young people. Components and [Elements of Child Protection Assessment](#) and individual sections below provide more information;

Wellbeing Indicators	My World Triangle
Resilience Matrix	Ecological
Developmental	Dynamic
Strengths based approach	Context of harm
Analysis (additional resource here)	Capacity to change
Chronology (additional short video clip resource here)	



In Forth Valley, we use a variety of [assessment tools](#), including nationally accredited and locally developed tools, including:

- [GIRFEC](#)
- [National Risk Assessment Framework](#)
- [Neglect Toolkit](#)
- [Impact of Parental Substance Use \(IPSU\) Guidance and Assessment](#)
- [Safe and Together principles](#)
- [GIRFEC Pre-birth pathway](#)
- [Pre-birth Assessment Tool](#)
- [Pre-birth risk/needs assessment checklist](#)
- [Pre-birth Assessment Guidance](#)
- [CSE risk assessment tool](#)
- [National Risk Assessment Framework](#)
- [AIM 3 and START-AV](#)
- [Missing Persons](#)

Contextual Safeguarding

Contextual safeguarding¹ is an ecological approach which complements the use of the My World Triangle and the concept of resilience. There are principles and tools within this evolving approach which may add depth to understanding and response, particularly in relation to risks and harm young people face beyond the family home. This does not deflect from core child protection steps. Forth Valley are exploring this approach with the view of implementing the [Contextual Safeguarding](#) principles into practice.

Analysis

Whatever the specific concern, effective multi-agency assessment, planning and support is ecological. This includes analysis of the interaction of relationships between a child, their family and their wider world. An ecological perspective includes consideration of the present and historical context of harm. Where there is evidence of harm relating to parental behaviour, assessing risk of future significant harm is enhanced by assessment of parental capacity to change. This consists in analysis of what helps and hinders the parents to change their behaviour. It also involves assessment of progress within supported opportunities for parents to resolve key difficulties, within an agreed timescale that relates to the child's needs.

More information to supporting writing analysis in Social Work can be found in [IRISS e-module](#).

Specialist Assessment

Where risk of harm relates to behaviours or needs that require specialist assessment and support, early consideration should be given to inviting these professional perspectives to assist inter-agency planning around the child. Specialist assessments and assessments commissioned of specialists, if required, should form a considered element of multi-agency assessment.

Learning Culture

Effective multi-agency assessment and planning is promoted by a learning culture open to concerns and oriented towards continual improvement in systems and practice. Across Forth Valley, we promote a learning culture in a variety of ways including the delivery of training, events and learning sessions. From these activities, key messages and learning is shared with strategic and operational leads in a reciprocal way to respond to gaps identified by workforce and strategic oversight groups. Assessment can also be enhanced by learning from research, inspection findings and case reviews.

Some of the activities across Forth Valley include:

- Training Calendars
- IRD Review/Quality Assurance Group
- Learning Reviews
- Quality Assurance CPC subgroup(s)
- Practitioner Forums (CP, IRD)
- Action Learning Sets
- Communities of Practice (topic-based practice forums for reflecting and learning)
- GIRFEC Learning Session
- NQSW group
- Supported year for Newly Qualified Social Workers

National resources that can be utilised for Learning and Development include:

- Iriss - [Iriss: Better lives for people, workers and communities](#)
- SCIE - [Social Care Institute for Excellence \(SCIE\)](#)
- CELCIS - [Celcis](#)
- [CYCJ-](#)
- [National Trauma Hub](#)
- [Social Work Scotland](#)
- [CPC Scotland](#)
- TURAS platform - [Turas | My Turas | Home \(nhs.scot\)](#)



Part 3: Identifying and Responding to Concerns about Children

Everyone who works with children or young people has an important role in keeping them safe. Any individual could identify a concern that a child or young person may be at risk from abuse, neglect, exploitation or violence.

For information on how to respond to and report a child protection concern, including what to record, please refer to the National Guidance section [here](#).

There is no statutory definition or uniform defining criteria for significant harm. Significant harm refers to serious interruption, change or damage to a child's physical, emotional, intellectual or behavioural health and development. Details of [immediate and significant harm](#) can be found within the National Guidance.

Concerns about possible harm to a child from abuse, neglect or exploitation should always be shared with police or social work, without delay.

Child protection procedures are initiated when police, social work or health determine that a child may have been significantly harmed or may be at risk of significant harm. Where a child is felt to be in immediate danger, any practitioner should report, without delay, directly to the police. A [Child Protection process map](#) and the CELCIS Child Protection and [Permanence map](#) describes the process from initial child protection concern arising to a child protection planning meeting being held to identify and reduce risk.

Concerns about a risk of harm from abuse, neglect or exploitation may arise in a number of ways including:

- because of what a child has said
- over a period of time ([cumulative or enduring neglect](#))
- in response to a particular incident
- as a result of direct observations
- through reports from family, from a third party, or from an anonymous source
- if children are known to social work or have an existing child's plan
- through notification that a child may become a member of the same household as a child in respect of whom any of the offences mentioned in Schedule 1 of the Criminal Procedure (Scotland) Act 1995 has been committed, or as a person who has committed any of the offences mentioned in Schedule 1

Professional judgement is needed about the severity and immediacy of the risk of harm. This will be reviewed as relevant information is shared. Risk assessment is not static. The interaction of factors can shift, and risk of harm can become more or less severe. The risk of harm from on-going concerns may become increasingly apparent. Similarly, protective factors in the family and the child's wider world may change or could be brought to bear on the situation in a way that reduces risk of harm. The process of identifying and managing risk must therefore also be dynamic and responsive, taking account of both current circumstances and previous experiences. Immediate and long-term needs and risks should both be considered. Further details on [using professional judgement](#) is in the National Guidance.



Involving Children and Families in Child Protection Processes

Children must be helped to understand how child protection procedures work, how they can be involved, and how they can contribute to decisions about their future. Children's views must be sought and listened to at every stage of the child protection process and given information about the decisions being made as appropriate to their age, stage and understanding. Preparation is needed for key meetings. Babies, children and young people must have their views considered not just in a written or verbal way but also in how they demonstrate their feelings and views through non-verbal communication and behaviour. [The Voice of the Infant](#) is a helpful resource. Forth Valley gain Children and Young People's views in a variety of ways including Viewpoint in Falkirk and Mind of My Own in Clackmannanshire. 'Oor Clacks Voices' and 'Champs' (Stirling) are groups for young people who are care experienced who are involved in designing the way the council provides child services. [Advocacy services](#) may also assist in this process. When a child has additional support needs, advice and support is required to ensure that they are fully involved in what is happening. Practitioners should be mindful that some children may fear reprisals if they disclose, may be too distressed to speak to investigating agencies, or they may believe that they are complicit in the abuse. In Forth Valley, advocacy services are provided by [Quarriers](#) (Falkirk only) and [Who Cares? Scotland](#) (Forth Valley wide).

Parents and carers should be treated with respect. Where possible and appropriate they should be leading contributors to safety planning. Practitioners must seek to achieve a shared understanding with parents about concerns and about steps needed to ensure safety. Decisions should also be made with their agreement, whenever possible, unless it is against the needs and interest of the child or doing so would place the child at risk of significant harm or impede any criminal investigation.

Parents, carers, and children of sufficient age and understanding, should be given a written record of decisions taken about the outcome of an investigation, unless this is likely to impede any criminal investigation and should be given the opportunity to discuss the decisions. When there are child protection concerns and one of the parents or carers has learning difficulties, the use of an independent advocacy service, where available, will be considered by the lead professional; including the option of [Forth Valley advocacy](#).

Interagency Referral Discussion (IRD)

All concerns which may indicate risk of significant harm must lead to an inter-agency referral discussion (IRD). The National Guidance describes the process of an [Interagency Referral Discussion](#). This process has been adapted for [Forth Valley](#).

Care and Risk Management ([CARM](#)) processes may be applied when a child (aged 12-17) has been involved in an incident of a serious nature (irrespective of the legal status of the incident) or where a pattern of significant escalation of lesser behaviours suggests that an incident of a serious nature may be imminent. The lynchpin of effective CARM processes is the inter-agency referral discussion that must occur when concerns of this nature arise. [CARM Guidance \(CYCJ 2021\)](#) provides further information. Falkirk has their [specific guidance](#) on CARM. Should an IRD make the decision that an Initial CARM meeting is required, this should be convened within 28 days.



The Age of Criminal Responsibility (Scotland) Act 2019 is being implemented in stages, as from 2020. The Act raises the age of criminal responsibility in respect of children under 12 years of age but makes provision for their referral to a children's hearing on grounds other than having committed an offence. This could apply to children who are suspected of violent or dangerous behaviour which has caused or risks causing serious physical harm to another person or who, by behaving in a sexually violent or sexually coercive way, have caused or risked causing harm (whether physical or not) to another person. A [flow chart](#) depicts the relationship between provisions in the Act and Child Protection Processes.

IRDs are required to ensure a co-ordinated inter-agency child protection process up until the point a Child Protection Planning Meeting held, or until a decision is made that a CPPM is not required/that alternative action is required.

Sudden unexpected death in infants and children and young people

For a very small number of children, their death may not be as a result of natural causes. In cases of sudden death, the circumstances and cause of death must be explored sensitively and to the highest standards. Every parent has a right to understand fully the circumstances which led to the sudden unexpected death of their child. A collaborative and co-ordinated inter-agency approach is necessary in situations of a sudden or unexplained death of a child or infant.

Alongside the child death investigation exists a responsibility for ensuring the safety and wellbeing of any other children or infants in the household or yet to be born that may be affected. When there are surviving siblings, an inter-agency referral discussion will be considered in all cases and is the recommended mechanism to ensure early, multi-agency and co-ordinated decision making. This will enable appropriate single-agency or multi-agency support, assistance, and intervention for families where this is required or provide assurance that no further action is necessary. Forth Valley has a [Child Death Review Process](#) and a [7 minute briefing](#) explaining the process. The [National Hub for Reviewing](#) and Learning from the Deaths of Children and Young People provides further information

Furthermore, when a child has died or has sustained significant harm or risk of significant harm, and meet the criteria for a [Learning Review](#), the Child Protection Committee must consider undertaking a Learning Review to determine if there is additional learning to be gained from a Review being held that may inform improvements in the protection of children and young people. Details of the criteria can be found within The National Guidance for Child Protection Committees undertaking a Learning Review.

Joint Investigative Interview (JII)

An IRD may decide on the need for a JII, the purposes of which are to:

- learn the child's account of the circumstances that prompted the enquiry
- gather information to permit decision-making on whether the child in question, or any other child, is in need of protection
- gather sufficient evidence to suggest whether a crime may have been committed against the child or anyone else
- secure best evidence as may be needed for court proceedings, such as a criminal trial; or for a children's hearing proof



Children's evidence in criminal and civil proceedings

Children might be required to [give evidence in court](#) in criminal prosecution of suspected or reported perpetrators of abuse or neglect and also in civil proceedings, which would usually be in relation to children's hearing proofs. The [Scottish Child Interview Model](#) (SCIM) will be introduced in Forth Valley during 2023-24. SCIM is a new approach to JII which is being piloted in Scotland (2021). It is designed to minimise re-traumatisation and keep the needs and rights of child victims and witnesses at the centre of the process and in so doing, achieve pre-recorded evidence from the child that is of high quality. This can be used as Evidence in Chief in court for criminal and children's hearings processes.

The Scottish Government is developing a framework for a child-centred [Bairns' Hoose](#) approach which delivers trauma-informed support, justice and recovery for children who have experienced trauma. Scotland-specific standards [have been published](#), based on the European PROMISE Quality Standards, and developed and adapted for Scottish legal, healthcare, child protection and criminal justice systems.

Children may not consent to giving evidence however, the investigation will still proceed and support will always be offered and provided to the child regardless of consent. Special Measures are in place for children giving evidence in court which are detailed within the [FV IRD guidance](#). The importance of a Joint Investigative Interview cannot be over-stated given its increasing use as a special measure. It is increasingly used as the child's examination in chief under the guidelines of Section 271M of the Criminal Procedure (S) Act 1995 - Giving evidence in chief in the form of a prior statement and Section 271I - Taking of evidence by a Commissioner.

Children who have suffered harm either within or out with the family as a result of abuse may be eligible for [criminal injuries compensation](#). Other children or non-abusing adults who have a loving relationship with the abused child may also be eligible for compensation if they suffer a mental injury as a result of witnessing the abuse or its immediate aftermath. Professionals should be aware of this scheme and should consider whether any child for whom they are responsible is eligible to apply. They should also ensure that applications are progressed timeously. Mandatory consideration of this scheme should take place as part of Child Protection processes including being actively considered and highlighted by the Chair within a Child Protection Planning Meeting. More details on the scheme can be found within the [National Guidance](#).

Health Assessment and Medical Examination

The decision to carry out a medical assessment and the decision about the type of medical examination is made by a paediatrician informed by multi-agency discussion with Police, Social Work and other relevant Health staff. Through careful planning, the number of examinations will be kept to a minimum. The decision to conduct a medical examination may:

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



Consent must be obtained in one of the following ways:

- from a parent or carer with parental rights
- from a young person assessed to have capacity
- through a court order 3.82

The Age of Legal Capacity (Scotland) Act 1991 allows a child under the age of 16 to consent to any medical procedure or practice if in the opinion of the qualified medical practitioner the child is capable of understanding the nature and possible consequences of the proposed examination or procedure.

Joint Paediatric Forensic Examination (JPFE): Police will liaise with the Paediatrician and the forensic physician to arrange the medical at NHS FVRH. For sexual assault examinations age 12 and under would be reviewed by the Paediatrician and forensic physician, over 12 years old would be referred to Archway which Police will organise. All sexual health screening can be completed at the Sexual Assault Response Coordination Service which is located in The Meadows, Larbert, no matter the age of the child or young person.

Comprehensive Medical Assessment (CMA): If a decision for consideration of a CMA is made during the IRD then Social Work should gain consent from parent or carer with parental rights or from the young person if they are assessed to have capacity. Once consent has been obtained and this is updated on e-IRD, and the child protection nurse advisor has been informed they will make the referral to the Speciality Doctor, Community Paediatrics at fv.paedcpmrd@nhs.scot

If professionals are concerned about unmet health needs and neglect, they can make a direct referral for a [comprehensive medical assessment](#) provided they have sought consent as per the above process.

Emergency Legal Measures to protect children at risk of significant harm

Urgent action may be required before or after a CPPM 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. Each Local Authority has a legal department who should be consulted when any emergency orders are required. All of the below are included in the Children’s Scotland Act (1995) and the Children’s Hearings (Scotland) Act 2011.

These include:

Voluntary Accommodation (s25) (1995 act)	Short Term refuge (s38) (1995 act)
Child Protection Order (s39) (2011 act)	Child Assessment Order (s35&36) (2011 act)
Exclusion Order (s76) (1995 act)	Constables power to remove a child to a place of safety (s 56) (2011 act)

Secure Accommodation

Secure accommodation may be authorised by the Hearing or the Court with reference to the Children’s Hearing (Scotland) Act 2011 but is implemented by the Chief Social Work Officer (CSWO) of the local authority in consultation with the Head of Unit (Secure). This is also the case where young people are detained with reference to the Criminal Procedure (Scotland) Act 1995. [Secure Care Pathway and Standards provide further information.](#)

The conditions for placing a child/young person in secure accommodation are set out in section 83(6) Children’s Hearings (Scotland) Act 2011:



- a) that the child/young person has previously absconded and is likely to abscond again and, if the child were to abscond, it is likely that the child/young person's physical, mental or moral welfare would be at risk;
- b) that the child/young person is likely to engage in self-harming conduct;
- c) that the child/young person is likely to cause injury to another Person.

Child/Young Person detained under section 44 of the Criminal Procedure (Scotland) Act 1995

The main sections relating to the detention of children/young people are Section 44(1) "Detention of Children" and Section 51(1) "Remand & Committal of Children & Young Persons" of the above Act. Section 43 may also apply as the Court may commit a child/young person to the care of a local authority. A child/young person may also be detained with reference to Section 216(7) of the Act in relation to non-payment of fines. These all relate to "Summary" Procedure. The process for those detained when convicted on an "indictable" offence is different.

[Secure Procedures and Processes](#). Where the child/young person is subject to the above sections of the Criminal Procedure (Scotland) Act 1995 and secure accommodation is considered by the Social Worker/Lead Professional to be in their interests, they must bring this to the attention of the Social Work Team Manager. The Team Manager must ensure that the views of the child/young person, their parents and their Relevant Persons have been obtained if at all possible. If the Team Manager is in agreement the matter should then be referred to the CSWO for consideration.

Secure, as a deprivation of liberty should be a last resort and for as short a period as possible.

[Detainment under the Mental Health Care and Treatment \(Scotland\) Act 2003](#)

A child under the age of 18 years can be made subject to an emergency or short-term detention certificate or a compulsory treatment order in the same way as an adult, and the procedures for granting or making such a certificate or order are the same irrespective of whether the patient is a child or an adult. Where it becomes apparent that it may be appropriate to grant, for example, an emergency detention certificate with respect to a child, special consideration should be given to the effects of detention on the child and to ensuring that all other options have been fully explored. While these points are also relevant to the detention of adults, they should be given particular consideration where a child is being detained. Consent should be gained from the child or parent/carers if the child is not assessed to have capacity to consent.

[Interim Safety Planning](#)

The purpose of an interim safety plan is to ensure a child's safety as immediately as necessary until such time as a CPPM is held. An interim safety plan is about safety right now. It is operational immediately when the child protection concern arises, and those who are participants in the plan must understand and agree what they must do to ensure a child's safety. The way that the child will be seen and heard during the period in which the plan is in place must be part of the plan. The safety plan must be recorded and shared. The Interim safety Plan is reviewed and updated at an IRD.

Details of interim safety planning can also be found within the [Forth Valley IRD guidance](#)



Child Protection Planning Meeting (CPPM)

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

The Child Protection Plan 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

Timescales for CPPM are set within the National Guidance and include:

- Initial CPPM within 28 calendar days of request
- Pre-birth CPPM within 28 calendar days of concern being raised and always within 28wks of gestation
- Core Groups – first within 15 working days of CPPM then 4-6 weekly
- Review CPPM – 6 months unless pre-birth which is 3 months
- De-registration Core Group within 6 weeks of decision to de-register at CPPM.



Core Group

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. Any member of the Team around the Child can request a Core Group however, any new information that may change the Child Protection Plan must be shared without delay with the Lead Professional without waiting until a Core Group takes place as this could impact on a Child's safety.

Pre – birth CPPM

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. CPPM's are recommended within 28 calendar days of the concern being raised and always within 28 weeks of gestation. 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. Forth Valley have a [GIRFEC pre-birth planning pathway](#) which is utilised for all pre-births alongside [Falkirk's Pre-birth assessment Tool](#) and [Falkirk's Pre-birth Checklist](#). The [National Guidance](#) also describes pre-birth processes

Family Group Decision Making (FGDM)

FGDM is an independently co-ordinated process which empowers family members to shape plans for children. The process is applicable in a wide range of urgent circumstances when partnership with families is essential – for example, to develop participation in an agreed safety plan for a child at risk of significant harm. FGDM may be considered as part of Initial CPPMs to ensure families are offered the right support at the right time.

Transfer of Cases

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. More details on case transfers can be found within the [National Guidance](#) and the guidance for transfers [within Forth Valley](#).

Interface between child and adult protection

Adult and child protection may overlap and interact. The Child Protection Guidance applies to children and young people up to the age of 18. There is a potential overlap of powers and duties in relation to the [Adult Support and Protection \(Scotland\) Act 2007](#). 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, and services should ensure there is routine consideration of their 'risk' status. Transition and transfer of cases between child and adult services should be considered within a CPPM. In such circumstances, assessment and transition planning should start no later than 12 months before school leaving age and should include provision for the resolution of any disputes about the proposed support plan. More information is found in the [FV transitions guidance](#)

Chairs Role in CPPM

The chair's role is to facilitate the CPPM and ensure the processes attached to a CPPM are followed including;

- agreeing who to invite and ensuring that all persons invited to the CPPM understand its purpose, functions and the relevance of their particular contribution (and ensure the meeting is quorate).
- meeting with parents/carers to explain the nature of the meeting, and possible outcomes
- ensuring that the parents/carers and child's views are taken into account
- confirming the identity and role of the lead professional at the meeting
- facilitating information-sharing, analysis and consensus about the risks and protective factors
- provision of Reports and Restricted Access Information
- facilitating decisions and determining the way forward as necessary
- ensuring consideration of referral to Principal Reporter
- where a child's name is placed on the Register, outlining decisions that will help shape the initial Child Protection Plan (to be developed at the first Core Group meeting), identifying the lead professional (if not already appointed), and advising parents/ carers about local dispute resolution processes.
- facilitating the identification of a Core Group of staff responsible for implementing and monitoring the Child Protection Plan
- agreeing review dates which keep to national timescales
- following up on actions and responsibilities when these have not been met
- ensuring that arrangements are made for any practitioner forming part of the Core Group who was not present at the CPPM to be informed immediately about the outcome of the CPPM and the decisions made. A copy of the Child Protection Plan must be sent to them.

The chair's role also includes ensuring the [information and administrative processes](#) are adhered to.

The Chair must also ensure a summary of key decisions and agreed tasks are disseminated within one day of the CPPM and a record of the meeting within 10 working days.

Checklist guides for CPPM Chairs are available within each of the respective Local Authorities.

Information leaflets are available for families attending [CPPM's in Falkirk](#). [General information](#) is also available for families living in Scotland who are taking care of children.



Dissent, dispute and complaint

Child protection matters are complex and wide ranging and disagreement (professional and public) is a normal part of exploring the details of each set of circumstances, reaching a shared understanding of need and risk and the interventions required to ensure safety and protection. It is only where disagreement is sufficient that it is felt there is a need to formally dissent that dissent escalation should occur. It is important that there are clear distinctions made between a complaint about a service, a difference of opinion or dissent and an appeal against a registration decision or a child protection planning meeting, as these are managed in different ways. Dissent, dispute and complaints within a CPPM could include challenges about the inter-agency process, decision-making and outcomes, challenges by children/young people or their parents/carers about the CPPM decisions, or complaints about practitioner behaviour. When a practitioner wishes to raise an issue about the process, or disagrees with CPPM decisions, communication and concerns should be channelled through their agency line management.

Pending dispute resolution process:

- if actions are required to ensure the child's immediate safety, they should be prioritised and progressed without delay
- the child's name will be added to child protection register
- the Child Protection Plan should be developed as required
- the agencies and services involved in child protection work have complaints procedures, which should be followed where there is a complaint about an individual practitioner

All participants at a CPPM with significant involvement with the child/family have a responsibility to contribute to the decision as to whether or not to place the child's name on the Child Protection Register. Where there is no clear consensus in the discussion, the Chair will use his or her professional judgement to make the final decision, based on an analysis of the issues raised.

Where people feel the need to formally dissent with the decision to de-register the child's name should be recorded in the minute and local dissent procedures followed. Only parents/carers/children or young people can appeal a decision made by the CPPM with local procedures followed during this process. The decision of the CPPM will stand whilst the appeal process is ongoing.

The [escalation process](#) across Forth Valley provides further information.



Part 4: Specific Support Needs and Concerns

Poverty

Most families experiencing poverty provide safe and loving homes. However, poverty can cause as well as accelerate neglect and the risk of other harm.

Poverty intersects with other stressors upon families, including disability, mental health problems, ill health, poor housing, and barriers to employment, poor literacy skills, learning disabilities and racial discrimination.

Article 27.3 of UNCRC requires public authorities to assist parents and others responsible for the child as necessary in providing the conditions necessary for the child’s development. The Scottish Government is committed to tackling child poverty as part of a [wider strategy](#) for tackling poverty and inequalities across Scotland

Tackling poverty is a priority with local plans and supports in place across the Forth Valley:

Clackmannanshire	Falkirk	Stirling
Local Child Poverty Action Plan for Clackmannanshire. Safeguarding Through Rapid Intervention (Strive). Thrive to Keep Well. Clackmannanshire’s Family Wellbeing Partnership. Connecting Communities Programme. Pre Employability in Clackmannanshire (PEC), Fair-start Parental Employability Support Fund (PESF), Flexible Skills and Inclusion Programme and ESF Employability Pipeline.	Child Poverty Action Plan – Towards a Fairer Falkirk Help with Welfare Benefits Get help to manage your money Cost of Living Support Free school meals and clothing grants Employment and training support CVS Falkirk - Cost of Living Support & Resources	Children’s Services Plan 2023-26 Citizen Advice Bureau Excellence and Equity Strategy Welfare Rights



When services find it hard to engage.

Resistance and 'disguised compliance' are terms sometimes used when services find it hard to engage with families. More information and resources can be found in the [National Guidance](#)

'Non-engagement' covers a spectrum of failures that are all a product of interaction. The tone of engagement and painful previous experience of services may both play a part.

The following resources support practitioners in Forth Valley:

- [When Services Find it Hard to Engage](#) – Forth Valley guidance
- [Practitioners guide for professional curiosity](#)
- [Trauma Reckoner](#) in Clackmannanshire and Stirling.

Protection of children and young people with disabilities

Children with disabilities are children who may be affected by a broad range of physical, emotional, developmental, learning, communication and healthcare needs. Their needs must be considered in the context of a holistic assessment. Most parents of disabled children provide safe and loving homes with strong protective factors.

Children with communication impairments, behavioural disorders, learning disabilities and sensory impairments may be additionally vulnerable. They have an equal right to be safe and their experience must be central and their voice and feelings must be heard in decision making.

Children with disabilities and children affected by disability are entitled to support as a child '[in need](#)'. Protecting children with disabilities is a shared responsibility requiring collaboration between education and health, specialist practitioners, those leading child protection investigations, and parents or carers and advocacy services

Incidence of abuse of children with disabilities is likely to be under-reported. Risks which may be accentuated by some disabilities can combine with unrelated factors. Which may include:

- a child's dependency on support for communication, mobility, manual handling, intimate care, feeding and/or invasive health procedures.
- A child's understanding of abusive behaviour and ability to resist
- Availability of sex education and support for understanding
- A child's experience of asserting choice
- Availability of a trusted person within or outside a family
- Availability of advocacy and communication
- Fear of abusers, of rejection or blame
- Additional vulnerability to online abuse
- Attachment history, including significant losses, disruptions and trauma
- Neglectful or abusive responses to the child relating to parent or carer needs or cultural attitudes

Training about the susceptibility of children with disabilities to abuse is essential in order to build confidence and awareness among practitioners. Additional notes can be found in the National Guidance.



Some helpful resources:

- [Child Protection and children with Disabilities](#) in Forth Valley.
- Barnardos - [Unprotected, Overprotected.](#)
- Practice Insight - [Disabled Children & child protection investigative interviews](#)
- National Guidance note for practitioners: [Protecting Disabled Children from Abuse and Neglect](#)
- Child Protection and Disability - [Practitioner Training Module \(With Scotland\)](#)

Parents with additional needs that may impact on their parenting and care of children

Parents with learning disabilities have unique needs, strengths and potential. A learning disability affects development, can be significant, and will be lifelong. A parent may need help to understand information, learn skills and live a fulfilling life. Some also have specific healthcare needs and require support to communicate. Some people and organisations prefer the broader term 'learning difficulties'. Societal attitudes, service structures and resources impact on the extent to which a learning disability becomes a barrier for people living a fulfilling life. A rights-based approach applies to support for parents with learning disabilities (UN Convention on the Rights of Persons with Disabilities). The children of parents with a learning disability are more likely than any other group of children to be removed from their parents' care.

Poor parental mental and physical health can be a contributor to mental health problems in children and young people. The stigma associated with mental health problems means that many families are reluctant to access services because a fear about what will happen next.

Child protection assessment should consider the emotional accessibility and reliability of parents and carers and child protection plans should aim to support these qualities that exist.

Children are affected when a parent is unable to anticipate or prioritise his or her needs, and by a parents distress, disturbance, delusions and lack of insight. Children may also be affected when separated from a parent who is ill. Article 9 of the UNCRC outlines requirements of public authorities to respect the right of the child who is separated from one or both parents to maintain personal relations, except if it is contrary to the child's best interest.

Where adult mental health services, community learning disability services and specialist Third Sector supports are involved, children's safety must be considered in planning support for parents.

Some useful resources:

- Supporting Parents with learning/intellectual disabilities - [Practice Insight](#)
- [Forth Valley Advocacy](#)
- Scottish Independent Advocacy Alliance - [SIAA](#)
- Parental mental health – [7 Minute Briefing](#)
- [Falkirk Mental Health & Well-Being Services](#)
- [Falkirk Community Health and Wellbeing](#)
- [Clackmannanshire Third Sector Interface](#)
- [Breathing Space](#)



Children and young people experiencing mental health problems

Children can experience a range of mental health problems, from depression and anxiety through to psychosis. Whilst most recover, many are left with unresolved difficulties or undiagnosed illnesses that can follow them into adult life. Child protection may be a component of the service response to children experiencing mental health problems and local training reflects the need for awareness of these issues.

Every child’s needs and circumstances are unique. Factors which make it more likely a child will experience mental health problems include:

Experience of neglect and abuse	Bereavement and separation
Long-term physical illness	Bullying, discrimination, isolation & exclusion
Insecurities in primary attachments	Living in poverty or being homeless
Domestic abuse	Premature & overwhelming caring responsibilities
Problematic drug/alcohol use and offending	Experience of long-term struggle in education

Children's mental and emotional wellbeing should be addressed, applying the principles of early intervention and prevention approach to supporting a child’s whole wellbeing. Services are available locally to supplement specialist support that CAMHS can provide. Practitioners involved in child protection must be trauma informed in their approach. Third sector and community support is critical. Support for children and young people and for practitioners in Forth Valley:

- NHS – [Mental Health and Suicide Prevention Framework](#)
- Child and Adolescent Mental Health Services - [Forth Valley CAMHS](#)
- Support for mental health - [Young Minds](#)
- Scottish Association for Mental Health - [SAMH](#)

Suicide and self-harm affecting children

Suicide is deliberate self-harm which results in death. Self-harm refers to self-poisoning, self-injury, irrespective of the apparent purpose of the act. Self-harm is generally a way of coping with overwhelming emotional distress. Suicidal thoughts in children may be triggered by an event, however they are usually caused by an accumulation and interaction of vulnerabilities and experiences.

A trauma informed initial response can often significantly reduce risk and feelings of pain, isolation and despair. In almost all instances it will be effective to take time to:

- Take the threat of harm seriously and listen carefully.
- Recognise expressed feelings, showing warmth and empathy
- Raise awareness that the person has some control, options and possibilities for a way forward
- Ensure more than one person can respond when emotional support is next urgently needed

Preventative responses are likely to involve prompt multi-agency assessment and this may involve collaboration between children and adult services, and support for family and carer as well as for the child. Resources available in Forth Valley:

- [Self-Harm Network Scotland Penumbra](#)
- NHS Learning Bytes - [Mental health improvement, and prevention of self-harm and suicide](#)
- National Trauma training programme via [Turas Learning](#)
- Public Health Scotland - [Suicide prevention training courses](#)

- SAMH - [Thinking about suicide](#)
- NHS – [Help for suicidal thoughts](#)
- School based counsellors across Forth Valley.

Responding to neglect and emotional abuse

Emotional abuse and neglect are the most common concerns leading to child protection registrations. Single incidents of extreme neglect can be significantly harmful. However, neglect and emotional abuse are usually associated with the term 'persistent'. 'My Wider World' side of the My World Triangle prompts analysis of these factors; neglect covers a broad range of potentially co-existent physical and emotional treatment.

Practitioners must be able to describe the interactions of concern. There must be a basis for the belief that these will be harmful. Signs of concern may be physical, emotional, behavioural, educational or relational. Some signs are visible. However, there are neglected children who are abnormally quiet and compliant and become visible. Practitioners involved in assessment, planning and support must try to understand the quality of daily life experience and relationships of the child and their parents.

Domestic abuse, parental alcohol and drug use, isolation, poverty, chronic or acute health problems and severe housing stress are common examples of factors that can contribute. Persistent neglect can have a lifelong impact, and sometimes mask with the onset of physical and mental health problems, suicidal behaviour, eating disorders and obesity, alcohol and substance abuse, aggression, violence and criminal behaviour, high risk sexual behaviour and homelessness. These are not inevitable consequences.

Protection of children from harm depends on early, inter-agency support in collaboration with parents, before the urgency of risk of significant harm draws children into the child protection systems. Early signs of neglect must be taken seriously.

A comprehensive health assessment is recommended as part of a multi-agency assessment for all children where chronic neglect is a concern.

Children who have experienced chronic neglect may not be used to adults being or becoming predictable, kind and nurturing. They can be distrustful and anxious and may behave in ways that seem rejecting or angry. Children who are accommodated and carers may need additional support in understanding and response to these dynamics. More information on neglect can be found in the [National Guidance in addition to:](#)

- Working with neglect - [Practice Toolkit](#)
- Falkirk Self-Neglect and Hoarding [Guidance](#)
- Clackmannanshire and Stirling - [7-minute-briefing-Neglect](#)
- [Forth Valley ASP Multi Agency Guidance](#)

Domestic abuse

Domestic abuse is any form of physical, verbal, sexual, psychological or financial abuse which might amount to criminal conduct and which takes place within a relationship. This may be between partners or ex-partners. There is significant evidence of links between domestic abuse and emotional, physical and sexual abuse of children, and children themselves can experience domestic abuse as ‘coercive control’ of the whole family environment.

Children and young people may experience abuse and coercive control in their own relationships. As within adult domestic abuse, this can be physical, sexual and emotional abuse. This is often unrecognised, and victims may choose not to disclose it. Social media and digital technology may be used to perpetrate the abuse.

Domestic abuse is always a wellbeing concern. It may be a child protection concern if there is evidence that significant harm has occurred or may occur. Professional judgement involves consideration of key factors such as the child’s experience, needs and voice (and those of other children affected), the non-abusing parents’ views, choices, strengths and abilities to use available supports; the presence of other complicating factors such as parental alcohol and drug use: and the abuser’s pattern of coercive control. When professional judgement indicates the likelihood of risk of significant harm an IRD is triggered. Multi-agency planning and partnership with the non-abusive parent must protect the child. Third Sector organisations, such as Scottish Women’s Aid play an essential role in developing and providing services for women and children.

The following supports the overall protection of children in Forth Valley:

- [Disclosure Scheme for Domestic Abuse Scotland \(DSDAS\)](#) - Police Scotland scheme provides the public with access to information to establish if a partner has an abusive or sex offending past.
- [Sex Offender Community Disclosure Scheme](#) (Keeping Children Safe). Police Scotland provide public with access to information to establish if a partner has an abusive or sex offending past.
- [Multi—Agency Risk Assessment Conferences \(MARAC\)](#) - Statutory and non-statutory agencies meet to discuss individuals at high risk of serious harm or murder as a result of domestic abuse. This plays a vital role in terms of the safety planning for victims of domestic abuse and their children in Forth Valley
- [Multi-Agency Tasking and Co-Ordination \(MATAC\)](#) - Police Scotland-led and chaired initiative to identify and manage the most harmful domestic abuse in Forth Valley.

Forth Valley partner agencies have a commitment to both MARAC and MATAC and where they identify children at risk, consideration is given to referring the children to IRD and where a risk or significant harm to children is identified then an IRD will be held without delay.

Additional resources available in Forth Valley:

- FV Multi-agency guidance – [Child Protection & Domestic Abuse](#)
- FV Multi-agency interventions and [Gender Based Violence](#)
- Safe and Together training (Falkirk and Clackmannanshire) - [S&T Programme](#)
- Police Scotland resources - [Domestic abuse - Police Scotland](#)
- Scottish Government - Domestic abuse & trauma-informed practice - [companion document](#)
- Training on guidance relating to MATAC, MARAC and MARAC.
- Caledonia Service – Criminal Justice
- VAWG partnership and support services
- [Equally Safe Falkirk](#)

Children and families affected by alcohol and drug use

Parental alcohol and drug use is a public health problem present in all income groups and cultures. It contributes to the abuse and neglect of children and can cause harm through various forms of loss, through imprisonment, illness, disturbed and broken relationships and death. Parental alcohol and drug use overlaps and intersects with domestic abuse, neglect, emotional abuse and parental mental ill health as dominant reasons for child protection registration and the need for children to be looked after.

Harm to children may be multi-dimensional, affecting physical and mental health and development, relationships, behaviour, identity and survival. This could include physical and neurological damage, or death in the utero. Foetal Alcohol Spectrum Disorder ([FASD](#)) is the leading known preventable cause of neurodevelopmental disorder, with material use of alcohol during pregnancy leading to learning and behavioural difficulties. It potentially has lifelong implications, affecting not just babies and children but also young people, and adults and their families, who will be living with the impact of the condition. Where child protection concerns in pregnancy include the use of alcohol, this must form a focus on multi-agency support.

Children affected by parental alcohol and drug use may experience neglect, feelings of fear, blame, abandonment, anger and shame. Children who may not be recognised as Young Carers may have to care for children and adults.

When assessment relates to the risk of significant harm, the assessment should include an evaluation of capacity to change within a timescale that will meet the child's needs.

For more information on local guidance and resources available across Forth Valley, please see Getting Our Priorities Right – [GOPR Forth Valley](#)

Some helpful links and partner services include:

- Forth Valley Impact of Parental Substance Use Assessment [Guidance Note](#)
- Overview - [7-Minute-Briefing](#)
- NHS Forth Valley – [Substance Use Service](#) and [Help and Support](#)
- Barnardos - [Forth Valley Substance Service](#)
- Change Grow Live - [Recovery Service - Forth Valley](#)
- CVS Falkirk – Training available on 'Everyone has a story'
- Transform Forth Valley - [Time4Us](#)
- Stirling – Includem's [BRAVE project](#)
- Falkirk – Aberlour's [Intensive Perinatal Support](#)
- Forth Valley pre-birth planning guidance - [Child Protection and the Unborn Child](#)
- [Scottish Families affected by Drugs and Alcohol](#)

Physical abuse, equal protection, and restraint

Article 19 of the UNCRC requires public authorities to take all appropriate legislative, administrative, social and educational measures to protect children from all forms of physical or mental violence, injury or abuse.

Concerns are heightened if there is no explanation for injuries, explanations shift during assessment, explanations do not fit the injuries, or there are unreasonable delays in seeking treatments. In relation



to fractures, no one fracture in isolation is specific for physical abuse. The younger the child, the greater likelihood of that fracture is related to abuse. Bruising is the most common presenting feature of physical abuse in children. Accidental bruising increases with increased mobility. The presence of bruising on infants who are not independently mobile, including those who are not yet crawling or walking independently, requires thorough investigation, as it is extremely rare for a non-mobile infant to sustain accidental bruising.

In some instances, despite medical examination, there will be continuing uncertainty about explanations for injuries. The need for and nature for any immediate action will relate to considerations including:

- The child's presentation and apparent fears
- Significance of injuries
- Attitude of responsible adults to the injuries
- Likelihood of contact with a person who may have caused the injuries
- Contextual information including previous recorded concerns
- Availability of a safe and responsive parent or carer

The Children (Equal Protection from Assault) (Scotland) Act 2019 removes the common law defence of 'reasonable chastisement'. If a parent or carer physically punishes their child they can be prosecuted for assault. It is not an offence to restrain a child to protect him/her, or others, from harm. However, restraint can be used in a way that is harmful.

Restraint is an act carried out with the purpose of restricting an individual's movement, liberty and/or freedom to act independently. This may involve the use of force. Restraint is to be distinguished from punishment in that it is for the purposes of protection, not discipline.

Restraint usually involves a parent, carer or professional making physical contact with a child, although there may be examples of indirect restraint for people with disabilities or young people which prevent movement. Restraint, if used inappropriately could result in a charge of assault being brought. Use of restraint carries risk and can be extremely damaging to children and young people. It may, however, be the only realistic response in some situations and as a last resort

Any use of restraint and/or seclusion (variously defined in Scotland but by the which is meant shutting a child somewhere alone and not allowing them to leave), should be recorded as a way of ensuring that practice is rights-compliant and appropriately monitored and scrutinised.

In Forth Valley, training and awareness raising is available, including:

- Residential settings – Therapeutic Crisis Intervention (TCI) training
- Education specific guidance
- CALM training – Clackmannanshire
- Equal Protection from Assault - Forth Valley multi-agency [Practitioner Guidance](#)
- Equal protection from assault - [7-Minute-briefing](#)

Obesity is a cause for escalating concerns about risk of harm

Severe obesity is not an automatic flag for child protection concerns. However, NHS Scotland Standards (2019) have been developed in recognition of the complexity of the condition and in the view of some situations in which significant harm of death may result from neglectful circumstances. Article 19 of the UNCRC requires public authorities to take all appropriate steps to protect and support

children while in the care of parents and others, from a broad spectrum of harm including negligent treatment.

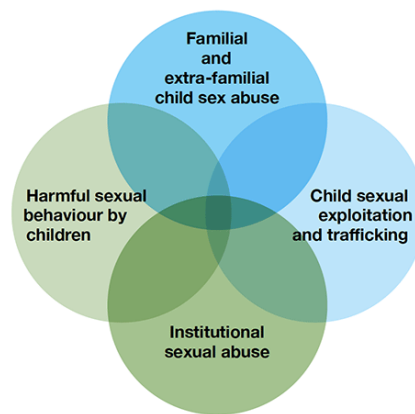
- NHS Forth Valley – Why Weight - helps support children, young people and their families work towards a healthier weight.
- Active Schools programmes across Forth Valley
- Single agency and multi-agency involvement of School Nursing and Health Visiting teams.

Child Sexual Abuse

Child sexual abuse (CSA) is an act that involves a child under 16 years of age in any activity for the sexual gratification of another person. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. For those who may be victims of sexual offences aged 16-17 and who are at risk of significant harm, child protection procedures should be considered, and must be applied when there is a concern about sexual exploitation or trafficking.

Sexual abuse may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, indecent images, or in watching sexual activities, using sexual language towards a child, or encouraging to behave in sexually inappropriate ways.

Overlapping categories of sexual abuse are represented in the diagram below. All require a child protection response. A child may experience multiple forms of maltreatment from different persons. Exposures to other forms of harm, such as domestic abuse or parental alcohol or drug use, may increase vulnerability to sexual abuse.



Children rarely come forward to disclose sexual abuse, especially when it occurs within the family network. It is critical that professionals are aware of potential signs of sexual abuse. That includes recognising indications of abusive relationships between an adult and a child, or between two children.

Some children may be unable to seek help because of their age, understanding or disabilities. It is common for survivors not to talk about the process of abuse until adulthood and when a child feels able to speak, this is rarely a single event.

Indicators of abuse of a child may be physical, behavioural, social or psychosomatic. They could include a combination of concerning changes in behaviour at home or in school; avoidance of an adult;



sexually inappropriate behaviour; health anxieties such as soreness in the genital and anal areas; sexually transmitted infections; pregnancy; and other indirect signals of anxiety. These may include feelings of isolation, stigma and difficulty in trusting others; sexualised behaviour, low self-esteem, withdrawal, aggression and disruptive behaviours; self-destructive behaviours and/or substance abuse. None of these examples are in themselves signs of sexual abuse. All necessitate professional curiosity about what lies behind these symptoms.

Practitioners involved in the assessment, planning and intervention should consider the dimensions of risk safety/protection 'online', in the family and in the community. All practitioners should be trauma aware.

Prevention, interruption and deterrence of child sexual abuse requires strong collaborative intent with national policy, public and community education, parenting support and evolving technological strategies.

Helpful resources may include:

- NHS Forth Valley – Sexual Assault Response Coordination Service - [SARCS](#)
- Forth Valley Rape Crisis [Centre](#)
- [The Upstream Project | Stop It Now! Scotland](#)
- [Child abuse - Police Scotland](#)

Child Sexual Exploitation

Article 34 of the UNCRC requires public authorities to undertake to protect children from all forms of sexual exploitation and sexual abuse. In particular, by taking measures to prevent:

- The inducement and coercion of a child to engage in any unlawful sexual activity
- The exploitative use of children in prostitution or other unlawful sexual practices
- The exploitative use of children in pornographic performances and materials

Child sexual exploitation (CSE) is a form of child sexual abuse in which a person or persons of any age take advantage of a power imbalance to force or entice a child into engaging in sexual activity, in return for something received by the child and/or those perpetrating or facilitating abuse. The presence of perceived consent does not excuse or mitigate the abuse.

A child in this context means a child or young person up to the age of 18. A child protection response is required of which will be determined after an IRD.

Exchange is the distinguishing factor in the various forms of CSE. The nature of the exchange may be material and emotional, including, food, accommodation, drugs, alcohol, cigarettes, gifts, affection, or a sense of belonging. In all forms of CSE there is an imbalance of power. This may relate to the abuser's age, gender, intellect, physical strength or other resources. Grooming may draw a child or children into abusive processes or events and means targeting, befriending and establishing an emotional link with a child in order to manipulate, exploit, traffic, or otherwise abuse them.

CSE may be perpetrated by Family members, including being sold for sex, older adults, peer networks, within which abuse of power may occur, gangs and criminal networks.

Digital technologies are often connected with:

- Grooming online for sexual abuse online
- Children viewing abusive images of children



- Selling children online for abuse offline
- Making abusive images of children
- Sharing and viewing abusive images of children
- Access to chat lines via the internet, social media, and online gaming platforms or mobile phones
- Sharing of intimate images

It is the shared responsibility of professionals, parents and carers to support children's resilience, security and safe use of online technologies.

Where a child is both a victim and has been involved in CSE of others, they require an approach to assessment and intervention that has a focus on their trauma and needs. The core components of the [GIRFEC National Practice Model](#) apply within an effective child protection response to suspected CSE.

- For further information, please see Forth Valley resources on [CSE](#) and [Child Trafficking](#)
- [Guidelines](#) for preventing and addressing CSE in schools
- Guidance on concerns within the Night-time economy - [Nightwatch in Scotland](#)
- Barnardos - [Parents & Carers - Spot the Signs](#)
- Child Sexual Exploitation - [7 minute briefing](#)

Indecent images and internet-enabled sexual offending by adults

Internet-enabled sexual offending includes possession, exchange and distribution of indecent images of children (IIOC), production of IIOC, sexual solicitation (online interaction with minors for sexual purposes); non-consensual sharing of sexual images and working with others to distribute IIOC or to solicit children. All such behaviour causes significant harm to children. An inter-agency referral discussion (IRD) will be necessary in relation to identified children who may be at risk of significant harm.

Even when an individual is deemed 'low risk' this does not equate to no risk. Where the individual who has committed an offence has access to children, a holistic, in-depth assessment by skilled and experienced practitioners should be the norm. Multi-agency assessment and close co-operation between Child and Family Services and Criminal Justice Social Work and Sex Offender Policing Units is needed to evaluate the level of risk to children, and to recommend proportionate protective measures including a Child Protection Plan.

Additional information is available via [CEOP Safety Centre](#)

Children and young people who have displayed harmful sexual behaviour

Harmful sexual behaviour (HSB) is defined as 'sexual behaviour(s) expressed by children and young people under the age of 18 years that are developmentally inappropriate, may be harmful towards self or others and/or may be abusive towards another child or young person or adult.

Assessment of harmful behaviour is indicated if the behaviour meets any or all of the following criteria:

- It occurs at a frequency greater than would be developmentally expected
- It interferes with the child's development
- It occurs in a context of coercion, intimidation or force
- It is associated with emotional distress
- It occurs between children of divergent ages or abilities
- It repeatedly recurs in secrecy after intervention by caregivers



[Early and Effective Intervention \(EEI\)](#) is not a 'disposal option' but rather a co-ordinated, planned support for children who come to the attention of the police for offending, concerning or harmful behaviour. EEI should include concerning and harmful behaviour of children aged under 12 years.

In all cases where a child or young person displays sexual behaviour that may cause significant harm, immediate consideration should be given as to whether action should be taken under child protection procedures, in order to both protect children harmed or at risk of harm by the behaviour and to address any child protection concerns that may at least in part explain why the child/young person has behaved in such a way.

A risk assessment should be carried out to determine appropriate levels of intervention, to consider whether the child or young person should remain within the family home and, if necessary, to inform the decision as to what might be an appropriate alternative care arrangement.

Sexual abuse between siblings usually creates a crisis for the family as a whole. Parents may feel torn between the need to support and protect each child and their response is a key variable in assessment, interim safety planning and a co-ordinated inter-agency plans supporting recovery

Care and Risk Management (CARM) processes may be applied when a child (aged 12-17) has been involved in an incident of a serious nature or where a pattern of significant escalation of lesser behaviours suggests that an incident of a serious nature may be imminent.

Every child's plan should be holistic and tailored to need and context. Risk assessment and management measures and interventions are essential, but should be balanced with nurture and encouragement. Plans should build on those skills and relationships that promote resilience and build on the eight [GIRFEC Well Being Indicators](#) in collaboration with children and families. In addition, each child should receive individual attention within a systemic approach, so that they become more able to:

- understand their feelings and behaviour
- meet their own needs in a socially acceptable way
- develop skills in the context of home, school and community
- enjoy positive relationships at home, at school and in the community
- encourage and sustain longer-term change, anticipating stresses

Additional information is available via Forth Valley's multi-agency [Guidance](#) on Managing and Preventing Harmful Sexual Behaviour and Stop it Now - [Preventing harmful sexual behaviour in children](#).

Child protection and online safety

The internet, online services and associated technologies are an integral part of our lives, particularly for children and young people. These offer opportunities that support learning, engagement with others and helping children and young people to find the right support and help. We want all children and young people to be empowered and confident to access the digital world creatively and fearlessly. Article 17(e) of the UNCRC expects public authorities to develop appropriate guidelines to protect children from information and material injurious to his or her wellbeing. Protecting them from online harm is a challenge in a fast-changing media environment.



Online child abuse is any type of abuse that occurs in the digital environment and the internet, facilitated through technology and devices such as computers, tablets, mobile phones, gaming devices and other online-enabled devices.

Children should access education that addresses online sexual harm before spending unsupervised time online. This should include information about why it occurs, the different forms it can take, how to identify it, its possible impacts, and what to do if it happens. Children need help to understand what constitutes harm within the context of peer relationships or existing online networks. The 'normality' of such occurrences can reduce awareness of the harm caused to individuals and the harm caused by creation of normative expectations, particularly sexual demands made in relation to girls.

Education around online sexual harm is embedded in the school curriculum for children and young people. It is important that children and young people are supported in building their own resilience in the online world. Being online offers positive opportunities and avoidance-based messaging may be unhelpful. Schools are the most common source of learning about sexual harm, however family members, friends, peers and the media are also significant.

Additional information is available via:

- Parent Club - [Online Safety | Parent Club](#)
- Child Exploitation & Online Protection - [CEOP Safety Centre](#)
- Educational Resources - [UK Safer Internet Centre](#)
- Forth Valley & West Lothian RIC - [Central eSafety Partnership Archive](#)
- NSPCC - [Keeping children safe online](#)

Harmful online challenges and hoaxes

Harmful online challenges entice people to do dangerous activities. They are often deliberate lies designed to seem truthful, which mislead and upset people. In some cases, online challenges or hoaxes may appear interesting or exciting whilst still encouraging people to do something that is not safe or not real. Harmful online challenges and hoaxes are commonly distributed through social media and messaging apps, often inspiring or daring others – including children and young people, to participate or share.

Professionals should be aware that it is not helpful to share targeted warnings that name and/or described the challenge, hoax or video in question; or which platform the content appears. Doing so may cause distress to both children and families and/or raise curiosity and drive children to the content that is of concern. Therefore, targeted warnings should not be issued to the general public.



Response: Parents, carers and professionals working with children should:

- have regular conversations about children’s experiences online and how they can stay safer
- recognise that online peer pressure can be very overwhelming for children
- support children to think critically about whether the content they encounter online may hurt or harm them or someone else
- talk with children about strategies for saying no to things which may sound fun, but they don’t feel comfortable doing.

[The National Guidance](#) gives more information on how to deal with harmful online challenges and hoaxes.

Under-age sexual activity

Protecting children means supporting them as they learn about healthy, respectful, consensual and safe relationships. There are situations that do not require child protection processes, in which a young person may need immediate support in relation to their sexual risks, development and relationships. These may be addressed either on a single-agency or multi-agency basis, depending on needs and circumstances.

Child protection concerns arise when the impact of under-age sexual activity could cause significant harm. A young child (under 13 years of age) cannot consent to any form of sexual activity (within Part 4 of the Sexual Offences (Scotland) Act 2009). The 2009 Act maintains the age of consent at 16. When there is reason to believe an offence against a child has been committed as defined in the 2009 Act, an IRD will be convened.

Section 37 of the Sexual Offences (Scotland) Act 2009 creates the offence of older children (aged between 13 and 16 years) engaging in sexual conduct with or towards one another. Assessing the risk of significant harm, deciding whether to hold an IRD and planning the next steps should include consideration of:

- any power imbalance between the persons involved
- the age, including any age difference, of the persons involved
- any conduct involving overt aggression, manipulation, coercion or bribery
- disinhibiting use of substances, under pressure/encouragement from dominant person/persons
- the child’s use of substances contributing to risk of harm
- attempts to secure secrecy by dominant person, beyond usual teenage relationships
- previous concerns recorded by police/health/social work
- persons involved denying, minimising or accepting concerns
- evidence of ‘grooming’

Resources are available on Forth valley’s Forth Valley

- National [Guidance](#) on underage sexual activity
- Police Scotland - [Standard Operating Procedure \(SOP\)](#)
- Forth Valley - [Managing & Preventing Harmful Sexual Behaviour](#)
- Forth Valley - [Rape Crisis Centre](#)
- NHS Forth Valley - [Central Sexual Health](#)



Pre-birth assessment and support

UNCRC makes it clear all children need safeguarding and care, including appropriate legal protection, before as well as after birth; and Article 24(2)(d) requires public authorities to ensure appropriate pre-natal and post-natal health care for mothers.

In Forth Valley all practitioners who work with expectant mothers are aware of parental behaviour and circumstances that could cause significant harm to an unborn baby. They know how to refer concerns about potential harm to statutory services; and confident about the lawful basis for information sharing.

Health, Police or Social Work will trigger an inter-agency referral discussion when there is reason to believe an unborn baby may be at risk of significant harm, as described in Part 3. The potential impact of an interaction of risk factors such as the removal of previous children; the impact of drug use; and/or the impact of domestic abuse and mental ill health upon mother and unborn baby should tip professional judgement towards the need for an IRD.

A pre-birth assessment can begin whenever pregnancy is confirmed. When there is a risk of significant harm, it should begin as soon as possible. This provides the unborn child with the best possible opportunity to thrive and gives parents maximum opportunity to engage, achieve an understanding with key practitioners and family supports; and begin to work towards necessary changes.

Assessment should be multi-disciplinary, co-ordinated by a social worker as lead professional, consulting with key practitioners including GPs, midwives, family nurses, health visitors and relevant adult services. Professional judgement should be assisted by structured assessment tools.

Pre-birth involvement creates the opportunity for detailed care planning for the baby following the birth, ensuring sufficient continuity of multi-agency support, especially in the first year. When an assessment concludes that a baby cannot be safely cared for with birth relatives, foster carers can be engaged early in the process. This means carers and parents can meet before the birth to plan the transition and to support development and sustaining of relationships essential for the baby as appropriate, as the plan evolves.

Permanent, loving, nurturing relationships are what matter most to children. The optimal route to permanence depends on the needs and circumstances of the child. Permanence might be achieved through:

- the child remaining within or returning to the family, (with or after support)
- by kinship carers obtaining a Section 11 Order via the courts; or
- by means of adoption orders being granted by the court in favour of an adoptive parent

In Forth Valley we have developed the multi-agency GIRFEC Pre-birth Planning Pathway. For more information on policies and procedures relating to keeping unborn children safe in Forth Valley:

- Forth Valley pre-birth planning guidance - [Child Protection and the Unborn Child](#)
- Aberlour's [Intensive Perinatal Support](#)
- [7 Minute Briefing - GIRFEC-Pre-birth-Pathway](#)

Children who are looked after away from home

Article 9 of the UNCRC outlines general requirements for public authorities when children are lawfully separated from his or her parents in his/her best interests. A looked after child may be placed with kinship carers, with foster carers, prospective adopters, a residential school setting, or in residential care in a children's house.

Thorough assessment of carers and of children's needs, alongside planning and support, are key to ensuring carers can meet children's needs for safety and nurture. Once living with carers, trust and physical and emotional safety evolve through routine experiences of nurture, empathy, nourishment, sleep, daily achievement, understanding, play, choice and hope.

Carers and their families need guidance and support to enable them to offer trauma informed care, appropriate to the developmental needs and known life history of each child.

Child protection and planning to return children home are connected in principle and process. To prevent repeated and compounded harm, returning children home who have experienced chronic abuse and neglect should be preceded by a comprehensive assessment of whether or not the child should return home. Increased support is required when considering returning children home. Continued assessment and regular review is required.

When parents have complex and challenging needs, support to break the cycle, take control of their lives and develop new skills is essential. Such work is likely to require a holistic approach, in which key workers show persistence, proactivity, understanding, flexibility and work in relationship. Prevention and protection are inseparable concerns in this challenging area of practice.

More information is available online in relation to Forth Valley's [Corporate Parenting](#) responsibilities and resources within each Local Authority area.

- [Parenting Capacity assessments & Integrated Assessment & Plan](#)
- Clackmannanshire Council - Parenting Capacity - [Leaflets](#)
- [National Risk Framework](#) - to Support the Assessment of Children and Young People
- Child Development - [Attachment, Nurture & Trauma Informed Practice \(Inc. Five to Thrive\)](#)
- Chronologies - [7 minute briefing](#)

Allegations against registered carers

Children need to know who they can speak to when they have anxieties about where they are living or about behaviour of others outside where they are living. Allegations about kinship carers with whom a child is placed will be investigated in the same way as allegations about a child living with parents.

Lead professionals have a responsibility to clarify concerns raised around a looked after child in collaboration with local child protection services. They will also need to liaise with service managers for fostering or residential services as required.

The main consideration in responding to any concern must be the safety of the child. Every looked-after child voicing a concern must be listened to and taken seriously. Concerns must be rigorously investigated. Equally, a carer's perspective should be heard. They must be treated fairly and with respect. Carers should be given information about the concern at the earliest point compatible with a thorough investigation. Where the concern involves reports of abuse, there will be an inter-agency referral discussion and the carer will be subject to investigation on the basis of local inter-agency



protocols. Allegations of abuse by carers must be dealt with by appropriately trained child protection practitioners and managers. Responses to allegations should be proportionate to the nature of the concerns raised.

When concerns about a looked after child are raised, it should be remembered that further disruption, such as a sudden move into a new care environment, will further compromise their recovery. The consequences of removing a child must be considered alongside their safety. Placement stability should be maintained when this is safely possible. Each child's experience, views and presentation will be a central consideration.

- The National Guidance provides an overview of how allegations against registered carers should be handled - [Allegations against registered carers](#)
- For more information - [Scottish Government - Managing allegations against foster carers and approved kinship carers](#)
- Scottish Social Services Council - [Codes of Practice](#)

Preventing the repeated removal of children

If children are removed from the care of their parents, families must continue to be provided with therapeutic support, advocacy and engagement in line with principles of intensive family support (independent Care Review, 2020).

When parents have complex and challenging needs, support to break the cycle, take control of their lives and develop new skills is essential. Such work is likely to require a holistic approach, in which practitioners show persistence, proactivity, understanding, flexibility and work in partnership.

Some helpful resources across Forth valley include:

- Advocacy available via [Who Cares? Scotland](#) (Forth Valley wide) and [Quarriers](#) in Falkirk.
- Forth Valley - [Child Protection and Assessment Tools](#)
- Stirling - [Functional Family Therapy | Action For Children](#)
- Barnardos - [Forth Valley Hub](#)
- Aberlour's Forth Valley Wide - [Services](#)
- CELCIS - Permanence and Care Excellence programme - [PACE](#)
- Returning Children Home: [An Evidence-Informed Framework](#) for Return Home Practice (Bristol University)

Children and young people who are missing

The Scottish Government [National Missing Persons Framework for Scotland](#) describes a missing person as anyone whose whereabouts are unknown and:

- where the circumstances are out of character
- the context suggests the person may be subject to crime
- the person is at risk of harm to themselves or another

In a child protection context 'missing' may cover a range of circumstances including:

- children and their families with whom statutory services have lost contact, and either the family location is not known, or there has been no response to attempts to see the child
- children who are not known by or have been hidden from universal services
- children under 16 who have gone 'missing' from home, or under 18 from care, those who have run away, or been abducted either within or across borders
- 'missing' may include those who have been forced to leave their home base, or whose whereabouts are unknown. This may be for a wide range of reasons including injury, abuse outside the home including sexual exploitation, escape from abuse, including honour-based abuse and forced marriage, experience of crime, mental health problems, emotional distress, a lack of understanding or confusion, a wish to be somewhere else doing something else, pressure from others within or beyond the home base, bullying, the need to see another person, or some other compelling reason.

What to do next:

If practitioners are concerned that a child or young person is 'missing', they should make every effort to make contact, visit if appropriate, and see that the child is safe and well. Health services may have cause to become concerned when significant appointments are missed without explanation or missed consistently. This should be followed up. A recording of 'did not attend' is not sufficient. If practitioners are concerned a child may be at risk of harm, police or social work services should be contacted.

When a child whose name is on the child protection register goes missing, the appropriate local authority manager (and person accountable for the child protection register if different) should be notified immediately. Co-ordinated efforts should be made to trace the child and assess the circumstances. A Review Child Protection Planning Meeting should be convened. Health and Education services should be notified to ensure that the child will be identified if they present at another health or education setting.

The multi-agency Forth Valley Missing Persons Protocol is being reviewed and updated and will be available via the [Practitioner Pages](#)

Additional advice and guidance is available via the Missing People website – [Support for professionals](#) including access to the e-learning module.

Protecting unaccompanied asylum-seeker and trafficked children.

Article 22 of the UNCRC sets out general requirements on public authorities to take appropriate measures to ensure that a child who is seeking refugee status, receives appropriate protection and humanitarian assistance.

An unaccompanied asylum-seeking child is defined by the Home Office as a person under 18 years of age when the claim is submitted; applying for asylum in their own right; separated from both parents; and is not being cared for by an adult.

Unaccompanied asylum-seeking children are the responsibility of the local authority in which they are found and require to be accommodated and supported under section 25 of the Children (Scotland) Act 1995. They are entitled, as any other child, to the full range of supports that can be made available to children under this and associated legislation and provisions. They should be allocated a social worker. They should be supported in accessing the full range of health care and education opportunities available to UK born children. Children who are outside their country of origin and



separated from their parents are the responsibility of the local authorities, who will assess their needs and offer support.

The Human Trafficking and Exploitation (Scotland) Act 2015, section 12, makes provision for a presumption of age in relation to suspected child victims of human trafficking to be given the benefit of the doubt in circumstances of assessing age. If there is uncertainty about a suspected victim's age and reasonable grounds to believe they may be a child (under 18 years of age), a relevant authority such as a health board or a local authority should in exercising various statutory functions assume that the victim is a child (under 18 years of age) for the purpose of providing immediate support and services to the child until their age is formally established.

Child trafficking

Article 35 of the UNCRC requires public authorities to take all appropriate measures to prevent the abduction of, the sale of or traffic in children for any purpose; and Article 36 requires public authorities to protect the child against all other forms of exploitation.

The legal definition of the offence of human trafficking is set out in the [Human Trafficking and Exploitation \(Scotland\) Act 2015](#) ('the 2015 Act').

The 2015 Act (section 3) describes what constitutes exploitation for the purposes of the offence of human trafficking; including prostitution and sexual exploitation, criminal exploitation, slavery, servitude and forced or compulsory labour, securing services and benefits, financial exploitation/benefit fraud, removal of organs, debt bondage and begging.

Child trafficking and exploitation is abuse, and an immediate child protection response is required, and an inter-agency referral discussion (IRD) should be undertaken when there is reason to believe a child may have been trafficked or exploited.

Child Criminal exploitation (CCE)

CCE is a cause of significant harm and should trigger child protection processes and consideration of relevant preventative action. CCE is not defined in law but practitioners should be alert to the possibility that some children who are victims of trafficking may be exploited by gangs and organised criminal networks. CCE can be associated with 'county lines', which refers to criminal exploitation by gangs which export illegal drugs into one or more areas. Such gangs are known to exploit children and vulnerable adults to move (and store) drugs and money and often use coercion, intimidation, violence (including sexual violence) and weapons. CCE can also occur in the absence of these features.

Child criminal exploitation is often unrecognised and this can mean children are more likely to be prosecuted for offending behaviour, rather than being recognised as victims of exploitation. Children may fear arrest and prosecution. They may be drawn in to CCE through other children.

Contextual safeguarding needs to be considered in managing the risks posed to and from the child and other children who may be involved. A traditional focus on child and family and which does not consider the relevance of wider relationships and the location of harm, may not suffice in managing presenting behaviours or reducing contextual risks.

For more information and resources:

- Forth Valley's Child Trafficking and Child Criminal Exploitation [Guidance](#)



- Human Trafficking - [7 minute briefing](#)
- Police Scotland - [CSE & Trafficking Workshop \(2019\)](#)
- Scottish Government - [National Referral Mechanism](#)
- CELCIS – [Knowledge Bank](#)
- Scottish Refugee Council - [Guardianship services](#)
- Crimestoppers - [Tackling County Lines drug dealing in Scotland](#)
- Iriss - [Contextual Safeguarding](#)

Protection in transitional phases

A significant trauma, loss or change in a child’s care, core relationships and services may have a ripple effect, not only for the child, but also for those to whom they feel closest. This interaction informs effective assessment and planning of support during phases in which there may be heightened risks, as well as opportunities for growth.

Examples of transitional risks and opportunities:

- children who have been impacted by abuse or neglect who then move onto adult life and services.
- children impacted by parental health, drug/alcohol problems, moving onto adult life and services.
- children with complex disabilities who are moving onto adult life and services. They and their families often experience a sequence of service changes and loss of known professional supports within an age band during which their fundamental health and wellbeing needs may change little.
- children moving between care placements or moving on from family-based, residential or secure care arrangements. Some of the most emotionally isolated and risky transitional phases may occur several years after the movement between or out of these settings.
- parents who have lost a child involuntarily through statutory processes. There may be phases of heightened risk and opportunity to engage following such removal. Disengagement by and from services may increase the risk of repeat removal(s).
- children in transitional phases who are isolated, separated by the imprisonment of or otherwise removed from those to whom they feel closest, and whose help they need.
- children in transitional phases within families who find services inaccessible or incomprehensible.

In Forth Valley to support protection in transitional phases....

- Forth Valley - [Transitions Planning Guidance](#)
- Forth Valley Multi-Agency Child's Plan - [Transfer Guidance](#)
- Help, information & support for families of prisoners - [Families Outside](#)

Bullying and Hate Crime

In Scotland there is no single legal definition of ‘bullying’. [‘Respect for All: National approach to anti-bullying’](#) provides the framework for anti-bullying work in Scotland and defines bullying as *“both behaviour and impact: the impact is on a person’s capacity to feel in control of themselves. Bullying takes place in the context of relationships; it is behaviour that can make people feel hurt, threatened, frightened and left out. This behaviour happens face-to-face and online.”*. Although the actual behaviour may not be repeated, the threat may be sustained over time, typically by actions, looks, messages, confrontations, physical interventions or the fear of these.

An anti-bullying policy is a commitment to develop a respectful, equitable and inclusive culture and ethos within an organisation or establishment. Support should seek to prevent the ‘criminalising’ of



children and young people wherever possible. However, adults and children and young people can seek appropriate advice from Police Scotland if they feel a crime may have taken place.

Education and social work services will consider triggering an IRD when there is a risk of significant harm to a child from bullying or peer-on-peer abuse. Referral to the Reporter will be considered when there is an apparent need for compulsory measures. When a crime is reported, the police will investigate, respond and consider the need for an inter-agency referral discussion under child protection procedures.

Hate crime is the term used to describe behaviour which is both criminal and rooted in prejudice. Hate crime can be verbal or physical and can be online or face-to-face. It has hugely damaging effects on the victims, their families and communities. [Hate crime legislation](#) notes any existing offence to be aggravated by prejudice in respect of the protected characteristics of race, religion, disability, sexual orientation and transgender identity. Prejudice or hostility also lies at the heart of some other offences which are recognised as hate crimes. These include racially aggravated harassment and stirring up of racial hatred.

The effects of hate crime can be emotional or physical and may impact on children's sense of security, identity and emotional wellbeing. Children who are victims of hate crime may experience high levels of anxiety, difficulty sleeping and potentially, suicidal feelings.



Prejudice is learned from a young age. Therefore, children who have caused harm may not understand the consequences of their behaviour or the harm caused. It is an important facet of preventative, educational and rehabilitative action that offenders are given an opportunity to understand what a hate crime is and the impact that it has on individuals, families and communities.

Support should seek to prevent the criminalising of children and young people wherever possible, unless in the public interest. However, adults, children and young people can seek appropriate advice from Police Scotland if they feel a crime may have taken place.

In Forth Valley the following support and guidance relates to bullying and hate crime:

- Mentors in Violence Prevention [Programme](#) (MVP)
- Zero Tolerance - [Under Pressure programme](#)
- Respectme - [Anti-bullying service](#)
- Forth Valley information - [Gender Based Violence](#)

Serious harmful behaviour shown by children above and below the age of criminal responsibility.

Article 40 of the UNCRC relates to the rights of children who have behaved unlawfully. In general terms public authorities are expected to provide a range of disposals such as supervision orders, care, counselling, education, training and support, to ensure that each child is dealt with in a manner appropriate to his/her wellbeing and proportionate both to his/her circumstances and relevant behaviour.

Serious harmful behaviour in this context means behaving in a violent or dangerous way which causes or risks causing serious physical harm to another person, or sexually violent or sexually coercive behaviour, which has caused or risks causing harm (whether physical or not) to another person. The revised [Risk Assessment Management and Evaluation \(FRAME\) for children aged 12-17](#) details 'risk of serious harm' and standards of practice for this age group. Consideration must be given not only to the impact of threat and physical or psychological trauma caused; but also to the level of intent, use of force or coercion, and potential as well as actual harm.

Children that behave in this way may themselves have been abused or neglected. They are likely to have additional needs relating to their behaviour or the impact of their behaviour. While the police and statutory services will take action to protect the safety of those involved in the situation all investigative and planning activity triggered by a child's harmful behaviour must have regard for the child's wellbeing as a primary consideration.

Once the [Age of Criminal Responsibility \(Scotland\) Act 2019](#) is fully implemented, a child under the age of 12 years will no longer be able to commit an offence in Scotland. In practice this will mean a child under the age of 12 cannot be held criminally responsible for their actions.

The 2019 Act provides police powers for immediate and planned investigation of seriously harmful behaviour it also includes provision for police response to a situation in which a child is behaving in a way that is causing or risks causing immediate significant harm to another person, by removing a child to a place of safety (a list of which must be maintained in consultation between police and social work). A child can only be taken to a police station for these purposes if a Police Inspector (or above) considers that it is not reasonably practicable to keep the child in another type of place of safety. In each situation the most appropriate arrangements will be made in co-ordination with the local authority.



If child protection concerns arise in relation to the child who has behaved harmfully to others then standard IRD processes apply. The immediacy of risk of harm to the child or children involved will determine the prioritisation of steps taken.

If a formal investigative interview is required, a legally qualified and approved [Child Interview Rights Practitioner](#) must be involved, for the purposes of protecting the rights of the child.

Discovering what happened in harmful circumstances is dependent upon trauma-informed, child-centred processes. This includes communication and co-ordination with those who care about and have responsibilities towards the child and other children closely affected.

The Principal Reporter can no longer refer a child to a children's hearing on offence grounds, where the offence took place when the child was under 12 years of age, however, the Principal Reporter can refer a child to a children's hearing on non-offence grounds that may include reference to any serious harmful behaviour by the child.

If it appears that a young person 12-17 years old is responsible for seriously harmful acts, local Care and Risk Management (CARM) processes apply.

For further information on Forth Valley wide advice and guidance:

- Forth Valley - [ACR resources](#) & [Child Protection and Assessment Tools](#)
- Framework for Risk Assessment Management and Evaluation for Local Authorities and partners - [FRAME Guidance](#)
- Care Assessment and Risk Management - [CARM](#)

Vulnerability to be drawn into terrorism

The Counter Terrorism and Security Act 2015 places a duty on local authorities to have regard to the need to prevent people from being drawn into terrorism. It places an obligation on local authorities to ensure that a panel is in place to assess the extent to which individuals are vulnerable to being drawn into terrorism and, where appropriate, arrange for support to be provided. Revised HM [Government Guidance \(2021\)](#) is available for Scotland When assessing referrals local authorities and their partners should consider how best to align such assessments with child protection legislation and guidance.

Forth Valley is committed to the government-led, multi-agency PREVENT programme to prevent vulnerable people being drawn into extremism. For more information:

- Police Scotland – Prevent [Overview](#)
- Home Office - [Revised Prevent duty guidance: for Scotland](#)

Complex investigations

Complex investigations refers to a multi-agency response when there is concern about abuse involving one or more abusers and a number of abused children or young people. The abusers may be acting in an organised way. Some individuals and networks act in isolation. Others may use an institutional framework or position of authority to groom and abuse children. Guidance may be found above in the section concerning the response to child trafficking.

The nature of 'complexity' may be affected by the environment. This may be an institution, establishment, club, group, internet-based, or a combination of scenes or locations. Additional complexity may also relate to the length of time between the abuse and the report, or due to the extended period of time over which abuse may have occurred. [The National Guidance](#) details the different types of complex investigations and considerations.

Complex investigations may extend beyond the boundaries of individual services. The extent of concerns about abuse may not at first be apparent. Detailed planning is advised at strategic as well as at operational level. The purpose is to ensure a consistency of approach and clear accountability, to scope investigations and the potential for these to grow, and to give initial consideration to options available. Standard IRD processes should underpin such planning.

Developments across the Forth Valley strategic partnership include the updated Forth Valley Multi-agency [IRD Guidance](#) and a collaborative approach to consider the implementation of The Scottish Child Interview Model.

- Iriss – Scottish Child Interview [Model](#) (SCIM)
- For further information, please see Forth Valley resources on [CSE](#) and [Child Trafficking](#)

Female genital mutilation

Article 24. (3) of the UNCRC requires public authorities to take measures with a view to abolishing traditional practices prejudicial to the health of children.

Female genital mutilation (FGM) is child abuse. This traditional practice is an extreme form of gender-based abuse, causing significant and lifelong physical and emotional harm. Cultural considerations and sensitivities should not override the need of professionals to take action to protect a child at risk.

The Prohibition of Female Genital Mutilation (Scotland) Act 2005 made it a criminal offence to have FGM carried out either in Scotland or outside the United Kingdom.

When it is believed that FGM has been carried or when there is cause to believe it may occur, this should trigger an IRD. Schools may be in a good position to pick up on signs of a girl being at risk. A strategy discussion may consider the whole situation and tailor the engagement, investigation and support process likely to be in the child's best interests. The plan should take into account that other female siblings or close relatives may also be at risk.

Forth Valley has additional guidance on [Female Genital Mutilation](#)



Forced Marriage

A forced marriage is conducted without the full and free consent of both parties, and where duress is a factor. Duress can include physical, psychological, financial, sexual and emotional abuse. A forced marriage is different from an 'arranged marriage'. An arranged marriage is one in which the families of both spouses are primarily responsible for choosing a marriage partner for their child or relative, but the final decision as to whether or not to accept the arrangement lies with the potential spouses: both spouses give their full and free consent. The tradition of arranged marriage has operated successfully within many communities for generations.

Forced marriage is both a child protection and adult protection matter. Child protection processes will be considered up to the age of 18. Forced marriage may be a risk alongside other forms of so called 'honour-based' abuse (HBA).

Forced marriage legislation should be used in conjunction with child and adult protection legislation. In Scotland, a couple cannot be legally married unless both parties are at least 16 on the day of the wedding, and are capable of understanding the nature of a marriage ceremony and of consent. Parental consent is not required. The Forced Marriage etc. (Protection and Jurisdiction) (Scotland) Act 2011 introduced civil remedies for those at risk of forced marriage, and those who have already been forced into marriage. It introduced a civil Forced Marriage Protection Order (FMPO), which can be used to protect those at risk. To extend protection for those at risk, section 122 of the Anti-Social Behaviour, Crime and Policing Act 2014 makes forced marriage an offence in Scotland.

Direct engagement with the family is not advised, as it may expedite the risk of a child being taken abroad for a marriage. It is always advisable to contact a specialist organisation or community advisor for support.

Practitioners involved in this work should have sufficient training and supervision to support application of the required knowledge and skills. Scottish Government national guidance is under revision (2021).

- Forth Valley's multi-agency approach to Honour based abuse and forced marriage - [Guidance](#)
- Shakti Women's Aid - [Shakti](#)
- Committed to ending abuse - [CEA](#)
- Scottish Women's Aid - [Changing attitudes, changing lives](#)

Fabricated or induced illness

Fabricated or induced illness refers to a process in which a parent or caregiver induces illness or a sick role in a child by exaggeration, deliberate non-treatment, fabrication or falsification of signs of illness. The process can include maladministration of medication or other substances causing symptoms of illness, and interference with equipment, observation charts or other documents relevant to the child's health. The caregiver may or may not genuinely believe the child to be ill.

Where concerns do exist about the fabrication or induction of illness in a child, practitioners must work together in co-ordination, considering all the available evidence, in order to reach an understanding of the most probable reasons for the child's signs and symptoms of illnesses. Careful medical evaluation is always required to consider a range of possible diagnoses, including the possibility that some older children may present with fabricated symptoms, again requiring careful assessment, understanding and supportive response in relation to whatever the causes may be.



The [NHS protocol](#) and [Forth Valley Practitioners Pages](#) provide further information

Sudden and unexpected death in infants and children

For a very small number of children, their death may not be as a result of natural causes. In cases of sudden death the circumstances and cause of death must be explored sensitively and to the highest standards. Every parent has a right to understand fully the circumstances which led to the sudden unexpected death of their child.

An unexpected death of a child is defined as the death of an infant or child (under the age of 18):

- which was not anticipated as a significant possibility, for example due to an already diagnosed illness or health condition, 24 hours before the death; or
- where there was an unexpected collapse or incident leading to or precipitating the events which lead to the death

Sudden unexplained death in childhood ([SUDC](#)) is the death of a child which remains unexplained after a thorough investigation.

Sudden unexpected death in infancy ([SUDI](#)) is deemed to have occurred when there is no known pre-existing condition which would make the death predictable. If death of an infant is directly attributed to abuse or neglect, this would not be classed as a SUDI.

All infant deaths which happen suddenly, and for which there is no apparent reason, are unexpected. From the outset, all such cases are unknown or unascertained. The police have a leading role in the investigation of sudden and unexpected infant and child deaths. When the death of a child or infant is reported to the police, a Child Death Senior Investigating Officer (Child Death SIO) will always be appointed to oversee the investigation, whether or not there are any obvious suspicious circumstances. Since the cause of death is not at first known, a death certificate cannot be issued.

All sudden and unexplained child deaths must be reported to the Crown Office and Procurator Fiscal Service (COPFS). Police Scotland is responsible for investigating and reporting the circumstances of the child's death to COPFS. The police may undertake investigations into the death of a child which has been reported by health professionals. Investigations, which include toxicology from post-mortem examination, may take several months. If, at any stage during a child death investigation, abuse or neglect is or suspected to be a significant or contributory factor in the death, then the police investigation will be tailored accordingly.

Once the Procurator Fiscal is satisfied that there is no criminality involved, permission is given for a SUDI review to take place. This is organised by health boards and will involve relevant inter-agency professionals and the family. The purpose of this review is to discuss all aspects of the death, including possible causes or contributing factors to see what lessons can be learned and to plan support for the family, particularly in identifying support needs for any future pregnancies.



For more information and guidance in Forth Valley:

- NHS – [Safe Sleep Scotland](#)
- National Hub for Reviewing & Learning from Deaths of Children & Young People - [7 minute briefing](#)
- Child Death Reviews - [National Guidance](#)
- Child Death Reviews (HCIS) - [Supporting families](#)

Cultural and faith communities

Article 2 of the UNCRC requires that each child's rights are protected without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status. While child protection must be non-discriminatory it should also be sensitive to the significance of context, culture and community in each situation.

All faith organisations and cultural communities in Scotland share a commitment to the safety and protection of children. Faith organisations have a role in promoting awareness of information, resources and helplines in relation to child protection and, for example, forced marriage and honour based abuse.

Further information on approaches to child protection and cultural and faith communities can be found in the National Guidance [Resources](#) section and NSPCC's Safeguarding in faith communities [learning resource](#).

Within Forth Valley, communities can access advocacy support via [Who Cares? Scotland](#) (Forth Valley wide) and [Quarriers](#) in Falkirk.

Children and families in the defence community

There are nearly 10,500 Armed Forces and 4,000 Ministry of Defence (MOD) civilians from across the UK and beyond working in Scotland. This is a significant and connected network of personnel and families in both civilian and service life. They and their families make a vital contribution to national and international security, and they are a vital social force within the Scottish economy and local communities.

Practitioners should seek to understand how this cultural context plays a part in the experience of each child and their family if a child protection concern arises. Parental or sibling deployment (and return home) can have an impact on children's mental health. British service personnel and veterans' health can be affected by pre-deployment stress, post-traumatic stress and re-integration stress following deployment or transition from service.

Child protection in the context of disasters and public emergencies

Child protection in disasters and emergencies' encompasses the prevention of and responses to abuse, neglect, exploitation, and violence against children in times of emergency, whether caused by natural or man-made disasters, conflicts, or other exceptional crises that threaten to overwhelm essential structures. The COVID-19 pandemic has been a public emergency. Child protection in this context must address all forms of physical and psychological abuse, sexual and gender-based violence, armed conflict, and deprivation of basic needs.



A child safeguarding lens is necessary in prevention, preparedness, immediate relief, recovery and reconstruction. The COVID-19 pandemic heightened some risks in relation to coercive control, domestic and online abuse and as a result of suspension or reduction in direct contact with services. Conversely, support, relationship and essential decision-making have been sustained through a creative blend of technology assisted communication and essential direct contact within public health protection guidelines.

In Forth Valley, each of the respective local authorities have resilience plans to harness local resources and expertise to help communities to prepare, respond and recover from adversity and communal challenges.

- Resilience Planning in [Falkirk](#), [Stirling](#) and [Clackmannanshire](#)
- Scottish Government COVID-19 [Supplementary Guidance \(Dec 2021\)](#)

Historical (non-recent) reports of abuse

The term 'historical abuse' refers to reports of neglect, emotional, physical and sexual abuse which took place before the victim was 16 (or 18, in particular circumstances) and which have been made after a significant time lapse. The complainant may be an adult, but could be a young person making reports of abuse in earlier childhood. The reports may relate to a person's experience in the family home, community or while they were a looked after and accommodated child in a residential, kinship or foster care setting.

A person may share an account of historical abuse in the context of a therapeutic or counselling setting, within the statutory or Third Sector. Others may report historical abuse directly to services the person reporting historical abuse may not be a direct service user but a parent/carer, partner or other family member of a person accessing these services. People reporting historical abuse may state that the perpetrator is deceased, suggesting that there are no current child protection concerns. However, they may still want to be advised that they can share information with [Police Scotland](#) to make a report to allow them to consider information further.

Any concern that a child may be at significant risk of harm will always override a requirement to keep information confidential. All service providers have a responsibility to act to make sure that a child whose safety or welfare may be at risk is protected from harm. Service users should always be made aware of the circumstances when confidentiality needs to be breached, preferably during the initial stages of contact with a service.

When a report of historical child abuse is received, consideration needs to be given to the investigation of any current child protection concerns. This should include determining whether there are any children potentially still at risk from the suspected perpetrator(s). This may be in a professional capacity such as in a residential or foster care setting, within a personal family setting in the wider community, within other institutional settings, or a combination.

A person sharing their experience of abuse may be unable or unwilling to go to the police. Consideration should be given as to whether the person requires support and protection as an adult at risk of harm. Their needs must be balanced against the need to protect any child/children who might currently be exposed to risk from the suspected perpetrator(s). Where possible, there should be an agreement between agencies to allow individual support plans to be put in place.

Services supporting persons reporting historical abuse should be mindful of potential barriers to making a report. As with other disclosures of abuse these may include a fear of not being believed,



and uncertainty about how investigations will proceed. Feelings of distrust or suspicion may also arise, particularly if the abuse has happened within a care setting.

Referral of concerns about historical abuse to Police Scotland or social work will lead to consideration of an IRD. A planned and co-ordinated approach should balance current child protection risks with support for the person. A trauma-informed approach is necessary in the planning and investigation of abusive experiences. Where investigations into reports of historical abuse suggest that the reported abuse was part of a wider organised network or involved multiple abusers, agencies should follow complex investigation guidance.

For more information:

- Redress Scotland - [Redress](#)
- Adult survivors of child abuse - [Police Scotland](#)

Allegations against Staff

Allegations can be made against staff currently involved with children. Allegations can also be non-recent (historical), against individuals no longer working with children.

The following process sets out guidelines for Forth Valley agencies on how to respond to an allegation of abuse made against staff involved with children. Police Scotland will refer allegations against staff to their professional standards department that oversees and manages reports involving child protection.

'Agencies' refer to all organisations, groups or individuals that provide services for children and/or families – either directly, indirectly, by way of contract, volunteering, caring or in any other capacity. Allegations can come from any source – from children or young people, from parents, other member of staff, members of the general public, or from other professionals. Core agencies, for the purposes of this section, refers to Police, Social Work, Education and Health.

Managing allegations against staff:

All allegation of abuse made against staff must be taken seriously, investigated and responded to timeously (same day).

A designated senior manager must be informed when an allegation against a member of staff is made. The senior manager may make, or instruct an appropriate officer to make, preliminary enquiries in order to establish the nature of the allegation.

It is the responsibility of the senior manager to ensure this preliminary enquiry does not go beyond trying to establish basic details of the allegation or compromise subsequent formal investigation.

The senior manager will contact one or more of the core agencies (usually Social Work or Police) in order to consider whether the matter constitutes a child protection referral.

If the allegation is deemed to constitute a child protection concern then one of the core agencies will initiate an [Inter-Agency Referral Discussion \(IRD\)](#) as per the current child protection process.

The IRD should be carried out either on the day of the allegation, or the following working day, and it should be prioritised by all relevant agencies.



The inter-agency discussion should include **senior members of staff** from core agencies, thus ensuring the child protection element of the allegation is robustly assessed, whilst affording the staff member maximum discretion until the conclusion of any investigation.

At the IRD all relevant information on the child/young person and the member of staff against whom the allegation has been made will be shared. This will include health and social background, any relevant concerns and issues about current practice, and any previous allegations that have been made about the member of staff. Parallel considerations will be made for the outcomes for the child and for the member of staff.

Within the context of the IRD, it may also be relevant to consider any risk posed by the member of staff to their own or other children.

The IRD may lead to a single agency investigation or joint investigation in relation to the allegation.

The IRD should consider how parents, carers and/or the child will be kept informed.

Communication with the lead agency should be regular and efficient. Someone from the lead agency should be assigned as the liaison person to the employing agency in order to keep it updated on the progress of the investigation.

It may be necessary to suspend a member of staff from duty, or remove them from frontline practice immediately, pending an investigation. This will depend upon the nature of the allegation, and could be for one or more of the following reasons:

- *to avoid possible further risk to children*
- *To avoid possible risk of further allegations against the member of staff*
- *To prevent the contamination or destruction of evidence*

The employing agency's own risk assessment should consider the following:

- *All information and decisions taking by the IRD.*
- *Whether suspension, re-deployment or some other protective measure should be undertaken*
- *Whether referral should be made for PVG listing, or provisional alert be given to the appropriate registering body e.g. GTCS, SSSC*
- *The duty of care to the member of staff concerned*
- *Advice on independent counselling and representation for the member of staff concerned with a trauma informed approach.*
- *The appointment of an appropriate liaison officer (not the member of staff's line manager or any other member of staff who is close to the allegation).*
- *The management of all aspects of communication: press enquiries, enquiries from the public, parents or other members of staff or elected members (where relevant)*

The guiding principles in considering all aspects of communication is the safety and welfare of the child and that maximum confidentiality be maintained. Where Police are taking the lead in any investigation, liaison should be undertaken to ensure that any communication strategy is compatible with the Police investigation.

Each agency should have its own suitable risk assessment tool for recording decisions and keeping a written record. This should be updated by the designated senior manager as the process unfolds and should constitute a confidential record of the 'allegation against staff'. The agency should store this in a confidential restricted area, and should share the relevant HR department, where appropriate.



When the allegation is not considered to be a Child Protection matter at IRD, the agency may decide to deal with the matter internally, possibly through its own disciplinary procedures.

Where an internal investigation is undertaken by an agency, and the matter is subsequently taken up by the Police (through an independent complaint) any subsequent Police investigation will take precedence. Any child protection / criminal investigation will have primacy over an agency's internal disciplinary procedure, and this may have to be suspended.



This Forth Valley Inter-agency Child Protection Guidance document complements, and should be read in conjunction with, the National Guidance for Child Protection in Scotland (2021), updated in 2023.

Please refer to the National Guidance for Child Protection [Appendices](#) for more information on:

- Terms and acronyms
- Relevant Legislation & Policy
- Resources and references
- Armed Forces child protection contacts
 - Practice Insights