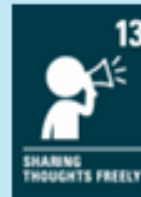




FORTH VALLEY CHILD EXPLOITATION GUIDANCE KEEPING CHILDREN SEEN, SAFE AND SUPPORTED



What this document is about:

This guide helps adults who work with children and families make sure that: Children are seen and listened to, Children are safe and cared for, families can get help when they need it and adults work together when they are worried about a child

Sometimes children miss appointments, are not seen by adults who support them, or families find it hard to talk with services. This guide explains what adults should do to make sure no child becomes invisible or forgotten.

Who is this guide for?

This guide is for adults who help children and families, including:

- Teachers and school staff
- Doctors, nurses and health visitors
- Police officers
- Social workers
- Housing and support workers
- Charities and community groups

What do adults need to remember?

- Listen to children - Children have the right to be heard and taken seriously.
- Be kind and understanding - Families may be going through difficult times.
- Stay curious - Adults should ask questions if they are worried about a child.
- Work together - Services should share information and support each other to help children.
- Act quickly if worried - If adults think a child may not be safe, they must take action straight away.

Your Rights Matter

Every child has the right to:

- Be safe
- Be listened to
- Get help when they need it
- Feel respected
- Be cared for and supported

Adults should always think about what is best for the child.

Remember

No child should be hidden, forgotten, or left without support.

When adults work together, children are more likely to:

- Feel safe
- Stay healthy
- Be happy
- Get the help they need



If you need help understanding any information in this document, you have the right to access advocacy services in your local area.



Ensuring Visibility: Multi-Agency Guidance for unseen children and when services find it hard to engage.

Version	Date	Author	Date Review Due	Changes/comments
1.0		FV Policies Procedures and Protocols subgroup		First Version – revision of Unseen child and when services find it hard to engage.

Stirling, Clackmannanshire, and Falkirk Child Protection Committees would like to extend their thanks to South Lanarkshire Child Protection Committee and Adult Protection Committee for generously sharing their Learning and Multi-Agency Guidance, which has supported the development of this document.

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1. PURPOSE AND SCOPE

This guidance has been developed to support consistent, compassionate, and coordinated multi-agency responses across Forth Valley when children or young people are unseen, was not brought (WNB) to appointments, or when services experience ongoing barriers or complexities in engaging with families. A trauma-informed approach recognises that non-attendance or reduced engagement may be influenced by a range of factors, including stress, past trauma, stigma, practical barriers, or concerns about services.

The guidance promotes:

- Early and sensitive identification of emerging need or risk
- Curiosity and respectful enquiry
- Proportionate and timely escalation when safety or wellbeing concerns arise.
- Consistency across agencies, ensuring children and families experience clear and predictable support.

This guidance is for all practitioners and managers across Forth Valley whose work involves supporting, caring for, or safeguarding children, young people, and their families. This includes, but is not limited to:

- Health practitioners (health visitors, school nursing teams, GPs, paediatric and mental health services, allied health professionals)
- Education staff (early years, primary and secondary schools, alternative provision, ASN staff)
- Social work and social care staff
- Police Scotland
- Third-sector organisations and commissioned services
- Youth justice and community justice partners
- Housing, homelessness, and community support services
- Alcohol and drug services
- Any other practitioners who may encounter children, young people, or their parents/carers

This guidance sits alongside:

- Children Missing from Education Guidance
- Missing Families Alert (NHS Forth Valley)
- Multi-agency Child's Plan Transfer Guidance
- Was Not Brought / Unseen Child Guidance for Children and Young People (NHS Forth Valley)
- Forth Valley Missing Person Protocol

2. DEFINITIONS

Unseen Child

A child, young person, or unborn baby who is not physically observed by a practitioner despite a planned opportunity to do so such as a home visit, appointment, review meeting, or routine health check.

This applies when a practitioner had a clear expectation or arrangement to directly see and assess the child or unborn baby, but this does not occur. The child may be present in the home but not brought into view, or the parent/carer may state that the child is asleep, unwell, or unavailable. For unborn babies, this includes missed or declined opportunities for antenatal assessment.

Was not Brought (WNB)

A child or young person who is dependent on a parent or carer to attend services is not brought to a planned appointment, assessment, or intervention, regardless of reason offered. The focus is on the caregiving responsibility, not the child's choice. Failure to bring a dependent child to healthcare or support services may interrupt essential monitoring, treatment, or safeguarding processes. WNB may indicate issues with parental capacity, prioritisation, organisation, substance use, or avoidance of professional oversight.

This also applies to young people aged 16–17 (and older where they are care-experienced or have complex health needs) who are attending services. While most young people over 16 are presumed to have capacity to consent to referrals and treatment, they may still rely on parents or carers for practical, financial, or emotional support to attend appointments. When a young person does not engage with an appointment, practitioners should first consider any wider vulnerabilities or concerns before recording a "Did Not Attend," as the principles of "Was Not Brought" may be more appropriate.

Resistance

Resistance often signals distress or an attempt to regain control, rather than defiance. Common expressions include:

- Emotional reactions such as anger, fear, or hostility toward practitioners. These may point to past mistrust or trauma.
- Avoidance or withdrawal, including cancelling appointments, hidden behaviours, or preventing access to the child.
- "Disguised compliance" when caregivers appear cooperative by saying the right things, completing superficial tasks, or splitting professionals but this does not amount to real changes in the child's life.

This resistance may stem from trauma, shame, or previous negative experiences with services. Practitioners should:

- Approach with curiosity, not confrontation. Ask what matters most to the family and what feels difficult about current involvement.
- Recognise resistance as a coping strategy to maintain safety or control in uncertain circumstances.
- Use validating language (“It sounds like this process feels overwhelming for you”) while keeping the child’s needs central.

Appendix 2 can be used as a helpful tool to support practitioners to reflect on patterns of engagement, explore reasons for resistance, and consider how to adapt their approach in a trauma-informed way.

Unaddressed resistance can increase risk for the unseen child and for staff. Hostile or threatening behaviour toward professionals can escalate, creating unsafe situations. Trauma-informed practice means balancing empathy with clear boundaries to protect both the child and practitioners. Practitioners should ensure that they are routinely risk assess situations where there is potential of violence and aggression and always adhere to their own agencies lone working policies.

3. KEY PRINCIPLES

3.1 Trauma-Informed Practice

It is essential to consider the wider circumstances in which families are living. Trauma whether historical, ongoing, or intergenerational, can shape how families interact with services. Experiences such as adversity in childhood, domestic abuse, bereavement, substance use, mental health difficulties, poverty, and social exclusion may influence how safe or able a parent feels when engaging with professionals and may also affect a child’s ability to attend or participate.

A trauma-informed approach recognises that what appears to be avoidance, or resistance can be a response to past harm, chronic stress, or fear of judgement. Some families may experience shame, find routines difficult to maintain, or feel overwhelmed by navigating services, particularly if previous contact with professionals has been negative. Recognising these factors does not reduce safeguarding expectations, rather, it helps practitioners interpret patterns of WNB or limited engagement with empathy and curiosity. While trauma may affect a parent’s capacity to engage, it does not negate their moral and legal duty to act in their child’s best interests. This principle should remain central to safeguarding practice.

Responding in a trauma-informed way involves building Choice, Trust, Empowerment, Collaboration and Safety thus creating opportunities for families to feel included and understood. It supports practitioners to look beyond the missed appointment and consider what the behaviour may indicate about the family’s needs, barriers, and protective factors. This enables more effective, relationship-based support and helps ensure children remain visible, safe, and able to access their rights.

Practitioners are encouraged to approach this work with empathy, recognise the impact of adversity and inequality on engagement, communicate respectfully, and work collaboratively so that support feels coherent and safe.

3.2 Children's Rights and UNCRC

All practice described in this guidance must uphold the rights of children and young people as set out in UNCRC. A trauma-informed, rights-based approach ensures that children are seen, heard, and protected and that decisions are made with their best interests at the centre.

Embedding children's rights within everyday practice strengthens consistency across agencies and aligns with national commitments, including GIRFEC and National Child Protection Guidance (2021).

3.3 Professional Curiosity and Professional Judgement

Professional curiosity involves looking beyond the surface of a missed appointment and considering what else may be happening for the child or family. It encourages practitioners to explore reasons for reduced engagement in a way that is respectful and non-judgemental. Recognising that fear, stigma, stress, or trauma may shape how families present. Curiosity supports practitioners to notice patterns, reflect on inconsistencies and think about the child's lived experience even when direct contact is limited.

Professional judgement complements this by drawing on practice experience, training, supervision and an understanding of child development, experience of trauma and neglect. It involves assessing concerns cumulatively, seeking advice when needed and recognising when escalation or multi-agency involvement is required. Throughout, the central consideration is the child's safety, wellbeing and right to access services.

Together, professional curiosity and professional judgement help practitioners respond in ways that are thoughtful, balanced and attuned to both the needs of the child and the pressures experienced by families to accurately assess risks.

3.4 Indicators of Risk

Persistent challenges with engagement or repeated WNB episodes can be an early indication that a child's needs are not being met. While many families face legitimate challenges that affect engagement, patterns should prompt careful reflection to inform assessment. They may signal practical difficulties, emotional strain, or emerging risk and can limit a child's access to essential services and support.

These patterns can sometimes mask underlying issues such as neglect, parental stress, domestic abuse, or substance use. Understanding the reasons why services may find it hard to engage is therefore important, but so too is recognising the potential impact on the child. A balanced response involves empathy for the family's situation alongside vigilance about the child's safety and development and upholding their rights.

When concerns persist or escalate, coordinated multi-agency action is essential. Sharing information, agreeing next steps, and maintaining a focus on the child's wellbeing helps ensure that children do not become hidden from the services designed to protect them. Non-engagement should always be considered within the broader context of the child's life, as part of the overall picture of their lived experience.

Supervision is essential for safe, consistent practice. It supports practitioners to reflect, analyse risk, and keep the child's lived experience central. It strengthens professional curiosity and judgement when children are unseen or engagement is limited. Supervision also provides emotional support for staff working in complex or high-risk situations, contributing to safe and accountable multi-agency practice.

The traffic-light indicators below provide a quick guide to levels of concern when a child is unseen or engagement is inconsistent, but they are not exhaustive and should be used only to support professional judgement and multi-agency assessment.

Red Indicators	Amber Indicators	Green Indicators
Child's whereabouts unknown / child is missing	Persistent WNB / repeated missed appointments	Occasional cancellations or rescheduling that reduce opportunities to see the child/pregnant parent.
High-risk missing circumstances or believed to be with an unsafe adult	Avoidance or refusal of home visits; access to child prevented	Early signs of reduced engagement or difficulty in maintaining contact.
Hostility or threatening behaviour towards staff creating unsafe conditions	Disguised compliance (superficial cooperation, no real change)	Emotional factors influencing engagement (shame or mistrust)
Evidence or suspicion of serious neglect (hazardous environment, unmet medical needs, or additional vulnerabilities due to disability)	Inconsistent information from parent/carer about routines or whereabouts	Family stressors affecting routines (poverty, adversity, parental mental health)
Child not seen despite multiple attempts & concerns escalating	Emerging concerns around neglect, stress, trauma, domestic abuse, substance use	Child seen by one agency but not others.
Unseen for 7 days when on CP Register	Decline in home conditions or concerns about access to	

	the home environment	
	Lack of recent multi-agency visibility of the child	

4. RISK ASSESSMENT

After any WNB or non-access episode, the practitioner responsible for the case must assess the level of risk, involve the referrer, or lead professional when needed. Each missed appointment should be considered on its own merits, as some may be minor while others may signal concern and decisions should be guided by professional judgement.

Risk assessment should follow GIRFEC principles, using the [SHANARRI Indicators](#) and the [My World Triangle](#) to consider the child's needs, the parents' capacity to meet those needs, and wider family or environmental factors. This helps practitioners understand what repeated WNB or limited engagement might mean for the child's safety and wellbeing, ensuring decisions are holistic, proportionate and support effective multi-agency assessment.

The [Wellbeing Assessment](#) should be completed by Named Persons or Lead Professionals where there is ongoing concern about a child's wellbeing that requires a coordinated response and a Child's Plan should be developed.

Consider the GIRFEC questions:

- What is getting in the way of this child/young person/unborn child's wellbeing?
- Do I have all the information I need to help this child/young person/unborn child?
- What can I do now that is needed and appropriate to help this child/young person/unborn child?
- What can my agency do to help this child/young person/unborn child?
- What additional help, if any, may be needed from partners?
- Are this child's human rights being met?

5. ESCALATION AND REFERRAL

This section outlines when and how professionals should escalate concerns about a child's safety or wellbeing and when referral to Social Work or Police is required.

Where there is emerging concern for a child wellbeing a Notification of concern form should be completed and shared with Social Work.

Where child protection concerns are identified, a referral must be made to Social Work in line with Inter Agency Forth Valley Child Protection Procedures.

Practitioners must make a same day referral to Social Work whenever there is concern that a child may be at risk of harm or significant harm by contacting Social Work Services in the Local Authority where the child lives:

- **Falkirk:** 01324 506070 (Office Hours)
- **Stirling:** 01786 471177 (Office Hours)
- **Clackmannanshire:** 01259 225000 (Office Hours)
- **Emergency duty team** can be contacted out with office hours (after 5.00pm and at weekends and public holidays) – 01786 470500 – this service is Forth Valley wide.

Child Protection Concerns should be followed up in writing using the Notification of Concern form.

Immediate Risk of Significant Harm

Police must be contacted immediately where a child is believed to be at imminent or serious risk. This includes situations where:

- The child's safety is threatened due to violence, injury, exploitation, or abuse.
- The child is missing in high-risk circumstances or is believed to be with an adult who poses risk.
- There is evidence or strong suspicion of child sexual exploitation, criminal exploitation, or trafficking.
- There is critical concern about neglect that is life-threatening or poses an immediate health or safety risk (e.g hazardous living conditions, lack of supervision, untreated medical needs).
- The child's whereabouts are unknown, and they are particularly vulnerable due to age, disability, or care needs.

Required actions:

- Contact 999 without delay.
- Notify Social Work via phone in the relevant authority where the child resides and submit a Notification of concern form as soon as possible.
- Record all actions taken, including times, decisions and who was informed.

A police welfare check may be appropriate when:

- Attempts to make contact have been unsuccessful.
- The Lead Professional cannot gain access to see the child.
- There is increasing concern about the child's safety or wellbeing, but risk is not yet at an emergency level.
- There is concern that neglect or deteriorating home conditions pose risk and access cannot be gained.
- Practitioners should discuss their concerns with their line manager or Child protection Lead before contacting police (101).

4.1 Children on the Child Protection Register

This guidance is firmly aligned with the [National Guidance for Child Protection in Scotland 2021 - updated 2023](#), which sets out the national framework for protecting children and responding to concerns about their safety and wellbeing. The national guidance emphasises that child protection is a shared, multi-agency responsibility, where all practitioners must work together, share information promptly, and respond quickly to changes in risk.

A central principle of the national guidance is that every child subject to child protection registration must have a named Lead Professional and a multi-agency Core Group, who together hold responsibility for coordinating the Child's Plan, monitoring progress, and ensuring the child's safety. The Child's Plan should have a clear contingency agreed by the Child Protection Planning Meeting and Core Group.

Children on the Child Protection register in Forth Valley should be seen by the lead professional on a minimum frequency in line with their child's plan (usually once per week).

Children will also be seen by education and health professionals and possibly by those working within the sector.

All engagement attempts and reasons for non-contact should be recorded in the child's file held by each agency.

Escalation

If a child is not seen at a planned time, misses an appointment or is not at school without reasonable explanation then the Lead Professional should be informed as soon as possible.

The lead professional should identify when the child was last seen and by whom. They should then undertake a home visit to try and contact the child and their parent/carer.

The lead professional must make their line manager aware if it has not been possible to see a child on assessment visits to the home.

The lead professional should keep attempting to make contact until the child is seen. A discussion with the child and parent/carer should be held within 48 hours of contact being re-established. The risk assessment and Child's Plan should be updated accordingly.

The Team Manager / Team leader will support the lead professional decide whether police should be asked to undertake a welfare check.

There will be daily liaison between all professionals in the core group for the child.

If a child is unseen for 7 days:

A CP core group meeting should be held within 48 hours to agree next steps.

4.2 Care experienced young people.

The responsibilities of local authorities towards looked after children, including those subject to Compulsory Supervision Orders, are set out in the [Looked After Children \(Scotland\) Regulations 2009](#) and supported by the [National Guidance for Child Protection in Scotland 2021 - updated 2023](#)). These frameworks emphasise that children must be seen regularly, their wellbeing monitored, and their plans actively reviewed through coordinated multi-agency practice.

Regular, meaningful contact with the child is essential to understanding their circumstances, hearing their views, and responding quickly to any emerging risks.

Where a child is looked after away from home or looked after at home under a Compulsory Supervision Order they should be seen no less than monthly by their lead professional. The level of contact will vary depending on the child's plan.

Children will also be seen by education and health professionals and by those working within the third sector.

All engagement attempts and reasons for non-contact should be recorded in the child's file held by each agency.

Escalation

If a child is not seen at a planned time, misses an appointment or is not at school without reasonable explanation then the Lead Professional should be informed as soon as possible.

The lead professional should identify when the child was last seen and by whom. They should then undertake a home visit to try and make contact with the child and their parent/carer.

The lead professional must make their line manager aware.

The lead professional should keep attempting to make contact until the child is seen. A discussion with the child and parent/carer should be held within 48 hours of contact being re-established. The risk assessment and Child's Plan should be updated accordingly.

The Team Manager will decide whether police should be asked to undertake a welfare check.

There will be daily liaison between all professionals in the Team around the child.

If a child is unseen for 7 days:

- A TAC meeting should be held within 48 hours to agree next steps.

6. RECORD KEEPING AND INFORMATION SHARING

The National Child Protection Guidance sets out the responsibilities and expectations of all practitioners who encounter children, young people, and families. It requires agencies to work together, share relevant information, and ensure timely responses to concerns about safety and wellbeing.

GIRFEC is Scotland's national approach for ensuring children receive the right help at the right time, placing wellbeing at the centre of all assessment and planning. The approach supports early intervention, meaning missed or late visits should be recorded and analysed to identify emerging risk before problems escalate.

Recording is an integral and important part of our roles:

- It supports good practice, accountability, quality care, and support.
- It is a legal requirement and part of staff's professional duty.
- It promotes continuity of care and communication with other agencies.
- It is a tool to help identify themes and challenges in a person's life.
- It is a record of the person's life and journey. Their story.
- It is key to accountability. To people who use services, to managers, to inspectors and audits.

It is evidence for court, complaints, and investigations. Good recording will enhance your practice and the support you can offer people if you make it a central part of your work.

Accurate records ensure that people receive the right support based on their needs, history, and risk. Records help maintain continuity of care, especially when multiple professionals are involved. Thus, supports trauma-informed practice by reducing re-traumatisation and ensuring that each practitioner builds on what is already known, rather than starting again.

What to Record

Record a factual, concise chronology that includes:

- Dates and times of all attempted or completed contacts.

- Who attempted contact and who was contacted (names and job titles).
- What was said, observed, or reported (fact-based, not opinion).
- Actions taken, including follow-up attempts.
- Notifications made (names/titles of those informed).
- Decision-making rationale, including reasons for not escalating or pursuing further contact.

Information Sharing

Share information that is:

- Relevant, proportionate, and necessary for safeguarding.
- Consistent with national guidance and local multi-agency protocols.
- Always document:
 - The legal basis or public-interest justification for sharing information.
 - How decisions were reached and who was notified.
 - Any guidance, policy, or protocol relied upon.

GDPR, Consent & Lawful Basis

If there is a risk to the child's safety consent is not a barrier to share information with statutory agencies.

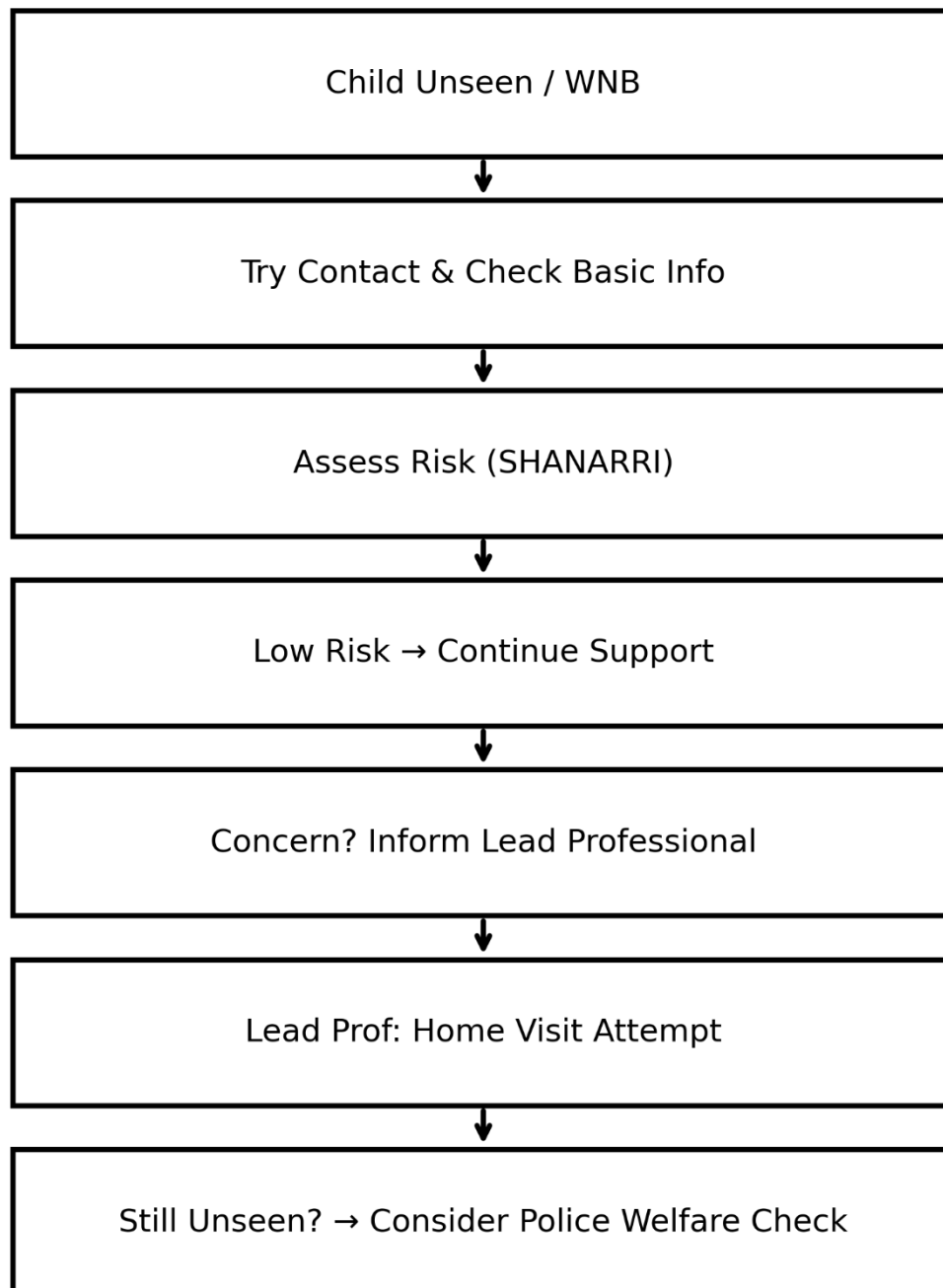
You must still record:

- The decision,
- The lawful basis for sharing this information.
- Who the information was shared with.

Where you do seek consent (e.g. for non-CP concerns), record:

- Whether consent was given or refused,
- How this was communicated, and
- Any implications for practice and impact on the child.

APPENDIX 1 – UNSEEN CHILD WORKFLOW



APPENDIX 2 - TRAUMA INFORMED READY RECKONER

There may be situations where we feel that our relationships with the people we work with are not 'genuine' or that there are other factors getting in the way. Previously this

may have been considered under the term ‘disguised compliance’ with a primary focus on child protection. A trauma informed approach (that prioritises safety, trust, empowerment, collaboration, and choice) can support staff curiosity and reflection on such difficult interactions and support a positive collaborative working relationship, or indeed highlight where further support is required, including where there may be a child protection issue. This Trauma Informed Ready Reckoner provides a format for these decisions.

The observations below may be understood as ‘red flags’ that the working relationship may not be effective, and curiosity about the reasons invites an opportunity to check in with the person and change tack. The freely available NES Trauma skilled e-module (see link below) can support staff confidence and skills to have such conversations. After reflection and/or supervision and/or a conversation with the person, if difficulties remain it may be worth considering whether another professional may be more helpful.

Observations	Visit 1	Visit 2	Visit 3
<p>The adult parent/carer/legal proxy steers the conversation towards themselves and their situation to something else or away from the child.</p> <p><i>What might be the reasons? Perhaps they are struggling to cope but do not want to come out and say as they feel like a failure. Perhaps they themselves need additional support. Are they isolated and just desperate for an adult conversation or someone to listen to them. Could defensiveness be understood as a trauma response (Being defensive is a common trauma response when someone feels threatened).</i></p>			
<p>The adult/parent/carer/legal proxy chooses some parts of a plan to co-operate with but not other parts.</p> <p><i>Why this could be? Perhaps what you are asking is too difficult to do. Perhaps they do not understand what is needed, or are not able due to physical, mental, or emotional reasons. Could they have difficulties concentrating or following simple instruction? (Being easily distracted is a common symptom of trauma).</i></p>			
<p>The adult/parent/carer/ legal proxy promises to take up services offered but then fails to attend.</p> <p><i>What are the barriers to them attending services? Are there transport problems or costs? Perhaps the person feels safer in their own home or is anxious about going somewhere new. Perhaps they have a fear of being judged or that their loved one could be removed due to previous negative experiences of</i></p>			

<p><i>services. If the person has been in care or had a poor experience of services, this may have understandably left a bad impression and/or negative feelings.</i></p>			
<p>The adult/parent/carer/ legal proxy tries to prevent you from spending time with the child or the adult themselves on their own.</p> <p><i>Perhaps this is because they want to protect themselves/ or the adult. Be curious about the possible reasons. Perhaps something was taken out of context, or trust is an issue, with you or with professionals in general. It is important that there are clear explanations of what is happening, and opportunities for true informed consent- allowing for questions and clarifications. This can hopefully build trust in you and the process.</i></p>			
<p>The adult/parent/carer/ legal proxy promises to make the changes and then avoids professionals.</p> <p><i>Perhaps there is a fear of losing control of their life. Or perhaps there is a valid reason for each missed appointment. A valid reason taken out of context could seem like non-compliance. Often people involved with many services have other appointments or may be struggling with many competing commitments. As mentioned above, being easily distracted is a common symptom of trauma and can impact planning.</i></p>			
<p>The adult/parent/carer/ legal proxy criticises other professionals to divert attention away from their own behaviour.</p> <p><i>An attempt to discredit another professional could be for many reasons: there may be conflict of personality or a feeling that they are being overwhelmed by too many 'outsiders.' Where might this stem? As mentioned above, negative care or experience of services may impact later working relationships. They may not have received trauma informed services in the past and so could have been retraumatized and not helped by well-meaning professionals.</i></p>			
<p>Key outcomes and targets have not been met despite the adult/parent/carer/legal proxys seemingly genuine reasons.</p> <p><i>Were the outcomes and targets decided as part of a truly collaborative and shared decision-making process? Are the individuals' strengths/abilities taken into consideration. Perhaps other life commitments have gotten in the way.</i></p>			
<p>What the adult/ parent/carer/ legal proxy is saying and what</p>			

<p>you are seeing does not add up.</p> <p><i>Perhaps there is fear or a lack of trust. Perhaps they feel embarrassed, or ashamed about the real situation. Be curious about the many reasons why things may not match up and how you might support a more open communication.</i></p>			
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Stage 1: Few, infrequent concerns

Continue to prioritise a trauma informed working relationship and sensitively address concerns with the person themselves (after completing the trauma skilled e-module). Keep appropriate factual notes as required professionally. If a trauma history is disclosed, consider together whether the person welcomes further referral for support.

Stage 2: Some recurring concerns about engagement

Sensitively discuss these concerns with the person and keep appropriate factual notes as required professionally. If you continue to have concerns, bring to supervisor for support, discussion about the working relationship and speak with multi-agency partners.

Stage 3: Recurring concerns about all areas of engagement

At this stage it is assumed that attempts to discuss the issues have not been fruitful or satisfactorily addressed the engagement issues. Bring concerns to line manager along with factual notes and share with other agencies as required. Document decision making. Share with the person as appropriate.