The Orkney Partnership

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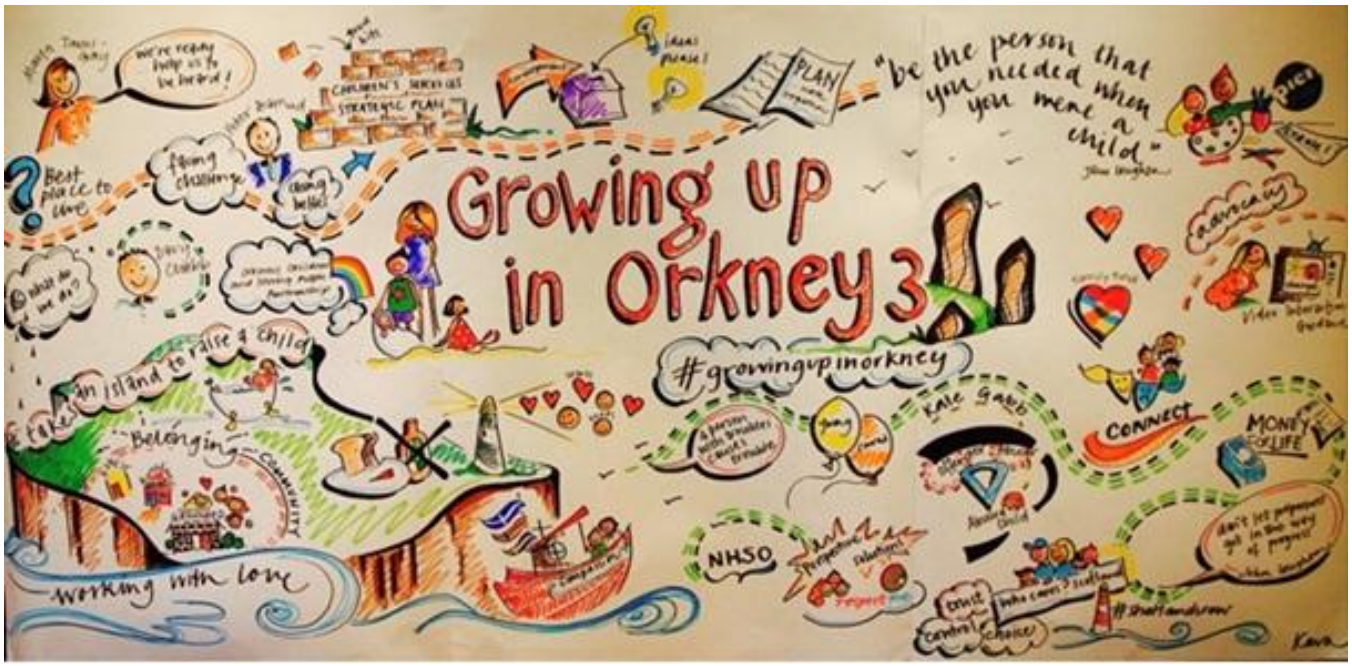
Inter-agency Guidelines

Orkney Inter-agency Child Protection Guidelines



Reference no:	P0318-GUID-006
Version:	3.2 | Live
Document date:	26 November 2024

Document Control:

Orkney Islands Public Protection Committee	
Guardian / Keeper:	Public Protection Lead Officer
Version Number:	3.2
Approved by OPPC / COG	26/11/2024 & 09/12/2024
Publication Date:	12/06/2025 [Updated]
Effective From:	12/06/2025 [Updated]
Review Date:	June 2026
ECHR Compliant:	Yes
Diversity Compliant:	Yes
Data Protection / GDPR Compliant:	Yes
FOI Compliant:	Yes
Health & Safety Compliant:	Yes

Version History

Document status				
Version	**Status**	**Date**	**Amended by**	**Reason / overview**
0.0.A	Draft	28 July 2020	JL	Initial draft
1.0.0	Live	03 August 2020	JL	Issued for use
1.0.A	Draft	23 November 2020	JL/AJR/GO	For Official Launch on 2 December 2020
2.0	Live	24 November 2020	JL	Approved for use.
2.1	Live	25 November 2020	JL	Update to 'The Child at the Centre' section.
2.2	Live	26 November 2020	JL	Minor update
3.0	Draft	March 2024	OPPC	Significant updates reflecting national guidance.
3.1	Live	October 2024	CC /OPPC	Revisions following consultation
3.2	Live	June 2025	CHC – OPPC	Amendment to IRD section

Who to contact if worried about a child or young person?

To make a Child Protection Referral contact the Duty Social Worker. If you are worried or concerned about a child or young person you must contact one of the following agencies:

Orkney Health and Care | Social Work Services	Contacts / Telephone
Duty Social Work Service is available 09:00 to 17:00 Monday to Friday	**01856 873535 extension 3342** **Email: CFSW@orkney.gov.uk**
Duty Out of Hours Service (out-with above times)	**01856 888000**

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

Specialist Paediatrics Aberdeen	Telephone
For access to the Specialist Paediatrics Team in Aberdeen contact the Child Protection Team in Aberdeen.	Contact details held securely by NHS Orkney and Children and Families Social Work.

Other numbers	Telephone
SCRA Children's Reporter Local office open Monday to Friday 09:00-17:00 **grampianmailbox@scra.gov.uk** **Childline** Or go to Online chat at: **www.childline.org.uk**	 0131 244 8379 0800 1111

Foreword by the Independent Chair of Orkney Islands Public Protection Committee (CPC)

Keeping unborn babies, children and young people safe is *everyone's job* and *everyone's responsibility*. Keeping them safe and protected from harm, abuse, neglect and exploitation is paramount and there is no more important task.

These CPC Inter-Agency Child Protection Guidelines:

- have been produced by Orkney Public Protection Committee with acknowledgement to Shetland, Moray and Perth and Kinross CPC's
- are specifically aimed at all practitioners and managers, working with, and supporting children, young people and their families across the public, private and third sectors in Orkney
- translate the National Guidance for Child Protection in Scotland 2021 (updated 2023) (Scottish Government: 2021) into our local inter-agency child protection practice arrangements, here in Orkney
- complement, but do not replicate in full, or replace, the national child protection guidance or any existing single service or single agency child protection guidance
- are dynamic, reflect the current national child protection legislative and policy context in Scotland and whilst future-proofed as much as can be, have been written to anticipate new and emerging legislative, policy and practice developments and new ways of working
- whilst intended to act as a practical reference point for all practitioners and managers, they should not be regarded as exhaustive or exclusive and
- whilst they are non-statutory and do not constitute legal advice, they do aim to provide clear and unambiguous guidance to all staff, which should support and empower them to safeguard, support and promote the wellbeing of all children and young people.

In publishing these PPC Inter-Agency Child Protection Guidelines, the PPC is mindful that procedures and guidelines cannot in themselves protect children and young people; but a competent, confident and skilful workforce, working together with a vigilant public can.

If you need further information and advice or have any feedback on these CPC Inter-Agency Child Protection Guidelines, please do not hesitate to contact the Public Protection Team on 01856 873535.

Alex Davidson
Independent Chair of Orkney Public Protection Committee
Date: 01/11/2024

How to Use these CPC Inter-Agency Child Protection Guidelines

These CPC Inter-Agency Child Protection Guidelines:

- should be read in conjunction with the National Guidance for Child Protection in Scotland 2021 (updated 2023) (Scottish Government: 2023)
- whilst not replicating in full, or replacing the national child protection guidance, will reference, signpost and where possible, tag directly to particular aspects of its content
- will include key electronic links to the national child protection guidance; to other local Practice Guidance and to other relevant resources, for ease of reference and
- whilst not being published in hard copy, will remain an electronic online resource, available for downloading via the Growing up in Orkney Website.
- This guidance has also been directed by the 2019 Guidance for Chief Officers and Child Protection Committees Protecting Children and Young People: Child Protection Committee and Chief Officer Responsibilities (www.gov.scot)

These CPC Inter-Agency Child Protection Guidelines are presented here in five distinct Parts:

- **Part 1 – Our Context**
  In this section we describe our collective vision; how children, young people and their families are at the heart of what we do; the national and local child protection legislative, key policy and practice context and how our child protection arrangements sit within the wider *Getting it Right for Every Child (GIRFEC)* and *UNCRC* frameworks; thus ensuring children, young people and their families get the support they need; when they need it and that it is the right support; from the right people; at the right time. We also describe what is meant by harm, significant harm and professional judgement.
- **Part 2 – Key Definitions**
  In this section we provide key definitions on what is a child, young person, parent, carer etc; we also describe what is meant by child abuse and child neglect and provide key definitions of the types of abuse and neglect.
- **Part 3 – Recognition**
  In this section we provide information and advice on what child abuse etc may look like, including signs, symptoms and key indicators of child abuse.
- **Part 4 – Response**
  In this section we provide information and advice on how to, and how not to respond to concerns about children and young people and on our key inter-agency child protection processes.
- **Part 5 – Appendices/Special Circumstances**
  In this section we provide information and advice on additional areas of concern relating to child protection.

These CPC Inter-Agency Child Protection Guidelines will be kept under constant review to ensure they remain compliant with the national child protection guidance and with our local inter-agency child protection practice arrangements.

1. Contents

1.1 Key Policy Context

Whilst the National Guidance for Child Protection in Scotland 2021 remains the over-arching child protection policy guidance in Scotland, these CPC Inter-Agency Child Protection Guidelines set out and describe the local inter-agency child protection working arrangements, within the Orkney Islands.

At the centre of our work is the need to listen to, understand and respect the views of children and young people and to recognise and acknowledge their wishes and expectations and that of their parents, carers and / or others with parental responsibilities who become involved in/engaged with our inter-agency child protection processes.

The simplistic messages contained within Protecting Children and Young People: The Charter (Scottish Executive: 2004) are as relevant today and must underpin our collective work. Partnered with the 2019 Guidance for Chief Officers and Child Protection Committees Protecting Children and Young People: Child Protection Committee and Chief Officer Responsibilities (www.gov.scot)

The following two diagrams (extracted from the National Guidance of 2021) best illustrate the expectations of children, young people and families involved in our child protection work:

Children and Young People:

Parents and Carers :

1.2 Getting it Right for Every Child (GIRFEC)

Getting it right for every child (GIRFEC) is the Scottish Government's, and our shared commitment in Orkney, to provide children, young people and their families with the *right support, at the right time, from the right people*, so that every child and young person can reach their full potential.

Getting it Right for Every Child (GIRFEC) allows us to build the scaffolding of support children and young people need to grow up loved, safe and respected, so that they can reach their full potential.

GIRFEC provides us with a consistent framework and a shared language for promoting, supporting and safeguarding the wellbeing of children and young people.

GIRFEC is a practical expression of the Scottish Government's, and our shared commitment to the implementation of the United Nations Convention on Rights of the Child (UNCRC).

Getting it Right for Every Child Principles and Values

Getting it Right for Every Child (GIRFEC) is a strengths-based practice approach and is underpinned by principles and key values.

These include:

- placing the child or young person and their family at the heart, and promoting choice, with full participation in decisions that affect them
- working together with families to enable a rights respecting, strengths based, inclusive approach
- understanding wellbeing as being about all areas of life including family, community and society
- valuing difference and ensuring everyone is treated fairly
- considering and addressing inequalities
- providing support for children, young people and families when they need it, until things get better, to help them to reach their full potential

GIRFEC Key Components

In addition to the above, GIRFEC includes a number of key practice components, some of which will be referenced throughout this publication. These include:

- the abovementioned GIRFEC principles and values, which are based on children's rights
- the eight Wellbeing Indicators (SHANARRI), which describe how a child or young person is doing at a point in time
- support allowing practitioners to consider ways to improve the wellbeing for a child or young person through the National Practice Model
- support for children, young people and their families through a clear point of contact: sometimes referred to as a Named Person
- clarification on who would be the appropriate practitioner to fulfil the role of the Lead Professional, for children and young people who are supported by a child's plan
- guidance on Information Sharing, including what can be shared with, or by a practitioner, acting as a Named Person, or in connection with a Child's Plan
- guidance on how support is planned, delivered and co-ordinated for children and young people who require extra support by making a Child's Plan available to them
- national GIRFEC Resources for everyone interested in GIRFEC.

1.3 Getting it Right for Every Child Resources

Detailed information, advice and guidance on the 2022 GIRFEC Guidance can be found here: 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 (also known as 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

Additional Electronic Links:

Detailed information, advice and guidance on ***GIRFEC*** can be found HERE.

Detailed information, advice and guidance on the United Nations Convention on Rights of the Child (UNCRC) can be found here.

Detailed information, advice and guidance on the ***policy context and references*** for child protection in Scotland, contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE and HERE.

Detailed information, advice and guidance on the ***principles and standards*** for child protection in Scotland, contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

Detailed information, advice and guidance on the ***legislative*** context for child protection in Scotland, contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE and HERE.

Detailed information, advice and guidance on the ***collective responsibilities*** for child protection, contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

1.4 Child Protection

Child Protection is everyone's responsibility and it's everyone's job to make sure children and young people are alright.

Child protection is integral to the protection of children's rights.

Fundamentally child protection sits within, and should be seen as, an integral part of the wider continuum of the Getting it right for every child (GIRFEC) practice approach.

Child Protection falls at the urgent end of this practice continuum which includes prevention, early identification and early intervention.

Child protection and GIRFEC are inextricably linked and prerequisites in improving outcomes for children and young people; keeping them safe and protecting them from harm, abuse, neglect and exploitation.

Child protection refers to key single and inter-agency child protection practice processes involved in considering, assessing and planning required action, together with the actions themselves, where there are concerns that a child or young person may be at risk of harm, abuse, neglect and exploitation.

Child protection involves:

- services and agencies working together in partnership
- taking immediate action, if necessary, to prevent harm, or further harm to a child or young person
- inter-agency investigation into the presenting circumstances / concern
- assessment, planning and taking action to address the presenting circumstances / concern
- listening to the child or young person's voice; whilst recognising their experience, needs and feelings
- making persistent efforts to work in partnership with parents and carers, to prevent harm and to reduce the risk of further harm.

Children and young people, who are subject to child protection processes, may already be known to services and agencies. In some case, they may already have a Child's Plan in place.

Child protection processes should build on any existing knowledge. The level of risk a child or young person is exposed to can shift, often rapidly, as circumstances change, or information emerges.

It is important therefore that keeping the child or young person safe from further harm, abuse, neglect or exploitation is paramount. Good partnership working is essential.

Additional Electronic Link:

Further, more detailed information, advice and guidance on ***child protection***, contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

1.5 Harm and Significant Harm in a Child Protection Context

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

Harm – means the ill-treatment or the impairment of the health or development of the child or young person, including for example impairment suffered as a result of seeing or hearing the ill-treatment of another.

Development can mean physical, intellectual, emotional, social or behavioural development. Health can mean physical or mental health.

Forming a view on the significance of harm involves information gathering and sharing, putting the concern into context and analysis of the facts and circumstances.

Significant Harm – there is no legal definition of significant harm. There is no distinction between harm and significant harm. The extent to which harm is significant will relate to the severity, or anticipated severity of the impact on the child's health and development.

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

- the child or young person's experience, needs and feelings, as far as they are known
- the nature, degree and extent of the physical or emotional harm apparent
- the duration and frequency of the abuse and neglect
- the overall parenting capacity
- the apparent, or anticipated impact, given the child or young person's age and stage of development
- extent of any premeditation
- the presence, or degree of threat, coercion, sadism and any other factors that may accentuate risk to do with the child, young person, family or wider context.

It is therefore a matter for professional judgement as to whether the degree of harm to which the child or young person is believed to have been subjected, is suspected of having been subjected, or is likely to be subjected, is significant.

Professional judgement – entails forming a view on the impact of an accumulation of acts, events and gaps and omissions. Sometimes this can be based on the impact of a single event. Judgement means making a decision on all the information available, on the child or young person's needs, on the capacity of the parents or carers to meet those needs and the likelihood of harm, significant or otherwise, arising.

In summary, child protection involves activity to assess and prevent harm from abuse, neglect, maltreatment and exploitation. Inter-agency judgement about whether harm is significant will evolve from assessment activity in which the child or young person is central. The threshold for significant harm is not precisely defined in law or in guidance. Professionals need to be open minded and clear about the evidence and analysis that informs their professional judgement

regarding potential harm to a child or young person at a certain stage in time, recognising that risk factors interact and assessments must be reviewed to reflect change.

Additional Electronic Links:

Further, more detailed information, advice and guidance on the definition of ***harm*** and ***significant harm,*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

Further, more detailed information, advice and guidance on the definition of ***professional judgement,*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

1.6 Definition of Child Abuse and Child Neglect

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

Additional Electronic Link:

Further, more detailed information, advice and guidance on the definition of ***child abuse and child neglect,*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

In the next section, *key* terms and definitions relating to child protection (including more detailed information, advice and guidance on child abuse and child neglect) will be explored further.

Part 2 – Key Definitions

2.1 Key Definitions

In this section, we present clear definitions on key terms applicable to child protection. In doing so, we are mindful of the more comprehensive definitions contained within the National Guidance for Child Protection in Scotland 2021 (updated 2023).

2.2 Definition of a Child and Young Person

In general terms, for the purpose of these CPC Inter-Agency Child Protection Guidelines, the protection of children and young people includes unborn babies, children and young people under the age of 18 years.

A **child or young person** is defined as person up to the age of 18 years.

However, given the wide nature of legislation in Scotland, the legal boundaries of childhood and adulthood are variously defined, and it is important these differences are understood.

Additional Electronic Link:
Further, more detailed information, advice and guidance on the ***definition of a child and young person,*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

IRISS also provide further details on children and young people found HERE.

2.3 Definition of a Parent

- A **parent** is defined as someone who is the genetic or adoptive mother or father of the child.
- A **mother** has automatic parental rights and responsibilities.
- A **father** also has automatic parental rights and responsibilities if he is, or was married, to the mother at the time of the child's conception or subsequently.
- If a **father** is not married to the mother, he will acquire parental rights and responsibilities if he is registered as the father of the child on the child's birth certificate, which requires the mother's agreement, and this must be registered jointly with the child's mother.
- A **father** may also acquire parental responsibilities or rights under The Children (Scotland) Act 1995 by entering into a formal agreement with the mother or by making an application to the courts.

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. In order to fulfil these responsibilities, parental rights include the right to have their child live with them and to decide how their child is brought up.

Additional Electronic Link:

Further, more detailed information, advice and guidance on the ***definition of a parent,*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

2.4 Definition of a 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 Hearings System. **Relevant Persons** have extensive rights within the Children's Hearings System; including the right to attend Children's Hearings, to receive documents relating to hearings and to appeal decisions taken within those proceedings.

Additional Electronic Link:

Further, more detailed information, advice and guidance on the ***definition of a carer,*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

2.5 Definition of a 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 current legislation and regulation. In order to be approved as a kinship carer, the carer must be related to the child or a person who is known to the child and with whom the child has a pre-existing relationship. All **kinship carers** are subject to assessment by the local authority. Kinship care placements are often referred to as formal kinship care.

Additional Electronic Link:

Further, more detailed information, advice and guidance on the ***definition of a kinship carer,*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

2.6 Definition of Informal Kinship Carer

Informal kinship care refers to care arrangements, made by parents or those with parental responsibilities, with close relatives or, in the case of orphaned or abandoned children, by those relatives providing care. A child cared for by informal kinship carers is not a looked after child. The carer in such circumstances is not a public foster carer.

Additional Electronic Link:

Further, more detailed information, advice and guidance on the ***definition of an informal kinship carer,*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

2.7 Definition of a Foster Carer

A **foster carer** is a person approved by the local authority as a suitable carer for a child or young person. A decision to approve a foster carer is made in accordance with current legislation and regulation.

Foster carers and **kinship carers** are provided with support in the care and protection of the child or young person. This may include managing potential risks. The focus will always be on the child or young person's needs.

Additional Electronic Link:
Further, more detailed information, advice and guidance on the ***definition of a foster carer,*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

Definition of Child Abuse and Child Neglect

As mentioned in the previous section, abuse and neglect are forms of maltreatment of a child or young person. Children and young people may be maltreated at home; within a family or peer network; in care placements; institutions or community settings; and in the online and digital environment. Those responsible may be previously unknown or familiar, or in positions of trust. They may be family members. Children may be harmed pre-birth, for instance by domestic abuse of a mother or through parental alcohol and drug use.

The following key definitions, although not exhaustive, show some of the ways in which abuse and neglect may be experienced by a child or young person.

2.8 Definition of Physical Abuse

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

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

Further, more detailed information, advice and guidance on the ***definition of physical abuse*** can be found HERE.

2.9 Definition of Emotional Abuse

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

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

exploration and social development and

- seeing or hearing the abuse of another.

Further, more detailed information, advice and guidance on the ***definition of emotional abuse*** can be found HERE.

2.10 Definition Child Sexual Abuse

Child Sexual Abuse (CSA) is an act that involves a child or young person, in any activity for the sexual gratification of another person, whether or not it is claimed that the child or young person either consented or assented. Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child or young person is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children or young people in looking at or in the production of indecent images, in watching sexual activities, using sexual language towards a child or young person, or encouraging children or young people to behave in sexually inappropriate ways. A child or young person under the age of 16 cannot consent to sexual activity at all, so it cannot be claimed that the child or young person consented or assented to such activity. Generally, the position for children and young people aged 16 / 17 will depend on whether there is consent or a reasonable belief of consent.

Further more detailed information and advice on **CSA** can also be found HERE.

2.11 Definition of Female Genital Mutilation

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

Further more detailed information and advice on Female Genital Mutilation can also be found HERE.

2.12 Definition of Honour-based abuse and Forced Marriage

Honour-Based Abuse includes practices used to control behaviour within families, communities, or other social groups, to protect perceived cultural and religious beliefs and/or 'honour'. Such abuse can occur, for example, when perpetrators perceive that a relative has shamed or may potentially shame the family and/or community by breaking their honour code. This abuse can take many forms, including threatening behaviour, emotional blackmail, assault, rape, abduction, forced marriage, confinement and 'honour killing'.

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

Further more detailed information and advice on Honour-Based Abuse and Forced Marriage can also be found HERE.

2.13 Child Sexual Exploitation (CSE)

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

Further more detailed information and advice on **CSE** can also be found HERE.

2.14 Child Criminal Exploitation (CCE)

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

In all instances where exploitation is a considered factor, consideration must always be given to a potential referral to PLACE.

NOTE: In Orkney, the partnership recognise Child Sexual & Criminal Exploitation under the singular heading of "Child Exploitation".

2.15 Child Trafficking

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

Further more detailed information and advice on **Child Tracking and Child Criminal Exploitation** can also be found HERE.

2.16 Perplexing Presentation (PP)

Children and young people with perplexing presentations often have a degree of underlying illness, and exaggeration of symptoms is difficult to prove and can be hard for health professionals to manage and treat appropriately. In the absence of clear evidence about risk of immediate serious harm to the

child's health or life, the early recognition of possible FII (not amounting to likely or actual significant harm) is termed Perplexing Presentations. PP requires an active approach by medical professionals and an early collaborative approach with children and families. This differs from the previous advice not to inform families about FII suspicions while investigating. Though in some cases it may still be judged not safe to share concerns with the family at an early stage because of concerns that it may lead to increased risk for the child.

Additional Links
Professional Guidance for Clinicians on Perplexing Presentation and Fabricated and Induced Illness can be found HERE.

2.17 Fabricated or Induced Illness (FII)

Fabricated or induced illness in children is a rare form of child abuse whereby a child is, or is very likely to be, harmed due to parental behaviour and action, carried out in order to convince doctors that the child's state of physical and mental health or neurodevelopment is impaired or more impaired than is actually the case. This can involve actions to falsify investigations, or induction of actual illness in a child and can include inadvertent harm caused by medical professionals such as unnecessary invasive investigations and procedures. FII involving deliberate deception of clinical services by the carer in the child is rare but is a serious child protection concern and requires immediate attention and action.

The parent or carer does not necessarily intend to deceive doctors, but their behaviour is likely to harm the child. For example, the child may have unnecessary treatment or tests, be made to believe they're ill, or have their education disrupted.

FII used to be known as "Munchausen's syndrome by proxy" (not to be confused with Munchausen's syndrome, where a person pretends to be ill or causes illness or injury to themselves).

Additional Links
Further more detailed information and advice on **Fabricated and Induced Illness** can be found HERE.
Practice Guidance for Social Workers on **FII** can be found HERE.
Professional Guidance for Clinicians on **Perplexing Presentation and Fabricated and Induced Illness** can be found HERE.

2.18 Definition of Neglect

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

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

Getting it Right for Every Child discuss Wellbeing Indicators which set out the essential wellbeing needs. Neglect of any or all of these can impact on healthy development. Once a child is born, neglect

may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment); to protect a child or young person from physical and emotional harm or danger; to ensure adequate supervision (including the use of inadequate caregivers); to seek consistent access to appropriate medical care or treatment; to ensure the child or young person receives education; or to respond to a child or young person's essential emotional needs.

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

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

Additional Electronic Link
Further, more detailed information, advice and guidance on ***additional forms of child abuse and child neglect*****,** in particular circumstances, contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

In the next section, more detailed information, advice and guidance on how to recognise child abuse and child neglect will be explored further.

Part 3 - Recognition

In this section, we will provide information, advice and guidance on how to recognise child abuse and child neglect, some of which may be obvious and some of which may not.

It is, however, important to note that these signs, symptoms and indicators should not be considered as an exhaustive list.

3.1 General Presentations and Considerations

This can include:

- conflicting explanations by a parent or carer in relation to marks or injuries on the child or young person
- children and young people brought for medical attention by the parent or carer who was not present when the injury was sustained
- obvious, non-accidental marks made by a hand, belt, stick, etc
- injuries in non-mobile babies and young children (under 1 year)
- injuries of different ages
- delay in parents or carers seeking medical attention for their child or young person
- inappropriate behaviour (including sexualised play or activity) or demeanour of the child, young person or their parent or carer
- unusual illness suggestive of a fictitious origin
- not being brought to medical appointments or missed appointments

3.2 Physical Abuse

Physical Abuse can involve hitting (including punching and kicking); biting; burning and scalding; shaking; throwing; poisoning; drowning or suffocation; or where a parent or carer feigns the symptoms or deliberately causes the ill-health of the child or young person themselves.

The following signs, symptoms and indicators may be helpful to practitioners when considering the possibility of physical abuse:

3.2.1. Bruising features that are suggestive of physical child abuse are:

Bruising features that are suggestive of physical child abuse:

- Bruising in children who are not independently mobile
- Bruises that are seen away from bony prominences
- Bruises to the face, abdomen, arms, buttocks, ears, neck, and hands
- Multiple bruises in clusters sings
- Multiple bruises of uniform shape
- Bruises that carry the imprint of implement used or a ligature
- Bruises that are accompanied by petechiae, in the absence of underlying bleeding disorders

*[**NB** – Most falls or accidents produce one bruise on an area of the body, usually on a bony protuberance. A child or young person who falls downstairs generally has only one or two bruises. Bruising in accidents is usually on the front of the body as children and young people generally fall*

forwards. Additionally there may be marks on their hands if they have tried to protect themselves (defensive marks) and attempt to break their fall].

The following are uncommon areas for accidental bruising: back; back of legs; buttocks (except occasionally along the bony protuberance of the spine); neck; mouth; cheeks; behind the ear; stomach; chest; under arm; and genital and rectal areas.

NHS Grampian Child Protection team must be contacted to discuss injuries of this kind with the Child Protection Paediatrician. A referral to Social Work should be made and an IRD requested.

Additional Links
Pre-mobile babies with a bruise must always be assessed by a senior doctor/clinician at the earliest opportunity. Clinical Guidance on pre-mobile bruising can be found in the NHS Bruising in Pre-Mobile Infants can be found HERE. NHS East Area also provide a bruising leaflet to support parents which is found HERE.
Further evidence and guidance on bruising has been provided by Royal College of Paediatrics and Child Health and is found HERE.

NHS Staff should refer to the A&E Child Protection Flowchart – children presenting with an injury.

3.2.3. Bites

These can leave clear impressions of teeth, and the scientific specialism of Odontology can often identify the abuser. Bites are always inflicted injuries.

3.2.4. Burns and Scalds

Distinguishing between accidental and non-accidental burns is problematic, but as a general rule, burns and scalds with clear outlines are suspicious. Similarly burns of uniform depth over a large area should arouse suspicion. Equally splash marks about the main burn area (caused ostensibly by hot liquid being thrown) should also arouse suspicion.

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

NHS Grampian Child Protection team must be contacted to discuss injuries of this kind with the Child Protection Paediatrician. A referral to Social Work should be made and an IRD requested.

Additional Links
NHS Scotland Provide a Paediatric Guideline on Non-accidental burns and scalds in children.
Child Protection Scottish Clinical Guidelines Website found HERE.

3.2.5. Scars

Many children and young people have scars, but staff should be vigilant about an exceptionally large number of scars (particularly if combined with bruising), unusually shaped scars (e.g. circular ones

resulting from cigarette burns) or of large scars from burns or lacerations that have not received medical attention.

3.2.6. Fractures

These should arouse suspicion if there is a discrepant history of causation, swelling or discolouration over a bone or joint. The most common non-accidental fractures are to the long bones, i.e. the arms or legs. Generally, fractures also carry pain, and it is difficult for a parent or carer to justify being unaware that a child or young person has been injured in this manner. It would be rare for a non-ambulant child to sustain an accidental limb fracture.

NHS Staff should refer to the A&E Child Protection Flowchart – children presenting with an injury.

NHS Grampian Child Protection team must be contacted to discuss suspected non-accidental injuries with the Child Protection Paediatrician.

Additional Links
For clinicians additional guidance on Fractures can be found HERE.
Child Protection Scottish Clinical Guidelines Website found HERE.

3.2.7. Genital / Anal Area

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

Additional Links
For clinicians additional guidance on Causes of Genital Bleeding in Pre-Pubertal Girls can be found HERE.
Child Protection Scottish Clinical Guidelines Website found HERE.

3.2.8. Injuries Caused by Shaking

Abusive Head Trauma (AHT), also known as Shaken Baby Syndrome, is a devastating form of child abuse. Catastrophic injuries which result often present in a constellation including intracranial injuries, retinal haemorrhage and certain long bone fractures and spinal fractures. The causal mechanism in cases of AHT is rarely confirmed and may well include elements of both impact and acceleration/deceleration injury. 1 in 14 cases is fatal before hospital discharge and half of severely injured survivors will die before 21 years of age.

In all cases, where Injuries Caused by Shaking are suspected, **NHS Grampian Child Protection team must be contacted to discuss injuries of this kind** with the Child Protection Paediatrician. A referral to Social Work should be made and an IRD requested.

Further Information on Abusive Head Trauma can be found HERE.

3.2.9. Poisoning

Poisoning often occurs in fictitious illness syndrome (also known as Munchausen Syndrome by Proxy). Again, medical advice should be sought in respect of both child or young person and presenting parent or carer.

3.2.10. Perplexing Presentations & Fabricated or Induced Illness (FII)

PP / FII covers a wide range of symptoms and behaviours involving parents or carers seeking healthcare for a child. This ranges from exaggerating or inventing symptoms, to deliberately making the child ill.

Behaviours in FII can include a parent or carer who:

- persuades healthcare professionals that their child is ill when they're healthy
- exaggerates or lies about their child's symptoms
- manipulates test results to suggest the child is ill, for example, by putting glucose in urine samples to suggest the child has diabetes
- deliberately induces symptoms of illness, for example, by poisoning their child with unnecessary medicine or other substances

Cases where the parent or carer wrongly reports symptoms are much more common than cases where they induce illness in the child.

The Royal College of Paediatrics and Child Health (RCPCH) published guidance on PP and FII which can be found HERE.

NHS Grampian Child Protection team must be contacted to discuss instances of PP / FII with the Child Protection Paediatrician. A referral to Social Work should be made and an IRD requests.

3.2.11 Self-Harm

Self-harm refers to self-poisoning (overdosing) or self-injury, irrespective of the apparent purpose of the act. Self-harm is generally a way of coping with overwhelming emotional distress. Many people, including young people, self-harm, where there is no suicidal intent; albeit those who self-harm, can be at a higher risk of suicide. If there are concerns that abuse or neglect are associated with self-harm, child protection processes apply.

3.2.12 Suicidal Ideation

Suicidal thoughts, sometimes known as suicidal ideation, in children and young people may be triggered by an event. They are usually caused by an accumulation and interaction of vulnerabilities and experiences. This may include response to technology assisted information and communication. Suicidal thoughts and self-harming behaviour are more common among children and young people who have been impacted by adversities, including neglect, abuse, disrupted attachment, rejection, alienation, traumatic separation and loss. Children and young people will also need support when they are impacted by the mental ill-health, self-harm or the suicide of others.

Frontline workers in education, health, housing, police, social work and the third sector need to be alert to circumstances where children and young people may be at a heightened risk of self-harm and / or suicidal ideation and must maintain and understanding and awareness of what to do to support children and young people.

Additional Electronic Links:

Further, more detailed information, advice and guidance on recognising ***self-harm and suicidal information,*** including the ***impact of mental ill-health,*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found at the following links:

Suicide and Self-Harm Affecting Children and Young People – HERE

Children and Young People Experiencing Mental Health Problems – HERE

Impact of Mental Health or Health Problems on Children and Young People – HERE

3.3 Emotional Abuse

Emotional Abuse is present to some extent in all forms of child abuse and child neglect, although it can also occur independently from other forms of abuse. It can also be persistent or intermittent. Emotional abuse does not only affect the subject child or young person but could also affect their siblings. In some circumstances, they will be applicable to an individual child or young person, in others it may reflect upon all siblings.

The following signs, symptoms and indicators may be helpful to practitioners when considering the possibility of emotional abuse:

Parents' Behaviour

- rejection (saying they are worthless, useless or unloved)
- denigration (belittling and ridiculing)
- scapegoating (blaming and intimidation)
- denial of opportunities for exploration, play and socialisation appropriate to their age and stage of development (including over-protecting)
- under stimulation and sensory deprivation
- unrealistic expectations of the child or young person
- marked contrast in material provision afforded to other siblings
- isolation from normal social experiences preventing the child or young person forming friendships
- parental behaviours including parental mental ill-health; parental substance use and domestic abuse which impacts on their parenting capacity*

*In instances where domestic abuse violence is apparent Multi Agency Risk Assessment Conferences (MARAC) may be required. Information on MARAC is found HERE.

Child's Behaviour

- unexplained changes in behaviours or personality
- unexplained anxiety, unhappiness; irrational worries, feelings of doom and gloom
- very low esteem; low mood; lack of confidence
- expressing or demonstrating a fear of parents or carers
- becoming withdrawn and isolated
- avoiding certain people, including parents or carers
- avoiding certain places or situations
- no attachment to a parent or carer; difficulties making or maintaining relationships
- showing extremes of behaviours – being extremely compliant or demanding; being extremely passive or uncharacteristically aggressive

3.4 Child Sexual Abuse

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

Children and young people can disclose either spontaneously or in a premeditated way. This is often dependent on their age.

The following signs, symptoms and indicators may be helpful to practitioners when considering the possibility of child sexual abuse:

Physical Indicators

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

General Indicators

- self-harming
- exhibiting sexual awareness inappropriate for the age of the child or young person
- acting in a sexually explicit manner e.g. very young child inserting objects into their vagina
- sudden changes in behaviour or school performance or attendance
- displays of affection which are sexually suggestive

- tendency to cling or need constant reassurance
- tendency to cry easily
- regression to earlier behaviour such as thumb sucking, acting as a baby
- distrust of a familiar adult or anxiety about being left with a relative, babysitter or lodger
- unexplained gifts or amounts of money
- secretive behaviour and
- fear of undressing for gym classes or swimming lessons

3.5 Child Sexual Exploitation (CSE)

Child Sexual Exploitation (CSE) is a ***complex issue*** and can affect any child or young person; male or female; anytime and anywhere – regardless of their social; economic or ethnic background. CSE should not be seen in isolation, but in the wider context of vulnerability and risk.

Further more detailed information and advice on CSE can also be found HERE with possible indicators of CSE HERE.

The following signs, symptoms and indicators may be helpful to practitioners when considering the possibility of CSE:

- a history of abuse (including familial sexual abuse and emotional abuse)
- a history of neglect
- being looked after, or formerly looked after
- disrupted family life, including family breakdown, separation, divorce
- historic / ongoing domestic violence and / or problematic parenting*
- living in a chaotic / dysfunctional household
- disengagement from education and isolation from other support mechanisms
- going missing from home or care environments – regularly / frequently
- problematic parental alcohol and / or drug use
- parental mental ill-health and / or parental learning disabilities
- homelessness; living in hostel, bed and breakfast or homeless accommodation (especially longer term)
- poor health and wellbeing, social exclusion; social isolation
- low self-esteem; low self-confidence; poor self-image; eating disorders
- recent bereavement or loss
- being in a state of poverty; financial hardship; unemployment
- having a disability – particularly autistic spectrum disorder or a learning disability
- experiencing bullying in and / or out of school
- involvement in crime / offending
- online vulnerability and lack of recognition of risk in the online world
- uncertainty of sexual orientation / or unable to disclose to family and friends
- risk of forced marriage / honour-based violence / female genital mutilation and
- links with other young people who are sexually exploited

The National Guidance outlines a list of possible ***CSE vulnerability factors*** (situational / environmental), albeit these are not necessarily considered to be an all-inclusive or exhaustive list of possibilities found HERE.

* In instances where domestic abuse violence is apparent Multi Agency Risk Assessment Conferences (MARAC) may be required. Information on MARAC is found HERE.

The following is a list of ***CSE Risk Factors*** (behavioural), albeit these are not necessarily considered to be an all-inclusive or exhaustive list of possibilities:

- staying out late or regular episodes of being missing overnight or longer without permission
- reduced contact with family and friends and / or other support networks
- multiple callers to home (unknown adults / older young people)
- evidence of / suspicion of physical or sexual assault; disclosure of assault followed by withdrawal of an allegation
- unplanned pregnancy; repeat sexually transmitted infections (STIs); terminations; high number of sexual partners
- peers involved in sexual exploitation
- exclusion, truancy or unexplained absences from school or college
- relationships with controlling adults
- entering / leaving vehicles driven by unknown adults or taxicabs
- frequenting areas known for known on / off street sexual exploitation (prostitution)
- children under 13 years asking for sexual health advice
- concerning use of the internet / mobile phone
- acquisition of money, clothes, mobile phone etc without plausible explanation
- receiving lots of texts / phone calls prior to leaving
- agitated / stressed prior to leaving home / care
- returning distraught / disheveled or under the influence of substances
- requesting emergency hormonal contraception (the morning after pill) upon return from an unexplained absence
- inappropriate sexualised behaviour for age and development**
- physical signs of bruising or bite marks
- new peer groups
- significantly older 'boyfriend' or 'girlfriend'
- increasing secretiveness around behaviours
- change in personal hygiene (greater attention or less attention
- overtly sexualised dressing
- self-harm and other expressions of despair
- evidence or suspicion of substance misuse / alcohol and drug use
- gang member or association
- risks associated with the Internet:
    - grooming children or young people on-line for sexual abuse offline
    - children viewing abusive images of children / pornographic images
    - selling children or young people on-line for abuse offline
    - making abusive images of children or young people
    - viewing abusive images of children or young people
    - access to contact sites; chat lines via the internet or mobile phones and
    - sexting

** Helpful information on inappropriate and harmful sexual behavior found HERE and HERE.

3.6 Child Criminal Exploitation (CCE)

Child Criminal Exploitation (CCE) may involve physical contact and may also occur through the use of technology. It may involve gangs and organised criminal networks. Sale of illegal drugs may be a feature. Children, young people and vulnerable adults may be exploited to move and store drugs and money. Coercion, intimidation, violence (including sexual violence) and weapons may be involved.

The following signs, symptoms and indicators may be helpful to practitioners when considering the possibility of CCE:

- persistently going missing from school or home and / or being found out-of-area
- unexplained acquisition of money, clothes, jewellery, or mobile phones
- excessive receipt of texts or phone calls
- spending more time online or on their devices
- using more than one phone (burner phones)
- suddenly acquiring expensive gifts such as mobile phones, jewellery – even drugs – and not being able to explain how they came by them
- having hotel cards or keys to unknown places
- being secretive about who they are talking to and where they are going
- relationships with controlling older individuals or groups
- leaving home / care without explanation
- unexplained absences from school, college, training, or work
- returning home unusually late or staying out all night
- coming home looking dishevelled
- suspicion of physical assault or unexplained injuries
- carrying weapons
- starting or increasing drug use, or being found to have large amounts of drugs on them
- starting or increasing alcohol use
- loss of interest in school and significant decline in performance
- using sexual, gang, drug-related or violent language you wouldn't expect them to know
- meeting with unfamiliar people or associating with a gang
- becoming isolated from peers or social networks
- self-harm
- significant changes in emotional well-being
- sudden changes in lifestyle
- increasingly disruptive or violent behaviour
- getting into trouble with the police.

3.7 Child Trafficking

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

Human trafficking and exploitation of a child or young person are complex and hidden crimes, as well as an abuse of human rights and dignity. Human trafficking and exploitation of a child or young person is child abuse. Children and young people are by default more vulnerable to coercion and abuse than adults due to their age and dependency on others for their care and are therefore at greater risk of becoming victims.

The range of situations in which children and young people could be subject to trafficking and exploitation is complex and not always obvious, particularly in situations such as domestic servitude where the child or young person is kept unseen. Child trafficking can be difficult to identify. By its very nature, the activity is hidden from view, so practitioners need to be sensitive to the indicators of trafficking when investigating concerns about particular children and young people.

The following signs, symptoms and indicators may be helpful to practitioners when considering the possibility of child trafficking:

- rarely leaving the house
- living apart from family or having limited social contact with friends and family
- living somewhere inappropriate, like a work address or cramped, unhygienic or overcrowded accommodation, including caravans, sheds, tents or outbuildings
- being seen in inappropriate places (for example factories or brothels)
- having their movements controlled or being unable to travel on their own
- lacking personal items
- consistently wearing the same clothes
- not being registered with a school or a GP practice
- having money or things you wouldn't expect them to have
- being moved by others between specific locations (e.g. to and from work), which may happen at unusual times such as very early in the day or at night
- being unsure, unable, or reluctant to give details such as where they live
- fearful or withdrawn behaviour
- being involved in gang activity
- being involved in the consumption, sale or trafficking of drugs
- having their communication controlled by somebody else and acting as though they are being instructed by another person
- tattoos or other marks indicating ownership
- physical ill health, looking unkempt or malnourished
- physical injury, including the kinds of injuries you might get from a workplace
- reluctance to seek help, avoidance of strangers, being fearful or hostile towards authorities
- providing a prepared story (which might be similar to stories given by other children) or struggling to recall experiences
- inconsistent accounts of their experiences

*[**NB** – The signs, symptoms and indicators of CSE, CCE and Child Trafficking are very similar and can overlap*

*[**NB.2** – CSE and CCE have been recognised in Orkney under a singular heading of CE or Child Exploitation].*

3.8 Neglect

Neglect can be a **persistent** failure to meet a child or young person's basic physical and / or psychological needs and can also be single instances of neglectful behaviour that cause significant harm.

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

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

- poor personal hygiene, smelly, dirty and an unkempt and unwashed appearance
- a parent or carer failing to provide adequate / sufficient food, clothing and shelter (including exclusion from home or abandonment)
- hunger, malnutrition, inappropriate or erratic feeding
- faltering growth (also known as failure to thrive or under-nutrition)
- dirty unwashed clothing; lack of adequate clothing and footwear
- exposing a child or young person to physical, sexual and emotional harm
- unhygienic home conditions; living in a home that is indisputably dirty, unsafe or dangerous, i.e. around drugs, alcohol or violence
- lack of protection or exposure to dangers involving moral danger, or lack of supervision appropriate to a child's age which has arisen due to familial abuse of substances;
- dental decay; failure to seek appropriate dental or medical attention; missed or did not attend medical appointments; untreated speech, language, sight and hearing problems
- frequent non-attendance, lateness for school
- Child or young person stealing food or bedding or scavenging for food
- general failure to achieve developmental milestones.

Additional Electronic Links:

Further, more detailed information, advice and guidance on ***additional forms of child abuse and child neglect,*** in particular circumstances, contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE and HERE.

In the next section, information, advice and guidance will be provided on how to respond to a worry or concern about a child or young person and we will describe our key inter-agency child protection processes.

Part 4 – Response & Process

Child protection is important and it is essential that ***everyone*** understand the contribution they have to make in ***keeping all children and young people safe*** and ***protected from harm, abuse, neglect and exploitation.***

All staff who work with and / or come into contact with children, young people and their families have a role to play in child protection. Staff should be alert to signs and symptoms which may indicate that a child or young person is being exposed to harm and abuse.

All staff must ensure they understand their own service or agency child protection procedures; know how, where and when to access them and know who their Designated Child Protection Officer is and how to contact him / her.

If you are worried or concerned about a child or young person staff should ask themselves:

1. *What have I seen/ heard?*
2. *What do I feel is unusual or different?*
3. *What has actually happened?*
4. *What is my worry or concern?*
5. *Does it look right / sound right / feel right?*

Practitioners have a duty of care to others. Practitioners should trust their intuition or gut feelings. Practitioners should embrace a professional curiosity approach, and if necessary an assertive approach. Practitioners should be particularly aware of non-compliance and / or disguised compliance. Practitioners have authority to question, challenge and raise concern about children and young people. In doing so practitioners should exercise their professional judgement and adopt a common sense approach. If it looks, sounds or feels wrong then it probably is wrong.

Practitioners may also find the *Five Key GIRFEC Questions* helpful in determining their next steps:

1. *What is getting in the way of this child's or young person's wellbeing?*
2. *Do I have all the information I need to help this child or young person?*
3. *What can I do now to help this child or young person?*
4. *What can my agency do to help this child or young person?*
5. *What additional help, if any, may be needed from others?*

If a child or young person discloses that they have been harmed or abused, or this is brought to the attention of a practitioner or a manager then:

DO:

- ensure they are safe and protected from any further harm and abuse;
- stay calm – no matter how difficult it may be to listen to;
- provide reassurance – tell them they are not to blame and that you know how difficult it must be for them;
- listen to them and believe in them;
- take them seriously;
- keep any questions to an absolute minimum, nod and acknowledge what they are saying;
- ask open questions only – who; what; where and when type questions;
- make sure you understand what they are telling you;
- write down everything that they tell you as soon as possible – using their words if possible;
- be honest – tell the them what you are going to do next; why you need to do it and that you are going to have to speak to someone who can help them;
- make a note of the time, date and place where this took place and who was present; and
- remember – doing nothing is not an option - act promptly and immediately, report your worry or concerns to your Line Manager, Supervisor or Designated Child Protection Officer.

DO NOT:

- panic;
- interrupt them;
- ask them to repeat what they are saying;
- ask them probing, leading and / or closed questions and do not ask them any why questions;
- make any assumptions about what they are telling you;
- make negative comments or facial expressions;
- start any investigation whatsoever;
- approach the alleged abuser;
- keep this to yourself;
- assume somebody else will do something and / or deal with it;
- delay unnecessarily;
- make promises to keep secrets; and
- promise confidentiality.

4.1 Child Concern From (CCF)

Child Concern Forms are completed by any referrer who raises a concern with Children and Families' Social Work. The Current Child Concern Form is referenced as P0318-FORM-016 1.0 and is held by the appropriate Child Protection Lead at each of the partner agencies.

Where a Child Protection Referral is received from an agency without a Child Concern form Duty Social Work will reply from CFSW@orkney.gov.uk to request a CCF to be completed and returned.

If a Child Concern From is required, this can be requested from CFSW@orkney.gov.uk.

4.2 Unborn Baby Referral

An Unborn Baby Referral is a mechanism by which any practitioner or manager across the public, private or third sectors can raise any worry or concern they may have about an unborn baby's health and / or wellbeing; or in relation to whether or not that baby will be safe and / or in need of care and protection, pre-birth and / or after birth. This allows for early and effective intervention and support to be provided to the vulnerable unborn baby and expectant mother.

Worries or concerns regarding an unborn baby, or a child or a young person, can relate to a single issue or incident, or to an accumulation of such events over time. The reasons for such a concern can be many and / or complex; related either to the behaviours of the parent or carer or other significant adult (s) in the child, young person or unborn baby's family environment, or to previously known or emerging vulnerability factors, risks and / or needs. Examples include:

- Substance Abuse
- Alcohol Abuse
- Learning Disability
- Domestic Abuse
- Serious mental health issues
- Previous history of child abuse or neglect, or
- Any other adversity which may impact negatively on the parent's capacity to care and prepare for a new baby

A pre-birth assessment can begin whenever pregnancy is confirmed, ordinarily at around12 weeks gestation or at the point of initial scan. When there is a risk of significant harm, it should begin as soon as possible. This provides the unborn baby 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

All services and agencies within Orkney must have in place their own arrangements for the identification of such worries or concerns and must have in place their own robust arrangements for sharing these worries or concerns timeously and proportionately with other key services or agencies.

When raising an Unborn Baby Concern, comeple a Child Concern Form and submit to CFSW@orkney.gov.uk.

4.3 Screening Arrangements of CCFs and Unborn Baby Referrals

Currently, CCF's are screened by the Duty Social Work Team who will review each concern and consider the risks to the child and actions required with outcomes outlined below.

4.3.1 CCF and Unborn Baby Referral (Outcomes)

The following outcomes may be progressed from a CCF or Unborn Baby Referral:

- Team Around the Child Meeting (TAC)
- Family Support
- Child Protection Investigation (IRD)
- Refer to Named Person
- Initial Social Work Assessment
- No Further Action

4.4 Child Protection Investigation

By far the majority of Child Concerns and Unborn Baby Referrals will not require Child Protection investigations. These will receive a coordinated response and support in line with the GIRFEC principles and key values and the GIRFEC National Practice Model.

Where a Child Protection Investigation is deemed necessary, these are carried out jointly by specially trained police officers and social workers. Such investigations are carried out where a Child Concern Form (including a child protection concern), or an Unborn Baby Referral, indicates that a child or young person is in need of care and protection from *significant harm, abuse, neglect or exploitation; or there is a likelihood or risk of significant harm, abuse, neglect or exploitation*.

Where a Child Protection Investigation has been decided upon it will always trigger an **Inter-Agency Referral Discussion (IRD)** to determine the next steps.

Additional Electronic Link:

Further, more detailed information, advice and guidance on ***responding to child concerns*** and ***child protection investigations,*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

4.5 Inter-Agency Referral Discussion (IRD)

4.5.1 Definition of an IRD

An inter-agency referral discussion (IRD) is the start of the formal process of information sharing, assessment, analysis and decision-making following reported concern about abuse or neglect of a child or young person up to the age of 18 years, in relation to familial and non-familial concerns, and of siblings or other children within the same context. This includes an unborn baby that may be exposed to current or future risk.

4.5.2 Purpose of an IRD

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

An IRD involves the minimum of a tripartite discussion (Police Scotland, Health and Social Work) about the level of concern, risk and significant harm and what immediate actions and processes are required to address these.

4.5.3 Consideration of the inter-agency referral discussion

This next critical phase in risk assessment and response follows notification of a child protection concern. Where information is received by police, health or social work that a child may have been abused or neglected and/or is suffering or is likely to suffer significant harm, an IRD must be convened without undue delay. Child sexual exploitation, child criminal exploitation and child trafficking are complex and often hidden forms of abuse that are often under-reported. Where there is a concern, a child is at risk of, or has experienced exploitation and/or trafficking, an IRD should be held.

An IRD will co-ordinate decision-making about such investigation and action as may be needed to ensure the safety of children involved as outlined below. If the decision is not to conduct an IRD e.g. because the threshold for significant harm has not been met, this decision must be recorded in writing with justification and a note of which services were involved in making that decision. The referral may still be shared with other relevant agencies for follow-up through GIRFEC processes.

Other routes to protect children are available and should be pursued when the threshold for an IRD is not met. The National Guidance provides guidance on the IRD process here.

4.5.4 Professionals Involved

IRD participants must be sufficiently senior to assess and discuss available information and make decisions on behalf of their agencies. They must have access to agency guidance, training and supervision in relation to this role.

An IRD must be co-ordinated by the following Core members:

- Social Work - Team Manager
- Police Scotland - Detective Sergeant, Public Protection Unit
- Health - Children's Health Services Representative

Practitioners in police, social work and health must participate in the IRD; participation of other professionals, particularly those from education (including local authority education services, independent schools, GASS or nursery provision) or ELC, should be considered based on their involvement with the child.

Information gathering should involve Education/ELC; and other services working together to ensure child safety, as appropriate. Requests for information may include Third Sector and other relevant services. IRD participants must be sufficiently senior to assess and discuss available information and make decisions on behalf of their agencies. They must have access to agency guidance, training and supervision in relation to this role.

Social work services have lead responsibility for enquiries relating to children who are experiencing or are likely to experience significant harm and assessments of children in need.

4.5.5 Timescales for an IRD

The IRD must be convened without undue delay. Where there is a risk to the life of a child or the likelihood of immediate risk or significant harm, intervention must not be delayed pending receipt of information gathering/sharing.

The IRD process may have to begin out with core hours, with a focus on immediate protective actions and interim safety planning. A comprehensive IRD must be completed as soon as practical. This should normally be on the next working day.

Having received a referral or notification of the risk of significant harm or concern of harm having occurred and taken appropriate immediate necessary action, an IRD will take place between Social Work, Police Scotland, and Health within 24 hours of the initial significant concern or harm being raised or convened as soon as reasonably practical if this is out with hours.

If IRD's are scheduled out with the 24-hour period, all Core members need to agree that there is no immediate need to safety plan and rationale for this is clearly recorded on all core members databases.

The professionals participating in the IRD must ensure that attempts are made to communicate with the child's Named Person, and where appropriate, the Lead Professional of the Child's Plan, prior to the IRD taking place.

Relevant health information should be sought from the GP Practice where appropriate. This should not delay the IRD.

Each agency is responsible for populating their own information in the relevant section of the IRD Recording Form in advance of the meeting. Information should be clear and concise as to where the risks, if any, exist. This should not be a cut and paste but should be a synopsis of relevant information. Each agency should ensure that only information relevant to the concerns identified are included in the form.

Thoughtful consideration should be given to the language used when describing family circumstances and statements made should be evidence based.

In agreement with Police Scotland N Division:

On receiving a Child Protection concern/referral the referring agency is responsible for initiating the IRD process and will act to facilitate co-ordination of the subsequent discussions, unless it is felt that another of the Core members is best placed to facilitate the discussions, whereby a consensus will be reached by a majority recommendation.

Where there is disagreement regarding the threshold, further information or clarity should be sought to outline the explanation of significant risk of harm to determine if the threshold has been met or not. Partners should come to an agreed position. Where an agreed position cannot be attained, this must

be recorded and escalated to the Service Manager/ Senior Police Officer / Appropriate Manager to resolve and come to an agreed position.

The IRD participants will come to a decision as to whether or not to proceed to Child Protection Investigation and the IRD decisions will be clearly recorded.

This record must be copied into relevant systems within each agency. Any subsequent IRD meetings will be initiated by Social Work, no later than the 7th working day - Any of the core members can initiate a review IRD. **A Review IRD should occur no later 7 days from the initial IRD.** A Review IRD will ensure (all agencies involved in the IRD) can be confident in adherence to agreed actions in both joint and single agency enquiries.

Note: The Local Partnership agencies have agreed that attempts will be made to review **ALL** IRD's as per the above 7-day timescale.

A written record of the IRD (Appendix 1.3) must be completed by the 'the Lead' timeously and emailed to the other IRD participants within 48 hours. Attendees should confirm any required amendments in writing within 24 hours. IRD meetings in Orkney often require video or teleconference facilities which will be used to facilitate inter-agency participation including professionals based in Orkney's outer islands, Paediatricians based in Aberdeen and Police based in Inverness.

The IRD should be a process rather than a single event and it may be that review meetings need to be held to further gather, share and record information to support co-ordinated decision making and response by the core agencies.

It can be agreed at the initial IRD that a review meeting will be required, or one requested at any point during the child protection enquiry or at its completion to come to a final joint decision on the action that should be taken. Members of the initial / review IRD's should be consulted before a decision is taken to close an IRD.

An IRD process is closed when a reasoned and evidenced inter-agency decision has been made and recorded about joint or single-agency assessment and action up until the point of either:

- Child Protection Planning Meetings (CPPM)
- Decision made that a CPPM is not required
- Closure may also follow a reasoned interagency decision to take no further immediate action

All decisions must be clearly reflected and record in the IRD record alongside an agreed safety plan which identified tasks and time scales to protect the child or young person.

Many concerns raised over a child's wellbeing will not need a child protection investigation. In these circumstances, information cannot be lawfully shared through the IRD process, however a co-ordinated response may still be necessary and other available information sharing routes must be considered.

If a decision is reached that no further child protection measures are required, the IRD should consider whether a co-ordinated child's plan may still be beneficial through a GIRFEC approach.

Note: Where a decision is made that no Child Protection action is required but a Team around the child meeting (TAC) would provide further support, the first TAC meeting will occur no later than 15 days from the review IRD.

4.5.6 Decision-Making and Planning

Participants must consider how priority considerations above will lead to decisions about:

- what decisions must be taken about the immediate safety and wellbeing of this child and/or other children involved? (Guidance on complex investigations may be found in Part 4 of the National Child Protection Guidance 2021 [updated 2023])
- is an inter-agency child protection investigation required?
- is a single-agency investigation and follow-up preferred and why?
- if no further investigation is required, what are the reasons for this?
- is a joint investigative interview (JII) required and, if so, what are the arrangements for this? (Including who will carry it out, location of interview and in what timescales.)
- is a medical examination required? If so, should this be a comprehensive medical examination, a specialist paediatric forensic examination or Joint Paediatric Forensic Examination for cases of potential non-accidental injury or suspected sexual abuse? (See below on timing considerations for medical examinations.)
- is early referral to the Principal Reporter needed as the child is in need of protection, guidance, treatment and/or control, and a Compulsory Supervision Order requires to be considered

If further guidance is required, the full Interagency Referral Discussion Guidance for Orkney can be found here.

Information Sharing, Confidentiality and Consent

4.6 Information Sharing

Early and effective intervention relies on good practice in the timely and appropriate sharing of information. Sharing relevant information is an essential part of protecting unborn babies, children and young people from harm, abuse, neglect and exploitation.

Practitioners must understand:

- ***when*** to share information
- ***what*** information to share
- ***how*** much information to share
- ***who*** to share the information with and
- ***the way in which*** the information should be shared.

Practitioners must also understand the possible adverse consequences of not sharing information.

Legislation underpinning information sharing includes the UK General Data Protection Regulation (GDPR); The Data Protection Act 2018; The Human Rights Act 1998 and the European Convention on Human Rights (ECHR).

This legislation supports lawful information processing, which includes information sharing and should not be seen as a barrier.

UK GDPR describes the data protection principles which underpins information sharing and which practitioners must understand and comply with. The key principle to consider when sharing information is the first principle: that is that information must be ***processed lawfully, fairly and in a transparent manner*.**

Information will be considered to have been processed in accordance with this principle when:

- in relation to ***personal data***, at least one of the legal bases in Article 6 of the UK GDPR has been met and
- in respect of ***special category data***, at least one of the legal bases in Article 6 has been met, **plus** at least one of the legal bases is Article 9 of the UK GDPR is met.

Practitioners therefore need to understand what the lawful bases in each of the Articles are and how they can be applied to each particular situation.

What do we mean by personal data and special category data?

- Personal Data[1] *means any information whatsoever which can directly or indirectly, identify a living person*
- Special Category Data[2] *means any personal data revealing the racial or ethnic origin of a person; their political opinions; their religious or philosophical beliefs; their trade union membership or affiliation; their genetic or biometric data; their physical or mental health; their sexual persuasion or sex life*

Where there is a child protection concern, relevant information should be shared without delay, provided it is necessary, proportionate and lawful to do so. Professional judgement must always be applied about what is relevant, proportionate and necessary.

Practitioners with child protection concerns should share relevant information in order to:

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

The UK GDPR and The Data Protection Act 2018 *do not prevent the sharing of information.* On the contrary, they can empower and support practice. Indeed, the legislation provides you with a legal framework which regulates and supports you to share information lawfully.

If, where there is a possible child protection concern, a decision is made not to share information, practitioners must consider:

- *what are the reasons for deciding not to share information?*

[1] Personal Data as defined in the UK General Data Protection Regulation Article 4(1)

[2] Special Category Data as defined in the UK General Data Protection Regulation Article 9

- *what harm could result if this information is not shared?*
- *what are the possible risks for the child or young person or for others if information is not shared and how serious could those risks be?*

Reasons for not sharing should be recorded.

4.7 Information Sharing Guiding Principles

Information shared must only be that which is necessary for child protection purposes.

Individuals about whom information is being shared should not be put under pressure to consent to the sharing of their information. They should be informed and involved, in such a way, that they understand what is happening and why.

They should also be told what information about them is being shared, with whom and why this is necessary, unless to do so would be detrimental to:

- the best interests of a child or young person
- the health or safety of a child, young person or another person or other people
- the prevention or detection of crime (e.g. creating a risk of harm to a child or young person)

  or

- the apprehension or prosecution of offenders

  or

- it is not reasonably practical to contact the person
- it would take too long given the particular circumstances (e.g. where you have to act quickly)
- the cost would be prohibitive
- there is some other compelling reason.

Information sharing must be:

- timely in relation to the child protection concern
- secure in the manner in which it is shared
- explicit in the records about any dispute in facts or opinions shared.

Shared information and records held must:

- state with whom the information has been shared and why
- be accurate and up to date
- be explicit about reasons for sharing or not sharing information.

Information sharing that may be viewed as interfering with the right to private family life can only be lawful if it is done in a way that is proportionate to the achievement of a legitimate aim.

4.8 Confidentiality

Practitioners must work within the limitations and constraints of confidentiality. Not all information is confidential. ***Practitioners must never make that promise***.

Confidentiality ***does not apply*** where the matter is clearly one of protecting children and young people. The *welfare* of children and young people is paramount.

Confidentiality is not an absolute right.

Practitioners have a duty of care and it has long been established that *just cause, or excuse* and / or *acting in the public interest* are defences to any action for breach of confidence.

4.9 Consent

Practitioners must clearly understand the limitations and constraints of consent. ***Only in exceptional circumstances should information be shared without consent.***

Previously, practitioners worked on the understanding that to process an individual's personal data (share information), they would ask service users for their consent.

UK GDPR has introduced a fundamental change to this approach.

Consent is now likely to be the **last lawful basis** considered when looking to share information and in almost all circumstances there will be another lawful basis for processing. The difference between giving consent to processing (sharing) information (data) and giving consent to the provision of a service (s) must also be understood.

Consent **is not required** where the matter is clearly one of protecting children and young people. The *welfare* of children and young people is paramount. Seeking consent would **not be appropriate** as doing so may likely place a child or young person at further risk.

Consent is only applicable in circumstances where an individual has a real choice over the matter. In other words, if you intend to carry out a process or action, regardless of whether consent is obtained, then consent should not be considered. There is no real choice for the data subject.

It is recognised that developing and maintaining a good working relationship with children, young people and families is crucial in front-line work and this is greatly assisted by clear communication with them. It is therefore still good practice to inform them of what you are going to be doing and explain the reasons why. This would normally include advising them, where appropriate, of who you will be sharing data with (e.g. it may not be appropriate if advising them would result in further harm to a child or young person or result in the loss of crucial evidence).

This is not the same as seeking consent to share information, but simply being transparent in explaining what you are going to do. This may go some way in maintaining some form of working relationship between the practitioner and children, young people and families.

However, where no other lawful bases apply, consent should be sought. Seeking consent can be difficult and with it comes additional rights for the data subject (individual). Where consent is

considered appropriate, practitioners must ensure the individual being asked to provide their consent fully understands that request and its extent.

Consent must be considered on a case-by-case basis.

Consent, when sought, **must not be coerced** and should be ***specific, informed*** and ***unambiguous***:

- *Freely given* – the individual (child or young person and their parents, carers or any other person with parental responsibilities) must have a real choice over the matter – if an action or process will be undertaken regardless of the individual's consent, then it cannot be said to be freely given
- *Specific* – it must relate to a particular action or purpose which is clearly distinguishable from other matters
- *Informed* – the individual must understand what is being asked of them
- *Unambiguous* – the individual must clearly indicate their wishes by which he or she, by a statement or by a clear affirmative action, signifies agreement to the processing of information relating to him or her.

Consent can take the form of a written statement, (including by electronic means) or an oral statement. However, consent in writing should be obtained wherever possible so that it can be easily evidenced if subsequently challenged or questioned.

Consent and discussions relating to consent must always be recorded in service / agency case file notes and / or on agency databases. There is no legal requirement for a specific Consent Form.

There is no recognition of Implied Consent in the current data protection regime. All discussions about consent must also be recorded, whether granted or not.

Remember, it has to be as easy to withdraw consent as it is to give consent. It also must be understood that information that was provided under consent has to be deleted when consent is withdrawn.

Consent to share personal data is a condition under Article 6 of the UK GDPR and with regard to the sharing of special category data requires an additional basis under Article 9 of the UK GDPR.

Consent under Article 9 of the UK GDPR requires consent to be **explicit.** This means obtaining a written statement that clearly gives consent to particular processing for the specified purpose.

Additional Electronic Links:

Further, more detailed information, advice and guidance on ***information sharing, confidentiality and consent,*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

In Orkney, further more detailed information and advice on ***information sharing, confidentiality and consent*** can be found HERE.

Joint Investigative Interviewing

Scottish Government (2011): Guidance on Joint Investigative Interviewing of Child Witnesses in Scotland

One decision-making outcome from an IRD may be the need for a Joint Investigative Interview (JII) to be carried out, the purposes of which are to:

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

A JII is a formal, planned interview with a child or young person, carried out by specially trained police and social work staff, competent to conduct it, for the purpose of gaining the child or young person's account of events (if any) which require further investigation.

A JII is child-centred and sensitive to the child or young person's needs and capacity and aims to secure the best possible evidence. A JII also provides the necessary support for a child or young person before, during and after an interview.

The overall strategy, which includes the planning of the JII, will be decided upon during and after the IRD.

The child must be helped to understand the purpose and process of the JII as part of preparation and support for willing engagement. The child's consent is not explicitly required. The consent of a parent or guardian is not required prior to undertaking a JII. Through discussion they should be made aware that the JII is taking place unless there is a good reason not to, for example, where there are strong grounds to suspect that they are involved in the abuse.

All JII Interviewers must be trained and competent in the use of recording equipment. JIIs must be visually recorded unless there are specific reasons why this may be inappropriate for the individual child or young person. These reasons should be noted.

The Scottish Child Interview Model (SCIM) is a new approach to JII. 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 or young person that is of high quality. This can be used as Evidence in Chief in court for criminal and children's hearings processes.

The SCIM has five connected components: strategy, planning, action, outcomes and support and evaluation. Interviewers are trained in forensic interviews of children and young people.

Additional Electronic Link:

Further, more detailed information, advice and guidance on ***JIIs,*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

Health Assessments and Medical Examinations

One decision-making outcome from an IRD may be the need for a health assessment and medical examination which aims to:

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

In Orkney all Child Protection medical examinations are carried out at Royal Aberdeen Children's Hospital by the Child Protection Service.

The decision to carry out a medical assessment and decisions regarding the type of medical examination required, must be made by a Paediatrician from NHS Grampian, informed by multi-agency discussions with the police, social work and other relevant health staff at IRD.

There are a number of types of health assessments and medical examinations which are explained in more detail HERE.

Additional Electronic Links:

Further, more detailed information, advice and guidance on ***health assessments and medical examinations,*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

Interim Safety Planning

One decision-making outcome from an IRD may be the need for a multi-agency Interim Safety Plan.

The purpose of a multi-agency Interim Safety Plan is to ensure a child or young person's safety as immediately as necessary and until such time as a Child Protection Planning Meeting (CPPM), formerly known as a Child Protection Case Conference (CPCC) is held.

A multi-agency Interim Safety Plan is about safety right now. It is operational immediately and those who are participants in the multi-agency Interim Safety Plan must understand and agree what they must do to ensure a child or young person's safety. Those who are party to the multi-agency Interim Safety Plan should be known sources of security for the child or young person. The way that the child or young person will be seen and heard during the period in which the multi-agency Interim Safety Plan is in place must be part of the plan.

The child or young person will be supported in understanding who they can speak with or contact at any time. A Child or Young Person's version of the multi-agency Interim Safety Plan is recommended, developed with the child or young person's help and understanding as appropriate in each situation.

The multi-agency Interim Safety Plan must be recorded and shared. It should be in plain language and practical detail, with no acronyms and no professional jargon. The needs and the harm that the multi-agency Interim Safety Plan must address must be defined. If risk of harm is high in a specific context, this will be specified. Agreement must be defined about how to avoid or minimise this risk. The actions that persons or services will take will also be described.

The ways in which the multi-agency Interim Safety Plan is monitored and the way in which any person, service or agency party to the multi-agency Interim Safety Plan can immediately signal concern, must be defined. Contact details for those with defined responsibilities within the multi-agency Interim Safety Plan will also be included.

Additional Electronic Links:

Further, more detailed information, advice and guidance on ***interim safety planning,*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

Identifying, Assessing and Managing Risk

In Orkney, all services and agencies working to support children, young people and their families must have in place their own respective frameworks for identifying, assessing and managing both needs and risks.

Whilst the National Risk Framework to Support the Assessment of Children and Young People (Scottish Government: 2012) remains the current underpinning assessment guidance, the National Guidance for Child Protection in Scotland 2021 – updated 2023 also provides additional assessment guidance for practitioners, which can be found HERE and HERE.

4.10 What is Risk in a Child Protection Context?

Working with risk is at the heart of child protection. Keeping children and young people safe and protected from harm, abuse, neglect and exploitation is paramount.

Risk is the *likelihood* or *probability* of a particular outcome; given the presence of key factors in a child or young person's life. Risk is part and parcel of everyday life. Risk can be positive or negative. Risk may be deemed acceptable or unacceptable. Risk can reduce over time, or conversely, increase. Equally, changes in a child or young person's family circumstances can influence the level of risk.

Children and young people's needs and emerging risks require to be considered along the continuum of their lifespan. Risk is a dynamic concept that can be multi-dimensional in character – it's not static and seldom mono-dimensional.

Risks may be reduced by parents or carers or through early identification, intervention and support from universal services. At times, a number of services or agencies may need to respond together

as part of a co-ordinated intervention.

Only where risks cause, or are likely to cause, *significant harm* to a child or young person would a response under child protection be required. Where a child or young person has already been exposed to actual harm, assessment will mean looking at the extent to which they are at risk of repeated harm and at the potential effects of continued exposure to harm over time.

There are no absolute criteria for judging what constitutes *significant harm*: sometimes, it can be a single traumatic event; often it is a combination of significant events which can impact upon a child or young person's development. The challenge for practitioners is identifying which children and young people require protective measures.

Additional Electronic Link:

Further, more detailed information, advice and guidance on the definition of ***harm*** and ***significant harm,*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

4.11 Approach to Assessment

Risk is an element of all assessment; it does not stand alone. Risk assessments can also identify needs. Assessment informs planning.

The importance of good accurate risk assessment, within child protection cannot be overstated. Failure to properly identify risk can lead to serious outcomes for children and young people.

Assessment may have a specific focus and / or legal basis. The general purposes of a child protection assessment are to:

- focus on the life journey for a child or young person
- gather, share and analyse information about a child or young person and their family and their relevant context, for the purpose of determining harm, or risk of harm
- inform planning of action and support necessary to ensure a child or young person's safety and wellbeing.

Assessment is not a one-off process; it is a dynamic process and a point in time. Immediate safety is a priority.

Assessment evolves with new information and understanding. Assessment must consider both present and historic information.

Assessment must be developmental – meaning that it should consider a child or young person's age, stage, developmental milestones and transition needs. Children, young people and their families must be at the centre of assessment and should be supported to ensure their views, voice and perspectives are listened to, understood and respected.

Assessment should identify the impact of trauma, relationship and attachment. Assessment must identify trends, patterns and key episodes in a child or young person's life.

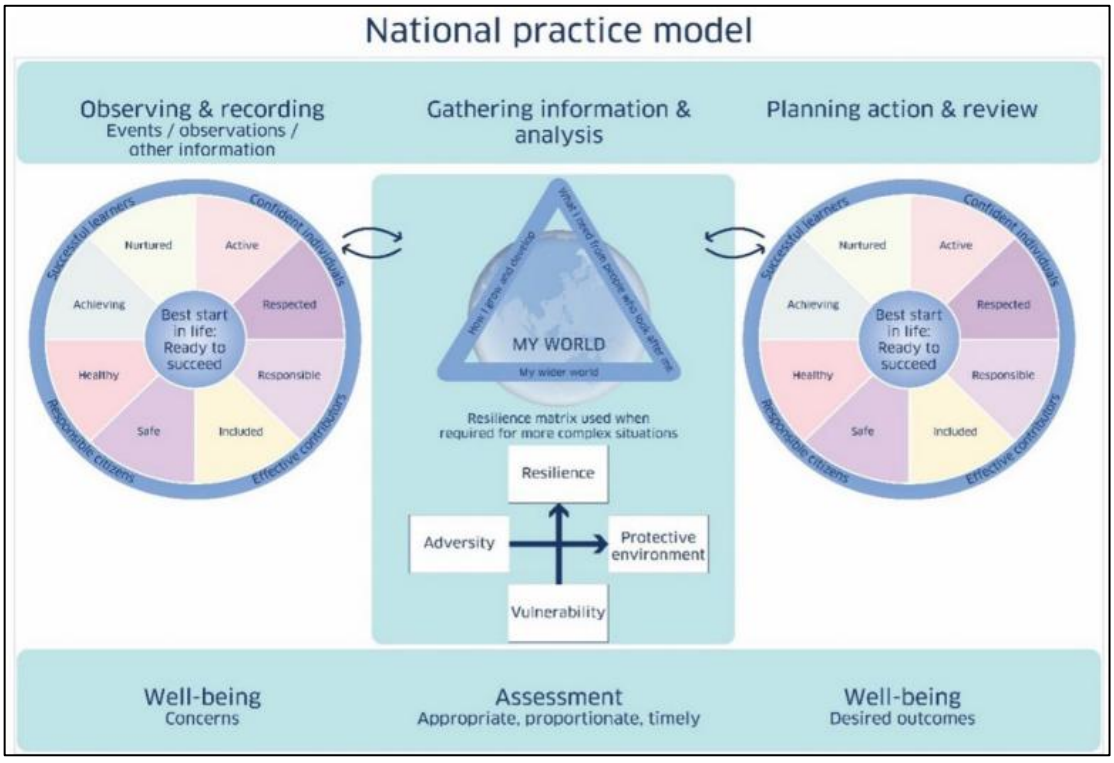
Professional curiosity, judgement, intuition and reflection on emerging information, evidence and analysis, is a requirement at every stage of an assessment. Even in urgent circumstances, practitioners should take a moment to pause and consider both safety and best interests. Each situation is distinctive.

Assessment requires an analysis of the probability of risk and must identify both risks and needs. Assessment should identify immediate and longer term risks and needs. All partner services and agencies should be able to contribute to each other's assessment frameworks.

Whilst it is not within the scope of these guidelines to full specify all available risk assessment tools / toolkits, it is important that practitioners have an understanding of their own service or agency assessment frameworks; the availability of specialised assessments and that they are confident in their use and application.

4.12 Getting it Right for Every Child (GIRFEC)

Getting it right for every child (GIRFEC) and in particular the GIRFEC National Practice Model should underpin all single service and multi-agency Assessment Frameworks.



In particular:

Using the Wellbeing Indicators.

Wellbeing is considered and assessed across the aspects of children and young people being *Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included.*

These eight indicators identify the areas in which an Assessment of Wellbeing is demonstrated, in order to enable all children and young people to reach their full potential. They allow practitioners,

together with children, young people and their families, to discuss, consider and record observations, events, strengths, needs and to plan support.

Using the My World Triangle

The My World Triangle allows practitioners, together with children, young people and their families, to consider:

- *How the child or young person is growing and developing*
- *What the child or young person needs and has a right to from the people who look after them*
- *The impact of the child or young person's wider world of family, friends, community and society.*

Practitioners should consider all sides of the My World Triangle in relation to a child or young person, but it may not be necessary to gather detailed information on all sides of the My World Triangle if this is not proportionate to the issues identified.

Using the Resilience Matrix

The Resilience Matrix can be used as a mind map to help practitioners, together with children, young people and their families, to make sense of the information they have gathered and to plan what needs to happen next to improve a child or young person's wellbeing.

The concept of resilience promotes analysis.

The Resilience Matrix is a tool which may help practitioners and key family members to share an understanding about concerns and to think about how to target support. The Resilience Matrix is not an exact formula or map. However, it may assist in identifying dominant risks / concerns; protective factors and what is working well and what needs to change to ensure the child or young person's safety and wellbeing.

When considering adversity, practitioners should recognise current factors which threaten wellbeing.

When considering protective factors, practitioners should consider who has reliably demonstrated support and commitment for the child or young person's safety and wellbeing.

Resilience is not a standard formula. It will have distinctive features for each child or young person in context. Child protection assessment and planning should seek to identify and build on strengths.

4.13 Capacity to Change (Informed by Assessment)

A central and key component of assessment (and planning) is an appraisal of the capacity to change.

Capacity to change is associated with forming a shared understanding of concerns and parents and carers accepting responsibility for their own actions, sustaining changes over time and taking up offers of (reasonable, sufficient and accessible) support from services and agencies.

Successful behaviour change is likely to depend upon motivation to change, the relative significance of goals to the person, and the person's self-perception in terms of confidence and competence. Constructive collaboration with families is therefore essential.

In summary, the key elements within a child protection assessment can be summarised in this seven-point diagram:

Additional Electronic Links:

Further additional information, advice and guidance on ***assessment,*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can also be found HERE.

Further additional information, advice and guidance on the ***capacity to change,*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can also be found HERE.

Further additional information, advice and guidance on how to use the ***GIRFEC National Practice Model*** can be found HERE.

Chronologies

The National Guidance for Child Protection in Scotland 2021 – updated 2023, provides information, advice on guidance on the purpose and use of Chronologies, which provide a key link in the chain of our understanding needs and risks; including the need for protection from harm, abuse, neglect and exploitation. Chronologies can be single-agency or multi-agency and can be used flexibly for a variety of purposes.

Setting out key events in sequential date order, chronologies give a summary timeline of a child or young person's family circumstances, patterns of behaviour and trends in lifestyle, that may greatly assist any assessment, analysis and planning. They are a logical, methodical and systematic means of organising, merging and helping make sense of information. They also help to highlight gaps and omitted details that require further exploration.

Chronologies are, however, not an end in themselves; they constitute one key element of the suite of tools that we use to inform the analysis of needs and risks in assessments and interventions.

Chronologies also inform assessment and planning. As dynamic tools, chronologies should be accurate, informative and up-to-date.

Additional Electronic Links:

Orkney Chronology guidance link to go here

Further additional information, advice and guidance on ***chronologies*** can also be found at Practice Guide to Chronologies (Care Inspectorate: 2017).

Child Protection Planning Meetings (CPPM)- (Formally CPPCs)

Within the National Guidance for Child Protection in Scotland 2021 – updated 2023, the term **Child Protection Planning Meeting (CPPM)** is now used to describe what was previously known as a Child Protection Case Conference (CPCC).

On 1 August 2023, within Orkney, we transitioned from what were formerly known as CPCCs to CPPMs and we are currently using the term CPPMs.

Within Orkney although CPPMs are multi-agency meetings, they are all arranged, managed and chaired by Services for Children, Young People and Families.

CPPMs are non-statutory multi-agency meetings and whilst they have no legal status, they are considered to be an effective multi-agency way of working to support children, young people and families.

There are four types of CPPMs – *Child Protection Planning Meetings (CPPM); Review Child Protection Planning Meetings (Review CPPMs); Pre-Birth Child Protection Planning Meetings (Pre-Birth CPPM); and Transfer Child Protection Planning Meetings (Transfer CPPM).*

4.14 Child Protection Planning Meeting (CPPM)

A 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 services or agencies currently working with the child, young person and their family, including education.

The purpose of a CPPM is to ensure relevant information is shared (where it is proportionate to do so), to carry out a collective assessment of risk and need, and to agree a plan to minimise risk of harm to the child or young person. The CPPM must decide whether the child or young person is at risk of significant harm and requires a co-ordinated Child Protection Plan (described in more detail later).

The child or young person and relevant family members should be invited and supported to participate at a CPPM, as appropriate in each situation. Where they are unable to participate in person, their views must be sought and represented at the CPPM.

In Orkney, all children, young people and their families involved in CPPM processes are provided with Independent Advocacy support, if they so wish.

Where a Child Protection Plan is required, the child or young person's name must be added to (referred to as registered) the Child Protection Register (CPR). In addition, CPPMs must consider whether a referral to the Children's Reporter is, or is not required, if this has not already been done.

Prior to the CPPM being held, services and agencies will have been working to a multi-agency Interim Safety Plan. The CPPM should review this multi-agency Interim Safety Plan and develop a Child Protection Plan.

Timescales for a CPPM

If a Child Protection Investigation has been progressed, then a CPPM will follow ***within 28 calendar days***, unless there is an IRD decision that a CPPM is not required.

Where possible, participants should be given ***a minimum of five calendar days' notice*** of the decision to convene a CPPM.

To avoid any unnecessary drift, participants (including all those who were invited, but were unable to attend) of a CPPM will receive written notification (by E-Mail) of the agreed decision-making and actions / tasks from the CPPM on ***the same day or within 24 hours of the CPPM having taken place***.

Where, following a CPPM, a child or young person's name is placed on the Child Protection Register (CPR), a copy of the Child Protection Plan should be provided to the Core Group ***within five working days.***

A Record (Note or Minute) of the CPPM will follow-on thereafter, ***within 10 working days.***

In the unlikely event that a CPPM is not considered to be quorate, it should be reconvened ***within 10 working days***.

4.15 Review Child Protection Planning Meeting (Review CPPM)

A Review CPPM is very similar in nature to a CPPM. Where a child or young person is no longer considered to be at risk of significant harm and the Child Protection Plan no longer forms part of a multi-agency Child's Plan, their name should be removed (referred to as de-registration) from the Child Protection Register (CPR) by the Review CPPM. The child or young person and their family may still require on-going support and this should be managed through a multi-agency Child's Plan.

Timescales for a Review CPPM

A Review CPPM should be held ***within 6 months*** of the CPPM having taken place, with the exception of Reviews that follow a Pre-Birth CPPM, which are recommended at an earlier juncture, ***at 3 months from a Pre-Birth CPPM,*** at a time to be set by the CPPM.

A Core Group can also trigger the request for a Review CPPM.

Thereafter, Review CPPMs should take place ***6-monthly, or earlier*** if circumstances change.

4.16 Pre-Birth Child Protection Planning Meeting (Pre-Birth CPPM)

A **Pre-Birth CPPM** is held to 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 a multi-agency Child's 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 multi-agency Child's Plan. Early engagement and planned support is essential.

A Pre-Birth CPPM may place (referred to as registered) the unborn baby's name on the Child Protection Register (CPR) before birth. If the unborn baby's name is placed on the CPR, the Child Protection Plan must stipulate who is responsible for notifying the Lead Professional and / or the Social Worker of the birth of the child and what steps need to be taken at that point (e.g. referral to the Children's Reporter, or application for a Child Protection Order (CPO).

Timescales for a Pre-Birth CPPM

A Pre-Birth CPPM should take place ***by 28 weeks of gestation*** and in cases of late presentation, always ***within 28 days of the concern being raised***, taking in to account the mother's needs and all the circumstances in each case. There may be exceptions to this, where the pregnancy is in the very early stages. However, concerns may still be sufficient to warrant an inter-agency intervention and assessment.

A Review of a Pre-Birth CPPM may be held ***within 3 months of the previous CPPM***. There should be latitude for professional judgement about the most appropriate timing post-birth. This does not preclude an earlier Review where changes to the child's living situation are enough to remove or significantly reduce risks. Careful consideration is required about early decisions to remove a baby's name from the Child Protection Register, for example by ensuring that necessary supports are in place.

4.17 Transfer Child Protection Planning Meeting (Transfer CPPM)

A Transfer CPPM is held when it is known that a child or young person and / or their family are moving permanently to another local authority area. The original local authority will notify the receiving local authority immediately and 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 other appropriate services, including health and education.

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

Where the original local authority considers that the risk is on-going or even increased by the move, the receiving local authority is responsible for convening the Transfer CPPM.

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

Timescales for a Transfer CPPM

A Transfer CPPM should be held within the timescales of the receiving local authority but ***a maximum of 21 working days*** is recommended. Until the transfer meeting, where necessary, a multi-agency Interim Safety Plan must be agreed between the relevant authorities.

4.18 Further Key Information on CPPMs

The National Guidance for Child Protection in Scotland 2021 – updated 2023 contains further more detailed information, advice and guidance on all aspects of ***CPPMs*** including:

- CPPM Chairing and the Role of the Chair – which can be found HERE
- CPPM Practitioner Participation – which can be found HERE
- CPPM Quorate – which can be found HERE
- CPPM Parent and Carers Participation – which can be found HERE
- CPPM Children and Young People Participation – which can be found HERE
- CPPM Record (Note or Minute) – which can be found HERE
- CPPM Provision of Written Reports – which can be found HERE
- CPPM Restricted Access Information – which can be found HERE
- CPPM Reaching Decisions – which can be found HERE

- CPPM Dissent, Dispute and Complaint – which can be found HERE

4.19 CPPM Dissent, Dispute and Complaint in Orkney

In addition to the dissent, dispute and complaint guidance, contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023, which can be found HERE, within Orkney, all services and agencies involved in child protection work, should have in place, their own clear complaints procedures, which should be followed, where there is a complaint about an individual practitioner.

Where a member of staff wishes to raise an issue about the CPPM process or disagrees with the multi-agency decision making at the CPPM meeting, they should follow their normal service or agency Line Management / Supervision arrangements.

Any child, young person, parent, carer or any other person with parental responsibilities or their representatives, who are subject of a CPPM, may request the Head of Service, Services for Children, Young People and Families to review the multi-agency decision making process of the CPPM , where they do not accept or agree with that multi-agency decision.

Any child, young person, parent, carer or any other person with parental responsibilities or their representatives, wishing such a review should write to Head of Service, Services for Children, Young People and Families within 14 days of the CPPM taking place and will be given support in doing so. In these circumstances it will be the Lead Professional, who will direct them to the appropriate support services.

The Head of Service, Services for Children, Young People and Families will only review the multi-agency decision of CPPM where one or more of the following criteria apply:

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

A Review Panel Meeting will take place if a child, young person, parent, carer or any other person with parental responsibilities or their representatives does not accept the outcome of the review **and** it appears to the Head of Service, Services for Children, Young People and Families that either:

- inaccurate or misleading information was provided to CPPM, which impacted significantly upon its multi-agency decision making processes
- there are clear grounds for believing that the multi-agency decision making processes were not warranted by the information presented to it

It is suggested that the Review Panel may comprise:

- the Head of Service, Services for Children, Young People and Families
- an experienced Paediatrician in Child Protection
- an experienced Senior Police representative in Child Protection

4.20 Decision by Head of Service, Services for Children, Young People and Families

The decision by the Head of Service, Services for Children, Young People and Families, and the findings from the Review Panel will be considered final and will be reported to the Orkney Chief Social Work Officer (CSWO).

Should the child, young person, parent, carer or any other person with parental responsibilities or their representatives still not accept the outcome of this review process, it will be open to them to pursue the formal statutory complaints procedure (social work complaints procedure).#

In Orkney, this the CSWO and Head of Service, Services for Children, Young People and Families is the same person, this can at times change due to staff absence or moving roles, where this occurs the process should be followed as outlined.

Additional Electronic Links:

Further, more detailed information, advice and guidance on ***child protection planning meetings (CPPMs),*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

Further, more detailed information, advice and guidance on ***pre-birth assessment and support,*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

Child Protection Register (CPR)

All local authorities, including Orkney Island Council, are responsible for maintaining a central Child Protection Register (CPR) for all children and young people who are the subject of a multi-agency Child Protection Plan. This includes unborn babies.

Within Orkney's Children's Services, Children and Families are responsible for maintaining the CPR on behalf of all partner services and agencies.

The Service Manager of Children and Families (Fieldwork) and Team Manager are the Keepers of the CPR in Orkney.

The CPR has no legal status. This is an administrative system for alerting practitioners that there is sufficient professional concern about a child or young person to warrant a Child Protection Plan.

Local authority Social Work Services are responsible for maintaining the CPR of all children and young people in their area who are subject to a Child Protection Plan.

4.21 Placing a Child or Young Person's Name on the CPR

The decision to place (register) a child or young person's name on the CPR is taken following a Child Protection Planning Meeting (CPPM).

A child or young person's name may be placed (registered) on the CPR if there are reasonable grounds to believe or suspect that a child or young person has suffered, or will suffer, significant harm from abuse or neglect, and that a Child Protection Plan is needed to protect and support the child or young person. This is always a multi-agency decision.

When placing a child or young person's name on the CPR, the local authority should inform the child or young person's parents or carers verbally and in writing about the information held on the CPR and who has access to it. Where the child or young person has sufficient age and understanding, the child or young person should similarly be informed.

Police Scotland has developed a child protection flag for its interim Vulnerable Persons Database (iVPD). This alerts police call-handling staff and police officers attending incidents (whether in-person or not) that there has been sufficient previous professional concern about a child or young person to warrant placing their name on the CPR.

4.22 CPR – Areas of Concern / Vulnerability Factors

When placing a child or young person's name on the CPR, the areas of concern and / or vulnerability factors must be identified and recorded accurately.

All that are relevant should be identified. The areas of concern and vulnerability factors from 1 August 2023 are:

Impact on / abuse of the child / young person identified – Physical Abuse
Impact on / abuse of the child / young person identified – Emotional Abuse
Impact on / abuse of the child / young person identified – Sexual Abuse

Impact on / abuse of the child / young person identified – Criminal Exploitation
Impact on abuse of the child / young person identified – Child Trafficking
Impact on / abuse of the child / young person identified – Neglect
Impact on / abuse of the child / young person identified – Female Genital Mutilation (FGM)
Impact on / abuse of the child / young person identified – Honour-Based Abuse (HBA) and / or Forced Marriage (FM)
Impact on / abuse of the child / young person identified – Child Sexual Exploitation (CSE)
Impact on / abuse of the child / young person identified – Internet-Enabled Sexual Offending
Impact on / abuse of the child / young person identified – Underage Sex
Vulnerability Factor – Services finding it hard to Engage
Vulnerability Factor – Parent(s) / Carer(s) with Learning Disability
Vulnerability Factor – Child affected by Parent / Carer Mental Ill-Health
Vulnerability factor – Child experiencing Mental Health Problems
Vulnerability Factor – Domestic Abuse
Vulnerability Factor – Parental Alcohol Use
Vulnerability Factor – Parental Drug Use
Vulnerability Factor – Child displaying Harmful Sexual Behaviour
Vulnerability Factor – Online Safety
Other concern(s) – Specify

4.23 Removing a Child or Young Person's Name from the CPR

If and when the practitioners who are working with the child or young person and their family decide that the risk of significant harm to the child or young person has been sufficiently reduced and the child or young person is no longer in need of a Child Protection Plan, the child or young person's name should be removed (de-registered) from the CPR.

The decision to remove a child or young person's name from the CPR will be made through a **Review CPPM**; at which time the child or young person and their family must be informed.

Removal should not necessarily lead to a reduction or withdrawal of services or support to the child or young person and their family, who may continue to require a range of support. Following de-registration, the Child's Plan will be amended to reflect the revised assessment of risk and need and the necessary support will be continued.

4.24 Making use of the CPR

Within Orkney, the Service Manager of Children and Families (Fieldwork) and Team Manager are the Keepers of the CPR. The CPR is kept secure, accurate and is accessible to practitioners 24 hours per day via 01856873535 (24 hours).

Additional Electronic Link:

Further, more detailed information, advice and guidance on ***child protection register,*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE.

4.25 Child Protection Plan

Child Protection Plans are multi-agency plans. Child Protection Plans must be SMART in nature and will include immediate, short-term, medium-term and longer-term risks, needs and targets. Interventions should be appropriate, linked to intended outcomes and must be understood by all those who are a party to the plan, including children, young people and their families.

Child Protection Plans must:

- be developed in collaboration and consultation with the child or young person and their family
- link actions to intended outcomes and the reduction or elimination of risk
- be current and consider the child or young person's 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, young people and / or their views.

As outlined in the National Guidance HERE.

Timescales for Reviewing a Child Protection Plan

A Child Protection Plan should be shared ***within 5 working days***.

A Child Protection Plan should be reviewed ***within 3 months*** of a Pre-Birth CPPM taking place, but there should be latitude for professional judgement about the most appropriate timing post-birth.

A Child Protection Plan should be reviewed ***within 6 months*** of the CPPM taking place and thereafter ***6 monthly*** or earlier if circumstances change significantly.

4.26 Core Group

Where a child or young person's name has been added to (registered) the Child Protection Register (CPR) and a Child Protection Plan put in place, then a Core Group will be established for those who have direct and on-going involvement with the child or young person and their family.

They are responsible for implementing, monitoring and reviewing the Child Protection Plan, in partnership with the child, young person and their family. The Core Group should:

- be co-ordinated by the Lead Professional
- meet on a regular basis to carry out their functions
- keep effective communication between all services and agencies involved with the child or young person and their family
- activate contingency plans promptly when progress is not made or circumstances deteriorate
- be alert, individually and collectively, to escalating concerns, triggering immediate response, additional support and / or a review CPPM as appropriate.
-

Timescales for a Core Group

The Core Group should meet ***within 15 working days*** of the CPPM having taken place.

Core Groups should refer significant changes or concerns within the Child Protection Plan to the CPPM Chair / Lead Professional as urgently as necessary and always ***within 3 calendar days*** of the change / concern being identified.

Child's Plan and Child Protection Plan

Throughout these Guidelines, continual reference has been made to the Child's Plan and the Child **Protection Plan**. It is important that practitioners understand the differences between these two multi-agency Plans and, in some cases, their inter-dependence on each other.

4.27 Child's Plan

Getting it right for every child (GIRFEC) is about enhancing the wellbeing of all children and young people. The GIRFEC principles and values underpin this approach. Using these key principles values, the approach to considering children's wellbeing should be rights-based, strengths-based, holistic and adaptable in terms of promoting, supporting, and safeguarding the wellbeing of children and young people.

Wellbeing is a measure of how a child or young person is doing at a given point in time. The Eight Wellbeing Indicators provides a working framework for shared assessment and planning in relation to wellbeing and a shared response to identified needs.

Where a need has been identified, a personalised Child's Plan must be developed when those working with the child or young person and their family identify that a child or young person needs a range of extra support planned, delivered and co-ordinated.

GIRFEC allows for additional support to be provided by a Named Person, who is able to provide a clear point-of-contact and support within universal services; if a child, young person or their family wish to receive further information, advice, help or support. GIRFEC also allows additional support to be provided by a Lead Professional.

In circumstances, where the complexity or urgency of need requires co-ordinated intervention from more than one service or agency, a Lead Professional must be identified to take on that coordinating role and a Child's Plan must be developed.

The Child's Plan should reflect the child or young person's voice and explain what should be improved for the child or young person, the actions to be taken and why the Child's Plan has been created. The partners involved in supporting the child or young person must agree which practitioner takes on the Lead Professional role; who thereafter will coordinate the multi-agency support and Child's Plan.

4.28 Child Protection Plan

Child protection sits within, and should be seen as, an integral part of the wider continuum of the Getting it right for every child (GIRFEC) practice approach. Child Protection falls at the urgent end of this practice continuum which includes prevention, early identification and early intervention.

Child protection and GIRFEC are inextricably linked and prerequisites in improving outcomes for children and young people; keeping them safe and protecting them from harm, abuse, neglect and exploitation.

Children and young people who become subject to child protection processes (as a result of a Child Concern Report and Unborn Baby Referral and Screening processes) may already be known to services and agencies and in some cases, they may already have a Child's Plan in place. In these circumstances, child protection should build on this existing knowledge in terms of assessment and planning to meet needs and risks.

Where a child or young person is believed to be at risk of significant harm, then after investigation and assessment a Child Protection Planning Meeting (CPPM) may be held, where the child or young person's name may be added to (registered) on the Child Protection Register (CPR).

A Child Protection Plan will be developed and should be incorporated into any existing Child's Plan for as long as the risk of significant harm is deemed to last. Following a CPPM, a multi-agency Core Group will be established to take forward the Child Protection Plan.

Child Protection Plans are multi-agency plans. Child Protection Plans must be SMART in nature and will include immediate, short-term, medium-term and longer-term risks and needs. Interventions should be appropriate, linked to intended outcomes and must be understood by all those who are a party to the plan, including children, young people and their families.

Child Protection Plans must:

- be developed in collaboration and consultation with the child or young person and their family
- link actions to intended outcomes and the reduction or elimination of risk
- be current and consider the child or young person's 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, young people and / or their views.

Where a child or young person is no longer believed to be at risk of significant harm, then a Review CPPM will be held, and the child or young person's name may be removed (de-registered) from the CPR.

Wherever possible, where a Child's Plan and a Child Protection Plan are in place at the same time, ideally they should form part of the single planning process for the child or young person. This should be managed and reviewed through a single planning process; including a single meeting structure, even if the child or young person is involved in several processes.

A Child Protection Plan must entirely focus on reducing the risk of significant harm.

4.29 Child Protection Plan and fit with an Existing Child's Plan

A multi-agency Child's Plan may already be in place where co-ordinated actions between services and agencies was required to meet the child or young person's wellbeing needs.

If there is already a multi-agency Child's Plan in place, this will need to be considered in light of the concerns about the child or young person and their Child Protection Plan.

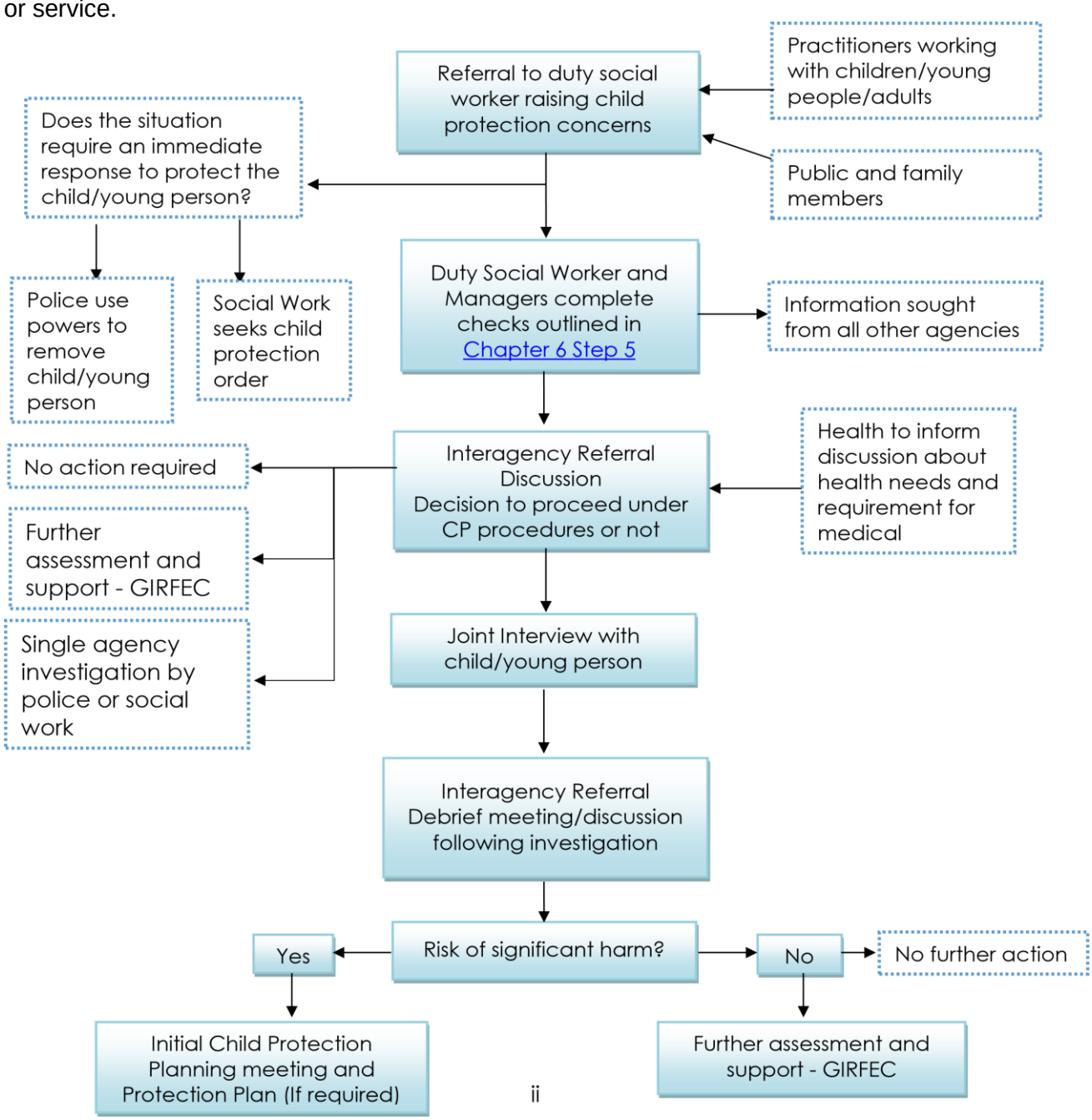
Ideally, there should be a single plan of action, managed and reviewed through a single meeting structure, even if the child is involved in several processes. Both the multi-agency Child's Plan and the Child Protection Plan should be incorporated, and priority should be given to the Child Protection Plan.

Additional Electronic Link:

Further, more detailed information, advice and guidance on ***child protection plans etc,*** contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 can be found HERE and HERE.

Process for Child Protection Referrals Flowchart – Social Work

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



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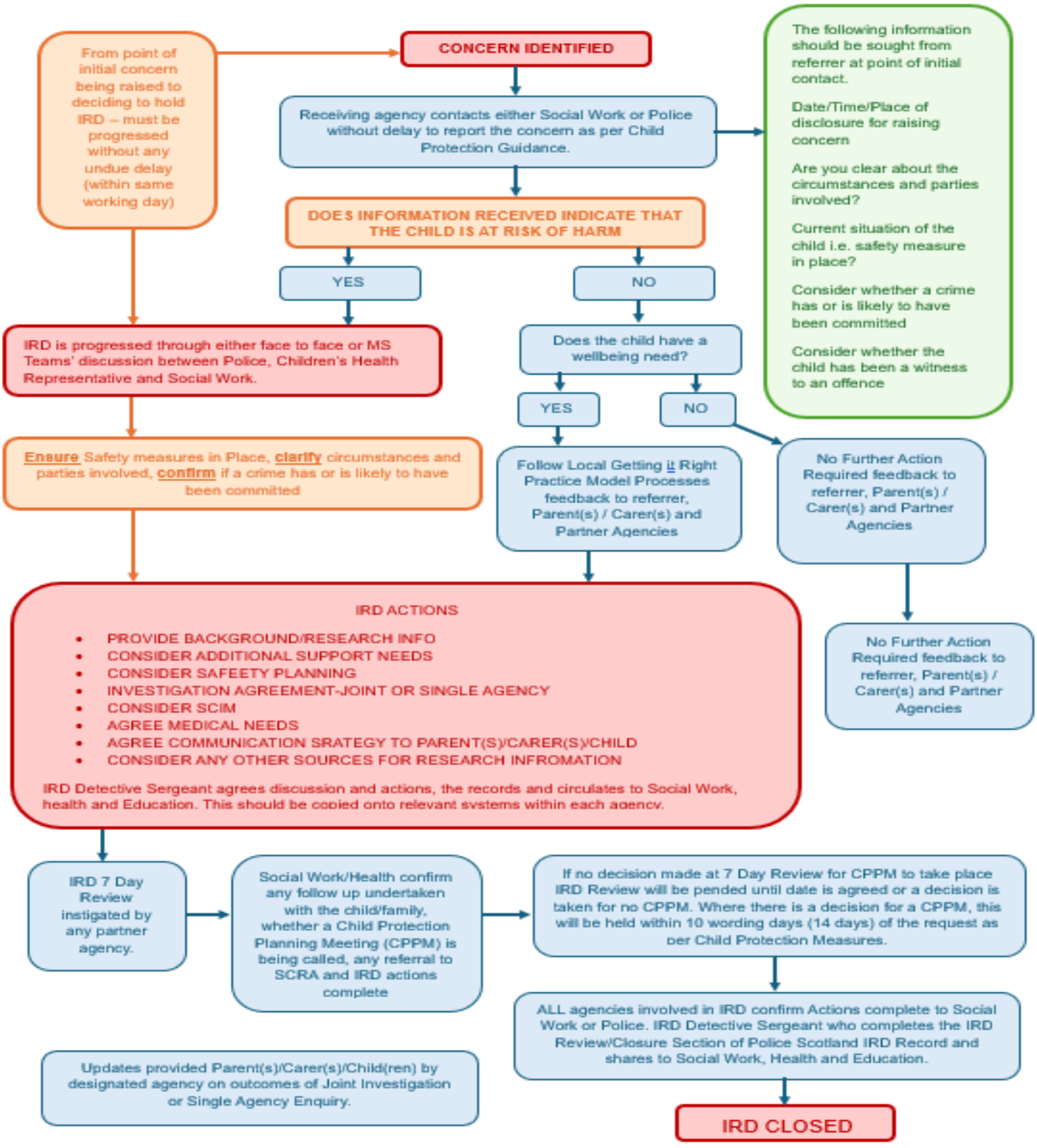
Appendices

1.1 Appendix | Highlands and Islands IRD Protocol



CONFIRM:

- **WHO HAS LAST SEEN THE CHILD AND WHEN**
- **WHERE IS THE CHILD NOW**
- **WHAT THE IMMEDIATE SAFETY AND CARE ARRANGEMENTS ARE FOR THE CHILD**

RESEARCH CHECKS IN PREPARATION FOR INTER-AGENCY REFERRAL DISCUSSION

INITIAL CHECKS BY CHILDREN'S SOCIAL WORK

- Log Child Protection register check, research registration history including if the child has been on another local authority CPR
- Social Work database with reference to adult(s) as well as children's services and note: legal status record, chronology, whether child has disability
- Looked after child and placement history
- Child Protection and looked after child history for siblings, step siblings and half siblings
- Allocated worker
- Child's network
- Professional network
- Other agency checks – Housing, Third sector, previous local authority areas

POLICE SCOTLAND

- Police National Computer
- Criminal History System
- Vulnerable Persons Database
- Criminal Intelligence
- Incident Logging
- Legacy files
- STORM

HEALTH

- Check child health records
- Chronology
- Check GP records
- Discuss GP information with GP practice – if appropriate
- Consider any disabilities and how these impact on the child
- Consider protective factors
- Consider risk factors

EDUCATION

- Check PPR for Child Protection Chronology
- Risk factors
- Protective factors
- Communication issues/requirements
- Disability
- Risk taking behavior
- Family circumstances - risks and supports
- Health issues
- Circumstances of other significant family members i.e. siblings
- Evidence in reaction to the current enquiry which becomes relevant

All agencies must follow all internal procedures

1.2 Specific Circumstances

These Orkney CPC Inter-Agency Child Protection Guidelines have deliberately focussed on *key* child protection – definitions; recognition and response and have provided signposting to key parts of the National Guidance for Child Protection in Scotland 2021 – updated 2023.

However, it is important to note that there are many other additional circumstances where children, young people and their families may require specific help and support and where there may be concerns about risk and need.

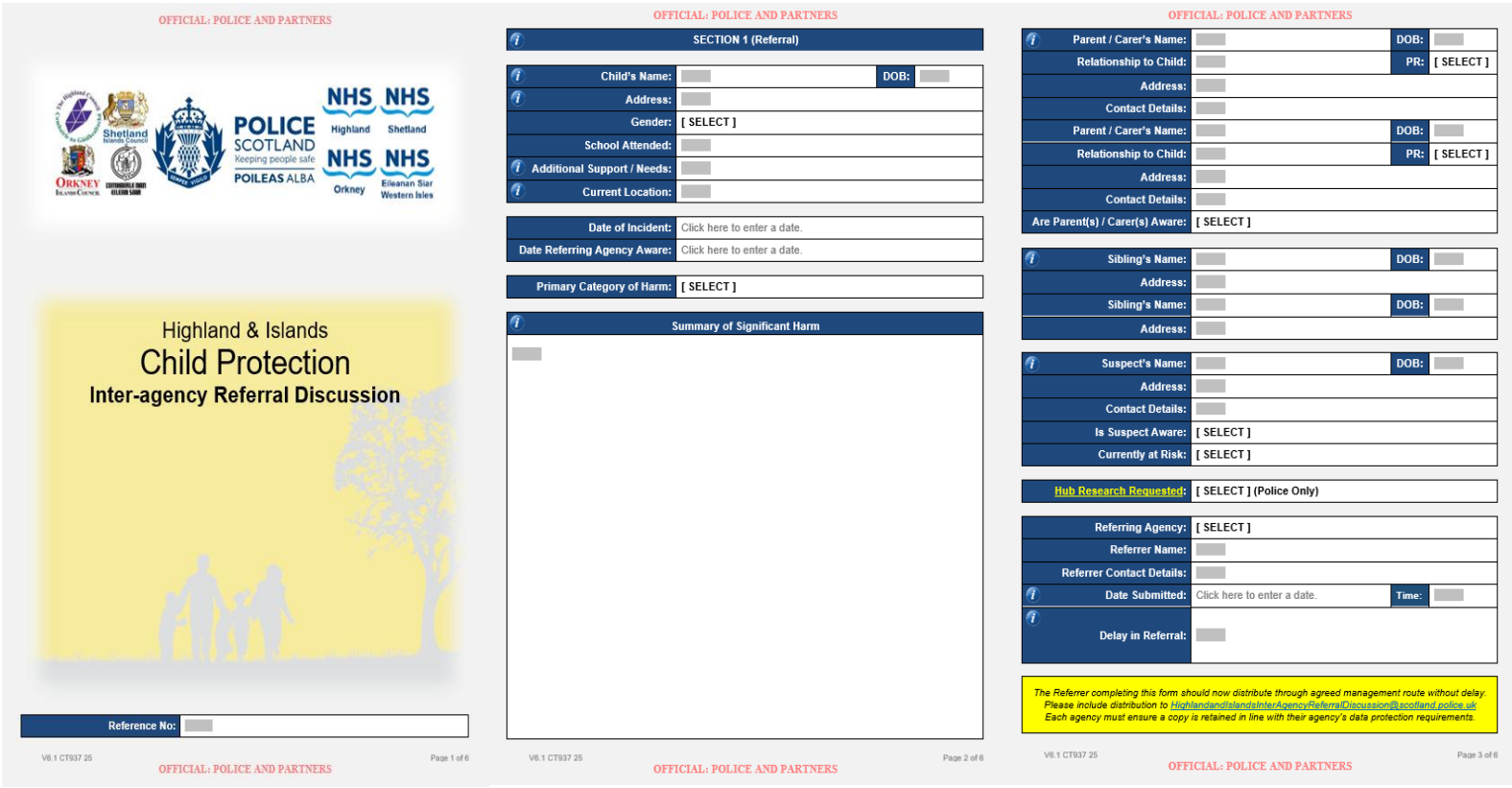
Part 4 of the National Guidance for Child Protection in Scotland 2021 – updated 2023 provides a significant amount of information, advice and guidance in these additional circumstances.

Whilst it is not within the scope of these specific Guidelines to include every such circumstance, the following key information, advice and guidance, contained within the National Guidance for Child Protection in Scotland 2021 – updated 2023 has been signposted and where necessary, has been supported by electronic links to the national guidance and to any existing local guidance.

Children and Young People Affected by Poverty – HERE
Impact of Mental Health or Health Problems on Children and Young People – HERE
Children and Young People Experiencing Mental Health Problems – HERE
Suicide and Self-Harm Affecting Children and Young People – HERE
Children and Young People Affected by Domestic Abuse – HERE
Children and Young People Affected by Parental Alcohol and Drug Use – HERE
Protection of Disabled Children and Young People – HERE
Parents with Learning Disabilities – HERE
Children and Young People Affected by Bullying – HERE
Female Genital Mutilation (FGM) – HERE
Honour-Based Abuse (HBA) and Forced Marriage (FM) – HERE
Physical Abuse, Equal Protection and Restraint – HERE

1.3 Appendix |Highlands and Islands Child Protection IRD Form

An Internal Agency Referral Discussion Template has been developed by Police Scotland and agreed across Shetland, Orkney, Highlands and the Western Isles. This document is held by each service but can be requested from Police Scotland PPU where required.



OFFICIAL: POLICE AND PARTNERS

Highland & Islands
Child Protection
Inter-agency Referral Discussion

Reference No:

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OFFICIAL: POLICE AND PARTNERS

SECTION 1 (Referral)

Child's Name:		DOB:	
Address:			
Gender:	[SELECT]		
School Attended:			
Additional Support / Needs:			
Current Location:			

Date of Incident:	Click here to enter a date.
Date Referring Agency Aware:	Click here to enter a date.
Primary Category of Harm:	[SELECT]

Summary of Significant Harm

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OFFICIAL: POLICE AND PARTNERS

Parent / Carer's Name:		DOB:	
Relationship to Child:		PR:	[SELECT]
Address:			
Contact Details:			
Parent / Carer's Name:		DOB:	
Relationship to Child:		PR:	[SELECT]
Address:			
Contact Details:			
Are Parent(s) / Carer(s) Aware:	[SELECT]		

Sibling's Name:		DOB:	
Address:			
Sibling's Name:		DOB:	
Address:			

Suspect's Name:		DOB:	
Address:			
Contact Details:			
Is Suspect Aware:	[SELECT]		
Currently at Risk:	[SELECT]		

Hub Research Requested:	[SELECT] (Police Only)

Referring Agency:	[SELECT]		
Referrer Name:			
Referrer Contact Details:			
Date Submitted:	Click here to enter a date.	Time:	
Delay in Referral:			

The Referrer completing this form should now distribute through agreed management route without delay.
Please include distribution to HighlandandIslandsInterAgencyReferralDiscussion@scotland.police.uk
Each agency must ensure a copy is retained in line with their agency's data protection requirements.

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SECTION 2 (Inter-Agency Referral Discussion)

Date:	Click here to enter a date.	Time:	
Has there been an IRD for this child in the previous 2 years:	[SELECT]		

Summary of Discussion & Agreed Rationale

Police Representative & Contact Details:
Social Work Representative & Contact Details:
Health Representative & Contact Details:
Education representative & Contact Details:

Police Information Shared:

Social Work Information Shared:

Health Information Shared:

Education Information Shared:

Other Information Shared:

Summary of Discussion:

Agreed Actions & Rationale:

Safety Planning:

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Allocated Social Worker:			
Accommodation Status:	[SELECT]	Care Experienced:	[SELECT]
Legal Status:	[SELECT]	Open Child's Plan:	[SELECT]
Health Visitor:			
General Practitioner:			
Named Person:			
Education Status:	[SELECT]	Attendance%:	
Investigative Ownership:	[SELECT]		
Interview Agreed:	[SELECT]	VRI Briefing:	[SELECT]
Medical Examination:	[SELECT]	Consent:	[SELECT]
CPPM:	[SELECT]		

Is immediate safety planning required to ensure the safety of the child:	[SELECT]
Is escalation required as a result of no consensus being reached:	[SELECT]
Embedded Documents:	

The Referrer completing this form should now distribute through agreed management route without delay.
Please include distribution to HighlandandIslandsInterAgencyReferralDiscussion@scotland.police.uk
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SECTION 3 (IRD Review)

Date:	Click here to enter a date.	Time:	

CPPM Arranged:	[SELECT]
All Actions Completed:	[SELECT]
Enquiry Outcome:	[SELECT]
Legal Measures:	[SELECT]
Staff Welfare Issues Considered:	[SELECT]

Details of Review

Practice Issues Identified:	[SELECT]
Initial Referrer Updated:	[SELECT]
Feedback from Family:	
IRD Closure Date:	Click here to enter a date.

The Referrer completing this form should now distribute through agreed management route without delay.
Please include distribution to HighlandandIslandsInterAgencyReferralDiscussion@scotland.police.uk
Each agency must ensure a copy is retained in line with their agency's data protection requirements.

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1.4 Appendix | Acronyms

Acronyms	Definition
ADP	Alcohol & Drug Partnership
ASPC	Adult Support and Protection Committee
CAMHS	Children and Adolescent Mental Health Services
CAMHS	Child and Adolescent Mental Health Services
CAO	Child Assessment Order
CAPSM	Children Affected by Parental Substance Misuse
CCR	Child Concern Report
CELCIS	Centre for Excellence for Looked After Children in Scotland
CEOP	Child Exploitation and On-line Protection Agency
CHS	Children's Hearings Scotland
CJA	Criminal Justice Authority
CJU	Criminal Justice Unit
CME Scotland	Child Missing from Education Scotland
CMHT	Community Mental Health Team
COPFS	Crown Office and Procurator Fiscal Service
CPC	Child Protection Committee
CPO	Child Protection Order
CPO	Child Protection Officer (Schools)
CPP	Community Planning Partnership
CPPM	Child Protection Planning Meeting
CPR	Child Protection Register
CPU	Police Scotland Child Protection Unit
CSE	Child Sexual Exploitation
CSO	Compulsory Supervision Order
CYP&FP	Children, Young People and Families Partnership
CYRO	Children and Youth Rights Officer
DA	Domestic Abuse
DV	Domestic Violence
ECHR	European Convention on Human Rights
ECS	Education & Children's Services
EO	Exclusion Order
FAQ	Frequently Asked Questions
FGM	Female Genital Mutilation
FM	Forced Marriage
FOI	Freedom of Information
Getting it Right	Getting it Right for Every Child
GIRFEC	Getting It Right for Every Child
GOPR	Getting Our Priorities Right
GP	General Practitioner
H&SCI	Health and Social Care Integration

HBV	Honour Based Violence
HCC	Housing and Community Care
HMIE	Her Majesty's Inspectorate of Education
ICO	Information Commissioner's Office
ICR	Initial Case Review
ICSP	Integrated Children's Services Plan
IJB	Integrated Joint Board
IRD	Inter-Agency Referral Discussion
IRD	Inter-agency Referral Discussion
IRISS	Institute for Research and Innovation in Social Services
ITMs	Integrated Team Meetings (in Schools)
iVPD	Vulnerable Person's Database (Interim) (Police Scotland)
IWF	Internet Watch Foundation
JII	Joint Investigative Interview
JII	Joint Investigative Interviews
JIIT	Joint Investigative Interview Training
LAAC	Looked After and Accommodated Children
LAC	Looked After Children
LAL	Live Active Leisure
LP	Lead Professional
LSI	Large Scale Investigations
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MATAC	Multi-Agency Tasking and Coordinating
MHO	Mental Health Officer
MIS	Management Information and Statistics
MSHTU	Modern Slavery Human Trafficking Unit
NACP	Nurse Advisor Child Protection
NAI	Non-Accidental Injury
NAS	Neo-Natal Alcohol Syndrome
NHS	National Health Service
NP	Named Person
NPS	New Psychoactive Substances
NRM	National Referral Mechanism
NSPCC	National Society for the Prevention of Cruelty to Children
NSPCC	National Society for the Prevention of Cruelty to Children
OPPC	Orkney Public Protection Committee
PARIS	PARIS is the case recording and record management database system for Orkney Health and Care.
PCCR	Police Child Concern Report
PF	Procurator Fiscal
QI	Quality Indicator
RAG	Red; Amber; Green

RSL	Registered Social Landlords (Housing)
S&Q	Standards and Quality Report
SACRO	Scottish Association for the Care and Rehabilitation of Offenders
SCIE	Social Care Institute For Excellence
SCR	Significant Case Review
SCRA	Scottish Children's Reporter Administration
SHANARRI	GIRFEC Wellbeing Indicators: Safe; Healthy; Achieving; Nurtured; Active; Respected; Responsible; Included
SID	Sudden Infant Death
SIMD	Scottish Index of Multiple Deprivation
SLA	Service Level Agreement
SMART	Specific, Measurable, Achievable, Realistic and Time-Bound
SOA	Single Outcome Agreement
SPS	Scottish Prison Service
SUDI	Sudden Unexpected Death in Infancy
UNCRC	United Nations Convention on the Rights of the Child
VAWG	Violence Against Women and Girls
VAWP	Violence Against Women Partnership
VPR	Vulnerable Person Report (Police Scotland)
VRI	Video Recorded Interview
CAMHS	Child and Adolescent Mental Health Services

1.5 Related Documents and Resources

Related documents and resources:
"It's everyone's job to make sure I'm alright" - Report of the Child Protection Audit and Review Appendix C: Key Reports, Inquiries & Policy Developments for Protecting Children and Young People - Protecting Scotland's children and young people: it is still everyone's job - gov.scot
National guidance for child protection in Scotland 2021 (updated 2023): Supporting documents - National Guidance for Child Protection in Scotland 2021 - updated 2023 - gov.scot (www.gov.scot)
Why children reveal abuse and What to say to a child and how to respond. https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/what-to-do-child-reveals-abuse/
National Guidance on Joint Investigative Interviewing of Child Witnesses in Scotland. https://www2.gov.scot/Resource/Doc/365398/0124263.pdf.

1.6 Useful Web links

Organisation	Web Link
Aberlour Scotland's Children's Charity	www.aberlour.org.uk/
Action for Children	www.actionforchildren.org.uk/
Alcohol Focus Scotland	www.alcohol-focus-scotland.org.uk/
Alcoholics Anonymous	www.alcoholics-anonymous.org.uk/
Anti Bullying Network	www.antibullying.net/
Association of Directors of Education in Scotland	www.scelscotland.org.uk/blog/who-we-are/our-partners/test-partner/
Barnardo's Scotland	www.barnardos.org.uk/scotland
CAIR Scotland	www.cairscotland.org.uk/
Care Inspectorate	www.careinspectorate.com/
CME Scotland	www.gov.scot/Topics/Education/Schools/cmescotland
Centre for Excellence for Looked After Children in Scotland (CELCIS)	www.celcis.org/
Child Exploitation and On-line Protection Agency	www.ceop.police.uk/
Childnet International	www.childnet-int.org/kia/
ChildLine	www.childline.org.uk
Children 1st	www.children1st.org.uk/
Children 1st Safeguarding in Sport	www.children1st.org.uk/what-we-do/our-services/search-our-services/safeguarding-in-sport
Children in Scotland	www.childreninscotland.org.uk/
Children's Hearings Scotland	www.chscotland.gov.uk/
Crimestoppers	www.crimestoppers-uk.org
Getting it right for every child (GIRFEC)	www.gov.scot/Topics/People/Young-People/gettingitright
GIRFEC: My World Triangle	www.gov.scot/Topics/People/Young-People/gettingitright/national-practice-model/my-world-triangle
GIRFEC: National Practice Model	www.gov.scot/Topics/People/Young-People/gettingitright/national-practice-model
GIRFEC: Resilience Matrix	www.gov.scot/Topics/People/Young-People/gettingitright/national-practice-model/resilience-matrix
GIRFEC: Wellbeing Indicators	www.gov.scot/Topics/People/Young-People/gettingitright/wellbeing
Information Commissioner's Office (ICO) Scotland	ico.org.uk/about-the-ico/who-we-are/scotland-office/
Institute for Research & Innovation in Social Services (IRISS)	www.iriss.org.uk/
Internet Watch Foundation	www.iwf.org.uk
Legislation UK	www.legislation.gov.uk/
Modern Slavery Human Trafficking Unit (MSHTU)	www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre
National Crime Agency (NCA) CEOP Command	www.ceop.police.uk/
National Society for Prevention of Cruelty to Children (NSPCC)	www.nspcc.org.uk/
NHS 24	www.nhs24.com/

Orkney Rape and Sexual Assault Service	Orkney Rape & Sexual Assault Service
Rape Crisis Scotland	https://www.rapecrisisscotland.org.uk/
Safe and Together	https://safeandtogetherinstitute.com/scotlands-programme-for-government-commits-to-safe-together-model/
Women's Aid Orkney	Welcome to Women's Aid Orkney - Women's Aid Orkney
Women's Aid	https://womensaid.scot/

1.7 Further Third Sector Involvement

Orkney benefits from a vibrant and proactive third sector who supply several supports which may be of benefit to our children and young people as well as the families whom we support.

Whenever there is a child protection concern, we should consider what third sector services may be supportive of our children and their families. Staff should view our Community Directory The Orkney Community Directory - VAO Orkney.

Local supports available include (not an exhaustive list):

Support	Contact
Relationship Scotland Orkney: *Part of the Relationship Scotland network, providing services such as counselling, mediation, support, child contact centre, advice and support resources.*	Website: Home - RS Orkney Tel: 01856 877750 Email: enquiries@rsorkney.org.uk
Connect: *The Connect Project works with young people aged between 15-21, who are unsure of what steps to take next, or are not ready to move on to employment or further training.*	Website: CONNECT - VAO Orkney Email: connect@vao.org.uk
The Blide Trust: *Local services offered 7 days per week including one to one support, drop-in services, Therapeutic Blide, Haven Café, Young Persons Project, Purposeful Blide, Housing Support, Time2Talk Counselling Service, Befriending, Out and About in the Community, Active Blide and the Money Matters Project.*	Website: https://www.blidetrust.org.uk/ Orkney Blide Trust, 54 Victoria Street, Kirkwall, Orkney, KW15 1DN Tel: 01856 874874 Text: 07840198022 (messages are monitored) Email: admin@blidetrust.org
HomeStart Orkney: *Home-Start Orkney is a voluntary organisation committed to promoting the welfare of families with at least one child under five years of age. We're there for parents when they need us the most, because childhood can't wait.*	Website: Home-Start Orkney | Because childhood can't wait Tel: 07938634075 Email: admin@homestartorkney.org.uk
Right There: *A charity in Scotland working to prevent people becoming homeless and separated from their loved ones. Offering counselling, mentoring and coaching services.*	Website: Homeless & Social Support Charity Scotland Tel: 0141 565 1200 Email: hello@rightthere.org

Young People Befriending: *The Young People's Befriending Project works alongside young people (aged 8-18) by offering them support through a volunteer Befriender*	Website: Young People's Befriending Project - VAO Orkney Tell 01856 872897
Women's Aid: *Women's Support Workers provide emotional and practical support. Initially they are there to listen to you. From there they will work with you so that you can stay safe and live a fulfilling independent life. They can also provide advice on a range of things, like accommodation, financial and legal support. We can also provide separate support for your children.*	Website: Welcome to Women's Aid Orkney - Women's Aid Orkney Tel: 01856 877900 Email: info@womensaidorkney.org.uk
Orkney Rape and Sexual Assault Service (ORSAS): *There are centres all over Scotland, some of which have over 40 years' experience of supporting survivors of sexual violence.*	Website: Orkney Rape & Sexual Assault Service Tel: 01856 872298 Email: contact@orsas.scot
Age Scotland Orkney: *Age Scotland Orkney offers range of services to those aged 50+ on a subscription basis.*	Website: Welcome to Age Scotland Orkney Tel: 01856 872298 Email: enquiries@agescotlandorkney.org.uk
Scottish Autism: *Established in 1968 by a group of parents, we are now the largest provider of autism-specific services in Scotland and a leading authority and advocate for good autism practice.*	Website: Scottish Autism Tel: 01259 720044 Email: autism@scottishautism.org
Enable: *We believe in equal rights for everyone through self-directed social care, employment, training, and empowering communities.*	Website: https://www.enable.org.uk/ Tel: 0300 0200 101 Email: enabledirect@enable.org.uk
Action for Children: *We work with young people across Orkney to support their emotional wellbeing and improve outcomes for children, young people, and their families.*	Website: Action for Children Tel: 07977065529 Email: Catherine.MacLeod@actionforchildren.org.uk
Who Cares?Scotland: *Who Cares? Scotland provide independent advocacy for Care Experienced children and young people and care leavers up to the age of 26 in most local authority areas in Scotland.*	Website: https://www.whocaresscotland.org Tel: 0141 226 4441 / 0330 107 7540 Email: reception@whocaresscotland.org