



ABERDEEN
CITY COUNCIL

Child Protection Procedures in Aberdeen City

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Approval Authority	CSMT	
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Changes Approved	November 2018	Main changes take account of organisational changes in Children's Social Work and Police Scotland

1. Who and what is the policy for?

- 1.1 This procedure is for all staff in Children's Social Work to ensure that they are informed of the procedure to follow in response to receiving of child care and protection referrals, and subsequently to progress a child protection investigation, up to and including the forum of a Child Protection Case Conference. It may also be helpful for our colleagues working in partner agencies such as Police Scotland, Education, Health and may also include Third Sector organisations where this is required.

Aberdeen City Council's (ACC) [Corporate Child Protection Procedure](#) makes it a priority for staff to respond appropriately to potential child protection concerns, with a particular focus placed on Children's Social Work staff, who will take lead responsibility for progressing enquiries and safeguarding children.

The lead agencies with responsibility for Child Protection are Police Scotland and Children's Social Work.

1. Police Scotland

Police Scotland's remit surrounds the statutory duty they hold to protect members of the public and to progress a criminal investigation on behalf of the Procurator Fiscal's service, where this is deemed appropriate.

2. Children's Social Work

Children's Social Work's remit surrounds our statutory duty to safeguard and promote the wellbeing of children as well as to support the upbringing of children within their own families as far as is consistent with this statutory duty. Children's Social Work also has a duty to progress enquiries relating to children who may require compulsory measures of supervision. This includes children who are at risk of suffering significant harm.

2. Why do we need this policy?

- 2.1 We need this policy to ensure that all Children's Social Work staff involved in the protection of vulnerable children are aware of their roles and responsibilities and the procedures to follow when we receive information which indicates a child's care and wellbeing may be compromised to the extent that specialist social work intervention may be required. It is also necessary for our partner agencies to be clear about their roles and responsibilities for any ongoing support for children who are deemed to be at risk of significant harm and those for whom these risks have been mitigated but still require ongoing support.

3. What does it mean for the Council? (Policy Statement)

- 3.1 Children's Social Work has its primary statutory obligations for child protection set out in the [Children \(Scotland\) Act 1995](#). This is reiterated throughout other legislation for children and young people in Scotland [see the legislation section at the end of this document]. The government also provides [guidance on responding to concerns about child protection](#). This procedure sets out how we will implement those responsibilities for children and young people in Aberdeen City.

4. Receiving a Child Care and Protection Referral

- 4.1 Child Care and Protection concerns can be received for children who are already allocated to Children's Social Work, for those who have a previous history of statutory social work services as well as for children not previously known. Regardless of this, the response of statutory Children's Social Work will be the same for all cases and will follow this procedure. The main elements of this procedure are

set out in the Child Protection Investigation Flowchart in Appendix 1.

- 4.2 All child care and protection referrals relating to allegations of abuse, and neglect must be listened to timeously, be taken seriously, be recorded with accuracy and be heard with sensitivity. This approach aims to ensure that all referrers, whether children or family members themselves, anonymous referrers, members of the public or professionals, feel confident in the role played by statutory child protection services. This will also ensure a robust process for determining what action may or may not be required.
- 4.3 On receipt of a child care and protection concern, it is necessary to make a decision on the nature of a child's needs and what response, is required. This will include consideration of whether the child's needs are best met through child protection procedures or not. Child protection procedures will be followed where information has been received that indicates a likelihood of significant harm to a child either through abuse or neglect to a child or young person, whether this harm is intended or not.
- 4.4 It is vital to determine the following:
1. If a child is believed to be in immediate danger in which case, the police will be notified immediately.
 2. If a child is believed to require immediate medical assistance and if so, they will be taken to hospital or an ambulance will be called.

All information gathered in connection with a child protection investigation will be recorded in a child's electronic record (careFirst) and any accompanying documentation will be scanned and saved in the child's electronic file. For any referrals for children who are not open to Children's Social Work, there will be a need to start a new electronic record. All recording will be done in line with the Case Recording Policy and Procedure.

- 4.5 The Child Protection Procedures in Aberdeen City Council can broadly be divided into two distinct stages.

5. Stage 1: Validation of Concern

- 5.1 This stage involves the receiving of information which may relate to the child care and protection of a child, making initial enquiries by gathering information and appropriately sharing referral concerns with the other relevant parties in order to allow the identifying of any potential child protection concern. For a flowchart for this stage see Appendix 2.
- 5.2 This stage will be progressed primarily by a social worker, although some tasks may be undertaken by para professionals such as a Family Aide, Family Resource Worker or Children's Practitioner. The Team Manager (TM) or Consultant Social Worker (CSW) will oversee the ingathering and analysis of information as well as ensuring that the appropriate Children's Services Manager is kept updated where appropriate. The Social Worker will discuss the initial enquiries with their Team Manager or Consultant Social Worker prior to any decision to take further action. This will allow determination regarding whether the child is deemed to be at potential risk of significant harm or not. This discussion must take place even, and especially in cases of emergencies.
- 5.3 When a child care and protection referral is received, and the nature of the concern does not merit initiating child protection procedures and the circumstances do not merit statutory social work intervention, the child's electronic record will be closed with an outcome of No Further Action.

At this time, the Named Person will be updated, and consideration will be given to

whether it is appropriate to offer any feedback to the referrer, the child or the family.

- 5.4 In some cases, it may be felt that whilst child protection procedures are not merited, the child is deemed to be a 'child in need' and further consideration must be given to [Eligibility Criteria for Children's Social Work](#), and to whether social work intervention is necessary and appropriate. Views of the family and other professionals will require to be taken into consideration at this stage. If this is the case, the outcome to the Initial Contact will be recorded on electronic records (careFirst) as Initial Enquiry (if further scoping out of the concern is required), Initial Assessment (if further assessment and intervention with the family is merited), or Ongoing Childcare Fieldwork (where a more comprehensive assessment of need is required.)

6. To IRD or not to IRD

- 6.1 Where social work professionals believe that a response under child protection procedures are required, they must discuss this with Police Scotland. This discussion will agree whether there is a need to progress to an [Inter-agency Referral Discussion \(IRD\)](#) or not. Within Aberdeen City, a dedicated IRD desk has been set up to coordinate the discussions which take place for referrals between the hours of 8am – 4pm each day. The IRD is the first formal mechanism for information sharing in relation to child protection concerns. The outline of this is detailed in the IRD flowchart in Appendix 3. This forum collectively determines the most appropriate response to a Child Protection Concern with decision making taking place between the lead agencies Children's Social Work and Police Scotland, alongside other key agencies Health and Education for school aged children.

The decision to progress to an IRD must be recorded in the child's electronic records using 'IRD' as the subject field in the drop down list under Observations.

- 6.2 In some cases, the urgency of a child protection referral necessitates immediate information sharing between Police Scotland and Children's Social Work, bypassing the IRD desk. This can sometimes be the case when children have presented at a hospital with injuries of a child protection nature. Instead of contacting the IRD desk, either Police Scotland or Children's Social Work professionals will already have been communicating together, to ensure that relevant information is shared as quickly as possible, and both agencies will continue to liaise with other agencies as appropriate within what has clearly become a Child Protection Investigation. These cases will have by nature progressed beyond the 'validation of referral' stage 1 to stage 2 – Child Protection Investigation. This progression will be recorded on careFirst, with the Outcome to Initial Contact as 'Proceed to Child Protection Investigation.' This decision making will have been endorsed by Team Manager/Consultant Social Worker.

7. Exiting Child Protection Procedures

- 7.1 Where initial enquiries indicate it is not appropriate to progress to an IRD (5.3 above) or, where an IRD is held and determines that it is neither appropriate or necessary to continue to work within child protection procedures, this decision will be recorded in careFirst under Initial Contact, as No Further Action, Initial Enquiry (progress info sharing with other professionals, but not necessary to meet with child or family at this time), Initial Assessment, Ongoing Fieldwork as appropriate. This will be considered in conjunction with Team Manager/Consultant Social Worker.
- 7.2 Within an IRD, where it is decided that child protection measures are not required, further consideration will be given to whether other single or multi-agency support and intervention is required. Where there are other wellbeing needs, for example, where it is deemed that the child is likely to become, or is a 'child in need', further social work intervention and assessment may be appropriate. This may be either through ongoing case work intervention already taking place within Units or teams,

from continued intervention from Intake services, or from allocation from Intake Services, to A&I units or Children in Need units/teams. This Outcome will be recorded in the child's careFirst record as Ongoing childcare fieldwork, or Initial Assessment as appropriate and the decision will be endorsed by a Team Manager/Consultant Social Worker.

If the assessed need of the child and their family can be met by the universal services Health and Education, or third Sector they will be signposted to these, and information regarding the referral and outcome will be passed to the child's Named Person.

Regardless of which outcome is appropriate, this stage represents the ending of Stage – 1, Validation of Concern - Child Protection Procedures. Cases which continue to require being considered within Child Protection Procedures will progress to Stage 2 – Child Protection Investigation.

Consideration will also be given to offering feedback to the referrer or other key agencies involved, in line with data protection guidelines and proportionality.

8. Stage 2 – Child Protection Investigation

8.1 Progression to Stage 2 Child Protection Investigation will take place when initial work is insufficient to reduce or resolve concerns and further assessment is required. Here, information will continue to indicate that a child is or may be at risk of significant harm and that because of this, further investigation is required. This decision will be recorded under Initial Contact as Proceed to Child Protection Investigation. This investigation may be done by a single or joint agency basis, this is outlined in the Stage 2 flowchart in Appendix 4.

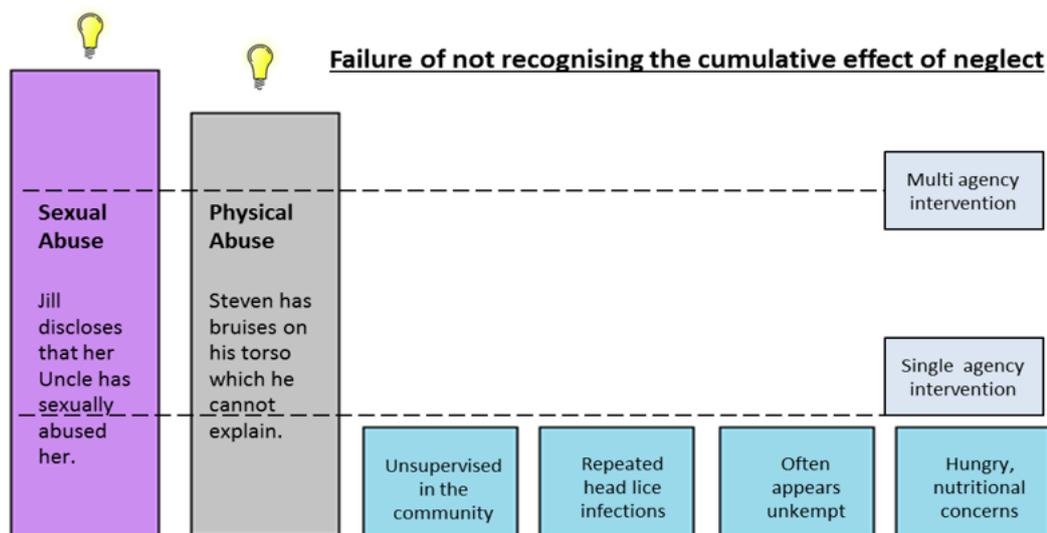
8.2 It is recognised that not all concerns of a child protection nature present themselves following a specific incident or even a series of incidents. This will more often than not arise within ongoing casework where children are already open to a social work service. For example, cases where an assessment of parenting capacity is being undertaken. These children may already be deemed to be at risk of compromised care in relation to a variety of risk factors, including not exclusively - parental substance misuse, domestic violence, mental health difficulties, and parental learning difficulty. There are also children whose wellbeing has been negatively impacted upon due to elements of neglectful care.

Within Aberdeen City, we recognise that due to the unique and complex nature of neglect, children experiencing this type of care have been under-represented within formal child protection processes. For this reason, additional focus through training and guidance has been launched within the City and specific focus has been dedicated to this below.

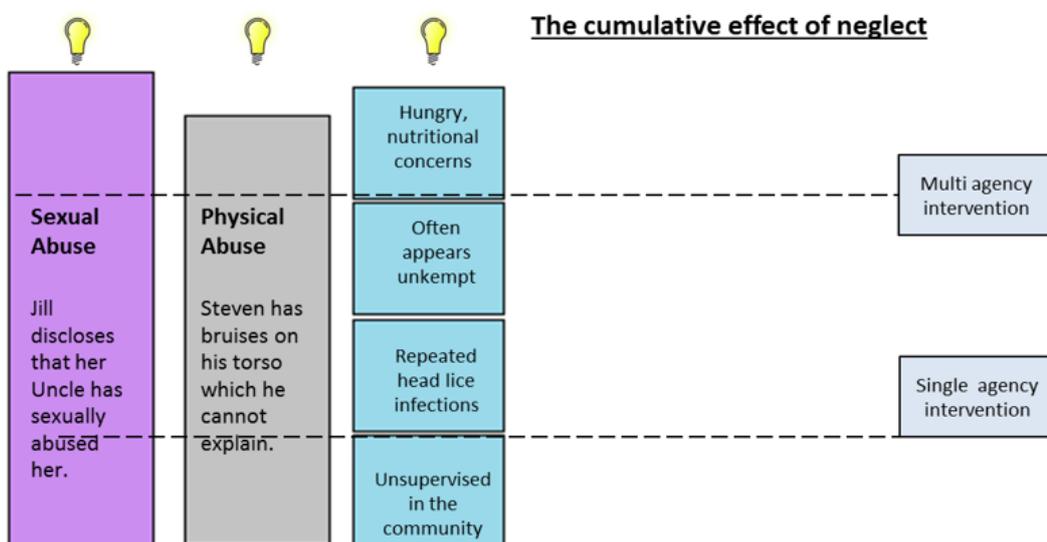
9. Significant Harm in Relation to Neglectful Care

9.1 It is acknowledged that for a number of children, the risk of significant harm they experience relates to an accumulation of concerns over a longer time period than might be found in any one child protection investigation. This is evident in cases of parental neglect where the corrosive impact on children's wellbeing over an extended timeframe leads to risk of significant harm.

9.2



9.3



9.4 For these cases, workers will refer to Children and Young People at Risk of Neglect – guidance for practitioners. Practitioners will discuss concerns with core and relevant professionals relating to the extent of perceived or actual risk of harm in order to make recommendation about the need to progress to Child Protection Case Conference [CPCC]. In such cases, an IRD may not have been deemed appropriate, and there may not have been any consideration given to whether it is appropriate to undertake a Joint Investigative Interview.

9.5 An up to date Child’s Plan will be submitted via Child Protection Admin Team, with an Addendum Consideration of Initial Child Protection Case Conference [ICPCC] Report. This addendum contains all the necessary information in order for the Child Protection Admin Team to progress to ICPCC if required, including detailing the social worker, and Team Manager/Consultant Social Worker’s recommendation regarding the need for a child protection case conference. This addendum will be endorsed by the appropriate Service Manager, within 3 days of the decision as to whether it is necessary to progress to ICPCC. Remember that it is important to ensure that the recording is updated also, to reflect that Child Protection procedures are being followed, by recording as an Outcome of Initial Contact, either Child Protection Investigation, or Ongoing Child Protection.

10. Joint Police/Social Work investigation

- 10.1 Joint Police/Social Work Investigations recognise the fact that child protection work benefits from collaboration, ensuring that the combined skills of professionals from multi-agencies, notably, with Police, Social Work and Health holding a pivotal role, in all cases.
- 10.2 The purpose of a joint investigation is to establish the facts about a potential offence committed against a child and to formulate and follow through on any agreed plans. As detailed within the [IRD Procedure](#), the decision to undertake a joint interview of a child will be made by Police and Social Work professionals in conjunction with Health colleagues and for school aged children, Education professionals. Education professionals are more often than not the agency who sees the child more than any other, and therefore they are best placed to articulate the child's needs and presenting behaviour as well as being well placed to consider the impact of any interview on the child.
- The decision to progress to a Joint Investigative Interview must be recorded in the child's electronic records using 'JII' as the subject field in the drop down list under Observations.
- 10.3 Joint Interviews are conducted by professionals – one who is a Police Officer and the other who is a Social Worker – who have completed specialist joint investigative interview training. It is recognised that there are occasions, particularly for lower level concerns and/or for those involving older children, where using the interview within Court is less likely and for these cases the Police may decide to take a Police statement from a child, as opposed to the scheduling of a joint interview.
- 10.4 Prior to the interview checklist:
1. Parental involvement;
 2. Location and timing of interview;
 3. Who will lead – who else will be present;
 4. Special requirements (interpreter, child with specialist needs etc) – how will these need addressed;
 5. How will the interview be recorded;
 6. What arrangements will be made for a medical examination
- 10.5 Police and Children's Social Work staff will meet after the Joint Interview and will give consideration to:
1. What needs to be put in place to safeguard the child now?
 2. What will happen regarding the alleged perpetrator of the abuse – who will be involved and when?
 3. Should the Reporter to the Children's Hearing and/or the Procurator Fiscal will be notified and if so, by whom?
 4. Arrangements for review of this plan?

11. Medical Assessment

- 11.1 Whilst Police Scotland and Children's Social Work have a statutory responsibility to lead child protection enquiries, it is the role of medical practitioners to consider the health needs of a child. For this reason, specialist children's health services, the Community Child Health Team or out with office hours – Royal Aberdeen Children's Hospital, must be contacted regarding the health needs of children within child protection investigations. They will make the decision about whether or not a child needs a medical assessment or examination.

- 11.2 A medical assessment or examination is often but not always, an essential element in child protection investigations. This health assessment can establish what treatment a child might need in the immediate and medium to longer term, in relation to the child care and protection concerns. The assessment can also provide information which can support a diagnosis that a child has suffered abuse or neglect. It can serve as evidence which may also be utilised to ensure children can be kept safe via emergency orders or to progress criminal proceedings in Court.

12. Non-Accidental Injuries Versus Unexplained Injuries

- 12.1 A medical assessment or examination will not always be able to be conclusive in determining the cause of an injury sustained by a child. In some circumstances, the age and vulnerability of the child will be the determining factor in whether a child protection response is required, for example, fractures sustained by babies or very young children. In other cases, it is not necessarily the injury itself which is causing professionals concern, but rather the explanation of how the injury was sustained is not consistent with the injury itself. This latter type of case can be the most problematic, with increased scope for tensions between professionals and the adults who were responsible for the safety and wellbeing of the child.

It is accepted that specialist Health professionals are the ones best placed to understand the nature of the injury and how this fits with explanations offered by child, parents or carers. Shared discussion will therefore take place between Health, Police Scotland and Children's Social Work to agree whether a Child Protection response is most appropriate. This shared discussion will consider in detail the facts of the circumstances, in light of the child's age and stage of development in order to ascertain what further risk assessment or information is required and how and by whom this can be progressed.

Where medical professionals are not able to confirm whether injuries appear to be non-accidental in nature, but that the cause of the injury remains unexplained, this must be clearly documented in electronic records.

It is vital that recording accurately captures the route of ongoing professional involvement with the family, including the views of all those involved.

- 12.2 At times there may be differing professional or agency views within child protection intervention. This may be disagreement regarding whether child protection procedures are appropriate or may relate to differing views regarding current assessment of risk or in respect of action planning.

Where consensus has not been reached between agencies regarding decision making and action planning, case discussion and detail will be escalated to senior Managers within respective agencies, to offer further rigour and to ensure a collaborative and learning approach.

It is recognised that sharing and recording views, particularly where there is disagreement, is vital to minimise the scope for tensions between key professionals who have a role in coordinating the safety and wellbeing of the child. Within child protection, reaching a consensus from all key agencies is the ideal, allowing the responsibility for difficult decisions to be shared. However, where this cannot be reached, lead agencies and agencies who hold differing views must be able to share their views with senior managers in their own agencies and recording must clearly capture any differing of views. This will ensure further rigour in decision making and will promote positive multi agency working, within a field which is characterised by complexity, differing perspectives and legal challenge.

- 12.3 In other cases, it is not necessarily the injury itself which is causing professionals concern, but rather that the explanation of how the injury was sustained is not consistent with the injury itself. Similarly, in some cases, a specific injury sustained by a child in itself is not the cause for concern, but the fact that this injury might have

occurred within a wider context of other, potentially low level indications of abusive care. Here, there is a reliance on effective recording and use of a chronology to allow robust analysis of information in order to consider safeguarding concerns and to determine what route of professional intervention may be required.

13. Single Agency – Social Work Investigation

- 13.1 Sometimes the IRD process determines that there is no role for Police Scotland. In these cases, Social Work professionals will progress the investigation and assessment themselves, often in conjunction with Named Persons and any other relevant professionals.

These investigations will continue to focus on assessing risk of significant harm to the child or to other children in light of the concern that has been shared. Particular focus will be on the needs of the child, the wider context of the concern and what is the likely impact of unmet need or abuse for the child. Consideration must be given to whether the child's needs will require an ongoing response under child protection measures, for example, is the child suffering or likely to suffer significant harm, or whether the child may be supported as a 'child in need'. Consideration will be given to the benefits of the child having a health assessment.

14. Involving the Child, Family, Carers and Referrer

- 14.1 When child protection concerns are raised about a child, they may be seen by a Social Worker or paraprofessional. Children will have child protection procedures explained to them in a way they will understand, in line with their age and stage of development and taking into account any language, learning needs, difficulties or disability.

Where they are able to share their views, children will be listened to at all stages of the child protection process and will be kept informed about decisions being made. Particular care will be taken with younger children and those children experiencing communication difficulties, to ensure that the advice and support offered is able to be understood by them. It is acknowledged that depending on the situation, children may not be aware that they have suffered abusive or neglectful care and may neither see themselves as a victim, nor wish the actions causing concern to cease. This is particularly relevant in cases of child sexual exploitation.

Despite the challenges in working in true partnership with parents within a child protection investigation, a cooperative working relationship between professionals and child & family should be the clear aim.

15. Checklist of considerations within Joint/Single Investigation

- 15.1
1. Treat parents and carers with respect at all times, regardless of the nature of concern.
 2. Make no assumptions, be curious, openminded, honest and non-judgemental.
 3. Keep children, parents and carers updated about the progress of any enquiry and decisions made where possible.
 4. Caution must be taken not to provide specific information about the allegation to the parent/family member/perpetrator – if in doubt, check the content of discussion in advance with Police Scotland.
 5. Recognise and record any noted strength within the family, as well as any areas causing concern.
 6. Take an accurate and succinct record of the views of the child, family members or carers within all child protection investigations.
 7. Seek the agreement of family members in decision making, except where this

would place the child at increased risk of harm.

8. In cases of single agency investigation, be mindful of new information which now requires to be shared with Police Scotland.
9. Does there require to be an updating of any previous IRD held?
10. Is a further new IRD required?

16. Decision Making After Investigation

- 16.1 Following child protection investigations, whether these have been a single social work investigation or joint investigation, the social worker is required to analyse the information gleaned. The National Risk Assessment Framework 2014 provides the broad framework under which all child protection work within the City, is carried out.

Risk Assessment tools

National Risk Assessment Framework

1. Have the concerns been substantiated
2. Is the Child deemed to be at continued risk of harm?
3. What immediate action is required to protect the child from further risk of harm?
4. What medium/longer term action may be required to protect the child from further risk of harm?
5. Is the harm deemed to be significant harm?
6. If not, is the child considered a 'child in need' or likely to become a 'child in need'?
7. If so, are Children's Social Work services required? (consider eligibility criteria/views of child & family/legal basis for intervention)
8. Is a referral to SCRA required?
9. If NFA required, Team Manager/Consultant Social Worker endorses on electronic records end of Child Protection Procedures and updates named person and consider if there are any other agencies who justifiably should be offered this information.
10. If ongoing Children's Social work intervention is required, Team Manager/Consultant Social Worker endorses on electronic records end of Child Protection procedures and open new event 'ongoing Child and Family intervention'
11. If harm is deemed to be significant, consider is a CPCC deemed necessary? Recommendation made by Social Worker and Team Manager/Consultant Social Worker and decision taken by Service Manager.
12. Feedback to the child/family/agencies/referrer – if appropriate? Who will offer this?

Other tools are also used to aid thinking about our updated assessment as to risk of further harm. One popular model which is highly regarding in light of it being in line with systemic thinking is Munro's Risk Assessment 5 stage model illustrated in brief below:

Munro's 5 stage model of Risk Assessment

1. What is or has been happening?
2. What might happen?
3. How likely are these outcomes?

4. How severe are the consequences?
5. The overall judgment of risk – a combination of the likelihood and severity.

16.2 The social worker will discuss all aspects of the investigation with their Team Manager/Consultant Social Worker when it has been completed. The salient points of a Child Protection Investigation will be recorded on careFirst (or in word format) in the Record of Investigation template. Where there is reassurance that there are no longer concerns of a child protection nature, for example, following IRD, medical assessment or joint investigative interview, the Team Manager/Consultant Social worker has also scope to endorse the exiting from Child Protection Procedures prior to the writing of an ROI. **This will only be undertaken when there is evidence to indicate that no further exploration and investigation has been required. Where there is any discrepancy as to whether to complete an ROI or not, this will be agreed between Manager and Service Manager.**

17. Record of Investigation Recording

17.1 The full recording of a Child Protection Investigation is captured on the [Record of Investigation \(ROI\)](#) template. This document is located on careFirst as a careAssess Form. The ROI template will be accessed from its original source each time to ensure that the most up to date form is being used. It is important to note that the ROI, in the same vein as the Child's Plan, will not include the use of acronyms, or other jargon laden language. This is because the information contained in it must be understood by the child or family for whom it is concerned. For more information about your professional writing and the use of Plain English see the Professional Writing – A guide for social workers.

This recording tool has a specific focus on the nature of the significant harm which is causing concern about a child. It details succinctly and accurately, the risk of significant harm that has been identified, and considers this alongside any identified strengths and protective factors present in the child's life. The balance of these two variables is our social work risk assessment, which shapes the planning necessary to mitigate against risk of further harm. Emphasis in the recording must be on the **actual** impact of the harm on a specific child.

The ROI is not intended to capture all social work intervention which has taken place with a child and family, and whilst it may reference to the [Inter-agency Referral Discussion \(IRD\)](#) and Joint Investigative Interview (JII) that have taken place, there is no need to replicate all details recorded elsewhere.

17.2 The Social Worker, Consultant Social Worker/Team Manager will make recommendation at the end of the ROI as to whether they deem it appropriate to proceed to a Child Protection Case Conference. This recommendation will be considered by the relevant service manager **within 3 working days.**

A careFirst Observation, with subject heading ROI will be logged, detailing whether it has been agreed to proceed to Child Protection Case Conference or not. **This information is significant and must also be included on the child's chronology.**

The ROI will be completed **within 5 days** of the completion of any Child Protection Investigation, due to the urgency required to respond to significant harm towards a child. The [National Guidelines for Child Protection in Scotland 2014](#), states clearly that a **Child Protection Case Conference must be convened no later than 21 calendar days from the notification of concern being received except in the case of unborn babies, who should be considered at Pre Birth Child Protection Case Conference prior to 28 weeks of pregnancy.**

18. Risk of significant harm for children newly referred to the social work service

18.1 In the case of child protection investigations for children who were not open to the

Social Work service at the time of entering Child Protection Procedures, there may not be a Child's Plan, or an up to date Child's Plan in place. Where single agency targeted support is in place, a Child's Plan will be in place and this should be considered alongside information gathered through Child Protection Procedures. In other cases, the [Record of Investigation \(ROI\)](#) write up will be considered, alongside a Chronology of known significant information, in order to make robust and appropriate decisions.

19. Child protection processes for children who already have a Child's Plan

19.1 A number of children who are the subject of a child protection investigation will already have their own Child's Plan in place. This Plan will show the knowledge and context in which the child is living, and will include details of key family members, significant historical information as well as an outline of targeted, specialist needs the child is deemed to have.

19.2 The Plan will be **SMART**, detailing who is responsible for carrying out what actions designed to mitigate against future harm or vulnerability. The Plan will be updated as a priority at the same time as the Record of Investigation or Addendum Report.

SMART care plans are:
Specific
Measurable
Attainable
Relevant
Timely

We recognise that concerns in relation to children's care and protection span a wide spectrum from lower level wellbeing concerns to extreme cases of abusive assault. Regardless of the extent of the concern, whether initial enquires abate child protection concerns at an early juncture, or

whether a comprehensive child protection investigation progresses to the point of Child Protection Case Conference, a Child's Plan will be updated to reflect accurately all pertinent information, including the stages of any child protection investigation.

19.3 Where investigations take place within already open and allocated cases, the child's Social Worker will update the Plan and will submit this with the completed ROI template and the child's Chronology with any other relevant paperwork (IRD record) to their Team Manager/Consultant Social Worker for forwarding to the Service Manager for decision making within **3 calendar days**.

20. Child Care and Protection Concerns for Unborn Babies

20.1 Similar to the accumulation of neglectful care above, it is recognised that:

"while individual risk factors may be significant there is no clear causal relationship between these factors and child death or serious injury. It is more likely that it is the coexistence of several risk factors that increases risk of significant harm to children."

[\(Working with Vulnerable Unborn Babies and Their Families - Multi Agency Practice Guidance, 2017\)](#)

In order to reflect the comprehensive assessment progressed during pregnancy for some of our most vulnerable unborn babies, an unborn Child's Plan will be compiled for all unborn children who are deemed to be in need of care and/or protection, during or subsequent to the mid trimester period of pregnancy. At this point, CareFirst will be updated to reflect the child protection status of the case working, by outcoming an Initial Contact to reflect either Proceed to Child Protection Investigation, or Ongoing Child Protection Work (child placed on the Child Protection Register). This Plan will be submitted with the Addendum to Child's Plan, to allow consideration of the need for a Pre-birth Child Protection Case Conference to take place. The only exception to this will be in relation to emergency referrals reporting child protection concerns at the time of birth. Due to the last minute nature of these

referrals, it may not be feasible for an unborn Child's Plan to be compiled, and instead, the ROI template will be used.

The ROI addendum is designed to be read in conjunction with the Child's Plan. Both the ROI and the ROI addendum must provide a succinct and analytical consideration of risk balanced against protective factors and current measures in place to offer support and mitigation from future harm.

The Plan written by the Social Worker will be considered by the Team Manager or Consultant Social Worker, with the final decision about whether a Child Protection Case Conference is appropriate and necessary being made by the Service Manager.

- 20.2 **Remember** - The ROI will be completed **within 5 days** of the completion of any child protection investigation, due to the urgency required to respond to significant harm towards a child. The [National Guidelines for Child Protection in Scotland 2014](#), state clearly that a Child Protection Case Conference must be convened **within 21 days** of recognition of receipt of a child protection concern, or in the case of unborn babies follow the [Working with Vulnerable Unborn Babies and Families](#).

21. Data Protection and Information Sharing Considerations

- 21.1 The [General Data Protection Regulation \(GDPR\)](#) and the [Data Protection Act 2018](#) set out the legal framework and principles that Aberdeen City Council and the Adult Health and Social Care Partnership must adhere to when collecting, using and managing personal information about the services users they support. It also gives individuals certain rights; including the right to be informed about why and how the Council uses and manages their information, and the right of access information that the Council holds about them.
- 21.2 Aberdeen City Council is the Data Controller of the information it holds about children and families. As a public authority, the Council has a [Data Protection Officer](#) who is responsible for monitoring the Council compliance with Data Protection Legislation. The Council is committed to processing information in accordance with this Data Protection Law and has in place [Corporate Information Policy](#), supported by a Corporate Information Handbook, which sets out the Council's procedures for complying with Data Protection legislation. All staff must familiarise themselves with the Corporate Information Handbook.
- 21.3 The [General Data Protection Regulation \(GDPR\)](#) contains Data Protection Principles. Article 5 of the GDPR requires that personal data shall be:
- a. processed lawfully, fairly and in a transparent manner in relation to individuals;
 - b. collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes; further processing for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes shall not be considered to be incompatible with the initial purposes;
 - c. adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed;
 - d. accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay;
 - e. kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed;

personal data may be stored for longer periods insofar as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes subject to implementation of the appropriate technical and organisational measures required by the GDPR in order to safeguard the rights and freedoms of individuals; and

- f. processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.”

The Council must also be able to evidence that the way we keep, use, manage, share, and otherwise process personal information complies with these principles.

- 21.4 Being open and transparent with service users about why and how information about them is recorded, used and managed is fundamental to complying with Data Protection legislation. Equally importantly, openness about case recording can help build trust between a worker and children and families.

The Council has Privacy Notices in place which set out why and how the Council uses and manages personal information, which are available on the [Zone](#) and on [Council's website](#). Staff are responsible for familiarising themselves with these, and for talking them through with children and families

- 21.5 Individuals have the right of access to their social work records. Staff must be aware of this when they are writing and maintaining records. There is a need to balance evidenced based practice, fact, critical analysis, professional judgement and empathy.¹

Individuals also have other important rights in relation to their information, including the right to have inaccurate information about themselves corrected, and the right to object to the way their information is used and managed in certain circumstances. More information about these rights and how they work in practice is available in the Council's Corporate Information Handbook, which all staff must familiarise themselves with.

- 21.6 Effective joint working depends on staff regularly sharing people's personal information with other agencies. Staff must be open and honest with the children and families (or representative, where appropriate) from the beginning about why, what, how and with whom their information will or could be shared. The details about this will be stated in a privacy notice that is provided to them.

- 21.7 Information sharing has a key role in the assessment and management of risk. The [Multi-Agency Public Protection Arrangements \(MAPPA\)](#), for example, place a duty on agencies to co-operate with the responsible authorities (Police, local authorities, the Scottish Prison Service and the Health Services) and this includes information sharing. Some pieces of primary legislation, like the [Children \(Scotland\) Act 1995](#) requires information to be shared with specific professionals and relevant people. Likewise, it can prohibit the sharing of information with some people²

Sharing information in order to protect adults at risk from harm is vital and the [Adult Support and Protection \(Scotland\) Act 2007](#) imposes a duty to co-operate with a council which is making inquiries regarding the adult on certain bodies and office holders.

The Council has Information Sharing Protocols and agreements in place to support routine sharing with partners, which are available on the Council's Data Protection

¹ Professional Writing for Social Workers

² [Non-Disclosure of Information Procedure](#)

Zone pages. Staff must familiarise themselves with Information Sharing Protocols or Agreements which are relevant to their work.

More information about procedures which must be followed for the routine and ad-hoc sharing of personal information are set out in the Council's Corporate Information Handbook. This is further supported by Practitioner Guidance on Information Sharing, Confidentiality and Consent. All staff must ensure that they are familiar with this guidance.

All instances of sharing from social work case records must be recorded.

21.8 The Scottish Government website provides guidance on [information sharing](#) for professionals³ that underpins our local procedures.

22. Related policy document suite

- 22.1
- [Aberdeen Child Protection Committee – various guidance documents](#)
 - [Child Protection Procedure - Corporate](#)
 - [Child Protection Orders](#)
 - [Compulsory Supervision Orders at Home](#)
 - [Inter-agency Referral Discussion Procedure](#)
 - [Privacy Notice – Fieldwork and Child Protection](#)
 - [Record of Investigation](#)
 - [Working with Vulnerable Unborn Babies](#)

13. Related legislation and supporting documents

13.1 Legislation:

- [Children \(Scotland\) Act 1995](#)
- [Protection of Vulnerable Groups \(Scotland\) Act 2007](#)
- [Children & Young People \(Scotland\) Act 2014](#)
- [Children's Hearings \(Scotland\) Act 2011](#)
- [Adoption and Children \(Scotland\) Act 2007](#)
- [Protection of Vulnerable Groups \(Scotland\) Act 2007](#)
- [Adult Support and Protection \(Scotland\) Act 2007](#)
- [Information Commissioner Office GDPR](#)

National Guidance:

- [Protecting Children and Young People: The Charter](#)
- [Early Years Framework](#)
- [National Guidance for Child Protection in Scotland 2014](#)
- [National Guidance for Child Protection in Scotland 2014 – additional notes for practitioners: protecting disabled children from abuse and neglect](#)
- [Getting It Right For Every Child \(GIRFEC\)](#)
- [Safeguarding Policy: Protecting Vulnerable Adults](#)

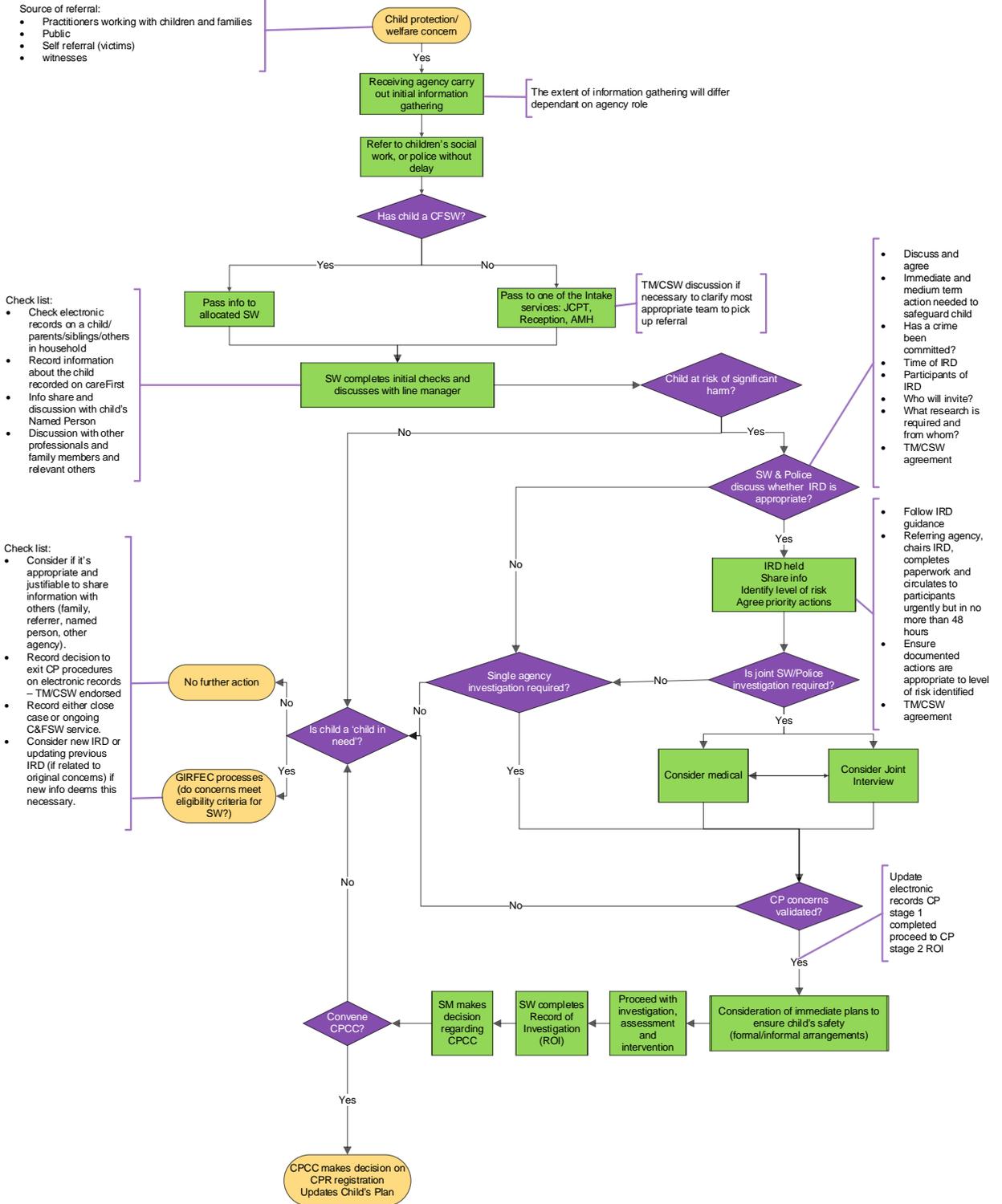
³ ['Information Sharing: Pocket Guide' HM Government Department of Children, Schools and Families and Communities and Local Government 2008](#)

Local Guidance:

- [Aberdeen City Child Protection information](#)
- [Aberdeen Getting It Right website](#)
- [Child Protection Partnership website](#)
- [Aberdeen City Council, Data Protection](#)
- Protecting Children in Aberdeen online interactive learning (OIL) module
www.acc-oil.net
- [Aberdeen City Children's Services Plan](#)
- [Local Outcome Improvement Plan](#)
- [Supporting and protecting adults from harm - easy read version](#)
- [Aberdeen City Adult Protection Committee Report 2014-16](#)
- [Grampian Interagency Policy and procedure for the support and protection of adults at risk of harm](#)
- [Grampian Interagency Procedure for large scale investigations of adults at risk of harm in managed care settings](#)
- [Grampian Serious Case Review Policy](#)
- [Adult Protection Information Sharing Protocol](#)

Appendix 1 – Child Protection Investigation

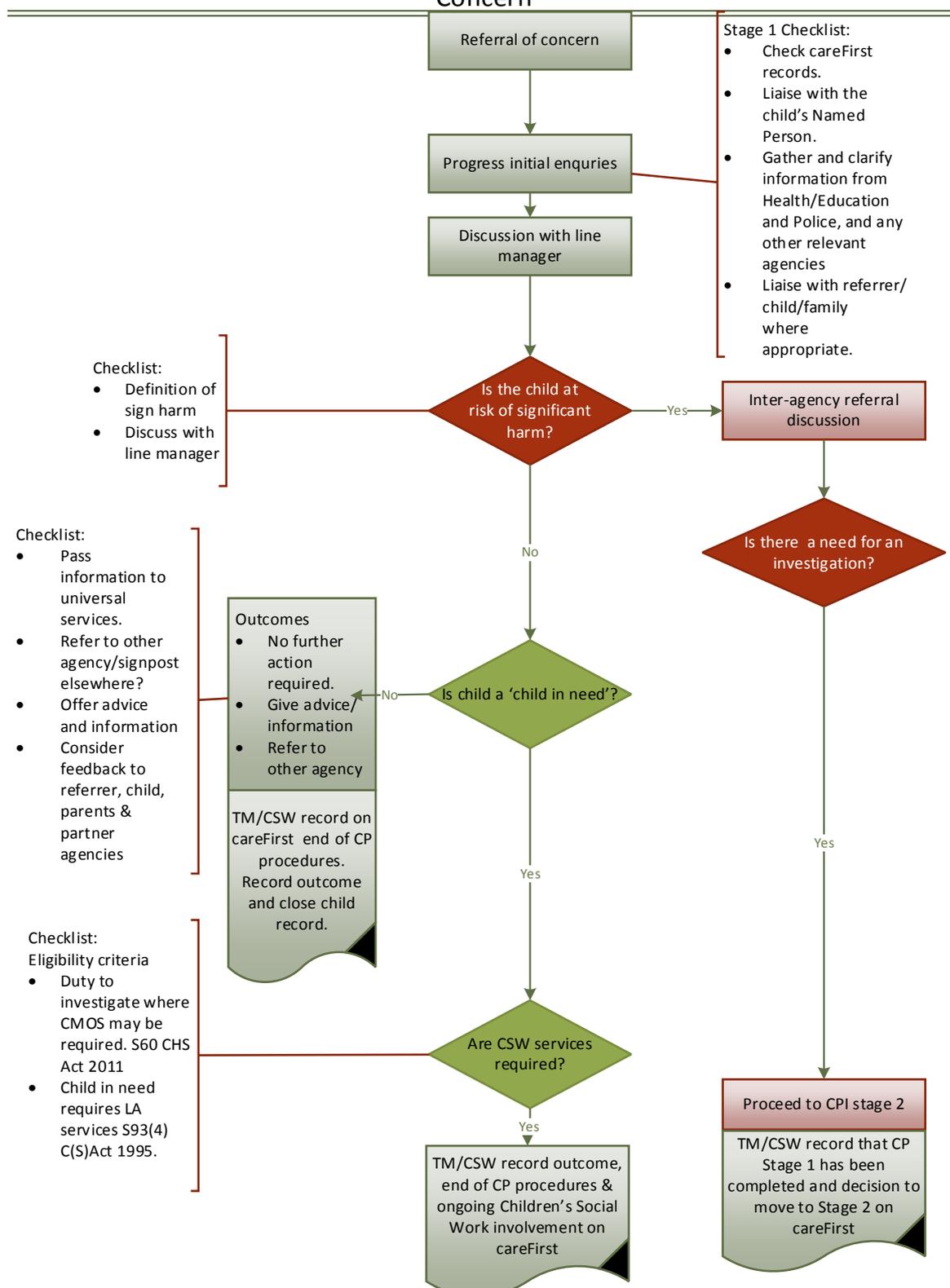
The process of the social work response to a child protection concern in diagrammatic form can be represented in the following way. However, it should be noted that at any stage, the process may be stopped if emergency measures are required to protect the child or if no further response under child protection procedures is necessary.



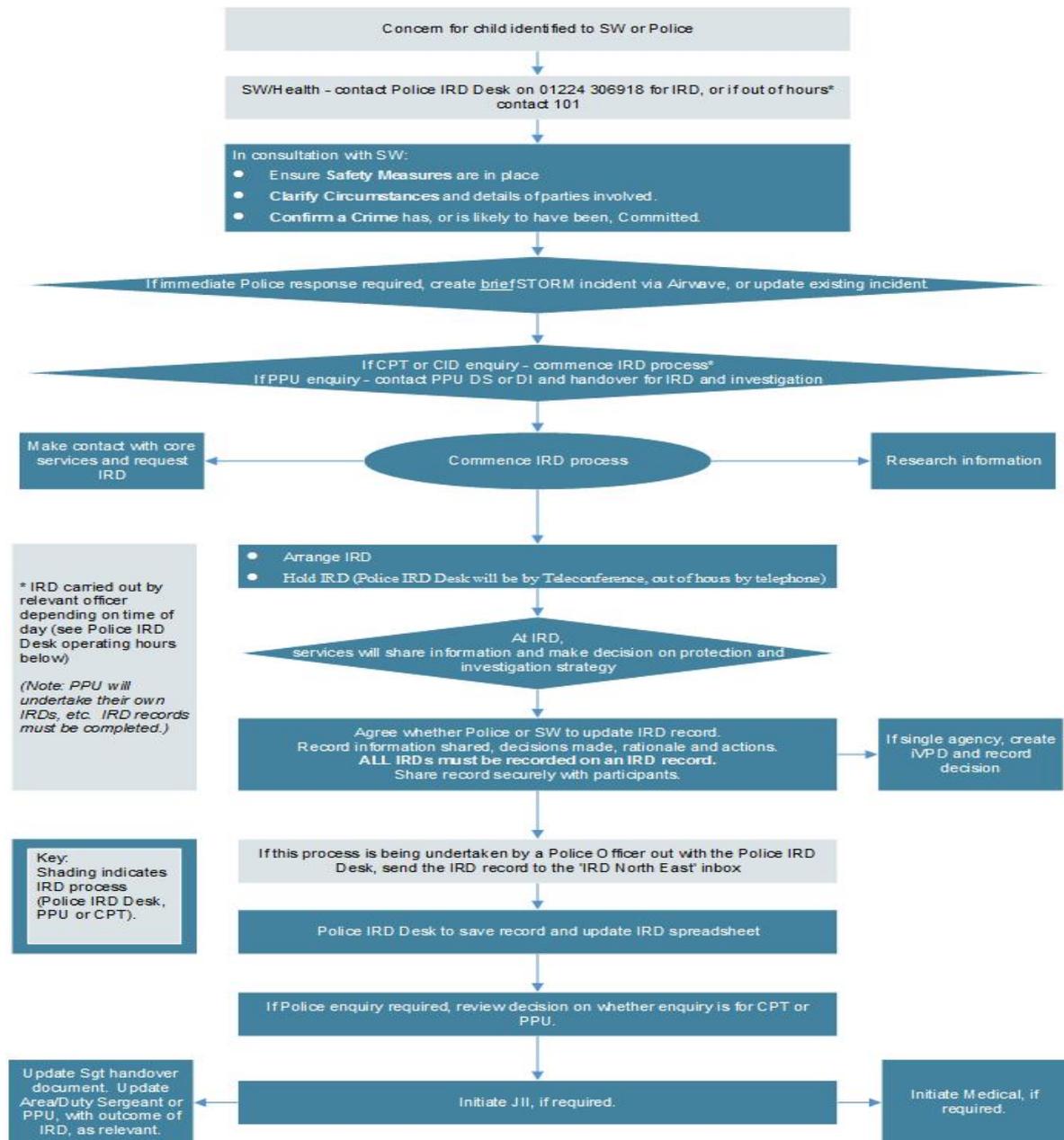
*TMs discussion, if necessary, to clarify most appropriate team to pick up referral

Appendix 2 – Child protection Investigation Stage 1

Child Protection Procedures - Stage1: Validation of Concern



Appendix 3 – IRD Process



Area/Duty Sergeant - Monitor enquiry through Sgt Handover document and allocate to Enquiry Officer. (Should circumstances change as a result of the JII, immediately consult with the IRD Desk and PPU if appropriate).

JII Officer - update Area/Duty Sergeant and IRDSouthEast@scotland.pnn.police.uk with outcome of JII.

Enquiry Officer - Create/update iVPD (include outcome of JII), create CF and progress medical and investigation in accordance with decisions made at IRD.

Police IRD Desk - Carry out review in 7 days.

Appendix 4 – Child protection Investigation Stage 2

Child Protection Procedures Stage 2 – Child Protection Investigation (CPI)

