Fife Multi-Agency Overarching Child Protection Guidance 2025

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Contents

Foreword

As Chair of the Chief Officers Public Protection Group, I am pleased to introduce the *Fife Multi-Agency Child Protection Guidance 2025*. This document reflects our collective commitment across agencies in Fife to place the safety and wellbeing of children at the heart of everything we do.

Protecting children is one of our most vital responsibilities. It demands clarity of purpose, strong partnership working, and the confidence to act decisively when risks are identified. This guidance offers a shared framework for practitioners, managers, and leaders, ensuring that every agency in Fife responds consistently and effectively when concerns arise.

Our approach is grounded in the values of respect, accountability, and collaboration. We recognise that child protection is not the responsibility of a single service, but of the whole community. Through our *Six for Safety* framework, we set out the principles that guide our practice and provide assurance that children's voices are heard, decisions are informed by evidence, and responses are timely and proportionate.

I would like to thank colleagues across Social Work, Health, Education, Police Scotland, the Third Sector, and the wider community for their dedication to child protection in Fife. It is through this shared effort that we safeguard children, uphold their rights, and support families to thrive.

Ken Gourlay, Chief Executive, Fife Council

Purpose

Safeguarding children and young people is a fundamental responsibility shared by all agencies, professionals, and communities in Fife. The safety and wellbeing of every child must be central to our work, and this guidance sets out how we collaborate locally to prevent harm, respond effectively, and support children to flourish.

This guidance should be read alongside the *National Guidance for Child Protection in Scotland (2021, updated 2023)*. It explains how national standards are applied in Fife and provides clear procedures to support consistent and effective practice.

Our work is guided by a set of shared values and approaches. We are committed to being:

- **Child-centred and rights-based** - recognising children and young people as active participants in their own lives.
- **Trauma-informed and inclusive** - acknowledging the impact of adversity while ensuring dignity and respect for every child.
- **Partnership-focused** - working with families, communities, and across agencies to provide support at the earliest opportunity.

Above all, we are united in the belief that keeping children safe is everyone's responsibility.

To bring these values into practice, Fife has adopted the ***Six for Safety*** framework. This framework underpins all aspects of our local child protection arrangements, ensuring that our work is systematic, transparent, and focused on outcomes for children. It provides a structure for assessing risk, making decisions, and holding ourselves accountable for the safety and wellbeing of children in our communities.

Together, we will ensure that this guidance is not only a procedural reference, but a reflection of our shared ambition to make Fife a place where every child is safe, supported, and able to thrive.

Fife Six for Safety Framework

The *Six for Safety* framework is a cornerstone of child protection practice in Fife. It sets out six key principles that guide professionals in safeguarding children and young people across all services and settings.

These principles are informed by local and national learning reviews and are embedded in the Fife Child Protection Committee (CPC) Improvement Plan 2023 – 2026. They underpin assessment, planning, decision-making, and quality assurance activity, and are reflected in Fife's multi-agency tools, protocols, and training.

The Six for Safety principles are:

1. **Child at the Centre** - prioritising the needs and wellbeing of the child in all practices.
2. **Relationships** - building effective, constructive and trusting relationships with children and families to improve wellbeing and minimise harm.
3. **Quality Assessment and Planning** - conducting thorough assessment and creating plans that effectively meet needs and reduce risks, utilising all available resources.
4. **Information Exchange and Communication** - ensuring appropriate sharing of relevant information and clear communication across partners to mitigate potential risks.
5. **Early Intervention** - implementing timely and effective interventions to prevent harm to children and young people.
6. **Professional Support and Oversight** - establishing a culture of effective management, support and supervision that embodies the values and principles of the Fife CPC.

These principles are introduced during multi-agency induction and training, and are used to support reflective supervision, escalation decisions, and learning reviews. They provide a shared language and structure for practitioners across Fife, ensuring that child protection responses are consistent, evidence-informed, and focused on outcomes for children.

Fife Child Protection Committee Structure and Governance

The Fife Child Protection Committee (CPC) operates within a structured governance framework designed to ensure effective coordination, accountability, and continuous improvement in safeguarding children and young people.

The CPC is governed by the Chief Officers Public Protection Group (COPS), which provides strategic direction and oversight for child protection across Fife. CPC members hold delegated authority to make decisions on behalf of their service, enabling timely and accountable action.

To address specific areas of child protection, the CPC operates through several dedicated subgroups, each with focused responsibilities:

- The **Learning Review Working Group** oversees and coordinates learning from Learning Reviews, ensuring key lessons are identified and embedded into multi-agency practice.
- The **Learning and Practice Development Group** supports the continuous development of skills and knowledge among professionals involved in child protection.

- The **Quality Assurance and Data Group** monitors and evaluates the effectiveness of child protection practices through data analysis and audit activity.
- Additional task centred subgroups supporting the partnership include **Neglect, Contextual Safeguarding, Bairns Hoose, Guidance Implementation**, and **Multi-Agency Child's Chronology**.

The CPC maintains formal links with other strategic partnerships, including;

- Adult Protection Committee
- Fife Violence Against Women Partnership
- MAPPA (Multi-Agency Public Protection Arrangements)
- Fife Alcohol and Drug Partnership

These collaborations support a holistic approach to safeguarding, addressing interconnected risks affecting children and families.

The CPC Terms of Reference outline the governance structure, membership expectations, and reporting arrangements, and are reviewed biennially. For further information, including the CPC Improvement Plan 2023 - 2026 and training opportunities available to the partnership, please visit the Fife CPC Website.

Definition of a Child

All professionals working with children and young people must remain alert to the potential need for protection, regardless of age, developmental stage, or setting.

This guidance applies to all children and young people in Fife from pre-birth up to and including 17 years of age. The term "child" applies to:

- Any person **under the age of 16**, and
- A person **aged 16 or 17**, who is:
  - Subject to a **compulsory supervision order** (Children's Hearings (Scotland) Act 2011).
  - Receiving or eligible for **aftercare or continuing care** (Children and Young People (Scotland) Act 2014).
  - Referred under **child protection concerns**.

This guidance recognises that transitions between children and adult services may pose vulnerabilities for young people aged 16 and 17. These young people may also fall within the scope of Adult Support and Protection (ASP) legislation, and decisions regarding the most appropriate response should be made on a case-by-case basis. Joint decision-making is essential in determining the most appropriate protective response.

For young people aged 16-17 years, the first consideration will always be child protection.

When working with young people aged 16-17, practitioners should begin by considering whether there are any child protection concerns.

It is important to understand that the **legal definition** of a child (anyone under 18) may not always align with how services or projects define childhood. For example, some services may stop supporting young people once they turn 16, while others may continue to offer support beyond 18. These differences can create confusion, particularly where developmental needs or learning difficulties are present.

In addition, a young person's **capacity to consent or participate** in decisions must always be assessed on an individual basis. Age alone does not determine capacity - practitioners must consider the young person's understanding, communication needs, and any additional support required.

All decisions should be guided by the principles of **Getting It Right For Every Child (GIRFEC)** and the **United Nations Convention on the Rights of the Child (UNCRC)**.

This guidance also applies to unborn children where concerns are identified during pregnancy, in line with Fifes Multi-Agency Child Protection Pre-Birth Guidance

For further guidance in relation to vulnerable young people, please refer to: Fife's Multi-Agency Vulnerable Young Person's Protocol

Information Sharing and Consent

Consent

Information sharing is essential to child protection. A child's safety and wellbeing often depend on effective communication between professionals across agencies.

When to Share Information

In Fife, information should be shared:

- When there is a concern about a risk of harm.
- When it is necessary to support a child's wellbeing.
- In line with data protection and human rights legislation.

Consent should only be sought when no other lawful basis for sharing can be identified, and only when it is safe and appropriate to do so. Where there is a risk of significant harm, professionals must share relevant and proportionate information without consent in order to protect the child.

Principles of Information Sharing

- **Necessity and proportionality**.
- Only information relevant to the concern or risk should be shared.
- **Justified and recorded**: The reason for sharing information must be clearly documented. Where information is not shared, the rationale should also be recorded where systems allow. Where this is not possible, practitioners should ensure that decisions are made in line with professional judgement, relevant legislation, and agency guidance.
- **Child-centred**: The child's rights, including to privacy and participation, must always be respected.

All decisions to share or withhold information must be clearly recorded, including the rationale and any consultation undertaken. Where uncertainty exists, practitioners should seek advice from a line manager, child protection lead, or data protection officer.

Inclusive and Accessible Communication

Practitioners must consider how cultural, linguistic, or disability-related factors may affect a child or family's understanding of what is being shared and why. Accessible formats and inclusive communication should be used wherever possible. Where a child has capacity to understand, they should be informed about what information will be shared and why. Where this is not possible, or where doing so may place the child at greater risk, practitioners must use their judgement and consult a manager or child protection lead.

Equality, Diversity, and Inclusion

In Fife, child protection practice is rooted in respect of every child and family's identity, experience, and rights. We are committed to promoting **equality**, **diversity**, and **inclusion** in all aspects of our work.

This means recognising and responding to the ways that race, ethnicity, disability, gender, sexual orientation, religion, language, and socio-economic background can shape a child's experience and may influence how families engage with services.

Practitioners must ensure that all children and families are treated with dignity, empathy, and fairness. This includes:

- Making reasonable adjustments.
- Using accessible communication.
- Being alert to unconscious bias and structural disadvantage.

Our approach is guided by the **Equality Act 2010**, the **United Nations Convention on the Rights of the Child (UNCRC**), and the principles of **trauma-informed** and **rights-based** practice.

Practitioners should reflect these principles in assessment, planning, and decision-making, ensuring that identity-related factors are considered in every case. These values are embedded in multi-agency training and supervision, supporting practitioners to challenge bias and promote equity.

We aim to create a system where every child feels safe, heard, included, and where every family is supported to participate meaningfully in decisions that affect them.

Thresholds of Harm and Significant Harm

Where concerns escalate, practitioners must consider whether the threshold for **significant harm** has been met. If so, Child Protection procedures must be followed without delay.

Thresholds for harm and significant harm, and guidance on how to apply them, are set out are detailed in the Thresholds section.

Fife's Child Wellbeing Pathway (CWP) and Child Protection (CP) Process

Practitioners, managers, and agencies working with children and families should be familiar with the Child Wellbeing Pathway (CWP) and Child Protection (CP) Process.

Overview of the CWP

The CWP is based on the principles of *Getting It Right For Every Child (GIRFEC)* and promotes the use of the SHANARRI wellbeing indicators:

- **Safe**
- **Healthy**
- **Achieving**
- **Nurtured**
- **Active**
- **Respected & Responsible**
- **Included.**

These indicators guide both single and multi-agency assessments of wellbeing. The CWP provides a structured process for implementing effective, coordinated interventions and planning. It is the agreed multi-agency pathway for assessment, intervention, and planning for children and young people in Fife.

The pathway supports:

- **Single-agency assessment and planning** at the universal level.
- **Multi-agency assessments and planning** at the additional and intensive levels.

Chronologies should be used throughout the pathway to support decision-making, particularly when assessing cumulative harm.

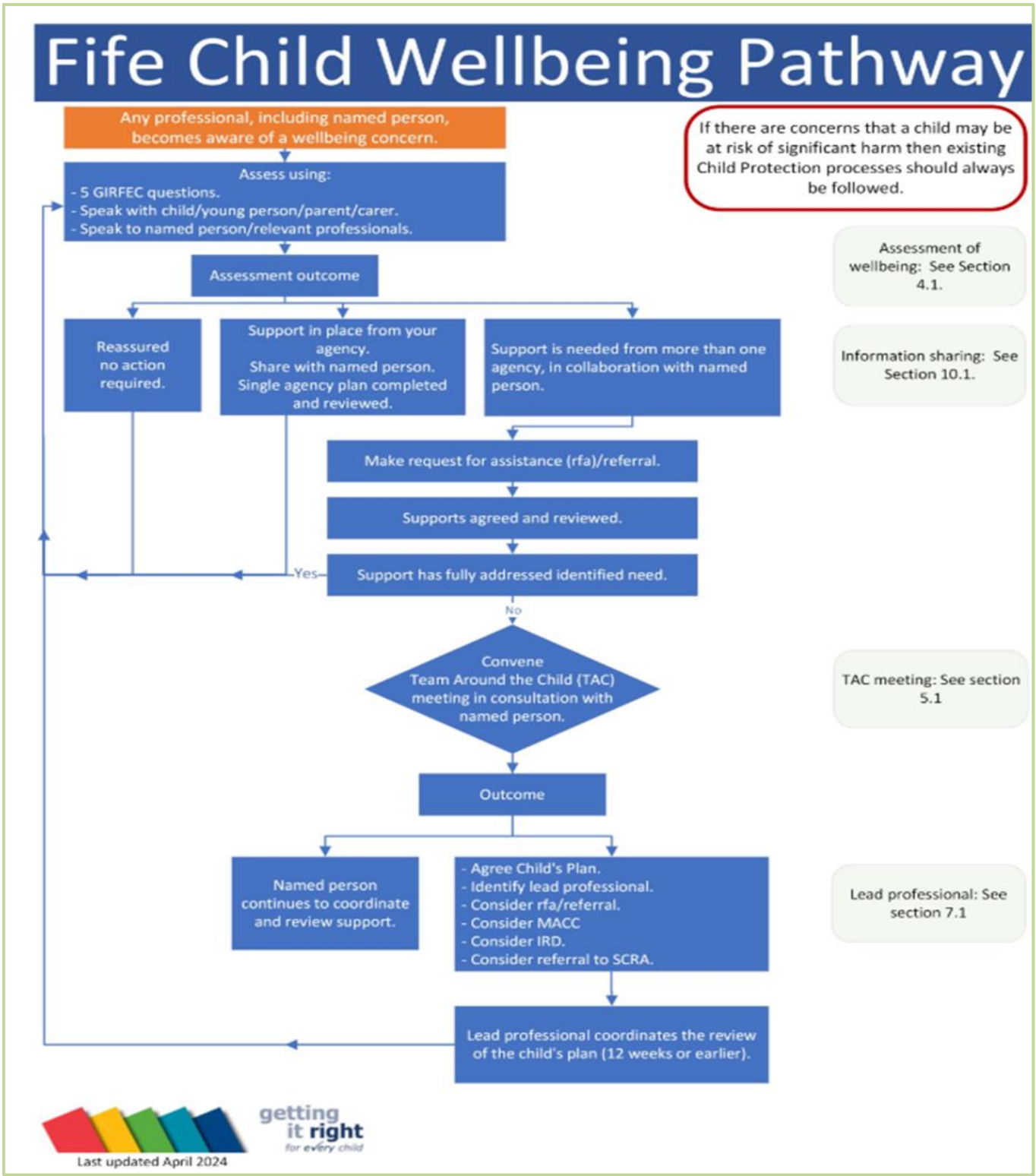
Escalation to Child Protection

If at any time a child or young person is considered to be at risk of significant harm, Child Protection procedures must be followed without delay.

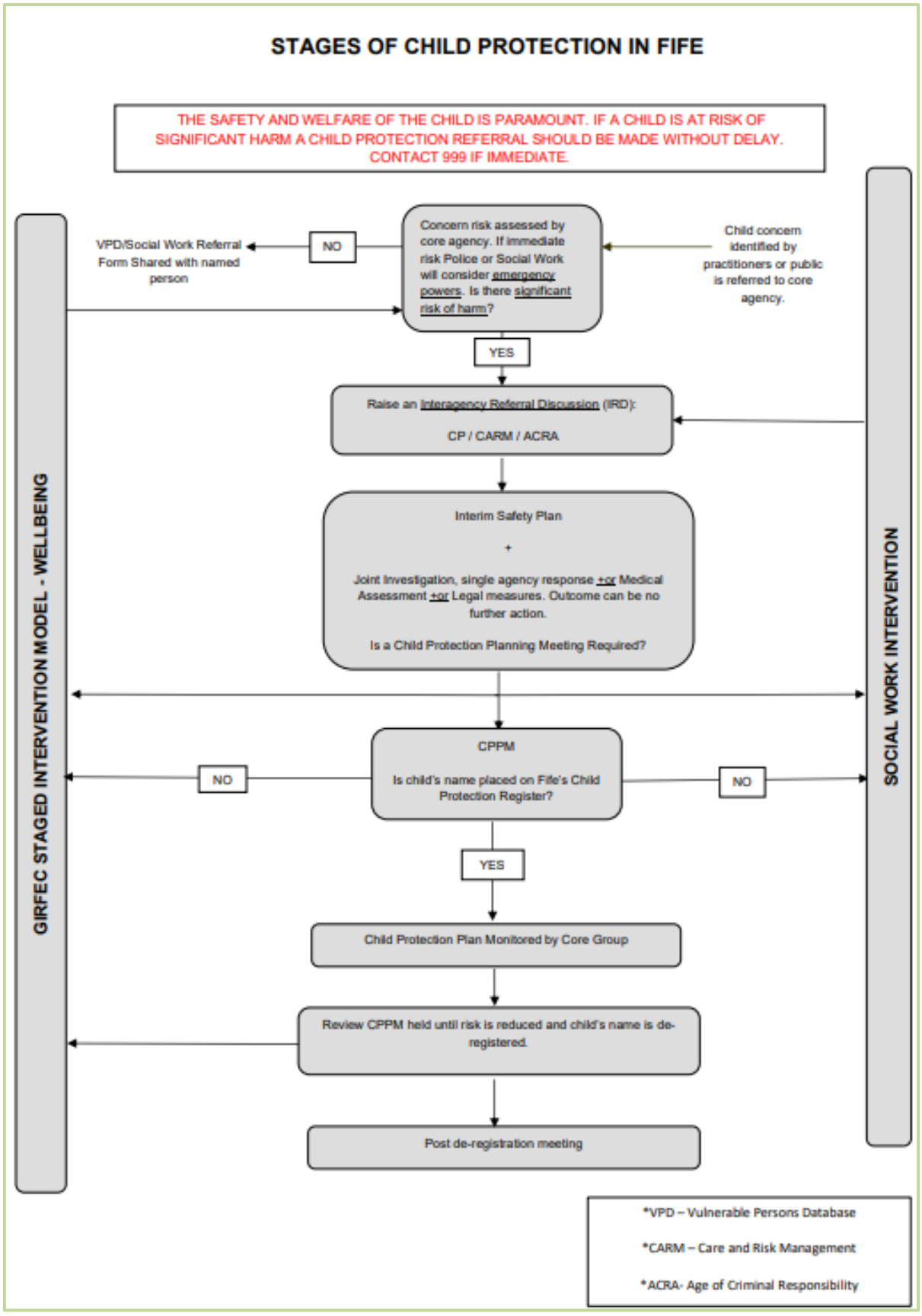
Practitioners must understand when and how to escalate concerns from wellbeing to child protection and be confident in initiating an **Inter-Agency Referral Discussion (IRD)** where appropriate.

All decisions must be informed by the principles of GIRFEC, ensuring that support is proportionate, rights-based, and focused on outcomes for children.

Overview of Fife Child Wellbeing Pathway (CWP)



Overview of Fife Child Protection Procedures Map



Parental Rights and Responsibilities (PRRs)

Parents in Scotland have legal rights and responsibilities toward their children as defined in the Children (Scotland) Act 1995. These include the right to have the child live with them, the responsibility to provide guidance, the duty to safeguard and promote the child's health, development, and welfare.

Parental Rights and Responsibilities (PRRs) define the legal duties and entitlements of a parent or carer in relation to their child. Understanding PRRs is essential when working with families, particularly in relation to **consent, information sharing**, and **involvement in decision-making**.

Who Holds PRRs?

PRRs are automatically held by:

- Birth mothers.
- Married fathers (at the time of the child's birth).
- Unmarried fathers who are named on the birth certificate (after 4 May 2006 in Scotland).

Same Sex Couples:

You have parental responsibilities and rights if you are either:

- The birth mother of a child.
- In a civil partnership or in a same-sex marriage with a woman at the time they have the egg donation, embryo transfer or donor insemination treatment which produces a child.
- The partner of a woman undergoing egg donation, embryo transfer or donor insemination treatment, and you have completed the forms you need to get parental responsibilities and rights.
- Named on a child's adoption order.
- Named on a child's parental order after surrogacy.
- The appointed guardian of a child whose parent has died, and you have consented to act as such.

If your partner is undergoing egg donation, embryo transfer or donor insemination treatment, the fertility clinic can help to advise on the forms you need to get parental responsibilities and rights.

Other individuals may acquire PRRs through:

- Court orders (e.g. Residence Orders, Parental Rights Orders).
- Adoption.
- Guardianship.
- Social Work departments or local authorities may hold PRRs where a child is subject to certain legal orders, such as a Permanence Order.

Parental Responsibilities Include:

- Safeguarding and promoting the child's health, development, and welfare.
- Providing appropriate guidance and direction.
- Maintaining regular personal relations and contact (if not living with the child).
- Acting as the child's legal representative.

Parental Rights Include:

- Having the child live with them or maintaining contact.
- Controlling, directing, or guiding the child's upbringing.
- Acting as the child's legal representative in legal and administrative matters.

Implications for Child Protection

Individuals with PRRs should normally be invited to meetings (e.g. CPPMs) and consulted about decisions. If a parent does not hold PRRs, they may still be involved if it is in the child's interests, but they do not have an automatic legal right to make decisions.

The child's views must always be considered, particularly where there is conflict between adults with PRRs.

Practitioners must be alert to diverse family structures, including same-sex parents, blended families, and kinship carers, and avoid assumptions based on gender, marital status, or biological relationship.

Where there is concern that exercising PRRs may place the child at risk, advice should be sought from legal services or the Lead Professional.

In line with The United Nations Convention on the Rights of the Child (UNCRC), children should be supported to understand decisions affecting them and should be actively involved in planning and decision-making processes.

Types of Abuse and Neglect

All practitioners must be alert to the full range of risks and forms of harm to which children and young people may be exposed. These include:

- **Physical abuse**.
- **Emotional abuse**.
- **Sexual abuse**.
- **Neglect**.

Children may experience more than one form of harm simultaneously. Understanding context, identity, and lived experience is critical when assessing abuse, planning support, and coordinating protective responses.

Cumulative Harm

Cumulative harm refers to the build-up of multiple low-level concerns over time. These concerns may not individually meet the threshold for intervention but collectively represent significant risk to a child's wellbeing or safety.

Examples include:

- Repeated exposure to neglect.
- Emotional abuse.
- Domestic abuse.
- Inconsistent care.

Key practice points

- Use **chronologies** and **multi-agency discussion** to identify patterns and assess the overall impact on the child.
- Cumulative harm is a **key indicator in many Learning Reviews** and must be taken seriously.
- Where concerns accumulate, practitioners should consider whether the **threshold for child protection** has been met and initiate an **Inter-Agency Referral Discussion (IRD)** if appropriate.

Physical Abuse

Physical abuse involves causing physical harm to a child or young person. This may include:

- Hitting, shaking, throwing, poisoning, burning or scalding, drowning, or suffocating.
- Fabricated or induced illness, where a parent or carer feigns or causes ill health.

Key considerations

- **Bruising** is the most common accidental injury in children.
- **Infants who are not independently mobile** (e.g. not yet rolling or crawling) should not have bruises without a clear explanation. All such bruising must be considered a potential indicator of physical abuse and investigated thoroughly.
- **Older children with additional needs** who are not independently mobile may also bruise without adequate explanation. This must be assessed carefully and investigated as potential physical abuse.

Further guidance

Refer to the Fife Multi-Agency Pre-Mobile Infants Bruising Protocol for detailed procedures and thresholds.

Emotional Abuse

Emotional abuse is persistent emotional ill-treatment that has severe and lasting effects on a child's emotional development. It may include:

- Conveying to a child that they are worthless or unloved.
- Exploitation or corruption.
- Repeated silencing, ridicule, or intimidation.
- Excessive demands or overprotection.
- Exposure to domestic abuse (as defined in the Domestic Abuse (Scotland) Act 2018).

Sexual Abuse

Child sexual abuse (CSA) involves a child under 16 in any activity for the sexual gratification of another person, regardless of consent. It includes both contact and non-contact behaviours, such as:

- Penetrative or non-penetrative acts.
- Exposure to indecent images or sexual language.
- Grooming or coercion online.

For victims aged 16-17, child protection procedures should be considered, especially in cases of exploitation or trafficking.

Child sexual exploitation (CSE) is a form of CSA where an imbalance of power is used to coerce or manipulate a child into sexual activity in exchange for something needed or wanted, or for the perpetrators gain.

Criminal Exploitation

Criminal exploitation involves coercing or manipulating a child into criminal activity, often in exchange for something or under threat. It may involve:

- Gang involvement.
- Drug trafficking (e.g. county lines).
- Violence or intimidation.
- Use of weapons.

Even if the activity appears consensual, the child may still be a victim of exploitation.

Child Trafficking

Child trafficking involves the recruitment, movement, or harbouring of a child for the purpose of exploitation. This may occur within the UK or internationally. Exploitation may include:

- Sexual abuse.
- Forced labour.
- Domestic servitude.
- Organ removal.
- Illegal adoption or marriage.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of health or development. It may include:

- Inadequate food, clothing, or shelter.
- Lack of supervision or medical care.
- Emotional neglect or lack of stimulation.

Neglect can arise from systemic stresses such as poverty but still requires a protective response. Chronologies are essential in identifying patterns and supporting early intervention.

Fabricated or Induced Illness (FII)

Fabricated or Induced Illness occurs when a parent or carer deliberately causes, exaggerates, or falsifies symptoms of illness in a child. This may involve:

- Falsifying medical records or history.
- Inducing symptoms through medication, physical interference, or withholding care.
- Exaggerating health concerns to gain attention, sympathy, or access to services.

FII intersects with multiple forms of abuse, including **physical, emotional**, and **neglect**. It can result in significant harm, including:

- Unnecessary medical procedures or hospital admissions.
- Emotional trauma and confusion.
- Disruption to the child's development and education.

Practitioners must be alert to:

- Patterns of unexplained illness.
- Frequent medical appointments without clear diagnosis.
- Discrepancies between reported and observed symptoms.
- Carer behaviour that appears overly controlling or medically focused.

Where FII is suspected:

- Concerns must be escalated immediately through an **Inter-Agency Referral Discussion (IRD)**.
- Medical professionals should be consulted to support assessment and planning.
- The child's voice and experience must be central to all decision-making.

Fife practitioners should refer to relevant clinical guidance and ensure that all actions are clearly recorded and proportionate to the level of concern.

Spiritual or Ritual Abuse

Spiritual or ritual abuse involves the misuse of religious or spiritual beliefs to harm, control, or frighten a child.

It may include:

- Accusations of witchcraft or possession.
- Coercive exorcism rituals.
- Use of spiritual threats or practices to instil fear or obedience.
- Cultural or faith-based practices that cause physical or emotional harm.

This form of abuse may be hidden within cultural or religious contexts and can intersect with **neglect, emotional, physical,** and **sexual abuse**.

Practitioners must approach concerns with:

- **Cultural competence** and sensitivity.
- A clear focus on the child's **safety, rights, and wellbeing**.
- Awareness of the potential for isolation, secrecy, and fear within the child's environment.

Where spiritual abuse is suspected:

- Practitioners should seek advice from cultural or faith specialists.
- An **IRD** must be initiated if the threshold for significant harm is met.
- The child should be supported through inclusive communication and advocacy.

All assessments must be trauma-informed and respectful of cultural identity, while prioritising the child's protection and recovery.

Other Forms of Harm

Additional risks include:

- **Online Abuse**: Grooming, sextortion, exposure to harmful content, and cyberbullying.
- **Forced Marriage, Female Genital Mutilation (FGM), and Honour-Based Abuse (HBA)**: These are explored in dedicated sections of this guidance.
- The child may have **harmful sexual behaviour** (See CARM).

Where any form of harm is suspected, practitioners must act promptly, initiate an IRD if the threshold is met, and ensure that the child's voice and rights remain central to all planning.

Children may experience more than one form of harm simultaneously. Understanding context, identity, and lived experience is critical when assessing abuse, planning support and response.

Assessment and Risk Analysis

Effective child protection relies on thorough, timely, and multi-agency assessment. Practitioners must be able to distinguish between:

- **Intrafamilial harm** - where abuse or neglect occurs within the family or household context.
- **Extrafamilial harm** - where risk originates outside the home, such as in peer groups, schools, public spaces, or online.

Children may be exposed to both types of harm simultaneously. Assessment frameworks, safety planning, and interventions must reflect this complexity.

Assessment is not a one-off event, but a dynamic and continuous process of gathering, analysing, and evaluating information about a child's circumstances, strengths, and needs. It must be rooted in a clear understanding of the child's **lived experience** and the factors that shape it.

Assessment Principles

Assessments should be:

- **Child-centred** - prioritising the voice and experience of the child.
- **Trauma-informed** - recognising how adversity and trauma may affect behaviour, relationships, and presentation.
- **Multi-agency** - incorporating perspectives and contributions from all relevant services.

- **Contextua**l - recognising influences beyond the family, such as peers, community, and online environments.
- **Inclusive** - considering how aspects of identity - including race, disability, gender, sexual orientation, religion, and socio-economic background - may affect the child's experience, access to support, and exposure to risk.

Frameworks and Tools

Practitioners should make use of:

- **Wellbeing indicators (SHANARRI)**.
- **My World Triangle**.
- **Resilience Matrix**.
- **Chronologies** (single and multi-agency).
- **Inter-Agency Referral Discussions (IRDs)** and **Joint Investigative Interviews (JIIs)** when required.

Where a child is at risk of significant harm - always refer to IRD.

When a risk of significant harm is identified, assessment should focus not only on whether harm has occurred, but whether there is a likelihood of future harm and the presence or absence of protective factors.

Risk Analysis and Decision-Making.

Risk analysis involves:

- Identifying patterns over time using chronologies.
- Balancing strengths and vulnerabilities.
- Recognising lack of progress, accumulating risk, and responding proportionately.
- Considering both intrafamilial and extrafamilial risks.

A key question at all stages is **"What is it like to be this child in this situation?"**.

Assessments must be clearly recorded, include evidence-based analysis, and inform decisions at IRDs, Child Protection Planning Meetings (CPPMs), Core Groups, and wider planning forums.

Practitioners must remain alert to:

- **Disguised compliance**.
- **Non-engagement**.
- **Hostile behaviours**.

These may mask ongoing or escalating harm. Assessment must be curious, evidence-informed, and not overly reliant on surface-level cooperation.

Over-optimism can lead to premature withdrawal of support and missed opportunities to protect children.

Where change is not sustained, or engagement is consistently avoided, practitioners must consider whether thresholds are met for escalation.

Statutory tools such as:

- **Child Assessment Orders**.
- **Child Protection Orders**.
- **Emergency police powers**.
- Referral to the **Children's Reporter**.

Practitioners should refer to the *Fife Multi-Agency Child Protection Guidance When Services Find it Hard to Engage* for further support.

Contextual Safeguarding (CXS)

Contextual safeguarding is the approach used to assess and respond to risks of harm outside the family environment. This includes identifying and addressing threats from:

- Peer networks.
- Neighbourhood locations.
- Online environments.
- Other community contexts.
- Criminal or gang exploitation.

Multi-agency responses should target both the child's individual needs and the wider environmental or situational factors that contribute to the risk.

Where extrafamilial harm is identified, pathways such as the **Care and Risk Management (**CARM**)** process may be initiated for harmful behaviour by children and young people.

Referrals for contextual safeguarding disruption can be made via the IRD pathway where concerns meet the threshold for significant harm (Pilot area Lochgelly High School Cluster only).

Further Resources

For multi-agency information to support assessment and risk analysis, please see:

- Fife Wellbeing Pathway
- Fife Single and Multi-Agency Chronologies Guidance
- Fife Inter-Agency Referral Discussion Protocol

Emergency Legal Measures

Emergency legal measures are statutory powers that Social Work, Police, and the Courts can use when a child is at risk of significant harm. These powers are primarily set out in the **Children (Scotland) Act 1995, the Children's Hearings (Scotland) Act 2011**, and supported by the **National Guidance for Child Protection in Scotland (2021, updated 2023)**.

Urgent action may be required at any time before or after a Child Protection Planning Meeting (CPPM) to protect a child from actual or likely significant harm, or to maintain safety until compulsory measures of supervision can be put in place by the Children's Hearings System.

Child Protection Order (CPO)

A CPO allows the immediate removal of a child to a place of safety or prevents their removal from a safe place. It may include conditions such as:

- Restricting contact with certain individuals.
- Keeping the child's location confidential.

CPOs are usually applied for by the Local Authority, but any individual or agency may apply. Grounds for application include:

- The child is suffering or is likely to suffer significant harm.
- The child has been or is being neglected.
- The child is likely to suffer significant harm if not removed or kept in a place of safety.

Child Assessment Order (CAO)

A CAO enables assessment of a child's circumstances where access is obstructed, and significant harm is suspected. The Local Authority may apply to a Sheriff if:

- There is reasonable cause to suspect the child is being harmed or neglected.
- An assessment is needed to confirm or refute concerns.
- The assessment cannot be satisfactorily carried out without the order.

The CAO can require parents or carers to produce the child and allow necessary assessments (subject to the child's consent). If the Sheriff believes the conditions for a CPO are met, they may issue a CPO instead.

Emergency Police Powers

An Exclusion Order may be granted by a Sheriff to exclude a named person from the family home if this better safeguards the child than removing the child. The order will only be granted if:

- The child has suffered, is suffering, or is likely to suffer significant harm due to the conduct or threatened conduct of the named person.
- A suitable adult is available to care for the child and any other dependent family members in the home.

Under Section 56 of the **Children's Hearings (Scotland) Act 2011**, Police Scotland may use emergency powers to temporarily take a child into protection if there is reasonable belief that the child would otherwise suffer significant harm and immediate intervention is necessary.

Key points:

- The child may be removed to suitable accommodation.
- Police must inform the Local Authority immediately.
- This power lasts for up to 24 hours.

It applies only when it is not practical for a CPO application to be made or considered by a Sheriff.

The Overlap of Adult Support and Protection and Child Protection

The National Guidance for Child Protection in Scotland (2021, updated 2023) confirms that child protection applies to all individuals under the age of 18. However, young people aged **16 or 17** and all adults may also fall within the scope of **Adult Support and Protection (ASP)** legislation.

Where a young person requires support and protection, multi-agency discussion must determine which legislative, or procedural framework best meets their needs and circumstances. These may include:

- The **Child Wellbeing Pathway (CWP)**.
- **Child Protection (CP)** procedures.
- **Adult Support and Protection (ASP)** processes.
- **Care and Risk Management (CARM)** procedures (where the young person poses a risk of serious harm to others).

Principles for Decision Making

- **Child Protection must always be the first consideration** for young people aged 16-17.

- If the threshold for significant harm is met, an **Inter-Agency Referral Discussion (IRD)** should be initiated.
- Where the threshold is not met, practitioners should consider whether ASP or other frameworks are more appropriate.
- All decisions must be clearly documented, with a rationale for the chosen pathway.

Joint Working and Continuity of Care

Close partnership working between children's and adult services is essential. Practitioners must ensure:

- A coordinated response that prioritises safety and wellbeing.
- Clear documentation of decision-making rationale.
- Continuity of support across transitions.

Young people subject to child protection procedures at age 16-17 remain protected by the same principles outlined in this guidance, including:

- **GIRFEC values.**
- **Trauma-informed practice.**
- **Access to advocacy and participation.**

Adult Support and Protection (ASP) - The Three-Point Test

Where a young person aged 16 or over is believed to be at risk of harm and the child protection threshold is not met, ASP processes may be considered. The three-point test under the *Adult Support and Protection (Scotland) Act 2007* is:

1. The person is aged 16 or over; and;
2. Is unable to safeguard their own wellbeing, property, rights, or other interests; and;
3. Is at risk of harm.

If all three criteria are met, ASP procedures may be initiated.

Further Guidance

- Inter-Agency Adult Support and Protection Guidance (ASP)
- Fife Multi-Agency Vulnerable Young Person's Protocol

Advocacy and Participation

Every child has the right to be heard and taken seriously in decisions affecting their lives. In Fife, **Barnardo's Advocacy Service** supports children and young people to

understand their rights, express their views, and participate meaningfully in child protection and planning processes.

Inclusive Advocacy

Children with communication needs - such as speech and language difficulties, neurodivergence, sensory impairments, or learning disabilities - may require tailored support. Advocacy workers should:

- Use accessible formats (e.g. visual aids, simplified language, assistive technology).
- Build trust and understand the child's preferred communication method.
- Seek specialist input where needed.

Advocacy must be responsive to each child's unique way of expressing themselves.

Rights and Participation

- Children have the right to be heard in all matters affecting them.
- Advocacy ensures their views shape decisions.
- Children should be supported to share their views at every stage.
- Where possible, children may choose their own advocate.

When Advocacy Should Be Offered

Advocacy must be offered:

- Before and during Child Protection Planning Meetings (CPPMs).
- Throughout child protection planning and support.
- When decisions are made about placement, contact, or education.
- During investigations, if needed to support participation.

Barnardo's Fife Advocacy Service Provides

- Independent advocacy for children in child protection or looked after processes.
- Support to prepare for meetings and understand decisions.
- Rights-based support to ensure the child's voice is heard.

Professional Responsibilities

Professionals must:

- Offer advocacy at key stages (e.g. CPPMs, Looked After Reviews).
- Explain processes and how views will be used.
- Record the child's views and whether advocacy was offered.
- Document outcomes, including if advocacy was declined.

If a child requests advocacy but hasn't received support, practitioners must act promptly.

Why Advocacy Matters

Advocacy is especially important for children who:

- Have communication needs or disabilities.
- Lack support from a trusted adult.
- Have experienced repeated interventions or changes in worker.
- Belong to marginalised groups (e.g. minority ethnic, LGBTQ+).

See: Barnardo's Fife Children's Rights and Advocacy Service

Retention of Child Protection Records

Each agency in the Fife Child Protection Partnership must securely store, retain, and dispose of child protection records in line with:

- UK GDPR.
- Data Protection Act 2018.
- Their own policies and statutory guidance.

Retention Periods

Retention times vary by agency. For example:

- Social Work and NHS Fife follow specific schedules in their privacy notices.
- These notices should be available to children, families, and professionals on request.

Best Practice

Agencies should:

- Document decisions about information sharing.
- Keep records accurate, complete, and accessible.
- Follow proper handover or archiving when children transition or are deregistered.
- Never destroy or alter records outside formal policies.

Professional Responsibilities

Staff must:

- Know local guidance on privacy, retention, and access.
- Keep records secure and up to date.
- Reflect the child's voice and experience.
- Record whether advocacy was offered and accepted.

Thresholds

Understanding thresholds is essential to ensuring timely, proportionate, and effective responses to concerns about children. In Fife, support for children is structured across three levels:

Three Levels of Support

1. **Universal Support**
   Provided through general education, health, and other universal services. Appropriate where there are no elevated wellbeing concerns.
2. **Child Wellbeing Pathway (CWP)**
   Used when there are concerns across any SHANARRI domain (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included). The CWP provides a staged framework for assessment and planning, moving from single agency to multi agency support as needed.
3. **Child Protection Procedures**
   Apply when a child is at risk of or has experienced **significant harm**. The threshold is met when the impact on the child's health or development is **serious and enduring**. This is a matter of **professional judgement**, informed by evidence and multi-agency discussion.

If at any time a child is at risk of significant harm or has experienced significant harm, Child Protection procedures must apply and an IRD must be held.

Definitions of Harm and Significant Harm

- **Harm**: Ill-treatment or impairment of the child's health or development. This includes harm caused by witnessing the ill-treatment of another. Development includes physical, intellectual, emotional, social, or behavioural domains. Health includes physical or mental health.
- **Significant Harm**: There is no legal definition. It refers to the severity or anticipated severity of impact on a child's health and development. Determining significance requires:
  - Information gathering.
  - Contextual analysis.
  - Multi-agency discussion.
  - Professional judgement.

Concerns involving a person in a **position of trust** who may have caused harm to a child or young person under 18 should always be considered for an **Inter-Agency Referral Discussion (IRD)**

Practitioners must also be alert to **cumulative harm**, where multiple low-level concerns over time may collectively meet the threshold for significant harm.

Threshold Decision-Making

Threshold decisions must be informed by supervision and peer discussion.

Reference to local protocols including:

- Fife Multi-Agency IRD Protocol
- Fife Multi-Agency Child Protection Escalation and Dispute Resolution Processes
- Fife Multi-Agency Child Protection Guidance When Services Find it Hard to Engage

Where change is not sustained, or engagement is consistently avoided, practitioners must consider whether the threshold for child protection has been met.

Threshold Checklist

*(*National Guidance for Child Protection in Scotland 2021 - updated 2023 *, Section 3.13)*

Use the following prompts to support professional judgement:

1. **Nature of concern**
   - What is the concern?
   - What is the impact on the child?
2. **Significance of harm**
   - Is the harm serious and enduring?
   - Is it actual or likely?
3. **Cumulative risk**
   - Is this part of a pattern of concerns?
   - Are there escalating risks?
4. **Source of risk**
   - Is the risk intrafamilial, extrafamilial, or both?
   - Is the risk posed by someone in a position of trust?
5. **Protective factors**
   - Are there safe adults or supports in place?
   - Is the child engaged in education or community?
6. **Engagement and response**
   - Is the family engaging meaningfully?
   - Are there signs of disguised compliance or hostility?
7. **Professional consensus**
   - Have concerns been discussed in supervision or multi-agency forums?
   - Is there agreement that the threshold may be met?

8. **Immediate action**
    - Is an IRD required?
    - Is emergency action needed (e.g. CPO, police powers)?
    - Have decisions and rationale been clearly recorded?

Escalation and Dispute Resolution Process

Disagreements between agencies are a normal part of child protection practice and can reflect healthy professional challenge. Differences in interpreting risk, thresholds, or appropriate action are not uncommon. However:

- Disagreement **must not delay action** to protect a child.
- It should be addressed **respectfully, transparently, and without unnecessary delay**.

Where concerns persist, professionals should follow the agreed multi-agency pathway. For full guidance, refer to the Fife Multi-Agency Child Protection Escalation and Dispute Resolution Processes

Concerns about Adults in a Position of Trust

Concerns about individuals working with children must be managed **swiftly, fairly**, and **transparently**. These individuals may include professionals, volunteers, carers, or anyone in a formal role of responsibility or trust.

Where there is concern that an adult in a position of trust may have:

- Harmed a child.
- Behaved in a way that indicates unsuitability to work with children.
- Failed to uphold safeguarding responsibilities.

An immediate and coordinated response is required.

Core Process

1. **Immediate Referral**
    - Concerns must be referred to the agency's **Designated Officer for Allegations Management**, Child Protection Leader the equivalent lead officer responsible for managing allegations within that service.
    - Each agency should have a clear internal procedure that practitioners are familiar with, outlining who to contact when an allegation is made about a practitioner or staff member.

- An **Inter-Agency Referral Discussion (IRD)** must be initiated to determine:
    - Police involvement.
    - Social Work assessment.
    - Employer responsibilities.

2. **Confidentiality and Support**
    - Confidentiality must be maintained throughout the process.
    - The impact on children involved must be minimised.
    - Support should be offered to affected children and families.
3. **Outcome Pathways**
    - **Criminal investigation** (led by Police Scotland).
    - **Disciplinary investigation** (led by the employer).
    - **Referral to regulatory bodies**, such as:
        - Scottish Social Services Council (SSSC).
        - General Teaching Council for Scotland (GTCS).
        - Nursing and Midwifery Council (NMC).

Key Principles

- The **child's safety and wellbeing** must be the primary concern.
- Allegations must be handled in line with national guidance and local protocols.
- Employers must ensure that staff are aware of their responsibilities and know how to report concerns.

Practitioner Roles and Responsibilities

Child protection is a shared responsibility across all agencies and practitioners who work with, or come into contact with, children and families. This includes:

- Building respectful, non-judgemental relationships.
- Being curious about lived experience.
- Recognising the impact of systemic barriers on engagement.
- Acting promptly and proportionately when concerns arise.

Roles and responsibilities must be clearly understood, particularly at points of **referral, decision-making, planning,** and **review**.

Core Expectations in Fife

Practitioners are expected to:

- Understand their role in recognising and responding to child protection concerns.
- Share information lawfully, proportionately, and in line with local protocols.

- Work in partnership with other services and with families, unless doing so places the child at greater risk and when the risk of harm is significant the child must be referred to IRD.
- Contribute to assessments, IRDs, CPPMs, and Core Groups where appropriate.
- Participate in supervision, learning, and development related to child protection.
- Be alert to **disguised compliance, non-engagement**, and **hostile behaviours** that may mask risk or delay intervention.

Professional curiosity, critical thinking, and reflective supervision are essential to avoid over-optimism and ensure that decisions are based on the child's **lived experience**, not adult assurances.

Escalation and Thresholds

Practitioners must be familiar with:

- Thresholds for significant harm
- Escalation and dispute resolution procedures
- **Statutory tools** available when engagement is limited or risk is escalating, including:
  - Child Assessment Orders.
  - Child Protection Orders (CPOs).
  - Emergency police powers.
  - Referral to the Children's Reporter.

Where there is uncertainty about thresholds or next steps, practitioners should seek advice from their line manager, child protection lead, or legal services.

Clear Recording and Accountability

- All concerns, actions, and decisions must be recorded clearly and promptly.
- The child's voice must be captured and reflected in planning.
- Decisions must be transparent, evidence-based, and regularly reviewed.

Key Roles in the Child Protection Process

- **Named Person**:
  - Coordinates support and acts as the point of contact for the child or family.
- **For pre-school children**:
  - Health Visitor or Family Nurse.
- **For school-aged children**:
  - Educationalist (usually Guidance Teacher or Head Teacher).
- **Social Work**:
  - Lead Professional for child protection matters. Coordinates planning meetings and maintains the Child Protection Register.

- **Health**:
  - Shares relevant information about children and significant adults. Contributes to assessment and planning.
- **Education**:
  - Monitors wellbeing, identifies changes in behaviour or attendance, supports the Child's Plan, and contributes to multi-agency meetings.
- **Police Scotland**:
  - Investigates criminal offences against children, contributes to IRDs and Joint Investigative Interviews, and works in partnership to manage risk.
- **Third Sector Partners**:
  - Support and advocate for children and families. Share information relevant to wellbeing and protection.

When Services Find it Hard to Engage with Families

All practitioners and managers must remain alert to situations where a parent or carer is or is becoming **non-engaging, avoidant**, or **hostile**. These behaviours can significantly obstruct assessment, delay intervention, and increase risk to the child.

Clear Communication and Shared Understanding

As with all families, professionals must ensure that:

- **Child protection concerns** are clearly explained.
- **Required changes** and expectations are communicated in plain, accessible language.
- An assessment is made of the parent or carer's **capacity to understand** the concerns and their **ability to make and sustain change**.

Practitioners should avoid assumptions about intent. What may appear to be resistance, or hostility may in fact reflect:

- **Fear or mistrust** of services.
- **Undiagnosed or unsupported needs**, such as learning difficulties or trauma.
- **Hidden issues**, including domestic abuse, substance use, or mental health difficulties.

Understanding the Impact on the Child

Non-engagement is not a neutral act - it can mask **ongoing or escalating harm**. Practitioners must remain focused on the **child's lived experience**, asking: *"What is it like to be this child in this situation?"*

Where engagement is limited or inconsistent, the **impact on the child** must be carefully assessed and recorded. Over-optimism or reliance on surface-level cooperation can lead to missed opportunities to protect.

Professional Curiosity and Supervision

Effective responses require:

- **Professional curiosity** - asking questions, triangulating information, and exploring inconsistencies.
- **Reflective supervision** - to support analysis, challenge assumptions, and maintain focus on risk.
- **Multi-agency discussion** - to share concerns, test hypotheses, and agree next steps.

Where concerns persist, practitioners must consider whether the **threshold for significant harm** has been met and whether an **Inter-Agency Referral Discussion (IRD)** is required.

Escalation and Use of Statutory Powers

If engagement continues to be obstructed and risk remains or escalates, practitioners;

- Must refer to the Fife Multi-Agency Child Protection Escalation and Dispute Resolution Processes.
- Consider use of **statutory powers**, including:
  - **Child Assessment Orders**.
  - **Child Protection Orders (CPOs)**.
  - **Emergency police powers**.
  - **Referral to the Children's Reporter**.
- Seek legal advice where appropriate.

Further Guidance

For detailed procedures and support, refer to:

- Fife Multi-Agency Child Protection Guidance When Services Find it Hard to Engage
- Fife Multi-Agency Child Protection Escalation and Dispute Resolution Processes
- Fife Inter-Agency Referral Discussion Protocol

Recognising and Responding to Concerns

All children have the right to be cared for and protected from harm. Practitioners across all sectors must be curious and vigilant to signs that a child may be at risk and must take proportionate action where concerns arise. Early recognition and timely response can prevent escalation and protect children from further harm.

Recognising Concerns

Concerns about a child may emerge from:

- Direct disclosure by the child or young person.
- Observations (for example the child's physical condition, emotional presentation or age-appropriate behaviours).
- Information shared by family members, professionals, or members of the public.

Signs of potential abuse or neglect may include:

- Unexplained injuries or a history of frequent minor injuries.
- Poor hygiene or signs of neglect.
- Consistent hunger or fatigue.
- Withdrawal, fearfulness, or distress.
- Behaviour that is inappropriate for age or stage of development.
- Absence from education or health appointments.

Sources of Risk

Harm may result from:

- Actions or inactions of parents, carers, or other adults.
- Abuse or exploitation by other children or young people.
- Risks present in the child's environment or community.

Practitioners should consider both **intrafamilial** and **extrafamilial risks**, including child sexual exploitation, child criminal exploitation, and online harm.

Responding to Concerns

When a practitioner becomes concerned about a child or unborn baby:

- They must assess whether the child is at **immediate risk of harm**. If so, appropriate action must be taken to ensure the child's safety.
- Concerns should be discussed with the agency's child protection team or an appropriate manager in line with agencies process.
- A decision should be made on whether the concern meets the threshold for initiating an **Inter-Agency Referral Discussion (IRD)**. If the threshold is met, any of the core agencies (Police, Health or Social Work) can raise the IRD.
- If an IRD is not required, support may still be offered through the **Child Wellbeing Pathway**.

All actions must be recorded clearly and promptly. The rationale for decisions taken - whether to escalate, refer, or continue support within universal services - should be documented and shared as appropriate.

Proportionate Response

Not all concerns will lead to formal child protection processes. However, every concern should be taken seriously and responded to in a way that reflects the assessed level of need or risk. This may involve:

- Continuing support through existing universal provision.
- Initiating multi-agency planning under the Child Wellbeing Pathway.
- Raising a child protection concern and initiating an IRD.
- Timely, proportionate, and collaborative decision-making is central to effective child protection.

Inter-Agency Referral Discussions (IRD)

(Including concerns of serious offending below age of criminal responsibility, ACRA, and Interim Safety Planning.)

An **Inter-Agency Referral Discussion (IRD)** is the formal process through which **Police Scotland, Social Work**, and **Health** share information and agree the immediate response to a child protection concern. In Fife, **Education** and other relevant services (e.g. third sector partners) may also be included, depending on the circumstances.

When an IRD is Required

Refer to the Thresholds section.

An IRD must be initiated when:

- A child is believed to have been abused or neglected.
- A child or unborn baby is suffering or is at risk of suffering **significant harm**.
- A child has caused or is likely to cause **serious harm to others** (see CARM).
- There is persistent **non-engagement, disguised compliance**, or **hostile behaviour** that obstructs assessment or masks escalating risk.

Practitioners must be alert to **patterns of concern** that may not arise from a single incident but emerge cumulatively over time. Over-optimism, failure to escalate, or reliance on superficial cooperation have been identified in Learning Reviews as contributing factors to missed opportunities for protection.

Types of IRD in Fife

There are four types of IRD that may be convened:

1. **Child Protection (including Pre-Birth)**
   Initiated when a child or unborn baby is believed to be at risk of significant harm. Where the risk is posed by a person in a position of trust, the threshold is harm. See: Fife Multi-Agency Pre-Birth Guidance
2. **Care and Risk Management (CARM)**
   Initiated when a child aged 12-17 poses a serious risk of harm to others. See: Fife Multi-Agency Child Protection Care and Risk Management Protocol (CARM)
3. **Adult Support and Protection (ASP)**
   For individuals aged 16+ who meet the ASP three-point test. See: Inter-Agency Adult Support and Protection Guidance (ASP).
4. **Age of Criminal Responsibility (ACRA)**
   Convened when a child under 12 is believed to have caused or risked causing serious harm. See: ACRA Operational Guidance for Social Work and Police

Key Principles of IRD

- **Timely**: IRDs must be convened promptly following receipt of a concern.
- **Collaborative**: All relevant partners share information to inform a coordinated response.
- **Child-centred**: The child's safety, rights, and wellbeing are the primary focus.

IRD Decision Points

The IRD process includes clear decision points regarding:

- Whether a **Joint Investigative Interview (JII)** is required.
- Whether a **medical examination** is necessary.
- Whether **Interim Safety Planning (ISP)** is needed.
- Whether a **Child Protection Planning Meeting (CPPM)** should be convened.
- Whether a **referral to the** Children's Reporter is appropriate.
- Whether the wider context requires a **Contextual Safeguarding** response.

Outcomes from an IRD

Possible outcomes include:

- No further investigation - Named Person Responsibility.
- Referral to a single agency for support/further investigation.
- Joint Multi Agency Investigation.
- Joint Multi Agency Assessment (pre-birth).
- Agreement for specialist medical assessment or Joint Paediatric Forensic Examination (JPFE).

- Progression to CPPM with identification of Lead Professional.
- Referral to Contextual Safeguarding.
- Agreement to convene a CARM or ACRA investigation.
- Consideration of place of safety, forensic data, or investigative interview.
- Requirement for an early referral to the Principal Reporter.

For young people aged 16-17, **child protection must always be the first consideration**. If the threshold is not met, alternative pathways such as ASP or CARM may be considered.

Interim Safety Planning (ISP)

The **Interim Safety Plan** must be agreed at IRD and include:

- Identified risks to the child and any siblings.
- Support needs of all children in the household.
- Parent/carer's ability to understand and implement safety actions.
- Language appropriate for disclosure to parents/carers.

All actions must be allocated to relevant agencies and followed up prior to the Initial CPPM.

- See: Fife Multi-Agency Child Protection Inter-Agency Referral Discussion Protocol (IRD)
- See: Fife Multi-Agency Vulnerable Young Person's Protocol

Supporting Resources for Families

- NHS JPFE Leaflet for Children and Young People
- NHS JPFE Leaflet for Parents and Carers
- Skeletal Survey Information
- Bruising in Young Babies Leaflet

Pre-Birth Child Protection Guidance

Unborn babies are particularly vulnerable, especially where there are known risks in the family. Early identification and multi-agency planning are essential to ensure safety at birth.

- **Initiate an IRD** as soon as concerns are identified - a confirmed pregnancy scan is **not required**.
- Concerns raised before confirmation must be considered carefully.
- **Initial CPPM** should take place by **28 weeks gestation**, or within **28 calendar days** of concern in late presentations.

For full guidance, refer to the Fife Multi-Agency Child Protection Pre-Birth Guidance

Hospital Discharge Planning - Unborn Babies

Where an unborn baby is subject to a Child Protection Plan:

- The **named Social Worker** and **Health Visitor/Family Nurse** must be identified prior to delivery.
- A **Hospital Discharge Planning Meeting** must be held before discharge.
- The **Child Protection Plan** must include specific arrangements for discharge, supervision, and follow-up.
- The discharge plan must be shared in writing with all relevant parties, including parents where safe and appropriate.

If concerns arise during labour or postnatal care, and the baby is not already subject to a Child Protection Plan, an IRD must be initiated without delay.

Key Principles

- **Early identification**: Begin assessment and planning as soon as concerns are raised.
- **Multi-agency collaboration**: Ensure coordinated input from all relevant services.
- **Contingency planning**: Prepare for escalation or lack of engagement.
- **Timely action**: Meet all required timescales to ensure safety at birth.

See: Fife Multi-Agency Pre-Birth Child Protection Protocol for full guidance.

Procedure for Discharge Planning where there are Child Protection Concerns

All babies and children in hospital who are subject to child protection concerns or whose name in on Fife's Child Protection Register require coordinated discharge planning. Furthermore, a discharge planning meeting should also be held for any child when there are child protection concerns of any nature.

- A **Hospital Discharge Planning Meeting** must be held before discharge.
- An **IRD must be initiated** if child protection concerns arise during admission, even if the child is not on the register.
- The **Child Protection Plan** must include clear discharge arrangements.
- A **confirmed pregnancy scan is not required** to raise an IRD.

Planning must involve relevant professionals (e.g. Social Work, Health Visitor, Midwifery, Paediatrics, Police) and focus on the child's safety and post-discharge support for the child and the family.

See: Fife Multi-Agency Child Protection Discharge Planning Processes for full guidance.

Joint Investigative Interviews (JIIs)

A **Joint Investigative Interview (JII)** is a formal, planned interview carried out jointly by **Police Scotland** and **Social Work**. Its purpose is to obtain a full and accurate account from a child about events they may have experienced or witnessed, particularly where **abuse or neglect** is suspected.
In Fife, the JII process follows **national guidance** and is delivered by **trained interviewers** using a **trauma-informed** and **child-centred** approach.

When a JII May Be Undertaken

A JII may be required when:

- A child **discloses abuse**.
- A serious concern arises through an **IRD**.
- There is a need to gather evidence to support **legal or protective processes**.

Key Principles

- **Best Evidence**: The interview will seek to obtain the child's account in their own words, in a way that supports both legal proceedings and child protection planning.
- **Preparation**: JIIs must be carefully planned, considering the child's;
  - Developmental stage.
  - Communication needs.
  - Cultural background.
  - Safety and wellbeing.
- **Support**: Children must be supported before, during, and after the interview. This may include;
  - Advocacy.
  - Psychological support.
  - Input from specialists (e.g. speech and language therapists).

Children should never be interviewed in a manner that causes distress or confusion. JIIs must only be conducted by **appropriately trained and accredited practitioners**.

Post-Interview Process

Following a JII:

- A **debrief** will be held by a Police or Social Work child protection supervisor.
- Decisions will be made regarding:
  - Other identified children.
  - Medical examination.
  - Safety planning.
  - Referral to the **Children's Reporter**.

The child's voice, rights, and wellbeing must remain central to all planning before, during, and after the JII.

Child Protection Planning Meetings, Core Groups and Deregistration

A Child Protection Planning Meeting (CPPM) is a multi-agency meeting convened when it is believed that a child is at risk of significant harm. It brings together key professionals - and, where appropriate, the child and family - to assess risk and agree whether the child's or unborn baby's name should be placed on Fife's Child Protection Register (CPR).

The CPR is a **confidential list** held by Fife Council, Children and Families Social Work Service. It ensures that key professionals are aware of the child's circumstances and can monitor risk and progress.

In Fife, CPPMs must be:

- **Timely**: taking place promptly following an IRD and any initial inquiries and within 28 calendar days of the IRD being raised.
- **Inclusive**: with all relevant services invited to share information and contribute to decision-making.
- **Child-centred**: ensuring the views of the child and their parent(s)/carer(s) are heard and considered.

CPPM Process in Fife

1. **IRD raised** in response to concerns of significant harm.
2. **Social Work** arranges the meeting with a **Reviewing Officer** (Independent Chair).
3. **Agencies, child, and family** are invited to attend.
4. **Agency assessment reports** (open and closed) are submitted **48 hours before** the meeting.
5. **Single Agencies** must initiate reviewing the social work and other reports **before the Child Protection Planning Meeting**.
6. **Single Agencies** are responsible for **sharing their report** with the family and child where appropriate.
7. **Single agency chronologies** are requested to support creation of a **Multi-Agency Child's Chronology**.

See: Fife Single & Multi-Agency Chronology Good Practice Guidance April 2024

Meeting Outcomes

If the child is **not registered**, a **Child Wellbeing Meeting** will be held within **4-6 weeks**, and the safety plan will remain in place.

If the child is **registered**, the concern will be recorded under one or more categories (e.g. physical abuse, neglect, domestic abuse).

A **Child Protection Plan** will be initiated with:

- Clear outcomes.
- Timescales.
- Named **Lead Professional**.
- Establishment of **Core Group Meetings**.

Core Group Meetings

- First Core Group must take place within **15 working days** of registration.
- For **unborn babies**, the first **review CPPM** must occur within **3 months** of registration.
- For **children**, the first review CPPM must occur within **6 months**, and every **6 months thereafter** until deregistration.

Deregistration Process

- At the final review CPPM, a **provisional date** for deregistration is agreed.
- A **Deregistration Meeting** must take place within **6 weeks** of the last review CPPM.
- The meeting is chaired by Social Work and includes relevant agencies, the child/young person, and family.
- The **Child's Plan** is reviewed to ensure risks are manageable and post-deregistration support is in place.
- If risks re-emerge, an **IRD** must be submitted.

Contingency Planning

Contingency planning is essential to ensure that, if the Child Protection Plan proves ineffective, and there is a clear, pre-agreed course of action to safeguard the child immediately. In Fife every child on the CPR should have a contingency plan.

Information for Families

See:

- Fife Child Protection Planning Meetings - A Guide for Children & Young People
- Fife Child Protection Planning Meetings - A Guide for Parents & Carers

Chronologies

Chronologies are essential tools for identifying **patterns of concern**, supporting **assessment**, informing **decision-making**, and guiding **planning** in child protection. They provide a succinct, time-sequenced record of **significant events** in a child's life.

In Fife, chronologies must be:

- **In place** for every child progressing to a CPPM.
- **Maintained** as part of the Child's Plan and regularly updated.
- **Shared** appropriately in multi-agency contexts.

Chronologies may be:

- **Single agency**: Kept by each professional or service involved.
- **Multi-agency**: Collated and integrated to inform CPPM and Core Group decision-making.

Significant events include:

- Changes in care arrangements.
- Wellbeing and welfare concerns.
- Health or developmental concerns.
- Attendance or exclusion patterns.
- Police involvement or incidents of domestic abuse.
- Transitions or placement changes.

Practitioners should also record events that reflect **identity-related experiences**, such as:

- Discrimination.
- Cultural disconnection.
- Barriers to accessing services.

Best Practice in Chronology Use

Chronologies must be:

- **Clear and concise** - not case notes.
- **Analytical** - highlighting the impact on the child, not just listing events.
- **Judgement-informed** - guided by professional training and supervision.

Chronologies are particularly important in identifying cumulative harm, where multiple low-level concerns over time may collectively meet the threshold for significant harm.

Multi-Agency Chronology Requirement

A **Multi-Agency Chronology** must be in place for every child progressing to a CPPM.

See: Fife Multi-Agency Single and Multi-Agency Chronology Good Practice Guide (2024)

Domestic Abuse and Child Protection

Babies, children, and young people living with **domestic abuse** are exposed to behaviours that can have a **detrimental impact** on their emotional and physical development, wellbeing, and safety. Witnessing violence or coercive control directed at a non-abusing parent or carer is a form of harm in itself.

Key Principles

- **Domestic abuse is always at least a wellbeing concern** for children.
- **Professional judgement** must be applied to determine whether the child is at risk of significant harm and whether an **IRD** should be initiated.
- **Early intervention** is critical to prevent long-term harm.
- The impact of domestic abuse must be understood as a consequence of the **perpetrator's behaviour**, not the non-abusing parent/carer's "failure to protect".

Assessment and Planning

When assessing or planning for a child affected by domestic abuse, practitioners must:

- Recognise that **both the child and the non-abusing parent/carer** are victims.
- Ensure that protection and support are provided to **both**.
- Avoid placing responsibility for safety solely on the non-abusing parent/carer.
- Maintain a focus on the **perpetrator's behaviour,** including ongoing risk and patterns of control.

Post-Separation Risk

Protection must be **ongoing,** even after separation. Separation often triggers an **escalation of abuse**, increasing risk to both the child and the non-abusing parent/carer.

Decision-Making and Contact

Any decisions regarding **contact arrangements** - whether through Social Work or the civil courts - must be based on a **comprehensive assessment of risk** to both the child and the non-abusing parent/carer.

Multi-Agency Responsibilities

Agencies must:

- Work collaboratively to support the non-abusing parent/carer in making safe choices.
- Monitor and assess the **perpetrator's behaviour** and risk.
- Ensure that **children's voices** are heard and reflected in planning.
- Offer **advocacy** and trauma-informed support where appropriate.

See: Fife Domestic Abuse and Protection of Children Good Practice Guide

Care and Risk Management (CARM)

The **Care and Risk Management (CARM)** process is a structured, multi-agency approach for managing young people aged **12 to 17** who present a **risk of serious harm to others**, particularly through **violent or sexual behaviour**.

CARM does **not replace child protection procedures** but may operate **alongside them** where concerns relate to both **risk to others** and **risk to self or from others**.

Referral to CARM via IRD

Where a young person is believed to pose a serious risk of harm to others, practitioners must initiate an Inter-Agency Referral Discussion (IRD). At IRD:

- The threshold for **serious harm** is considered.
- A decision is made whether to progress to a **CARM Meeting**.
- The CARM process is initiated as an **outcome of IRD**, not as a standalone referral.

See: Fife Multi-Agency IRD Protocol

CARM Process Overview

The detailed steps of the CARM process - including screening, planning, review, and oversight are set out in the **Fife Multi-Agency Care and Risk Management Protocol**.

See: Fife Multi-Agency Child Protection Care and Risk Management Protocol (CARM)

Escalation and Learning

Where a young person already subject to a **CARM Coordinated Support Plan** is involved in a further episode of **serious harm to others**, the **CARM Core Group** must:

- Review the incident.
- Consider escalation of planning and intervention.
- Determine whether a **Learning Review notification** should be submitted to the **Fife Child Protection Committee (CPC)**.

Harmful Sexual Behaviour (HSB)

Children and young people may display sexual behaviour that is **developmentally inappropriate**, **harmful**, or **abusive**. This is referred to as **Harmful Sexual Behaviour (HSB)** and may occur independently or alongside other forms of abuse.

HSB may be influenced by:

- The child's own experience of abuse or trauma.
- Exposure to inappropriate sexual content.
- Peer pressure or coercive relationships.
- Neurodevelopmental or emotional needs.

Assessment and Response

Practitioners must be able to:

- Distinguish between **healthy, problematic,** and **harmful** sexual behaviours.
- Use recognised **assessment tools** to support decision-making.
- Consider the child's **developmental stage, identity,** and **lived experience**.
- Ensure the child's **voice** is heard and supported through **advocacy**.

Where HSB is identified, responses must be:

- **Proportionate** - tailored to the level of concern and risk.
- **Child-centred** - focused on safety, understanding, and recovery.
- **Trauma-informed** - recognising the potential impact of past harm.
- **Multi-agency** - involving all relevant services, including specialist support.

Referral and Planning

If the threshold for **significant harm** is met, an **IRD** must be initiated without delay. Planning may involve:

- **Child Protection procedures**.
- **CARM processes**, where the behaviour poses serious harm to others.
- Referral to **specialist services** such as AIM3 or Stop It Now.
- Development of a **Coordinated Support Plan** addressing both risk and wellbeing.

Key Considerations

- HSB may occur in **online** or **offline** contexts.
- Children displaying HSB may also be **victims of abuse**.
- Responses must avoid **criminalising** children unnecessarily.
- Support must be offered to the child, their family, and any affected peers.

Children with Disabilities and Complex Needs

Children with disabilities and complex needs are more vulnerable to abuse and neglect than their peers. They may face additional barriers to **communication, disclosure**, and **recognition of risk,** and require tailored support to ensure their safety and participation.

Key Risk Factors

Practitioners must be especially alert to:

- **Non-verbal indicators** of abuse or distress.
- **Increased dependence** on adults for care and supervision.
- **Social isolation**, which may reduce opportunities for disclosure.
- **Bias or assumptions** that behaviours or injuries are linked to disability rather than potential harm.

Practice Expectations in Fife

Child protection procedures apply equally to all children, regardless of disability. Concerns must be acted upon without delay and with the same level of scrutiny and urgency.

Practitioners must:

- Offer **specialist support and advocacy** to children with communication difficulties.
- Make **reasonable adjustments** to ensure participation in meetings, interviews, and planning.
- Involve **medical professionals and disability specialists** in assessment and decision-making.
- Actively seek and support the child's views using the most **accessible and appropriate methods**.

Where direct communication is not possible, practitioners must use:

- **Careful observation**.
- **Listening to carers and professionals**.
- **Triangulation of concerns** across agencies.

This may include the use of **communication passports**, which provide personalised information about how a child communicates, their preferences, and support needs. These tools help ensure meaningful engagement with children who use alternative or augmentative communication methods.

Further Guidance and Resources

- Rights Awareness – Supporting Disabled Children and Families (Scottish Government)
- Communication Passports – Resources Scotland

Children in Specific Circumstances

Some children may face **additional risks** due to their personal circumstances, identity, or lived experience. Practitioners must be alert to how **intersecting aspects of identity** - such as race, disability, gender, poverty, and trauma - can compound vulnerability and affect access to support.

These vulnerabilities must be recognised and addressed within **assessment, planning**, and **decision-making**.

Examples of Specific Circumstances

Children may be at heightened risk where they are:

- **Young carers** providing care for a family member.
- **Asylum seekers,** refugees, or **unaccompanied children**.
- Experiencing **bereavement, parental imprisonment**, or **family separation**.
- Identifying as **LGBTQ+** and facing rejection or discrimination.
- Living in **poverty, temporary accommodation**, or with **housing instability**.

Practice Expectations in Fife

Practitioners must:

- Consider the **intersection of multiple risks** (e.g. disability and poverty).
- Recognise the importance of **protective factors**, such as relationships, school stability, and community supports.
- Ensure **transition planning** reflects the child's identity, values, and cultural background.
- Address any **barriers to participation**, including language, accessibility, or discrimination.
- Avoid assumptions and ensure that **every child is seen, heard, and supported**.

Children who fall into these groups must not be overlooked in **universal services** or when assessing risk. Chronologies, assessments, and planning must reflect a **holistic view** of the child's lived experience.

Further Guidance and Resources

- LGBT Youth Scotland – Safeguarding Framework
- Young Carers – National Carers Strategy

Transitions and Planning into Adulthood

Transitions to adulthood are a critical time for vulnerable young people. For those subject to **child protection measures**, involved in **risk-taking behaviours**, or requiring **ongoing support**, careful planning is essential to ensure **safety, continuity of care**, and **positive outcomes**.

Key Transition Points

- Moving from **children to adult services**.
- Leaving care or ending formal child protection support.
- Transitioning from **school to further education, employment, or training**.
- Change in legal status at age **16 or 18**.

Practice Expectations in Fife

For young people aged **16-17, child protection must always be the first consideration**. If the threshold for significant harm is met, an **IRD** must be initiated. Where the threshold is not met, practitioners should consider alternative pathways such as **Adult Support and Protection (ASP)** or **Care and Risk Management (CARM)**.

Thresholds Explained

- **Child Protection**
  Initiated when a child is at risk of **significant harm**, defined as serious and enduring impact on health or development. This is a matter of **professional judgement**, informed by evidence and multi-agency discussion.
- **Adult Support and Protection (ASP)**
  Applies to individuals aged **16 and over** who meet the **three-point test**; Inter-Agency Adult Support and Protection Guidance
  1. Unable to safeguard their own wellbeing, property, rights, or other interests.
  2. At risk of harm.
  3. Affected by disability, mental disorder, illness, or physical/mental infirmity.
     Harm includes self-harm, neglect, and abuse in any form.
- **Care and Risk Management (CARM)**
  - Applies to children and young people aged **12-17** who present a **serious risk of harm to others**.
  - CARM is not a substitute for child protection and is used when the **risk is outward facing**, such as serious violence, harmful sexual behaviour, or criminal exploitation Fife Multi-Agency Care and Risk Management (CARM) Protocol.

Planning must be:

- **Collaborative** - involving both child and adult services.
- **Coordinated** - ensuring continuity of support across systems.
- **Rights-based** - recognising the young person's voice, identity, and legal status.
- **Proactive** - beginning early, ideally from **age 14**.

Planning Considerations

Professionals must:

- Involve the young person in **every aspect of decision-making**.
- Be clear about differences in **support models**, **legal frameworks**, and **entitlements**.
- Ensure **contingency planning** is in place for escalating risk.
- Maintain **multi-agency planning** even if formal child protection measures end.

Where a young person has been subject to **CARM** or **child protection planning**, services must assess how to support their safety and wellbeing during and beyond transition.

See: Fife Multi-Agency Vulnerable Young Person's Protocol

Child Sexual Exploitation (CSE) and Online Abuse

Child Sexual Exploitation (CSE) is a form of child sexual abuse in which a person or group exploits a child or young person for sexual purposes in exchange for something the victim needs or wants, or for the financial advantage or status of the perpetrator.

Online abuse often intersects with CSE but can also occur independently. Harm may arise solely through digital interaction or escalate into physical world abuse.

Key Indicators of CSE and Online Abuse

Practitioners must be alert to signs such as:

- Children being **secretive** about phone or internet use.
- Possession of **unexplained gifts**, money, or devices.
- Association with **older individuals or groups**.
- **Absences** from school, home, or appointments.
- **Anxiety**, withdrawal, or trauma responses.
- **Sexualised behaviour** that is inappropriate for age or context.

Online and Digital Risks

Children may be exposed to:

- **Online grooming**.
- **Sextortion** and coercive image-sharing.
- Exposure to **harmful content** (e.g. suicide, radicalisation, misogyny).
- **Cyberbullying** or harassment.
- Recruitment into **exploitation networks** via social media or gaming platforms.

Risk may be heightened where children are **isolated, vulnerable**, or experiencing other forms of harm.

Assessment and Response

Practitioners must:

- Consider **digital harm** during assessments and chronologies.
- Encourage **open, child-centred discussion** about online experiences.
- Record details of **platforms, apps, or online interactions**.
- Avoid dismissing risk based solely on the digital nature of the harm.
- Engage with **CEOP, Police Scotland**, or other relevant agencies.
- Support families to understand online risks and develop **safety plans**.

Where the threshold for significant harm is met, an IRD must be initiated without delay.

Support and Planning

Children affected by CSE or online abuse must be supported through:

- **Advocacy**.
- **Trauma-informed interventions**.
- **Specialist assessment and planning**.
- Multi-agency coordination, including health, education, and third sector partners.

Further Guidance and Resources

- Fife Multi-Agency Child Sexual Exploitation Strategy
- Fife Multi-Agency Child Protection Inter-Agency Referral Discussion Protocol (IRD)
- ThinkUKnow
- Internet Watch Foundation

Trafficking and Exploitation

Child trafficking involves the recruitment, movement, or transfer of children for the purpose of **exploitation**. Exploitation may include:

- **Sexual abuse**.
- **Forced labour**.
- **Domestic servitude**.
- **Criminal exploitation**.
- **Removal of organs**.
- **Illegal adoption or marriage**.

Exploitation does **not need to have occurred** for trafficking to be identified - **intention alone is sufficient**.

Types of Trafficking

- **International trafficking**: Movement across borders.
- **Internal trafficking**: Movement within Scotland or the UK.

Key Indicators

Practitioners must be alert to signs such as:

- A child having **no documents** or **false identification**.
- The child appearing to be **under the control of others**.
- **Limited English** or reluctance to speak.
- Signs of **neglect, physical abuse**, or **exploitation**.
- **Fearfulness, withdrawal**, or reluctance to disclose movements.

Response and Planning

Where trafficking is suspected:

- An **IRD must be initiated immediately**.
- The child must be treated as a **victim**, not an offender.
- Referral must be made to the **National Referral Mechanism (NRM)**.
- Consideration must be given to:
    - **Immigration status**.
    - **Safety planning**.
    - **Long-term recovery support**.

All agencies must follow national and local procedures for identifying, responding to, and supporting trafficked children.

Further Guidance and Resources

- National Guidance for Child Protection in Scotland (2021)
- Inter-Agency Guidance for Child Trafficking – NRM Scotland
- Practitioner Guidance on Criminal Exploitation – Scotland

Female Genital Mutilation (FGM), Forced Marriage (FM), and Honour-Based Abuse (HBA)

FGM, FM, and **HBA** are forms of **gender-based violence** and **child abuse**. All are illegal in Scotland and carry significant physical, psychological, and safeguarding risks. These forms of harm may intersect and must be managed with urgency, cultural sensitivity, and a clear focus on the child's safety and rights.

Honour-Based Abuse (HBA)

HBA includes practices used to control behaviour within families, communities, or other social groups, to protect perceived cultural or religious beliefs and/or 'honour'. It may involve:

- Coercion.
- Threats or violence.
- Isolation or forced control.
- Pressure to conform to family or community expectations.

Child protection procedures apply to all children and young people up to the age of 18 where HBA is suspected.

Female Genital Mutilation (FGM)

FGM is a criminal offence and a serious violation of children's rights. Practitioners must:

- Be alert to risk indicators (e.g. planned travel to countries where FGM is practised).
- Initiate an **IRD immediately** if FGM is suspected or disclosed.
- Avoid informal resolution or family mediation.

See: FVAWP Female Genital Mutilation Guidance 2025 (pending publication).

Forced Marriage (FM)

Forced marriage involves coercion and lack of consent and may occur in Scotland or abroad. Practitioners must:

- Be alert to signs such as withdrawal from school or planned overseas travel.
- Initiate an **IRD** where a child is at risk.

See: FVAWP Fife Forced Marriage Guidance 2025 (pending publication).

Children Missing from Home or Care Setting

Children who go missing from home or care may be at increased risk of **abuse, exploitation**, or other forms of harm. Every instance must be treated as a **potential indicator of risk** and requires an **immediate and coordinated response**.

Key Principles

- **Immediate response**: Police Scotland must be notified without delay.
- **Risk assessment**: Relevant services must assess the level of risk and act accordingly.
- **Return discussions**: Upon return, the child should be offered a **return discussion** by an independent person to explore the reasons for going missing and identify any support needs.
- **Contextual risk**: Practitioners must consider external factors such as:
    - Peer pressure.
    - Gang involvement.
    - Online contacts.
    - Unsafe relationships.
    - Exploitation or coercion.

Multi-Agency Responsibilities

All professionals must:

- Share information promptly with **Police Scotland** and **Social Work**.
- Record events in the **chronology** and **Child's Plan**.
- Convene **multi-agency strategy** discussions where:
    - A child goes missing **repeatedly**.
    - There are concerns about **exploitation** or **trafficking**.
    - There is evidence of **grooming, control**, or **coercion** by others.

Where risk is assessed as **significant**, consideration must be given to initiating an **IRD**.

See: Fife Missing Person Partnership Protocol

Children and Vulnerability to Terrorism

Children and young people may be vulnerable to **radicalisation** and **exploitation** by extremist groups. Safeguarding against these risks requires **vigilance, early intervention**, and a **multi-agency approach**.

Practitioners must be alert to signs that a child may be susceptible to extremist influence, including:

- Sudden **ideological shifts** or expressions of extremist views.
- **Withdrawal** from family, friends, or usual activities.
- **Fixation** on conspiracy theories or extremist content.
- **Changes in online behaviour,** including engagement with radical material.
- **Hostility** toward certain groups or institutions.

Prevent Duty and Referral Pathway

All practitioners have a duty under the **Prevent strategy** to identify and respond to concerns about radicalisation.

If you are worried about a young person being susceptible to radicalisation:

- Refer to the Prevent Duty Guidance for Scotland.
- Submit a **National Prevent Referral Form** to: preventreferrals@scotland.police.uk

Where the threshold for **significant harm** is met, an **IRD** must be initiated without delay.

Safeguarding Approach

Effective safeguarding includes:

- **Open communication** with children and families.
- **Education and resilience-building** through schools and community programmes.
- **Multi-agency collaboration** across education, social work, health, and police.
- **Proportionate and rights-based responses** that avoid stigmatisation.

See: National PREVENT Referral Form

Looked After Children and the Child Protection Interface

Children who are **Looked After** - whether at home or away from home - may also be at risk of abuse or neglect. Being Looked After does **not preclude** the need for a child protection response. The same applies to children subject to a **Permanence Order (PO)** under the Adoption and Children (Scotland) Act 2007, where the Local Authority or another individual holds **Parental Rights and Responsibilities (PRRs)**.

Key Principles

- The **corporate parent** holds legal responsibilities equivalent to PRRs.
- A child's existing **Child's Plan** or **Looked After Review** must not be seen as a substitute for a **Child Protection Planning Meeting (CPPM)** if the threshold for significant harm is met.
- Where a child is already receiving intensive support, practitioners must remain alert to **escalating concerns** and avoid assuming that protective measures are already sufficient.

Child Protection Procedures

Where a Looked After Child is believed to be at risk of **significant harm,** the following procedures apply:

- **Inter-Agency Referral Discussion (IRD)**.
- **Joint Investigative Interview (JII),** if appropriate.
- **Child Protection Planning Meeting (CPPM), if appropriate**.

Planning Across Systems

Where a child has both a **Child Protection Plan** and Looked After status, the **Lead Professional** must:

- Coordinate planning across both systems.
- Align meetings where possible, without compromising child protection processes.
- Ensure legal status, including any **supervision orders**, is clearly recorded and understood.

Further Guidance

- Guidance on Looked After Children (Scotland) Regulations 2009
- Adoption and Children (Scotland) Act 2007

Cross Boundary and Out of Area Procedures – inside Scotland

Children and families often move between **local authority areas** or access services across boundaries. Fife practitioners must ensure that **child protection concerns** are communicated clearly and promptly when children move **into or out of the area**, and that **planning responsibilities** are understood and agreed.

- **Notification**: When a child or unborn baby subject to **Child Protection Registration** moves into or out of Fife, the originating and receiving authorities must **consult without delay**.
- **Lead agency designation**: The local authority where the child is residing **before any move** normally assumes lead responsibility, unless agreed otherwise.
- **Handover planning**: Where a child moves out of area, a formal handover meeting should take place or a Transfer In/Out Child Protection Planning Meeting (virtually or in person), involving:
  - The **Lead Professional**.
  - The **Core Group**.
  - Equivalent contacts in the new authority.

Out-of-Area Placements

Where a child is placed in Fife by another authority:

- The **placing authority retains case management responsibility**.
- Fife agencies must be engaged to **support safety**, oversight, and **local coordination**.

Fife practitioners must:

- Clarify responsibilities with colleagues in other areas.
- Ensure i**nformation sharing** is lawful, timely, and well-documented.
- Involve the child and family in transitions wherever possible.
- Recognise that transitions can **increase vulnerability** and must be managed to promote:
  - **Continuity of care**.
  - **Reduced risk**.
  - **Stability and wellbeing**.

Out-of-Scotland Placements

Where a child is being placed **outside Scotland**, specialist advice must be sought on **legal obligations** prior to any move. The **Lead Professional** is responsible for coordinating this process.

Unaccompanied Asylum-Seeking Children (UASC)

An **Unaccompanied Asylum-Seeking Child (UASC)** is defined as a child who:

- Is **under 18 years old** at the time of their asylum application.
- Is **separated from both parents**.
- Is **not being cared for** by an adult who, by law or custom, has responsibility to do so.
- Is applying for asylum in the UK **in their own right**.

UASC are among the **most vulnerable children** in our society due to their age, separation from family, and distance from home. They may have experienced **trauma, exploitation**, or **abuse** prior to or during their journey.

Legal Entitlements and Local Response

In Fife, UASC are entitled to the same support as any other **Looked After Child**, in line with:

- Section 25 and Section 29 of the Children (Scotland) Act 1995

Fife has established a **UASC Working Group** to develop local policy and practice to support these children.

Placement and Transfer

The **National Transfer Scheme (NTS)** and **Rota Allocation** mechanism are used to transfer statutory responsibility for UASC from one local authority to another.

Practitioners must:

- Contact **Social Work Early Help and Support** or **Enhanced Children and Families Teams** for advice.
- Ensure that planning is **trauma-informed, rights-based**, and **culturally sensitive**.
- Consider the child's **immigration status, language needs**, and **access to advocacy**.

Further Guidance and Resources

- Supporting UASC in Fife - Strategy Document
- Supporting UASC in Fife - Appendix 1: Key Information for UASC
- Supporting UASC in Fife - Appendix 2: Information About Fife for UASC

The Armed Forces

When a child protection concern involves a family connected to the **Armed Forces**, services in Scotland must respond using the **same core procedures and legal framework** as with any other family - while recognising the **unique circumstances** of military life.

Key Practice Considerations

- The appropriate **welfare representative** from the Armed Forces unit should be made aware and involved.
- This may include:
  - An invite to the **Child Protection Planning Meeting (CPPM)**.
  - Sharing of relevant information.
  - Participation in planning and decision-making.

The **Lead Professional** should liaise early with Armed Forces contacts and ensure the **CPPM Chair** understands the extent of the representative's role, which may include:

- Acting as a support for the family.
- Providing contextual insight into service life and access to resources.
- Representing the commanding officer.
- Participating fully in the CPPM.

Agencies such as the **British Forces Social Work Service** may also attend where a family has transferred from abroad and child protection concerns exist.

Points of Contact for Armed Forces Welfare Services

- **Royal Navy and Royal Marines**
  - Naval Service Family and People Support (NS FPS)
  - Portal: 0800 145 6088
  - Email: Navynps-peoplesptnsfpsptl@mod.gov.uk
  - Support for parental absence: Naval Families Federation.
- **Army**
  - Army Welfare Service (AWS)
  - Intake and Assessment Team: 01904 882053
  - Email: RC-AWS-IAT-0Mailbox@mod.gov.uk
- **Royal Air Force (RAF)**
  - Welfare support coordinated by Station Personnel Officer or Base Support Wing
  - SSAFA Social Workers and Personal & Family Support Workers provide safeguarding advice
  - SSAFA: 03000 111 723
  - Email: psswsraf@ssafa.org.uk
- **Overseas Families**
  Responsibility for safeguarding lies with the Ministry of Defence
  - Contact: Global Safeguarding Team
  - Phone: 0300 163 3665
  - Email: AFFS-Safeguarding@mod.gov.uk

Additional Support

- **Service Child Progression Alliance (SCiP)**: UK-wide network supporting educational outcomes for Armed Forces children.

Learning Reviews and Quality Assurance

Learning Reviews are a key part of Fife's approach to continuous improvement in child protection. They help us understand what happened, why it happened, and how we can strengthen future practice.

In Fife, all practitioners have a responsibility to consider whether a case may meet the criteria for a Learning Review and to refer accordingly.

Information for Children, Young People, Parents and Carers

Understanding the child protection process can be complex and overwhelming. In Fife, we are committed to ensuring that children, young people, parents, and carers are supported to:

- **Understand what is happening**.
- **Know their rights**.
- **Participate meaningfully** in decisions that affect them.

The **Fife Child Protection Committee website** provides accessible information and resources to support families throughout the child protection journey. This includes:

- Leaflets explaining **Child Protection Planning Meetings (CPPMs)**.
- Information about **advocacy services**.
- Guidance on **medical examinations** and **safety planning**.
- Signposting to **support organisations** and **community resources**.
- Resources are written in plain language and are available in **alternative formats and languages** upon request.

Visit: Fife Child Protection Committee Website

Glossary and Definitions

This glossary provides definitions and explanations of key terms used throughout this guidance. It is intended to support clarity, shared understanding, and consistent application of procedures across services.

	Term	Definition	Notes
A	Advocacy	It is a statutory right for all looked after or care experienced children to have an independent advocate.	
	Assessment	Support that helps children express their views and be involved in decisions that affect them.	
C	Care and Risk Management (CARM)	A multi-agency process for managing young people who present a risk of serious harm to others.	Care and Risk Management (CARM) - Initiated when a child aged 12-17 poses a serious risk of harm to others.
	Child	A person who has not reached their 18th birthday, including unborn babies.	
	Child Protection Planning Meeting (CPPM)	A multi-agency meeting to determine if a child is at risk of significant harm and to create a Child Protection Plan.	
	Child Protection Register (CPR)	A confidential list of children in Fife assessed as being at risk of significant harm.	Child Protection must always be the first consideration for all children and young people.
	Child-centered	Prioritising the voice and experience of the child.	
	Children's Reporter	The official who decides whether a child should be referred to a Children's Hearing for compulsory measures of care.	
	Child's Plan	A multi-agency plan that sets out how services will work together to meet a child's wellbeing needs.	

	Chronology	A time-sequenced record of significant events in a child's life used to support assessment and planning.	
	Contextual	Recognising influences beyond the family, such as peers, community, and online environments.	
	Contextual Safeguarding	An approach to understanding and responding to risks outside the family, such as peer groups, schools, and online environments.	
	Core Group	The team of professionals and family members responsible for implementing the Child Protection Plan.	
	Cumulative Harm	The build-up of multiple low-level concerns over time that collectively represent significant risk to a child's wellbeing or safety.	
D	Disguised Compliance	When a parent or carer appears to co-operate superficially to avoid deeper scrutiny or intervention.	
	Dispute Resolution	A structured process for resolving professional or multi-agency disagreements, including escalation.	
E	Extrafamilial harm	Where risk originates outside the home, such as in peer groups, schools, public spaces, or online.	
F	FGM (Female Genital Mutilation)	The partial or total removal of external female genitalia for non-medical reasons, which is illegal and harmful.	For young people aged 16-17, child protection must always be the first consideration. If the threshold for significant harm is met, an IRD must be initiated. Where the threshold is not met, practitioners should consider alternative pathways such as Adult Support and Protection

			(ASP) or Care and Risk Management (CARM).
	Forced Marriage (FM)	A marriage in which one or both parties do not consent, and pressure or abuse is used.	
G	GIRFEC	The national approach to improving outcomes for children and young people.	
H	Hostile Behaviour	Aggressive or obstructive conduct by a parent/carer that impedes assessment or planning.	Continue assessment and consider convening a *Team Around the Child* meeting or referring to IRD if the threshold is met.
I	Inclusive	Considering how aspects of identity including; race, disability, gender, sexual orientation, religion, and socio-economic background may affect the child's experience, access to support, and exposure to risk.	
	Information Sharing	The lawful and proportionate exchange of personal data to protect and support children.	
	Inter-Agency Referral Discussion (IRD)	A formal process involving social work, health, police, and other relevant partners to share and assess information, and to plan the immediate response to a child protection concern.	
	Interim Safety Planning (ISP)	A short-term plan agreed at IRD to manage immediate risks before a Child Protection Planning Meeting.	
	Intrafamilial harm	Where abuse or neglect occurs within the family or household context.	
J	JPFE (Joint Paediatric Forensic Examination)	A specialist medical assessment conducted jointly by paediatricians in cases of suspected abuse.	
	Joint Investigative Interview (JII)	A formal interview of a child by police and social work to obtain evidence and inform protection planning.	

L	Lead Professional	The named individual coordinating the Child's Plan and multi-agency work.	
M	Multi-agency	Incorporating perspectives and contributions from all relevant services.	
	My World Triangle	A framework to assess the child's development, environment, and parenting.	
N	Neglect	Defined in this guidance and in the National Guidance as the persistent failure to meet a child's basic physical and/or psychological needs.	
	Non-Engagement	Persistent avoidance or refusal to participate in assessment, planning, or support.	
P	Parental Rights and Responsibilities (PRRs)	Legal rights and responsibilities held by parents or others with authority to make decisions for a child.	
	Position of Trust	A role involving responsibility for children, where concerns about conduct may trigger child protection procedures.	
R	Resilience Matrix	A tool for analysing vulnerability, adversity, and protective factors in a child's life.	
S	Significant Harm	A threshold for child protection intervention - refers to serious impact on health or development.	
T	Trafficking	The movement of a child for exploitation, whether across borders or within the UK.	
	Trauma-Informed	Recognising how adversity and trauma may affect behaviour, relationships, and presentation.	
U	UASC - (Unaccompanied Asylum – Seeking Children)	An unaccompanied asylum-seeking child is defined as an individual who is: • Under 18 years old when the asylum application is submitted.	

		• Is separated from both parents and is not being cared for by an adult who in law or; • By custom has a responsibility to do so • Applying for asylum in the United Kingdom in their own right.	
V	Vulnerable Young Person's Protocol	Local guidance for young people aged 16-17 requiring coordinated support from child and adult services.	Where a child is at risk of significant harm – always refer to IRD. Young people subject to child protection procedures at age 16-17 remain protected by the same principles outlined in this guidance, including: • Guidance on Looked After Children (Scotland) Regulations 2009 and the Adoption and Children (Scotland) Act 2007-gov.scot. • LGBT Youth Scotland – Safeguarding Framework • Young Carers – National Carers Strategy. • National Guidance for Child Protection in Scotland (2021). • Inter-Agency Guidance for Child Trafficking – NRM Scotland.

			• Practitioner Guidance on Criminal Exploitation – Scotland. • Rights Awareness – Supporting Disabled Children and Families (Scottish Government). • Communication Passports – Resources Scotland. • Supporting UASC in Fife – Strategy Document. • Supporting UASC in Fife – Appendix 1: Key Information for UASC. • Supporting UASC in Fife – Appendix 2: Information About Fife for UASC. • Consider PREVENT.

Appendix: **Quick Reference – Legal Powers Available to Protect Children**

Practitioners must understand the statutory tools available to protect children when risk is imminent or access is obstructed. These powers should be used proportionately and in line with legal thresholds, following consultation with legal services and child protection leads.

Key Measures Include:

- **Police Emergency Powers** *(Children (Scotland) Act 1995, s.61)*
  Enables police to remove a child to a place of safety for up to 24 hours without a court order if at immediate risk.
- **Child Protection Orders (CPOs)**
  Authorise immediate removal or prevent removal of a child at risk. Usually applied for by Social Work, but any agency or individual may apply.
- **Child Assessment Orders**
  Allow assessment of a child's circumstances where access is obstructed, and risk is suspected.
- **Exclusion Orders**
  Used to exclude a perpetrator from the family home where this better safeguards the child than removing the child.
- **Interim Compulsory Supervision Orders (ICSOs)**
  Used via the Children's Hearings System to ensure protective measures while assessments are ongoing.
- **Places of Safety**
  Any suitable location (e.g. foster care, residential unit) approved for short-term protection.

Agency Roles

- **Police Scotland**
  Exercise emergency powers, contribute to IRDs, and investigate offences.
- **Social Work**
  Lead planning for protection and coordinate legal applications.
- **Health and Education**
  Identify concerns, contribute to assessment, and support multi-agency information sharing.

These powers must be considered within the wider context of assessment, thresholds, and escalation.

For further guidance, refer to:

- Fife Multi-agency IRD Protocol
- Fife Multi-agency Guidance on Working with Non-Engaging and Hostile Families
- Fife Multi-Agency Child Protection Escalation and Dispute Resolution Processes