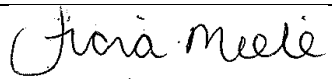
NHS Grampian

CHILD PROTECTION POLICY

Lead Author/ Co-ordinator:	Fiona Miele Lead Nurse Child Protection	
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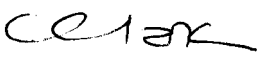
Approver:	Caroline Clark Chief Nurse	

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Version History

Revision Date	Previous Revision Date	Summary of Changes (Descriptive summary of the changes made)	Changes Marked* (Identify page numbers and section heading)

Key word(s): Child Protection Policy

Purpose/description: This document is aimed at NHS Grampian workforce to inform them of their child protection duties and responsibilities.

Policy statement: It is the responsibility of all staff to ensure that they are working to the most up to date and relevant policies, protocols, procedures and pathways.

Responsibilities for implementation:
Organisational: Operational Management Team and Chief Executive
Sector General Managers, Medical Leads and Nursing Leads
Departmental: Clinical Leads
Area: Line Manager

Responsibilities for review of this document:
Protecting Children's Strategic Group

Document written by: Fiona Miele, Lead Nurse Child Protection

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1. Purpose and scope

The purpose of this policy is to:

- Ensure all staff are aware of their roles and responsibility to protect Children and Young People from abuse and neglect.
- Ensure health staff will share appropriate information in a timely manner and understand the need to discuss wellbeing or protection concerns about a child with colleagues, social work or police as appropriate.
- Provide standards and procedures for staff to follow when a staff member has a child protection concern; who to contact for advice and support and how to make a referral to Social Work.

The scope of this policy applies to all staff working for NHS Grampian including bank/temporary and agency/locum staff. NHS Grampian must ensure a high quality, safe and effective child protection service and has a duty to implement effective policies and procedures for protecting unborn babies, children and young people. These policies and procedures cover a wide range of possible events and occurrences and a list can be found on the Child Protection page of NHS Grampian intranet.

Practitioners can also find local multi-agency training opportunities and events within links in the multi-agency local guidance section of this policy.

2. Statement of Policy

NHS Grampian requires that all employees to know how to recognise and respond to a child or young person in need of protection. This is important even when the health professional does not work directly with a child, but may be seeing their parent, carer or other significant adult.

All staff should:

- Undertake learning in how to protect and promote the wellbeing of Children and Young People
- Be able to recognise the potential indicators of abuse and neglect in Children and Young People.
- Know how to respond and act upon their concerns in a timely way
- Know how to contact key child protection professionals and access supervision

The NHS Grampian Child Protection Training Strategy and child protection training courses and the NHS Grampian Child Protection Case Supervision Policy can be accessed through the Child Protection page of NHSG Intranet.

This policy is based on the following key principles:

- The wellbeing of children is paramount
- All children and young people, whatever their age, culture, disability, gender, language, racial origin, religious belief and/or sexual identity have the right to protection from abuse
- It is not solely the responsibility of NHS Grampian to determine whether or not abuse or neglect has taken place, however it is everyone's responsibility to report and act on any concerns
- Any incidents of suspected poor practice or any child protection allegations made against a member of staff will be taken seriously and responded to swiftly and appropriately
- Confidentiality and sharing information to protect wellbeing is in line with and in the context of the General Data Protection Regulation, the Human Rights Act

1998 and the Freedom of Information Act 2000 and professional codes of practice

- The best outcomes for protecting children and young people are achieved through interagency information sharing assessment and decision making

3. Policy and Legislative Background

3.1 Getting it Right for Every Child

The NHS Grampian Child Protection Policy is underpinned by the National Getting it Right for Every Child approach and there is a significant context relating to the concepts of wellbeing and child protection.

Getting it right for every child is the national approach in Scotland to improving outcomes and supporting the wellbeing of all our children and young people, by offering the right help, at the right time, from the right people. It supports them and their parents, carers or any other person with parental responsibilities to work in partnership with the services and agencies that can help them.

Getting it right for every child has its origins in the United Nations Convention on the Rights of the Child (UNCRC), which outlines the rights of children and young people to have their basic needs met and to reach their full potential. It puts the rights and wellbeing of all children and young people at the heart of the services that support them - such as early years services, schools and the NHS - to ensure that everyone works together to improve outcomes for a child or young person. It promotes staff to take a holistic view of the wellbeing of a child or young person and the use of a shared language across services that children, young people and families also understand. Enhancing wellbeing can serve to protect children and avoid the circumstances which might lead to abuse, neglect or harm.

Services and community organisations across Scotland use the Getting it Right for Every Child approach to ensure the way they support children, young people and their parents, carers or any other person with parental responsibilities is consistent and effective. The Getting it Right for Every Child approach is not new and continues to become embedded and evolve from the practice of professionals and feedback from the children and families they support.

Child protection is not something which sits separately from wellbeing but sits within the getting it right for every child approach. Both are inextricably linked and are prerequisites for improving outcomes for children and young people, keeping them safe and protecting them from harm and abuse.

For further reading and updates about Getting it Right for Every Child please go to the Scottish Government website.

3.1.1 Children and Young People (Scotland) Act 2014

Not all of the provisions in this legislation have been fully implemented yet; however it is a significant piece of legislation about children's rights and services and practitioners should be aware of its existence.

The Act contains provisions about:

- the rights of children and young people

- investigations by the Commissioner for Children and Young People in Scotland
- the provision of services and support for or in relation to children and young people
- the extension of early learning and childcare
- the role of "corporate parents"
- the extension of aftercare support to young people leaving care (up to and including the age of 25)
- entitling 16 year olds in foster, kinship or residential care the right to stay in care until they are 21
- support for kinship care
- the creation of an adoption register
- consultation on certain school closure proposals; some amendments to children's hearings legislation
- appeals against detention in secure accommodation

3.2 National Context

The National Guidance for Child Protection in Scotland 2021

This non-statutory national Guidance describes responsibilities and expectations for all involved in protecting children in Scotland. The Guidance outlines how statutory and non-government agencies should work together with parents, families and communities to prevent harm and to protect children from abuse and neglect. NHS Grampian workforce should use this guidance for all their child protection work.

Everyone has a role in protecting children from harm.

3.3 Local Multi-agency Guidance:

NHS Grampian are members of the three multi-agency Child Protection Committees across the North East that work together to ensure Children and Young People living in Grampian are protected from harm and abuse.

The three multi-agency Child Protection Committee's guidance for Aberdeen City, Aberdeenshire and Moray can be accessed on the links below that support local practice and which should be read in conjunction with the highlighted guidance and this policy:

Aberdeen Protects website

Aberdeenshire GIRFEC website

Practitioners can also find local multi agency training opportunities and events within the above hyperlinks.

4. Definitions in Child Protection

There are a number of terms which are defined within the National Guidance for Child Protection in Scotland 2021, which describes in detail how to identify when a child or young person may be in need of protection. A clear and consistent understanding of the different concepts and terminology in child protection is essential.

If action to support and protect children is to be informed and effective; all practitioners and managers must have a clear and consistent understanding of what

is meant by terms such as child protection; parent or carer; child abuse; harm; significant harm; neglect; exploitation and child protection.

4.1 What is Child Protection?

Child protection refers to the processes involved in consideration, assessment and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of harm. Child protection guidance provides overall direction for agencies and professional disciplines where there are concerns that a child may be at risk of harm. Child protection procedures (as described in Part 3) are initiated when police, social work or health professionals determine that a child may have been abused, neglected or may be at risk of significant harm. Child protection involves:

- Immediate action, if necessary, to prevent significant harm to a child
- Inter-agency investigation about the occurrence or probability of abuse or neglect, or of a criminal offence against a child. Investigation extends to other children affected by the same apparent risks as the child who is the subject of a referral
- Assessment and action to address the interaction of behaviour, relationships and conditions that may, in combination, cause or accelerate risks
- Focus within assessment, planning and action upon listening to each child's voice and recognising their experience, needs and feelings
- Collaboration between agencies and persistent efforts to work in partnership with parents in planning and action to prevent harm or reduce risk of harm
- Recognition and support for the strengths, relationships and skills within the child and their world in order to form a plan that reduces risk and builds resilience

Child protection is part of a continuum of collaborative duties upon agencies working with children. The Getting it right for every child (GIRFEC) approach promotes and supports planning for such services to be provided in the way which best safeguards, supports and promotes the wellbeing of children, and ensures that any action to meet needs is taken at the earliest appropriate time to prevent acute needs arising. The planning of systems should ensure that action is integrated from the point of view of recipients.

Child protection processes fall at the urgent end of a continuum of services which include prevention and early intervention. The GIRFEC principles and approach are consistently applicable. Children who are subject to child protection processes may already be known to services. They may already have a child's plan in place. Child protection processes should build on existing knowledge, strengths in planning and partnerships to reduce the risk of harm, and to meet the child's needs.

Preventative and protective work may be needed at the same time. Preventative, restorative, supportive, collaborative and therapeutic approaches do not stop because compulsory measures or urgent protective legal steps are taken. A tailored blend of care and professional authority may be needed whether a child at risk is at home with family or accommodated, or when the child is to transition between placements or to be reunified with birth family after a placement away from home.

The level of risk a child is exposed to can shift, often rapidly, as circumstances change or information emerges. Services may be organised in response to

'thresholds' of risk. However, the way children and families act and think is not bound within such categories. Safe systems allow for a degree of flexibility as professional understanding of need and risk evolves. Safe systems ensure sufficient continuity of support when the immediate urgency to protect is alleviated. Safety may depend upon accessible support when need arises over the longer term. Protection of children from all forms of abuse, neglect, exploitation and violence is inextricable from protection of the full range of each child's UNCRC and human rights.

4.2 What is child abuse and child neglect?

Abuse and neglect are forms of maltreatment. Abuse or neglect may involve inflicting harm or failing to act to prevent harm. Children may be maltreated at home; within a family or community environment, including online. Those responsible may be previously unknown or familiar, or in positions of trust. They may be family members. Children may be harmed pre-birth, for instance by domestic abuse of a mother or through parental alcohol and drug use.

4.2.1 Physical abuse

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

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

4.2.2 Emotional abuse

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

- conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person
- Exploitation or corruption of a child, or imposition of demands inappropriate for their age or stage of development
- Repeated silencing, ridiculing or intimidation
- Demands that so exceed a child's capability that they may be harmful
- Extreme overprotection, such that a child is harmed by prevention of learning, exploration and social development
- Seeing or hearing the abuse of another (in accordance with the Domestic Abuse (Scotland) Act 2018), National Guidance for Child Protection in Scotland 2021 Part 1: The context for child protection 13 Version 1.0 September 2021

4.2.3 Sexual abuse

Child sexual abuse (CSA) is an act that involves a child under 16 years of age in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening.

For those who may be victims of sexual offences aged 16-17, child protection procedures should be considered. These procedures must be applied when there is concern about the sexual exploitation or trafficking of a child.

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

4.2.4 Child sexual exploitation (CSE)

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

4.2.5 Criminal exploitation

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

4.2.6 Child trafficking

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

4.2.7 Neglect

Neglect consists in persistent failure to meet a child's basic physical and/or psychological needs, which is likely to result in the serious impairment of the child's health or development. There can also be single instances of neglectful behaviour that cause significant harm. Neglect can arise in the context of systemic stresses such as poverty, and is an indicator of both support and protection needs. National Guidance for Child Protection in Scotland 2021 Part 1: The context for child protection 14 Version 1.0 September 2021 'Persistent' means there is a pattern which may be continuous or intermittent which has caused, or is likely to cause significant harm. However, single instances of neglectful behaviour by a person in a position of responsibility can be significantly harmful. Early signs of neglect indicate the need for support to prevent harm.

The GIRFEC SHANARRI indicators set out the essential wellbeing needs. Neglect of any or all of these can impact on healthy development. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment); to protect a child from physical and emotional harm or danger; to ensure adequate supervision (including the use of inadequate caregivers); to seek consistent access to appropriate medical care or treatment; to ensure the child receives education; or to respond to a child's essential emotional needs.

Faltering growth refers to an inability to reach normal weight and growth or development milestones in the absence of medically discernible physical and genetic reasons. This condition requires further assessment and may be associated with chronic neglect. Malnutrition, lack of nurturing and lack of stimulation can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. For very young children the impact could quickly become life-threatening. Chronic physical and emotional neglect may also have a significant impact on teenagers.

4.2.8 Female genital mutilation

This extreme form of physical, sexual and emotional assault upon girls and women involves partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. Such procedures are usually conducted on children and are a criminal offence in Scotland. It is also a criminal offence for a child to be taken from the UK to undergo FGM in another country. FGM can be fatal and is associated with long-term physical and emotional harm.

4.2.9 Forced marriage

A forced marriage is a marriage conducted without the full and free consent of both parties and where duress is a factor. Duress can include physical, psychological, financial, sexual, and emotional abuse. Forced marriage is both a child protection and adult protection matter. Child protection processes will be considered up to the age of 18. Forced marriage may be a risk alongside other forms of so called 'honour-based' abuse (HBA). HBA includes practices used to control behaviour within

- the impact on the child or young person's health and development, taking into account their age and stage of development

- the child or young person's development within the context of their family and wider environment
- the context in which a harmful incident or behaviour occurred
- any particular needs, such as a medical condition, communication impairment or disability, that may affect the child or young person's development, make them more vulnerable to harm or influence the level and type of care provided by the family
- the capacity of their parents, carers or any other person with parental responsibilities to meet adequately the child or young person's needs; and
- wider and environmental family context

All Health staff must be alert to the adult's needs and behaviour and the likely impact of these on the parent's capacity to care for their children safely and nurture them appropriately.

4.3 Who is a Child?

For the purposes of this guidance a child is defined as a person who has not reached the age of 18 years. The UN Convention on the Rights of the Child (UNCRC) applies to anyone under the age of 18. However, Article 1 states that this is the case unless majority is attained earlier under the law applicable to the child.

In Scotland, a child can be termed differently in different legal contexts. This means that the legislation that may support professionals achieve protective interventions will depend on the circumstances and legislation relevant to the child or young person at that time.

The following legislation is considered to be relevant:

The Section 93(2) (a) and (b) of The Children (Scotland) Act 1995 defines a child as:

- A child who has not attained the age of sixteen years
- A child over the age of sixteen years who has not attained the age of eighteen years and in respect of whom a supervision requirement is in force, or
- A child whose case has been referred to a children's hearing by virtue of section 33 of this Act. The Section 199 of The Children's Hearings (Scotland) Act 2011 defines a child as a person who is under 16 years of age. Some exceptions apply for young people over the age of 16 where a compulsory supervision order is already in place

The Section 97 (1) of The Children and Young People (Scotland) Act 2014 defines a child as a person who has not attained the age of 18 years.

The Section 40 of The Human Trafficking and Exploitation (Scotland) Act 2015 defines a child as any person under 18 years of age.

Where a young person between the age of 16 and 18 is assessed to require protection, services will need to consider which legislation, if any, can be applied. This will depend on the young person's individual circumstances as

well as on the particular legislation or policy framework. Special consideration will need to be given to the issue of consent and whether an intervention can be undertaken where a young person has withheld their consent. Practitioners should consider whether adult protection measures will apply in the absence of child protection measures being applicable for this age group.

4.4 Unborn Baby

It is important that health professionals identify and support vulnerable pregnant women and give consideration to high-risk pregnancies within child protection processes. Prevention and early intervention often starts before a child is born when a health professional makes contact with women after pregnancy is confirmed.

Local interagency pathways exist across Grampian to consider the needs of unborn babies and further details and guidance where you may have concern in relation to an unborn baby can be found on the child protection intranet page.

4.5 Parent

A 'parent' is someone who is the genetic or adoptive mother or father of the child. This is subject to the Human Fertilisation and Embryology Act 2008, which sets out which persons are to be treated as the parents of a child conceived through assisted reproduction. All mothers automatically get parental responsibilities and rights (PRRs) for their child. A father also has PRRs automatically if he is or was married to the mother at the time of the child's conception, or subsequently. If a father is not married to the mother, he will acquire PRRs if he is registered as the child's father on the child's birth certificate, which requires the mother's agreement as this must have been registered jointly with the child's mother. A father can also acquire PRRs by completing and registering a Parental Responsibilities and Rights agreement with the mother or obtaining a court order (National Guidance for Child Protection in Scotland 2021)

4.6 Carer

A 'carer' is someone other than a parent who is looking after a child. A carer may be a 'relevant person' within the children's hearing system. 'Relevant persons' have extensive rights within the children's hearing system, including the right to attend children's hearings, receive documents relating to hearings and appeal decisions taken within those proceedings. Relevant persons are 1) parents, whether or not they have parental rights and responsibilities (unless their parental rights and responsibilities have all been removed), 2) other persons, not parents, who have parental rights and responsibilities for a child, and 3) any person who has been deemed to be a relevant person by a children's hearing or prehearing panel on the basis that the person has, or has recently had, significant involvement in the upbringing of the child (section 200 and section 81(3) in the Children's Hearings (Scotland) Act 2011).

A 'kinship carer' is a carer for a child looked after by the local authority, where the child is placed with the kinship carer in accordance with Regulation 10 of the Looked After Children (Scotland) Regulations 2009 ('the 2009 Regulations'). In order to be approved as a kinship carer, the carer must be related to the child or a person who is known to the child and with whom the child has a pre-existing relationship ('related' means related to the child either by blood, marriage or civil

partnership). Regulation 10 of the 2009 Regulations provides that a local authority may make a decision to approve a kinship carer as a suitable carer for a child who is looked after by that authority under the terms of section 17(6) of the Children (Scotland) Act 1995
(National Guidance for Child Protection in Scotland 2021)

4.7 Looked after Child

Children and young people who are Looked After have been identified to be at significant risk of harm and in need of care and support which is overseen by the local authority for the child's residing area. Children and young people who are Looked After are recognised to have poorer health outcomes than children and young people who have not been under local authority care.

Children and young people who are Looked After may live at home (Looked After at home), in kinship care, foster care or residential care (Looked After away from home.) Children who are Looked After at home will always be subject to a compulsory supervision order. Children who are Looked After away from home can either be subject to a compulsory supervision order, child protection order or have been placed voluntarily in kinship, foster or residential care.

Care experienced is a term used to describe anyone who has been or is currently Looked After.

The Children's Hearings (Scotland) Act 2011 sets out when referrals must be made to the Children's Reporter; the mechanisms for the making of Compulsory Measures of Supervision and the forms such measures may take. This Act also sets out the legislation governing emergency measures for the protection of children, including child protection orders and child assessment orders, emergency applications to justices of the peace and the powers of a constable to remove a child to a place of safety.

4.8 Corporate Parent

NHS Grampian has a corporate parenting role to ensure the health needs of Looked after Children and care experienced young people are addressed and met. This corporate parenting role is in place for all statutory and support services working with children and young people and places a legal requirement for staff to respond to the needs of children and young people and work together in partnership in meeting these needs.

As stated in the Children and Young People Scotland 2014 act (Part 9) Corporate parenting responsibilities also apply to care leavers who were looked after on their 16th birthday (or subsequently); the responsibilities continue to apply until the care leaver reaches their 26th birthday.

Every corporate parent is expected to fulfil the corporate parenting duties in their own way, consistent with their own purpose and functions.

These duties include:

- Being alert to matters which adversely affect the wellbeing of looked after children and care leavers;

- Assessing the needs of those children and young people for the services and support they provide;
- Promoting the interests of those children and young people;
- Seeking to provide opportunities which will promote the wellbeing of looked after children and care leavers;
- Taking action to help children and young people access such opportunities and make use of the services and support provided.

Online Corporate Parenting training developed by NES in partnership with Who Cares? Scotland is available on TURAS Learn by searching 'Corporate Parenting'.

Face to face training is available for relevant staff groups.

5. NHS Grampian Child Protection strategy

5.1 The 5 R's: Recognise, Respond, Report, Record and Reflect

The NHS Grampian E-card is available on the Public Protection/Child Protection intranet page. This clearly lays out the expectations for the workforce when they identify child protection concerns:

Recognise	
Who is at risk?	Any child or young person may be at risk of abuse/ and or neglect and all NHS employees should be vigilant whether working directly with children or indirectly through working with adults. Perhaps you work in a general public facing area and see children and adults on a daily basis. Or maybe you have a child protection concern as a member of the public. When we talk about children and young people we mean those who have not attained their 18th birthday as yet.
How to recognise	Child abuse and neglect covers a wide spectrum and the following information is a general guide only. For those whose roles involve working with children and families as well as those working in adult services, your level of knowledge in protecting children will require additional training. We have included information and links to these at the end. Obvious physical abuse or neglect can include e.g. Fractures (broken bones), burns, bruises, head injuries, malnourishment that takes the form of both overweight or underweight, poor hygiene, dental decay, not being given the medicines for a medical condition.

	Emotional abuse and/ or neglect of children remains a main category identified for children who are placed on the Child Protection Register both locally in Grampian and nationally. This experience can have a long term and damaging impact on a child's life. This can be seen e.g. as the child who is the focus of blame in a family. The child who is challenging/ called 'attention seeking' or appears sad and withdrawn. The child who is regularly shouted at by an adult carer using inappropriate language or called 'stupid' or 'useless' time and again. Recognition of abuse or neglect can be very challenging to identify as injuries may be hidden, children may not realise they are being harmed due to their age or capacity. Children may live in abusive/ neglectful environments where adults cannot keep them safe or nurtured due to domestic abuse, mental ill-health, substance use or parents who resist practitioners or services which may result in potential harm to children and young people. The impact of neglect that endures over time is cumulative and leads to the poorest outcomes for children and young people. Children may also be exposed to child sexual abuse by exploitation or be at risk of cyber abuse via social media/ mobile technology. Children can also be exposed to inappropriate adult material such as pornography through various different media platforms. It should also be remembered that children may be at risk of harm from other children or by adults in a position of power and we have to acknowledge this may be from the adults who are our colleagues. As seen, concerns for a child may come to light in a variety of ways including: A child telling you or someone about an experience. It is essential that any disclosure is believed and acted upon.
Respond	
Address immediate safety issues	Your first responsibility is to ensure that any child you are concerned about is made immediately safe. It is impossible to describe all possible scenarios here, but this may include e.g. immediate medical needs and supporting admission to hospital. Do not hesitate to contact 999 for the appropriate service where there is immediate risk of significant harm. NHS Grampian staff may not be able to address all immediate safety issues, such as a safe place of residence for a child but we can seek that assistance from colleagues/partners in other agencies (such as Police Scotland, Social Work)
Your Legal Duties and Responsibilities	Children (Scotland) Act 1995 – Explains that all suspected or actual abuse must be reported to our statutory agencies of Social Work and Police. Where there is potential conflict of interest between an adult and a child's needs or rights, the needs of the child will take precedence. The Children (Equal Protection from Assault) (Scotland) Act 2019, came into force in November 2020. This relates to the physical abuse/ assault of children who now have the same rights as adults against assault including by a parent or person who cares for them. 'Reasonable chastisement' or 'justifiable assault' no longer exists in law.
Report	

Who do you report to and how?	If a crime is suspected this should also be reported to the Police: Police Scotland - Non Emergency on 101 Police Scotland – Emergency 999
	If it is known or believed that a child is at risk of significant harm the facts and circumstances must be reported to the local duty Social Work Team. Aberdeen City: Reception Team Landline 01224 264198 0800 731 5520 (0830 – 1700hrs) Joint Child Protection Unit (JCPU) 01224 306877 Emergency SW Out of Hours (1700-0830) 0800 731 5520 Aberdeenshire: Social Work (0830 – 1700) 01467 537111 Emergency Social Work Out of Hours (1700-0830) 03456 08 12 06 Moray: Moray Family Protection Unit Elgin – 01343 554381 Emergency Out of Hours 03457 565656
	For advice about a child protection concern staff can contact the NHS Grampian Child Protection Specialist Team at RACH: 01224 551706 Out of Hours, and weekends contact NHSG switchboard: 0345 456 6000 Ask for Duty Consultant Paediatrician Royal Aberdeen Children's Hospital. If a child resides in Moray — Contact NHSG switchboard: 0345 456 6000 and ask to be put through to Duty Consultant Paediatrician Dr Gray's Hospital Elgin.
Information Sharing	All information relevant to ensuring the safety and protection of a child must be shared with Social Work or Police. Where a child "may be at risk of abuse" consent is not required to share this information. This may include relevant and proportionate information about adults and other children linked to the child at perceived risk of harm and is in keeping with National Child Protection Guidance and Data Protection legislation. If within your NHS duties you have a concern in regards to sharing information about an adult with statutory services without their consent, please discuss this with your line manager initially. A Practitioners guide to information sharing, confidentiality and consent to support children and young people's wellbeing.
Record	
What to record and where	Staff should record on Datix any adverse events relating to child protection. Managers also have a duty to investigate child protection incidents and escalate to senior managers any events that pose risk to others or the organisation. Escalation Policy

Reflect	
Debrief	Working with children who are at risk of harm can be challenging and can have an impact on you. Please remember to take the time to discuss difficult experiences with your line manager and/or clinical lead if you feel affected. NHS Grampian's Occupational Health Service also offers a Counselling and Wellbeing Hub that offers support. You can self-refer to this service, details are available here. If you and/or your team would like to review and learn from your experience with a child protection case, the Child Protection Team will happily support an informal learning review with you and your colleagues. Please contact the Child Protection Team via the details below.
Further training and learning opportunities	The mandatory Child Protection e-learning module for appropriate staff groups is available on TURAS and should be completed 3 yearly. Please also access the child protection pages of the Intranet where you will find both local and national information as well as our training guide for Grampian with learning opportunities for differing levels of need for staff. Child Protection Training

All NHS Grampian staff have a responsibility to act to ensure that children and young people are protected from harm and abuse and undertake the mandatory child protection training. Health staff are not expected to undertake an investigation where they suspect abuse or neglect but rather to formulate an understanding of the risks for a child or young person and share this with relevant agencies who can then undertake wider assessments and planning. This may include contributing to the Initial Referral discussion (IRD) if this is requested by the Police and Social Work.

Because of the universal nature of health provision, health professionals are often the first to be aware that families are experiencing difficulties in looking after their children. Evidence of abuse and neglect may be disclosed or evident through injuries sustained and staff may be required to initiate immediate action and a medical response to injuries that they may have attended with. Abuse and neglect may not present in such an obvious way and staff will need to consider the presentation and interactions of all present in making this assessment.

Health professionals working with or treating adults, who are parents/carers, must also be alert to the possibility that their patient may pose a risk to a child or young person and have a duty to act. Where a child protection concern relates to an adult and the adult refuses to provide details of their child and/or it is unknown whether the adult is a parent/carer: health professionals should contact their local Social Work duty team and ask whether the adult is known to be associated with any children.

Practitioners should always exercise their professional judgement and adopt a common sense approach: however they must ensure their rationale and decision making is recorded within the appropriate Health Record.
Where staff are worried or concerned about a child or young person, staff should ask themselves:

- **What have I seen?**
- **What have I heard?**

- **What do I feel is unusual or different?**
- **What has actually happened?**
- **What is my worry or concern?**
- **Does it look right?**
- **Does it sound right?**
- **Does it feel right?**

Remember if it looks, sounds or feels wrong then it probably is wrong.

When staff have concerns regarding the safety/welfare of a child but are unsure of their assessment, advice can be sought and this can be provided by a variety of professionals. Please visit the Child Protection intranet site for contact details or here.

6. The Social Work Referral Procedure

Staff must inform the Social Work Duty team for the local area of the child/young person of their concerns by telephone: Social Work services have 24 hour cover arrangements. In the event that you are asked to leave a message include: your name, designation, location, contact details and leave message stating you have child protection concern and request they return the call that day/evening (you can state a time). If timely feedback is not received it should be sought by the referrer.

Making a referral does not mean that the case has been handed over and it is important that when making the telephone referral: the plan of care for the child is discussed, agreed and recorded. A copy should be attached to the appropriate electronic health record and/or paper record.
When making a written referral to Social Work, this includes the relevant part of the Child Plan, a SHANARRI assessment and a chronology.

Where concerns are identified about non-resident children who have accessed any NHS Grampian Service(s), contact Social Work for the area the child where the child has been seen for example: a child is on holiday in Elgin notify Moray social work department, Child attends Dr Gray's Hospital, contact Moray Social Work, Child attends RACH contact Aberdeen Social Work.

If unsure of what action to take staff members must discuss their concerns with a senior colleague, line manager or lead clinician. Advice can also be provided by:	
Specialist Child Protection Team	**01224 551706**
Lead Nurse Child Protection	**07795256840**
Specialist Nurse Child Protection in Aberdeen	**07500033726 07772601570 07772579315**
Specialist Nurse Child Protection in Aberdeenshire	**07500033644 07768796606**
Specialist Nurse Child Protection in Moray	**01343 554391 07775821002**
Public Protection Midwife	**07970182271**

Where staff members are concerned that Social Work or Police have decided not to take any action and there is a disagreement: staff must escalate their concerns to their line manager and/or seek advice from identified staff above.

7. Sharing Information

7.1 Consent

Information sharing is crucial in child protection. Often it is only when information from a number of sources has been shared that it becomes clear a child is at risk of, or is suffering significant harm.

If there is reasonable concern that a child is or is likely to be at risk of harm, this will always override a professional or agency requirement to keep information confidential. All professionals and service providers have a responsibility to act to make sure that children whose safety or welfare may be at risk are protected from harm.

Information must be shared:

- When concerns about the child's safety require a professional to share confidential information without the child or parent/carers consent. You should tell the child, parent or carer you intend to do so, unless this may place the child or others at greater risk of harm.
- When there is consent from either the child/children or someone who has parental responsibility for them.
- Requested to do so by the Court.

A practitioner's guide to information sharing, confidentiality and consent to support children and young people's wellbeing provides more information.

7.2 Confidentiality

The appropriate sharing of information is vital in order to safeguard, support and promote the welfare of children and young people and the extent to which communication and the effective sharing of relevant information has been a key feature in many Significant Case Reviews.

It is therefore of the utmost importance that all managers and health professionals understand their respective duties; the legislative, policy and practice parameters relating to information sharing and the constraints of confidentiality and consent.

The Getting it Right Information Sharing Guidance is intended for practitioners and service leads in services who work with children, young people and families. The guidance promotes lawful, fair and proportionate information sharing, which complies with all relevant legal requirements.
Anxiety about confidentiality and disclosure of information is not uncommon. Ethical and statutory codes concerned with confidentiality are not intended to prevent the exchange of information between professionals who have a responsibility to protect children. When asked for information by another health professional or agency they should be able to explain:

- What kind of information they need.
- Why they need it.

- What they will do with the information.
- Who else may need to be informed, if concerns about a child persist?

If asked to provide information staff should never refuse solely on the basis that all information is confidential.

Always seek advice if you are unsure: further information on confidentiality is available on Child Protection page of NHS Grampian Intranet.

If a health professional is unsure of whether there is a need to share information or seek consent, it may be helpful for them, to seek advice from senior colleagues, line manager, Caldicott Guardian and/or Specialist Child Protection Team, Lead Nurse Child Protection, Specialist Nurse Child Protection.

Caldicott Guardians play a key role in ensuring that NHS Grampian and partner organisations satisfy the highest practical standards for handling patient information.
The Guardian is able to provide advice on options for lawful and ethical processing of information.

Further information can be found within Information Governance NHS Grampian Intranet.

8. Record keeping

All NHS Grampian staff must record relevant information received. Registered nurses and midwives must follow the NHS Grampian Community Child Record Keeping and Practice Guidance and ensure they adhere to the Nursing & Midwifery Council (NMC) Code of Conduct, Section 10 (2015). Allied Health professionals should refer to the Health Professional Council standards of proficiency relating to record keeping.

Medical staff should refer to the General Medical Council Guidance for Doctors on keeping records: General Medical Council (2013) Good Medical Practice.

Significant Case Reviews, which we now refer to as Learning Reviews have highlighted poor record keeping as a learning theme where a child has been harmed. Information contained is crucial to procedures to protect children and young people and forms a basis for statements and evidence in court.

Records are an essential source of evidence for investigations and inspection of services, and will be required to be produced in Court proceedings. Therefore, records must be factual, accurate, concise and up-to-date. Any opinion should be supported by accompanying factual detail.

Careful documentation of an assessment where child protection concerns have been identified is essential and a record should include:

- All dates and times of examinations
- Details of injuries/concerns about the child or family
- Details of any contact or involvement with the family and other agencies
- The findings of any assessment, including risk assessment
- Bruises and injuries should be documented on a body map that is provided

- Record accurately what is asked and what is reported: what explanation has been provided by child/young person/parent/carer for any injuries
- Record all decisions made within each agency and/or decisions made following with other agencies and the reason for them
- Detail of information shared with other agencies, with whom and when
- Details of any action taken or decision to not take action
- Record all views of the child and family
- Consent – is the child or the adult accompanying the child able to consent? Does the child have the capacity to consent? (The person consenting must have parental responsibility)
- Rationale to demonstrate professional judgements when deciding to share information without consent
- Records should also include names, titles and addresses of anyone else present during the medical assessment
- All entries must be signed, dated and times with your name and designation printed
- Rationale to demonstrate professional judgements when deciding not to share information is a complex matter and subject to professional judgment based on an assessment of the circumstances of the child or young person and their family. There are no absolute criteria for judging what constitutes significant harm. It is essential that when considering the presence or likelihood of significant harm that the impact (or potential impact) on the child or young person takes priority
- Seek advice from the Child Protection Specialist team if required

9. Multiagency Child Protection Processes

9.1 Multi-agency Child Protection Processes: Responsibilities of Health Staff

The involvement of health professionals working with children on the Child Protection Register or under Compulsory Supervision is important to ensure that all their health and wellbeing needs are fully assessed and managed.

NHS Grampian staff have a responsibility to:

- Contribute to any continuing Child Protection Investigation
- Participate in Child Protection Planning meetings and Core Group meetings for children or young people at risk of significant harm who are open to your service - where you have a role in meeting the needs of the child, young person or adult
- Contribute to the Child Protection Plan where appropriate health input has been identified.
- Share information about children at risk of abuse or neglect – staff can access further guidance on information sharing on NHS Grampian Intranet
- Plan and provide support to vulnerable children and families
- Ensure concerns are fully documented and recorded in line with NHS Grampian Record Keeping Policy
- Where a child has accessed support/treatment from NHS Grampian and it is noted they are already on the Child Protection Register staff must consider if this information is relevant to be shared

This policy identifies the minimum requirement for NHS staff to follow in response of raising a child protection concern and should be used in conjunction with additional NHS Grampian policies and procedures.

Different professions within NHS Grampian will have discipline specific codes of practice to which they must refer; for example Nursing & Midwifery Council (NMC) Code of Conduct, General Medical Council (2013) Good Medical Practice and Health and Care Profession Council Standards of Conduct Performance and Ethics (2012)

9.2 Initial Referral Discussion (IRD)

When a child concern is raised to the Public Protection Team for the area, an initial referral discussion may be convened. The purpose of an IRD is to make a plan, once initial information has been gathered. The importance lies in relevant professionals speedily sharing and assessing initial information and deciding upon the best way to support and protect the child or young person.

The outcome from an IRD may be to proceed with a Child Protection Investigation or not. IRD's involve representatives from Social Work, Police, Health and if a school age child, Education. The health representative will be consulted in relation to health information available about the child and family. One of the outcomes may also be the recommendation for a medical examination to take place. Police, Social Work and Health colleagues can convene an IRD; Education colleagues can request for an IRD to be convened.

NHS Grampian Health Attendance at IRD policy sets out the expectations for all employees who are requested to attend an IRD. This can be accessed on the Child Protection intranet page.

9.3 Child Protection Investigations

Statutory agencies; Police and Social Work have defined roles in determining whether a joint child protection investigation should take place. The purpose of the joint investigation is to establish the facts regarding a potential crime or an offence against a child or young person. In addition they are required to gather information and share information to inform the assessment of risk and need for that child or young person and the need for any immediate protective action. Joint Investigative Interviews are conducted by specialist Police and social workers where they are deemed to be necessary, proportionate and appropriate to the child and the incident under investigation.

9.4 Child Protection Planning Meetings (CPPM)

Following a child protection investigation, and possibly an IRD, it may be decided that a Child Protection Planning Meeting is to be held. This meeting should be convened within 28 days of the IRD. This is a multi-agency meeting where professionals including third sector staff who are working directly with the child, young person or family member will be invited. This meeting is chaired by an independent reviewing officer and will fully explore the concerns and information about the risks for a child or young person. A decision will be made at the end of the meeting whether the child's name should be placed on the Child Protection register or not. A child protection plan will be agreed upon and a Core Group meeting should be convened within 15 days of the CPPC.

There is a requirement for a health representative to attend Child Protection Planning Meetings. If the named health professional is not available to attend, this should be escalated to the line manager to ensure that an appropriate representative is identified and will attend in their absence. There is an

expectation that a written report from the relevant health professional will be submitted as requested in advance of the meeting. The report should be shared with the child or young person (if appropriate) and the family prior to the meeting. The copy of the report for parents/carers should be clearly watermarked 'parent/carers copy'.

9.5 Child Protection Register

The Child Protection Register for North East of Scotland is maintained by Aberdeen City Social Work for all children and unborn babies who are the subject of an inter-agency child protection plan and it provides a central point of immediate inquiry for professional staff who have concerns about a child's safety, development or wellbeing.

The Child Protection Register has no legal status but provides an administrative system to alert practitioners that there is sufficient concern about a child or unborn baby to warrant an interagency Child Protection Plan. If the child is on the Child Protection Register it is your duty to contact the child's social worker or if not available the senior or duty social worker**.**

If staff have any concerns about a child's safety they can contact the Child Protection Register to enquire if the child's name has been registered on the North East of Scotland Child Protection Register. This is particularly relevant for staff in Emergency Departments, Minor Injuries Units, Paediatric teams, Health Visitors, School Nurses, Family Nurses and Specialist Nurses.

The Keeper of the Child Protection Register can be contacted by e-mailing NorthEastCPR@aberdeencity.gov.uk (preferred contact method) **or** Telephone 01224 523232

Specifically identified staff (bleep holder) can access the Child Protection Register online out of hours and have the guidance to support this process.

9.6 Core Group

This is the title provided under Child Protection guidance to identify the core members contributing to the Child Protection Plan for a child or young person. If you have an identified role and responsibility in supporting the Child Protection Plan you should prioritise attendance at Core Group meetings to contribute to the on-going assessment and plan. Where attendance is not achievable a written update should be provided to the Chair of the meeting.

9.7 Scottish Children's Reporter Administration

Where there is an identified need for continued support for a child or young person to manage the risks identified and reduce harm a referral may be made to the Children's Reporter who will examine the evidence and may convene a Children's Hearing. This is a legal process and the outcome may be for a child or young person to be subject to a Compulsory Supervision Order.

9.8 Child Protection Orders (CPO)

Section 37 of The Children's Hearings (Scotland) Act 2011 allows any person, including the local authority (normally social work services) to apply to the Sheriff for a child protection order, in certain circumstances, in respect of a specific child.

A child protection order, if granted by the sheriff, allows for one or more of the following:

- requiring any person in a position to do so to produce the child to a specified person
- authorising the removal of the child by the specified person to a place of safety and the keeping of the child in that place
- authorising the prevention of the removal of the child from any place where the child is staying (whether or not the child is resident there)
- authorising the carrying out of an assessment of:
  the child's health or development, or
  the way in which the child has been or is being treated or neglected.

A child protection order may also include any other authorisation or requirement necessary to safeguard or promote the welfare of the child.

9.8.1 Guidance for NHS Grampian Staff for requesting a Child Protection Order

A Sheriff can attach conditions to a Child Protection Order. A Children's Hearing is convened on the second working day after the Child Protection Order is implemented. If the Children's Hearing agree to continue the Child Protection Order than a further Children's Hearing must be convened on the eighth working day. Thereafter, the normal Children's Hearing process is followed.

Further information can be found within: Guidance for Referral to the Children's Reporter

9.9 Non-Disclosure of Address Orders

A Children's Hearing, a Sheriff and a Children's Reporter can decide that information can be withheld from some relevant people. This can mean withholding the whereabouts of a child where there is serious risk of harm to the child. This occurs in 10% of Supervision Requirements. All appropriate people are informed of this so that the information is not disclosed inadvertently. When a child is referred to the children's reporter it is important that any risk of this nature is shared with the Reporter.

9.9.1 Children who are subject to emergency protection measures and are hospital inpatients

If a child is the subject of a place of safety warrant, Child Protection Order or Supervision Requirement it is the duty of the child's Social Worker to inform hospital staff of these warrants, orders or requirements and of any condition that is attached to them.

Hospital staff must make every effort to ensure that there is compliance with such orders.

10. Recruitment, Induction, Learning and Development

10.1 Recruitment

The Protection of Vulnerable Groups (Scotland) Act 2007 also known as the PVG Scheme, introduces a new concept of 'regulated work'. Regulated work

with children supersedes the definition of child care position in the Protection of Children (Scotland) Act 2003.

It is an offence to knowingly recruit someone to undertake regulated work with children if that person is barred from working with children. The PVG Act maintains a list of names of all individuals who are unsuitable to undertake regulated work with children.

The PVG Act defines a child as an individual under aged 18 years. All new employees appointed to undertake regulated work with children will be required to become a PVG Scheme Member. It is important to note that not all individuals who come into contact with children through their work are doing regulated work with children. New employees who come into contact with children but do not come under the scope of regulated work will be required to undertake a Standard Disclosure Scotland check.

PVG Scheme Membership/Standard Disclosure Scotland check is only part of NHS Grampian effective recruitment measure and in itself does not confirm a person is suitable to work with children. It is important therefore to follow NHS Grampian's Recruitment Policy.

10.2 Child Protection Allegations against a member of NHS Grampian Staff

Experience has shown that children can be subjected to abuse by those who work with them in any work setting. All allegations of abuse to children by a member of NHS Grampian staff should therefore be treated seriously, whether contemporary in nature, historical or both. If there are concerns about a member of staff's actions in the workplace, staff should adhere to guidance in the following policies, which complement this Child Protection Policy. NHS Grampian Capacity Policy, NHS Grampian Employee Conduct Policy, staff can also find further information on the HR intranet page.

10.3 Induction, Learning and Development

NHS Grampian has made a commitment that by working together all staff will strive to protect children and young people in Grampian. NHS Grampian has made a commitment that by working together all staff will improve services to children ensuring they get the help they need when they need it, and are protected from harm. All staff have a clear and unequivocal responsibility to ensure that they are competent and able to take appropriate actions to protect and promote the wellbeing of a child or young person. Staff must ensure they are:

- Clear about their own roles and responsibilities in relation to protecting children
- Know how to get support and advice
- Know how to report any child protection concerns
- Develop appropriate knowledge and skills to practice effectively at a level, which reflects role and responsibilities

NHS Grampian is committed to supporting staff and has agreed that child protection training is a priority which includes a basic mandatory requirement for all staff. NHS Grampian's Child Protection Training Strategy also sets out a learning framework for all staff which sits alongside the National Framework for Child Protection & Learning & Development in Scotland (2012) and Safeguarding Children & Young People: Roles and

Competencies for Health Care Staff Intercollegiate Document (2018). The combination of these documents assist practitioners to access training that meets both professional and service needs. Managers should also assist staff by ensuring they are supported in identifying their child protection learning needs and that opportunity is provided to participate in appropriate learning events and activities.

All staff have a responsibility to appropriately access and use Child Protection learning opportunities provided by NHS Grampian. The Child Protection Training Strategy and information about available learning and development opportunities can be found on the Child Protection site on the Intranet.

10.4 Supervision

Child protection is a high priority for NHS Grampian with the organisation recognising that professionals working directly with children and young people are essential in identifying and protecting vulnerable children from harm. The most obvious signs of abuse are easily recognisable and enable child protection procedures to be implemented quickly. However research from literature and Significant Case Review/Learning Reviews evidences:

- That the most vulnerable children are often just out-with the radar of child protection processes
- That families may struggle for long periods before seeking help
- That by its nature child abuse is actively hidden and denied by carers (Vincent, 2010)
- That professional supervision relating to case work can enable staff to identify vulnerable children that are just under the child protection radar or their need for protection less obvious or hidden (Munro, 2011)

NHS Grampian Case Supervision Policy is in place for all Community Midwives, Health Visitors, Family Nurses and School Nurses that ensures there is mandatory provision of regular Case Supervision using the 4x4x4 model.

Supervision is a process by which one worker is given responsibility by the organisation to work with another worker(s) in order to meet certain organisational professional and personal objectives which together promote the best outcomes for children, young people and families. These objectives and functions are:

1. Competent accountable performance (managerial function)
2. Continuing professional development (developmental/formative function)
3. Personal support (support/restorative function
4. Engaging the individual with the organisation (mediation function)

These functions are managed within a supportive supervision relationship. The balance between these functions can change depending on the need of the supervisee. For example less experienced supervisee's may require more emphasis on the application of policy documents to practice, whereas a more experienced practitioner may need a greater focus on higher level communication skills associated with working with vulnerable or challenging families.

Through the supervision relationship the supervisee can reflect, develop new ways of working that promotes learning, and provide an opportunity to focus on the delivery of safe, effective, person centred care.

NHS Grampian Supervision Policy 2022

This has been well established in practice and is regularly evaluated to ensure that there is quality assurance around this process.

For all other staff groups who need to access support about Public Protection issues, including child protection, the NHS Grampian Adult and Child Public Protection Supervision Policy can be accessed on the Public Protection intranet site.

11. Accountability / Governance

11.1 Management Structure and Corporate Accountability in NHS Grampian.

The NHS Grampian Chief Executive is responsible for the delivery of high quality services to support child protection. This includes the overall strategic direction for child protection and strategic management of all child protection health services delivered by the Health Board.

The Executive Nurse Director is supported in this role by delegating responsibilities to the Nurse Director as Executive Lead for Children. The Nurse Director reports to the Chief Executive and is responsible for the leadership, co-ordination and management of child protection services.

The Lead Paediatrician for Child Protection and the Strategic Lead for Public Protection support the Nurse Director in managing organisational responsibilities for Child Protection. They are supported in their role by the Lead Nurse for Child Protection, Specialist Nurses for Child Protection and Child Protection Clinicians across NHS Grampian.

The NHS Grampian Public Protection Governance structure can be viewed in Appendix 1.

11.2 Public Protection Assurance and Accountability Framework

The Public Protection Assurance and Accountability Framework sets out exemplar evidence of high-quality, safe, and effective services that promote the protection of children and adults. Evidence reflects key recent policy and practice developments, findings from Scotland's Independent Care Review and subsequent publication of The Promise, and a range of sources including inspection findings and reviews of cases where children and adults have died or been significantly harmed. The Framework is intended to guide all Health Boards in assessing the adequacy and effectiveness of their public protection arrangements at both strategic and operational levels and to inform shared multi-agency governance and assurance arrangements, covering all levels of staff including independent contractors. The aim is to ensure greater consistency in what children, adults at risk of harm, and families can expect in terms of support and protection from health services in all parts of Scotland.

This framework has been implemented and a Framework template is completed on a quarterly basis and reported to the Protecting Children's Strategic group and Public Protection Committee as required.

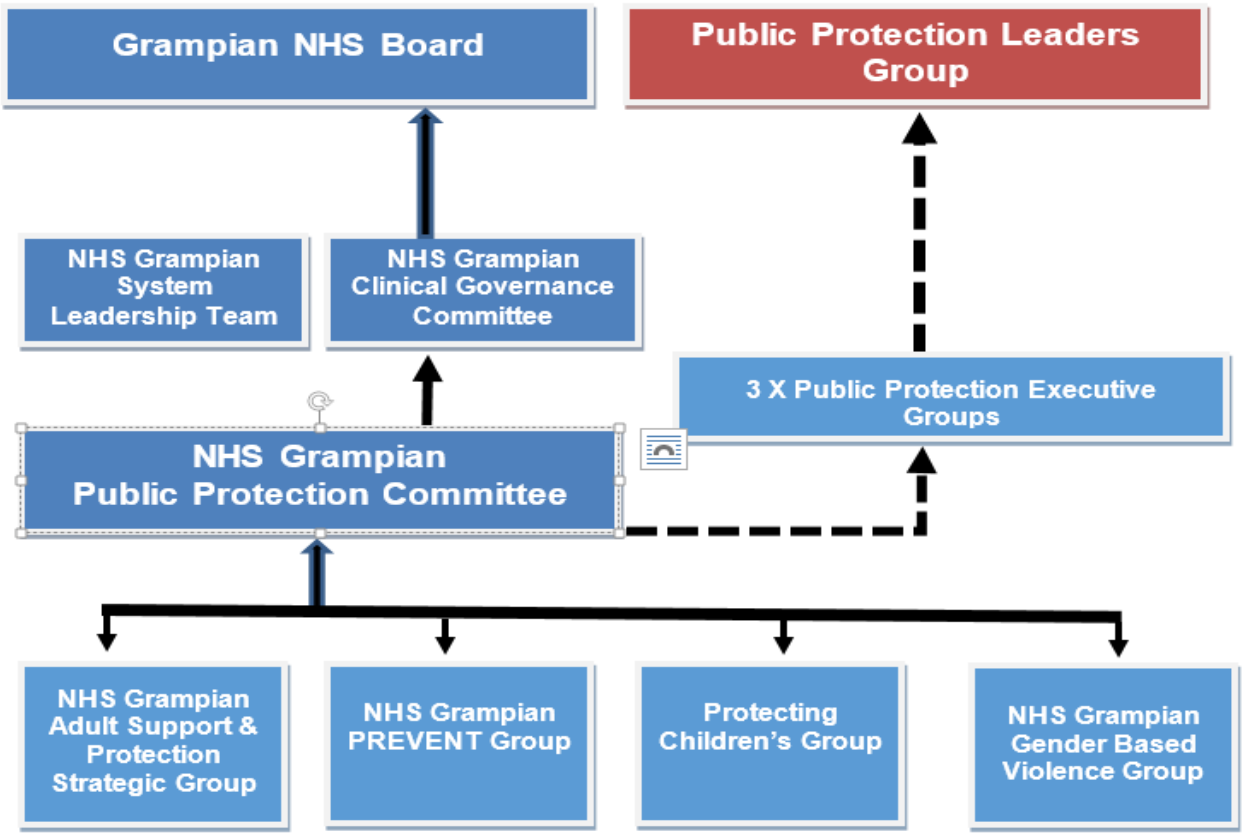
References

Munro, E. (2011) The Munro Review of Child Protection. Final report: A child-centred system. London: UK Stationary Office.

Vincent, S. (2010) Learning From Child Deaths and Serious Abuse. Edinburgh: Dunedin.

Appendix 1

Reporting Structure: NHS Grampian Public Protection Governance Structure



In addition, the Executive Lead for Public Protection can escalate any Public Protection concerns to the Chief Executive Team.

In addition to the above NHS Grampian governance arrangements there are multi-agency governance arrangements for each of these strands.