

South Lanarkshire Child and Adult Protection Committee



Joint Multi-Agency Transitions Guidance
& Escalation Process for High Risk or Complex
Cases in South Lanarkshire.

Young People (16-18yrs)

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CONTENTS	Page
Introduction	4
Equality and diversity	4
Who is this guidance for?	4
Purpose of this guidance	4
The Context for Child Protection	5
The Context for Adult Protection	7
Transitional arrangements	9
Interface between Adult and Child Protection	14
Escalation process for high risk and complex cases	17
The Staged Escalation Process	20
Learning & Development	21
Quality Assurance in Adult & Child Protection	21
Appendix 1 – Practice Examples	22

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1 Introduction

South Lanarkshire Child and Adult Protection Committees are pleased to offer this Joint Multi-Agency Transitions Guidance and Escalation Policy for High Risk or Complex cases in South Lanarkshire for Young People 16 – 18yrs. It specifically relates to the challenges for young people and services, where transitions relate to matters of Child Protection and Adult Support & Protection. It includes an Escalation Policy for High Risk and complex cases. It should sit alongside any single agency guidance already in place within your organisation.

We recognise that keeping the young people at the centre of assessment, planning and review is a core component of Getting It Right for Every Child (GIRFEC). Adhering to these principles means that every child or young person gets the help they need when they need it.

We recognise the transition from childhood into adulthood is often difficult. For any young person who might require additional support, it becomes critical that this transition is fully supported by appropriate planning and support between the ages of 16 – 18 years.

Whether there are existing vulnerabilities or whether new concerns arise during this period in a young person's life, we must be clear in our objective to offer the very best service possible.

This guidance is intended for all managers and practitioners across both adult and child protection that plan, manage and deliver services to those who need it in South Lanarkshire. It is an endorsement of our continued need to work collectively to promote, support and safeguard the wellbeing of all children, young people and adults.

Safaa Baxter
Independent Chair
South Lanarkshire Adult and Child Protection Committees

2 Equality and diversity

South Lanarkshire Child Protection Committee and South Lanarkshire Adult Protection Committee promote equal access and opportunities to all individuals. All partners are committed to treating people respectfully, fairly and equally and to tackling discrimination in all its forms. No one should be discriminated against based on race, ethnicity, disability, sexual orientation, religion, gender or age. All partners within both Committees value diversity and actively challenge discrimination and prejudice. Those who participate in services should be listened to and respected and should have access to services which are fair, consistent and accessible to everyone, irrespective of their race, ethnicity, disability, gender, age, religious belief or sexual orientation.

3 Who is this guidance for?

This guidance is designed primarily to support both adult and children's services in working effectively to promote, support and safeguard the wellbeing of children, young people and adults. The guidance will be particularly relevant for those working in situations where concerns about the wellbeing of both adults and children may arise, and for those working with young people aged 16-18 years old.

4 Purpose of this guidance

The purpose of this guidance is to highlight some examples of potential child protection/adult support and protection interface situations and provide guidance for practice. The term *interface* in this context is used as an umbrella term to describe any situation where there are either potential concerns about the wellbeing or safety of both an adult situations involving young people aged 16 to 18 years (and in certain circumstances, young adults aged up to 25 years).

5 The Context for Child Protection

The [National Guidance for Child Protection in Scotland \(2014\)](#) (currently under review) provides a national framework for best practice in the protection of children and young people, within which agencies and practitioners can understand and agree processes for working together to promote, support and safeguard the wellbeing of children. This national guidance is used to inform local child protection committees about procedures which set out the detail of the means by which services work to protect children and young people from harm, abuse or neglect. The [West of Scotland Inter-Agency Child Protection Procedures](#) provide detail of agency response and responsibilities and these, in turn, inform single agency child protection procedures.

Child protection sits within the wider GIRFEC landscape, and is underpinned by the UN Convention on the Rights of the Child (1989) and is set within a legislative framework.

The three principle pieces of legislation are:

- The Children (Scotland) Act 1995;
- The Children's Hearing (Scotland) Act 2011 and
- The Children and Young People (Scotland) Act 2014

The primary mechanism for the application of legislation to protect children and young people is the Children's Hearing System called the [Scottish Children's Reporter Administration \(SCRA\)](#)

Child protection means protecting a child from abuse, harm or neglect. These are forms of maltreatment of a child or young person and can occur by someone inflicting, or by someone failing to act to prevent, significant harm to a child. The main types of abuse include physical abuse, sexual abuse, emotional abuse and neglect. Whilst most child abuse and neglect happen in a child's living situation, perpetrated by those responsible for looking after the child, risks continue to exist within communities and particularly through social media in all its forms. Child protection today extends beyond familial abuse.

Child protection procedures apply equally in situations where abuse or neglect has happened or where an assessment indicates there is a likelihood of significant harm. Managers and practitioners across the multi-agency workforce can refer to their single agency child protection procedures or the online resource. The link to the West of Scotland Inter-Agency Child Protection Procedures is noted above.

Children and young people require a child protection plan in circumstances where there is a risk of significant harm, abuse or neglect, in some cases whether there is a familial link or not in relation to this harm. A child protection case conference will agree how to best protect the children from further significant harm, abuse or neglect. Please refer to your own agency child protection guidance for more details about the process and professional expectation.

If a child or young person requires a child protection plan, their name is placed on the Child Protection Register and enhanced monitoring. The multi-agency support plan put in place have no legal basis but is there to keep children safe by working together with families to improve outcomes. A referral to the Reporter of the Children's Hearing System will also be made as appropriate.

The child protection plan, which for some will be incorporated into the Statutory Child's Plan (as appropriate), and is formally reviewed at a Review Child Protection Case Conference every three months. When the risk has sufficiently reduced and a

child protection plan is no longer required, the child's name is removed from the Child Protection Register. Depending on the continuing needs of the child, they may still require a Statutory Child's Plan. Consideration must also be given to the identified need of any Looked After Children (LAC) in South Lanarkshire - as described on page 10 of this guidance.

Child protection procedures apply to children from pre-birth stage until they reach 16 years of age. Partners continue to have responsibilities for the protection of young people that extend beyond the formal child protection process outlined above.

Responsibilities also apply in the following types of circumstances:

- (a) Children and young people are at risk of harm either through their own behaviour or in their community. Examples include online safety, child sexual exploitation, self-harm, criminal exploitation, running away/going missing and substance misuse.
- (b) Young people over the age of 16 years.

In relation to those who may fall under (a) above. Where such risk is identified, as with other child protection concerns, it is important that a multi-agency response is mobilised and a support plan identified to minimise future risk and that consideration is given to whether Compulsory Measures of Supervision might be required, including Care and Risk Management (CARM) procedures apply. The key test for triggering these processes should always be the level of risk to the individual child or young person and whether the risk is being addressed, **not** the source of risk.

In relation to those who may fall under (b) above. The appropriate response will depend on several factors such as the type of harm, the source of harm, existing protective factors and the views and wishes of the individual. These must be recorded. The starting point should always be early identification of potential harm, multi-agency information sharing and assessment and open dialogue with the young person. **In all cases, if a young person aged 16-18 years requires support from a targeted service, a Statutory Child's Plan will be required.** This is the case regardless of whether the targeted service is traditionally an "adult" service and/or if the young person is subject to adult support and protection procedures.

6 The Context for Adult Protection

Legislative responsibilities in relation to the support and protection of adults at risk of harm are contained within the [Adult Support and Protection \(Scotland\) Act 2007](#). In addition, there are two other Acts which provide provision in relation to the support

and protection of adults, these are; the [Adults with Incapacity \(Scotland\) Act 2000](#) and the [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)

All three Acts have similar principals, including that any use of legislation must:

- Provide benefit to the adult, be necessary and be the least restrictive option for the adult.
- Consider the past and present wishes of the adult, where this can be ascertained.
- Ascertain the views of relevant others.
- Respect the adult's individual abilities, background and characteristics.
- Ensure the adult is not treated less favourably than any other person who does not meet the criteria for an 'Adult at Risk of Harm' in a comparable situation.

An adult (aged 16 or over) is only considered to be an Adult at Risk of Harm in relation to the Adult Support and Protection legislation if they meet all of the following three criteria:

They are unable to safeguard their own wellbeing, property, rights or other interests, **and;**

1. Are at risk of harm, **and;**
2. Because they are affected by disability, mental disorder, illness or physical or mental infirmity, they are more vulnerable to being harmed than adults who are not so affected.

The Reviewed Code of Practice to accompany the Adult Support and Protection (Scotland) Act 2007 was produced in 2014. This document is complemented by the West of Scotland Inter-Agency, Adult Support and Protection Practice Guidance and local single agency Adult Support and Protection Policy, Practice Standards and Operational Procedures.

You can view current West of Scotland adult protection procedures in the link as shown here:

[West of Scotland Adult Support and Protection Guidance](#)

Anyone can make an Adult Support and Protection referral for themselves, or for an adult they know or believe to be at risk of (any type of) harm, including self-harm. However, all staff employed by Police Scotland, the Local Authority or the NHS Board have a legal duty to refer any adult they think might meet the ASP criteria.

In South Lanarkshire, all ASP referrals submitted, receive an ASP Inquiry to establish the circumstances and confirm the adult meets the ASP criteria. Even where the ASP criteria are not met, other appropriate supports can be considered out with the context of ASP.

If the circumstances indicate a requirement to proceed to the next stage in the process – an ASP Investigation is undertaken, including a full risk assessment. The needs of the Adult and any Carer they might have, is considered.

Where appropriate, a multi-agency ASP Case Conference will be convened for all relevant parties to meet (the adult and any key personal supporters – e.g. Carer, friends, family etc. will usually be invited to this Conference) to discuss the best way forward. A Protection Plan will be developed, detailing who will do what and when.

While the person remains under the auspices of ASP legislation, a 3 monthly Review will normally be undertaken to update on progress and adjust the Protection Plan as necessary.

The ASP Act allows for 3 types of Protection Order to be applied (to the Court) for:

- Assessment Order (to gain access to the adult to assess their circumstances)
- Removal Order (temporarily remove the adult to a place of safety)
- Banning Order (temporary or permanent) – to ban identified individuals from the adult for a period of up to 6 months (further Banning Orders can be applied for at the end of the 6 months if required)

KEY PRACTICE MESSAGE – Moving into Adulthood

*The introduction of the Children and Young People (Scotland) Act 2014 **does not change current child or adult protection procedures** nor does it affect the associated responsibilities of services and professionals working with children and young people. The Police and/or Social Services should continue to be contacted immediately where a child or young person is perceived to be at risk of significant harm.*

All professionals involved in the young person's care, and those who will become involved as the young person moves into adulthood will assist in transition planning for the young person moving into adulthood on the basis that they will have an overview of the young person and the issues affecting them. It is crucial therefore that all professionals are involved in and consulted in relation to any plan for the young

person. The views of the young person must always be considered and taken into account in any arrangements being made.

7 Transitional arrangements

Where a young person who is known to services is approaching their 16th birthday, thoughts should be turning to the transition into the adult process and what that means for the young person and the service. It would be prudent for professionals to be thinking about this in advance of the young person's birthday as provisions may require to be affected immediately when they become 16yrs. The young person must always be consulted. It will depend on the circumstances as to how long in advance preparations will require to be made. Appendix 2 provides a flow chart to assist in the transitions process. Appendix 1 offers information on how to escalate concerns in high risk or complex cases.

The Rights of the Young Person

When a young person reaches 16yrs, they will have the legal right to make their own decisions. Those holding parental rights and responsibilities in relation to the young person (whether parents or carers) will only have the right to provide guidance to the young person post 16 yrs. If a Local Authority holds a Parental Responsibility Order or a Permanence Order, the young person has a right to be supported by having their wellbeing assessed and have access to appropriate services. It may be that those involved with the young person are unhappy with the choices they are making. However, if the young person has the capacity to make decisions and does not fall within the definition of an 'Adult at Risk' in terms of the Adult Support and Protection (Scotland) Act 2007 this must be taken into account in any future planning

Where a Compulsory Supervision Order in terms of s83(1) of the Children's Hearing (Scotland) Act 2011 is in place, however, the Children's Hearing will still be able to make decisions in relation to the young person. In the case of a looked after child, support should continue to be offered post 16, whether that be on the basis of 'continuing care' under the Continuing Care (Scotland) Order 2015 and the Continuing Care (Scotland) Amendment Order 2016 or whether that be under the general duty to provide guidance and assistance in terms Section 29(1) of the Children (Scotland) Act 1995. **Care Leavers also have a right to assistance and advice from a Local Authority up to their 26th birthday.**

Adults with Incapacity

A young person should be regarded as having capacity to make decisions unless there is evidence to the contrary. However, where there are concerns in relation to the capacity of the young person to make decisions in relation to his/her welfare

and/or finances, consideration will be required in relation to whether an order under the Adults with Incapacity (Scotland) Act 2000 is required in order to make decisions.

Discussion should take place amongst all involved services (child and adult services) in relation to any risks that may be around for the young person and any decisions that will require to be made in relation to the young person when he/she turns 16. A decision should be reached in relation to whether an order under the 2000 Act, whether that be a Welfare and/or Financial Intervention Order or a Welfare/Financial Guardianship Order should be pursued. Whilst a decision may require to be made prior to the young person turning 16, in terms of South Lanarkshire procedures, a decision to seek an order under the 2000 Act can only be made at an Adults with Incapacity Case Conference.

It is recognised that family members, carers or indeed anyone claiming an interest, wish to take on the role of Intervener or Guardian and they should be encouraged to seek legal advice in this regard at the earliest opportunity. If this is not the case, however, responsibility will fall to the local authority to make an application, either to appoint the Chief Social Work Officer or a solicitor in private practice depending on the nature of the order. Section 79A of the 2000 Act makes provision for an application for Guardianship to be made, and indeed granted, up to three months prior to the young person turning 16, albeit the order will not come into force until their 16th birthday. **This provision is useful in bridging the gap and allowing the transition between childhood and adulthood to be as seamless as possible.**

Adult Support and Protection

Of course, it is not only young people who lack capacity who are at risk of harm. In terms of the Adult Support and Protection (Scotland) Act 2007, an 'Adult at Risk' includes people aged 16 or over with a disability, illness or physical or mental infirmity, which makes them more vulnerable to harm (whether that be harm from another person or self-harm) than those without such conditions. Section 3 of the Act states:

An adult is at risk of harm for the purposes of subsection (1) if:

- (a) Another person's conduct is causing (or is likely to cause) the adult to be harmed, or;
- (b) The adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

Similar to the process detailed above in relation to Adults with Incapacity, there should be liaison among all involved services and Adult Services to ensure that all relevant information is available to Adult Services. Should there be concerns that the young

person is an 'Adult at Risk' in terms of the Act, an Adult Support and Protection Case Conference should be convened to consider whether the young person meets the three point criteria detailed in Section 3(1) of the Act and if so, whether an order under the Act is appropriate.

There will be cases where the young person clearly meets the criteria of being an 'Adult at Risk', but where none of the protection orders available under the Act are appropriate. In such cases, the young person should be recorded as an 'Adult at Risk' and the case should be monitored and reviewed, as appropriate. Alternatively, where it is deemed appropriate to seek an order under the Act, whether that be an Assessment Order, Removal Order or Banning Order, liaison should take place between Adult Services and Legal Services, although, generally speaking Legal Services would be in attendance at the Case Conference.

It should be noted that there is no provision for seeking an order under the Adult Support and Protection Act prior to the young person turning 16. Should there be sufficient transition processes in place, there is nothing to prevent an application being made on the young person's 16th birthday. This means that there is likely to be a gap between the young person turning 16 and an order being granted and as such, support should be offered in the meantime and the case should be closely monitored. Nevertheless, given that the Act makes provision for temporary orders which can be granted without notice being given to the relevant parties it would be possible for an order to be granted shortly after the young person turns 16. Unlike orders under the Adults with Incapacity Act, an order under the Adult Support and Protection Act can only be sought by the local authority.

There will be cases where the young person is clearly at risk but does not meet the three point criteria. Situations like this can be frustrating for workers involved as no action can be taken under the Adult Support and Protection legislation. In such cases, if no other legislation is appropriate, the young person should be encouraged to engage with services with a view to alleviating the risk. If a young person has capacity and does not meet the criteria of being an 'Adult at Risk', but is fearful of someone else, they should be supported by the relevant service (whether that be in Children and Families or Adult Services, depending on whether the case has transferred) and encouraged to seek independent legal advice, to safeguard themselves.

Getting It Right for Every Child (GIRFEC)

As children and young people progress on their journey through life, some may have temporary difficulties, some may live with challenges and some may experience more complex issues.

Sometimes they – and their families – are going to need help and support. No matter where they live or whatever their needs, children, young people and their families

should always know where they can find help, what support might be available and whether that help is right for them.

The *Getting it right for every child* approach ensures that anyone providing that support puts the child or young person – and their family – at the centre.

It is important for everyone who works with children and young people – as well as many people who work with adults who look after children. Practitioners need to work together to support families, and where appropriate, take early action at the first signs of any difficulty – rather than only getting involved when a situation has already reached crisis point.

To assist practitioners to do this, a common set of principles and values has been developed which apply across all aspects of working with children and young people. Developed from knowledge, research and experience, they reflect the rights of children expressed in the United Nations Convention on the Rights of the Child (1989) and build on the Scottish Children's Charter (2004). These are reflected in legislation, standards, procedures and form part of reliable professional expertise.

The principles of GIRFEC should be followed whenever any support is being given to any child or young person and everything should be done to ensure that we seek the views of those children and young people; their carers or parents; and that we share information with lead professional / agency for that child. The GIRFEC Practice model should be used to provide the appropriate proportionate support at the right time; by the right person with the appropriate skills and resources. Wellbeing and the outcome of any assessment must be considered and recorded. For more information please refer to local GIRFEC practitioner guidance and in the link shown here;

[Getting it Right for Every Child \(Scottish Government\) Information](#)

Child's Plan

The Children and Young People (Scotland) Act 2014 requires local authorities to make a statutory child's plan as described in the Child's Plan (Scotland) Order 2016 for children who have a wellbeing need which cannot be met without the provision of statutory intervention and it is considered that the need can be met by the provision of one or more interventions.

Where a child is looked after by a local authority but that local authority is not, in terms of section 39(7) of the Act, the managing authority of any child's plan prepared in respect of that child. The local authority area will be the managing authority of that child's plan from the date on which the authority becomes aware that the child has a child's plan, or as soon as reasonably practicable thereafter.

8. Interface between Adult and Child Protection

The term interface in this context is used as an umbrella term to refer to a range of situations relating to links between child protection and adult support and protection.

This section of the guidance sets out some key examples of interface issues across different levels including strategic planning, policy and practice and the next section expands upon the practice element by outlining a series of case examples drawn from local experience.

Practice examples are available in Appendix 1

Governance, accountability and oversight

South Lanarkshire Child Protection Committee and South Lanarkshire Adult Protection Committee are each accountable to the South Lanarkshire Chief Officers Group – Public Protection (COG)

The South Lanarkshire Chief Officers Group governs arrangements for child protection, adult support and protection, gender-based violence and MAPPA (multi agency public protection arrangements). The group meets four times a year to scrutinise, support and guide these areas of business. The group will also consider the links between the three areas to ensure these are effective and collaborative.

Strategic Planning

The aim of public protection is to reduce the harm to children and adults at risk. Public protection requires agencies to work together at both a strategic and operational level to raise awareness and understanding, and co-ordinate an effective response that provides at-risk individuals with the support needed to reduce the risk in their lives.

South Lanarkshire Child Protection Committee and South Lanarkshire Adult Protection Committee lead on strategic planning for child protection and for adult support and protection respectively.

There are strong links between both Committees such as shared members, liaison between the Chair and Lead Officers for each Committee. Both Lead Officers work together in the South Lanarkshire Public Protection Team. Opportunities are taken for joint working on a regular basis – particularly around awareness raising and learning and development.

This guidance document was developed on behalf of both Committees and is a best practice example of collaboration between both Committees to address both strategic and operational challenges.

Child Protection Investigation

When a child protection investigation is undertaken, staff must actively consider the needs of all of the adults involved in order to determine whether they may require support and/or protection.

Staff must also check whether any adult has had previous involvement in adult support and protection processes, and this should form part of the assessment. Further joint assessment with adult services may be indicated.

This should be recorded on the child protection investigation paperwork (known as the CP1). An Initial Referral Discussion (IRD) between social work, police and health should always take place and the decision recorded.

Adult Protection Investigation

When an adult protection investigation is undertaken, staff must actively consider the needs of any child within the household and any child for whom a vulnerable adult has caring responsibilities.

Staff must also check whether there have been any previous child protection concerns about any relevant child. Further joint assessment with children's services may be indicated.

This should be recorded on the adult support and protection investigation paperwork (known as the AP2).

Regardless of the identification of child protection concerns, in situations where there is a child within the household or where the adult has caring responsibilities for a child, staff must consider whether they requires to share any information with services involved with the child. If so, this must be done promptly and staff must record what information they have shared on the young person's record.

Consideration of what information can be shared should involve discussion with the young person and their family and staff should be clear with families about why they wish to share particular information.

Significant Case Reviews

Both Adult Protection Committees and Child Protection Committees are responsible for commissioning Significant Case Reviews in particular circumstances.

Significant Case Reviews are a multi-agency process for establishing the facts of, and learning lessons from, a situation where a child or adult has died, or has not died but has sustained significant harm or risk of significant harm (in the case of a child) or suffered a life threatening injury (in the case of an adult). Very specific criteria apply in order to determine whether a case is "significant" and, following notification, the process begins with an Initial Case Review

Where a notification for an Initial Case Review (ICR) for a young person aged 16-17 years, is made to South Lanarkshire Child Protection Committee, the Chair of the Child and Adult Protection Committee will advise how the ICR notification will proceed.

Where a notification for an Initial Case Review for a young person aged between **18 and 25 years** who are eligible for receipt of aftercare or continuing care from the local authority is made to South Lanarkshire Adult or Child Protection Committee the Chair will discuss with the Heads of Service. Thereafter the Chief Officers Group must be made aware when a decision is taken to proceed to a Significant Case Review. The appropriate National SCR Guidance for child and adult protection committees should be applied.

9. Multi-agency Escalation Process for High Risk & Complex Cases

Learning from Significant Case Reviews across Scotland and within South Lanarkshire has highlighted the need for practitioners and managers across all agencies to have a clear understanding about their responsibility for professional challenge and to know how to escalate concerns about decisions made where there are it relates to the welfare of a child or young person and the level of service being provided.

This section aims to support **positive resolution of professional difference** between agencies working with children and young people (including those in the Transition phase) and adults in South Lanarkshire. Whilst there is clear evidence of good working relationships between partners, occasionally disagreements may arise which require timely resolution so as not to delay decision making. Other concerns that may delay meeting the needs of a young person are also considered where these are due to availability of a service to meet the needs of the young person.

It is specifically aimed at colleagues across all services and agencies working with children or adults, including those who are parents or carers. It relates specifically to

multi agency disagreement and does not cover disagreement within single agencies which should be addressed by agencies own escalation policy.

This **does not apply** to cases where there may be concerns about the behaviour or conduct of another professional that may impact on a young person's safety or wellbeing. In such cases, reference should be made to their agency's own protective processes.

We encourage the use of this section where a resolution cannot be reached in complex cases in protecting children, young people through usual processes.

When Dissent Occurs

Disagreements can arise in a number of areas, but are most likely to arise around thresholds, roles and responsibilities, the need for action and communication or service provision. Some examples may include:

- The referral does not meet the eligibility criteria for assessment by either child or adult protection services.
- Where one professional disagrees with another around a particular course of action, such as closing involvement with a young person or proposed plans for support.
- Where one worker or agency considers that another worker or agency has not completed an agreed action for no acceptable or understood reason or;
- Where one agency considers that the plan is inappropriate and that a young person's needs are not being best met by the current plan. This could include a disagreement that a particular agency does not feel it needs to be involved, but another does.
- Where a member of staff or an agency considers that the young person's needs cannot be met due to availability of appropriate service provision or challenges relating to professional difference

Key Principles

Professionals will always acknowledge that the safety of young people is the paramount consideration in any professional disagreement even in the most challenging situations. Keeping the young person (16-18yrs) at the centre and is essential in getting it right. Practitioners and managers across the multiagency workforce should be mindful of the risks in considering escalation and try to resolve difficulties quickly and openly.

Professional disagreement is often reduced by clarity about roles and responsibilities and networking which enable problems to be shared and resolved through collaboration can be positive in changing how we work together.

Haringey Council in their escalation policy (revised after the death of child referred to as Baby P) suggest:

"The best way of resolving difference is through discussion and where possible a face to face meeting between those concerned which will enable clear identification of the specific areas of difference and the desired outcomes for the child or young person. Email communication, whilst important, can be open to misinterpretation and should be avoided when making key decisions in challenging situations".

Disagreement should be resolved at the lowest possible stage between the people who disagree but any worker who feels that a decision is unsafe should consult their manager or designated child protection lead. It should be acknowledged that differences in status and / or experience may affect the confidence of some workers to pursue this unsupported.

10. The Staged Escalation Process

Stage 1

If professionals are unable to reach agreement about the way forward in an individual case, then they must escalate this to a Team Leader. In most cases this will mean the first line manager in children and justice or adult and older people services who will discuss with all relevant managers linked to the young person at that time what the areas of concern are and how they can be resolved.

Stage 2

If the concern continues about professional disagreement or service provision / availability then the Team Leader should, refer to the Field Work Manager within their organisation and a discussion should take place as soon as possible between agencies to ensure the safety and wellbeing of the young person concerned.

Written records must be kept of all these discussions and these should be retained on the agency database. It is important that timely feedback is given to the person who raised the concern as to what action has been taken in response.

It may also be useful for individuals to debrief following some disputes in order to promote continuing good working relationships and identify possible training needs.

A resolution should be reached at the earliest opportunity.

Stage 3

Where no resolution can be reached or when an identified service cannot be provided, placing the young person at increased risk then it must be referred to the Heads of both Adult and Older People Services and Children and Justice Services for discussion. If required, the Heads of both services will discuss with Chief Officers (COG) if concerns are significant enough to merit high level intervention.

General issues

Any practice improvement, unresolved or identified learning should be referred to the Chair of South Lanarkshire's Adult and Child Protection Committees for consideration.

11. Learning and Development

Staff in children and justice services must access adult support and protection training to ensure they are clear of their responsibilities in this area, understand the three point criteria and know what to do if they have a concern about an adult.

Staff in adult services must access child protection training to ensure they are clear about their responsibilities in this area, understand the definition of a child's wellbeing and know what to do if they have a concern about a child.

Each service is responsible for assessing the learning and development needs of the various staff groups for whom they are responsible and for ensuring such staff access training to meet those needs.

More information is available here:

Child Protection – www.childprotectionsouthlanarkshire.org.uk

Adult Protection – www.adultprotectionsouthlanarkshire.org.uk

12. Quality Assurance in Child and Adult Protection

South Lanarkshire Child Protection Committee and South Lanarkshire Adult Protection Committee are both required to have a self-evaluation strategy that plans quality assurance activity throughout the year.

While the focus of this activity is specific to child protection and adult support and protection respectively, the findings from evaluation activities is shared across both Committees in order to maximise learning and identify any shared priorities for improvement or opportunities for joint working. All such findings are also routinely reported to the Chief Officers Group (COG) Public Protection

Appendix 1

Practice Examples

The practice examples given in this section aim to help managers and practitioners identify the range of circumstances where “interface” issues may arise. Good practice in response to these situations is also outlined.

The overall importance of excellent communication and keeping each other routinely informed in all of the cases outlined cannot be overstated.

The ‘Initial Response’ or ‘Follow Up’ sections which follow the Case Studies are exhaustive and are examples of good practice, which should be built upon as appropriate - in relation to the real life individual cases being dealt with.

For adults, for each ASP referral which is progressing beyond ASP Inquiry, the use of an Advocate must be considered. If the Adult at Risk of Harm has a mental health condition diagnosis, independent Advocacy must be offered, but does not have to be used if the Adult does not wish this.

The circumstances described are all based on West of Scotland cases;

A child or young person may act in ways that are harmful to an adult.

Case Example 1:

Elderly Lady AB had her granddaughter (aged 15 years), who normally resided with her Aunt, staying at her house frequently, normally at weekends when she would take over the house and party with her friends.

On two occasions, AB attended her GP with bruising which had occurred during altercations with her granddaughter. A neighbour had also contacted housing services to complain about the noise generated when the granddaughter was playing music loudly late at night.

Despite concerns raised to AB about her safety and protection over a number of months, AB would not recognise the risks posed to her by her granddaughter's behaviour. One evening, AB's granddaughter pushed her down her stairs, causing a significant head injury. By this point, the adult's home was not safe to inhabit – due to damage done by the granddaughter and her friends. The Police attended this incident. After this AB accepted a place of safety under ASP and eventually chose to move to a Sheltered Unit out of her local area.

Practice Note: In this case there are concerns that the grandmother may be vulnerable to abuse perpetrated by the young person and concerns about the young person's wellbeing in relation to the behaviour she is presenting and the level of care she is afforded by those responsible for looking after her.

Initial Response

- Even though the grandmother does not initially appear to recognise her own vulnerability and the risks to her, an ASP referral should be made on behalf of the adult if they meet the ASP criteria.
- A Police Concerns Report for both the grandmother and the young person would be completed by officers attending the incident and routed to relevant services via the Police Concerns Hub.
- Checks should be made on whether the young person is known to social services; subject to any statutory measures and who has parental rights and responsibilities in respect of her. If there are no statutory measures in place, consideration should be given to referring the child to the Reporter.
- The young person may need to be accommodated in local authority care if no family members are able to provide care that is safe for all parties.

Follow up

- In respect of the grandmother, initial inquiries will be made with health services including the GP regarding known health needs, diagnoses and issues relating to her capacity to manage her own affairs.
- If the grandmother does not view herself as being at risk of harm and is assessed as having capacity in relation to fully understanding this viewpoint, that does not mean that offers of support and assistance should not still be offered via ASP. The revised Code of Practice for the ASP Act makes it very clear that the fact an adult does not view themselves as at risk of harm, does not diminish a 'Duty of Care' or automatically signal the end of the ASP process. Other legislation can also be explored – e.g. Mental Health Care and Treatment Act.
- If the grandmother has capacity in relation to the decisions she has taken and agrees with the progression to ASP Investigation then matters will be progressed via Adult Support and Protection legislation.

- If the grandmother lacks capacity in relation to the decisions she is making regarding her situation, then matters can be progressed as necessary using adult support and protection legislation, if she meets the three point test. Other legislation – including the Adults with Incapacity Act, can also be considered, as required.
- An assessment of wellbeing in relation to the young person should be undertaken. This might be led by someone in universal services who knows the young person, such as the Head Teacher at the school, or it may be more appropriate for social services to lead the assessment.
- If the young person is assessed as vulnerable due to behaviour they are exhibiting (such as alcohol misuse or offending behaviour) her needs could be considered via Risk Management processes, led by social services. This could include convening a Vulnerable Young Person's meeting.
- Consideration should be given to whether the child should be referred to the Children's Reporter, if this has not already been done by police at the time of the incident or at earlier stages in the process of assessing wellbeing.
- The grandmother may need additional support and services to meet her needs including support from friends or relatives if this is available, while any investigation or assessment is ongoing.
- If an investigation establishes the need for a multi-agency meeting for either the grandmother and/or the young person, separate meetings will be held for each to establish the need for a protection plan / statutory child's plan if there isn't one already.
- Each multi-agency meeting should include representatives that can provide a holistic view of circumstances from both the grandmother and the young person's viewpoint.
- If core groups are established to implement plans for the grandmother and / or the young person then there should be representation from the young person's core group on the grandmother's core group and vice versa.

An adult at Risk of Harm is identified as being a potential risk to a child

Case Example 2:

CD was a 68 year old man who resided alone. Older People Services were involved in a care management role and a support package was in place.

CD was initially referred as an adult at risk in terms of ASP legislation. Concerns were raised over local youths frequenting his home and possible financial exploitation against him taking place. One particular male (aged 13 years) was visiting regularly, who was identified as a young person from a NAC children's unit.

Following extensive investigation by Older People Services along with communication with other agencies such as Police Scotland and an ASP Case Conference, it was identified that CD may be a perpetrator of sexual harm to children and a risk to children, rather than a victim of financial harm.

The Pupil Support Service who were already providing additional support for learning to this young person, and had a good relationship with him, undertook some direct work jointly with the Children's Unit key-worker. This led to the young person disclosing information that indicated grooming behaviour on the part of CD.

PRACTICE NOTE: In this case, there were initial concerns about the vulnerability of this man to exploitation by a group of young people and intervention to assess these concerns has identified child protection concerns about a vulnerable young person.

Initial Response

- ASP processes for adults should consider the circumstances of any children involved and an appropriate referral made in relation to the child where this is necessary.
- This young person should be considered as vulnerable to child sexual exploitation and child protection procedures should be implemented.
- As this young person is accommodated in a children's unit, he will have a Statutory Child's Plan which is managed through LAAC processes. A review of the child's Statutory Child's Plan should be organised immediately in order to take account of emerging risks in relation to sexual exploitation.

Follow up

- Police should be contacted where there is a suspicion that a crime has been committed. This may be undertaken irrespective of whether adult protection processes are being implemented.
- Liaison with police should occur at the outset of every child protection investigation.
- The assessment undertaken during the child protection investigation should be used to inform the review of the existing Statutory Child's Plan.
- The Statutory Child's Plan will need to take account of emerging needs for this young person in relation to vulnerability to child sexual exploitation.
- Consideration should be given to whether the young person's compulsory supervision order requires to be reviewed and, if so, a request for review should be made by the Lead Professional to the Children's Reporter.

A vulnerable young person is approaching adulthood and is assessed to be likely to remain vulnerable

Case Example 3:

EF was a young man (aged 15 years) considered to be vulnerable. He was very isolated with few positive peer relationships, had very low self-esteem and limited family support. EF displayed sexually problematic behaviour and a multi-agency risk management plan was in place to support him. This was monitored through risk management meetings and it was identified that he offered on-going risk to himself and others post 16 years. Through ongoing assessment and careful planning, a decision was made to gain a secure placement in order to protect him.

This allowed for on-going planning post 16 years. Services worked well together to support EF and his sexually problematic behaviour was no longer evident. While family support remained limited, EF did develop some positive friendships and his plan progressed via risk planning through to supported community based accommodation.

PRACTICE NOTE: In this case there are concerns for the wellbeing of a young person as he moves towards adulthood.

Initial Response

- The case was currently allocated within the system therefore no emergency or urgent action was indicated. However, appropriate transition planning was required.

Follow up

- As part of a planned transition of responsibility for the case from children to adult services the social worker from children and families social work should link closely with the social worker from the identified adult team.
- When members of the team around the child change, it is critical that information sharing and planning around the individual child/young person take place which keeps their needs at the centre and ensures clarity of role/responsibility of all involved.
- As the young person moves towards adulthood, services should attempt to empower him through this transition. Consideration will need to be given, in discussion with the young person and his parents, to his future living arrangements and the possible use of supported living options.
- Consideration should be given as to whether any other legislative intervention is required. This may be in relation to the young person's wellbeing and/or financial affairs. Such consideration should be made well in advance of the lapse of the supervision order to ensure there is no period where the young person is left unprotected via legislation if for example he lacks capacity and can be protected through an application for welfare guardianship/financial guardianship or financial intervention order through Adults with Incapacity legislation.

An Adult at Risk of Harm and a child are both thought to be in need of protection from the same perpetrator.

Case Example 4:

A pre-birth child protection conference was held where it became clear the mother – GH - had already been involved with ASP. An ASP inquiry was conducted, following an ASP Referral from Hospital staff – due to their concerns about GH's highly distressed presentation at hospital for a minor injury to her hand and her reluctance to go home with her boyfriend's father. However, initially GH was not considered to meet the ASP

criteria as she suffered from no disability, mental disorder, illness or physical or mental infirmity. She did not engage with alternative supports offered to her.

When next concerns were raised, it was clear in terms of ASP, that GH (19 years old and a formally looked after young person) had now developed gestational diabetes as a result of her pregnancy and was continuing to reside with her boyfriend's parents, despite the boyfriend's father being sexually inappropriate to her and exerting a great deal of control. Her boyfriend was aware of his father's behaviours. GH was reported by her GP as showing signs of poor mental wellbeing as a result of the stress she felt under.

As more became known about GH's circumstances and as she now met the ASP criteria, she was offered support and protection under ASP legislation.

In terms of the pre-birth conference, the previous work undertaken in relation to consideration of ASP meant there was a good understanding of GH's circumstances and the elements of risk the unborn child would potentially be exposed to.

PRACTICE NOTE: In this case there are child protection concerns about the unborn baby, and adult support and protection concerns about the mother.

Initial Response

An individual must meet all 3 parts of the ASP criteria – Services should keep the circumstances of the adult's presentation and circumstances under review so that in the event that the three point test is met, action can be taken as appropriate. For example the adult in this case was considered not to be able to safeguard and to be at risk of (sexual) harm – therefore it was only the 3rd part that was not met;

For example: because they are affected by disability, mental disorder, illness or physical or mental infirmity, they are more vulnerable to being harmed than adults who are not so affected

The legislation does not require a diagnosed mental illness for example, so as her pregnancy progresses and other issues impacted, her mental health deteriorated and she developed gestational diabetes, thereby meeting all 3 parts of the ASP criteria

- The child protection assessment undertaken during the pre-birth period should include active consideration of whether any relevant adult has been subject to adult support and protection processes previously and whether any relevant adult may require support and protection in their own right now.

- If both an adult and child protection investigations are envisaged early in the process, then consideration should be given to undertaking these as a joint investigation.
- The child's health visitor should be invited to attend the pre-birth conference and any other meetings about the child in preparation for them becoming involved with the baby and its family.

Follow up

- In respect of the adult, initial inquiries will be made with health services including the GP regarding known health needs, diagnoses and issues relating to her capacity to manage her own affairs.
- If the adult continues not to meet the ASP criteria then offers of support and assistance could be considered via Care Management processes. Additional support and services to meet the adult's needs and a wider assessment of those needs may be required and if so, these supports should be offered.
- If the unborn baby is placed on the child protection register, a Statutory Child's Plan, incorporating a child protection plan, should be developed (in preparation for the birth of the baby), delivered and monitored by the core group of staff involved with the family. (Consideration should have been given at the pre-birth conference on making a referral to the Children's Reporter on the birth of the child if measures of compulsory supervision are considered necessary).
- If the unborn baby is not placed on the register, a package of support may still be required to meet their needs and a Statutory Child's Plan may be required following the birth of the baby.
- In either case, the health visitor must be involved from the outset of information-sharing, assessment and planning.
- Also in either case, staff involved in developing, delivering or monitoring any plan for the child must include representation from services supporting mum.
- On the birth of the baby, the current circumstances should be reviewed to consider what other supports and measures may be required.

In meeting the needs of an Adult at Risk of Harm, a risk to children is identified

Case Example 5:

IJ was a 26 year old female who lived with her four year old daughter. Several ASP referrals had been made due incidents of self-harm, alcohol misuse and unknown strangers entering her home, whilst her child was present. She has a diagnosis of personality disorder.

Concern reports about both the adult and the child were received from Police Scotland in relation to the presenting concerns.

During the ASP Inquiry and Investigation phase, as concerns grew in relation to the Adult at Risk of Harm, potential risks to the child were also highlighted. An ASP Case Conference was convened. Two points of focus: IJ as an Adult at Risk of Harm and her daughter's wellbeing.

PRACTICE NOTE: This is a case where an adult has care of a child and the nature of the harm the adult is subjected to (including self-harm) means the child is also potentially at risk of harm.

Initial Response

As a result of the ASP Case Conference, a Protection Plan would usually be developed to support and protect the adult.

Ensure that good communication is immediately established with the appropriate Children and Families Team. Share information regarding the potential risks to the child and consider whether a child protection investigation is required.

Follow up

In these types of circumstances the assessment of risk/need for the child will be undertaken on a multi-agency basis.

This assessment may be led by someone from universal services who know the child and family, such as the health visitor, or it may be led by social services. If child protection procedures are initiated, the multi-agency assessment is always led by social services.

In either case, all services involved with the family should contribute to the assessment.

Multi-agency support can be agreed as a result of the ASP Case Conference and any child protection processes which are undertaken. Workers involved in organising and reviewing the support should work closely together to ensure information is shared and a co-ordinated approach is taken. A referral to the Children's Reporter should be considered as part of the process.