



**Responding to Child Concern Reports
Good Practice Guide for Angus**

March 2020

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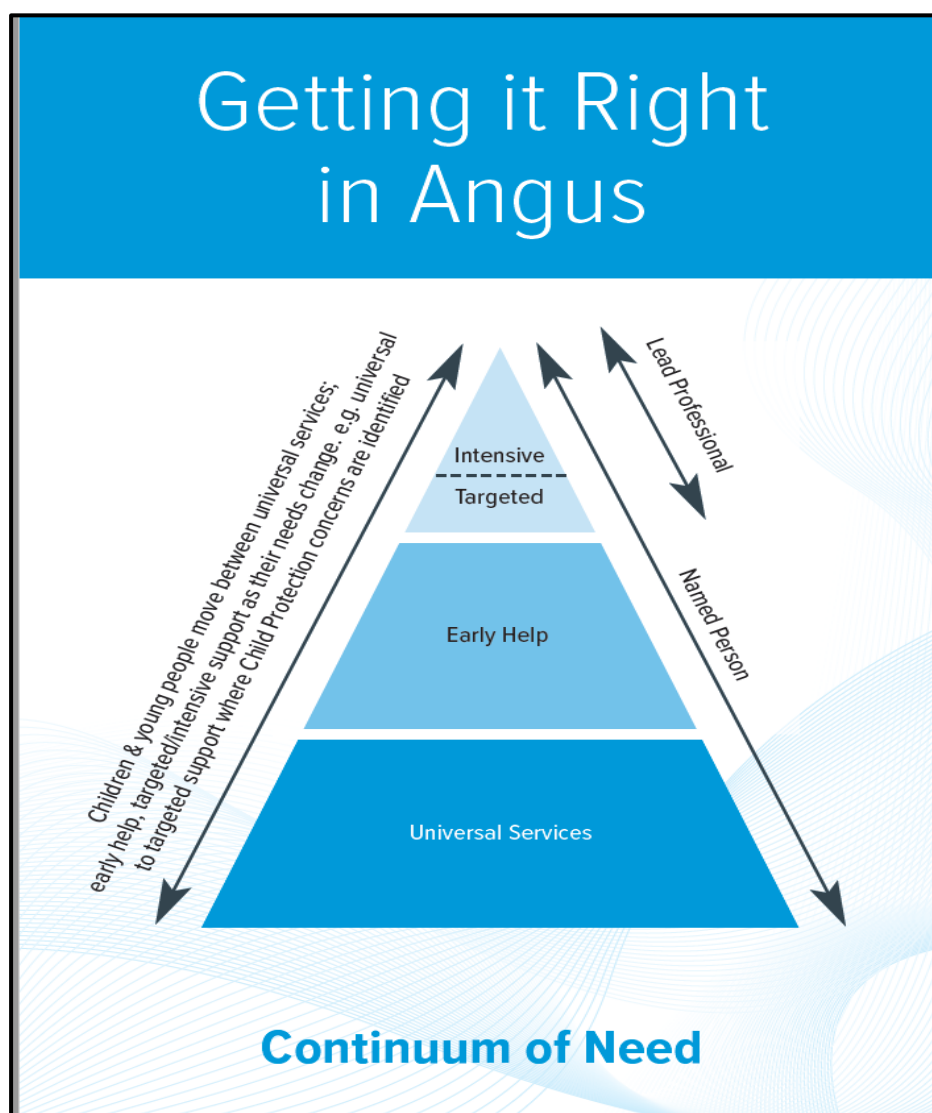
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Background and Context

Getting it Right for Every Child sets out a vision for children and young people in Scotland. This is built around the idea that every child and young person in the country should be safe, healthy, achieving, nurtured, active respected, responsible and included; and is set within a framework where services can offer the right help, at the right time from the right people.

The aim of this 'Good Practice Guide' is to ensure that children and young people (hereafter referred to as children) receive the help they need following Police involvement in their lives. It aims to promote and support best practice by staff and services who carry out Named Person and Lead Professional responsibilities across Angus.

This Guidance forms part of a framework of common protocols, policies and procedures agreed by agencies in Angus who work with children and should be read in conjunction with them.



1. The Early Screening Process

1.1 Police Scotland

Child concern reports are recorded on the Police Scotland “interim Vulnerable Persons Database”. This is a national system and allows information to be recorded or viewed by officers throughout Scotland.

Vulnerable children come to the attention of the police by a number of means. Some incidents are reported in person at Police Stations, via telephone, third party reporting, or through concerns being passed by partner agencies.

All child protection referrals are dealt with immediately via a multi-agency child protection process. All other Police concerns that do not meet the threshold for child protection are managed through the ‘Early Screening’ process.

1.1.1 Purpose of Concern Reports

Child Concern Reports are created for the purpose of sharing relevant information with partner agencies to enable them to provide support for that individual or family and is a record of Police involvement with the child. It is a means of sending correct and relevant information to agencies involved with children and is useful in dealing with youth offenders. Sharing to agencies is in line with GDPR and Data Protection Legislation.

1.1.2 Recording Police Concerns

A child concern report will be raised in respect of any child where it is considered they may be vulnerable (other than by age alone) and there is a risk to their current or future wellbeing.

A child concern report will be submitted if the child is the perceived victim, or witness to an incident.

A child concern report will also be submitted if a child's parent or guardian has been responsible for a crime or an offence, or has been the victim of a crime or an offence, which may impact on the child's well-being.

A “child” is a young person who:

- has not attained the age of 16 years;
- is 17 and subject to a supervision order;
- is over 16 and still attends school.

At least one parent or guardian's details will be recorded along with the child.

1.1.3 As well as stand-alone child concern reports, children's details are added to:

- **Domestic Concerns**

When there has been a domestic incident, whether a crime has been committed or not, and regardless of the seriousness of the incident, children connected to the family will be added to the concern report.

- **Adult Concern Report**

When concern has been raised for an adult deemed to be at risk of harm, whether through mental health issues or being vulnerable in any other way, children connected to this adult will be recorded on the Adult Concern Report.

An Adult Concern Report will be submitted when a female is pregnant and there are concerns for her or her unborn child. Other relevant children will also be added to this report.

- **Hate Crime**

Where a person (child or adult) perceives themselves to be a victim of a hate crime or incident, a Concern Report will be submitted with a "hate crime" marker to highlight the concern. If an adult is the victim of the hate crime, any relevant children will also be added.

- **Youth Offending**

When a child is the perpetrator of a crime and has been identified as a "youth offender" a report will be generated for that child. A parent/guardian will also be included in the report. "Youth Offending" includes children of 16 and 17 years of age.

1.1.4 Processing and Sharing

The Police Risk and Concern Hub assesses each Child Concern Report submitted and decides who to share reports with and why.

Depending on the circumstances, concern reports may be shared with other relevant Divisions within Police Scotland and various agencies including Children's Social Work Services, Child Protection Teams, Adult Social Work Services, Domestic Abuse Outreach Teams, Domestic Abuse Advocacy Workers, Health, Education, Other UK Forces, and the Care Inspectorate.

These are all statutory bodies or are supported by Government policy. Concern Reports are not shared with 3rd sector organisations unless there is explicit consent, as outlined in [GDPR](#).

1.2 Named Persons and Lead Professionals

Each working day, the **Tayside Risk and Concern Hub** shares Police Child Concern Reports (PCCRs) with the **Early Screening Group (ESG) Mailbox**. Initial checks are carried out to establish whether the child has a **Lead Professional** who will also be sent the PCCR:

- For **pre-school children**: Police send the PCCR to the **NHS Tayside Central Generic Mailbox** who forward onwards to Named Persons i.e. Midwives / Family Nurses / Health Visitors; and the **ESG Mailbox**
- For **children enrolled at school**: All PCCRs are sent to the **ESG Mailbox** who forwards it on to the relevant school's **NP Mailbox** for the attention of the child's Named Person.

- For **school leavers who are aged under 18**: PCCRs are sent to the **ESG Mailbox** and forwarded on to the **Opportunities for All Mailbox**.
- For **Home Educated** or **Gypsy Travelling children** (who are not enrolled in a school): PCCRs are sent to the **ESG Mailbox** and forwarded to **Panbride Named Person Mailbox**.

Please see **Appendix A** for the Early Screening Process flowchart.

2. Roles and Responsibilities (see Appendix B)

2.1 Named Persons

The role of the Named Person is to promote, support and safeguard the wellbeing of children. This role is underpinned by the Angus **Continuum of Need**, Child's Planning Framework.

If the information contained within the PCCR raises concerns about a child, or adds to an accumulation of concerns, the Named Person should contact the Lead Professional. If there is no Lead Professional, they should contact the Children & Families Locality Team for a case discussion.

Following receipt of the PCCR, the Named Person should consider the following:

The 5 GIRFEC Questions	Things to Consider
What is getting in the way of this child's wellbeing?	What is this new information telling me? Be mindful of cumulative concerns.
Do I have all the information I need to help this child?	Who do I need to speak to, in order to find out more? – Child (use Wellbeing Web?); Family Members; other professionals e.g. named person of a sibling or Police Officer?
What can I do to help this child?	What does this child need from me as a result of this new information? Do I need to consult with the Children & Families Locality Team?
What can my agency do to help this child?	How can my agency help to meet this child's need? E.g. increased monitoring or contact with family; share information and refer / signpost to other services such as School Health; Third Sector service.
What additional help, if any, may be needed from others?	Convene a Child's Planning Meeting? Update assessment and reassess decision making.

2.1.1 Named Persons **must** update the [Chronology](#) and include information such as the VPD No., Date Received, details of the concern/incident and **impact** on the child; then **delete/destroy** the PCCR.

Please note that Children's and Families workers will NOT record any information from the PCCR unless they have taken action on it and your records may be the only place that this information is stored. Effective Record Keeping and Chronologies practice is therefore essential.

2.1.2 Where two PCCRs have been received in six months; or three in one year the Named Person:

- for **Health Visitor (HV)/Family Nurse (FN)** – “The HV/FN should assess if there is a requirement for further intervention, for example: [Child's Planning Meeting]; referral to Social Worker, referral to another agency...” (NHS Tayside Guidance on the Receipt of Vulnerable Person Data (VPD) For a Child from Police Scotland). If required, the HV/FN should discuss the situation with their Team Leader/FN Supervisor and/or as part of their regular Child Protection case supervision.
- for **Schools** – The Named Person should assess if there is a requirement for further intervention, for example: Child's Planning Meeting; referral to another service (Continuum of Need Framework). If required, the Named Person should discuss the situation with a duty worker from your locality Children & Families Team.

2.1.3 If the child has a **Lead Professional**, the Named Person should contact them; check that they have received the PCCR and discuss the need for any further intervention or support to the child/family. Clarify who is best placed to discuss the concern with the child or family.

2.1.4 If the child is receiving a service from another agency e.g. an early year's service, the Named Person should consider whether there is a need for sharing relevant and proportionate information with them in order to promote, support and safeguard the wellbeing of a child.

2.1.5 Relevant and proportionate information from PCCRs **MUST** be shared from Named Person to Named Person at times of **transition/handover** i.e. Midwife Service – Family Nurse or Health Visitor – Primary Head Teacher – Secondary Named Person.

2.2 Children & Families Service

Following receipt of the PCCR the Children and Families Locality Team will undertake initial inquiries based on the information held on their database and the details in the PCCR:

- If it is assessed that no action is needed, workers will **not** record any information from the PCCR on the Social Work database and the PCCR will be **deleted / destroyed**.
- **If it is determined that follow-up work is required by social work, contact will be made with the named person to discuss/inform.**

2.3 Lead Professionals

2.3.1 On receipt of the PCCR, the Lead Professional should contact the Named Person; check that they have received the PCCR and discuss the need for any further intervention or support to the child/family. Clarify who is best placed to discuss the concern with the child or family.

2.3.2 Where two PCCRs have been received in six months; or three in one year, the Lead Professional should assess if there is a requirement for further intervention for example: Child's Planning Meeting; referral to Children's Reporter; referral to another agency (Continuum of Need Framework). If required, the Lead Professional should discuss with their Team Manager as part of their regular case supervision

2.3.3 Lead Professionals must update the [Chronology](#) and include information such as the VPD No., Date Received, details of concern and **impact** on the child; then **delete/destroy** the PCCR.

Depending on the circumstances, Lead Professionals should consider the need to convene a [Chronology Meeting](#).

If the child is receiving a service from another agency, for example an early year's service, the Lead Professional should consider whether there is a need for sharing relevant and proportionate information with them in order to promote, support and safeguard the wellbeing of a child,

3. Quality Assurance Process

The Early Screening Assurance Group (ESAG) meets quarterly to undertake quality assurance and improvement work relating to the Early Screening process. This is with a view to supporting Named Persons and Lead Professionals to undertake their role in following up PCCRs. The group members are made up of representatives from Health Visiting Service, Family Nurse Partnership, Midwifery Service, Police Scotland, Children & Families, Education and Housing.

Part of the Quality Assurance process is to 'dip test' responses to PCCRs from each service. PCCRs are randomly selected and your agency representative will contact you to ask the following questions:

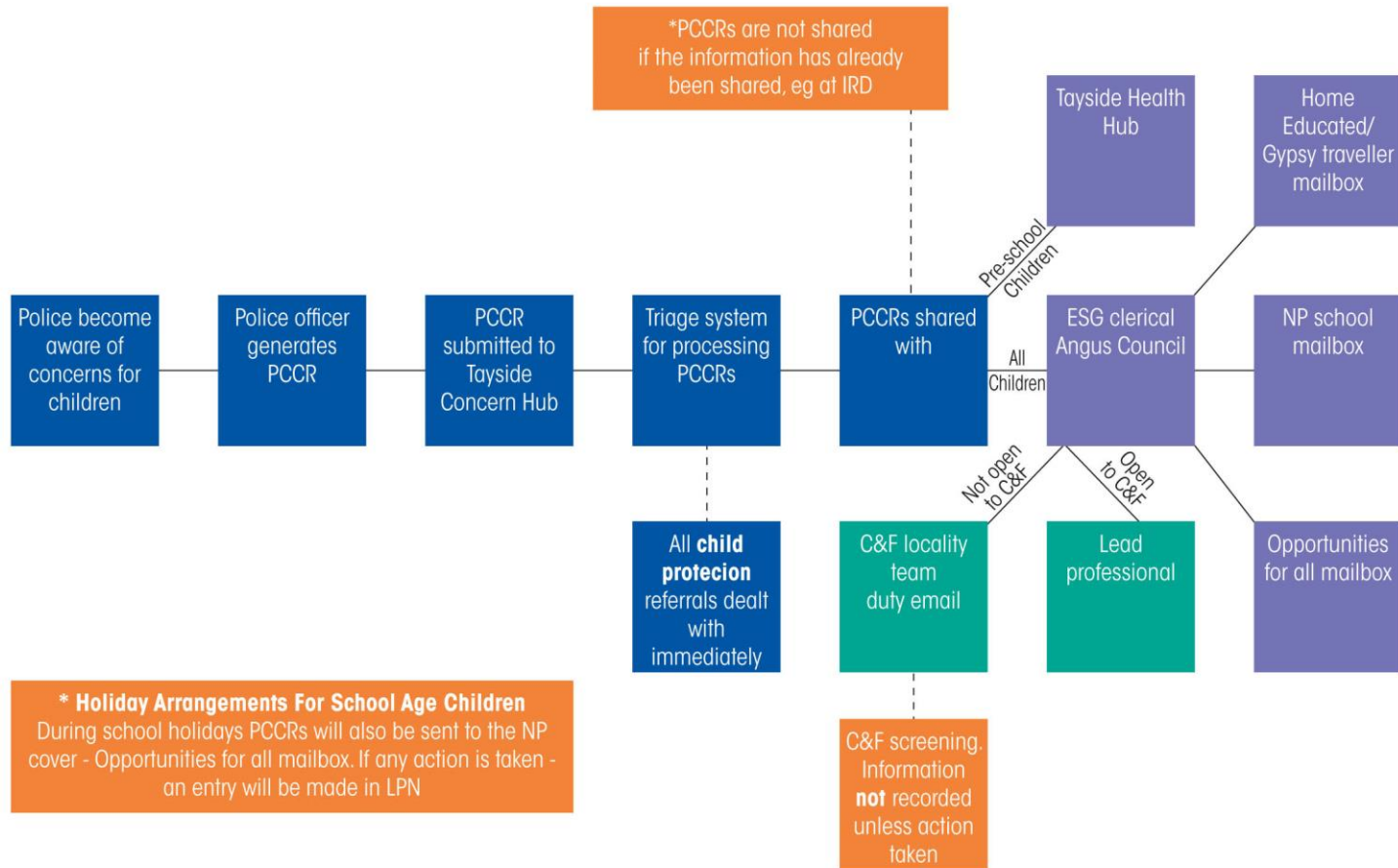
- Date of Police Child Concern Report
- Date received by Named Person / Lead Professional
- Was the information contained within the PCCR enough?
- Have you updated the Chronology?
- What actions did Named Person/Lead Professional take and what were the outcomes?
- Who else did you consult with when making your decision e.g. child; family; LP; NP: third sector; school health?
- What went well - examples of good practice?
- What were the challenges?

This information is then collated to establish:

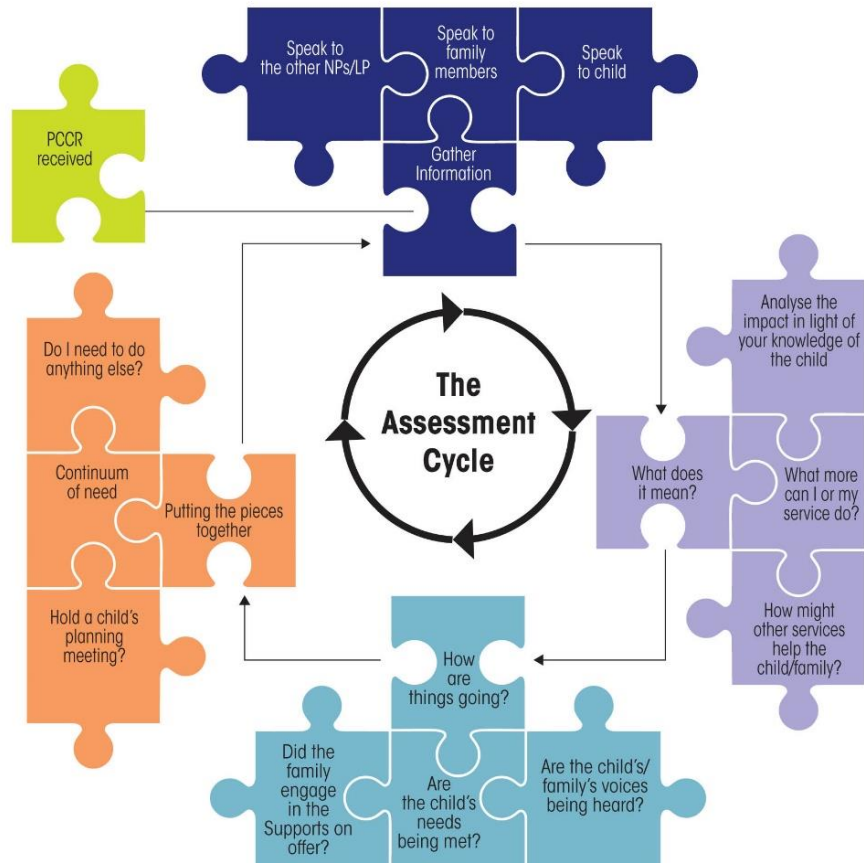
- Common themes
- Practice issues
- Good Practice
- Learning and Development needs

This process is designed to complement any Single Agency Quality Assurance responsibilities.

Appendix A: The PCCR Process



Appendix B: The PCCR Good Practice Cycle



*Practice Points

Adult only issues eg mental ill health, domestic abuse, drug & alcohol use always impacts on the child. It is the role of the NP/LP to address these issues with the parent in an appropriate and sensitive manner. The focus should always be on the wellbeing of the child and providing support to the family.

Consider local resources that can be used to support the child eg Angus Womans Aid, school health services, national helplines, local youth work services, housing support.

Use the National Practice Model and Risk Assesment Toolkit when assessing and analysing information, and formulating Child's Plans.

Safe • Healthy • Achieving • Nurtured • Active • Respected • Responsible • Included

Useful Information and Links

- [Angus Citizens Advice Bureau](#)
- [Angus Interagency Guidelines for Professional Staff](#)
- [Angus Young Carers](#)
- Domestic Abuse Support: for [female victims](#) and for [male victims](#)
- [Emotional Health and Wellbeing for children and young people. A toolkit for staff](#)
- [Homestart](#) Angus
- IRD (add in new Guidance when approved)
- [National Guidance for Child Protection in Scotland](#)
- [National Risk Framework to Support the Assessment of Children & Young People](#)
- [Parentline](#)
- PRAM Guidance (add in new Guidance when approved)
- [Relationships Scotland](#)
- [Suicide Help in Angus](#)
- [Tayside Practitioners Guidance: Chronologies](#)
- [Tayside Practitioners Guidance: Information Sharing \(when updated\)](#)
- [Voluntary Action Angus](#) including Locality Locator – a directory for groups and organisations in Angus.

Housing

Bad housing has a massive impact on children's lives, affecting everything from their health and educational achievement, to their emotional well-being and overall life chances.

Housing - related issues can include (but are not limited to): homelessness or the risk of homelessness; financial problems leading to rent or mortgage arrears; and unsuitable housing conditions (including unmet medical / support needs, overcrowding, and repairs issues).

The housing service can offer help and support to families in the following areas:

- Housing options (prevention of homelessness and housing options advice; homeless assessments; housing need assessments. Secure temporary accommodation for homeless households)
- Mutual exchange applications
- Allocations
- Estate Management
- Repairs
- Arrears
- Anti-Social Behaviour

Anyone can contact the housing service via ACCESSLine on 03452 777 778.

Welfare rights service

Welfare rights advisors offer free confidential help and advice with:

- getting the benefits and tax credits you are entitled to
- welfare reform
- debt
- completing forms
- challenging and appealing benefits or tax credits decisions
- Universal Credit
- eviction and homelessness debt (including rent/mortgage arrears)
- charitable/benevolent fund applications
- representation at court

Information and Access to School Nursing Service in Tayside

NHS Tayside School Nursing service will support school age children and young people where this a health concern and/ or need for further assessment. Although School Nurses are not based within schools they have offices within health premises within each locality of Tayside. School nurses do not receive PCCRs. They work in partnership with Head Teachers, Guidance, Social Work and Parents/Carers where there is a request for assistance and further help through the referral process. School nurses will receive referrals, undertake comprehensive assessments and use clinical judgement to assess health needs. The electronic School Nurse Referral System within NHS Tayside will formalise practice and ensure school nurses receive mainly relevant referrals, improving partnership working and patient access to services

Please request a referral form via Tay-UHB.chinfo@nhs.net. The referral form should be completed comprehensively to assist the school nurse in carrying out an assessment in a timely manner.