

West of Scotland Child Protection Procedures

Version 4.0 - 27th July 2011

Welcome to our new look child protection procedures. These have the same content but are now compliant with the National Guidance for Child Protection in Scotland (2010) and also contain an intelligent search facility. This means that you can search for any issue but the engine will only look at accredited sites. This reduces the irrelevant content that you may find on popular search engines and makes your research much easier. Both facilities are available at the top right of this screen.

The original procedures have been updated many times. We are more than happy to have comments about them, both good and bad. Please send your thoughts to Ruby Parry, ruby.parry@reconstruct.co.uk

Please refer to the User Guide on the left hand side to make full use of the site.

We have developed a knowledge and understanding check to affirm your understanding of the procedures. Please browse the procedures to get a feel for how they work and ensure you know what to do if you are worried a child is being abused or neglected. Once you are familiar with the procedures [click here](#) for more details

Contents

❖ Introduction

- Introduction
- Child Protection Committees
- The Procedures in Context
- Who is a Child?
- Recent Government Initiatives in Scotland
- Parents and Relevant Persons
- Definition of Abuse
- Specific Definitions and Categories for Registration
- Significant Harm
- Members of the Public
- Sharing Information
- Consent
- Terminology
- Meetings
- Removing a Child's Name from the Child Protection Register

❖ Agency Roles and Responsibility

- Agency Roles and Responsibilities
- Social Work Services of Local Authorities
- Police
- Health
- Education Services Provided by Local Authorities
- Community Safety Services
- Housing Services
- Culture and Sport Services
- The Authority Reporter
- Procurator Fiscal
- Other Voluntary and Private Sector Organisations
- Protection of Children (Scotland) Act 2003
- Protection of Vulnerable Groups 2007

❖ Responding to Child Protection Concerns

- If you are Worried about a Child
- What to do if you have Concerns about a Child
- Making a Referral to Social Work/Police

- Taking a Referral
- Initial Enquiries
- Child Protection Case Discussion
- Pre-Birth Child Protection Conference
- ❖ Child Protection Investigations
 - Planning and Joint Social Work and Police Investigation
 - Alerts to the Child Protection Register
 - Communication with the Standby Service
 - Child Protection Messaging System
 - Social Work out of Hours
 - Initial Referral Tripartite
 - Complex Cases
 - Pre-Interview Briefing Meeting
 - Joint Investigative Interview
 - Debriefing
 - Requirements of Evidence
 - Child Witness
 - Decision after the Joint Investigation
 - Possible Outcomes Following Investigation
 - Feedback to Referrer
 - Medical Examinations
 - Medical Reports
- ❖ Initial Child Protection Conferences
 - Child Protection Conferences
 - Initial Child Protection Conferences
 - Attendance at Child Protection Conferences
 - Reports for the Conference
 - Social Workers Report (CP1)
 - Medical Reports
 - Agenda
 - Minutes
 - Quorum
 - Conference Chair
 - Involvement of the Child's Parents/Carers
 - Involvement of the Child
 - Managing Sensitive Information
 - Exclusion from Child Protection Conferences

- Outcomes of the Child Protection Conference
- Child Protection Registration
- Supplementary Use of the Register
- The Child Protection Register
- Access to the Register
- The Child Protection Plan
- The Role of the Lead Professional
- ❖ The Core Group
- ❖ Child Protection Plans
- ❖ Review Child Protection Conferences
 - Review Conferences
 - Reports
 - Decision Making a De-Registration
- ❖ Transfer Child Protection Conferences
 - Transfer Child Protection Conferences
 - Where a Registered Child Moves out of the Area
 - Children Moving to the Area
- ❖ Children on the Child Protection Register who Go Missing
 - Children Who Go Missing
 - Dissent, Appeals and Complaints
- ❖ Appendices
 - Appendix 1: Legislative Framework
 - Children (Scotland Act) 1995
 - Child Assessment Order
 - Child Assessment Order
 - Conditions to be Satisfied
 - Steps to be Taken
 - Information Required
 - Procedure to be Followed
 - Serving Notice
 - Following Sheriff's Decision
 - Child Protection Order
 - Child Protection Order
 - Conditions to be Satisfied
 - Out of Hours
 - Procedure for Making an Application
 - Serving the Order

- Steps to be Taken
- Varying or Recalling the Order
- Exclusion Order
 - Exclusion Order
 - Conditions Required
 - Steps to be Taken
 - Information Required
 - Procedure for Making an Application
 - Serving the Order
 - Out of Hours
 - Criminal Injured Compensation
- ❖ Appendix 2: Child Abuse
 - Definition of Abuse
 - Physical Abuse
 - Emotional Abuse
 - Sexual Abuse
 - Neglect
 - Recognition of Physical Injury
 - Indicators of Sexual Abuse
 - Indicators of Physical Neglect
 - Indicators of Emotional Abuse
 - Recognition of Emotional Abuse
 - Disability
- ❖ Appendix 3: Domestic Abuse
 - Domestic Abuse
 - Disabled Parents and Carers
- ❖ Appendix 4: Children Left Unattended
 - Children left Unattended
- ❖ Appendix 5: Physical Chastisement
 - Physical Chastisement
- ❖ Appendix 6: Parental Problems
 - Parents with Substance Misuse Problems
 - Parental Mental Illness
- ❖ Children and Young People Who Place Themselves at Risk
- ❖ Children and Young People Who Place Themselves at Risk

Introduction

- ❖ Introduction
- ❖ Child Protection Committees
- ❖ The Procedures in Context
- ❖ Who is a Child?
- ❖ Recent Government Initiatives in Scotland
- ❖ Parents and Relevant Persons
- ❖ Definition of Abuse
- ❖ Specific Definitions and Categories for Registration
- ❖ Significant Harm
- ❖ Members of the Public
- ❖ Sharing Information
- ❖ Consent
- ❖ Terminology
- ❖ Meetings
- ❖ Removing a Child's Name from the Child Protection Register

Introduction

All children have a fundamental right to proper care and protection. Children may need protection when their basic needs such as food and warmth are neglected or they may need protection from harm from other people.

These West of Scotland Child Protection Inter-agency procedures are for all staff working within the West of Scotland Consortium areas. Everyone has a duty and responsibility to protect all children from harm. These procedures are to assist staff in identifying indicators which might suggest that a child is being abused or is at risk of abuse, advise what steps should be taken if there are concerns about a child, and describe what happens once concerns have been reported. The procedures also outline initial enquiries and investigations, Child Protection meetings and conferences and the range of possible resulting actions and outcomes.

No one agency alone can protect children, and neither can procedures in themselves. These procedures are primarily to ensure effective interagency communication, collaborative working and to provide a consistent framework for practice. Professional judgement based on thorough assessment and critical analysis is also required to ensure these procedures are applied appropriately to individual situations and the needs of the child.

All staff should be familiar with and follow their own agency's Child Protection Procedures and they should be able to recognise signs which suggest a child may be at risk or experiencing abuse or neglect. Where any member of staff has concerns about the welfare or safety or is aware that a child is in immediate danger they have a responsibility to pass on these concerns to Social Work and/or the Police.

Child Protection Committees

Child Protection Committees were first established in each local authority area across Scotland in 1991. Since then, they have been subject to many reforms and review, in particular in 2005, when they were strengthened as part of the then Scottish Executives Child Protection Reform Programme. The national guidance for Child Protection Committees was published in 2005 and is reflected within the National Guidance for Child Protection. Please see [Guidance on Child Protection Committees in Scotland](#):

<http://www.scotland.gov.uk/Publications/2005/02/20675/52303>

Child Protection Committees are locally-based, inter-agency strategic partnerships responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across the public, private and wider third sectors in their locality and in partnership across Scotland. Their role, through their respective local structures and memberships, is to provide individual and collective leadership and direction for the management of child protection services across Scotland.

They work in partnership with their respective 'Chief Officers' Groups and the Scottish Government to take forward child protection policy and practice across Scotland. Details of the local child protection committee for your website listed below:

1. Argyll & Bute CPC

www.argyll-bute.gov.uk/abcpc

2. Dumfries & Galloway CPC

<http://www.dgcommunity.net/dgcommunity/MiniWeb.aspx?id=295>

3. East Ayrshire CPC

<http://www.eastayrshire.gov.uk/ess/socialwork/ChildProtection/childprotectionconcerned3.asp>

4. East Dunbartonshire CPC

<http://www.edcpc.org.uk>

5. West Dunbartonshire CPC

www.wdcpc.org.uk

6. East Renfrewshire CPC

<http://www.eastrenfrewshire.gov.uk/social-care-and-health/ercpc.htm>

7. Glasgow CPC

<http://www.glasgowchildprotection.org.uk/>

8. Inverclyde CPC

<http://www.inverclydechildprotection.org/>

9. North Ayrshire CPC

<http://www.childprotectionnorthayrshire.info/home.php>

10. North Lanarkshire CPC

<http://www.northlanarkshire.gov.uk/index.aspx?articleid=10132>

11. South Lanarkshire CPC

<http://southlanarkshire.gov.uk>

12. Renfrewshire CPC

<http://www.renfrewshire.gov.uk/ilwwcm/publishing.nsf/Content/Navigation-sw-ChildProtectionHomePage>

13. South Ayrshire CPC

<http://www.south-ayrshire.gov.uk/childprotection/>

The Procedures in Context

These procedures are under-pinned by the principles outlined in the United Nations Convention on the Rights of the child and also those contained within the Children (Scotland Act) 1995 ([Click here to view a full copy of the legislation](#))

The Children (Scotland) Act 1995 embraces the principles of the United Nations Convention on the Rights of the Child.

These are:

- ❖ Children have a right to be protected from all forms of abuse, neglect and exploitation
- ❖ Children should be listened to and their views taken into account in decisions affecting them
- ❖ Agencies should work together in providing services to meet the needs of children
- ❖ Parents should normally be responsible for the upbringing of their child and should share that responsibility

Three principals that govern the Act are:

- ❖ The child's welfare is the paramount consideration
- ❖ Consideration must be given to the child's views in all decisions made about them
- ❖ The principle of minimum intervention.

The Children (Scotland) Act 1995 ([Click here to see a full copy of the legislation](#)) sets out provision for three orders.

These are:

- ❖ **Child Protection Orders**, which give provision for the immediate removal of a child for a period of eight working days.
- ❖ **Child Assessment Orders**, which last for seven days
- ❖ **Exclusion Orders**, which allow for the alleged abuser to be excluded from the family home in order to avoid the child being removed.

There are additional emergency powers which can be accessed where a child is at immediate risk see legal section in Appendix 1.

[Click here for Police Powers Section 61 \(2\) and \(5\)](#)

The Child Protection Guidance for Scotland was updated in 2010 and is reflected in these procedures. The guidance can be accessed by clicking [here](#).

Who is a Child?

A child can be defined differently in different legal contexts.

- ❖ Section 93(2)(a) and (b) of the Children (Scotland) Act 1995 defines a child in relation to the powers and duties of the local authority. Young people between the age of 16 and 18 who are still subject to a supervision requirement by a Children's Hearing can be viewed as a child. Young people over the age of 16 may still require intervention to protect them.
- ❖ The United Nations Convention on the Rights of the Child 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.

Although the differing legal definitions of the age of a child can be confusing, the priority is to ensure that a vulnerable young person who is, or may be, at risk of significant harm is offered support and protection. The individual young person's circumstances and age will, by default, dictate what legal measures can be applied. For example, the Adult Support and Protection (Scotland) Act 2007 can be applied to over-16s where the criteria are met. This further heightens the need for local areas to establish very clear links between their Child and Adult Protection Committees and to put clear guidelines in place for the transition from child to adult services. Young people aged between 16 and 18 are potentially vulnerable to falling "between the gaps" and local services must ensure that processes are in place to enable staff to offer ongoing support and protection as needed, via continuous single planning for the young person.

Where a young person between the age of 16 and 18 requires 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.

This guidance is designed to include children and young people up to the age of 18. However, as noted above, the protective interventions that can be taken will depend on the circumstances and legislation relevant to that child or young person.

(National Guidance on Child Protection in Scotland 2010, p.11)

Recent Government Initiatives in Scotland

These procedures take account of recent government initiatives in Scotland. Child protection is a dynamic and ever evolving area of work. In Scotland approaches in protecting children and meeting their needs have been shaped over the past decade by a range of issues, including research findings, public inquiries or reviews, legislative changes and Scottish Executive and Government policy. Some of the most recent significant policy documents which have helped develop and shape practice include:

'It's Everyone's job to make sure I'm alright'; Report of the Child Protection Audit and Review (Scottish Executive 2002)

stressed we are all responsible and accountable for children's safety and highlighted the importance of sharing of relevant information between agencies and this also led to 3 year reform programme of Child Protection in Scotland.

Vulnerable Children and Young People; Guidance pack (2003)

This Scottish Executive document provides guidance and recommendations for professionals and agencies working with vulnerable children and young people who runaway, abscond or go missing from their place of residence. It also addresses children and young people who are at risk of being exposed to prostitution or sexual exploitation or are trafficked in the UK.

Getting Our Priorities Right (2003)

The Scottish Executive guidelines on working with children and families affected by substance misuse highlighted the extent of this problem and the need for multi-agency risk assessments when it is believed that a child is being affected by or is at risk of significant harm as a direct consequence of their parent's substance misuse. Local Authorities were directed to produce local protocols.

Protecting Children and Young People: The Charter (2004)

makes it very clear that children want a child-friendly approach from practitioners. All children, young people and their families should get the help they need when they need it in order to protect them and secure good outcomes for them.

Protecting Children and Young People :The Framework for Standards (Scottish Executive 2004)

sets out broad standards for Child Protection services nationally which include: Children get the help they need when they need it; Children are listened to and respected; Agencies and professionals share information about children where this is necessary to protect them; Agencies work in partnership with members of the community to protect children; and Agencies, individually and collectively, demonstrate leadership, and accountability for their work and its effectiveness.

Protecting Children and Young People : Child Protection Committees, (Scottish Executive 2005)

made clear the expectations of key agencies and their senior officials with respect to the protection of children. It also set out in detail what is expected of Child Protection Committees themselves.

How Well Are Children and Young People Protected and Their Needs Met?: Self Evaluation Using Quality Indicators, HMIE, (2005)

provides quality indicators against which agencies can evaluate their practice. The five high level questions contained within this document provided the framework for the first round of HMIE joint inspection of services to protect children and young people in Scotland 2006-2009.

Getting it right for every child (GIRFEC) (Scottish Executive 2006)

is a new approach to the way that workers identify and meet the needs of all children that puts their well-being at the heart of what they do with and for them to address children's needs. This approach comes from a rights perspective that recognises that children have the right to be consulted about decisions that affect them. **GIRFEC** also promotes a unified approach to children's services with a focus on outcomes for children, clear duties for local co-operation and co-ordination between agencies. It supports the use of a single integrated assessment tool (IAF), and a multi agency action plan where a child's needs are complex or serious, with a lead professional identified to make sure this happens.

Early years and Early Intervention (Scottish Government 2008)

marks a fundamental shift away from dealing with the symptoms of inequality and rebalances our focus towards identifying and managing the risks early in life that perpetuate inequality. The Early Years framework signals a joint commitment to break the cycle of inequalities through prevention and Early Intervention.

Sexual Offences (Scotland) Act 2009

provides for a statutory framework for sexual offences in Scots law. The act creates new statutory offences relating to rape, sexual assault, coercion and administering a substance for sexual purposes. Separate protective offences are provided for in respect of sexual activity with young children (under the age of 13 years) and young people from 13

years to 15 years. The act also makes provision for the offence of 'abuse of position of trust' in relation to a child or as person with a mental disorder.

How well do we protect children and meet their needs? (HMIE 2009)

is designed to build on the previous self evaluation guidance provided for staff and to help staff identify what they are doing well and how they can further improve outcomes for children.

National Guidance for Child Protection in Scotland (2010)

supercedes all previous national guidance and incorporates the above.

Parents and Relevant Persons

A parent is defined as any person who is the genetic or adoptive mother or father of the child. A parent has in relation to his child the responsibility to safeguard and promote the child's health, development and welfare: provide, in a manner appropriate to the stage of development of the child, direction and guidance. If the child is not living with the parent, to maintain personal relations and direct contact with the child on a regular basis and to act as the child's legal representative.

(Section (1), Children (Scotland) Act 1995).

A mother has full parental rights and responsibilities. A father has parental responsibilities and rights if he is or was married to the mother (at the time of the child's conception or subsequently) or if the birth of the child is registered after 4 May 2006 and he is registered as the father of the child on the child's birth certificate. A father may also acquire parental responsibilities or rights under the Children (Scotland) Act 1995 by entering into a formal agreement with the mother, or by making an application to the courts.

A relevant person within the Children's Hearing System is defined as any person who has parental responsibilities or rights in relation to a child, or any person who ordinarily has charge of, or control over, a child (for example, stable carers for the child).

Relevant persons have extensive rights within the Children's Hearing system, including the right to attend Children's Hearings, receive all relevant documentation, and challenge decisions taken within those proceedings.

A 'kinship carer' can be a person who is 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 Looked After Children (Scotland) Regulations 2009 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.

Informal kinship care refers to care arrangements made by parents or those with parental responsibilities with close relatives or, in the case of orphaned or abandoned children, by those relatives providing care. A child cared for by informal kinship carers is not 'looked after'. The carer in such circumstances is **not** a foster carer, nor is assessment of such a carer by the local authority a legal requirement.

[The Family Law \(Scotland\) Act 2006](#) and

[The Human Fertilisation and Embryology Act 2008](#) confers rights and responsibilities on same sex partners.

Definition of Abuse

When the threshold of concern about future risk and the need for Child Protection has been reached, the child's name may be placed on the Child Protection Register.

Registration should reflect the key causes of concern which result in risks to the child and which will be addressed in the child protection plan. All relevant categories of concern should be listed.

The concerns under which the child is registered can be changed at review Child Protection conference over time as concerns change and knowledge of family patterns and functioning increases.

While it is not necessary to identify a specific category of abuse when adding a child's name to the Child Protection Register (for further information, see the section on the [Child Protection Register](#)), it is still helpful to understand and consider the different ways in which children can be abused. The indicators of risk are:

- ❖ [Domestic Abuse](#)
- ❖ [Parental alcohol misuse](#)
- ❖ [Parental drug misuse](#)
- ❖ [Non-engaging family](#)
- ❖ [Parental mental health problems](#)
- ❖ [Children placing themselves at risk](#)
- ❖ [Sexual abuse](#)
- ❖ [Child exploitation](#)
- ❖ [Physical abuse](#)
- ❖ [Emotional abuse](#)
- ❖ [Neglect](#)

- ❖ Other concern(s)

There is no 'at risk' category.

The Scottish Office document 'Protecting Children; A Shared Responsibility; Guidance on Interagency Co-operation'; (June 1998) defines abuse as:

'Children may be in need of protection where their basic needs are not being met in a manner appropriate to their stage of development and they will be at risk from avoidable acts of commission or omission on the part of their parent(s), sibling(s), from other relative(s), or a carer (i.e. the person(s) while not a parent who has actual custody of a child). To define an act or omission as abusive and/or presenting future risk for purpose of registration a number of elements must be taken into account. These include demonstrable or predictable harm to the child which must have been avoidable because of action or inaction by the parent or other carers'.

Abuse can be **physical**, **sexual** or **emotional**. It may be acute or involve a long-term pattern of physical **neglect**, and often children are abused in more than one way.

Specific Definitions and Categories for Registration

The links below provide summaries of key aspects of the different indicators of risk.

- ❖ **Domestic abuse**
- ❖ **Parental alcohol misuse**
- ❖ **Parental drug misuse**
- ❖ **Non-engaging family**
- ❖ **Parental mental health problems**
- ❖ **Children placing themselves at risk**
- ❖ **Sexual abuse**
- ❖ Child exploitation
- ❖ **Physical abuse**
- ❖ **Emotional abuse**
- ❖ **Neglect**
- ❖ Other concerns(s)

Significant Harm

Child protection is closely linked to the risk of 'significant harm'. 'Significant harm' is a complex matter and subject to professional judgement based on a multi-agency assessment of the circumstances of the child and their family.

Where there are concerns about harm, abuse or neglect, these must be shared with the relevant agencies so that they can decide together whether the harm is, or is likely to be, significant.

Significant harm can result from a specific incident, a series of incidents or an accumulation of concerns over a period of time. It is essential that when considering the presence or likelihood of significant harm that the impact (or potential impact) on the child takes priority and not simply the alleged abusive behaviour. The following sections illustrate considerations that need to be taken into account when exercising that professional judgement.

In order to understand the concept of significant harm, it is helpful to look first at the relevant definitions.

- ❖ 'Harm' means the ill treatment or the impairment of the health or development of the child, including, for example, impairment suffered as a result of seeing or hearing the ill treatment of another. In this context, 'development' can mean physical, intellectual, emotional, social or behavioural development and 'health' can mean physical or mental health.
- ❖ Whether the harm suffered, or likely to be suffered, by a child or young person is 'significant' is determined by comparing the child's health and development with what might be reasonably expected of a similar child.

There are no absolute criteria for judging what constitutes significant harm. In assessing the severity of ill treatment or future ill treatment, it may be important to take account of: the degree and extent of physical harm; the duration and frequency of abuse and neglect; the extent of premeditation; and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Sometimes, a single traumatic event may constitute significant harm, for example, a violent assault, suffocation or poisoning. More often, significant harm results from an accumulation of significant events, both acute and long-standing, that interrupt, change or damage the child's physical and psychological development.

To understand and identify significant harm, it is necessary to consider:

- ❖ the nature of harm, either through an act of commission or omission;
- ❖ the impact on the child's health and development, taking into account their age and stage of development;
- ❖ the child'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's development, make them more vulnerable to harm or influence the level and type of care provided by the family;
- ❖ the capacity of parents or carers to meet adequately the child's needs; and
- ❖ the wider and environmental family context.

The reactions, perceptions, wishes and feelings of the child must also be considered, with account taken of their age and level of understanding. This will depend on effective communication, including with those children and young people who find communication difficult because of their age, impairment or particular psychological or social situation. It is important to observe what children do as well as what they say, and to bear in mind that children may experience a strong desire to be loyal to their parents/carers (who may also hold some power over the child). Steps should be taken to ensure that any accounts of adverse experiences given by children are accurate and complete, and that they are recorded fully.

For Child Protection intervention by Social Work there needs to be a direct link between “Significant harm” and “Familial Responsibility”. It is only in circumstances that “family” facilitate or contribute to creating the circumstances of likely harm perpetuated by a stranger that Social Work may become involved with the Police in a referral initially identified as non-familial.

Familial Responsibility definition

This might include a parent/s, extended family member or any other adult known to the child i.e. babysitter etc. The term also extends to adults who work with the child and young people who are accommodated by the local authority i.e. foster parent, children’s unit, residential school etc.

Members of the Public

It is everyone’s responsibility to make sure that children are safe from harm, including members of the public. If you are a member of the public reading this document who has a concern about the safety or welfare of a child, speak to someone about it without delay. This may be a teacher, a health visitor or General Practitioner etc. If you think a child might be getting abused or is at risk of abuse then you should contact your local Social Work Department or the Police.

Information leaflets on how you can protect children and where you can get help for a child if they need it is available within your local libraries, schools, doctor’s surgeries, local hospitals, social work offices and other public buildings.

Information is also available via your local Child Protection Committees websites:

1. Argyll & Bute CPC

<http://www.argyll-bute.gov.uk/abcpc>

2. Dumfries & Galloway CPC

<http://www.dgcommunity.net/dgcommunity/MiniWeb.aspx?id=295>

3. East Ayrshire CPC

<http://www.east-ayrshire.gov.uk/ess/socialwork/Childprotection/childprotection3.asp>

4. East Dunbartonshire CPC

<http://www.edcpc.org.uk>

5. West Dunbartonshire CPC

<http://www.wdcpc.org.uk>

6. East Renfrewshire CPC

<http://www.eastrenfrewshire.gov.uk/social-care-and-health/ercpc.htm>

7. Glasgow CPC

<http://www.glasgowchildprotection.org.uk/>

8. Inverclyde CPC

<http://www.inverclydechildprotection.org/>

9. North Ayrshire CPC

<http://www.childprotectionnorthayrshire.info/home.php>

10. North Lanarkshire CPC

<http://www.northlanarkshire.gov.uk/index.aspx?articleid=10132>

11. South Lanarkshire CPC

http://www.southlanarkshire.gov.uk/info/1366/child_protection_and_vetting/647/child_protection_committee/1

12. Renfrewshire CPC

<http://www.eastrenfrewshire.gov.uk/social-care-and-health/children-and-young-people-child-protection.htm>

13. South Ayrshire CPC

Sharing Information

An exchange of relevant information between professionals is essential in order to protect children. Although those providing services to adults and children may be concerned about the need to balance their duties to protect children from harm and their general duties of confidentiality towards their patient or service user, the overriding concern must always be the welfare of the child. Wherever possible, consent should be obtained before sharing personal information with third parties but when dealing with Child Protection concerns these must always override the need to maintain confidentiality or obtaining **consent** from families. The safety of the child is always the paramount consideration.

The basis for information sharing can be found across National guidance, regional procedures and local protocols both in single and multi-agency settings e.g: [Protecting Children and Young people: Framework for Standards \(2004\)](#); [Sharing Information about children at risk of abuse or neglect: A brief guide to good practice \(2004\)](#); and [The Data Protection Act \(1998\)](#). Many local Data Sharing Partnerships also have local Sharing Information protocols. Also there is Health guidance for sharing information contained within the General Medical Council guidance (for 0-18 year old's) and the [NHS Caldicot Guardian's information on confidentiality and information sharing](#).

Information-sharing for child protection: general principles

- ❖ The safety, welfare and well-being of a child are of central importance when making decisions to lawfully share information with or about them.
- ❖ Children have a right to express their views and have them taken into account when decisions are made about what should happen to them.
- ❖ The reasons why information needs to be shared and particular actions taken should be communicated openly and honestly with children and, where appropriate, their families.
- ❖ In general, information will normally only be shared with the consent of the child (depending on age and maturity). However, where there are concerns that seeking consent would increase the risk to a child or others or prejudice any subsequent investigation, information may need to be shared **without consent**.
- ❖ At all times, information shared should be relevant, necessary and proportionate to the circumstances of the child, and limited to those who need to know.
- ❖ When gathering information about possible risks to a child, information should be sought from all relevant sources, including services that may be involved with other family members. Relevant historical information should also be taken into account.

- ❖ When information is shared, a record should be made of when it was shared, with whom, and for what purpose, in what form and whether it was disclosed with or without informed consent. Similarly, any decision not to share information should also be recorded.
- ❖ Agencies should provide clear guidance for practitioners on sharing information. This should include advice on sharing information about adults who may pose a risk to children, dealing with disputes over information-sharing and clear policies on whistle-blowing.

(National Guidance for Child Protection in Scotland 2010)

Consent

Whenever possible professionals should strive to engage with parent/s and or carer/s to gain their full co-operation in dealing with Child Protection enquiries and protecting children. However there will be circumstances where consent is refused or where attempts to gain consent could cause further risk to a child. Where parents refuse to consent or are unwilling to cooperate this should not deter the overarching need to ensure the protection of the child. The need to protect the child must take priority in all Child Protection enquiries or investigations. Achieving consent must not delay action to protect a child.

Where consent is required for medical examination [click here](#).

Terminology

It is recognised that over time the job titles of professionals (particularly within Social Work Services) have changed and for the purposes of these Child Protection Interagency Procedures a common use of Social Work services staff job titles have been used e.g. Social Worker, Senior Social Worker, Senior Operational Social Work Manager and Head of Service.

Meetings

To ensure clarity across the West of Scotland in relation to the nature and purpose of the range of meetings which might be convened during the Child Protection process the following common terminology is used throughout these procedures.

- ❖ **Child Protection Case Discussion:** multi agency forum held to discuss possible child protection concerns.
Chaired by a Social Work Manager
- ❖ **Planning meeting/Strategy meeting:** discussion between Social Work and Police and any other professional to plan the process of the investigation

- ❖ **Initial Referral Tripartite Discussion:** discussion between Social work, Police and Health to share information, consider risk & arrange medical examination/assessment/treatment of a child subject of child protection concerns.
- ❖ **Briefing/De Briefing:** meeting of Social Work/Police prior to and following investigative interviews; conducted by Detective Sergeant and/or Senior Social Worker.
- ❖ **Initial Child Protection Conference:** multi agency forum Chaired by Senior Social Work Manager and held to consider a child's circumstances and whether there is a need for the child's name to be placed on the Child Protection Register and a Child Protection Plan put in place.
- ❖ **Core Group:** Meeting; multi agency forum chaired by Senior Social Worker arranged to set out and take forward the Child Protection Plan
- ❖ **Review Child Protection Case conference:** multi agency forum chaired by Senior Social Work Manager to consider the progress of the Child Protection Plan and whether or not risks have been sufficient reduced to warrant removal of the child's name from the Child Protection Register.
- ❖ Where there are child care or Child Protection concerns around an unborn baby a multi agency meeting may be convened to consider what supports or action may be required to safeguard the baby post birth.
- ❖ **Pre birth Child Protection:** case discussion/conference will be held where there is a need to consider potential risks and to put in place a multi agency package to protect the baby and support the family following the baby's birth.
- ❖ **Pre birth case conference:** will be convened where Child Protection concern may exist post birth and a Child Protection Plan may be necessary.
- ❖ **Transfer Case Conference:** are specific for the transfer of information and responsibility about a registered child moving from one local authority area to another.

Removing a Child's Name from the Child Protection Register

If and when the practitioners who are working with the child and family decide that the risk of significant harm to the child has been sufficiently reduced and the child or young person is no longer in need of a Child Protection Plan, the local authority should remove the child from the Child Protection Register. The decision to remove a child's name will be made by a review CPCC at which all the relevant agencies are represented, as well as the child and their family. When a child's name is removed from the register, the child and their family must be informed.

Removal of a child's name from the register should not necessarily lead to a reduction or withdrawal of services or support to the child and family by any or all of the agencies. The risk of significant harm to the child may have receded, but the child may continue to require a range of support; this will form part of the single planning process for the child. At the point of deregistration, consideration should be given to whether a different Lead Professional should

be appointed and, if so, arrangements made for the transfer to be agreed. The Child Protection Plan will, following de-registration, become a Child's Plan.

Agency Roles and Responsibility

- ❖ Agency Roles and Responsibilities
- ❖ Social Work Services of Local Authorities
- ❖ Police
- ❖ Health
- ❖ Education Services Provided by Local Authorities
- ❖ Community Safety Services
- ❖ Housing Services
- ❖ Culture and Sport Services
- ❖ The Authority Reporter
- ❖ Procurator Fiscal
- ❖ Other Voluntary and Private Sector Organisations
- ❖ Protection of Children (Scotland) Act 2003
- ❖ Protection of Vulnerable Groups 2007

Agency Roles and Responsibilities

The following section describes agency roles within Child Protection; each agency has a different role to play. All staff must report all suspected cases of abuse to Social Work services without delay. All agencies have a role to play in protecting children but Social Work services and the Police have a lead role to play in coordinating and undertaking any investigation or enquiries into possible abuse; the Social Work Children and Families services carry out these inquiries on behalf of the Local Authority.

The primary objective of the inquiry is to identify any need to take protective action and to assess any needs of the child. The Social Worker will also gather information for the Reporter to the Children's Hearing which might determine whether there is need for compulsory measures of care.

The Police often undertake these inquiries jointly with Social Work, where there is reason to believe a crime may have been committed or to prevent a crime being committed. Information gathered by the Police will also be sent to the Reporter and where a crime may have been committed the report will also be sent to the Procurator Fiscal.

Social Work Services of Local Authorities

Social Work services have a general duty for the promotion of Social Welfare. Social Work Children and Families services have a specific responsibility for:

- ❖ supporting families to maintain children within their own home and community where appropriate;
- ❖ investigating allegations of child abuse;
- ❖ where necessary providing appropriate care placements for children.

The Local Authority have a statutory duty under the Children (Scotland) Act 1995 to safeguard and promote the welfare of children in need and to enquire into the circumstances of children and young people who may require compulsory measures of supervision, who may have been abused or neglected or be at risk of abuse or neglect, and take all measures to protect them from further harm.

All Social Work services staff have responsibilities to respond to the needs of children who may be vulnerable and/or at risk of abuse, this includes those working in Criminal Justice, mental health workers, substance abuse workers, Hospital Social Workers and Child and Adolescent Mental Health workers. All staff must work in close collaboration with their colleagues in children and families services to protect children who may be at risk of abuse. All staff across Social work Services have a duty to contribute to the assessment of risk of all children.

All Social Work services staff must report any actual, suspicion or risk of abuse to the Duty Social Worker or Children and Families allocated Social Worker. All referrals received that suggest that a child may be in need of protection will be dealt with as a matter of the highest priority on the same working day unless the appropriate Senior Social Worker decides otherwise.

In all referrals which suggest that a child is in need of compulsory measures of supervision, Social Work Service staff will make enquiries and give the Children's Reporter any information which is relevant about the child.

Social Work Criminal Justice services alongside Police have a statutory responsibility for supervising and managing risk from adults who have committed offences against children.

Police

Police have a general duty to protect the public and to investigate matters on behalf of the Procurator Fiscal, where they believe that a criminal offence may have been committed. They will give the Procurator Fiscal any information which will help him or her to decide whether a criminal prosecution should take place.

In many child abuse enquiries a criminal offence will have been committed. In these cases, the Police have a responsibility to investigate the circumstances, gather evidence and report such cases to the Procurator Fiscal.

The Police will also simultaneously report these facts to the Children's Reporter if they believe that a child may be in need of compulsory measures of supervision. They will provide information to other agencies, where they have concerns about a child's safety or wellbeing.

The police role in Child Protection is one of:

- ❖ prevention;
- ❖ identification and reporting of child abuse;
- ❖ protection of the victim and other potential victims;
- ❖ detection of the offender.

Within Strathclyde Police, the Public Protection Unit provides assistance in the investigation of crimes and incidents involving adults and children. Unit staff will be directly involved in all investigations of allegations of neglect, physical, sexual abuse and domestic abuse.

The investigation of all Child Protection cases will be carried out as far as possible by an officer/s of the Public Protection Unit, but in an emergency this does not preclude the attendance of a uniformed officer. All Police officers are trained to develop understanding that Child Protection is a fundamental part of their duties.

The Police have emergency powers under section 61(5) of the Children (Scotland) Act 1995 to ensure the immediate protection of children believed to suffering from, or at risk, of significant harm.

In order to fulfil their responsibilities the police may:

- ❖ assist in education and awareness programmes;
- ❖ liaise with partner agencies;
- ❖ investigate allegations of crime;
- ❖ gather evidence;
- ❖ attend case discussions and/or case conferences;
- ❖ carry out joint investigative interviews;
- ❖ make joint enquiries with social work services;
- ❖ discuss the need to arrange medical examinations as necessary;
- ❖ interview suspects;
- ❖ detect offenders;
- ❖ utilise emergency powers where appropriate and necessary

- ❖ attend court to give evidence

Police staff should also refer to the specific guidance for the Police contained within Strathclyde Police Child Protection Standard Operating Procedures.

Health

Health staff make a significant contribution to promoting the wellbeing of children and the prevention and detection of abuse.

Health staff (GPs, health visitors, hospital and community-based doctor and nurses, psychiatrists, psychologists, midwives, school nurses etc in the mental health services and other health care staff) have the following specific responsibilities:

- ❖ the physical and psychological well being of their patients;
- ❖ specialist skills in relation to forensic examination of children.

When Health staff have concerns about a child and feel they require advice about this, they should make contact and seek guidance from their designated Child Protection Advisor, who will have knowledge and experience in dealing with Child Protection cases. Where there are child protection concerns this information must be shared with Social Work services or Police.

The role of Health staff in Child Protection can include the following;

- ❖ Early identification of concerns or suspicion of abuse;
- ❖ assessment of and support for vulnerable children;
- ❖ identification of grounds for concern;
- ❖ reporting and recording of concerns;
- ❖ co-operation and assistance in interagency assessment and meeting of needs;
- ❖ undertaking **medical examinations** including comprehensive health assessments and joint paediatric forensic examinations
- ❖ attendance at case discussions/child protection conferences;
- ❖ monitoring of children on Child Protection register;
- ❖ assistance in developing and taking forward the child protection plan

Health staff should also refer to the Child Protection Health Guidelines for the West of Scotland (2001).

Research and practice indicates that it is in the best interests of the child to bring any concern or suspicion of child abuse to the attention of the investigative agencies. Sharing of information and early discussion on an interagency

basis are necessary to decide whether there is a Child Protection concern. Health staff should contribute to inter-agency plans to protect a child and provide support and assistance to families.

Education Services Provided by Local Authorities

Education staff have a key role in promoting the welfare of children. They play an important part in the prevention of abuse and neglect through creating and maintaining a safe environment for children and young people and teaching them about staying safe from harm, and how to speak up if they have worries or concerns.

Education and school staff are well placed to observe physical and psychological changes in a child which may indicate abuse. Teachers and Nursery staff are likely to have the greatest level of day to day contact with children and they are able to contribute a great deal to the assessment of children in need of protection.

All children, including children subject to Child Protection measures, have the right to be educated.

Responsibilities extend beyond reacting to concerns about abuse to include the prevention of abuse, support for children and multidisciplinary co-operation. Children who have been abused or are at risk of abuse require support from the beginning of Child Protection investigations to beyond the close of the Child Protection process. Education staff who have ongoing contact with children can play a key role in providing this support.

All schools will have a designated member of staff with the responsibility for Child Protection. This person will act as the source of support and advice. The designated person or Head/Deputy Head Teacher will have responsibility to ensure that all staff are aware of the Education Standard circular for Child Protection and where to obtain advice and with whom to share their concerns.

Where school staff are concerned about any aspect of a child's transfer or are concerned about the non attendance of a child, the designated member of staff must notify the Head Teacher and instigate the 'Children missing from Education' procedures.

Education staff must cooperate with and assist the Social Work services, the Police and other relevant agencies in the Child Protection process. They can contribute a great deal to the assessment of vulnerable children, and can assist Social Workers and Police in the investigation process and in longer term support planning. They can contribute to Child Protection conferences, including assisting in attempts to establish whether or not there has been child abuse and assisting with support and recovery intervention too and the monitoring of children who are on the Child Protection register.

Education staff can promote the welfare of children and assist in the prevention of child abuse by the development of the personal and social education curriculum to include issues relating to personal safety.

In summary, the role of education staff in child protection can include the following:

- ❖ provision of learning opportunities and pastoral care to promote individual potential across all areas of development;
- ❖ extension of the personal and social education curriculum to include personal safety issues and skills development;
- ❖ assessment of and support for vulnerable children;
- ❖ identification of grounds for concern;
- ❖ reporting and recording of concerns;
- ❖ co-operation and assistance in interagency assessment and meeting of needs;
- ❖ attendance at case discussions/child protection conferences;
- ❖ monitoring of children on child protection register;
- ❖ assistance in compilation and/or delivery of a child protection plan.

Education staff should also refer to the [revised Standard circular No. 57, Safe and Well](#) (Scottish Executive) and the [Children missing from Education \(2007\)](#).

Community Safety Services

Community safety services provide a range of supports for a number of socially isolated and vulnerable groups, including asylum seekers, domestic abuse victims and women's support services and often young people involved in anti-social behaviour. As many individuals involved in such circumstances have experienced abuse themselves or may still be in positions where a child or young person is felt to be particularly vulnerable, all staff should be alert to the welfare of a child or young person and understand their responsibilities to share any concerns with the relevant services.

Housing Services

Whilst housing department staff will not be directly involved in the investigation of alleged or actual abuse, they may have important information about families to contribute to a child protection enquiry or assessment and should be prepared to share this information and to attend conferences as required. Housing departments will often all be involved the provision of accommodation or advice, for example, when women and children become homeless due to domestic abuse or where over-crowding, poor conditions or social isolation may be factors contributing to the risk of abuse for some children.

Housing services will also often play a key role in the management of risk posed by dangerous offenders. Where the housing service is not provided by the local authority, independent housing organisations and associations can and should still play an active role in supporting and identifying vulnerable children.

Culture and Sport Services

Culture and sport services will have a number of services that are specifically designed for or include children, and young people staff, services such as libraries, play schemes and play facilities, parks and gardens, sport and leisure centres, events and attractions, museums and arts centres. Whether these services are directly provided, purchased or grant-aided by volunteers and others contracted by local authorities they should have clear working practices that minimise situations where abuse of children may occur, for example unobserved contact.

Relevant codes of practice for staff should be disseminated where available and staff should also understand the importance of reporting any concerns they have that a child may be in need of protection.

The Authority Reporter

Any person may refer a child to the Reporter if they have reasonable cause to believe that the child may be in need of compulsory measures of supervision (i.e. measures of 'protection, guidance, treatment or control'). The Reporter has a duty to make further inquiries before deciding what action is appropriate. To assist the Reporter in reaching a decision, he or she will seek information about the child from various agencies.

Within the spirit of the 'minimum intervention principle' of the Children (Scotland) Act 1995 and in line with the ethos of the Scottish Executive document 'Getting it Right for Every Child' (2006) where staff make a referral to the Reporter, their report should outline the action which has been taken already to prevent the necessity for compulsory measures of care.

The Reporter may:

- ❖ decide that no further action is required;
- ❖ refer the case to the local authority on a voluntary basis for advice, guidance and assistance of the child and his/her family;
- ❖ where it appears to the Reporter that compulsory measures of supervision are necessary in respect of the child, he/she will arrange a children's hearing to which the case will be referred for consideration and determination.

The children's hearing can only consider a case where the child and parents or relevant persons accept the grounds for referral stated by the Reporter. Where the grounds of referral are not accepted or the child does not understand

them the hearing may direct the Reporter to apply to the sheriff to decide whether the grounds are established. If the sheriff is satisfied that any of the grounds are established, the sheriff will remit the case to the children's hearing for disposal.

After discussion with the child and family and any representatives of the statutory agencies, the children's hearing can decide to impose a supervision requirement where it thinks compulsory measures of supervision are in the best interests of the child.

It should be remembered that in circumstances where there is insufficient evidence to pursue criminal proceedings the Reporter can still take measures to protect children considered to be at risk. In relation to Child Protection matters, the standard of proof is the balance of probabilities.

There is no need for corroboration and hearsay is admissible in Child Protection cases, unlike criminal prosecutions where corroboration is required and hearsay is only admissible in special circumstances.

Procurator Fiscal

Allegations of crime are normally reported to the Procurator Fiscal by the Police who carry out the initial investigation.

Procurators Fiscal are not involved in cases of child protection in the immediate sense, such as police, health, social work and others. However, the way in which representatives of Child Protection agencies handle cases of alleged child abuse in the initial stages may directly influence decisions made about any resulting criminal investigation and may affect the outcome of a prosecution.

The Procurator Fiscal are the public prosecutors and are responsible for investigating all criminal offences and sudden or suspicious deaths in their sheriff court districts. They are subject to the direction of and control by the Lord Advocate but on a day-to-day basis they maintain a high degree of independence. Their powers and duties include discretion as to whether or not to prosecute any allegations of criminal behaviour made known to them.

Before acting upon a report the Procurator Fiscal must first be satisfied that the circumstances disclose a crime known to the law of Scotland.

He/she must then consider whether the evidence is sufficient, admissible and reliable. If not, further enquiries may be conducted or no further action will be taken.

When there is sufficient evidence he/she may decide not to prosecute in any given case for a variety of reasons. Such reasons may include: 'that it is not in the public interest'; the existence of strong mitigating circumstances or consideration as to whether the case should be dealt with in some other way, for example, by diverting the case from the criminal justice system, perhaps to social work or a medical agency.

In deciding if there is sufficient evidence the Procurator Fiscal must decide, on the basis of the available admissible evidence, whether there is a case to be answered before the court.

In prosecutions which proceed to trial, the Procurator Fiscal will consider whether it is necessary to cite the child to give evidence in court.

Where appropriate, special support arrangements can be put in place. Where a child requires to give evidence using screens or CCTV or on commission, it will be necessary for the Procurator Fiscal to apply to the court and to justify the application. In addition to the above, a range of other measures can be taken to assist the child. It should be noted that the court may refuse the use of CCTV or screens.

It is likely that the Procurator Fiscal (or Precognition officer acting on his/her behalf) will talk to a child in advance of any prosecution, in order to ascertain what evidence they may be able to give, and to explain the process in court to them. Special measures have been introduced to support child witnesses give evidence. See the Scottish Executive document: Special measures for vulnerable adults and child witnesses; a guidance pack (2005).

In cases of particular delicacy or where there is doubt about the sufficiency of evidence Procurator Fiscal are available for discussion with any other professionals. The office of the Procurator Fiscal can be contacted during working hours, or at any time through the Police.

Procurator Fiscal offices are organised into regions for administrative purposes. Within each region there are designated members of staff who have received specialist training in the investigation and prosecution of cases involving children. In particularly difficult or sensitive cases all or part of an investigation may be conducted by a member of the regional resource team. In appropriate cases members of the regional resource team will liaise with the officers from Child Protection agencies and are available to provide advice on precognition and court processes.

The Vulnerable Witness (Scotland) Act 2004 outlines the legal requirements in such cases (see below).

Vulnerable Witnesses (Scotland) Act 2004

Under this legislation, which amended some sections of the Criminal Procedure (Scotland) Act 1995, children who are called upon as witnesses are no longer required to undergo a competence test to ascertain whether they can demonstrate an understanding of the distinction between telling the truth or not.

Equally important is that under section 6 (which inserts section 288E to the Criminal Procedure (Scotland) Act 1995), an accused cannot conduct his own defence where the child concerned is under 12 and the offence involves sexual assault or violence.

One of the most important aspects of this legislation is the introduction of a range of special measures which may be put in place to support the vulnerable child when giving evidence or being cross-examined. The Act covers criminal cases, civil cases and Children's Hearings court proceedings. Standard special measures available to all child witnesses under the age of 16 are a live TV link, screens in the courtroom and the presence of a supporter in conjunction with either of these measures.

Further special measures, available on application to the court, include evidence being taken in advance in the form of a prior statement (criminal cases only) or the taking of evidence by a commissioner.

It is important to note that a person under the age of 16, known as a 'child Witness' is, per se, a 'vulnerable witness'. The provision of standard special measures will always be considered for them.

There is extensive guidance available on the subject. The 2004 Act underpins the acceptance that oral evidence is no longer the only means by which testimony can be given by children.

Other Voluntary and Private Sector Organisations

Many voluntary and private organisations play a significant role in work with children and families. They can provide a wide range of services and programmes aimed at preventing or reducing the risk of child abuse, or helping families recover from abuse.

Such agencies can also offer advice and consultancy to statutory agencies working with children with additional support needs or communication difficulties.

Statutory agencies should provide advice and support to voluntary organisations in promoting effective child protection practice in their agencies.

All Voluntary Organisations, should have clear Child Protection policies and procedures in place which clearly outline to staff what they should do if they are worried about a child and where they can get help for the child. Parents/carers should be aware of these policies and have them explained to them.

All staff in voluntary organisations should be familiar with the organisations Child Protection policies and procedures and should follow this guidance if they have concerns about a child i.e. record their concerns and share what they have heard or seen with appropriate contacts in Social Work and the Police.

Managers of volunteers who work directly with children and their families have a responsibility to ensure that staff are well supported and are given access to appropriate Child Protection training.

The Protection of Children (Scotland) Act 2003 (POCSA) means that disclosure checks must be obtained for all workers in statutory and voluntary organisations and includes paid workers and volunteers.

All staff working in Voluntary Organisations should refer to their own organisations Child Protection procedures. Many CPC's have produced guidance for Voluntary/Community groups which can be accessed through the CPC web-site or by contacting CPC Lead Officers.

There a number of publications and training packs available such as 'Protecting Children and Young People; Guidance and Training Pack for the Voluntary Sector'.

Protection of Children (Scotland) Act 2003

The primary focus of this legislation is the power to allow Scottish Ministers to establish a Disqualified from Working with Children List. In any circumstance where an organisation considers that someone who has access to children in a paid or voluntary capacity has harmed a child or put a child at serious risk of harm, they have a legal obligation to notify Scottish Ministers.

It is not a requirement that the person concerned has been convicted of a criminal offence in respect of said child or children. Section 11(3)(a), for example, created an offence for an organisation to knowingly engage someone whom they know to have been disqualified from working in a child care position. This legislation will shortly be repealed and replaced by the Protection of Vulnerable Groups (Scotland) Act 2007.

Protection of Vulnerable Groups 2007

The Protection of Vulnerable Groups (Scotland) 2007 (PVG) Act is Scotland's response to the principal recommendation of the Bichard Inquiry following the tragic murders in Soham in 2002. Towards the end of 2010, the Scottish Government will introduce a new membership scheme to replace and improve upon the current disclosure arrangements for people who work with vulnerable groups.

The PVG Scheme is designed to deliver a fair and consistent system that will help to ensure that those who have regular contact with children and protected adults through paid and unpaid work do not have a known history of harmful behaviour. The scheme is intended to be quick and easy to use, reducing the need for PVG Scheme members to complete a detailed application form every time a disclosure check is required and strike a balance between proportionate protection and robust regulation and make it easier for employers to determine who they should check to protect their client group.

During the first year after its “go-live”, the PVG Scheme will only be available for those joining the vulnerable groups’ workforce for the first time, moving posts or whose circumstances have changed. The whole of the current workforce will be phased into the scheme over the following three years. Th

Responding to Child Protection Concerns

- ❖ If you are Worried about a Child
- ❖ What to do if you have Concerns about a Child
- ❖ Making a Referral to Social Work/Police
- ❖ Taking a Referral
- ❖ Initial Enquiries
- ❖ Child Protection Case Discussion
- ❖ Pre-Birth Child Protection Conference

If you are Worried about a Child

Concerns about a child can arise in a number of ways, e.g. an accumulation of concerns, a single significant incident, observation of child/parent interaction or information from a relative or a member of the public.

The child may be living with or affected by:

- ❖ Problematic substance use
- ❖ Mental health / illness
- ❖ Disability
- ❖ Domestic abuse
- ❖ Neglect

There may be signs which cause concerns and could be an indication of a child being abused or neglected.

The child may:

- ❖ Have unexplained bruising or bruising in an unusual place
- ❖ Appear afraid, quiet or withdrawn
- ❖ Be afraid to go home
- ❖ Appear hungry, tired or unkempt
- ❖ Be left unattended or unsupervised
- ❖ Have too much responsibility for their age
- ❖ Be acting out in a sexually inappropriate way

- ❖ Be misusing drugs or alcohol

Not all children who are abused or neglected will display these signs and equally a child may display some of these signs and symptoms for other reasons.

What to do if you have Concerns about a Child

Children rarely tell if they are being abused. If a child tells something which suggests they have been abused or may be at risk of abuse this should never be ignored.

If a child or a young person gives you information that suggests that he or she is being abused or makes you worried about the child you should:

- ❖ Remain calm, no matter how difficult it is to listen to the child.
- ❖ Listen to the child and take them seriously. Reassure them they were right to tell.
- ❖ Keep any questions to a minimum, for clarification purposes, and never interrupt.
- ❖ Tell the child what you are going to do next and tell them that you are going to have to speak to someone who can help.
- ❖ As soon as is practical write down everything that the child has told you using the child's exact words if possible. Make a note of the date, time, place and people who were present.
- ❖ Act promptly and immediately report your concerns to your line manager or designated Child Protection officer.
- ❖ If there are possible Child Protection concerns report this immediately to the duty children and family social worker at the local office.
- ❖ If concerns are immediate it is necessary to immediately contact Social Work and the Police

Sometimes it can be difficult to know if a child is being abused or at risk of abuse. You might have general concerns about a child or they may have told you something.

If you are worried you should report your concerns to your line manager. You should seek advice from colleagues, managers, designated or named professionals or other agencies where appropriate, but these discussions should never delay emergency action to protect a child. It is also advisable that at this point you check your agency's own Child Protection procedures.

These concerns should be written down whether or not further action is being taken and should include a note of the date and who took part in the discussion. At the close of discussion there should be clear and explicit agreement about who will be taking what action, or that no further action will be taken.

A suspicion of abuse may take the form of 'concerns' rather than 'known facts'. Concerns can and should be shared with Social Work colleagues through a **referral**. While concerns may not necessarily trigger a child protection referral in themselves, they may help build up a picture, along with concerns from other sources, which suggest that a child may be suffering harm, this is particularly the case for situations of **neglect**.

All staff should be clear that they are passing on concerns as part of their responsibility, and that this cannot be on an anonymous basis.

Making a Referral to Social Work/Police

If a child tells you something, or you suspect a child is being abused or at risk of abuse, you must report your concerns to your line manager immediately and consult your own departmental or agency Child Protection Procedures. If there are possible Child Protection concerns then a referral should be made to the Social Work services or, in an emergency, to the Police. This will either be made by your line manager or yourself depending on your organisation's procedures and structure.

Referrals should be made to the Social Work services as soon as a problem, suspicion or concern becomes apparent. Referrals should be made to the duty team in the relevant area or in an emergency to the Police, stating clearly that you want to make a child protection referral and then follow up the referral in writing by fax, letter or your agency's referral form.

Outside office hours, referrals should be made to the **out of hours**, Social Work services or the Police.

Wherever possible pass on the following information. **Don't delay** your referral though if you don't know all of this.

Don't delay

referral and ensure you pass on the following information::

- ❖ Your name, contact details and agency and your involvement with the family
- ❖ The child's full name, age, date of birth and address. The child's current whereabouts and who they are with and what you are concerned about The name, age and address of the child's main parents/carers?
- ❖ Any adults who have care of the child
- ❖ Who it is thought may have harmed the child or may pose a risk to them, and where and what may have happened?
- ❖ Is the child in imminent danger?
- ❖ Are any other children who may also be at risk? Do you have their names, DOB, address etc?
- ❖ The name, age and address of any other person known to have information on the alleged or suspected abuse?

- ❖ Whether there are any other agencies currently involved with the family (if known) e.g. health visitor, teacher, school nurse or any other health professional involved with the family, including the parents/carers?
- ❖ Whether there have been any previous concerns about this child or other children in the household?
- ❖ Whether the child has any disabilities or special needs?
- ❖ Whether there are any cultural or religious factors which need to be taken into account?
- ❖ Whether the parents are aware of the concerns and if so what is their reaction?

The name of the person receiving the referral in the relevant agency should always be requested and a record of this kept.

It is important that you make your referral as soon as you have decided that this is the appropriate course of action.

It is important that agencies are kept informed about what is happening and that **feedback** is given to the referrer on action taken. The Social Worker will send out a written response to the referrer with the agreed action resulting from the referral whether it has resulted in a Child Protection investigation or any other outcome within 10 working days. If the referrer does not receive this they should telephone the agency the referral was made to and request feedback.

When a referral has been received one of the following decisions may be made:

- ❖ Child Protection Procedures are invoked
- ❖ Single agency assessment/support
- ❖ Multi-agency assessment (IAF)
- ❖ No further action required

It is the responsibility of each individual professional to ensure that their Child Protection concerns are taken seriously and followed through. Each individual is accountable for their own role in the Child Protection process and if a professional remains concerned about the child he or she should re-refer the child and consider bringing the matter to the immediate attention of the senior social worker with responsibility for the case or duty Senior Social Worker for the area. In all such situations, the professional's own line manager should be informed.

Taking a Referral

All referrals alleging that a child may have been abused or may be at risk of serious harm must be given priority and **initial enquiries** made immediately.

Child Protection referrals should be taken by an experienced child and family Social Worker, reception services worker or Police Officer knowledgeable in Child Protection procedures.

Within Children and Family Social Work the relevant manager should also be informed about the referral immediately. The worker taking the referral should try to gather all of the following information from the referrer, and write it down, along with the date, time and method of referral.

- ❖ Your name, contact details and involvement with the family
- ❖ The child's full name, age, date of birth and address. The child's current whereabouts and who they are with and what you are concerned about
- ❖ The name, age and address of the child's main parents/carers?
- ❖ Any adults who have care of the child
- ❖ Who it is thought may have harmed the child or may pose a risk to them, and where and what may have happened
- ❖ Is the child in imminent danger
- ❖ Are any other children who may also be at risk? Do you have their names, DOB, address etc
- ❖ The name, age and address of any other person known to have information on the alleged or suspected abuse?
- ❖ Whether there are any other agencies currently involved with the family (if known) e.g. health visitor, teacher, school nurse or any other health professional involved with the family, including the parents/carers?
- ❖ Whether there have been any previous concerns about this child or other children in the household?
- ❖ Whether the child has any disabilities or special needs?
- ❖ Whether there are any cultural or religious factors which need to be taken into account?
- ❖ Whether the parents are aware of the concerns and if so what is their reaction?

When Social Work services receive information indicating concerns about a child, this initiates an assessment of whether that child is in need of protection. Even if the child is not in need of protection, he or she may be in need of other services to promote their wellbeing.

Decisions about whether or not the information provided should lead to formal Child Protection processes are the responsibility of the Senior Social Worker. Decisions about how child protection concerns will be responded to should be made as soon as possible and not later than 24 hours from the initial contact. It is the responsibility of the Senior Social Worker to ensure that the case is allocated and assessment and action commences.

It may be necessary to gather **further information** and undertake an analysis of risks and needs before decisions can be made about how to proceed. In some cases, this can be done quickly. It is essential that information regarding allegations or suspicions of abuse is recorded as fully and as accurately as possible as this also forms the first phase of the initial enquiries. The worker receiving the referral should read back to the referrer the written record of the referral, together with any interpretations being made of the information that has been given.

When taking a referral from the public the referrer will be advised that all information received will be treated seriously and with discretion. They should be advised that they will receive a written response to their referral within 10 working days.

Members of the public have the right to make a referral without giving their name but they must be advised that this may cause difficulties in establishing whether or not a child is at risk of abuse.

Initial Enquiries

The Social Worker coordinating the initial enquiries will approach other agencies with requests for information e.g. Police, Education, Health etc. The worker should make clear the nature and purpose of the request, and record the request and the response in writing. However the Social Worker should contact the Police early in the process to discuss whether a joint or single agency response is appropriate.

The safety of the child takes precedence over the need to maintain professional confidentiality. It is the responsibility of each agency or individual worker to contribute all the relevant information when requested and not just edited highlights.

The focus at the initial enquiry stage is about whether abuse has taken place or the child is at risk of abuse. Consideration will also be given to the immediate risk or danger to the child. Where there is immediate risk to the child there may be need for police to take immediate action to protect the child. There should be ongoing assessment of the risk to the child and appropriate consideration given to the use of emergency protection measures as necessary. No single definition of the degree of concern or level of risk can be given. It will remain a complex matter, subject to professional judgment based on an assessment. In assessing significant harm, a number of factors should be considered:

- ❖ the duration and severity of the abuse;
- ❖ the actual, or potential, impact on the child's health/development/welfare;
- ❖ the context of any alleged incident: age of the child, level of understanding;
- ❖ parental attitude and willingness to co-operate;
- ❖ the presence or absence of any protective factors;
- ❖ the child's reactions and/or view.

Once the initial enquiries have been completed Social Work services in partnership with other agencies will have the following options:

- ❖ Child Protection procedures are invoked
- ❖ Single agency assessment/support
- ❖ Multi-agency assessment (IAF)
- ❖ No further action required

Initial enquiries will be made by Social Work to establish whether a **child is in need of protection**. Decisions about how child protection concerns will be responded to should be made promptly and not later than 24 hours from the initial contact. These initial enquiries should commence immediately and be completed as soon as possible following the referral being received. The focus of the initial enquiries should be the safety and welfare of the child. Even if the reason for a referral was a concern about abuse or neglect which is not subsequently substantiated, a family may still benefit from support and practical help to promote a child's health and development.

Information may already be available if a **referral** is received about a child already known to Social Work or another agency. Decisions made following the new referral must take account of all the known information and the work currently being undertaken and of any assessment already made including the possibility of a **Getting It Right For Every Child (GIRFEC)/Integrated Assessment Framework (IAF)**

The Initial enquiries will consider and record information available from other agencies known about the children and family, including:

- ❖ Adding to what information is already known about the child and their family
- ❖ All names, alternative names and dates of birth of adults and children in the family and in the household
- ❖ Details of those holding parental responsibilities
- ❖ Other significant information including legal status of the children
- ❖ Checks of social work records in respect of family members, including the **Child Protection Register**, to identify any previous contact and concerns
- ❖ Contact with the police to determine whether any information about adults in the household may heighten concerns, and whether a criminal offence may have been committed or is likely to be committed and that the police would wish to pursue through a **joint investigation**
- ❖ Contact with staff from relevant agencies who are already involved with the child and family, including health and education to establish their present involvement and views of the current concerns.
- ❖ Following the initial enquiries there will be four possible outcomes:

- ❖ No further action
- ❖ Referral for support services if preliminary enquiries have revealed significant unmet needs for support and services and the consideration of a Reporters referral.
- ❖ A Child Protection investigation is required to protect the child.
- ❖ A further assessment

If it becomes clear during the initial enquiry process that a child is in need of immediate protection and formal Child Protection action is required then Social Work services will initiate a Child Protection investigation.

If the outcome of the investigation is that a **Child Protection Conference** needs to be held, this should be no later than 21 calendar days from the notification of concern.

Child Protection Case Discussion

Sometimes it is necessary to convene a child protection case discussion at the initial referral stage if a case is particularly complex in order to **share information** and agree the next course of action. A Child Protection case discussion would be required when there are particularly complex Child Protection concerns which require further clarification. Strengths within the family and the family's capacity to co-operate with agencies should be discussed.

The Child Protection Case Discussion may take place in the following cases for example:

- ❖ Accumulation of concerns
- ❖ Sibling abuse, multiple abuse involving a number of children, internet abuse, child trafficking,
- ❖ Cases of **sexual abuse**
- ❖ Inter-generational or institutional abuse
- ❖ Allegations against foster carers/staff members

Any agency may contact Social Work Services to request a Child Protection Case Discussion on a child about whom they have particular concerns. Social Work Services in discussion with the referrer will then make a decision as to whether to proceed to a CP Case Discussion or not. Referrer will be advised of the decision to proceed or not and provided with detail of rationale for supporting either course of decision.

Pre-Birth Child Protection Conference

A pre-birth Child Protection Conference may be convened when there is considered to be risk of harm to an unborn child and future risk upon the child's birth. A pregnancy may be considered high risk if one of the following circumstances exists within the household:

- ❖ Parental substance misuse
- ❖ Learning disability
- ❖ Domestic abuse
- ❖ Serious mental health issue
- ❖ Previous history of child abuse or neglect

The Senior Social Work manager should consider convening a Pre-birth Child Protection conference about an unborn child if there appears to be risk of significant harm to the unborn child and/or when he/she is born.

Where serious professional concerns arise about the likelihood of harm to an unborn child, through abuse or neglect, these should be discussed at a pre-birth Child Protection Conference, at no later than 28 weeks pregnancy, or in the case of late notification of pregnancy, within 21 calendar days of the concerns being raised. Where an unborn child is considered to require a child protection plan to cover the period of birth, their name should be placed on the child protection register, together with the indicators of risk or concern.

The Pre-birth Conference can consider the following:

- ❖ Tasks to be undertaken by agencies to support and prepare parents before the child's birth
- ❖ Whether the child's name should be placed on the Child Protection Register.
- ❖ Whether there is a need for a Child Protection Case Conference & consideration of Registration post birth
- ❖ Seeking a Child Protection Order at birth

Parents and or carers should be invited to a Pre-birth Child Protection Conference and should be fully involved in planning for the child's future, unless this would increase the risk of harm to the unborn child, e.g. increase the risk of violence to mother and unborn child, prompting the family to avoid contact with the ante-natal services or move out of the area.

Child Protection Investigations

- ❖ Planning and Joint Social Work and Police Investigation
- ❖ Alerts to the Child Protection Register
- ❖ Communication with the Standby Service
- ❖ Child Protection Messaging System
- ❖ Social Work out of Hours
- ❖ Initial Referral Tripartite
- ❖ Complex Cases
- ❖ Pre-Interview Briefing Meeting
- ❖ Joint Investigative Interview

- ❖ Debriefing
- ❖ Requirements of Evidence
- ❖ Child Witness
- ❖ Decision after the Joint Investigation
- ❖ Possible Outcomes Following Investigation
- ❖ Feedback to Referrer
- ❖ Medical Examinations
- ❖ Medical Reports

Planning a Joint Social Work and Police Investigation

The primary purpose of the investigation is to establish the facts of what, if anything, has happened to the child and to assess the levels of risk. Thought must be given about any immediate action required to protect the child.

When an allegation or concern has been received that indicates a child may be at risk of significant harm and formal Child Protection action is required, then Social Work and the police have a duty to investigate and take necessary action to protect the child.

While Social Work and Police have statutory responsibility to undertake child protection enquiries, it is the role of Health Professionals to consider the health needs of a child. Where it is decided that further child protection enquiries are necessary, relevant health services must be consulted about the possible health needs of the child.

The Senior Social Worker and the appropriate Public Protection Unit supervisor will make contact to share information and agree whether a joint investigation is required and:

- ❖ who will be responsible for co-ordinating the joint investigation,
- ❖ whether there is a need for a full multi-agency planning meeting,
- ❖ whether a **Joint Investigative Interview** is required
- ❖ who should undertake the joint briefing meeting between Social Work and Police pre-interview,
- ❖ who is responsible for conducting the joint investigative interview,
- ❖ who is responsible for the **de-briefing**,
- ❖ make decisions as to how to proceed with supportive/protective interventions in order to protect the child

The Senior Social Worker and the Police Public Protection Unit supervisor will agree who should investigate the **referral**. The decision will either be for a joint investigation or alternatively a single agency investigation by either the Police or Social Work. In all cases Police and Social Work will record all details of the referral, decision making and rationale, articulate risk and any control and counter measures required. Generally Social Work and Police will carry

out a joint investigation in cases where there is familial responsibility or current Social Work involvement with the child and family.

On occasion the need to investigate timeously can dictate the need for a single agency investigation. Good practice would dictate that this would be the exception rather than the rule. The reasons for conducting single agency investigations should be recorded.

All information received about a child in need of protection will be logged on the Police logging system even when Police are not involved in the investigation. The necessary **initial inquiries** must be undertaken and recorded on both Police and Social Work computer systems. These must include discussions with Health, Education or any other relevant agencies as well as the decisions agreed between the designated workers for Social Work and Police. These records will document the 'risk assessment' having regard to the current or future danger to the child or children at the time of referral.

Alerts to the Child Protection Register

Where it seems that a child has or may have been abused the social worker should contact the central child protection register and the local register and place an alert by telephone. The information will be taken by appropriate staff who will record it on the appropriate form. The local office social worker may use Form CP11.

If it is thought that a crisis is likely to occur out with normal working hours the social worker should advise the team leader and place an Alert with the Standby Service using the appropriate form. (see Form CP11).

If a child protection investigation is undertaken in relation to a foster carer, the investigating authority must notify the authority where the foster carer lives and alert them to any concerns regarding any other children in the family. The investigating authority must also notify the managing authority of the foster care resource (if different).

Where a decision to continue a Child Protection Case Conference and delay registration is made the case will continue on alert at the child protection register and the same supports should be provided to the family as would apply to a registered case, including the allocation of a social worker.

If the family of a registered child moves suddenly without leaving any indication of their new address the social worker should immediately inform the team leader. The team leader should immediately advise the relevant fieldwork manager. If the child is the subject of a supervision requirement or current proceedings within the Children's Hearing system, the team leader should immediately notify the Authority Reporter. The social worker should place an alert with the child protection register (central and local).

Communication with the Standby Service

There are four points of communication with the Register and Standby Service.

- ❖ a check to see if the family is known (this is not an alert)
- ❖ notification of an ongoing investigation (Form CP12)
- ❖ notification of registration (Form CP13)
- ❖ alert to possible child protection problems which may arise out of hours and advice to Standby on what to do. This is an alert to the Register. (Form CP11)

It is important to notify Standby and the local register when an alert is no longer required.

(Form CP14)

Child Protection Messaging System

The Child Protection messaging system being developed in some areas has been devised to assist agencies in being aware of Child Protection activity with regards client's children through messages displayed on Carefirst/SWIS and other computerised systems. There are six different message types that can be displayed to alert staff that Child Protection activity exists or has existed for the child.

This system is currently being introduced on a rolling programme by Local Authorities. The intention being that it will improve inter-agency communication and information sharing. The programme will enable Health Boards, Local Authorities, Police and voluntary agencies throughout Scotland to work in partnership with each other and address the need to integrate services in order to improve the best outcomes for staff and clients.

Social Work out of Hours

The social worker should contact the relevant social work manager. The home telephone numbers of these personnel can be obtained through their organisations. The following are the public numbers:

West of Scotland out of hours number on 0800 811505

North Lanarkshire (out of office hours, week ends and holidays) 0800 1214114

South Lanarkshire (out of office hours, week ends and holidays) 0800 6783282

The procedures outlined above would then be followed by accessing the Department's 'outwith working hours emergency contact list' which contains details of how to access Legal Services, the Sheriff Clerk and the Sheriff.

In the absence of a legal representative, it should be the Service Manager, Children and Families, or equivalent who will make a decision regarding the application.

Initial Referral Tripartite

Once Social Work and the Police have agreed a **joint investigation** is necessary they must have an initial referral tripartite discussion. This may:

- ❖ identify that further information is needed, or
- ❖ that further checks need to be carried out, or
- ❖ it may identify immediate risks, in which case urgent action will be needed.

An Initial Referral Tri-partite Discussion is an agreed procedure between Health, Social Work and Police whereby in every Child Protection investigation the responsible Social Worker will phone the relevant Health Child Protection Advisors who will start to gather and share additional Health information on the child/ren and adult/s available from data searches across Health record systems.

See below for Child Protection Committee Protocols:

Argyll & Bute CPC:

www.argyll-bute.gov.uk/abcpc

Dumfries & Galloway CPC:

<http://www.dgcommunity.net/dgcommunity/MiniWeb.aspx?id=295>

East Ayrshire CPC:

<http://www.eastayrshire.gov.uk/ess/socialwork/ChildProtection/childprotectionconcerned3.asp>

East Dunbartonshire CPC:

<http://www.edcpc.org.uk>

West Dunbartonshire CPC:

<http://www.wdcpc.org.uk>

East Renfrewshire CPC:

<http://www.eastrenfrewshire.gov.uk/index.htm>

Glasgow CPC:

<http://www.glasgowchildprotection.org.uk/>

Inverclyde CPC:

<http://www.inverclydechildprotection.org/>

North Ayrshire CPC:

<http://www.childprotectionnorthayrshire.info/home.php>

North Lanarkshire CPC:

<http://www.northlanarkshire.gov.uk/index.aspx?articleid=10132>

Renfrewshire CPC:

<http://www.renfrewshire.gov.uk/ilwwcm/publishing.nsf/Content/Navigation-sw-ChildProtectionHomePage>

South Ayrshire CPC:

<http://www.south-ayrshire.gov.uk/childprotection/>

South Lanarkshire CPC:

http://www.southlanarkshire.gov.uk/portal/page/portal/EXTERNAL_WEBSITE_DEVELOPMENT/SLC_ONLINE_HOME/SLC_COUNCIL/PARTNERS/CHILD_PROTECTION_CMTT

While Social Work and Police have statutory responsibility to undertake child protection enquiries, it is the role of Health Professionals to consider the health needs of a child. Where it is decided that further child protection enquiries are necessary relevant health services must be consulted about the possible health needs of the child. In parallel with the gathering of information and initial assessment of risk and need this discussion should also cover the possible or likely need for a **medical examination** /comprehensive health assessment and if required who should conduct it and where and when it should be conducted. There should be no delay in proceeding with the Child Protection investigation whilst awaiting Health information unless it is imperative to the investigation.

Taking into account the advice from Health, Education and any other relevant agencies, the need for any medical examination, the designated persons in Social Work and Police will decide on the appropriate course of action regarding a single agency or **joint investigation**. (see **Medical Examination** section for further information).

Complex Cases

Planning meetings/ case discussions should be convened where it is felt appropriate e.g. complex cases, sexual abuse, inter-generational abuse, multiple alleged victims/perpetrators or when children have particular communication needs etc to share information and decide how best to progress investigation.

If needed and if no immediate risk has been identified there should be a planning meeting involving all of the relevant agencies, at which risks may be re-assessed and initial plans would be drawn up. Such plans would cover the handling of the interview. It may also be appropriate to plan at this stage for a **medical examination**.

The purpose of this meeting is to share in detail all information gathered, as well as the nature of the concern. A decision should then be made as to the course of action to be taken and time-scales set for those actions to be carried out. The meeting should then plan the management of the investigation and co-ordinate the gathering of necessary information.

Matters to be discussed

The Planning meeting should be used to:

- ❖ agree who will form the investigating team and their roles as interviewers;
- ❖ agree what action is needed immediately to protect the child, and to provide interim services or support while enquiries are taking place;
- ❖ share all available information
- ❖ agree the timing and location of the interviews
- ❖ agree plans to record the interview
- ❖ plan how the investigation should be handled, including the need for a **medical examination** and treatment.

This should be planned with appropriately trained medical staff and any appropriate medical report obtained
decide:

- ❖ who is to be interviewed,
- ❖ by whom,
- ❖ when,
- ❖ where, and,
- ❖ with what purpose.

This will include interviewing the original referrer if this has not already been done, and where appropriate:

- ❖ agree whether or not the investigative interview with the child should be visually recorded, with reasons for this decision.
- ❖ agree who else needs to be present at the **investigative interview** with the child;
- ❖ decide whether or not it is in the child's best interest to seek consent from the parents for interviewing the child if not record why not;
- ❖ obtain the child's permission to interview them and record that the child's views were sought
- ❖ if appropriate, decide who is to contact the parents and obtain **consent** for interviewing the child, any visual recording and medical examination;
- ❖ consider what steps should be taken if a parent or child refuses consent for interview or **medical examination**;
- ❖ consider the child's level of development, any disability or any language issues, and what arrangements might be needed to offer the child an interview in their language of choice;
- ❖ consider the needs and safety of other children who may be affected, e.g. siblings and other children in contact with the alleged abuser and whether to extend the investigation to include any of these other children. It is often appropriate to have medical examinations of all siblings;
- ❖ agree who will interview the alleged abuser and when;
- ❖ determine what information will be shared with the child and family members, unless such information sharing may place a child at risk of significant harm or jeopardise police investigations into any alleged offences;
- ❖ decide to whom the investigating team will report, with what frequency and how progress will be reviewed.
- ❖ safety of staff
- ❖ arrangements for **briefing and debriefing staff**
- ❖ record all interviews and sign them jointly.

All decisions reached at the investigation planning meeting and the basis for those decisions should be clearly recorded and agreed by the parties to the meeting. Copies of these records must be maintained on the respective agency systems.

If there is a disagreement on the appropriate response to a referral, the unresolved issues should be reported to senior officers in social work and the police in order to seek a consensus decision. These steps must be taken quickly and must not introduce undue delay into the process.

In some child protection investigations the need to protect the child means that often immediate action is required and there may be no time or need to co-ordinate a planning meeting. In these situations the senior social work and Public Protection Unit police supervisor may decide to move directly to a **pre-interview briefing meeting** with social work and police staff.

Pre-Interview Briefing Meeting

When undertaking a joint investigation Social Work and Police staff must be briefed together. Either the Senior Social Worker or the Public Protection Unit Police supervisor can undertake the briefing. This meeting will take place preferably face to face or in exceptional circumstances over the telephone. It should happen prior to the interview.

The purpose of the briefing is to ensure that those who undertake the interview are fully aware of all of the issues and to agree:

- ❖ The circumstances leading to the investigation
- ❖ The intended course of action to be taken
- ❖ What role the workers will undertake during the investigation

Specific guidance on conducting joint investigations is to be found in the **Scottish Government Guidance on Interviewing Child Witnesses in Scotland** and the **Association of Chief Police Officers in Scotland (ACPOS) Scottish Investigators Guide to Child Protection**, as well as each agency's Child Protection Procedures.

If there has not been time to have a planning meeting Social Work and Police staff should consider the issues outlined in the list under the previous Child Protection Investigation section as well as undertaking the specific planning for the joint investigation interview.

Joint Investigative Interview

An 'Investigative interview' is a formal, planned interview with a child, carried out by staff trained and competent to conduct it, for the purpose of gaining the child's account of events (if any) which require investigation. This interview should be child centred and sensitive to the child's needs.

The investigation team must be trained and have completed the Joint Investigative Interviewing Training (JIIT) approved by the Association of Chief Police Officers in Scotland (ACPOS) and the Association of Directors of Social Work (ADSW).

The main purposes of the investigative interview are:

- ❖ To learn the child's account of the circumstances that prompted the enquiry
- ❖ To gather information to permit decision making on whether the child in question, or any other child, is in need of protection
- ❖ To establish whether a crime has been committed
- ❖ To establish whether there is evidence to support a Ground for referral within the Children's Hearing System

If it is appropriate to interview the child, consideration and account must be taken of his or her:

- ❖ Age
- ❖ Physical and/or learning impairments
- ❖ Health and/or mental health issues
- ❖ Cognitive abilities
- ❖ Linguistic abilities
- ❖ Race, culture, ethnicity and religion
- ❖ First language
- ❖ Gender and sexuality
- ❖ Overall sexual educational/knowledge and experience
- ❖ Current emotional state

The investigation team must be clear prior to commencing the interview of the purpose and nature of the interview they are undertaking. It is important that this interview is not undertaken as a therapeutic interview.

Ordinarily the interview will be recorded by either by the means of contemporaneous notes taken by the non-interviewer or by visual recording in a specifically designated interview suite. It may be felt that due to the age, cognitive ability and communication that audio or visual recording should be used, if so then the appropriate permission to do this should be sought.

Parents should be given a copy of any available child protection leaflets, by the Social Worker, that outline why a child protection visit has taken place and what will happen next.

The child should be given a copy of any available child protection leaflets, by the social worker, that outline why a child protection visit has taken place and what will happen next.

Immediately the interview is concluded the investigation team must check, agree, sign and date the records any additions or modifications to the contemporaneous notes should be highlighted and similarly countersigned and agreed.

The original of the statement is retained by the Police and copied to Social Work, and stored as 'restricted'. Both Police and Social work staff should again update their own Child Protection paperwork and computer systems.

Click here for the [Guidance on the management of police information](#).

Debriefing

Debriefing of the investigation team is essential and is the responsibility of the identified Senior Social Worker or Police supervisor to ensure this happens. Ideally this would again happen face to face and include both agencies. It is a structured meeting during which both Social Work and Police designated workers are required to update the Senior Social Worker and the Police supervisor. The debriefing will allow those involved fully to explore and assess the information received and make a joint decision how to proceed and also discuss the impact of the interview on the workers.

As with the briefing meeting the debriefing meeting decisions should be recorded, signed and stored by both agencies and the outcome of the enquiry recorded in each of the agencies appropriate paperwork. If there are any further interviews of the child required then the investigation workers should be briefed on the purpose of this interview taking account any issues arising from the previous interview.

Requirements of Evidence

The legal frameworks for protection of children in Scotland can be dealt with through the Scottish Children's Reporter Administration (Reporter) or Procurators Fiscal's Office. These two processes can be accessed separately or may run in parallel depending on the situation. The Reporter and the Procurator Fiscal have different requirements regarding their required standards of proof. This is significant where issues of child protection are concerned. In considering a referral alleging abuse or neglect or a lack of parental care, the Reporter needs to be satisfied that there is sufficient evidence to establish it on the balance of probabilities, the standard of proof used in civil proceedings. That is the standard the Sheriff will apply in any Proof proceedings, if the Grounds for Referral put to a Children's Hearing are challenged.

The Procurator Fiscal will need a higher standard of proof in criminal proceedings against someone charged with an offence, the offence needs to be established to criminal proceedings standard of proof, 'beyond reasonable doubt'.

The **Reporter** is able to rely upon hearsay evidence (for example, a carer's account of a conversation with a child. Critically, the Reporter may be able to establish Grounds for Referral in Proof proceedings without having to call a vulnerable child witness. This is only likely to be the case when any interview with that child witness, and/or any supporting evidence, is of a sufficient standard.

It is important that practitioners are aware of these differences when they are providing information to the **Reporter** or the **Procurator Fiscal**. Best evidence is required in both cases, but the Reporter may be able to establish a case and protect a child with evidence that would be insufficient in criminal proceedings (i.e. meets the standard on 'balance of probability').

Child Witness

If an allegation of child abuse or neglect proceeds to prosecution, the Social Work Services staff should discuss with the Police any concerns about the risk of further abuse or interference with witnesses in the case, so that such matters can be considered by the Police and Procurator Fiscal when decisions are being taken by the court about bail and any conditions which may need to be attached to bail, if granted. The sheriff will decide whether to grant bail or not.

If an alleged perpetrator of abuse is to be prosecuted, child victims should always be provided with support and information and prepared for the experience of being a witness in court. The local authority and other agencies need to consider a range of issues if the child needs counselling or therapy before criminal proceedings are concluded. The needs of the child are paramount, and counselling should not be withheld solely on the basis of a forthcoming prosecution. Agencies must consider the potential impact of an unsuccessful prosecution or the impact of cross-examination of a child, and the implications for future protection of that child and others if a prosecution does not succeed.

Any therapeutic intervention must always be discussed with the [Procurator Fiscal](#) before proceeding and [National Guidance on therapeutic interventions in investigation](#)). Where counselling does take place, the person(s) offering counselling may be called as a witness to explain the nature, extent and reasons for counselling. Any counselling support must focus around advice to keep the child safe and not be directly about the actual abuse as this may be viewed as rehearsing or corrupting evidence with a witness.

Welfare agencies Workers should discuss this with the Procurator Fiscal so that he or she can be aware of the potential impact of such counselling on any criminal proceedings. In order to alleviate the stress for a child giving evidence special measures may be put in place, including a support person present, the use of screens to hide the accused from the child, or a live television link when the child is giving evidence. Attention should be paid to the vulnerable witnesses legislation and guidance. The child may also give evidence on commission.

For further information refer to:

[Vulnerable Witness \(Scotland\) Act 2004](#)

and:

[Special measures for vulnerable adults and child witnesses; a guidance pack \(2005\)](#)

Decision after the Joint Investigation

The Social Worker will, in partnership with relevant agencies, continue to consider the necessity of any protective or welfare considerations required throughout the investigation. The outcome of the investigation will be incorporated

into any agency records/computer systems and a CP1 Child Protection form will be completed. All relevant information gathered during the investigation will be recorded on the CP1 including, details of the initial referral, family background, strengths and areas of concern, assessment of risk and the needs of the child. It will also include a recommendation of any further action required to protect the child and whether a Child Protection conference is necessary to and ensure their safety and wellbeing in the future.

Assessment is an ongoing process and continues once the investigation is complete. Information gathered during the investigation will support ongoing assessment processes which will consider the needs of the child and future risk and the information can support any integrated assessment processes/GIRFEC assessments. All information gained in the investigation process should be fed into, and form an integral part of, any ongoing GIRFEC/IAF assessment process including risk assessments.

The guidance for carrying out an integrated assessment is contained within the National GIRFEC/IAF guidance:

<http://www.scotland.gov.uk/Publications/2008/09/22091734/0>

It provides a structure for helping to collect and analyse information obtained within the child protection investigation. It involves assessing the needs of a child and the capacity of their parents or carers or wider family networks adequately to ensure their safety, health and development.

Possible Outcomes Following Investigation

After the debriefing the relevant Senior Manager in Social Work will decide whether a Child Protection Conference is required. The Senior Social Worker will ensure that the CP1 is completed by the designated Social Worker within 5 working days on the completion of the investigation. The reasons for holding or not holding a Child Protection Conference will be recorded and countersigned by the Senior Social Worker and designated Social Work manager. The Senior Social worker will ensure that all appropriate agencies and significant people are informed of the outcome of the investigation. The initial Child Protection Conference should be held as soon as practicably possible and no later than 21 calendar days from the notification of concern.

Following the Child Protection investigation, the Senior Social Worker will make the decision as to what action is necessary to protect the child and decide upon one or more of the following courses of action:

- ❖ No further action
- ❖ Single agency action (e.g. Social Work support services)
- ❖ Multi-agency assessment
- ❖ Initial Child Protection Conference.

- ❖ Emergency actions and/or measures to protect the child if he or she is thought to be at imminent risk of significant harm.
- ❖ Referral to SCRA

All decisions made should be clearly recorded and signed by those making the decisions.

Feedback to Referrer

Once the outcome of the child protection investigation is known feedback should be provided to the referrer. If the **referral** has been received from a member of the public, this feedback should be in a manner consistent with respecting the confidentiality of the child and the family.

In some cases, the referrer may wish to challenge the outcome of their referral. Professionals should make representation via their own line manager and also by reporting their concerns to the senior manager in Social Work responsible for child protection. Members of the public should be advised to use the agency complaints procedures.

Medical Examinations

Consideration should always be given to the need for a medical examination of each child about whom there are concerns. There should be close liaison with Health Police and Social Work to avoid the need for repeated medical examination for investigative purposes. Social Worker and the Police coordinating the investigation should discuss the need for a medical examination as part of the **Initial Tripartite Referral Discussion** with Health colleagues and if it is agreed that it is required Health Services and Police should identify a suitably qualified paediatrician or forensic medical examiner, and agree the timing and location of the examination.

Although a medical examination is not a requirement in every investigation, it needs to be considered regardless of whether the child has any apparent or visible injuries or appears neglected. The medical examination should be dispensed with only where the Appropriate Health professional determines that the child's health and welfare is not at risk and those managing the investigation are satisfied that they can achieve the purposes of the investigation without it.

Those reasons will need to be clearly recorded.

The Initial Referral Tripartite Discussion involving Social Work, Police and Health should consider:

- ❖ Whether or not a medical examination or assessment is required and what it is likely to achieve?
- ❖ What type of medical is required?
- ❖ Who should conduct the medical?
- ❖ Where it should be conducted?

- ❖ When it should be conducted?

The types of medical examination/assessments which should be considered include:

- ❖ Medical examination to determine the level of injury and need for forensic/paediatric examination.
- ❖ Forensic/paediatric examination.
- ❖ Comprehensive medical assessment conducted by a paediatrician which may identify the need to involve a range of specialist health services i.e. paediatric follow up, psychological assessment, dentist etc.

The purpose of any medical examination or assessment is:

- ❖ to ensure the child's condition is medically assessed and treatment given as appropriate;
- ❖ to re-assure the child as to his or her well-being;
- ❖ to obtain an assessment about possible indications of abuse;
- ❖ to ensure that any injuries or signs of neglect or abuse are noted for evidential purposes;
- ❖ to secure forensic evidence.

The child's welfare is the paramount concern and the gathering of evidence must not become an additional source of discomfort in the child's life.

The need for forensic evidence to be obtained should always be considered as secondary to the need for medical treatment of a child.

If the referral concerns **physical injury** or severe **neglect** a medical examination should be arranged, if possible, the same day. In cases of any alleged **sexual abuse**, which is reported to have occurred within the previous 7 days, a medical examination should be considered, as a matter of urgency. This will be to protect the health of the child and to secure and preserve evidence. Where a medical examination is required but not immediately, this can be arranged to suit the child, family and relevant professionals.

Consideration must also be given to the need for any other connected children in the household to be medically examined.

The examination is both clinical and forensic and should only be undertaken by a suitably qualified paediatrician and, or a forensic medical examiner. A joint examination may be necessary in some cases.

The investigating team should fully brief the examining doctor. Appropriate **consent** for examination must be obtained, ideally by the doctor undertaking the examination, prior to any examination.

The Age of Legal Capacity (Scotland) Act 1991 provides that:

'a child under 16 may consent to any surgical, medical or dental procedure or treatment where, in the opinion of the medical practitioner attending him or her, the child is capable of understanding the nature and possible consequences of the procedure or treatment.'

The converse is also true, in that they can also refuse or withdraw consent. If the child refuses to give permission, the medical examination cannot go ahead, unless there are urgent of life threatening medical needs. However, the examining doctor may submit notes based upon any observation of obvious injury, behaviour and so on.

Where parents/carers withhold consent and the child is unable to give informed consent, then the following possibilities should be considered:

- ❖ The Procurator Fiscal can consider obtaining a warrant if a medical examination is thought to be necessary for the purposes of obtaining evidence in criminal proceedings.
- ❖ The local authority can apply for a child assessment order.
- ❖ The local authority can apply for a child protection order.

Where the child is not deemed to have sufficient understanding as aforesaid and parental permission is not granted, consideration may be given to an application to a Sheriff for an order as stated above.

If the child expresses a preference for a male or female doctor, whenever possible, the examination should be carried out by a doctor of that gender.

If the child asks for a particular person to go with them to the examination, this should be considered and facilitated if possible.

The doctor should explain the purpose of the examination to the child. The child (unless he or she has given an informed refusal) should have a parent or supportive adult present during the examination. The child needs to be told that information gained by examination will be shared with others and may also be read out in court or the children's hearing. The child and parents should always be offered the opportunity of discussing any health issues with a doctor experienced in this work.

A child (who is capable of giving consent) can still refuse to give consent to a medical examination or treatment even if a court order exists with a condition for medical examination.

If the medical and forensic examination concerns **sexual abuse** of a child under 16, the informed **consent** of the non abusing person with parental responsibility and, where appropriate, that of the child/young person must always be obtained in writing. If the Police or Health practitioner conducting the medical requires to take photographs of the child's injury/ies additional consent must be sought from the child/young person.

In exceptional circumstances where it would not be in the best interests of the child to seek the consent of a parent or carer before the medical examination, legal advice must be sought.

Medical Reports

All **medical examinations** must result in a clear and full report of the findings, including the doctor's interpretation and conclusions. These reports will be required by the other agencies involved in caring for the child and for the **procurator fiscal** and **Children's Reporter**.

Medical reports of joint forensic examinations should be given to the police, Reporter, and social work within 5 working days of the examination. A discussion of the findings will however have taken place immediately following the examination.

If a child protection order is being sought, a medical report should ideally be provided within 4 hours of the request.

Initial Child Protection Conferences

- ❖ **Child Protection Conferences**
- ❖ **Initial Child Protection Conferences**
- ❖ **Attendance at Child Protection Conferences**
- ❖ **Reports for the Conference**
- ❖ **Social Workers Report (CP1)**
- ❖ **Medical Reports**
- ❖ **Agenda**
- ❖ **Minutes**
- ❖ **Quorum**
- ❖ **Conference Chair**
- ❖ **Involvement of the Child's Parents/Carers**
- ❖ **Involvement of the Child**
- ❖ **Managing Sensitive Information**
- ❖ **Exclusion from Child Protection Conferences**
- ❖ **Outcomes of the Child Protection Conference**
- ❖ **Child Protection Registration**
- ❖ **Supplementary Use of the Register**

- ❖ The Child Protection Register
- ❖ Access to the Register
- ❖ The Child Protection Plan
- ❖ The Role of the Lead Professional

Child Protection Conferences

A Child Protection Conference should be convened as soon as practicably possible and no later than **21 calendar days** from the notification of concern.

Child protection conferences are an important stage in the child protection process and provide a useful forum for professionals to share information and make plans to protect the child.

There are four types of child protection conferences:

- ❖ An **initial child protection conference** considers the circumstances of a child or children who are not on the register and about whom there are serious concerns.
- ❖ A **review child protection conference** reviews the circumstances of a child or children whose name is already on the **child protection register** and should be held **within 3 months** of the initial CPCC and every **6 months** thereafter.
- ❖ A **pre-birth child protection conference**, considers the risks to an unborn child and future risks upon the child's health. This should take place no later than at **28 weeks** pregnancy or, in the case of late notification of pregnancy, **as soon as possible** after the notification of concern and, in any case, within **21 calendar days**.
- ❖ A **transfer child protection conference** considers arrangements to transfer cases when a family moves to another area.

Any agency or representative can make request to hold a child protection case conference by contacting the relevant senior manager in Social Work at any time. The decision to hold a case discussion/conference will be determined by Social Work and reasons and rationale supporting this decision provided to referrer in writing.

Initial Child Protection Conferences

The Initial Child Protection Conference brings together family members, the child where appropriate, and those professionals most involved with the child and family, following a **child protection investigation**.

Participants should be given a minimum of **5 calendar days** notice of the decision to convene a CPCC whenever possible.

The initial child protection conference purpose is:

- ❖ to objectively analyse, in an interagency setting, all the concerns and the information which has been obtained from the **child protection investigation**, and any ongoing initial assessment, core assessment and from previous knowledge of the family;
- ❖ to make judgements about the likelihood of a child or any other connected children suffering **significant harm** in the future i.e. the level of continuing risk;
- ❖ to decide what future action is needed to safeguard the child and promote his or her welfare and how to take this forward with what intended outcomes including the need for the child's name to be placed on the **child protection register**
- ❖ a **child protection plan** to be put in place.

The designated **chair** will meet with the child and parents or carers in advance of the meeting whenever possible to explain what will happen and answer any questions that they may have. This is in addition to the requirement for the designated social worker to prepare the parents or carers and child for attendance.

Once the decision has been taken to proceed to an Initial Child Protection Conference the designated Social Worker will be the responsible worker who will continue to support the child and family and liaise with all relevant other professionals up until and after the conference. This responsibility will continue until an allocated social worker is identified if that is deemed appropriate.

The designated Social Worker must:

- ❖ Continue to keep all relevant professionals informed regarding the progress and decisions made regarding the **child protection investigation**, seeking their views and agreeing actions necessary to support the child and family through this process.
- ❖ Liaise closely with the child and family by keeping them informed of the progress and decisions made regarding the investigation, seeking their views and agreeing necessary actions necessary to support them through the child protection process.
- ❖ Prepare the **child protection report (CP1)** and updating the relevant agency records e.g. computer system information etc. This report will include the details of the social work and police involvement and the assessment of significant harm and future risk to the child.
- ❖ Ensure that the CP1 report considers the need for compulsory measures and referral to the Children's Reporter.

The initial child protection conference will consider whether the child's name should be placed on the **Child Protection Register** and a **Child Protection plan** developed. The Child Protection plan should agree, actions and by whom and when. This will include the need for further assessment and how this will be carried out.

Social work services are responsible for convening, **Chairing** and **minuting** the initial child protection conference. The responsibility for organising the conference lies with the designated social work manager.

The designated Child Protection administrator in consultation with the designated **Chair** will arrange a date, time and venue for the conference within **21 days of the notification of concern**. If the designated Chairperson decides to convene an Initial Child Protection Conference outwith this timescale he or she must record the reasons for this decision in writing in the case file. Where possible the timing of the conference should take account of the availability of other agencies and family members.

Attendance at Child Protection Conferences

Participants should be given a minimum of **5 calendar days** notice of the decision to convene a CPCC whenever possible.

Those attending conferences should be there because they have a contribution to make arising from professional knowledge of the child or family or circumstances of the concern or both. Attendance should be limited to those who need to be there. Whilst the **Chairperson** will set out the focus and parameters of the conference each participant should be clear about the reason for, and the purpose of the conference, why he or she is present, and their current involvement with the child and family.

The appropriate designated Social Work Chair, in conjunction with the senior social worker, will decide who to invite.

Consideration should be given to inviting the following:

- ❖ The child
- ❖ Parents, carers and family members, including all those with parental responsibility
- ❖ Social Worker and other social work staff who have undertaken an assessment of the child and family
- ❖ the Police
- ❖ A representative of the child's school or nursery and any other education staff involved with the child e.g. school based Social Worker, educational psychologist or youth worker.
- ❖ Relevant primary and acute health professionals
- ❖ Child and Adolescent Mental Health Services
- ❖ Any other member of staff from the Social Work department e.g. Substance misuse workers/Family support workers/Criminal /Youth Justice worker's.
- ❖ Local authority legal services (child care)
- ❖ Adult mental health services/substance misuse services
- ❖ Social Work services Scottish Children's Reporter Administrator (SCRA)
- ❖ Voluntary Organisations e.g. Women's Aid, Children 1st, Barnardos etc

- ❖ Housing/support workers
- ❖ Children's Advocacy workers
- ❖ A representative of the Armed Services, in cases where there is a service connection.

Whilst it is important to ensure that all relevant professionals are in attendance, this needs to be balanced with the need to effectively engage the family in the process, in order that they understand the information being shared. Large meetings can hinder this.

Attending and being involved in a formal meeting where decisions are being made about parents and their children can be very difficult therefore it is crucial that the designated Social Worker must prepare the child and family beforehand. This will include reading and discussing the information contained within the Social Worker's CP1 report and ensuring that the child and parents or carers' views are available to the meeting. Any other written reports should also be seen by the parents or carers prior to the conference whenever possible.

The Social Worker should assist the child and parents or carers to complete the relevant Child Protection child and parents views forms to ensure that the child and parents' views are gathered using relevant electronic forms or written pro formas. The child and parent's views will be taken into account when decisions are being made. The parents and children should also be given a copy of any existing Child Protection leaflets and have these explained in order to know what exactly will happen at the **Initial Child Protection Conference** and what possible outcomes there could be.

Interpreters should be used where the family's first language is not English, or where anyone has additional needs because of a disability.

Professionals should let the Chair of the conference know as soon as possible any particular requirements for the conference, for example for sign or language communicators, separate attendance by family members and possible exclusions.

Reports for the Conference

All of those workers attending the **Initial Child Protection Conference** should prepare a written report or contribute to a composite report (e.g. IAF) stating their involvement with the child and their family. Those who are not able to attend should also prepare and submit a written report prior to the meeting or contribute to a composite report.

Each worker attending the conference should provide in their report their involvement with the family and their knowledge of the child's health and development as well as their view of the parents' capacity to protect the child and promote their welfare. Written reports or composite report should be given to the conference **Chair** before the conference. Each worker should arrange to explain and discuss the contents of their report with families at least 24

hours before the conference if possible. Agency representatives must come to the conference expecting to highlight the main points of the report they have prepared.

All children require their own plan and workers should address the needs of each child within the family separately even though only one report is produced. They should check their records for factual data such as immunisation history, clinic attendance, school attendance etc.

Relevant adult records should also be scrutinised. Any particularly sensitive information or information which may be confidential should be drawn to the attention of the Chair. Similarly, any professional concerns about possible violence or intimidation should be communicated in advance to the Chair.

Reports from all agencies or composite reports should include:

- ❖ basic information
- ❖ nature of involvement with the family
- ❖ knowledge of involvement in current incident/cause for concern
- ❖ chronology of significant events
- ❖ frequency of contact and date last seen for each child
- ❖ development details of each child
- ❖ background/previous concerns.
- ❖ Health personnel will collate relevant health information appropriate to that professional, including that pertaining to parents (and carers) as it affects parental capacity to adequately provide for the health, safety and welfare of the children.
- ❖ Education personnel will collate and check all relevant records, including school attendance and pastoral information.
- ❖ The Police will check records of all known adults who have a significant involvement with the child. Their report needs to contain all previous convictions.
- ❖ The Criminal/Youth Justice service will check records including licence conditions.
- ❖ Representatives of other agencies will prepare and provide written reports or contribute to a composite report as appropriate.

The views of children, parents/carers be sought and reflected in the relevant reports provided for conference.

Appropriate methods should be utilised to assist children and young people and those with communication difficulties to express their view and help inform conference decision making.

Social Workers Report (CP1)

The Social Worker's report will summarise and analyse the information obtained in the course of the child protection investigation and any historical information, or previous assessment.

Their report should include:

- ❖ the initial assessment and information from the work that has been done on child and family so far;
- ❖ a chronology of significant events and agency and professional contact with the child and family, including a timeline of the events which brought the case to the **Child Protection conference**. Areas where more information is needed should be highlighted;
- ❖ significant aspects of the child's current and past state of health and development;
- ❖ report of the Child Protection investigation and brief description of events;
- ❖ information on the capacity of the parents and other family members to ensure the child's safety from harm, and to promote the child's health and development;
- ❖ the expressed views wishes and feelings of the child, parents and other family members;
- ❖ assessment of risk and any child protection action taken;
- ❖ an analysis of the implications of the information obtained for the child's future safety, health and development;
- ❖ recommendations for future work with the child and family.

The report should distinguish between fact, opinion, observation, allegation and assessment and should include contributions from all relevant agencies.

Medical Reports

All **medical examinations** must result in a clear and full report of the findings, including the doctor's interpretation and conclusions. These reports will be required by the other agencies involved in caring for the child and for the **procurator fiscal** and Children's Reporter.

Medical reports of joint forensic examinations should be given to the police, Reporter, and social work within 5 working days of the examination. A discussion of the findings will however have taken place immediately following the examination.

If a child protection order is being sought, a medical report should ideally be provided within 4 hours of the request.

Agenda

The **Initial Child Protection Conference** will follow an agenda giving consideration to the following:

- ❖ the purpose and the tasks of the conference
- ❖ introductions, apologies, confidentiality, agency roles with the family
- ❖ circulation of reports
- ❖ details of the events leading up to the child protection conference
- ❖ information from the **child protection investigation** and any assessment to date including, areas of difficulty and stress and areas of strength and support within the family
- ❖ background information from all agencies, including past and present involvement
- ❖ a summary of all the main information, provided by the **Chair**
- ❖ the views of children and family members,
- ❖ consider whether or not to place the child's name on the **Child Protection Register**
- ❖ consider risks to any other children in the household
- ❖ consider the need for an appropriate comprehensive medical assessment/examination
- ❖ consider whether emergency measures are required to protect the child
- ❖ consideration of the risks of harm if the child remains at home, and explicit recommendations for how the risks can be managed
- ❖ consider the need for a referral to the Children's Reporter
- ❖ whether or not a claim for criminal injuries can be made
- ❖ consideration of the need for appropriate legal advice

The social worker will be asked to present the circumstances leading up to the child protection investigation and give an assessment of the risk of significant harm and the needs of the child. The Chair will then ensure that each participant provides a succinct synopsis of their report. The Chair or the social worker should update the meeting with any other information provided from key people who are unable to be present.

The Chair should ensure that the child and their parents or carers views are properly represented and taken into account.

Minutes

The written record of the conference is a crucial working document for all relevant professionals and the family. All child protection conferences, both **initial** and **review**, should have a trained administrator to take notes and produce the minutes of the meeting. The minute taker should have no other role in the conference and no involvement in the case and should have undergone training in Child Protection minute taking.

Members of the **Child Protection Conference**, should be able to use the Child Protection Conference minutes as a crucial working tool.

The minutes should include:

- ❖ the essential facts of the case;
- ❖ a summary of the discussions at the conference which accurately reflects contributions made and clearly distinguishes between fact and opinion;
- ❖ views of parent/s and child/ren
- ❖ a clear analysis of risk to the child;
- ❖ all decisions and recommendations reached, including responsibilities and timescales, with information outlining the reasons for decisions, including whether the conference decided to place the child or any other children in the family on the Child Protection register
- ❖ reasons for decision to refer or not refer to the Reporter
- ❖ identification of the key professionals responsible for the plan
- ❖ identify of the social worker and senior social worker
- ❖ an outline or revised **child protection plan** enabling everyone to be clear about their tasks;
- ❖ any dissension from the conclusions, decision or recommendations of the conference.
- ❖ appeals and/or complaints
- ❖ date of **review child protection conference**.
- ❖ where possible note of decisions of the conference should be formally provided to all relevant persons, including family and child within 24 hours

Minutes should be prepared to a consistent format, in line with the **agenda**, recording contributions, decisions and recommendations in a clear and concise manner allowing them to be traced and justified. They will be clear as to who was invited, who attended and who received copies of the minutes. If translation is required a revised copy of both the decisions and minute can be provided on request.

The **chair** should agree the accuracy of the minutes before they are distributed. A copy should be sent within five working days after the conference to all those who attended or were invited to attend, including family members, except for any part of the conference from which they were excluded (the protected period). The minutes should be marked 'Confidential' and 'For the attention of'

Conference participants who think that something in the minutes is inaccurate or an incomplete record or who are uncertain as to their meaning, should send their comments to the **chair** within ten working days of receiving the minutes. Any agreed changes should be recorded by the chairperson as an addendum to the minutes. The chairperson of the meeting will sign the final minute.

The minutes are confidential and should not be passed by professionals to third parties without the consent of the chair except where transfer is made to another office of the same agency. Minutes and other records associated with the **registration** process should be retained by the agencies receiving them in accordance with their record retention policies. In cases of criminal proceedings, the police may reveal the minutes to the Sheriff in accordance with the criminal procedure.

Parents who attend will receive a copy of the minute but no information from the protected period may be shared. Where parents do not attend an outline of the decisions and action points of the conference will be shared with them at the earliest opportunity.

The child will be supported to understand what is included in the minute by the social worker, and unless they are too young, will also be provided with a copy of the minute.

Quorum

A minimum of three agencies or professional groupings will normally need to be present before a conference can proceed. However, situations may arise whereby only two agencies or professional groupings are present. In these circumstances, the **Chair** has the discretion for the conference to go ahead as long as he or she is satisfied that all essential information is available, particularly from the key agencies involved. There should never be a single agency Child Protection Conference. All professionals and agencies who are invited to attend an **Initial Child Protection Conference** should submit a written report, whether or not they are able to attend.

Where a conference is inquorate it should not ordinarily proceed and in such circumstances the Chair must ensure that either:

- ❖ An interim single agency child protection plan is produced, and
- ❖ Another conference date is set immediately.

Any necessary protective action to secure the safety of a child at risk of significant harm must not be delayed because a case Child Protection conference is pending.

Conference Chair

The conference Chair must be:

- ❖ a suitably qualified Social Work manager of status and authority above senior social worker level
- ❖ trained in Chairing Child Protection conferences;
- ❖ someone with a good understanding and professional knowledge of Child Protection, children's welfare and development, and best practice in working with children and families;
- ❖ able to look objectively at and assess the implications of the evidence on which judgements should be based;
- ❖ skilled in Chairing meetings in a way which encourages constructive participation while maintaining a clear focus on the welfare and safety of the child.

The role of the Chair is to:

- ❖ meet the child and family members in advance, to ensure that they understand the purpose of the conference and what will happen;
- ❖ decide whether or not there are valid reasons for excluding any family members from attending the conference, either in part or in whole , if this request is made;
- ❖ ensure that the conference agenda is followed;
- ❖ enable all those present, including children and family members, to make their full contribution to discussion and decision making.
- ❖ ensure that the conference makes the decisions required of it in an informed systematic and explicit way;
- ❖ enable conference members to share all appropriate information and evaluate needs and risks;
- ❖ ensure that the conference focuses on the child and that the child's voice is heard;
- ❖ ensure that the conference is conducted in an anti-discriminatory manner and gives proper consideration to issues of race, culture, language, religion, gender and disability;
- ❖ ensure that dissenting views and reasons are recorded in full;
- ❖ clearly differentiate between fact, observation, allegation and opinion;
- ❖ draw together the views of the conference members and arbitrate where different views are being expressed;
- ❖ establish the opinions of each person in relation to the risk of harm and about placing the child's name on the Child Protection Register;
- ❖ ensure the conference decides whether to refer the child to the Children's Reporter for consideration of compulsory measures of supervision;
- ❖ take into account the shared contributions of attendees (but explain if required that it is an executive decision that lies with the child protection conference Chair);
- ❖ agree core group members
- ❖ outline the key objectives to be contained in the child protection plan, including specific allocated responsibilities, actions and timescales
- ❖ explain the process of dissent appeals and complaints; [click here for Dissent, Appeals and Complaints Guidance](#)
- ❖ be available after the conference to explain decisions to parents and children;
- ❖ take responsibility for the accuracy of the [conference minutes](#).

Where invitees fail to attend or make provision for delivery of relevant information, fail to submit reports or fail to participate fully in decision making, the Chair should report the circumstances to the appropriate line manager in their agency.

Involvement of the Child's Parents/Carers

Purpose of involvement

Parents should be encouraged to attend the conference because they have an important contribution to make. The importance of working in partnership with parents and family members underpins all child protection work and there is a need to establish openness and honesty between professionals and families from the outset of the child protection investigation.

Partnership with parents is an essential element for ensuring success in child protection work and a firm commitment to this principle is considered central to efforts to reduce or eliminate the potential of further abuse or risk of significant harm.

There is a need however to go beyond simplistic definitions of partnership and develop a critical and informed understanding of this in relation to child protection work. Practitioners must acknowledge the inherent conflict and power differentials present in child protection work and in all circumstances ensure the needs and interests of the child remain paramount.

The Child's needs are paramount, however, consideration has to be given to the separate needs of the parent/s and child. The chair is responsible for ensuring that both child and parent are given every opportunity to express their views while also appropriately managing. Adults (and any children) who wish to make representations to the conference may not wish to speak in front of one another, or information regarding another family or other highly sensitive information may need to be shared. It may not always be appropriate / possible to accommodate all family members at all times, particularly if one parent is the alleged abuser.

Preparing the parents or carers – the role of the Social Worker or other relevant worker

The social worker initiating the conference should inform the parents of the process that will be followed and ensure that they understand the purpose of the conference and who will attend. Attendance is not the same as participation. All family members attending the conference should be properly prepared by the social worker. As well as involving them in the Child Protection investigation this means:

- ❖ explaining the contents of the **CP1 report** and the recommendations, in good time for them to consider the contents
- ❖ explaining the report content
- ❖ including their views on the report, and
- ❖ ensuring they have received and had explained to them any existing Child Protection leaflets.
- ❖ explaining to them the nature and purpose of the CP Conference and who will be at the conference and what will happen.

If the involvement of parents is to be facilitated, they may need help in preparing for the conference (for example, in making written notes of what they want to say) as well as practical assistance with any child care or transport difficulties.

Parents should be offered the opportunity to bring to the conference a relevant person or other appropriate supporter, provided the person concerned is not a suspected or known abuser or it is not in the child's best interest to have that person attend. A parent or child can bring along a legal representative, however they will not be able to operate in a legal capacity. This should again, however, be subject to respect for the child's wishes and feelings.

Involvement of the Child

The Local Authority has a duty to promote the welfare of the child and, in relation to any decisions taken, to ascertain as far as is practicable his or her wishes and feelings and give due consideration to them, having regard to his or her age and understanding.

Consideration should always be given to whether it is appropriate for children and young people to attend Child Protection Conferences. Children should be encouraged and supported to attend conferences. Where attendance at the conference presents as distressing for the child. It may be more appropriate for a child to put their views and feelings in writing, and they should be given help with this, if needed.

If a child expresses an interest in attending the conference, the social worker should discuss the advantages and disadvantages of attending with them. The Social Worker should consider what attendance means in each situation, and what will be in the child's best interests. Some children will wish to be present just to hear what is said, while others will wish to contribute to the conference. The Social Worker should use what the child tells them to help decide whether they should attend.

When it has been decided that a child is to attend the **Initial Child Protection Conference**, the Social Worker should explain who will be in attendance and the purpose and the format of the meeting.

The role of the **Chair** is critical in enabling the child to make a positive contribution which is not harmful in any way. A child attending a conference should be given the opportunity to bring someone with them for support such as an advocacy worker, a friend or family member. Account must be taken of the child's language of choice, communication difficulties or any other special needs. The Chair should meet with the child beforehand, to ensure that they understand who will be there, what will happen, how they can contribute to the meeting. If a child is unhappy about the decisions of the meeting they should be offered support and advised how they can make a complaint, if they wish to.

After the conference, the Chair should offer to meet with the child to explain the decisions of the Conference. Where the child's name is placed on the **Child Protection Register**, this should be followed up with a visit by the social worker within 5 days of the conference. If a child disagrees with the conference decisions, he or she should be advised about their rights to appeal against registration decisions. They should also be advised about the complaints procedures and offered support through this process.

Parents should also be encouraged to support their child's attendance and contribution at the conference.

Any decision to exclude a child from the whole or part of a conference must be recorded in the minutes with reasons.

If it is decided that the child will not or does not want to attend the Initial Child Protection Conference the social worker wherever possible should ascertain the views or wishes of the child and represent them in the Initial Child Protection Conference. As the child's voice should be heard at the conference this could be done in a variety of ways following discussion with the child:

- ❖ a written statement which is read out on behalf of the child
- ❖ Being represented by an advocacy worker
- ❖ Choosing a child protection conference invitee from any agency to speak for them

Where a child or young person attends the full **Initial Child Protection Conference** he or she should receive a full copy of the minute unless it is considered not to be in their best interest. When a child or young person attends part of the Initial Child Protection Conference the Chair should send them a summary of the discussion and decisions.

Managing Sensitive Information

Anyone involved in an **Initial Child Protection Conference** may make a request to speak to the **Chairperson** where they have sensitive information which they may wish to share with other professionals, outwith the presence of the parents and or young person. This should make reference to the use of the protected period of the conference, as above.

This restriction of information should only be used in exceptional circumstances, which will include where there is information:

- ❖ that has only just come to light and has not been discussed with the parents; albeit consideration should be given to delaying the start of the meeting to provide the opportunity for discussion with the parents;
- ❖ of an evidential nature that may damage the investigation should the alleged perpetrator learn of it;
- ❖ which may put others at risk should it or the source of it come to light e.g. suspected domestic abuse/violence or information from a child;

- ❖ that is highly sensitive, and not known to all of the parties

Where possible and appropriate to do so information should be shared with relevant parties when received.

Exclusion from Child Protection Conferences

Parents or carers should be invited, where practical, to attend in part or in whole to the **Initial Child Protection Conference**. There must be very specific reasons for children and their parent or carer not to be invited and the reasons why must be recorded. When children or parents are not invited to attend they must where appropriate, be informed and given the reasons.

The social worker should discuss the exclusion of the parent or carers with the Chairperson at least 24 hours before the conference, and preferably earlier.

A decision to exclude someone from all or part of the Child Protection conference rests with the **conference Chair**.

The reasons for deciding to exclude someone from all or part of a conference include the following:

- ❖ there is strong risk of violence or intimidation at or following the conference
- ❖ the police, **Procurator Fiscal** (if criminal proceedings have begun) are concerned by an alleged perpetrator's attendance
- ❖ confidential information regarding another person needs to be discussed
- ❖ the police need to provide information which is sub judice
- ❖ there are serious concerns about the well-being of the family member should they attend
- ❖ someone is clearly under the influence of drugs or alcohol to the extent that their participation in the conference would be disruptive.
- ❖ a parent/adult has a bail legal restriction order
- ❖ it is not in the child's best interest for them to attend i.e. alleged perpetrator

In every instance where someone has been excluded, the Chair should record their reasons in the case file and the exclusion should only be for as long as is necessary. Other means of getting the views of the excluded family member, and reporting the outcome of the conference to them, should be offered.

Any professional can request the exclusion of a parent from the conference. The request must be made to the conference Chair at the earliest opportunity. The Chair should discuss the request with the relevant agency manager before coming to a decision about whether to exclude.

Where a parent has been excluded from the Initial Child Protection Conference

the Chair must make arrangements to meet with them to ensure that the decisions of the conference are fed back to them, preferably within 24 hours of the decisions being made.

Where parents attend the full Initial Child Protection Conference they should receive a copy of the conference minutes which should be sent within 5 working days of the conference taking place. When parents attend part of the Initial Child Protection Conference the Chair should send them a summary of the discussion and decisions within 5 working days of the conference taking place.

The decision about whether or not to send minutes should be made by the Chair of the conference after consultation with the relevant social work manager and the police. Reasons for a decision not to send minutes to relevant family members should be carefully recorded in the minutes.

Parents not attending the Initial Child Protection Conference should be encouraged to put their views in writing by completing the social work Child Protection parents/carers form.

Outcomes of the Child Protection Conference

The decision making process

The primary decision which has to be made at the conference is whether or not the child's name should be placed on the Child Protection register, and, if so, the following may be indicators of risk and reason for registration.

- ❖ Domestic abuse
- ❖ Parental alcohol misuse
- ❖ Non-engaging family
- ❖ Parental mental health problems
- ❖ Children placing themselves at risk
- ❖ Sexual abuse
- ❖ Physical abuse
- ❖ Child exploitation
- ❖ Emotional abuse
- ❖ Neglect
- ❖ Other concern (s)

Discussion at the conference can contribute to making this decision, as well as providing a basis for future planning for the child. The conference needs to establish as far as is possible the cause of the significant harm or of the

likelihood of future significant harm to the child. If the child name is placed on the **Child Protection Register** the conference will also agree an outline **Child Protection plan**.

The decision as to whether or not a child's name should be placed on the Child Protection register depends on the answer to the question, 'Has the child suffered or are they likely to suffer significant harm. Consideration also needs to be given to the relationship between the child and the suspected or alleged abuser.'

The child is at continuing risk of significant harm if either:

- ❖ The child can be shown to have suffered ill-treatment or impairment of health or development as a result of physical, emotional, or sexual abuse or neglect, and professional judgement is that further ill-treatment or impairment are likely; or
- ❖ Professional judgement, substantiated by the findings of enquiries in this individual case or by research evidence, is that the child is likely to suffer ill-treatment or the impairment of health or development as a result of, physical injury, physical chastisement, emotional, or sexual abuse or neglect.
- ❖ The conference will take account of the following process of decision making:
- ❖ The decision whether or not to include a child's name on the Child Protection Register will be arrived at via a process of information sharing and discussion which includes all persons present at the conference and any written reports provided, including reports from those unable to attend.
- ❖ The Chair will establish the opinion of each agency and professional grouping about placing the child's name on the Child Protection Register.
- ❖ The views of all individuals present including the views of parents and children will be taken into account at the conference..
- ❖ The ultimate decision to place the child's name on the Child Protection Register is an executive decision by the Child Protection **Conference Chair**. If anyone including the child or parent, attending the conference does not agree with the decisions made, they can have their dissent recorded within the minute of the conference. The Chair must bring the dissent to the attention of the Head of Service Children and families or the appropriate manager immediately and agree a course of action. The Head of Service should respond in writing to the dissenting person within 28 days.
- ❖ If a parent (or child) disagrees with the registration decision they can appeal this. They can also have their dissent noted in the minutes. Advice must be given on the appeal process. They should be advised that they must contact the Head of Service Children and families, Social Work within 5 working days. This should be in writing and a standard letter is available from the social worker for convenience. The social worker can assist with this if necessary. The Head of service will respond fully in writing to the person who made the appeal within 28 days.
- ❖ In very exceptional circumstances it may be appropriate to defer a decision about registration. The Chair must ensure that clear reasons are given for any decision to defer and are carefully recorded. The Initial

Child Protection Conference will need to be re-convened within 10 working days in order to make the decision, and, in the meantime, an inter-agency initial Child Protection plan to safeguard and promote the welfare of the child must be set out.

- ❖ The members of the Initial Child Protection Conference must ensure that the welfare and protection of the children is the primary focus.
- ❖ Where the child is considered to be at continuing risk of significant harm and their name is to be put on the Child Protection Register, the child will require multi- agency support and intervention delivered through a formal child protection plan, to be outlined in the conference.
- ❖ Even where the child is not considered to be at continuing risk of significant harm, the child may be in need of support to promote his or her development. Consideration must be given to the assessed need for compulsory measures of care and if required a referral should be made to the Children's Reporter. Compulsory measures of care are required when parents or carers or the child are unable or unwilling to engage with services sufficiently to address the risks and needs for that child, or where concerns about a child's welfare or behaviour cannot be addressed on a voluntary basis.
- ❖ In such cases, a copy of the Child Protection Conference minutes should be sent to the Reporter containing the decisions and reason for the referral. A copy of the **CP1 report** should also be sent. Where the concerns for the child do not reach threshold for registration or referral to SCRA consideration should be given as soon as possible to need for multi agency assessment and support plan.
- ❖ Participants should receive a copy of the minutes of the conference within **15 calendar days**.

When the decision is made that a child's name should be placed on the Child Protection Register, the Chair must contact the keeper of the local Child Protection Register and Standby services and ensure that the registration category is clearly identified and recorded, based on the assessment and discussions, describing the risk addressed by the agreed actions. The Chair must contact the keeper of the Child Protection Register and the central Child Protection Register immediately following the Initial Child Protection Conference to pass on the relevant details.

Throughout the child protection conference consideration must be given to any risks or needs which might affect other children within the household.

Child Protection Registration

Where a child has been significantly harmed, or is deemed to be at risk of significant harm, their name may be placed on the local Child Protection Register. CP Registers have no legal status but are a means by which agencies are alerted to children within their local area, who have suffered, or are at risk of suffering, significant harm and need a multi agency child protection plan to be put in place.

The **Child protection plan** is reviewed regularly through the **Core Group**. A formal review of the Child Protection plan takes place at the **Child Protection Review Conference** which will take place 3 months following the **Initial Child Protection Conference**. Further adjustments and reviews of the plan will take place at the subsequent Core Group meetings and Child Protection Review Conference.

The Child Protection Register provides information and contact details of children deemed to have been abused or to be at risk of future significant harm. The Child Protection Register is maintained by the Social Work department .

The Child Protection Register provides a central point of rapid inquiry for professional staff who are concerned about a child's safety, development or welfare.

The decision to place a child's name on the Child Protection Register should be taken by the **Chairperson** at an Initial Child Protection Conference, when there are reasonable grounds to believe or suspect that a child has been suffering, or will suffer, significant harm, and an inter-agency Child Protection plan is needed to protect the child.

Each local authority area has it's own Child Protection register containing the names and details of children in their area where there are concerns of future risk . Child Protection registers are held by each local authority.

Following the decision to register a child at the Child Protection Conference it is the responsibility of the Chair to contact the keeper of the local register and ensure that all necessary details are recorded on the register. These details must also be given to the out of hours Social Work Services. The keeper of the register should notify other relevant local authorities in writing when a registered child/family moves into, or out of, their area.

Use of the Register

- ❖ To make essential basic information readily available to professionals involved in Child Protection work and to assist in the identification and management of children who are considered to be at risk
- ❖ To provide a written record of all children in the area for whom there are unresolved Child Protection concerns and who are currently the subject of an inter-agency **child protection plan**.
- ❖ To provide statistical information about current trends in the area and to contribute to national collation of statistics concerning Child Protection.
- ❖ To facilitate the collation, recording and appropriate passing on of enquiries to the register;
- ❖ To ensure that a criteria for registration are uniformly applied

The Child Protection Register

The Local Authority Child Protection Register contains limited information on a child and family. It includes:

- ❖ The full names of the child, dates of birth and current and previous addresses of a child,
- ❖ The reason for registration (i.e. which **criteria** met). It is no longer necessary to specify a category of registration relating to the primary type of abuse and neglect. Instead, the register will record key areas of risk to the child.

During office hours the following information may also be available from Social Work:

- ❖ The full names (including maiden name) and addresses of parents or others caring for the child, the name and addresses of any other adult member of the household
- ❖ Religion, race, cultural and linguistic background.
- ❖ Legal status of the child, and any court or supervision requirements in force (the register should be amended on every change in legal status)
- ❖ The reason for referral, and whether the allegations of risk of significant harm have been substantiated. If appropriate, nature and circumstances of injury and by whom this was inflicted
- ❖ Also, names, addresses and telephone numbers of the general practitioner, social worker, other agencies involved and the dates of case conferences held.
- ❖ Whether the child has any disability and any special needs e.g. for assistance with communication.

Limited information on all children on the Child Protection Register can also be made available via Social Work **Out Of Hours** Service

Any changes of address or significant information which affects the child must be passed to the keeper of the register immediately it becomes known.

Access to the Register

Details of children whose name has been placed on the CP Register can be accessed by relevant agencies on a strictly 'need to know' basis. Social work services are responsible for maintaining the Child Protection Register and ensuring its accuracy. Information on children on the CP Register is available during normal working hours by contacting the local social work office and asking for the 'keeper of the register'. Out with working hours, weekends and public holidays, access to the CP Register is through local arrangements for out of hours social work services.

In the West of Scotland many local authority areas use Standby Social work services out of hours Tel: 0141 305 6930

In North Lanarkshire for access to the CP Register Tel: 01698 332186 (during working hours) and Tel: 0800 1214114 out with normal working hours, weekends and public holidays.

In South Lanarkshire for access to the CP Register Tel: 01698 453904 (during working hours) and Tel: 0800 6783282 out with normal working hours, weekends and public holidays.

On receipt of an enquiry to the register, the name, contact details, and purpose of the enquiry will be requested. To ensure security a call will be made back to the enquirer before any details of the child or confirmation of registration is given. The name and contact details of the child's social worker will also be given. The enquirer will be advised to contact the child's social worker to discuss any concerns around the care or welfare of the child.

Enquires to the register must not be viewed by professionals as an alternative to appropriate discussion of concerns with social work. Where there are concerns that a child has been harmed or is at risk of significant harm, then this information should be shared with social work or police in order that initial assessment or enquires can be made on whether immediate action is required to ensure the child is protected or to safeguard their welfare.

The keeper of the register should alert the named social worker when a professional has made an enquiry to the register about a registered child, to ensure the social worker is aware of the enquiry. When the child's name is not on the register and is not currently receiving support from social work, it should be ascertained if the enquirer has concerns about the child. If so, the enquirer should be encouraged to contact the appropriate duty worker to discuss the concerns. The keeper of the register should ensure the duty worker is aware of the enquiry to the register. Where an enquiry is made to the register about a child living, or regularly frequenting the same household as a child whose name is on the CP Register, the keeper of the register should ensure that the responsible social worker is notified.

Additionally some hospitals and consultant staff have direct access to their local CP Register

The Child Protection Plan

Every child on the Child Protection Register must, have a Child Protection plan in place.

The **Initial Child Protection Conference** should:

- ❖ specify who should convene, **chair** and record (this will normally be the senior social worker,) the **core group**;
- ❖ specify when they should meet, i.e. frequency;
- ❖ identify members of the core group;
- ❖ outline the framework of the inter-agency child protection plan;
- ❖ set out the need for the child protection plan to be in a form that constitutes a written working agreement between all the parties to it;

- ❖ specify requirements made of the parents and child as to matters such as school or nursery, health checks, contact with a Social Worker or other workers such as substance misuse worker, health visitor, community psychiatric nurse etc
- ❖ set out clear objectives, definitions and agreement of who does what and timescales when appropriate
- ❖ stipulate the form of assessment needed to assess risks and set out an agreed timescale;
- ❖ in urgent circumstances determine steps to be implemented immediately post registration or specify a date for the first core group meeting;
- ❖ set out the circumstances when they should return to a **Review Child Protection Conference**.

Where a child's name is placed on the **Child Protection Register**, the act of registration itself confers no protection of a child and registration must always be accompanied by a child protection plan.

The outline plan will be agreed at the Initial Child Protection Conference and will be distributed **within 5 calendar days**. A detailed child protection plan will be produced later by the core group. If the core group identifies the need to make significant changes to the CP plan, they should notify the CPCC chair **within 3 calendar days**.

The Initial Child Protection Conference should discuss and agree the following elements of the child protection plan:

- ❖ the risks of significant harm to the child and the way in which an inter-agency plan can protect the child;
- ❖ shorter and longer term outcomes to be achieved, clearly linking them to reduction in the risks of harm to the child and promotion of the child's welfare;
- ❖ who will have responsibility for what actions, within what specified timescales;
- ❖ how to monitor and evaluate progress against the plan;
- ❖ which professionals will monitor the child's progress, development, welfare and safety, and how.

The Role of the Lead Professional

When a child's name is placed on the **Child Protection Register** a **Child Protection plan** will be put in place to organize and co-ordinate activity to ensure the protection and wellbeing of every child registered.

Each child placed on the Child Protection Register should have a named lead professional to carry future professional responsibility for the case. This worker should be identified by the **Chair** at the **Initial Child Protection Conference**. The lead professional in Child Protection cases should always be a social worker with appropriate qualifications and experience.

The Social Worker is responsible for the social work management of the case, and for being the focal point for communication and co-ordination of the Child Protection Plan. The Social Worker is also responsible for ensuring that

the family and all professionals who have responsibility for or who are in direct contact with the child, are aware that the child is on the Child Protection Register and of the content of the Child Protection Plan.

The Senior Social Worker should:

- ❖ ensure that the outline **Child Protection Plan** from the Initial Child Protection Conference is developed by the core group into a more detailed inter-agency child protection plan;
- ❖ co-ordinate the completion of the multi-agency comprehensive assessment of the needs of the child and the family;
- ❖ co-ordinate the contributions of family members and other agencies to the implementation of the Child Protection Plan;
- ❖ contribute to the multi-agency core group review of progress in outcomes for the child's safety and welfare in relation to the Child Protection Plan;
- ❖ act as lead professional responsible for the planning and co-ordinating of the Child Protection Plan;
- ❖ ensure that the children and parents are supported to have a clear understanding of the objectives of the plan, and that they are advised of their right to make a complaint and how to do so.
- ❖ In addition the Social Worker is also responsible for notifying any appropriate adult services involved that a child is on the Child Protection Register; ie Community Mental Health Team, Addictions etc

The social worker should notify the keeper of the Child Protection Register immediately of any changes, so the register can be updated. The Social Worker should also keep professionals informed of changes.

Any change of Social Worker must be notified verbally and confirmed in writing to all relevant agencies and the family. Registration records must also be amended promptly.

The Core Group

The core group is a small group of inter-agency staff with key involvement with the child and family who meet on a regular basis with the parents, and where appropriate the child, to review, progress and make arrangements for implementing the **child protection plan**. The core group is a vehicle to coordinate inter agency support for the family, to manage and reduce the risk to the child and to achieve the outcomes identified in the child protection plan.

The initial core group meeting should be held within 15 calendar days of the initial child protection conference.

Parents, and where appropriate children, should be encouraged to attend the core group meetings. Where parents or children are unable or unwilling to attend the meetings their views should be sought and represented within the

meeting either in written form or through their views being presented verbally. These views should be recorded within the minutes of the meeting.

Members of the core group should be kept to a minimum without compromising the planning or protective process. Too many workers in the core group can limit parental attendance and contribution. Only relevant people should be invited.

The core group is responsible for developing and implementing the child protection plan as a detailed working tool within the outline plan agreed at the **Initial Child Protection Conference**. The core group has delegated responsibility for taking forward the child protection plan and is accountable to the **Review Child Protection Conference**. Membership is decided at the time of registration and will include the Social Worker, relevant family members (including children) and professionals and carers who have direct contact with the family. The Senior Social Worker will chair the core group.

The first meeting of the core group should take place within 15 calendar days of the Initial Child Protection Conference and should be chaired by the relevant Senior Social Worker manager for the case. The core group should continue to meet every 4 weeks. The frequency will be determined at the Initial Child Protection Conference, however this may be reviewed depending on the progress of the child protection plan.

The tasks of the core group:

- ❖ agree objectives and timescales at the first meeting;
- ❖ develop and expand the **outline child protection plan**;
- ❖ decide what steps need to be taken, by whom, to complete the assessment of needs and risks;
- ❖ assist the social worker in the preparation of the assessment of needs and risk;
- ❖ plan and implement the inter-agency work in accordance with conference recommendations;
- ❖ monitor progress against the objectives specified in the plan and refine the plan as needed;
- ❖ ensure that parents, and children where appropriate, are fully engaged in the implementation of the child protection plan, and assisted to understand the expectations and objectives of each agency involved;
- ❖ produce written reports for the child protection review conference outlining the work which has been undertaken by family members and professionals and with what degree of success, as measured against the objectives and in terms of positive outcomes for the child.

All core group meetings should be minuted, including notes on the action agreed and decisions taken to inform the review conference and the updated **Child Protection plan** which constitutes a record of the discussion. The **Child Protection plan** and minutes of the meeting should be distributed to core group members within five working days from the meeting.

If the core group is unable to implement the plan agreed, the **Chair** of the Child Protection Conference should be informed. Where there are difficulties in progressing the child protection plan, consideration should be given to any adjustments necessary to assist the plan's progress. Where necessary a review of the core group membership may also need to be considered. Consideration should be given by the Chair and the relevant senior social worker/team manager whether there is a need for a **Review Child Protection Conference** to be reconvened.

Any necessary protective action to secure the safety and well-being of any child at risk of significant harm must not be delayed because a core group meeting is pending or imminent.

Child Protection Plans

Each child whose name is placed on the **Child Protection Register** will have an individually written inter-agency child protection plan in line with his or her individual needs. The plan will be recorded and distributed to all members of the **core group** and other relevant persons; ie General Practitioner etc, within **5 calendar days** of the conference. The child's family should also receive a copy of the plan.

The Child Protection Plan should include the following areas:

- ❖ decisions of the **Initial Child Protection Conference** (or **Review Child Protection Conference**)
- ❖ agreed outcomes for the child and family
- ❖ factors that need to change to achieve the outcomes
- ❖ assessed needs/risks and priorities of the plan
- ❖ key people involved, agreed tasks and responsibilities
- ❖ timescales for action
- ❖ support and resources required to take the plan forward
- ❖ process and monitoring of the plan
- ❖ Assess needs of the child support/recovery

The aim of the Child Protection Plan is to:

- ❖ protect the child from further harm by setting out an inter-agency risk management strategy that minimises or reduces the potential risk of abuse or neglect;
- ❖ promote the child's health and development;
- ❖ to improve outcomes for the child by supporting the family and wider family members.

The Child Protection Plan should be SMART (Specific, Measurable, Achievable, Realistic & Timely/Targeted) in character and set out what the areas of particular need and risk are:

- ❖ what work needs to be done;
- ❖ why;
- ❖ when;
- ❖ by whom;
- ❖ and achieve what outcomes to what timescales
- ❖ to ensure that the outcomes set in the plan are achieved.

The Child Protection Plan should:

- ❖ be prepared using the GIRFEC well-being indicators (see the following link):
<http://www.scotland.gov.uk/Publications/2007/01/22142141/0> or go to **Appendix 8**.
- ❖ describe the identified needs of and risks to the child and any supportive services which are required. It should also set out the need for any further actions that may be required;
- ❖ set out any requirement for a comprehensive or specialist health assessment
- ❖ include specific, achievable, child-focused objectives intended to protect the child and promote his or her welfare, together with timescales for achieving these objectives;
- ❖ make clear the role and responsibilities of the parents, the expectations they may legitimately have of agencies and what expectations agencies may reasonably have of them;
- ❖ include realistic strategies and specific actions to achieve the objectives;
- ❖ clearly identify roles and responsibilities of professionals and family members, including the nature and frequency of contact by professionals with children and family members;
- ❖ state when progress will be reviewed and the means by which progress will be measured;

Contingency planning should run parallel with the Child Protection Plan

All members of the **core group** have equal ownership of and responsibility for the **Child Protection Plan** and should co-operate to achieve its aims. All professionals working with children and/or families who have a child protection plan must be alert to indications that the plan may be failing to protect the child. Any professional who is concerned about this should promptly inform the Chair of the Core Group and a re-appraisal of the plan by the core group should be considered without delay.

The **core group** must meet regularly within agreed timescales and revise the plan and collectively report back to the review case conference. Each review of the plan should consider the following:

- ❖ Whether the child is still considered to be at risk and if so what is the likelihood of future significant harm
- ❖ An updated assessment of needs/risks and support/resource in place to address and manage and reduce these. It should also highlight any gaps.

- ❖ The need to recommend to the Chair the convening of an early review case conference and possible recommendation of de-registration as a consequence of significant improvement or changes in circumstances e.g. perpetrator of abuse no longer in the household
- ❖ The need to recommend to the Chair the convening of an early **review case conference** because of a significant deterioration in circumstances
- ❖ Any emergency action e.g. child protection order, exclusion order. The need for a child protection conference should not preclude immediate action to safeguard the child where necessary.

Any member of the Core Group can request an additional meeting to consider new or emerging concerns. The Chair should discuss the concern with the Core Group member and based on this decide on whether or not to grant this request. Record of this request and reasons for decisions should be recorded within appropriate agency records. If this is refused the Core Group member should be advised that he/she could discuss this with the designated Senior Social Work Manager.

Review Child Protection Conferences

- ❖ **Review Conferences**
- ❖ **Reports**
- ❖ **Decision Making a De-Registration**

Review Conferences

Once a child's name has been placed on the **Child Protection Register** and a **Child Protection plan** has been formulated, the implementation of this plan and its effectiveness in protecting the child should be reviewed at least every 4 weeks via the **Core Group** and 12 weekly via a Review Child Protection Conference. The situation should be reviewed for so long as the child's name remains on the Child Protection Register. A Review Child Protection Conference outwith agreed timescales should also be arranged when there has been a significant change in the circumstances of the case or another alleged incident of abuse or neglect requiring consideration.

The Review Child Protection Conference will be chaired by a suitably qualified and experienced Senior Social Work manager.

The **Chair** of the Review Child Protection Conference should consider bringing forward the date of a review conference where:

- ❖ the circumstances suggest need for early **deregistration** and the **core group** believes that risk to the child/ren has been satisfactorily reduced such that deregistration may be considered,

- ❖ there has been a further incident of serious harm to the child it has not been possible to carry out a significant part of the **child protection plan**
- ❖ a significant change takes place which has implications, or will have implications, for the safety of the child or another child in the household.

The Chair must give consideration to convening a Review Child Protection Conference at the request of any agency involved with the child whose name is on the **Child Protection Register**. The Chair must also give consideration to convening a Review Child Protection Conference at the request of a child, young person or a parent of a child whose name is on the Child Protection Register. If the Chair decides that it is not appropriate to convene a Review Child Protection Conference they must give the reason for this in writing to the agency, professional, parent or child who made the request.

Participants in the conference should include all members of the **core group**, including family members, the child (where appropriate), and any other relevant agencies such as those present at the **Initial Child Protection Conference**. Prior to the conference the views of the child/ren and family should routinely be gathered.

The Senior Social Work manager is responsible for ensuring that the appropriate people are invited. Where key professionals are absent from the conference and written information is not available, consideration should be given to postponing the conference. A Review Child Protection Conference will then be promptly reconvened so that they can attend and their respective agency will be informed in writing of any failure to comply.

The required quorum for attendance is the same as that for Initial Child Protection Conferences, that is, a minimum of three agencies or professional groupings, or in exceptional circumstances and at the discretion of the conference Chair, two agencies or professional groupings.

Each Review Child Protection Conference will:

- ❖ review the safety, health and development of the child against intended outcomes set out in the **child protection plan** to ensure that the child continues to be protected
- ❖ make an assessment of future risk and decide either that the child continues to be at risk of significant harm and should be made subject to a further **child protection plan**, or that the risk is sufficiently reduced to merit deregistration and their present plan should be ended.
- ❖ consider whether the **child protection plan** should continue as it is, or should be changed
- ❖ identify any significant event, which has occurred or is envisaged in the life of the child, which might affect the **child protection plan**
- ❖ consider the membership of the **core group**
- ❖ consider whether the child's name should remain on the **Child Protection Register** or the reason for **registration** be changed.

Interpreters should be used where the family's first language is not English, or where anyone has needs because of a disability.

Professionals should advise the Chair of the conference as soon as possible any particular requirements for the conference, for example for sign or language communicators, separate attendance by family members and possible exclusions.

Attendance at a conference should be based on a professional's knowledge of or involvement with the child and family, or particular experience which may contribute to assessment, support and decision-making. If there are too many people present it can be intimidating for the family. Instead of attending, some people can contribute to a conference in writing, either separately or by being included in the Social Worker's report.

Professionals invited to attend a child protection conference should prioritise attendance.

Reports

A written report should be provided by the social worker to the **Review Child Protection Conference** which includes the contribution of the **core group** members, outlining the progress of the **child protection plan**. This report will also include a full assessment of future risks and needs. All professionals attending or invited to attend a conference should provide a written report of their involvement with the child and family and their professional view of the progress made. Parents and children should also be encouraged and supported to provide a written account of their views.

When another incident of alleged abuse or neglect has taken place regarding a child whose name is on the **Child Protection Register**, the senior social worker should ensure that a **CP1** is completed and their social work manager should consider whether or not a **Review Child Protection Conference** is appropriate.

Decision Making and De-Registration

The **review child protection conference** will consider whether the child continues to be at risk of significant harm and therefore whether or not their name should remain on the **child protection register** and whether they should continue to have a formal **child protection plan** reduce risk and promote the child's welfare. The **review child protection conference** decision must be based on a careful and thorough analysis of all the available information, including the written reports provided by the **core group**, and a discussion involving all members of the conference.

The **review child protection conference** should consider whether continued registration is necessary or whether the **child protection plan** has been successful in reducing risks sufficiently to warrant de registration. Where concerns of

future risk continue to exist, de registration should not be considered and a further review of the child protection plan should take place.

Conference participants should base their decisions on:

- ❖ whether the risk of harm has been reduced by action taken through the **child protection plan**;
- ❖ whether the child and family's circumstances have changed;
- ❖ whether re-assessment of the child and family indicates that a **child protection plan** no longer necessary.

The role of the **chair** is to provide an opportunity for those involved to share all the relevant information that will assist in the identification of the child's needs and risks and draw together the views of conference members to reach a conclusion as to the requirement for continued **registration**. The decision about de-registration lies with the reduction of risk to the child and assessment of future risk. The chair will make the final decision regarding registration and any dissent will be recorded in the minutes. If dissent persists, it must not be allowed to prejudice any child's safety and welfare, which must remain the paramount consideration. The chair has the executive authority for registration and will make the final decision regarding registration any dissent will be recorded in the minutes. The Chair must bring dissent to the attention of the Head of Service immediately and agree a course of action. The Head of Service should respond to the dissenting person in writing within 28 days.

The views of parents and children are important to the conference but it is the professionals who have ownership and responsibility for contributing to the decision regarding registration. The decision to remove a child's name from the Child Protection Register is taken by the Chair of the conference. Children's names should not be on the register for longer than is necessary.

Where a child has already been referred to the **Children's Reporter**, and the **review child protection conference** believes that compulsory measures of care are no-longer required, the review child protection conference minutes should be sent to the Reporter setting out the reasons for a recommendation that voluntary measures are sufficient to address the assessed risks and needs.

In all cases the decision to de-register can only be made at a **review child protection conference**.

The removal of a child's name from the **child protection register** should not in itself lead to a sudden or significant reduction or withdrawal in services or support to the child or family by any or all of the agencies.

Following the decision to de-register a child, the **review child protection conference** should agree the child's care plan to address any welfare and/or support needs. This may require the multi-agency Integrated Assessment to be updated. Following de-registration the social worker should discuss with the parents and the child what services may be required.

Transfer Child Protection Conferences

- ❖ Transfer Child Protection Conferences
- ❖ Where a Registered Child Moves out of the Area
- ❖ Children Moving to the Area

Transfer Child Protection Conferences

A Transfer Child Protection Conference considers the arrangements to transfer cases when a family moves to another area.

The originating team is the team responsible for the management of the case prior to the family's move. The receiving team is the team covering the area into which the family has moved or plans to move.

If a child whose name is on the **Child Protection Register** moves to a known address (either suddenly or on a planned basis) in another local authority area whether permanently or temporarily, it is the originating Senior Social Worker's responsibility to inform their relevant Social Work manager immediately. If the child is the subject of a supervision requirement or current proceedings within the Children's Hearing system, the Senior Social Worker will also inform the **Authority Reporter**.

It is the originating Senior Social Worker's responsibility to ensure that the receiving Senior Social Worker in the new area is informed immediately. This should be done by telephone, and must provide essential information about the case and indicate the resources and services that the family might require. Both Senior Social Workers should negotiate who will be responsible for continuing to supervise the case until the **Transfer Child Protection Conference** and, if the family have already moved, who will undertake an immediate visit.

The originating Senior Social Worker should confirm their telephone call by letter and send all relevant information immediately by recorded delivery including the **CP1 initial report**, and the most recent **Review Child Protection Conference** minute and updated child protection plan. A summary is not sufficient.

The originating Social Worker will immediately inform the keeper of the register and the central **Child Protection Register** who will then, in turn, inform the keeper for the receiving authority. An alert will be placed on the receiving authorities Child Protection Register with the out of hours Social Work Service being notified. The originating Senior Social Worker will ensure the key information relating to the family's situation and whereabouts are entered onto the Social Work computer system and linked to the child.

The relevant Senior Social Worker from the RECEIVING team will be responsible for initiating and chairing a **Transfer Child Protection Conference** including appropriate attendance of staff from both area teams. He or she must invite all

other agencies involved in the case and should seek advice from the ORIGINATING Senior Social Worker as to which local agencies should be invited. Particular care should be taken to ensure that the relevant pre 5 establishments, primary and secondary schools and health visitor are advised of registration and invited to attend the Transfer Child Protection Conference.

Where a Registered Child Moves out of the Area

If a child whose name is on the **Child Protection Register** moves to a known address (either suddenly or on a planned basis) in another local authority area whether permanently or temporarily, it is the originating Senior Social Worker's responsibility to inform their relevant Social Work manager immediately. If the child is the subject of a supervision requirement or current proceedings within the Children's Hearing system, the Senior Social Worker will also inform the **Authority Reporter**.

It is the originating Senior Social Worker's responsibility to ensure that the receiving Senior Social Worker in the new area is informed immediately. This should be done by telephone, and must provide essential information about the case and indicate the resources and services that the family might require. Both Senior Social Workers should negotiate who will be responsible for continuing to supervise the case until the **Transfer Child Protection Conference** and, if the family have already moved, who will undertake an immediate visit.

The originating Senior Social Worker should confirm their telephone call by letter and send all relevant information immediately by recorded delivery including the **CP1 initial report**, and the most recent **Review Child Protection Conference** minute and updated child protection plan. A summary is not sufficient.

The originating Social Worker will immediately inform the keeper of the register and the central **Child Protection Register** who will then, in turn, inform the keeper for the receiving authority. An alert will be placed on the receiving authorities Child Protection Register with the out of hours Social Work Service being notified. The originating Senior Social Worker will ensure the key information relating to the family's situation and whereabouts are entered onto the Social Work computer system and linked to the child.

The relevant Senior Social Worker from the originating team will be responsible for initiating and chairing a **Transfer Child Protection Conference** including appropriate attendance of staff from both area teams. He or she must invite all other agencies involved in the case and should seek advice from the receiving Senior Social Worker as to which local agencies should be invited. Particular care should be taken to ensure that the relevant pre 5 establishments, primary and secondary schools and health visitor are advised of registration and invited to attend the **Transfer Child Protection Conference**.

The **Transfer Child Protection Conference** should be held in a location, which facilitates the attendance of all relevant agencies in the receiving area. It is crucial that the agencies who will be involved in an ongoing basis are able to be present.

The **Transfer Child Protection Conference** will decide and minute whether responsibility for managing the case remains with the originating team or is assumed by the receiving team. A **Transfer Child Protection Conference** cannot consider de-registration. If de-registration is considered a possibility this must be done at a subsequent **Review Child Protection Conference**.

The **Transfer Child Protection Conference** must be held within fourteen days of the family moving or within seven working days if there is a dispute regarding whose responsibility it is to manage the case until the case has been officially transferred.

The full original case file including case notes will be passed at the point of transfer by the Senior Social Worker of the originating team to the Senior Social Worker of the receiving team. The Senior Social Worker of the originating team should ensure a copy of the file is retained.

Following the **Transfer Child Protection Conference** in the new area, the child's name will be removed from the register of the area of origin and added to the register of the area where the child currently resides. The existing Social Worker should inform the relevant agencies in the area from which the family has moved. If the move is known in advance, the Social Worker is responsible for informing the family that information will be passed on to the new authority.

Children Moving to the Area

The Senior Social Worker of the receiving team from the new authority should ensure that all relevant papers are sent from the originating team, confirm that the **Transfer Child Protection Conference** will take place within fourteen days of the families move (or within seven if there is a dispute regarding the interim arrangements for the management of the case), confirm that the conference will be held within the receiving area and that the original case file including all reports will be handed over at the point of transfer.

The receiving relevant Senior Social Work manager must immediately ensure that the child's details are entered on to the authorities **Child Protection Register** (stating that the child is due to be transferred into the area) and make sure the key information relating to the family's situation and whereabouts are entered onto the Social Work computer system and data base and linked to the child.

Children on the Child Protection Register who Go Missing

- ❖ Children Who Go Missing
- ❖ Dissent, Appeals and Complaints

Children Who Go Missing

If it comes to the attention of a professional or any other person that a child whose name is on the **child protection register** whereabouts are unknown they should notify the social work department or police immediately.

The responsible Social Worker should:

- ❖ Endeavour to identify the circumstances of the child going missing
- ❖ Notify the appropriate social work team manager and police immediately and try to locate the child
- ❖ Notify the chair of the child protection conference and other relevant senior social work manager
- ❖ Where appropriate legal advice should also be sought
- ❖ The social worker should liaise closely with the police investigating officer to ensure that there is no duplication of effort and that all enquiries are co-ordinated and documented. The senior social worker should then discuss the matter with their social work manager. Legal advice should be sought at the earliest opportunity.

If a child whose name is on the **child protection register** goes missing the social worker must immediately inform the senior social worker, who will immediately inform their designated social work manager. The social work manager must immediately inform the appropriate professionals who are involved with the **child protection plan** in an effort to trace the child. They should also inform their Head of Service and keeper of the register. It is the responsibility of the registering authority, in conjunction with partner agencies to make all attempts to locate and trace them.

When a missing person alert is received from outwith the authority, the keeper of the **register** will ensure that this information is passed to the appropriate social work manager and relevant professionals in the area. The social work manager will ensure that appropriate checks should be made on the computer information systems.

In addition, if the child goes missing the originating keeper of the **child protection register** should be informed by the social work manager whether to circulate details of the missing family to all keepers of child protection registers nationally throughout the country.

If the child is subject to a supervision order or current proceedings within the Children's Hearing system, the senior social worker should also immediately inform the **Authority Reporter**.

The social worker should notify social work **out of hours service** that the child and families current whereabouts is unknown.

The police will assist by conducting investigations in line with their Standard Operating Procedures.

Agreement has been reached between the Department of Work and Pensions (DWP) and COSLA that a search of DWP records will be made in a first step in tracing families in these circumstances. This will be the responsibility of the keeper of the child protection register.

In addition in the case of a school aged child consideration should always be given to following local Children Missing from Education (CME) procedures.

Health have a Missing Family alert system in place 'Guidance for Health Professionals: Missing Family Alert' (NHS Scotland 2006) in order to help track missing families. The designated nurse in the area where the child normally lives and was registered should be asked to circulate the missing child's details in accordance with the health boards procedures. Any outcome from this should be communicated to the social worker.

Social work services should maintain a record of missing children and/or families.

The social work manager must convene a **review child protection conference** to ensure that all information is made available and that all efforts are being made to trace the child and family and appropriate action being taken to safeguard their welfare.

When the child is found, agency who locates the child will notify the social worker who will ensure that all other agencies are informed as well as the keeper of the register . If appropriate they will follow the procedure for the **transfer** of cases on the child protection register where appropriate.

Further guidance is contained within the West of Scotland local procedure on **Missing Children**.

Dissent, Appeals and Complaints

Dissent on registration and ley aspects

The chairperson (fieldwork manager) of a child protection conference has the responsibility to identify underlying conflicts of information or opinion, to highlight them and ensure that they are discussed and resolved where possible. If dissent persists, it must not be allowed to prejudice any child's safety and welfare, which must remain the paramount consideration. The chairperson (fieldwork manager) must ensure that the precise nature of the dissent is recorded.

The fieldwork manager must bring dissent to the attention of the head of service immediately and agree a course of action.

The head of service should respond to the dissenting person in writing within 28 days.

Appeals against registration by a child/young person or a parent

A parent or young person may record dissent in relation to a particular decision and this will be responded to as outlined in the section on Dissent, above.

If however a parent or young person wishes to appeal against a decision to register, retain on the register, de-register or not register at all, they may do so by contacting the head of service within five working days. This should be in writing. The social worker can assist with this if necessary. The head of service should respond fully in writing to the person who made the appeal within 28 days.

The fieldwork manager should ensure that parents and young people are aware of their right to appeal decisions about registration.

Appeals and complaints are very different and should be responded to in different ways.

Complaints

When a parent or young person has a complaint about the service during the course of the child protection investigation process or the process around and during the child protection conference they should be advised of the formal complaints procedure.

Appendices

Appendix 1: Legislative Framework

- ❖ Children (Scotland Act) 1995
- ❖ Child Assessment Order
- ❖ Child Assessment Order
- ❖ Conditions to be Satisfied
- ❖ Steps to be Taken
- ❖ Information Required
- ❖ Procedure to be Followed
- ❖ Serving Notice
- ❖ Following Sheriff's Decision
- ❖ Child Protection Order
- ❖ Child Protection Order
- ❖ Conditions to be Satisfied

- ❖ Out of Hours
- ❖ Procedure for Making an Application
- ❖ Serving the Order
- ❖ Steps to be Taken
- ❖ Varying or Recalling the Order
- ❖ Exclusion Order
- ❖ Exclusion Order
- ❖ Conditions Required
- ❖ Steps to be Taken
- ❖ Information Required
- ❖ Procedure for Making an Application
- ❖ Serving the Order
- ❖ Out of Hours
- ❖ Criminal Injured Compensation
- ❖ Appendix 2: Child Abuse
- ❖ Definition of Abuse
- ❖ Physical Abuse
- ❖ Emotional Abuse
- ❖ Sexual Abuse
- ❖ Neglect
- ❖ Recognition of Physical Injury
- ❖ Indicators of Sexual Abuse
- ❖ Indicators of Physical Neglect
- ❖ Indicators of Emotional Abuse
- ❖ Recognition of Emotional Abuse
- ❖ Disability
- ❖ Appendix 3: Domestic Abuse
- ❖ Domestic Abuse
- ❖ Disabled Parents and Carers
- ❖ Appendix 4: Children Left Unattended
- ❖ Children left Unattended
- ❖ Appendix 5: Physical Chastisement
- ❖ Physical Chastisement
- ❖ Appendix 6: Parental Problems
- ❖ Parents with Substance Misuse Problems
- ❖ Parental Mental Illness
- ❖ Children and Young People Who Place Themselves at Risk

- ❖ Children and Young People Who Place Themselves at Risk

Appendix 1: Legislative Framework

- ❖ Children (Scotland Act) 1995
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- ❖ Serving the Order
- ❖ Steps to be Taken
- ❖ Varying or Recalling the Order
- ❖ Exclusion Order
- ❖ Parents with Substance Misuse Problems
- ❖ Parental Mental Illness

Children (Scotland Act) 1995

The Children (Scotland) Act 1995 provides the main legislative framework for the protection of children in Scotland. Not only does the Act set out the grounds of referral to the Children's Hearing system for those considered in need of compulsory measures of care, it also provides a number of mechanisms allowing for intervention in a child's life when they are considered to be suffering, or at risk of suffering, significant harm.

These mechanisms take the form of court orders, namely:

- ❖ Assessment Orders,
- ❖ Child Protection Orders and
- ❖ Exclusion Orders.

Child Assessment Order

- ❖ Child Assessment Order
- ❖ Conditions to be Satisfied
- ❖ Steps to be Taken
- ❖ Information Required
- ❖ Procedure to be Followed
- ❖ Serving Notice
- ❖ Following Sheriff's Decision

Child Assessment Order

A child assessment order can be used if parents continue to refuse access to a child for the purpose of establishing basic facts about the child's condition but concerns about the child's safety are not so urgent as to require an **child protection order**. The order enables the court to direct the parents to co-operate with an assessment, the details of which will be specific, but does not allow for the removal of the child from home. The order does not take away the child's own right to refuse an assessment. The parents should be informed of the legal steps which could be used.

A child assessment order is an order of the court authorising an assessment of a child's health and development or of the way a child is being treated. A child subject to a child assessment order is a looked after child under the terms of the **Children (Scotland) Act 1995**.

A **Sheriff** may make directions regarding the contact which the child should have with parents, other family members and any person named in the order. Any such direction must be complied with by the local authority.

Conditions to be Satisfied

In the course of fulfilling their duty under **Section 53** of the **Children (Scotland) Act 1995** to inquire into circumstances which suggest a child may be in need of compulsory measures of supervision, a local authority may consider it necessary to seek a child assessment order. In order to satisfy a sheriff that such an order is necessary, the following three conditions set out in Section 55 (1) require to be met:

- ❖ the local authority must have reasonable cause to suspect that the child in respect of whom the order is being sought is being so treated (or neglected) that he or she is suffering or is likely to suffer significant harm
- ❖ such assessment of the child is required in order to establish whether or not there is reasonable cause to believe that the child is so treated (or neglected); and

- ❖ such assessment is unlikely to be carried out, or be carried out satisfactorily, unless the order is granted.

Steps to be Taken

In considering whether an application for a child assessment order is appropriate, it is important to recognise that assessment will be the key to decision-making about the needs of children and their families. The assessment will also consider whether one of the child's needs is to be protected. In keeping with the principles of the Act such an assessment should, wherever possible, be undertaken without the need for a statutory order, in co-operation with parents, and taking into account the views of the child.

The duty on local authorities 'to cause inquiries to be made' under [Section 53](#) of the Act should be explained to parents and the opportunity given for them to explain their point of view. Parents who continue to refuse to allow their child to be seen or assessed should be advised of the options open when there are concerns about a child's safety, including application for a child assessment order and the effects of this and other child protection measures.

A child assessment order is not an emergency order. The decision to apply for it should be planned, and only be made after a process of consultation with other agencies.

When consideration is being given to the necessity for an application for an assessment order, this should be discussed with a social work manager.

Before making a decision about the need for a child assessment order, the social work manager, should, wherever possible, convene and chair a case discussion to consider the matter. Case discussions should involve representatives of appropriate agencies, in particular health and education staff, and consideration should be given as to whether consultation with the Council's legal services is required at this stage. If appropriate and unless to do so may cause further harm, consideration may be given to including the child and their parents.

The case discussion should consider whether the criteria for a child assessment order are satisfied and should pay particular attention as to whether co-operation may be obtained in any other way, and whether, in all the circumstances, the child assessment order is the most appropriate measure to be sought.

The case discussion should consider any difficulties likely to be encountered in implementing the order, if granted, and in particular should consider whether assistance may be required from the Police/Sheriff Officers to enforce the order.

The service manager, social work, should contact the authority's legal services to give notice of such a request for assistance.

Information Required

The main determinants of the decision to seek an Order will be evidence of:

- ❖ The degree of harm suspected
- ❖ The occurrence or likelihood of this harm
- ❖ The extent to which attempts to proceed with parental co-operation have failed

Where a decision has been made to seek an order, the case discussion should consider the need for the provision of information from each appropriate agency to support the application, who will do the assessment, where it will take place and timescale for completion.

This may include, for example, school or health visitor reports.

Where a decision has been made to seek an order the case discussion should consider the need for the involvement of relevant staff from each appropriate agency. This may range from the provision of information towards the assessment, to active involvement in the assessment process. The minute of the case discussion should record decisions made in this regard, and agencies should be requested to confirm their views and concerns in writing.

The minute should also record the views of the child and how they have been ascertained. If the views of the child have not been obtained the minute should indicate the reason for this.

Finally, the minute should record decisions of the case discussion regarding any directions or conditions that may require to be sought in terms of [Section 55](#) of the Act.

Procedure to be Followed

Given that a child assessment order is not an emergency order, the decision to apply for it is likely to be on a planned basis after consultation with other agencies in the form of a case discussion.

If the service manager, social work, or equivalent is satisfied that there are sufficient grounds for making the application and that all voluntary options have been considered, they will, during office hours, either consult directly or delegate any named individual to consult with legal services.

Copies of the minute of any case discussion and any other relevant information must be made available to the legal services representative with a minimum of delay, including reports from other agencies, e.g. school, health services.

It is legal services' responsibility to prepare an application for the Sheriff.

However, the relevant team manager or social worker will be required to give details of any directions or conditions, which should be applied to the order.

For details of these directions and conditions refer to The Scottish Office Regulations and Guidance, Volume 1; 'Support to and Protection for Children and Families', page 56.

Consideration also needs to be given at this stage as to whether, and if so, which social work personnel should accompany the solicitor making the application.

The application requires to be made on Form 45 and should include any details of directions or conditions which should be applied to the order. The application should also be supported by written evidence in the form of a minute available from the case discussion along with any other relevant reports or statements from other agencies.

When appearing before the sheriff, the social worker should ensure that there are sufficient copies of Form 45 (Application Form for Child Assessment Order) and Form 46 (Child Assessment Order) as well as any written evidence referred to in the previous paragraph.

When applying for a child assessment order you should be aware of the sheriff's power to grant a **child protection order** and should, therefore, have a plan prepared for this contingency.

Serving Notice

A copy of the application form for a child assessment order should be served on:

- ❖ The child, in respect of whom the Order is sought (unless the Sheriff decides otherwise). The child should also receive a copy of Form 26
- ❖ any relevant person within the meaning of Section 93(2)(b) of the Act
- ❖ The Safeguarder (if any)
- ❖ The Principal Reporter.
- ❖ Any other person whom the Local Authority considers requires to be served a Notice of the Application, e.g. the person who is caring for the child at the time the application is made.

The local authority shall intimate the granting of an application to such persons, if any, as the Sheriff directs.

Following Sheriff's Decision

Following the granting of a **child assessment order**, the order will be served on the appropriate parties by the Solicitor.

The Social Work Manager, will ensure that the assessment, with any conditions attached, is undertaken as a matter of priority, and in any event before the expiry of an order.

If, at any point, information available suggests that the conditions for a **child protection order** or **exclusion order** are satisfied, then the appropriate order should be sought without delay.

The Service Manager should ensure that the family are notified of the results of the assessment at the earliest opportunity, and the action, if any, proposed by the department.

Child Protection Order

- ❖ **Child Protection Order**
- ❖ **Conditions to be Satisfied**
- ❖ **Out of Hours**
- ❖ **Procedure for Making an Application**
- ❖ **Serving the Order**
- ❖ **Steps to be Taken**
- ❖ **Varying or Recalling the Order**

Child Protection Order

A child protection order should also be considered when access to a child is refused and should be applied for when there is an urgent need for protective action. Reasons for decisions to apply for the order should be clearly recorded. A child protection order may also specify conditions (e.g. medical examination) attached to the order.

Only the police have statutory authority to use reasonable force in order to gain entry to premises. The police must therefore be involved in discussions about any case where access to the child has been refused.

The purpose of a child protection order is to ensure that, where it is necessary, urgent action can be taken to remove a child to a place of safety or to prevent the removal of a child from the place they currently are.

A child protection order can do any of the following:

- ❖ Require any person in a position to do so to produce the child to the applicant
- ❖ Authorise removal of the child by the applicant to a place of safety, and the keeping of the child in that place
- ❖ Authorise the prevention of the removal of the child from any place where he or she is being accommodated
- ❖ Provide that the location of any place of safety in which the child is being kept should not be disclosed to any person or class of person specified in the Order itself.

A child subject to a child protection order is a looked after child under the terms of the **Children (Scotland) Act, 1995**.

The Sheriff may make directions as to contact with the child for any parent, relevant person or other specified person or class of person. They may alternatively prohibit contact by such a person. They may also direct that medical or psychiatric examination or other assessment or interview of the child or treatment arising out of the examination or assessment take place.

The duration of the order is limited to a maximum of 2 working days from implementation until an initial Children's Hearing. Following the initial hearing in the children's reporter must arrange a second hearing on the 8th working day after implementation of the order, when the grounds for referral and statements of the facts of the case will be put to the child and parents/relevant persons.

Conditions to be Satisfied

In the course of fulfilling their duty under [Section 53](#) of the [Children \(Scotland\) Act 1995](#) to inquire into circumstances which suggest a child may be in need of compulsory measures of supervision, a local authority may consider it necessary to seek a child assessment order. In order to satisfy a sheriff that such an order is necessary, the following three conditions set out in [Section 55](#) (1) require to be met:

- ❖ the local authority must have reasonable cause to suspect that the child in respect of whom the order is being sought is being so treated (or neglected) that he or she is suffering or is likely to suffer significant harm
- ❖ such assessment of the child is required in order to establish whether or not there is reasonable cause to believe that the child is so treated (or neglected); and
- ❖ such assessment is unlikely to be carried out, or be carried out satisfactorily, unless the order is granted.

Out of Hours

The social worker should contact the relevant social work manager. The home telephone numbers of these personnel can be obtained through their organisations. The following are the public numbers:

West of Scotland out of hours number on 0800 811505

North Lanarkshire (out of office hours, week ends and holidays) 0800 1214114

South Lanarkshire (out of office hours, week ends and holidays) 0800 6783282

The procedures outlined above would then be followed by accessing the Department's 'outwith working hours emergency contact list' which contains details of how to access Legal Services, the Sheriff Clerk and the Sheriff.

In the absence of a legal representative, it should be the Service Manager, Children and Families, or equivalent who will make a decision regarding the application.

Procedure for Making an Application

The investigating social workers will discuss the application with the social work manager, or equivalent, who will then make a decision about whether to proceed with the application and whether the application is to be made under **Section 57 (1) or 57 (2)**. The social work manager will also liaise with the officer in charge of any investigation from the police family protection unit.

If they are satisfied that there are sufficient grounds for making the application, and that all voluntary options have been considered, they will, during office hours, either consult directly or delegate any named individual to consult with the Council's legal services.

Application will be made by the local authority through the Sheriff Clerk in the Civil Section at the appropriate Sheriff Court. He or she will make the necessary arrangements for a Sheriff to hear the Application. Contact should then be made by telephone with the **Children's Reporter** advising of the intention to apply for a child protection order.

The application should be made on **Form 47** and should include details of terms, conditions or directions which should apply to the Order. These should be written down in Part 3 of Form 47. If there are concerns that disclosure of the child's address at the point of application to any relevant person may prejudice the safety of the child or other member of the child's household, then an order should be sought from the Sheriff directing non- disclosure of the address, which consequently should not be included in Part 1 of the Form.

The application should also be supported by written evidence in the form of a report.

When appearing before the Sheriff, the social worker should also take copies of **Form 49** (Child Protection Order) **Form 50** (Notice to Child) and **Form 51** (Notice to a Named Person).

Workers should ensure that they carry with them appropriate evidence of their entitlement to undertake the actions for which they seek authorisation in terms of the application. Sheriffs may well demand sight of evidence in this regard.

Any child protection order will lapse if it is not actioned within 24 hours.

Serving the Order

The order needs to be lawfully served by the applicant. For officers of the local authority the rules specify that the standard methods of legal service available are by first class post, recorded delivery or by fax. However, the

applicable rules (Act of Sederunt (Child Care and Maintenance Rules) 1997), also provide that where there is not sufficient time to employ any of the methods specified service can be effected verbally or in such other manner as the Sheriff directs.

Social workers should accordingly ask the Sheriff to direct that they may effect service either by personal delivery and/or verbally. It is suggested that this request is included as a standard part of all applications for child protection orders.

NB Service on any person who might pose a threat of violence should be by Sheriff's Officer (name and address from Legal Services).

The applicant is responsible for giving notice of the Order using the following forms:

- ❖ Form 50 should be given to the child, along with copies of the application and the Order (unless otherwise specified). If a child is deemed to be too young, copies of the form should be given to the appropriate carer.
- ❖ Form 51 should be given to any relevant person within the meaning of Section 93(2)(b) of the Act, along with copies of the application, the order and the explanatory leaflet which gives advice about legal rights.
- ❖ In addition the following people should be given notice of the Order:-
- ❖ The Safeguarder (if any)
- ❖ The Children's Reporter who must receive the original documents
- ❖ Any other person whom the Local Authority considers has an interest in the application.

On being granted an order, the social worker should discuss with the child and the child's family how the order and any conditions should be managed.

The Social Worker should ensure that the case file retains:

- ❖ a copy of the application for an Order
- ❖ the Interlocutor granting the Order
- ❖ any Certificate of Service of an Order.

Steps to be Taken

In considering whether an application for a child assessment order is appropriate, it is important to recognise that assessment will be the key to decision-making about the needs of children and their families. The assessment will also consider whether one of the child's needs is to be protected. In keeping with the principles of the Act such an

assessment should, wherever possible, be undertaken without the need for a statutory order, in co-operation with parents, and taking into account the views of the child.

The duty on local authorities 'to cause inquiries to be made' under **Section 53** of the Act should be explained to parents and the opportunity given for them to explain their point of view. Parents who continue to refuse to allow their child to be seen or assessed should be advised of the options open when there are concerns about a child's safety, including application for a child assessment order and the effects of this and other child protection measures.

A child assessment order is not an emergency order. The decision to apply for it should be planned, and only be made after a process of consultation with other agencies. When consideration is being given to the necessity for an application for an assessment order, this should be discussed with a social work manager.

Before making a decision about the need for a child assessment order, the social work manager, should, wherever possible, convene and chair a case discussion to consider the matter. Case discussions should involve representatives of appropriate agencies, in particular health and education staff, and consideration should be given as to whether consultation with the Council's legal services is required at this stage. If appropriate and unless to do so may cause further harm, consideration may be given to including the child and their parents.

The case discussion should consider whether the criteria for a child assessment order are satisfied and should pay particular attention as to whether co-operation may be obtained in any other way, and whether, in all the circumstances, the child assessment order is the most appropriate measure to be sought.

The case discussion should consider any difficulties likely to be encountered in implementing the order, if granted, and in particular should consider whether assistance may be required from the Police/Sheriff Officers to enforce the order.

The service manager, social work, should contact the authority's legal services to give notice of such a request for assistance.

Varying or Recalling the Order

If there is a reasonable likelihood that the child, a person having parental rights over the child or a relevant person intends to make application for variation or recall of the child protection order, Legal Service should be alerted immediately by the social work manager with responsibility for the case or equivalent, and provided with all appropriate background information and a copy of the order. A copy of the application for variation or recall should be passed to Legal Services as soon as it is received as the application has to be determined within three working days.

Legal Services may make an application under Section 60 to vary or recall a Child Protection Order using **form 52**.

If the application is granted the applicant is responsible for giving notice of the variation or recall of a Child Protection Order using copies of **form 52** and **form 53** to:

- ❖ The child (unless otherwise specified). The child should also be given a copy of Form 27 (Notice to Child of Application to Vary or Set Aside Child Protection Order)
- ❖ Any relevant person within the meaning of Section 93(2)(b) of the Act
- ❖ The Safeguarder (if any)
- ❖ The Principal Reporter
- ❖ Any other person the Local Authority considers has an interest in the application.

Exclusion Order

- ❖ [Exclusion Order](#)
- ❖ [Conditions Required](#)
- ❖ [Steps to be Taken](#)
- ❖ [Information Required](#)
- ❖ [Procedure for Making an Application](#)
- ❖ [Serving the Order](#)
- ❖ [Out of Hours](#)
- ❖ [Criminal Injured Compensation](#)

Exclusion Order

An exclusion order is a statutory measure available to protect children from significant harm by excluding an alleged abuser from the family home. An exclusion order has the effect of suspending the named person's rights of occupancy (if any) to the family home in question.

It also prevents the person, whether an occupier or not, from entering the home, except with the express permission of the local authority which applied for the order. A person named in an exclusion order may be the child's parent or a member of the child's family or anyone from whom it is considered necessary to protect a child because of the risk of significant harm or the threat of harm (for example, a visitor to the family home).

- ❖ The Sheriff when making an exclusion order may do any of the following:
- ❖ grant a warrant for the summary ejection of the named person from the home
- ❖ grant an interdict prohibiting the named person from entering the home without the express permission of the local authority

- ❖ grant an interdict prohibiting the removal by the named person of any relevant item specified in the interdict from the home except either:
 - ❖ With the written consent of the local authority, or an appropriate person; or
 - ❖ By virtue of a subsequent Order of the Sheriff
- ❖ grant an interdict prohibiting the named person from entering or remaining in a specified area in the vicinity of the home
- ❖ grant an interdict prohibiting the taking by the named person of any step of a kind specified in the interdict in relation to the child
- ❖ make an order regulating the contact between the child and the named person.

An exclusion order lasts for 6 months unless it contains a direction by the Sheriff that it shall cease to have effect on an earlier date.

Conditions Required

In terms of [Section 76\(2\)](#) of the Act three conditions must be satisfied before the Sheriff may grant the order. These are that:

- ❖ The child has suffered, is suffering, or is likely to suffer significant harm as a result of any conduct, or any threatened or reasonably apprehended conduct of the named person.
- ❖ The order is necessary to protect the child, irrespective of whether the child is for the time being residing in the family home; and would better safeguard the child's welfare than removal of the child from the home
- ❖ There will be a person in the family home able to take responsibility for providing appropriate care for the child who is the subject of the order and any other family member who needs care.

Even when a sheriff decides that an exclusion order is necessary s/he will not make the order if it appears unjustified or unreasonable having regard to all the circumstances of the case. The circumstances that s/he will consider are:

- ❖ The conduct of the members of the child's family
- ❖ The needs and financial situation of the family members
- ❖ The extent to which the home is used for a family member's trade or profession and likely consequences.

The sheriff, when considering whether to make, vary or discharge an exclusion order must, taking into account the child's age and maturity, give them an opportunity to express their views if they so wish and the sheriff must have regard to any views expressed. In accordance with the Rules of Court, how the sheriff seeks the views of the child is for him/her to determine.

Steps to be Taken

When consideration is being given to the necessity for an application for an exclusion order, this should be discussed with a social work service manager.

Case discussions should involve representatives of appropriate agencies, in particular health, education and housing staff and also the local authority's legal services. Consideration should also be given to inviting the person who will be left responsible for giving continued care of the child.

The case discussion should consider whether the criteria for an exclusion order are satisfied and should pay particular attention as to whether co-operation may be obtained in any other way, and whether in all the circumstances an exclusion order is the most appropriate measure to be sought.

The case discussion should consider any difficulties likely to be encountered in implementing the order, if granted, and in particular should consider whether assistance may be required from the police/sheriff officers to enforce the order.

It is unlikely that an exclusion order will be used to provide emergency protection for a child. Where emergency protection is required an interim order should be sought. This has the same effect as an exclusion order but can be granted immediately by the sheriff before the court hearing takes place. If the court hearing is not held within three working days then the interim exclusion order will fall.

Exclusion orders may also be used when a child protection order has been granted. This is the case where it is in the best interests of the child to be returned home and the suspected adult perpetrator, who still poses a risk to the child, will not voluntarily leave the home.

Information Required

The main determinants of the decision to seek an Order will be evidence of:

- ❖ The degree of harm suspected
- ❖ The occurrence or likelihood of this harm
- ❖ The extent to which attempts to proceed with parental co-operation have failed

Where a decision has been made to seek an order, the case discussion should consider the need for the provision of information from each appropriate agency to support the application, who will do the assessment, where it will take place and timescale for completion.

This may include, for example, school or health visitor reports.

Where a decision has been made to seek an order the case discussion should consider the need for the involvement of relevant staff from each appropriate agency. This may range from the provision of information towards the assessment, to active involvement in the assessment process. The minute of the case discussion should record decisions made in this regard, and agencies should be requested to confirm their views and concerns in writing.

The minute should also record the views of the child and how they have been ascertained. If the views of the child have not been obtained the minute should indicate the reason for this.

Finally, the minute should record decisions of the case discussion regarding any directions or conditions that may require to be sought in terms of **Section 55** of the Act.

Procedure for Making an Application

The investigating social workers will discuss the application with both the team and service manager, social work, or equivalent, who will then agree arrangements concerning the application. The social work manager will also liaise with the appropriate police personnel in charge of any investigation into allegations of abuse.

Once it is clear that there are sufficient grounds for making an application and all other voluntary options have been considered, during office hours either consult directly or delegate any named individual to consult with Legal Services. A decision should also be made at this stage about whether, and if so, which social work personnel should accompany the solicitor making the application.

It is the legal section's responsibility to prepare an application for the sheriff. However, the team manager and the social worker will require to give details of any terms and conditions or directions which should be attached to the order to the appropriate solicitor in the legal section.

Serving the Order

The order needs to be lawfully served by the applicant. For officers of the local authority the rules specify that the standard methods of legal service available are by first class post, recorded delivery or by fax. However, the applicable rules (Act of Sederunt (Child Care and Maintenance Rules) 1997), also provide that where there is not sufficient time to employ any of the methods specified service can be effected verbally or in such other manner as the Sheriff directs.

Social workers should accordingly ask the Sheriff to direct that they may effect service either by personal delivery and/or verbally. It is suggested that this request is included as a standard part of all applications for child protection orders.

NB Service on any person who might pose a threat of violence should be by Sheriff's Officer (name and address from Legal Services).

The applicant is responsible for giving notice of the Order using the following forms:

- ❖ Form 50 should be given to the child, along with copies of the application and the Order (unless otherwise specified). If a child is deemed to be too young, copies of the form should be given to the appropriate carer.
- ❖ Form 51 should be given to any relevant person within the meaning of Section 93(2)(b) of the Act, along with copies of the application, the order and the explanatory leaflet which gives advice about legal rights.
- ❖ In addition the following people should be given notice of the Order:-
- ❖ The Safeguarder (if any)
- ❖ The Children's Reporter who must receive the original documents
- ❖ Any other person whom the Local Authority considers has an interest in the application.

On being granted an order, the social worker should discuss with the child and the child's family how the order and any conditions should be managed.

The Social Worker should ensure that the case file retains:

- ❖ a copy of the application for an Order
- ❖ the Interlocutor granting the Order
- ❖ any Certificate of Service of an Order.

Out of Hours

The social worker should contact the relevant social work manager. The home telephone numbers of these personnel can be obtained through their organisations. The following are the public numbers:

West of Scotland out of hours number on 0800 811505

North Lanarkshire (out of office hours, week ends and holidays) 0800 1214114

South Lanarkshire (out of office hours, week ends and holidays) 0800 6783282

The procedures outlined above would then be followed by accessing the Department's 'outwith working hours emergency contact list' which contains details of how to access Legal Services, the Sheriff Clerk and the Sheriff.

In the absence of a legal representative, it should be the Service Manager, Children and Families, or equivalent who will make a decision regarding the application.

Criminal Injuries Compensation

Children who have suffered significant harm either within or outwith the family as a result of abuse may be eligible for criminal injuries compensation. Other children or non-abusing adults who have a relationship with the abused child may also be eligible for compensation if they are secondary victims.

Applications for a claim should be made within two years from the date of the crime but the time limit can be waived in any case if the Criminal Injuries Compensation Board thinks it is reasonable or it is in the interests of justice to do so

Professionals should be aware of this scheme and should consider whether any child for whom they are responsible is eligible to apply. They should also ensure that applications are progressed timeously.

Consideration as to whether or not the Criminal Injuries Compensation Scheme may apply should be a standing item at all initial and review child protection case conferences (or 'Looked After' Reviews if appropriate). It is the responsibility of the chair of the review to ensure that reasons are recorded within the appropriate minutes as to why the decision was reached whether to proceed or not to proceed with an application.

Negligence

It is crucial that scrutiny is given to the above as the Local Authority can be held liable if it fails to make a claim. Action may also be taken against the Local Authority if it accepts an inadequate offer of compensation on behalf of a child.

Children and young people who have been abused in residential care are also entitled to claim compensation.

Full details of the scheme including application forms and notes of

guidance can be obtained direct from the Criminal Injuries Compensation Authority, TayHouse, 300 Bath Street, Glasgow, G2 4JR

(Tel 0141 331 2726 or 0800 3583601. See : www.cica.gov.uk)

Appendix 2: Child Abuse

- ❖ Physical Abuse
- ❖ Emotional Abuse
- ❖ Sexual Abuse
- ❖ Neglect
- ❖ Recognition of Physical Injury
- ❖ Indicators of Sexual Abuse
- ❖ Indicators of Physical Neglect
- ❖ Indicators of Emotional Abuse
- ❖ Recognition of Emotional Abuse
- ❖ Disability

Definition of Abuse

This section is currently subject to the Scottish Government Consultation on National Guidance for Child Protection in Scotland September 2010 and will be updated when the consultation outcome is agreed.

When the threshold of concern about future risk and the need for Child Protection has been reached, the child's name may be placed on the Child Protection Register.

Registration should be only under the one category. Where it is believed that there is more than one risk, then registration should be under that which represents the most predominate and serious area of risk from which the child requires protection. Future risk should determine the category of registration rather than past abuses if these are different.

The category under which the child is registered can be changed at review Child Protection conference over time as concerns change and knowledge of family patterns and functioning increases.

The categories of registration are:

- ❖ Domestic abuse
- ❖ Parental alcohol misuse
- ❖ Parental drug misuse
- ❖ Non-engaging family
- ❖ Parental mental health problems
- ❖ Children placing themselves at risk
- ❖ Sexual abuse
- ❖ Child exploitation
- ❖ Physical abuse

- ❖ Emotional abuse
- ❖ Neglect
- ❖ Other concern(s)

There is no 'at risk' category.

The Scottish Office document 'Protecting Children; A Shared Responsibility; Guidance on Interagency Co-operation'; (June 1998) defines abuse as:

'Children may be in need of protection where their basic needs are not being met in a manner appropriate to their stage of development and they will be at risk from avoidable acts of commission or omission on the part of their parent(s), sibling(s), from other relative(s), or a carer (i.e. the person(s) while not a parent who has actual custody of a child). To define an act or omission as abusive and/or presenting future risk for purpose of registration a number of elements must be taken into account. These include demonstrable or predictable harm to the child which must have been avoidable because of action or inaction by the parent or other carers'.

Abuse can be physical, sexual or emotional. It may be acute or involve a long-term pattern of physical neglect, and often children are abused in more than one way.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child whom they are looking after. This situation may be described as fabricated or induced illness by the carer (as described in more detail in the relevant section in the Indicators of Risk chapter National Guidance for Child Protection in Scotland: Scottish Government Public Consultation).

Emotional Abuse

Emotional abuse is where persistent emotional ill treatment of a child causes severe and persistent adverse effects on the child's emotional development. 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. It may feature age or developmentally inappropriate expectations being imposed on children.

It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is present in all types of ill treatment of a child, though it may occur independently of the other forms of abuse.

Sexual Abuse

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. 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, pornographic material or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Neglect may also result in the child being diagnosed as suffering from non-organic failure to thrive, where a child has significantly failed to reach normal growth and developmental milestones and where physical and genetic reasons have been medically eliminated.

Recognition of Physical Injury

The following indicators should alert workers to the possibility of children having been abused:

Bruises

- ❖ Black eyes are particularly suspicious if: both eyes are black (most accidents cause only one); there is no bruise to the forehead or nose or suspicion of skull fracture (black eyes can be caused by blood seeping down from an injury above).
- ❖ Bruising in or around the mouth (especially in small babies).
- ❖ Grasp marks on arms or chest of a small child.

- ❖ Finger marks (e.g. you may see three or four small bruises on one side of the face and one on the other).
- ❖ Symmetrical bruising (especially on the ears).
- ❖ Outline bruising (e.g. belt marks, hand prints).
- ❖ Linear bruising (particularly on the buttocks or back).
- ❖ Bruising on soft tissue with no obvious explanation.
- ❖ Different age bruising (especially in the same area).
- ❖ Petechial bruising (petechia – a small spot due to an effusion of blood under the skin) ; tiny red marks on face and especially in or around eyes and neck, also ears, indicating shaking or constriction.

Most falls or accidents produce one bruise on an area of the body, usually on a bony protuberance. A child who falls downstairs generally has only one or two bruises. Bruising in accidents is usually on the front of the body as children generally fall forwards. In addition, there may be marks on their hands if they have tried to break their fall. The following are uncommon areas for accidental bruising: back, back of legs, buttocks (except, occasionally, along the bony protuberance of the spine), neck, mouth, cheeks, behind the ear, stomach, chest, under the arm, genital and rectal area.

Bites

These can leave clear impressions of the teeth.

Burns and scalds

It can be very difficult to distinguish between accidental and non-accidental burns, but as a general rule of thumb, burns or scalds with clear outlines are suspicious. So are burns of uniform depth over a large area. Also, splash marks about the main burn area (caused by hot liquid being thrown).

Concerns should be raised where the adult responsible has not checked the temperature of the bath. A child is unlikely to sit down voluntarily in too hot a bath and cannot accidentally scald its bottom without also scalding its feet. A child getting into too hot water of its own accord will struggle to get out again and there will be splash marks. Small round burns may be cigarette burns.

Scars

Many children have scars, but notice should be taken of an exceptionally large number of differing age scars (especially if coupled with current bruising), unusual shaped scars (e.g. round ones from possible cigarette burns), or of large scars that are from burns or lacerations that did not receive medical treatment.

Fractures

Should be suspected if there is pain, swelling and discoloration over a bone or joint. The most common non-accidental fractures are to the long bones (i.e. the arms, legs, ribs). Due to the lack of mobility and stage of

development it is very rare for a child under one year to sustain a fracture accidentally. Generally, fractures also cause pain and it is difficult for a parent to be unaware that a child has been hurt.

Genital/anal area injury

It would be unusual for a child to have bruising or bleeding in this area and a medical opinion should be sought.

Shaken baby syndrome

Shaken baby syndrome refers to the constellation of non accidental injuries occurring in infants and young children as a consequence of violent shaking. Occurrence of the syndrome is unrelated to race, gender, socio-economic status or education. Violent shaking can result in death.

Poisoning

Poisoning often occurs in Fictitious Illness Syndrome (Munchausen Syndrome By Proxy). Medical advice should be sought in respect of child and parent.

Where there are concerns or uncertainty regarding physical signs, medical advice should be sought.

Indicators of Sexual Abuse

Sexual abuse may include activities such as incest, rape, sodomy or intercourse with children; lewd or libidinous practices or behaviour towards children; or encouraging children to become prostitutes or witness intercourse or pornographic materials.

Activities involving sexual exploitation, particularly between young people may be indicated by the presence of one or more of the following characteristics-lack of consent; inequalities in terms of chronological age, development stage or size; actual or threatened coercion.

This area of work is made more complicated by the general lack of physical evidence and the lack of corroboration available to support children's accounts of events.

Staff must be aware of restricting assessment of significant harm only to physical outcomes, 'he didn't hurt her, he only touched her gently', 'he didn't even touch her, just looked at her' are not acceptable denials of significant harm. Even non-physical forms of sexual abuse cause very significant harm to children.

A key factor is familial responsibility and motivation. If the motivation is to heighten the adult's own gratification by including children in sexual activity, then that generates harm.

Children can make statements either spontaneously or in a planned way and this is often dependent on their age.

The following indicators should alert workers to the possibility of the child being the victim of sexual abuse:

Physical indicators:

- ❖ injuries in genital area;
- ❖ infections or abnormal discharge in the genital area;
- ❖ complaints of genital itching or pain;
- ❖ depression and withdrawal;
- ❖ wetting or soiling, day or night;
- ❖ sleep disturbances or nightmares;
- ❖ recurrent illnesses, especially venereal disease;
- ❖ anorexia or bulimia;
- ❖ unexplained pregnancy;
- ❖ phobias or panic attacks.

NB: venereal disease in a child or young person may indicate sexual abuse.

General indicators:

- ❖ self harm;
- ❖ excessive sexual awareness or knowledge of sexual matters inappropriate for the child's age;
- ❖ acting in a sexually explicit manner, e.g. very young children inserting objects into the vagina;
- ❖ sudden changes in behaviour or school performance or school avoidance;
- ❖ displays of affection in a sexual way inappropriate to age;
- ❖ tendency to cling or need constant reassurance;
- ❖ tendency to cry easily;
- ❖ regression to younger behaviour, such as thumb-sucking, playing with discarded toys, acting like a baby;
- ❖ distrust of a familiar adult, or anxiety about being left with a relative, a baby-sitter or a lodger;
- ❖ unexplained gifts or money;
- ❖ secretive behaviour;
- ❖ eating disorders;
- ❖ fear of undressing for gym;
- ❖ phobias or panic attacks.

Indicators of Physical Neglect

The following indicators, singly or in combination, should alert workers to the possibility that the child may have been abused:

- ❖ lack of appropriate food;
- ❖ inappropriate or erratic feeding;
- ❖ hair loss;
- ❖ lack of adequate clothing;
- ❖ circulation disorders;
- ❖ unhygienic home conditions;
- ❖ failure to seek appropriate medical attention;
- ❖ a delay or failure in seeking medical treatment which is obviously needed;
- ❖ general failure to achieve developmental milestones.

Indicators of Emotional Abuse

This may include situations where as a result of persistent behaviour by the parent or care-giver, children are rejected, denigrated or scapegoated, engaged in play inappropriate to their stage of development or encouraged to engage in anti-social behaviour, put in a state of terror or extreme anxiety by the use of threats or practices designed to intimidate them, isolated from normal social experiences, preventing the child from forming friendships.

By its very nature, emotional abuse can be difficult to accurately measure and evidence. Attention must be paid to restorative change, e.g. when discussing such factors as weight gain when a child is looked after or accommodated.

Studies have revealed three tiers of concern in cases where emotional abuse has been identified.

- ❖ Parental attributes, for example, mental ill health, domestic violence and substance mis-use.
- ❖ Forms of adult ill-treatment, this can include developmentally inappropriate interaction with the child, e.g. age inappropriate interaction/exposure/impositions, denigration and rejection, unresponsiveness.
- ❖ Indicators of impairment of the child's development, for example, the child's emotional state, behaviour, developmental/educational attainment etc.

Due to the nature of emotional abuse, which tends to be identified via an accumulation of concerns, an interagency assessment will often be the most appropriate response. This would include:

- ❖ the nature of the significant harm to be established;
- ❖ parental risk factors to be identified;
- ❖ the nature of necessary changes in the family defined;
- ❖ specific interventions offered to reduce the ill-treatment and any potential risk factors;
- ❖ the family's capacity for change and level of co-operation assessed.

A response such as this must be time limited (e.g. 3 to 6 months) and must be re-assessed with outcomes and child's well being further evaluated. Equally, any period of assessment would depend on the parents' acknowledgement of concerns and willingness to work with professionals.

Following this assessment the area manager may wish to consider convening a child protection conference.

Recognition of Emotional Abuse

The following indicators should be considered by workers when concerns regarding emotional abuse arise. In some situations the following will be applicable to an individual child within the family or to all children:

Parents' behaviour:

- ❖ parents' history;
- ❖ rejection;
- ❖ denigration;
- ❖ scapegoating;
- ❖ denial of opportunities for exploration, play and socialisation appropriate to their stage of development;
- ❖ under stimulation;
- ❖ sensory deprivation;
- ❖ isolation from normal social experiences, preventing the child from forming friendships;
- ❖ marked difference in material provision in relation to other siblings;
- ❖ unrealistic expectations of the child;
- ❖ asking for a child to be removed from home, or indicating difficulties in coping with a child, about whose care there are already doubts;
- ❖ domestic violence. The effects on children who witness domestic violence are serious. The possibility of such children also being physically abused must be borne in mind (see section on domestic violence).

Child's behaviour:

- ❖ frozen watchfulness;
- ❖ fear of carers;
- ❖ refusal to speak;
- ❖ severe hostility/aggression towards other children.

The foregoing recognition and signs should not be used as a checklist or an arithmetical aid or a predictor kit. Using it in this way could be detrimental to children and carers. It is an aid to the exercise of professional judgement and assessment.

Disability

Disabled children are not only vulnerable to the same types of abuse as their typically developing peers, but there are some forms of abuse to which they are more vulnerable. The definition of 'disabled children' includes children and young people with a comprehensive range of impairments with physical, emotional, developmental, learning, communication and health care needs.

There is a strong association between childhood disability and maltreatment. Abuse of disabled children is significantly under-reported. Local services need to ensure their systems for collecting information about disabled are sufficiently robust.

Disabled children are more likely to be dependent on support for communication, mobility, manual handling, intimate care, feeding and/or invasive procedures. There may be increased parental stress, multiple carers, care in different settings (including residential) and often reluctance among adults to believe that disabled children are abused.

Disabled children are also likely to be less able to protect themselves from abuse and limited mobility can add to their vulnerability. In addition, the network of carers around the child is likely to be larger than for a non-disabled child, which can be a risk factor in itself. While the majority of parents/carers who are part of such a team demonstrate the highest standard of care for their child, some could themselves be perpetrators. Particularly vulnerable are those children with communication or sensory impairments, behavioural disorders or learning disabilities.

Abuse of disabled children is more likely to start at an earlier age and repeated multiple abuses are evident. Neglect is the most frequently reported form of abuse, followed by emotional abuse.

Children looked after by parents/carers in the community can have complex health care needs which include life-threatening conditions. The caring responsibilities which can involve complex clinical procedures can cause considerable pressure on families. Reliance on physical, mechanical and chemical interventions to manage health and behaviour can leave these children particularly vulnerable to harm. This can be through lack of awareness, knowledge or support. In addition, dependence on medication may leave disabled children further exposed to abuse from purposeful manipulation of medication, or from lack of understanding resulting in failure to administer the medication as prescribed.

Disabled children are often highly dependent on their carers. They may be less resilient and non-treatment of even minor ailments can have serious consequences. Practitioners' expectations of the ability of parents/carers to cope in managing the care needs may be over-estimated. The latter can fear failing or admitting they cannot cope. To protect disabled children, it is crucial for assessments to include the ability and capacity of parents/carers to cope with the demands required.

When responding to concerns about a disabled child, expertise in child protection and disability should be brought together to ensure the child receives the same standard of service as a non-disabled child. Practitioners experienced in working with disabled children, such as speech and language therapists or residential workers, may be helpful to participate in the investigative process.

Local guidance should set out processes and available support and be sensitive to the particular needs of disabled children during the conduct of child protection investigations, such as when children with disabilities need to be examined, give consent or communicate evidence. For example, where a disabled child has communication impairments or learning disabilities, special attention should be paid to the child's communication needs, and ascertaining the child's perception of events, and their wishes and feelings.

Practitioners responsible for making enquiries into a child protection concern should be aware of non-verbal communication systems, when they might be useful and how to access them, and should know how to contact suitable interpreters or facilitators. Assumptions should not be made about the inability of a disabled child to give credible evidence or withstand the rigours of the court process. Each child should be assessed carefully and supported to participate in the process when this is in the child's best interest.

Local services need to provide training for those involved in child protection work on the particular vulnerability of disabled children. Local guidelines should promote early contact with key workers as crucial for advice on the child's impairment, how this is likely to impact on the investigation and what support is needed for the child in order to progress any enquiry.

Specialist advice should be sought at an early stage to help inform decision-making and any investigation planning should include: support to the child, such as preferred support worker and someone who is able to communicate with, and for, the child; identifying a location suited to the sensory or communication needs of the child, including any communication boards/loop system as required; additional time allowed to conduct the inquiry; including time before to brief the support staff and plan for breaks to suit child's needs.

Appendix 3: Domestic Abuse

- ❖ Domestic Abuse
- ❖ Disabled Parents and Carers

Domestic Abuse

Children and young people living with domestic abuse are at increased risk of significant harm, potentially as a result of direct abuse from the perpetrator as well as from witnessing harm to other members of the family. It is not

necessary, however, for children to witness directly or be subject to abuse to be affected by it. Domestic abuse can profoundly disrupt a child's stable and nurturing environment and affect their physical, mental and emotional health.

The impact of domestic abuse on any one child will vary, depending on a number of factors, including the frequency, severity and length of exposure to abuse and the ability of others in the household (particularly the non-abusive parent/carer) to provide parenting support under such adverse circumstances. If the non-abusive parent/carer; most frequently the mother; is not safe, it is unlikely that the children will be. Indeed, children frequently come to the attention of practitioners at a point when the severity and length of exposure to abuse has compromised the non-abusing parent's/carer's ability to nurture and care for the children.

The best way to keep both children and the non-abusive parent/carer safe is to focus on early identification, assessment and intervention through skilled and attentive staff in universal services. Domestic abuse is widely under-reported to the police. Given the reticence of victims to come forward unless directly questioned, it is crucial that staff routinely are aware of any indications of domestic abuse and make appropriate enquiries.

When undertaking assessment or planning for any child affected by domestic abuse, it is crucial that practitioners recognise that domestic abuse involves both an adult and a child victim. The impact of domestic abuse on a child should be understood as a consequence of the perpetrator choosing to use violence in the environment of the child, rather than of the non-abusing parent's/carer's failure to protect. Whilst support to the non-abusing parent/carer is essential to re-establishing a stable and nurturing home for the child in the longer term, there may be occasions when, as a consequence of domestic abuse, they are unable to provide this in the present. Appropriate steps may need to be taken to protect the child, which can mean the child living apart from the non-abusing parent/carer for a period of time. In such circumstances, placement within the wider family network should always be the first option as this will provide some degree of continuity and stability for the child. Agencies should always work to ensure that they address the protection of children in parallel to the protection of their non-abusing parents/carers.

Protection needs to be long-term and should not cease after separation between the abuser and the non-abusing parent/carer. Indeed, separation is frequently a time of increased risk for children and their non-abusing parent/carer, when violence may escalate rather than abate. One area of critical concern is the child's contact with the perpetrator, which can be used to continue the domestic abuse. Any decisions made in regard to contact by both social work services and the civil courts should be based on an appropriate risk assessment of the potential danger to both the non-abusing parent/carer and the children.

More detailed information about the impact of domestic abuse on children and young people and the need to address this from a child protection perspective can be found in the following documents:

[National Domestic Abuse Delivery Plan for Children and Young People](#), Scottish Government, 2008.

Safer Lives: Changed Lives – A Shared Approach to Tackling Violence against Women in Scotland, Scottish Government, 2009.

In Partnership, Challenging Domestic Abuse – Joint Protocol between Association of Chief Police Officers in Scotland (ACPOS) and Crown Office and Procurator Fiscal Service, COPFS, 2008.

Disabled Parents and Carers

Children can also be affected by the disability of those caring for them. Disabled parents/carers/siblings may have additional support needs relating to physical and or sensory impairments, mental illness, learning disabilities, serious or terminal illness, or degenerative conditions. These may impact on the safety and well-being of their children, resulting in delay to their education, physical and emotional development.

Further information on mental health issues and the impact on children can be found in this chapter.

Disabled children can progress into adult protection. The Protection of Vulnerable Groups (Scotland) Act 2007 recognises the vulnerability of disabled adults. Transition to adult services for disabled children may be a traumatic time for them and their families. Local services should consider the development of transition plans that reflect the complexity of transition from child to adult services.

Further Information

Further helpful information can be found in the following publications or on the links noted below.

- ❖ Department for Children Schools and Families, 2009. [Safeguarding Disabled Children: Practice Guidance](#).
- ❖ [Triangle](#) is an independent organisation that works directly with children and their families but also offers training and consultancy to practitioners and agencies
- ❖ [AFASIC](#) is a UK charity representing children and young adults with communication impairments, working for their inclusion in society and supporting their parents and carers)
- ❖ [Capability Scotland](#) are a third sector services which provide education, employment opportunities and support for disabled people (including

Appendix 4: Children Left Unattended

- ❖ [Children left Unattended](#)

Children left Unattended

It is an offence under Section 12 of the Children and Young Persons Act 1937, if any person who has attained the age of 16 years has the custody, charge or care of any child or young person under that age and wilfully assaults, ill-treats, neglects, abandons or exposes him or causes or procures him to be assaulted, ill-treated, neglected, abandoned or exposed in a manner likely to cause him unnecessary suffering or injury to health (including injury to or loss of sight or hearing or limb or organ of the body and mental derangement.), but that is much narrower and more specific than leaving unattended.

Leaving a child unattended is not an offence in itself, nor is it child abuse in itself. For it to be child abuse there must be two elements of the definition present, significant harm and familial responsibility for that significant harm.

There needs to be evidence of real likelihood of suffering or likely injury to health. It is a vital and essential part of childhood and growing up that children are left unattended. There needs to be considerable caution before any consideration of applying a label of child abuse to such situations. Factors that would be relevant include the age of the child, the time of day or night, the existence of obvious hazards and the persistence or frequency of such behaviour.

Children left unattended generally become child abuse concerns where there is evidence of a pattern or patterns that expose the children to likelihood of serious harm. That is not to say that the patterns of children being regularly left unattended should not be seen and dealt with as child care concerns, ones that may even require compulsory measures of care if particularly serious. In themselves these incidents do not require to be investigated or dealt with as child abuse.

Abandonment is a separate and much more serious event which is more likely to qualify as potential child abuse. In the case of *McGregor; V A*, the Court defined abandonment as follows, 'In my opinion 'to abandon' means to leave in a permanent way. It denotes an intention to depart from a person, a place or a particular course of action in the sense that the departure, if not necessarily permanent, or quasi-permanent, will be final for the near future, and will not involve the perpetrator readily retracing his steps to the point of departure.'

Appendix 5: Physical Chastisement

❖ Physical Chastisement

Physical Chastisement

Parents are entitled by law to use limited force as a form of punishment for children, although the extent of such entitlement is restricted by statute. Section 51 of the Criminal Justice (Scotland) Act 2003 allows a court to consider as a justifiable assault any physical punishment inflicted on a child in the exercise of a parental right or a right derived

from having care of the child. In assessing the justification for such action it is necessary to consider a number of factors including:

- ❖ the nature of the action, the reason for it and the circumstances in which it took place;
- ❖ its duration and frequency;
- ❖ the child's age and personal characteristics at the time including gender and state of health
- ❖ any physical or mental effect on the child

Expressly excluded from the category of justifiable assault is any punishment constituted by a blow to the head, shaking or use of an implement.

Similar considerations should be applied by workers in identifying physical abuse in the context of chastisement.

Several judicial judgements ([click here for children left unattended](#)) have confirmed that even the presence of the element of anger does not necessarily make a parent unreasonable. There can be no simple equation of anger equalling child abuse or anger turning punishment into assault. The presence of anger can still be equated with reasonable chastisement.

Appendix 6: Parental Problems

- ❖ [Parents with Substance Misuse Problems](#)
- ❖ [Parental Mental Illness](#)

Parents with Substance Misuse Problems

Substance misuse can involve either alcohol or drug misuse (which can include prescription as well as illegal drugs).

The risks and impacts on children of substance-misusing parents and carers are known and well-researched.

Substance misuse during pregnancy can have significant health impacts on the unborn child. Parental substance misuse can also result in the sustained abuse, neglect, maltreatment, behavioural problems, disruption in primary care-giving, social isolation and stigma of children. Substance-misusing parents/carers often lack the ability to provide structure or discipline in family life. Poor parenting can impede child development through poor attachment and the long-term effect of maltreatment can be complex. The capability of parents/carers to be consistent, warm and emotionally responsive to their children can be overwhelmed by the preoccupation of substance misuse.

It is important that all practitioners working with drug- or alcohol-abusing parents/carers know the potential effects that substance misuse can have on a child, both in terms of the indirect impact on the care environment as well as direct exposure to the use of these substances. Planning around these children is vital, particularly in pre-birth situations,

and will often include input from agencies that do not have a frontline child care role. The best interests of the child should always be the principal concern.

Local areas should ensure there are robust policies and guidance in place for the identification, assessment and management of children affected by substance misuse. These should reflect the multi-agency and single agency roles and responsibilities for this complex area of work. These will be framed by local children affected by parental substance misuse (CAPSM) strategies, whose development should be led by ADPs working in conjunction with Child Protection Committees, that cover partnership working, commissioning of services, training to ensure that the skills set for dealing with adult- and child-specific issues are known by all relevant staff, and a performance monitoring framework.

Below these strategies, local guidance should be developed to refer to the key wider national change programmes and frameworks which are relevant to children affected by parental substance misuse; currently [The Road to Recovery](#), and the National Alcohol Framework, [Changing Scotland's Relationship with Alcohol: a Framework for Action](#), as well as [GIRFEC](#). In addition, it is important that local guidance should include the following.

- ❖ Reference to the evidence base on the impact of parental substance misuse on children. This should include specific reference to Foetal Alcohol Spectrum Disorder and Neo-natal Abstinence Syndrome as well as best practice guidance on blood-borne viruses; for example, in relation to breast-feeding, testing, immunisation of mothers and infants, and treatment and care of affected children. Local guidance should also include an evidence base for effective interventions with parents, carers and families affected by problem drug and alcohol use. This should include ante-natal and post-natal care pathways for parents/carers where there are substance misuse issues. Separate guidance on the management of young people with problem substance use and families affected by young people's substance use should also be in place.
- ❖ A clear statement about partnership working, (see getting our priorities right: www.scotland.gov.uk/Publications/2001/09/10051/File-1), roles and responsibilities of practitioners and agencies involved with families at key stages. Effective intervention is dependent on robust working relationships between practitioners within both a child and adult care setting. When identifying and responding to concerns about a child, expertise in child protection and addiction services should be brought together to ensure the child receives a robust, joined-up service. Particular attention should be paid to information-sharing (including resolution of disputes on information-sharing) and best practice for consent to share information (see Good Practice Guidance for working with Children and Families affected by substance misuse: <http://www.scotland.gov.uk/Publications/2003/02/16469/18705>).
- ❖ Advice on how to include a family support plan element within the planning for children, taking account of the issues affected not just mothers and children, but parents and carers more generally. In particular, the

Family Support Plan model can be useful when dealing with families affected by problems substance misuse.

A Lead Professional should be identified in cases where several services are involved. In child protection cases, this role should be assigned to a social worker but in other scenarios, local guidance should provide direction on:

- ❖ the practitioners and agencies who should undertake this role;
- ❖ at what stage in the process of assessing an individual child's needs that a Lead Professional should be appointed; and
- ❖ the relevant governance arrangements and accountability.

Local services should have an agreed risk assessment framework for CAPSM. In addition, there should be in place a strategy for the training and education of staff involved in this area of work. This should encompass staff in addition services who need to know about child development/maltreatment, as well as social worker/health staff who will require training on drug and alcohol problems.

There are particular issues regarding kinship care and the impact of parental substance misuse that should be highlighted. Regulation 10 of the Looked After Children (Scotland) Regulations 2009, 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 in terms of section 17(6) of the Children (Scotland) Act 1995. It should be recognised that CAPSM is a significant driver in the number of kinship care cases and local authorities must recognise kinship carers and make adequate provision at a local level. Many children are living apart from their birth parents because of parental substance misuse. Preventative and protective work is necessary to support carers, especially kinship carers who face added challenges. Particular issues for kinship carers in these circumstances include the potential risks posed by parents and how the kinship carers (for example, a grandparent) feel about protecting their grandchild or grandchildren, from their own child. Kinship carers may have a number of ambivalent feelings about the circumstances that has resulted in them having to care for a child or young person and services need to be sensitive to these issues and offer support wherever possible.

Further Information

More detailed information about the impact of parental substance misuse on children and young people and the need to address this from a child protection perspective can be found in the following documents:

- ❖ Good Practice Guidance for working with Children and Families affected by Substance Misuse:
<http://www.scotland.gov.uk/Publications/2003/02/16469/18705>
- ❖ Hidden Harm: <http://www.scotland.gov.uk/Resource/Doc/26350/0012816.pdf>

It is not inevitable that living with a parent or carer who experiences mental ill health will have a detrimental impact on a child's development and many adults who experience mental health problems are good parents. However, there is evidence to suggest that many families in this situation are more vulnerable.

A number of features can contribute to the risk experienced by a child or young person living with a parent or carer who has mental health problems including that:

- ❖ they may be involved in parent's/carer's delusional system or obsessional compulsive behaviour;
- ❖ the child may have become the focus for parental aggression or rejection;
- ❖ the child may witness disturbing behaviour arising from the mental illness (often with little or no explanation);
- ❖ the child may have caring responsibilities which are inappropriate for his/her age; and
- ❖ the parent/carer is unable to anticipate the needs of the child or put the needs of the child before their own.

There are also factors which may impact on parenting capacity including:

- ❖ maladaptive coping strategies or misuse of alcohol and/or drugs;
- ❖ lack of insight into the impact of the illness (on both the parent/carer and child); and
- ❖ poor engagement with services or non-compliance with treatment.

This list is not exhaustive and a number of other factors can also impact on these situations, for example, issues impacting on the attachment relationship or domestic abuse.

Parental mental illness requires effective partnership working and, at times, it must be acknowledged that the needs of the child and their parents may conflict. The importance of a holistic perspective on family assessment is fundamental to providing appropriate services to both parents/carers and children in families dealing with mental health problems. However, it must be recognised that this work cannot be limited to specialist services and universal services must also be aware of the potential impact of adult mental illness on children and young people and Practitioners must develop a sound knowledge about, and relationship with, other services which will facilitate joint working and shared case management.

The stigma associated with mental health problems means that many families are reluctant to access services because of a fear about what will happen next. Whilst this fear may also be present in other families, many parents/carers with mental health problems are worried that they will be judged because of their problems and this alone will be considered in terms of the care of their children. Therefore, for many of them, identifying a need for services or support is viewed as a high risk strategy.

More detailed information about the impact of parental substance misuse on children and young people and the need to address this from a child protection perspective can be found in the following documents:

The Road to Recovery: A New Approach to Tackling Scotland's Drug

Problem, Scottish Government, 2008.

Changing Scotland's Relationship with Alcohol: A Framework for Action,

Scottish Government, 2009.

Appendix 7: Non-engaging Families

Non-engaging Families

Evidence shows that some adults will deliberately evade practitioner interventions aimed at protecting a child. In many cases of child abuse and neglect, this is a clear and deliberate strategy adopted by one of the adults with responsibility for the care of the child. It is also the case that the nature of child protection work can result in parents/carers behaving in a negative and hostile way towards practitioners.

The terms 'non-engagement' and 'non-compliance' are used to describe a range of deliberate behaviours and attitudes, such as:

- ❖ failure to enable necessary contact (for example, missing appointments) or refusing to allow access to the child or the home;
- ❖ active non-compliance with the actions set out in the Child's Plan (or **Child Protection Plan**);
- ❖ disguised non-compliance, where the parents/carer appears to cooperate without actually carrying out actions or enabling them to be effective; and
- ❖ threats of violence or other intimidation towards practitioners.

Consideration needs to be given to determining which family member(s) is or are stopping engagement from taking place and why. For example, it may be the case that one partner is 'silencing' the other and that domestic abuse is a factor. Service users may find it easier to work with some practitioners than others. For example, young parents may agree to work with a health visitor/public health nurse but not a social worker.

When considering non-engagement, practitioners should check that the child protection concerns and necessary actions have been explained clearly, taking into account issues of language, culture and disability, so that parents or carers fully understand the concerns and the impact on themselves and their child.

If there are risk factors associated with the care of children, risk is likely to be increased where any of the responsible adults with caring responsibilities fail to engage or comply with child protection services. Non-engagement and non-

compliance, including disguised compliance, should be taken account of in information collection and assessment. Non-engagement and non-compliance may point to a need for compulsory or emergency measures. In what will often be challenging situations, staff may need access to additional or specialist advice to inform their assessments and plans.

There is a risk of 'drift' setting in before non-engagement is identified and action taken. If letters are ignored, or appointments not kept, weeks can pass without practitioner contact with the child. If parents/carers fail to undertake or support necessary actions, this should be monitored and the impact regularly evaluated. Good records must be kept, including contracts and whether they are successful or not, particularly during periods of high risk when children are not in nursery or school, for example, Christmas and summer holidays. Staff need to be clear what action should be taken when contact is not maintained. Where the child is subject to compulsory measures of supervision, the Reporter should be notified if agencies are unable to gain access to the child.

Core groups need to work effectively and collaboratively to deal with a counter non-engagement. Different agencies and practitioners will have to different responsibilities. Effective multi-agency approaches provide flexibility so that, for example, responsibility for certain actions can be given to those practitioners or agencies that are most likely to achieve position engagement. All services should be ready to take a flexible approach.

Given the nature of child protection work, non-engagement can sometimes involve direct hostility and threats or actual violence towards staff. All agencies should have protocols to deal with this, including practical measures to promote the safety of staff who have direct contact with families. In addition, staff should have the opportunity for debriefing after any incidents.

Families or carers who are directly hostile are very challenging to practitioners. However, services for children should not be withdrawn without putting other protective measures in place. Local child protection guidance should state that key safeguards and services should be maintained for children who are at risk of harm.

Key messages for practice

- ❖ Local protocols should provide details of specialist advice that can be sought when assessing concerns about non-compliance.
- ❖ Records should include details about contact, or lack of contact, with a family.
- ❖ Where the child is subject to compulsory measures of supervision, the Reporter should be notified if agencies are unable to gain access to the child.
- ❖ All agencies should have protocols for dealing with threats to staff.
- ❖ Services should not be withdrawn unless other protective measures have been put in place for the child.

- *National Guidance for Child Protection in Scotland (2010)*

Children and Young People Who Place Themselves at Risk

- ❖ Children and Young People Who Place Themselves at Risk

Children and Young People Who Place Themselves at Risk

Some children and young people place themselves at risk of significant harm from their own behaviour. Concerns about these children and young people can be just as significant as concerns relating to children who are at risk because of their care environment. The main difference is the source of risk, though it should be recognised that at least some of the negative behaviour may stem from experiences of abuse. 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. 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.

While not exhaustive, the following lists the different types of concern that may arise:

- ❖ self-harm and/or suicide attempts
- ❖ alcohol and/or drug misuse
- ❖ running away/going missing
- ❖ inappropriate sexual behaviour or relationships
- ❖ sexual exploitation
- ❖ problematic or harmful sexual behaviour
- ❖ violent behaviour
- ❖ criminal activity

Child Protection Committees are required to ensure that there are multi-agency policies, procedures and systems in place for identifying, referring and responding to these types of concerns.

Appendix 8: Practice Model – Getting it Right for Every Child

The *Getting it right for every child* national practice model builds on knowledge, theory and good practice. It provides a framework for practitioners in all agencies to gather, structure, and analyse information in a consistent way to help identify and understand the child or young person's needs, the strengths and pressures on them and their carers, and

consider what support is required. The model defines needs and risks as two sides of the same coin. It promotes the participation of children, young people and families in gathering and interpreting information and in making decisions as central to assessing, planning and taking action.

The components of the practice model have been designed to ensure that assessment information about children and young people is recorded in a consistent way by all agencies. This should help to provide a shared understanding of a child or young person's needs and identify concerns that may need to be addressed. The model and the tools which support it can be used by workers in adult and children's services and in single or multi-agency contexts.

The main components in the practice model are:

- ❖ The Well-being Indicators
- ❖ The Five Questions
- ❖ The My World Triangle
- ❖ The Resilience Matrix
- ❖ The Child's Plan

These components should be used proportionately to identify and meet the child or young person's needs.

- ❖ Use the well-being indicators to identify a concern, record, share information and take appropriate action
- ❖ Ask yourself the five questions
- ❖ Use the My World Triangle, and where appropriate specialist assessments to explore known information, and where necessary gather more information about the strengths and pressures in the child's world
- ❖ Analyse the information, using the Resilience Matrix to aid clarity where required.
- ❖ Summarise needs against the well-being indicators
- ❖ Agree goals and the steps required to reach these goals
- ❖ Construct a plan and take appropriate action
- ❖ Review the plan

- ❖ Core Components of GiRFEC
- ❖ The Well-being Indicators
- ❖ Values and Principles of GiRFEC
- ❖ The five questions
- ❖ The My World Triangle
- ❖ Specialist Assessments

- ❖ Analysis
- ❖ The Resilience Matrix
- ❖ Risk

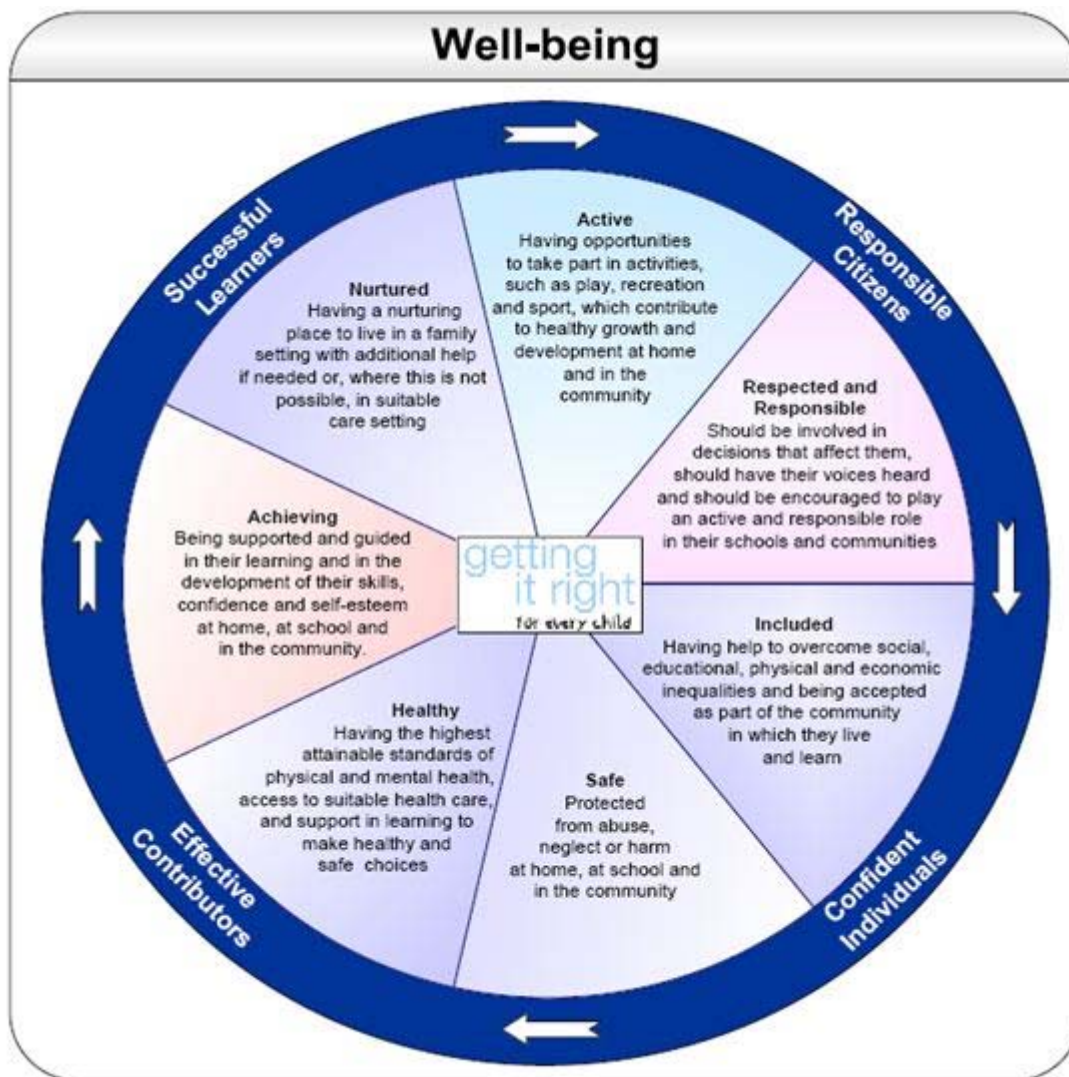
Core Components of GiRFEC

Getting it right for every child is founded on 10 core components which are applicable to all settings.

1. A focus on improving outcomes for children, young people and their families based on a shared understanding of well-being.
2. A common approach to gaining consent and to sharing information where appropriate.
3. An integral role for children, young people and families in assessment, planning and intervention.
4. A co-ordinated and unified approach to identifying concerns, assessing needs, agreeing actions and outcomes, based on the Well-being Indicators.
5. Streamlined planning, assessment and decision-making processes that lead to the right help at the right time.
6. Consistent high standards of co-operation, joint working and communication where more than one agency needs to be involved, locally and across Scotland.
7. A Lead Professional to co-ordinate and monitor multi agency activity where necessary.
8. Maximising the skilled workforce within universal services to address needs and risks at the earliest possible time.
9. A confident and competent workforce across all services for children, young people and their families.
10. The capacity to share demographic, assessment, and planning information electronically, within and across agency boundaries, through the national eCare programme where appropriate.

The Well-being Indicators

Seven indicators of well-being have been identified as areas in which children and young people need to progress in order to do well, now and in the future. These well-being indicators are illustrated and defined in the well-being diagram below.



The well-being indicators are an important part of the *Getting it right for every child* national practice model and are used at three points during the assessment and planning process.

1. To provide a context for identifying and recording concerns.
2. As a framework for
 - ❖ analysis of further information gathered around the My World Triangle;
 - ❖ setting goals
 - ❖ identifying the actions to be taken to bring about the desired outcomes.
3. To provide clear objectives against which the plan can be reviewed

Values and Principles of GiRFEC

The *Getting it right for every child* approach is underpinned by common values and principles 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). They are reflected in legislation, standards, procedures and professional expertise.

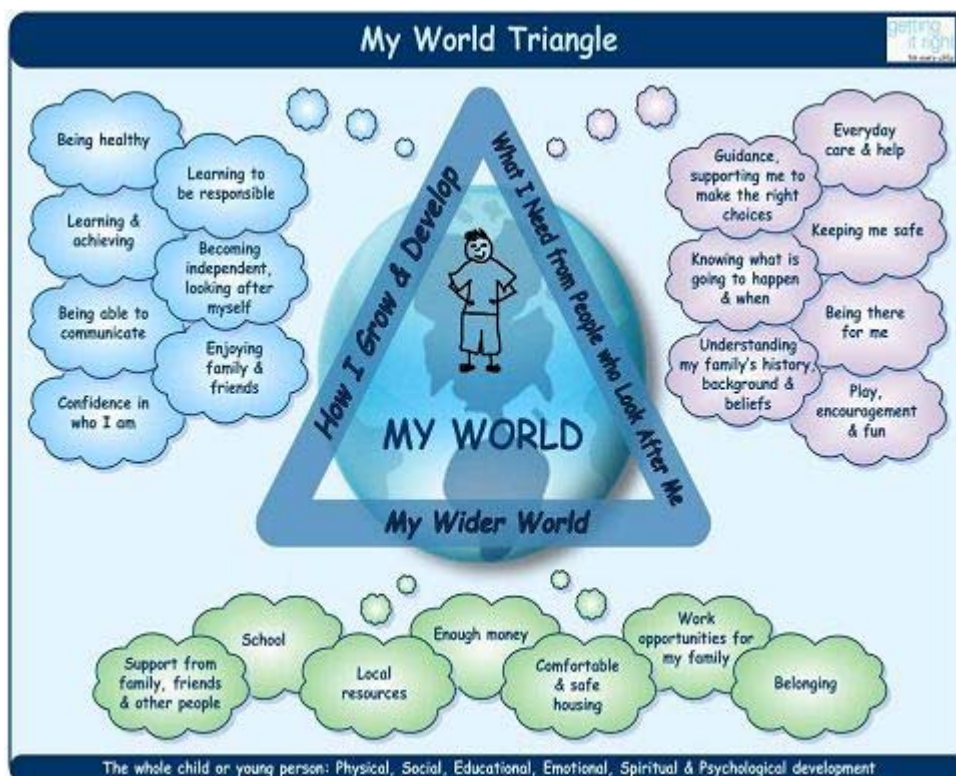
- ❖ Promoting the well-being of individual children and young people: this is based on understanding how children and young people develop in their families and communities and addressing their needs at the earliest possible time.
- ❖ Keeping children and young people safe: emotional and physical safety is fundamental and is wider than child protection.
- ❖ Putting the child at the centre: children and young people should have their views listened to and they should be involved in decisions which affect them.
- ❖ Taking a whole child approach: recognising that what is going on in one part of a child or young person's life can affect many other areas of his or her life.
- ❖ Building on strengths and promoting resilience: using a child or young person's existing networks and support where possible.
- ❖ Promoting opportunities and valuing diversity: children and young people should feel valued in all circumstances and practitioners should create opportunities to celebrate diversity.
- ❖ Providing additional help which is appropriate, proportionate and timely: providing help as early as possible and considering short and long-term needs.
- ❖ Working in partnership with families: supporting wherever possible those who know the child or young person well, know what they need, what works well for them and what may not be helpful.
- ❖ Supporting informed choice: supporting children, young people and families in understanding what help is possible and what their choices are.
- ❖ Respecting confidentiality and sharing information: seeking agreement to share information that is relevant and proportionate while safeguarding children and young people's right to confidentiality.
- ❖ Promoting the same values across all working relationships: recognising respect, patience, honesty, reliability, resilience and integrity are qualities valued by children, young people, their families and colleagues.
- ❖ Making the most of bringing together each worker's expertise: respecting the contribution of others and co-operating with them, recognising that sharing responsibility does not mean acting beyond a worker's competence or responsibilities.
- ❖ Co-ordinating help: recognising that children, young people and their families need practitioners to work together, when appropriate, to promote the best possible help.
- ❖ Building a competent workforce to promote children and young people's wellbeing: committed to contributing individual learning and development and improvement of inter-professional practice.

The five questions

1. What is getting in the way of this child's well-being?
2. Do I have all the information I need to help this child?
3. What can I do now to help this child?
4. What can my agency do to help this child?
5. What additional help, if any, may be needed from other agencies?

The My World Triangle

Many factors shape children's development throughout childhood, adolescence and beyond. Some factors are inherent such as ability or temperament whilst others are external such as family influences, or social, economic and environmental factors. Race and culture will be important in shaping children's views about the world in which they live. Good attachments to significant adults can be a protective factor throughout life. Traumatic events and experiences, such as illness, early separation from parents or carers, or abuse or neglect can lead to disruption or delay in a child's growth or development and affect their well-being. Later experiences can either reduce or increase the effect of early damaging experiences.



Based on evidence from research, the My World Triangle provides a mental map that helps practitioners, children and families explore the child's ecology.

Key areas of the child's development and circumstances can be highlighted under the headings "How I grow and develop", "What I need from people who look after me" and "My wider world". Together these three domains,

which are further explained below, help practitioners to think about what is happening in a child's whole world and the likely impact on their well-being and development.

How I grow and develop outlines factors in the child relating to various aspects of physical, cognitive, social and psychological development. In order to understand and reach sound judgments about how well a child or young person is growing and developing, practitioners must think about many different aspects of their life. This includes for example, physical growth and health, progress in learning new skills, attainment in school, emotional well-being, confidence, identity, and increasing independence, developing social skills and relationships with other people. The current or possible future impact of the child's history on their health and development should always be considered.

What I need from the people who look after me considers the roles of significant other people in meeting the child's needs. Clearly parents and carers have a major part to play in meeting these needs, but the roles of grandparents, siblings, other family members and friends are also important. Looking at the contributions from people surrounding the child can give clues to where there are strong supports and where those supports are weak. It is important to build a picture of how well parents or carers are able to adapt to changing needs, consistently provide appropriate care and protection and use support from extended family and friends. Family background, relationships and functioning may impact on parenting capacity and the ability to access and benefit from available community supports.

My Wider World Communities can have a significant influence on the well-being of children and families. They can be supportive and protective or can add pressures and increase children and families' vulnerabilities. The level of support available from the wider family, social networks, the community, universal, targeted and specialist services, coupled with the child and family's ability to access this support, can have a positive or negative effect. A child's wider world includes the environment where the family lives, the school the child attends and other resources including relative poverty. Faith and cultural environments should be recognised. School can be a major source of support or stress. The wider world also includes the extent to which children and families feel included within their communities. Social exclusion can emanate from many factors including racial and cultural discrimination.

Using the My World Triangle to assess the child's needs

Whilst it is important to keep the child or young person's whole world in mind, information gathered should be proportionate and relevant to the issues in hand. The needs of most children are met within universal services and it will not be necessary to explore every area of the triangle in detail, just those relevant to any presenting issues.

Some of the evidence required to inform the My World Triangle assessment is routinely noted by practitioners in universal services as part of their everyday work and ongoing assessment. A health visitor will for example measure whether the child is meeting his or her developmental milestones. A class teacher will monitor attendance, development, educational progress and be aware of a child's relationships with their peers. The Named Person will

be aware of any previous concerns, the responses of the parents and practitioners to these concerns and the efficacy of any actions taken.

The child, parents, carers and, where appropriate, extended family have vital information to contribute to any assessment and subsequent plan.

Practitioners should use the headings in the three areas of the My World Triangle to consider the following questions:

- ❖ What information have I got?
- ❖ Is this enough to assess the child's needs and make a plan?
- ❖ If not, what extra information do I need?
- ❖ From where that might be gathered?

Examples may include information about health to be sought from the school nurse, assessment of offending behaviour from the Youth Action Team, or information about issues affecting parenting from an adult service.

Practitioners must help each other make sense of the information being provided and the likely impact on the child. It is important to keep in mind that what is happening in one area of a child's life may have a significant impact on another area.

Just as no single practitioner working with the child will be able to provide information in respect of every domain around the triangle, there will be overlap between the different dimensions. (For example some health issues will have an impact on a child's achievement at school). In these circumstances practitioners should avoid repetition and opt for whichever domain seems most relevant, ensuring that strengths and pressures are recorded. Where issues are interconnected practitioners should refer to this in the analysis.

Further information on using the My World Triangle, including hints as to what information might be considered when looking at the different dimensions of each domain can be found in appendix i.

Specialist Assessments

Specialist assessments of a child's development or behaviour, and of parental capacity or behaviour, for example examining concerns such as; specific learning difficulties, autism, parental ill health, substance misuse or offending behaviour, are carried out by health care professionals, educational psychologists and others.

Whilst it may be necessary in some circumstances to append a specialist assessment to a Child's Plan, relevant information gained from specialist assessments must be integrated into the Child's Plan by the lead professional in the same way as other contributions received from partners to the plan.

Practitioners who have carried out specialist assessments should interpret the information in terms of the impact on the child's growth and development, clarifying:

- ❖ What this means for the child
- ❖ What impact the difficulty is likely to have on their growth and development
- ❖ What they need their parents or carers to do
- ❖ What they need their community, their school and the wider professional network to do

It is the responsibility of the lead professional to ensure that relevant assessment information, outcomes and actions are integrated into the Child's Plan and that what is recorded is agreed by the contributing parties.

Analysis

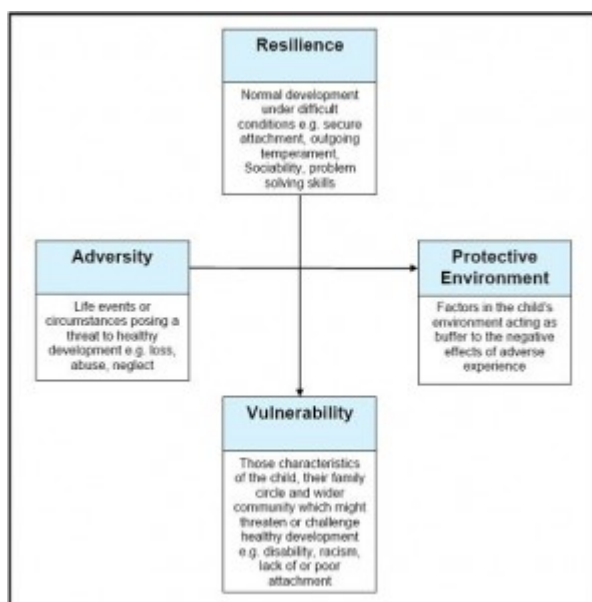
Any assessment is likely to have drawn on information from different sources. In some situations a lot of complex information will have been gathered. Making sense of that information is crucial. This means weighing up the significance of what is known about the past and present circumstances of the individual child, the strengths and the pressures in their ecology, considering alternative views, and applying an understanding of what promotes or compromises healthy child development to this particular child. Such analysis is a critical part of understanding what all the information means and what improvements need to be made.

Careful analysis and interpretation of assessment information will enable practitioners to:

- ❖ think about what is important and identify needs or difficulties
- ❖ explain why these have happened
- ❖ understand the impact of strengths and pressures on this individual child
- ❖ reach agreement about what needs to be improved
- ❖ identify the principle aims and goals in terms of improving the child's well-being
- ❖ agree desired outcomes
- ❖ generate possible ways of achieving these outcomes
- ❖ decide which ways are preferable/ possible and
- ❖ construct and record the Child's Plan

The Resilience Matrix

The Resilience/Vulnerability Matrix is taken from The Child's World: Assessing Children in Need, Training and Development Pack (Department of Health, NSPCC and University of Sheffield 2000).



The Resilience Matrix, bringing together the two dimensions of vulnerability and resilience, and adversity and protective environment, provides a framework to help analysis of the strengths and pressures in the child's world. The two dimensions interact, and strengthening protective factors in the environment will help boost a child's resilience.

The concept of resilience is fundamental to children's well-being. A resilience-based approach builds on the strengths in the child's whole world, drawing on what the family, community and universal services can offer.

The Resilience Matrix can be used to think about the strengths and pressures identified from the My World Triangle, along with any specialist assessments, and to plot that information along the axis of resilience, vulnerability, protective environment and adversity. Professional judgement is required to make sense of different aspects of information, weigh up competing influences and interactions and identify ways to support protective factors in addition to nurturing the child's resilience and capacity to benefit from these resources.

Risk

In considering how to respond to situations where risk may be a feature of the concerns practitioners must take into account not only safety factors, but must also consider the impact of risk on other aspects of children's development, as part of the *Getting it right for every child* practice model for risk assessment and management.

Practitioners must consider the potential long term risks if early concerns are not addressed. For example a child may have hearing difficulties or a history of non attendance at school. Failure to address either of these issues is likely to result in significant impact on the child's development.

If a child or young person is considered to be at risk of harm the concern and other relevant information must be shared with the social work service.

