

CHILD PROTECTION PROCEDURES

The East Ayrshire Council Child Protection Procedures have been produced by the East Ayrshire Council Child Protection Committee.

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East Ayrshire Child Protection Committee

Foreword

The identification and protection of children who have been abused is the highest priority for all of our services.

These Procedures have been produced by the East Ayrshire Child Protection Committee in order to ensure that each agency engaged in the task of protecting children from abuse will have a common and clearly understood framework within which to work and emphasise our commitment to inter-agency co-operation.

The Committee is the recognised forum for developing, co-ordinating, monitoring and reviewing the inter-agency policies and practices for the protection of children from abuse within the East Ayrshire Council Area.

The purpose of procedural guidelines is to set a clear framework for action for all those in East Ayrshire who are involved in the welfare, care and protection of children. The procedures are intended to promote and extend the practice of inter-agency working for the protection of children and to provide reliable and effective help wherever there is concern about possible or actual child abuse. These procedures should compliment each agency's own guidelines or procedures.

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SECTION 1

Definitions and Categories

1.0 Definitions of Abuse

Child Protection Procedures apply to children and young people who have not yet reached their sixteenth birthday and young people aged between sixteen and eighteen years of age who are currently on Supervision Requirements through the Children's Hearing system. Appropriate consideration should also be given to any young person over the age of sixteen years affected by disability. (See Children (Scotland) Act 1995 Section 93(2) (b))

1.0.1 Definitions perform two helpful functions.

1.0.1.1 They encourage the keeping of an open mind about Child Protection responsibilities and the wide range of abusive acts which may be committed against children.

1.0.1.2 They limit Child Protection interventions only to those circumstances where it is appropriate and necessary.

1.0.2 The general definition of child abuse adopted by Central Government is contained in the Scottish Office document 'Protecting Children – A Shared Responsibility – Guidance on Interagency Co-operation' issued in June 1998.

1.0.3 It states:

'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) or other relative(s) or carer(s) (i.e. the person while not a parent who has actual care or control of a child).

1.0.4 When it is suspected that a child or young person has been abused by an acquaintance or stranger, consideration will also have to be given as to whether Child Protection Procedures require to be followed. In such cases it would depend on whether the abusive event was thought to demonstrate an avoidable lack of care on the part of the parent or person having parental responsibility, care or control. Where it is established that there has been avoidable lack of care on the part of the parent or persons having parental responsibility, care or control, the police and team leader should discuss whether or not there is a role for social workers to jointly interview children with the police. This may be appropriate, for example, where there is a social worker involved with the family whom the child already knows and trusts.

- 1.0.4.1 If it is agreed that a joint police/social work investigation should take place, the police officer, social worker and team leader must meet and plan the interviews. They must agree on the type of interview to be undertaken.
- 1.0.4.2 They must decide on:
- ◆ Where the interviews will take place
 - ◆ What questions will be asked
 - ◆ Who will ask the questions
 - ◆ Who will record the interviews
- 1.0.4.3 The aim is to create a safe atmosphere where the child feels able to state what happened, if anything.
- 1.0.4.4 In deciding where to interview the child the main concern should be the child's needs. The child should be interviewed in premises that are non-threatening and non-stigmatising. Efforts should be made to avoid taking children to police stations to be interviewed as this may have associations of blame and guilt for a child.
- 1.0.4.5 If a joint interview is not necessary the police should then advise the Team Leader when it is appropriate for Social Work to visit the family to offer any necessary support or further services.
- 1.0.4.6 Where appropriate the Team Leader should consider convening a Case Discussion to plan support for the family.
- 1.0.4.7 If the police decide that their investigations are complete or that there is no need to investigate, the local authority still have a responsibility to consider whether or not a child protection investigation should take place.
- 1.0.5 If an investigation concludes there is no clear evidence of child abuse, consideration must always be given to the quality of care a child receives and whether there is a need to provide further services or support to the child and family.
- 1.0.6 To define an act or omission as abusive and/or presenting future risk for the purpose of initiating the Child Protection Procedures two elements must be evident:
- (a) Is there significant demonstrable harm to the child or young person, and/or is there reason to believe that he or she will be at risk of significant harm in some way in the future. Harm is likely to be significant if it is severe or

frequent. Significant harm may take place over an extended period of time or as a result of a specific incident.

Forms of harm to children and young people that constitute child abuse are; physical injury, sexual abuse, physical neglect, emotional abuse and non organic failure to thrive.

- (b) The demonstrable significant harm or future risk of harm must be linked to the action or inaction of the parent or person with parental responsibility, care or control of the child or young person.

1.1 Specific Definitions and Categories of Abuse

- 1.1.1 The following definitions of abuse were developed by the then Scottish Office and should be read in conjunction with the general definition given above in paragraph 1.0.3.
- 1.1.2 Although these are presented as discrete definitions, it should be borne in mind that in practice there can be overlap and interaction between categories and child abuse as experienced by an individual child may not always fit neatly into one category. In such cases the category of registration should be determined by the nature of the significant harm that it is felt the child or young person requires protected from, rather than the kind of child abuse they may have already suffered. The category under which the child is registered can be changed at a Review Child Protection Case Conference as concerns change and knowledge of the family patterns and functioning increases. It should be noted that a child should be registered under only one category.
- 1.1.3 Once a decision is reached to register the child on the Child Protection Register the following categories should be used.

1.2 Physical Injury

- 1.2.1 “Actual or attempted physical injury to a child including the administration of toxic substances, where there is a definite knowledge or reasonable suspicion, that the injury was inflicted or knowingly not prevented”.
- 1.2.2 Physical injury may include a serious incident or a series of minor incidents involving bruising, fractures, scratches, burns or scalds, poisoning, attempted drowning or smothering, Mauchausen Syndrome by proxy, serious risk of or actual injuries resulting from parental lifestyle prior to birth, for instance substance abuse, physical chastisement deemed to be unreasonable.

1.3 Sexual Abuse

- 1.3.1 “Any child may be deemed to have been sexually abused when any person(s), by design or neglect, exploits the child, directly or indirectly, in any activity intended to lead to the sexual arousal or other forms of gratification of that person or any other person(s) including organised networks. This definition holds whether or not there has been genital contact and whether or not the child is said to have initiated the behaviour”.
- 1.3.2 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.
- 1.3.3 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.

1.4 Physical Neglect

- 1.4.1 “This occurs when a child’s essential needs are not met and this is likely to cause impairment to physical health and development. Such needs include food, clothing, cleanliness, shelter and warmth. A lack of appropriate care results in persistent or severe exposure, through negligence, to circumstances which endanger the child”.
- 1.4.2 Physical neglect may also include a failure to secure appropriate medical treatment for the child, or when an adult carer persistently pursues or allows the child to follow a lifestyle inappropriate to the child’s development needs or which jeopardises the child’s health.

1.5 Emotional Abuse

- 1.5.1 “Failure to provide for the child’s basic emotional needs such as to have a severe effect on the behaviour and development of the child”.
- 1.5.2 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.

1.6 Non-organic Failure to Thrive

- 1.6.1 “Children who significantly fail to reach normal growth and developmental milestones, (i.e. physical growth, weight, motor, social and intellectual development) where physical and genetic reasons have been medically eliminated and a diagnosis of non-organic failure to thrive has been established”.

- 1.6.2 Factors affecting a diagnosis may include inappropriate relationships between the care giver and child, especially at meal times, for instance the persistent withholding of food as punishment and the sufficiency and/or suitability of the food for the child. In its chronic form, non-organic failure to thrive can result in greater susceptibility to more serious childhood illnesses, reduction in potential stature, and with young children, particularly, the results may be life-threatening over a relatively short period.

SECTION 2

Investigation of Suspected Abuse Professional Responsibilities

2.1 Professional Responsibilities in the Investigation of Suspected Abuse

N.B. The actions outlined for East Ayrshire Council employees should at all times be considered as procedures and any decision taken not to follow these procedures must be approved by an appropriate line manager and recorded.

- 2.1.1 While all agencies have a role to play in protecting children, it must be clearly understood by all agencies and individual professionals that statutory responsibility for investigation rests solely with the Police and the Social Work Department; the Police to investigate any possible criminal offence, the Social Work Department to protect the child.
- 2.1.2 It is incumbent upon all professionals to report suspected cases of abuse to the Social Work Department without delay, (it is recognised that agencies should have their own internal procedures for reporting and consultation, including details of contacts in other agencies, e.g. Police/Social work; however, any such procedure should not compromise a swift response).
- 2.1.3 The main emphasis of the Police is on investigation. The main emphasis of Social work is on protection although in practice their roles may overlap.

2.2 Professional Responsibilities on Suspicion of Abuse

2.3 Social Work

- (a) Any suspicion of abuse coming to the attention of the Social Work Department will be investigated as a matter of the highest priority on the same working day, unless a Team Leader, or other appropriate senior officer of the Social Work Department, decides otherwise. The reasons for such a decision will be clearly recorded on the case file (within one working day).
- (b) All staff members of the Social Work Department must report a suspicion of abuse to a Team Leader in the appropriate local office. That Team Leader will be responsible for the case up to the point of the Case Conference unless the Team Leader decides otherwise.

- (c) Information taken by Reception on possible child protection referrals that are not open for assessment with child care should be passed to Reception Services social worker/team leader for initial screening before passing to Duty Children and Families Team Leader.
- (d) The responsible Social Worker will record the referral details on the appropriate form and check departmental records (including the Criminal Justice Team and Community Care Teams as appropriate) to see if the family is already known.
- (e) The responsible Social Worker will contact the Child Protection Register both local and central to determine if the child is on the Child Protection Register
- (f) The Team Leader will decide if a formal investigation should be undertaken and will indicate whether checks with agencies at this stage are required with or without the parents knowledge or consent.
- (g) Referrals on allocated cases should be taken by the allocated social worker unless he/she is not available, then their Team Leader or the Duty Children and Families Team Leader should be contacted. The Duty Children and Families Team Leader should liaise with the Team Leader for the allocated case. If he/she is not available then the Duty Children and Families Leader should assume responsibility for the investigation.
- (h) If the child has been killed or seriously injured or if 'organised' abuse is suspected, the Team Leader will inform the Director of Education and Social Services and/or the Head of Social Work and/or the Principal Officer (Children, Families and Criminal Justice).
- (i) In consultation with a Team Leader the responsible Social Worker and their line manager will take any immediate action necessary to secure urgent medical treatment or to remove the child from imminent harm.
- (j) The Team Leader will liaise with the Police and, where appropriate and practicable, arrange a planning meeting. There should however be no unnecessary delay in initiating an investigation if arranging a planning meeting is proving difficult.
- (k) Where joint interviews are agreed to be appropriate, these will be conducted as prescribed in Section 8, Paragraph 8.2
- (l) Parents will always be informed prior to the child being interviewed, unless there is a demonstrable risk to the child of further harm. The

Team Leader will liaise with the Senior Police Officer involved before the interviews commence to co-ordinate the investigation.

NOTE. ANONYMITY. Any professional or person who acts on behalf of any agency should expect to be identified as the source of referral.

(m) If a member of the public reports a concern and requests anonymity it must be pointed out to them by the investigating Social Worker that the parent may well deduce their identity, or that they may be required to give evidence in Court.

(n) The Team Leader will consult with the police to clarify if the child requires medical examination for evidential purposes. The permission of the relevant person must always be sought but the wishes and feelings of the child must be taken into account (see Children (Scotland) Act 1995, Section 93(2)(b) for clarification of 'relevant person'),

Note. 'A person under the age of 16 years shall have legal capacity to consent on his/her own behalf to any surgical, medical or dental procedure where, in the opinion of a qualified practitioner attending him/her, he/she is capable of understanding the nature and possible consequence of the procedure or treatment'. (Age of Legal Capacity in (Scotland) Act 1991).

No child, except in cases of essential treatment, should be made to undergo an examination against their will or if it causes them undue distress.

(o) The Team Leader will ensure that the referring agency or individual and any other appropriate agency is kept informed during the course of the investigation and of the outcome.

(p) If the Team Leader in consultation with the Service Unit Manager (Children and Families) decides to terminate the investigation prior to the Case Conference, they will inform the parents in writing and record the reason for the termination in the case file.

(q) Where abuse is confirmed or suspected, the Service Unit Manager (Children and Families) will be informed and will normally convene a Child Protection Case Conference within five working days of the initial investigation being completed. The reasons of any deviation from this standard will be recorded in the case file by the Service Unit Manager (Children and Families).

N.B Specific guidance for Social workers is contained in Section 8 of the Procedures.

2.4 Police

- (a) Whenever there is a suspicion that a crime or offence has been committed against a child, or is still being committed, the Police should be informed immediately so that the investigation can be commenced, witnesses interviewed and evidence, which may include photographs of the injuries collected without delay.
- (b) If a Police Officer is called to a scene at which a child appears to be in need of urgent medical attention, arrangements should be made to transport the child immediately to the Accident and Emergency Department of a hospital. Thereafter, and in all other cases, the Senior CID Officer on duty, who will be responsible for liaison with the Social Work Department about arrangements for any forensic medical examination, should be informed.
- (c) In the majority of cases of child abuse, a criminal offence may have been committed. In such cases, the Police have a statutory duty to investigate the circumstances and report the facts to the Procurator Fiscal. The Police will also simultaneously report the facts to the Children's Reporter regarding children who are found to be vulnerable, whether or not there are grounds for the Police and any decision to prosecute individuals, which is the remit of the Procurator Fiscal. Police involvement does not automatically result in an alleged offender going to Court. The role of the Children's Reporter is to protect the child and the Children's Reporter may proceed with the case whether or not there are grounds for a criminal prosecution.
- (d) The investigation of all cases will be carried out as far as possible by an officer of the Female Child Unit, but in an emergency, this does not preclude the attendance of a uniformed officer in the first instance. Full support is always available from the Female Child Unit based at either 10, St Marnock Street, Kilmarnock KA1 1PJ or 1, King Street, Ayr KA8 OBU, dependent on the geographical area in which the child or young person resides. Frequently, members of this Unit will undertake the complete investigation. However, in cases where there is a joint investigation with the Social Work Department, planning must take place to negotiate who does what and when, in order to ensure clarity of respective roles and responsibilities.
- (e) If a child has died from the injury or neglect, the procedures laid down in regard to murder enquiries will be set in motion.
- (f) Strathclyde Police are committed to a policy of co-operation with the other Child Protection agencies to ensure that any investigations are carried out in a sensitive, sympathetic and victim-centred manner. To this end, there will be consultation and a sharing of information towards co-ordinated response which, in most cases, will involve joint

interviews by a Police Officer and Social Worker as part of a multi-disciplinary investigation.

- (g) In every case where a person is arrested or charged with an offence involving a child, the child and any other children in the household will be referred to the Social Work department and the Children's Reporter.
- (h) In cases where there is not sufficient evidence to substantiate a charge but there is suspicion that a child may have been abused, a report will be sent to the Social Work Department. A report will also be sent to the Children's Reporter.
- (i) The Enquiry Officer will consult with either the appropriate Duty Inspector or officer from the Female and Child Unit who will be responsible for consulting the Social Work Department to determine whether the child's name is on the Child Protection Register. If she/he is not available, any other Inspector or, if unavailable, the Duty Sergeant will carry out this task.
- (j) The Enquiry Officer will arrange for expert examination of the locus and for any necessary photographs of the locus and/or victim.
- (k) Emergency child protection measures may be taken by a Police Constable under section 61(5) of the Children (Scotland) Act 1995 in cases where the conditions for the making of a child protection Order (CPO) are satisfied, but if it is not practicable to make an application to the Sheriff, and in Order to protect the child from significant harm (or further such harm) it is necessary to remove the child to a place of safety. The power to keep a child in such a place of safety lasts for only 24 hours from the time the child is removed until the disposal of an application for a CPO.

As soon as reasonably practical after a child has been so removed the Police Constable must inform (a) any relevant person; (b) the local authority for the area in which the place of safety is situated; (c) the local authority where the child is ordinarily resident, (d) the local authority for the area where the child was resident immediately before being removed to the place of safety if different from (b) or (c); and (e) the Children's Reporter.

Thereafter the child may be liberated by the Children's Reporter if he or she decides that the conditions for granting a CPO are not satisfied or there is insufficient evidence. The Police Constable may also release the child where the circumstances have changed prior to a CPO being granted. The Police will ordinarily consult with the local authority and the Children's Reporter where such release is contemplated. (See Section 61(5) of the 1995 Act and Regulations 2-16 of the Emergency Child Protection Measures (Scotland) Regulations 1996 for more detail).

The Police will also have an important role at Case Conferences as they are frequently in possession of crucial information with regard to the victim or his/her family, which may have an important bearing on the kind of protection plan drawn up by the Conference.

2.5 Health Service Staff

2.5.1 Health Services staff may identify or suspect cases of child abuse during their work in many different settings. For some health staff this may be a very rare event and early contact with key colleagues who have more experience and involvement in the management of cases should be made if there is any doubt on appropriate handling of a case. The need to ensure proper protection for children therefore requires that agencies share information promptly and effectively when necessary. It should be noted that in this context the “welfare of the child is of paramount concern at all stages of child protection work”. The child’s interests will at times override the general rule of professional confidentiality. Confidentiality of personal health information is the cornerstone of the patient/doctor/health professional relationship. In Scotland, guidance on handling personal health information rests on the Code of Practice on Confidentiality of Personal Health Information, issued to the NHS in 1990. The Code sets out the main principles which have to be followed by all NHS staff. The overriding principal of the Code is that information about the health and welfare of a patient is confidential in respect of that patient and such information should not be disclosed to other persons without the consent of the patient, except in certain well defined circumstances. These are:

- where disclosure is in the wider public interest
- where disclosure is necessary to prevent serious injury or damage to the health of a third party
- where disclosure is in the best interests of the patient.,

(Source: Protecting children A Shared Responsibility Guidance for Health Professionals in Scotland – Published January, 2000)

2.5.2 Research experience have shown repeatedly that keeping children safe from harm requires professionals and others to share information: about a child’s health and development and exposure to possible harm, about a parent who may need help to or may not be able to, care for a child adequately and safely and about those who may pose a risk of harm to a child. Often, it is only when information from a number of sources has been shared and is then put together that it becomes clear that a child is at risk of or is suffering harm.

2.5.3 Details of key health professionals who have specialist roles in the diagnosis, treatment and management of child abuse cases should

be widely available to general practitioners, nurse managers and other health staff.

2.6 General Practitioners

2.6.1 Disclosure of information by Medical Practitioner

2.6.2 Disclosure without consent is a complex issue. The General Medical Council's advice to doctors is that where they believe a patient to be a victim of neglect or physical or sexual abuse, and that patient cannot give or withhold consent to disclosure, information should be disclosed to the appropriate responsible person or agency where it is felt to be in the patient's best interest. Where such circumstances arise in relation to children, concerns about abuse need to be shared with other agencies such as social work services. It will usually, but not necessarily, be appropriate for those with parental responsibility to be informed.

(Source: Protecting Children A Shared Responsibility Guidance for Health Professionals in Scotland. Published January, 2000).

2.6.3 A child may present him/herself at the surgery, or be brought by the parent or alternatively the General Practitioner may be called to the child's home. The General Practitioner should conduct an initial examination, making a careful record of any injuries and explanations given by the child and the parent. If the child requires emergency treatment, the General Practitioner will obviously wish to arrange urgent admission to hospital, but this should not be used as a means of 'making sure' or protecting the child; removal of a child is a decision for the Social Work Department.

2.6.4 If abuse is suspected, the General Practitioner should inform the child and/or the parent of the concern and that the Social Work Department and the Police will be informed.

2.6.5 The Team Leader (Children and Families) and the Duty Senior Police Officer will consult with the General Practitioner, Police Surgeon and/or Consultant Paediatrician, as appropriate, about the need for further specialist examination.

2.6.6 In cases of suspected sexual abuse, it is particularly important that the initial examination is kept to a minimum and any internal examination avoided. Care should be taken to preserve any specimens or clothing, and the Police or Social Work Department should be notified immediately.

2.6.7 In all cases of suspected abuse, the General Practitioner may wish to discuss his or her concern with a Consultant Paediatrician before

taking the following steps. However, this must not unduly delay a referral to the Social Work Department.

- (a) Discuss with General Practitioner colleagues, the Health Visitor/Community Paediatrician/School Nurse to obtain additional information .
- (b) Maintain careful records, as a medical report will be required if a Case Conference is held and may be required by the Court or the Reporter to the Children's Panel.
- (c) Refer immediately to the Duty Social Worker in the child's local area. A list of addresses and telephone numbers is contained in Appendix 3. Out of hours contact should be made via the Emergency Stand-By Service on 0141 305 6970.
- (d) The Duty Social Worker will advise if the child's name is on the Child Protection Register. However, during working hours, the General Practitioner may, in cases where she/he is unsure as to whether these Procedures apply, consult directly with the local /Social Work Department, who will also advise on the child's Register status.
- (e) If a Case Conference is required, it must be held within five working days of the decision being made to convene a Case Conference. The presence of a General Practitioner is vitally important. If the General Practitioner is unable to be present, consideration should be given to a medical colleague attending to represent the family doctor's opinion, or failing that, a written report must be provided.

2.7 Community Paediatrician

2.7.1 In all cases of suspected abuse the following steps must be taken:

- (a) Consult with General Practitioners, Health Visitors/School Nurse who may be able to provide additional information.
- (b) If the child is at school, consult and inform the Head Teacher.
- (c) Refer to the child's General Practitioner who will immediately inform the Social Work Department of the concern.
- (d) Maintain a detailed record of observations and action taken as a medical report will be required by any case conference and may be required by the Children's Reporter or the Procurator Fiscal.
- (e) The Community Paediatrician or relevant deputy should attend all Child Protection Case Conferences.

2.8 Child and Adolescent Psychiatry Clinical Psychology, Ayrshire Central Hospital

2.8.1 A number of professionals, psychiatrists, psychologists, psychiatric nurses and social workers work in this clinic. If evidence suggestive of child abuse comes to light during a course of therapy, the same referral mechanism operates as for other personnel i.e. the case worker should advise the duty social worker in the child's local area. The clinic is not involved in investigations of suspected abuse. However, cases may be referred for therapy at a later date.

2.9. Hospital Departments

2.9.1 Any child brought to the Accident and Emergency Department should have an examination and a detailed history taken. If there is any suspicion of abuse, the following steps should be taken:

- (a) Casualty Officers must follow their local Child Protection guidance and discuss their concerns with the Consultant Paediatrician or, if not available, the Paediatric Registrar. Consideration will then be given to the child being admitted to the hospital.
- (b) The Consultant or appropriate deputy must ensure that the Social Work Department is contacted immediately **(N.B. Guidance on Disclosure of Information issued by the General Medical Council in October 1995)**.
- (c) Whenever possible, the parents or carers of the child should be advised of action being taken by the hospital staff.
- (d) When the clinical investigations are completed, a confidential medical report must be compiled including date and time of occurrence, reason for concern and explanation given by child and/or parents for the injury. A medical report will be required by any Case Conference and may be required by the Procurator Fiscal or the Children's Reporter.
- (e) The Consultant Paediatrician and/or the examining doctor, or appropriate deputy must attend the Case Conference or if unavailable, can send a written report.

2.10 Community Nurses

2.10.1 Health Visitors, School Nurses, Midwives, District Nurses, Family Planning Nurses, Community Psychiatric Nurses, Community Nurses (Learning Disabilities), Practice Nurses.

- (a) In the event of actual injury, take immediate action to secure medical treatment for the child and contact the General Practitioner.
- (b) If abuse is suspected, notify the Duty Social Worker in the child's local area. A list of addresses and telephone numbers is contained in Appendix 3.
- (c) A full report for the Line Manager should be provided.
- (d) A report must also be prepared for the Case Conference which the nurse, or if unavailable, appropriate deputy should attend.

2.11 Community Nurse Manager/Child Protection Specialist

- 2.11.1 The Community Nurse Manager/Child Protection Specialist will be responsible for:
- (a) Supporting and advising the Community Nurse about their role in the case.
 - (b) Ensuring that all necessary procedures have been carried out and initiating any procedure which has been omitted.

2.12 Dental Practitioners

- 2.12.1 It is not the responsibility of Dental Practitioners to make the diagnosis of child abuse but rather to identify the possibility of child abuse during examination. This applies to older children as much as to infants and young children.
- 2.12.2 As well as physical abuse, it should be remembered that children are also subject to other forms of abuse including sexual and emotional abuse.
- 2.12.3 Warning signs of physical abuse may include intraoral and facial injuries and other types of abuse will require observation of:
- the nature of the relationship between parent and child
 - the child's reaction to other people
 - the child's reaction to dental examination
 - general demeanour of the child
 - any comments made by the child and/or parent giving concern about the child's upbringing or lifestyle
- 2.12.4 Any delay in drawing the attention of the Social Work Department Managers to worries or concerns about possible abuse or neglect can be very dangerous for the child. Deciding to give parents or carers the benefit of the doubt without sharing suspicions and

properly investigating them can also be very dangerous. Early recognition of abuse or neglect can prevent serious harm to children by ensuring that appropriate action is taken when it is likely to be most effective.

2.12.6 (a) Who should be consulted/informed within the agency?

2.12.7 For all cases where there is a suspicion of possible abuse, dentists should seek the advice of either the relevant Consultant in Paediatric Dentistry or Consultant in Dental Public Health for their area of operation (or their authorised deputies). East Ayrshire Council is served by Ayrshire and Arran Health Board.

2.12.8 For those dentists working in the community dental service the Dental Service Manager or Senior Dental Officer should be contacted first.

2.12.9 In those cases where suspicions are aroused the following steps should be taken according to the location of the examination:

(i) In the case of a child being examined or treated in a pre-school or play group, nursery school or school the Head Teacher or Play Group Leader should be informed.

(ii) In the case of a child being examined or treated in any other location such as a clinic or surgery the child's General Practitioner or a Community Paediatrician (See section 2.7 + 2.7.1) should be told in order to arrange for a medical examination. The reason for your suspicions should be given.

2.12.10 (b) When and how should others be told?

2.12.11 Direct contact should be made in person or by telephone with the General Practitioner or Community Paediatrician in the case of children treated within clinics or in a surgery. The Head Teacher should also be contacted directly or by telephone in cases where children have been treated or examined in schools. These people should be contacted immediately.

2.12.12 (c) What needs to be recorded?

2.12.13 All records of the visit, medical and dental history, and discussions should be recorded in full and in some circumstances it may be necessary to provide diagrams or even in some cases photographs. This record should be completed immediately.

2.12.14 (d) Who makes the decision about future action?

2.12.15 The Head Teacher or Play Group Leader is responsible for further action in cases of those children examined in pre-schools, play groups, nursery schools or schools. For those children who have been treated in any other location such as a clinic or surgery the General Practitioner or community paediatrician would be responsible for further action. However, in extreme conditions where these cannot be contacted and immediate action is obviously called for, the dentist should contact the local hospital or community paediatrician and arrange for the child to be seen. The patient's General Practitioner should be informed of this action.

2.12.16 (e) Action from this point.

2.12.17 Following the referral to either the Head Teacher/Play Group Leader or the General Practitioner then a referral of concern will be made to the Social Work Department where the child resides, if considered appropriate. The action from there will follow on from those detailed in the Council's Child Protection Procedures. (Section 2 Investigation of Suspected Abuse – Professional Responsibilities).

2.12.18 (f) What further should be done?

2.12.19 For those children who have been treated within a clinic or surgery the General Practitioner or Community Paediatrician should be contacted again within 1 working day to check that the patients was seen.

2.12.20 You may need to refer to the records in any subsequent Case Conference or Court proceedings so it is vitally important that a full record is made at the time of the examination and notes are made on who was contacted and what was discussed.

2.12.21 East Ayrshire Council Child Protection Committee acknowledge the assistance of Dr Richard R Wellbury, University of Newcastle Postgraduate Institute for Medicine and Dentistry who produced most of the foregoing text for the Newcastle Child Protection Register Unit.

2.13 Education Staff

2.13.1 School Staff include teachers, nursery nurses, instructors, technicians, auxiliaries and clerical staff.

2.13.2 School Staff should refer to Revised Standard Circular 57 issued in October 1998 and 'Child Abuse – School Staff' Procedures in Special Educational Services Policies and Procedures' (September 1992).

2.13.3 School staff are in a unique position because of their daily contact with children, acting 'in loco parentis'. They will very often be the first

person with whom the child shares his/her concerns, or who notices a change in the child's behaviour. That child may well ask to speak in confidence; the teacher may not be sure if there is sufficient evidence or level of concern to warrant breaching that confidence. School staff are also acutely aware of the need to maintain good parent-teacher relationships, some of which may have taken years to build up. At the same time staff must accept that they do not have the authority to investigate their concerns of possible abuse or to withhold the disclosure of these concerns; these must be reported to the Social Work Department and/or Police.

2.13.4 It is understood that School staff may have concerns that these relationships may be disrupted, and feel conscious that they 'lose control' once they report their concerns. The following Procedures are designed in recognition of the dilemmas that School staff face, and to help them reconcile the above conflicts.

- (a) School staff must listen. In some cases of serious child abuse the first attempt of the child to confide in an adult has been an attempt to speak to a teacher. In some cases the teacher has been 'too busy' to listen or has 'dismissed' the conversation as being of no particular importance. Please take time to reflect on and consider what a child is trying to tell you before dismissing it – these few moments may be crucial to the child's whole development as both a child and adult. Do not criticise the pupil or react strongly to any revelations. Be sympathetic and supportive and assure the child that you will keep the information limited to those people who need to know in order to prevent any future harm. It is important that staff be sympathetic to such a child and encourage him or her to talk. However, it is the statutory responsibility of Police and Social Work to carry out any investigation so do try and avoid the detailed questioning which is the remit of those agencies.
- (b) Any member of the Education Department who is concerned that a child may be suffering abuse or is at risk of abuse, should immediately inform either the Head Teacher in the case of Primary or special Schools or Pre-5 establishments, or the child's Guidance Teacher in the case of secondary Schools. It is then the Guidance Teacher's responsibility to inform the Head Teacher. In all cases where a referral is made to the Social Work Department, the Head Teacher on the same day must send a report to the Children's Reporter and copies of the report to the Director of Educational and Social Services, the Principal Educational Psychologist, the School Medical Officer and the Service Unit Manager, (Children and Families), Civic Centre, John Dickie Street, Kilmarnock, KA1 1BY Telephone: (01563) 576902.

- (c) The Head/Guidance Teacher may wish to consult etc initially with other managers/advisers within the Education Department. This is acceptable, provided that it does not cause undue delay in a referral being made to the Social Work Department.
- (d) Where Psychological Services have been involved with a child the Educational Psychologist may be able to offer a useful longitudinal perspective on the child's learning and development. He/she may be able to provide an assessment of changes in the child's social and emotional development and some interpretation of behavioural 'symptoms'. For those pupils who have special educational needs the Educational Psychologist can provide a developmental profile and may be able to comment on changes in the rate of progress over time.
- (e) Abuse may present itself in various forms, some more obvious than other. (Please refer to Appendix 2). In cases of obvious abuse, e.g. severe physical injury, direct allegation by the child, or in any case where sexual abuse is suspected, an immediate referral should be made to the Duty Social Worker in the child's local area. A list of telephone numbers and addresses is contained in Appendix 3. The Duty Social Worker will then advise on when and where any interviews will take place, who should be involved, and when and by whom the parents should be told.
- (f) In cases where the suspected abuse is cumulative, e.g. a child who over time appears to be physically neglected or emotionally abused, the Head/Guidance Teacher will wish to consider informing the parent that she/he intends to inform the Social Work Department. It is important to record all relevant information as it happens.
- (g) In cases of genuine doubt as to whether the factors causing concern constitute abuse, the Head/Guidance Teacher may consult with a Team Leader (Children and Families) without naming the child. If the Team Leader (Children and Families) advises that there appears to be a prima facie case, the teacher will be expected to identify the child. As soon as a named child is referred, the Social Work Department is duty bound to cause further enquiries to be made if it is believed that the information warrants it.
- (h) Notwithstanding (e) above, the investigating Social Worker and Police Officer will wish to discuss the teacher's concerns with him/her before interviewing the child or the parent. In some cases, it is recognised that it might be appropriate for the teacher to be involved in the interview with the child.

- (i) Once a referral has been made, the Head/Guidance Teacher will be kept informed of the progress of the investigation, and particularly if the investigation is terminated.
- (j) If a referral is made to the Social Work Department from any other source and the child in question is of school age, the Head/Guidance Teacher will be informed and consulted as soon as possible.
- (k) Careful notes should be made of any statements/incidents, as a full report will be required by any Case Conference, and by the Children's Reporter and possibly the Procurator Fiscal.
- (l) The Head/Guidance/Class Teacher, as appropriate, will be expected to attend any Case Conference and to share information which will enable the child or young person to be protected.

2.14 Community Services Department – Recreation Services

- 2.14.1 Community and Leisure staff encounter young people of all ages in a wide range of settings and activities in the course of which trusting relationships may develop within which a young person may disclose abuse. Similarly, staff will get to know young people in their care very well and will be sensitive to changes in their mood or behaviour.
- 2.14.2 Clearly, Community and Leisure staff will be anxious to respect a young person's expressed wish for confidentiality, but if abuse is disclosed or suspected, the young person should be given the message that what is happening is not right and that adults must take control to stop it.
- 2.14.3 The following steps should be taken:
 - (a) If a young person discloses abuse directly, listen carefully and sympathetically, but as soon as practicable, tell them that you must inform other people.
 - (b) Contact the Duty Social Worker in the child's local office, or the stand-by worker through Stand-By: 0141 305 6970 or Freephone 0800 811 505, if it is out of normal office hours. (9.00 a.m. – 5.00 p.m. Monday – Thursday and 9.00 a.m. – 4.00 p.m. on Friday).
 - (c) Make careful notes of what the child has told you.
 - (d) In situations where there is no direct allegation but Community and Leisure Staff are suspicious that abuse might be taking place, they should consult with the Team Leader (Children and Families) in the child's local area.

- (e) Investigation of the suspected abuse will follow the same procedures as those for all other cases coming to the attention of Social Work Department.
- (f) Staff must attend any Child Protection Conference to which they are invited and fully share information which will enable the child or young person to be protected.

2.15 Playgroups, Childminders and Private Nurseries

- 2.15.1 Registered childminders, playgroups and nurseries or any other carers of children registered by the Education Department (Children Act 1989) who have concerns or suspicions about a child must inform the Social Work Department immediately. The responsibility for reporting rests with the individual childminder or senior member of staff (or equivalent) in charge of the playgroup or nursery.

2.16 The Children's Reporter

- 2.16.1 The Children's Reporter is the single independent official who has a central role in the Children's Hearing system and thus in child protection in Scotland.
- 2.16.2 The Children's Reporter is the official to whom all referrals must be made regarding children who may be in the need of compulsory measures of supervision, i.e. children who may be in need or in trouble, who may be at risk of physical, sexual or emotional neglect, or because they are not attending school, or because of their own behaviour, including committing offences and being outwith parental control.
- 2.16.3 The Children's Reporter is employed by the Scottish Children's Reporter Administration (SCRA) with Headquarters in Stirling. There is an Authority Reporter available to each Council in Scotland with teams of reporters and administration staff as required. The Authority Reporter for East Ayrshire is based at: 2, Bridge Lane, Kilmarnock KA1 1QH Telephone: (01563) 534176.
- 2.16.4 Anyone can refer a child to the Reporter. In practice, most children are referred by the Police, Social Work Department or Schools but they are also referred by Doctors, Health Visitors, neighbours, relatives, parents or even by the children themselves.
- 2.16.5 The Children's Reporter has a duty to investigate the case of any child reported or referred to him or her before deciding what action, if any, is necessary in the child's interests. Firstly, the Children's Reporter must decide if there is sufficient evidence with regard to the grounds for the referral and secondly, must decide if there is a need

for formal intervention in this particular child's life, i.e. a need for compulsory supervision.

- 2.16.6 To assist the Children's Reporter in reaching a decision, he or she will seek information about the child from various agencies and will request reports from the Social Work Department, School or Nursery, Educational Psychologist, Police and Health Services, depending on the nature of the referral.
- 2.16.7 Following completion of the investigation the Children's Reporter can decide:-
- not to arrange a Hearing and to do nothing further; or
 - to refer the case to the Local Authority for advice, guidance and assistance to the child and family on a voluntary basis; or
 - to refer the case to a Children's Hearing to consider the need for compulsory measure of supervision.
- 2.16.8 The Children's Reporter has wide investigative powers and wide discretion as to decision-making. No one can appeal against the Children's Reporter's decision on whether or not to refer a child to a Children's Hearing (Tribunal). A Children's Hearing consists of three Panel members, one of whom acts as Chairperson. They are recruited from the local community and undertake specialist training before being appointed by the Secretary of State.
- 2.16.9 Where the Children's Reporter decides to refer a case to a Hearing, he or she will draw up grounds for referral, i.e. the legal reasons why a child is to attend a Hearing and the facts which support these reasons.
- 2.16.10 If the grounds of referral are denied by the child and/or parents or relevant person, or not understood by the child, the Hearing may refer the case to the Sheriff Court to be proved. The Children's Reporter would then conduct the case in Court by calling witnesses and presenting evidence. The child and/or parents would normally be represented by a Solicitor.
- 2.16.11 It is important to remember that the main task of the Children's Reporter in Court is to protect the child. The main task of the Procurator Fiscal in the criminal court is to prosecute the alleged offender. The standard of proof for the Children's Reporter in child protection cases is the balance of probability, whereas in criminal prosecutions the standard of proof for the Procurator Fiscal is beyond reasonable doubt. There is no need for corroboration is required and hearsay is admissible only in special circumstances.

- 2.16.12 It is only when allegations are accepted or proved that the Hearing can proceed to make a decision. The Hearing's ultimate decision is whether to discharge the referral or impose compulsory measures of supervision. This supervision can take a variety of forms i.e. at home or with foster parents, residential schools etc.

From the time of the initial referral the whole process could take some weeks. However, where a Sheriff has granted a Child Protection Order (CPO), the procedure is accelerated. The Children's Reporter is still required to assess the evidence and where this is deemed sufficient the case must be scheduled into a Hearing within two working days of the CPO being implemented. The Children's Reporter has power to liberate the child should circumstances have changed since the granting of the CPO or should the evidence be insufficient. The complex chain of events which takes place once a CPO has been granted is illustrated (Child Protection Orders Sections 57 – 60. The Children (Scotland) Act 1995).

In addition to arranging the Hearing and providing the three Panel members with the appropriate papers, notifying the child and relevant persons/parents of the Hearing and sending the relevant persons/parents copies of the Hearing reports and documents, the Children's Reporter attends the Hearing to record the proceedings and to advise on any legal or procedural matters.

If the child and the relevant person/parent appeal any Hearing's decision, the appeal will be heard in Court and the Children's Reporter will present the case in front of the Sheriff, based on the decision of the Children's Hearing and the reasons for that decision.

The Children's Reporter is responsible for arranging reviews of any supervision requirement made or continued at a Hearing.

2.17 The Procurator Fiscal

- 2.17.1 The Procurator Fiscal, as the local representative of the Lord Advocate, is responsible for all criminal prosecutions. The Police report the details of an offence to the Fiscal who has complete discretion as to whether or not to prosecute, subject to the general direction and control of the Crown Office. On receiving information from the Police, the Fiscal will consider whether or not there appears to be sufficient evidence to prove an offence, and whether it is in the

public interest to prosecute. It is also possible for the Fiscal to divert a case from criminal proceedings or to issue a warning.

- 2.17.2 Depending on the seriousness of an offence, a criminal case may be heard in the Sheriff Court or the High Court.
- 2.17.3 It is likely that the Fiscal (or a 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 of a court case to them. The Fiscal may also make an application to the Court to allow the child to give evidence outwith the Court Room by means of live close-circuit television link. It is a matter for the Court to decide whether such an application should be granted. The Fiscal should be informed at the earliest opportunity if there is any doubt that a child will be able to give evidence in the conventional manner in order that he/she can obtain the necessary information from the various agencies e.g. Teachers, Social Workers, General Practitioners, to support the application. A booklet 'Going to Court' has been produced by the Crown Office for children, to help them understand what will happen.
- 2.17.4 In cases of particular concern or doubt, the Fiscal is available for discussion with other professionals. The Fiscal can be contacted at his/her office during working hours. In the case of a serious emergency which cannot wait till office hours a limited on-call service is provided. This can be contacted through the Police.

2.18 Housing

- 2.18.1 In this section housing covers both those Council Services provided by the Housing Services itself and by Local Offices on behalf of the Housing Service. However, East Ayrshire Council's Housing service is not the only housing agency which, by nature of its providing temporary accommodation and housing, impacts on the lives of children. Future reviews of these Procedures will include consultation with other housing sectors and agencies.
- 2.18.2 It has been recognised that staff in housing are not fully trained in recognising the signs of child abuse, or in the work of child protection staff. However housing staff do, on a daily basis and in a variety of ways, come into contact with parents, carers and indeed children themselves. This could be as a result of:
- A homeless application
 - An enquiry into alleged anti social activity
 - An application for housing, or a transfer of house
 - The general supervision and management of housing estates
 - The provision of general housing support, advice and services

- 2.18.3 As a result of this, it is important all housing staff are aware of the procedure to be followed, in the event that abuse is reported or suspected.

Procedure to be followed:

- 2.18.4 If a young person discloses abuse directly listen carefully and sympathetically but, as soon as is practicable, tell them that you must inform other people. Make careful notes of what the individual has told you.
- 2.18.5 Contact the duty social worker immediately at the local social work office (Appendix 3 or for the out of hours Stand-By Service 0141 305 6970 or 0800 811 505).
- 2.18.6 Inform the Service Unit Manager (Children and Families) or Principal Officer (Children, Families and Criminal Justice) of the referral.
- 2.18.7 In situations where there is no disclosure of abuse, but there staff are in any way suspicious that there may have been abuse or neglect, they should consult with the Team Leader before making a referral. If there is any doubt regarding what constitutes abuse, advice should be sought from a Team Leader (Children and Families).
- 2.18.8 In any event and irrespective of circumstances, staff should ensure there is no delay in implementing the above procedure.

2.19 Voluntary and Private Sector

- 2.19.1 Organisations and individuals who provide childcare or related services within East Ayrshire or for children from East Ayrshire are expected to develop a good understanding of their role and fulfil their responsibilities in line with the principles and practice outlined in these Procedures.
- 2.19.2 If a Voluntary or Private Sector organisation or an individual becomes aware that a child, or children, may be being abused, or have knowledge that a person may be abusing a child or children, they should consult with the Social Work Service and/or the Police as soon as possible.
- 2.19.3 Every organisation, establishment or individual should have a clear child protection policy detailing their procedures when a child in their care has been, or is suspected of having been abused. The contents of the policy should be given or explained to every parent or carer who uses their service.
- 2.19.4 To prevent any investigation into allegations being compromised, it is essential that workers seek advice from an appropriate source before considering informing the child's parents or carers of their suspicions

(Article 19 of the UN Convention on the Rights of the Child states that there is an obligation to protect children from abuse and neglect).

- 2.19.5 When abuse is disclosed or suspected the Voluntary and Private Sector workers may be faced with ambiguous or uncertain situations and may be reluctant to risk a working relationship with their client. Any action taken should be on the basis that the welfare of the child is paramount.
- 2.19.6 Managers of volunteers who are first line workers have a responsibility to ensure that they are well supported and are given access to child protection training.
- 2.19.7 In order to promote good practice it is the responsibility of organisations, establishments and individuals to encourage participation in general discussion about child protection matters. Access to training is essential and should be sought in partnership with East Ayrshire Council Social Work Service or links with staff in other organisations. The dissemination of information, which includes changes in legislation and Council policy and procedures should be actively sought from East Ayrshire Council.

2.20 Local Community

- 2.20.1 The community as a whole has responsibility from the well being of children. This means that all citizens should remain alert to circumstances in which children may be harmed. Individuals can assist the statutory authorities by bringing cases to their attention. Relatives, friends and neighbours of children are particularly well placed to do so, but they must know what to do if they are concerned. They must also be confident, because of the difficult and sensitive nature of the situation, that any information they provide will be treated in a confidential way and used only to protect the interest of the child. They should know too that early action on their part is often the best way of helping a family stay together as well as protecting the child.
- 2.20.2 Any member of the public who suspects that a child may be being abused or neglected should report it at once to their local Social Work Department, the Police, or the Children's Reporter for East Ayrshire the relevant addresses and telephone numbers are contained in Appendix 3 to these Procedures.

SECTION 3

Specific Guidance

3.1 Sexual Abuse

- 3.1.1 In recent years there has been an increased recognition that adults are involving children in sexual practices; such abuse of power and trust is physically and emotionally damaging to children both in the short and long term. Both boys and girls are abused by males and females. Because of the power of the abuser to silence children, sexual abuse is often kept secret and there may well be little in the way of physical evidence or corroboration.
- 3.1.2 Child Sexual Abuse does not necessarily call for an immediate emergency response or removal of a child from home. After the referrer has been interviewed, we must consult with other professionals within 24 hours unless there is an immediate significant risk to the health and welfare of the child.
- 3.1.3 If after necessary consultation with other professionals, the Team Leader makes a decision not to take immediate action but to convene a Case Discussion prior to making contact with the family, this decision must be endorsed by the Manager, Children and Families.
- 3.1.4 The Case Discussion is a formal mechanism which allows professionals to consult with each other, co-ordinate information already known about the child and family and plan how best to proceed. If a Case Discussion is to be held it should normally be convened within five working days of the initial referral being made. The reasons for any deviation from this standard must be recorded in the case file. It must be chaired by the Team Leader/Service Unit Manager (Children and Families). It must be the Chairperson's decision whether to initiate a Child Protection Investigation and if so how and by whom this would be carried out. Although no decision can be taken on registration the Case Discussion should be minuted and the minute circulated to all those in attendance.

3.2 Consensual Sexual Activity

- 3.2.1 Sexual activity involving a child who has achieved sufficient understanding to be capable of making up his or her own mind on the matter, while illegal, may not necessarily constitute sexual abuse as defined for the purposes of this guidance. The decision to initiate child protection action in such cases is a matter for professional judgement, and each case should be considered individually. While the sexual relationship may be assessed as being not abusive, the welfare of the parties must be considered and appropriate services

made available. The criminal aspects of the case will, of course, be dealt with by the police.

3.3 Abuse by Organised Networks or Multiple Abusers

- 3.3.1 Most sexual abusers are men who act in isolation, secretly 'grooming' their victims over a period of time.
- 3.3.2 However, sometimes abusers act together with varying degrees of organisation, from a group of men/or women within an extended family network to sophisticated national or international paedophile rings, the principle objective of which is the sexual abuse of children.
- 3.3.3 It is particularly important when organised abuse is suspected that there is a full and early exchange of information between agencies, restricted to as few people as possible. The Head of Social Work and the Chief Constable should be informed immediately and they will reach agreement on who should have overall responsibility for the co-ordination of the investigation. This person should co-ordinate the activities of staff and relate to the appropriate directors of all relevant authorities.

3.4 Children as Abusers

- 3.4.1 When physical or sexual assault is perpetrated by one child upon another, consideration should be given as to whether or not these Procedures should be applied in respect of both children.
- 3.4.2 This will depend on a number of factors:- the nature and severity of the abuse; the nature of the relationship between 'victim' and 'abuser'; the difference in age between the two; whether any degree of force or coercion is used; whether it is a 'one-off' incident, or persistent over time; the appropriateness of response by the parents; whether the abusive behaviour is age-appropriate, e.g. is it sexual exploration that might normally be expected between children of the same age; any known history in either child's family that should arouse increased concern.
- 3.4.3 Where the 'abuser' is over the age of legal responsibility (i.e. eight years) the Police will wish to establish whether an offence has been committed. If an independent criminal investigation is conducted, it is particularly important that the Social Work Department is kept informed through the Team Leader (Children and Families) so that the needs of the child can be addressed. The alleged abuser would be reported by the Police to the Children's Reporter. In the case of serious sexual offences he or she would also be reported to the Procurator Fiscal.

3.5 Medical Examinations

- 3.5.1 Every doctor is acutely aware of his/her duty of confidentiality and this can sometimes cause confusion and uncertainty where child abuse is disclosed or suspected. It may be helpful therefore to point out that the General Medical Council has clearly advised that:
- 3.5.2 'If a doctor has reason for believing that a child is being physically or sexually abused not only is it permissible for the doctor to disclose, information to a third party but it is the duty of the doctor to do so' (Annual Report of the General Medical Council 1987).
- 3.5.3 In cases of suspected abuse, there are two parallel considerations:
- (a) The need to ensure that the child's welfare is paramount and that he/she receives any necessary treatment.
 - (b) The need to secure the best possible forensic evidence necessary to both protect the child in the future and to prosecute the perpetrator.
- 3.5.4 If these two principles are not to conflict it is essential that there is clear and effective liaison between Medical Services, Social Work and the Police, in particular to ensure that medical examinations are kept to an absolute minimum.

3.6 Consent to Treatment

- 3.6.1 In cases of urgent necessity, a doctor may carry out emergency treatment without the consent of the parent. Otherwise, parental consent is required for treatment and for any forensic examination. However, the Age of Legal Capacity (Scotland) Act 1991 allows that a child under the age of 16 can consent to any medical procedure or practice if in the opinion of the attending medical practitioner he/she is capable of understanding the nature of possible consequences. By implication, a child may withhold consent and no child should be examined for evidential purposes against his or her will or if it causes him/her undue distress.
- 3.6.2 If a parent withholds consent, and the child, in the view of the medical Practitioner cannot give informed consent, every effort should be made to engage with parents in order to attempt to resolve the conflict. Where this cannot be resolved the police may apply to the Sheriff for a warrant authorising examination if there is an overriding public interest. Furthermore
- the Local Authority can apply for a Child Assessment Order
 - the Local Authority can apply for a Child Protection Order

3.7 Convicted Offenders

- 3.7.1 A separate plan for work with perpetrators of abuse may be needed to compliment the plan for the protection of the child. Such plans may be needed in a range of circumstances: where an un-convicted offender, who accepts responsibility for abuse or neglect, agrees to work with Social Work Services on personal change; where an offender is placed on probation; during a custodial sentence and following release, if an offender is released on parole or other statutory license, or seeks voluntary assistance. The Scottish Office previously issued guidance for local authorities and other agencies on the supervision and management of offenders against children in the community, and preparation and work with offenders released from prison. If a child has been abused by another child or young person, at home, in school or in other circumstances, Social Work services should separately assess the circumstances, needs and risk presented by that young person and work with him or her to reduce the likelihood of the young person abusing again.
- 3.7.2 Any staff or professionals working directly with perpetrators of abuse must co-operate fully with the key worker in the preparation of a comprehensive assessment and recommendations for action. A Criminal Justice Social Worker may prepare a Social Enquiry Report, or following a conviction may supervise the offender in the community. Similarly in the event of a custodial sentence, prison based Social Workers may be working with the offender. The key worker will contact prison-based staff where the alleged or convicted offender is remanded in custody or is serving a custodial sentence, and, where he or she is a parent of or has parental responsibilities for the child, advise him or her of any arrangements or Child Protection Plan.
- 3.7.3 Circular SWSG 11/94 requires prison and community based Social Workers to consider what action may be needed to reduce any risk to any children from those convicted of offences against children, when they are released from prison. Where offenders who are placed on Probation or released from prison return to a family in which a child may be at risk, the social work services should employ more than one social worker in order to serve adequately the needs of the child and other family members, and to deal effectively with the offender. The Sex Offenders Acts, 1997 makes provision for offenders convicted of specified sex offences including sex offences against children, to register their names, any aliases, their address (and any subsequent changes) with the police for periods from five years to life. Related guidance sets out how information on sex offenders (not just those required to register under the Act) should be shared, (**see Criminal Justice Procedures for details**).

3.8 Adults who Disclose Childhood Abuse

- 3.8.1 All professionals who work in a supportive or counselling capacity with adults are likely to encounter disclosures from adults who, perhaps for the first time, feel able to talk about abuse they suffered as children. This will undoubtedly be a major step for them and they will need time and space to consider whether they wish to make a complaint to the Police and in this they should be given a sense of being in control – no criminal prosecution can take place without their co-operation.
- 3.8.2 Abused adults may also be eligible to apply for compensation (see paragraph on the Criminal Injuries Compensation Scheme).
- 3.8.3 The decision whether or not to make a complaint rests with the abused adult; however, there is a legitimate concern for the safety of any children the perpetrator may be living with or have access to. This will depend on many factors including the nature and extent of the abuse, the passage of time, and the level of contact, if any, the perpetrator has with children.
- 3.8.4 Professional staff should, therefore, discuss this with the abused adult, gain as much information about the abuse and the perpetrator's current circumstances as possible and advise that this information must be passed on irrespective of whether the abuse adult wishes to make a complaint.
- 3.8.5 All such disclosures must be discussed with a Team Leader Children and Families where there is any concern at all that the perpetrator may have access to children. Consideration should then be given as to whether there is a need to convene a Case Discussion under the auspicious of our Child Protection Procedures.

3.9 Pre-Birth Case Conference

- 3.9.1 The decision as to whether or not a Pre-Birth Case Conference is required rests with the Service Unit Manager, Children and Families. Responsibility for convening and chairing this type of Case Conference will normally rest with the Services Unit Manager (Children and Families).

Consideration should be given to holding a Case Conference in respect of an unborn child where the Social Work Department or other agencies think there is a risk of significant harm to the unborn child and/or the child when he/she is born and indicate the need to develop a Child Protection Plan before birth (for example where the parent is a Schedule One Offender or there is significant concern about a parents ability to care for a child when it is born). This type of Case Conference may be particularly relevant where there is a

serious addiction by the parent who is not keeping appropriate pre-natal medical appointments. Also cases of domestic violence can pose a threat to an unborn child, because assaults on pregnant women frequently involve punches or kicks directed at the abdomen, risking injury to both the mother and foetus.

- 3.9.2 A Pre-Birth Child Protection Case Conference should have the same status as an Initial Child Protection Case Conference and should be managed in the same way. As such, consideration can be given as to whether there is the need to seek a Child Protection Order at birth.

NB. It should be noted that an unborn child cannot be placed on the Child Protection Register.

- 3.9.3 If a decision is made to proceed to an Initial Child Protection Case Conference this must normally be convened within five working days of the baby being born. Any deviation from this standard must be recorded in the case file by the Manager making this decision.

3.10 Drug and Alcohol Misuse

- 3.10.1 As with mental illness in a parent, it is important not to generalise, or make assumptions about the impact on a child of parental drug and alcohol misuse. It is, however, important that the implications for the child are properly assessed. Maternal substance misuse in pregnancy may impair the development of an unborn child. A parent's practical caring skills may be diminished by misuse of drugs and/or alcohol. Some substance misuse may give rise to mental states or behaviour that put children at risk of injury, psychological distress or neglect. Children are particularly vulnerable when parents are withdrawing from drugs. The risk will be greater when the adult's substance misuse is chaotic or otherwise out of control. Some substance misusing parents may find it difficult to give priority to the needs of their children, and finding money for drugs and/or alcohol may reduce the money available to the household to meet basic needs, or may draw families into criminal activities. Children may be at risk of physical harm if drugs and paraphernalia (e.g. needles) are not kept safely out of reach. Some children have been killed through inadvertent access to drugs (e.g. methadone stored in a fridge). In addition, children may be in danger if they are a passenger in a car whilst a drug/alcohol misusing carer is driving.

(Source: Department of Health December, 1999)

- 3.10.2 Where the Social Work Department or other agencies think there is a risk of significant harm to the child/children as a direct consequence of the addictive behaviour of their parents consideration should be given by the Service Unit Manager, (Children and Families) as to whether or not there is a need to proceed to an Initial Child Protection Case Conference. Responsibility for convening and Chairing the Case Conference will normally rest with the Service Unit Manager (Children and Families).

3.11 Domestic Violence

- 3.11.1 Prolonged and/or regular exposure to domestic violence can have a serious impact on a child's development and emotional well-being, despite the best efforts of the victim parent to protect the child. Domestic violence has an impact in a number of ways. It can pose a threat to an unborn child, because of assaults on pregnant women. Older children may also suffer blows during episodes of violence. Children may be greatly distressed by witnessing the physical and emotional suffering of a parent. Both the physical assaults and psychological abuse suffered by adult victims who experience domestic violence can have a negative impact on their ability to look after their children. The negative impact of domestic violence is exacerbated when the violence is combined with drink and/or drug misuse; children witness the violence; children are drawn into the violence or are pressurised into concealing assaults. Children's exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress among children, particularly when it is routed through them.

(Source: Department of Health December, 1999)

Procedure

- 3.11.2 When an incident of domestic violence comes to the attention of any agency with responsibility for protecting children and promoting their welfare, they should carefully consider the extent to which the needs of the children involved are being met and the possibility of invoking child protection procedures. The overriding consideration must always be that the welfare of the child is paramount.

3.12 Children with a disability or special needs.

- 3.12.1 Children with multiple disabilities can be very dependent on others to meet their very personal care needs. They may be subject to medical procedures which are intrusive and will undoubtedly come into close contact with a range of individuals at home, school or in other caring establishments or situations on whom they will rely to look after them. This makes them vulnerable and susceptible as greater opportunities are created for an abusive situation to occur.
- 3.12.2 Concerns regarding suspected abuse of children with a disability should be reported in the usual way. However, the Team Leader will give active consideration as to whether or not to involve a specialist worker and in particular whether they should be involved in the interview.
- 3.12.3 The detection of abuse in children with a disability can be particularly difficult. The impact of the disability on the child and his/her level of functioning and development should always be taken into account.
- 3.12.4 A child with a visual impairment will often encourage or seek out greater levels of physical contact than others. They may have fewer chances than others to learn the differences between appropriate, inappropriate and socially acceptable behaviour.
- 3.12.5 Some children may be more prone to bumps and bruises because of their particular disability. It is therefore important not to mis-interpret this as abuse whilst being careful not to overlook any obvious signs.
- 3.12.6 Not all children are able to impart or express what is happening to them verbally. They may communicate using British Sign Language, Makaton or symbol boards. These other ways may not have words which represent the particular type of abuse the child has experienced. This is where a specialist, who has particular knowledge about the child's condition or skills in communicating with the child, is important. They should be briefed beforehand regarding the questions the interviewer wishes to ask the child. No person who is implicated in alleged or suspected abuse should be asked to assist in the investigative process with the child. Careful thought should also be given to the most conducive environment for the interview.
- 3.12.7 The Children and Disabilities Team can be contacted at the Civic Centre, John Dickie Street, Kilmarnock KA1 1BY, Telephone: (01563) 576912 or (01563) 574859.
- 3.12.8 In order to access an approved interpreter from the list of service providers please refer to Appendix 6.

3.13 Cultural Sensitivity

- 3.13.1 The Children (Scotland) Act, 1995 (Sections 17 and 22) requires that when providing services and making significant decisions to safeguard and promote children's welfare, a Local Authority shall have regards so far as is practical to the child's religious persuasion, racial origin and cultural and linguistic background.
- 3.13.2 Where required Social Work staff should access translation and interpreting services. Interpreters should, wherever possible, be independent of the local ethnic community, be skilled in interpreting for Child Protection purposes and be aware of the need to maintain confidentiality. Children should not be asked to interpret for their parents or carers in these circumstances. It would not normally be appropriate to ask other family members to interpret.
- 3.13.3 Local sources of information and expertise are listed in Appendix 6.
- 3.13.4 A balanced response must incorporate a cultural perspective, but guard against being oversensitive to cultural issues at the expense of failing to promote the safety and well-being of the child. Social Workers must be aware of the cultural, racial, gender, class and religious values they bring to assessment. In a multiracial/multicultural society particular importance must be given to issues of race and culture.
- 3.13.5 If required, social work staff can access appropriately qualified interpreters who can give the child and the family as much support and guidance as is required. (See Appendix 6).

3.14 Allegations of Abuse Against Foster Carers/Childrens Carers

3.14.1 Investigation of Allegations against Foster Carers

Child Protection Procedures

- 3.14.1.1 Foster Carers and Childrens Carers/Befrienders are recruited, approved and supported by the Social work Department. Each family has a link support worker/family placement supervisor independent of the children placed with them, each child having its own Social Worker.
- 3.14.1.2 When an allegation is made against a carer, or when the carer is suspected of abuse, specific procedures apply that ensure an investigation is undertaken by a senior officer of the Social Work Department, who is independent of the case.

3.14.1.3 Any such concerns should be reported immediately to a Team Leader/Service Officer (Fostering and Adoption) who will inform the Principal Officer (Children & Families and Criminal Justice).

3.14.2 **Introduction**

3.14.2.1 This chapter lays out the procedures to be followed when allegations of abuse of children in foster care are made. It is important to emphasise that the expectations of staff or substitute carers are different from those of natural parents and that while the process of investigation may be similar the range of outcomes is very different. It must be acknowledged that the term 'foster care' covers a wide range of circumstances and it is important that consideration is given to the specific circumstances of the placement being investigated. As in all considerations of alleged or suspected child abuse, the interests of the child are paramount.

3.14.2.2 It is recognised that foster carers who are caring for other people's children can be particularly vulnerable to allegations of abuse. The nature of foster care is often inherently stressful for all concerned and children from troubled backgrounds often have difficulty in adjusting to alternative family life. An effective balance must be achieved between safeguarding the foster child while recognising the complexity of the task and the potential vulnerability of carers.

3.14.3 **Deciding How to Respond**

3.14.3.1 As with all families there may be a range of concerns or complaints which necessitate investigation and intervention. It is important that a clear decision is made at the outset of any investigation about whether child protection procedures are being used.

3.14.3.2 When a child makes an allegation a decision has to be made whether it is in fact an allegation of abuse. If it appears that the child has suffered significant harm at the hands of a foster carer then it should be dealt with as an allegation of abuse.

3.14.4 Initial Response to the Child

3.14.4.1 The following must be borne in mind by the person in whom the child has confided:

- The allegation must be taken seriously
- The allegation must be acknowledged with the child and he/she must be advised that it will be investigated.
- The allegation must be recorded as soon as possible after the child has spoken.

3.14.5 Immediate Action

3.14.5.1 Consideration should be given at an early stage to the appropriateness of continuing with the placement. As part of the ongoing investigation the following factors should be considered:

- The nature of the alleged abuse
- The length of the placement
- Whether the placement is permanent or temporary
- The implications of the allegation for other foster children in the placement.
- The implication for birth children in the family

3.14.6 Child Protection Investigation

3.14.6.1 As with any other child protection investigation the appropriateness of removing the alleged perpetrator rather than the child should be considered.

3.14.7 Inter-Authority Issues

3.14.7.1 Where an investigation involves children from more than one local authority or agency the authority receiving the complaint must notify the Head of Social work of any other authority or agency which may be involved.

3.14.7.2 Where the investigation involves children from more than one authority a decision must be made by the Head of Social Work regarding the process for conducting the investigation. If a child protection investigation is undertaken in relation to a foster carer, the investigating authority must notify the host authority i.e. the authority where the foster carer lives and alert them to any concerns regarding any other children.

3.14.8 **Deciding on How the Matter should be Investigated and by Whom**

3.14.8.1 The decision to investigate using child protection procedures should be made by the Service Unit Manager responsible for the child and the Principal Officer (Children & Families and Criminal Justice) should be advised of this. The investigation should ordinarily be undertaken by the social worker for the child and another appropriately experienced member of staff. The practice in terms of undertaking the investigation should follow the procedures and guidance for investigations outlined in Section 2.

3.14.8.2 Social Workers undertaking investigations must have access to all information available to the social work department in respect of:

- The child
- The foster carer
- Other children in the household

3.14.9 **Medical Examinations**

3.14.9.1 Where a medical examination is deemed appropriate this should be carried out in accordance with the procedures in Section 2.

3.14.9.2 Where a foster placement is terminated in the context of a child protection investigation the child **must** be medically examined before commencing a new placement. This applies irrespective of whether the circumstances of the investigation would in themselves merit a medical examination. (NB the child's right to consent or withhold consent).

3.14.10 **Advising Relevant Others**

3.14.10.1 The decision to initiate child protection procedures should be conveyed to the foster carer unless it would jeopardise the child's safety or hamper enquiries.

3.14.10.2 They should be advised of the procedures to be used and the likely time scale.

3.14.10.3 They should also be advised of the availability of support from the Social Work Department. This will normally be provided by their Link Worker/Family Placement Supervisor who should not be involved in the process of investigating the allegation.

3.14.10.4 Foster Carers should be advised of the availability of support from independent sources e.g. the National Foster Carers Association (NFCA).

3.14.11 **Child Protection Procedures**

3.14.11.1 Where an investigation is to be undertaken in terms of child protection procedures the Team Leader responsible for the investigation must:

- Ensure that the child's birth parents or those holding parental responsibility are advised, or record in writing the reasons why this is not appropriate.
- Liaise with the police in respect of the appropriate level of police involvement.
- Notify the Authority Reporter

3.14.12 **Support to the Young Person Throughout the Investigation Process**

3.14.12.1 The child's Social Worker should offer specific support to the child throughout this period. At an appropriate stage the child can be advised of independent support systems which are available to him/her e.g. Who Cares? Scotland.

3.14.12.2 The child's consent for any interviews must be obtained and he/she must be informed and consulted about the process. In particular the child should be given the opportunity of having a support person present during interviews.

3.14.12.3 The child's consent and views must be taken into account, as appropriate regarding the investigation process and the outcome.

3.14.13 **Role of the Link Worker/Family Placement Supervisor**

3.14.13.1 The Link Worker/Family Placement Supervisor should not normally be directly involved in the investigation of any alleged abuse.

3.14.13.2 The Link Worker/Family Placement Supervisor should ensure that the carers are fully aware of the procedures to be followed and that they fully understand and are supported in contributing to the process and in how to represent their views.

3.14.13.3 The Link Worker/Family Placement Supervisor should assist the carers to express their views. They should encourage carers to:

- Seek independent advice
- Seek independent support e.g. the NFCA
- Prepare for any interviews
- Commit their views in writing

3.14.14 **Children in Foster Care**

3.14.14.1 Where an investigation of concerns in respect of foster children leads to concerns regarding other children in the household there should be:

- Separate recording of concerns
- Clear and separate decisions for each child
- Separate child protection planning and action

3.14.15 **Keeping Relevant Parties Informed**

3.14.15.1 Efforts must be made by the Service Unit Manager/Team Leader to keep all relevant parties informed of progress where possible throughout the course of investigation.

3.14.15.2 Any actions decided upon as a result of the investigation must be communicated by the Service Unit Manager/Team Leader, at the earliest possible opportunity, to the child, his/her family and the foster carers.

3.14.16 **Maintaining Records**

3.14.16.1 Any investigation which is undertaken must use the appropriate forms (e.g. CP1) and the process for recording the interview process and the decision making should be as outlined in 3.19.

3.14.17 **Child Protection Conferences**

(See Section 4)

3.14.17.1 Under the circumstances covered within this section, foster carers do not have an automatic right to attend child protection conferences although their presence can be helpful in ensuring full and accurate information is available.

- 3.14.17.2 In instances where an allegation against a foster carer is being investigated or discussed then many of the considerations regarding parents, (Section 4, para 4.7) will apply. The test will be the extent to which their presence will either aid, or alternatively inhibit or preclude, a full and proper consideration in the child's interests.
- 3.14.17.3 Foster carers who attend the whole of the child protection case conference should be sent a copy of the minute. Foster carers not in attendance or in part attendance should receive a written summary of the child protection conference including the recommendations. The wording of the summary should be submitted by the Chairperson to all other participants for approval along with the minute before being sent to the foster carers.
- 3.14.17.4 The only way in which the function of the child protection conference differs when dealing with a child/young person in foster care is that there is no provision for registration of a child/young person in foster care.

3.15 Investigations of Allegations of Abuse of Children in Residential Care

3.15.1 Introduction

- 3.15.1.1 The investigation of allegations of abuse of children have been included in these child protection procedures because it is recognised that many children have been abused whilst in residential care. All children, wherever or whatever their circumstances, have a right to protection from abusive situations. The only major difference between these procedures and those for investigating allegations of abuse of children in the community is that registration is not included within the process for dealing with allegations of abuse in residential care.
- 3.15.1.2 The process for investigating allegations or suspicions of abuse where the young person is accommodated in a residential establishment is similar to those outlined in previous chapters that deal with children in the community. This chapter concentrates specifically on the roles and responsibilities of those involved in allegations or suspicions of abuse within a residential establishment and addresses the issue of investigations that may involve more than one unitary authority.
- 3.15.1.3 Procedures will only work in the interests of young people if they are located in a care setting where issues of young peoples' control and participation in decisions about day-to-day care have been addressed.

3.15.1.4 Attention to young peoples' rights is an integral part of the therapeutic relationship which young people should experience in residential care.

3.15.2 **Definitions**

3.15.2.1 **Placing authority** – The authority that placed the child in the residential establishment and which usually funds the placement. This is usually the managing authority for the child although in certain circumstances another authority may manage the placement on behalf of the placing authority, for example, when the family move to another area. For the purpose of these procedures both are known as the placing authority.

3.15.2.2 **Host authority** - The authority in which the residential establishment is located. **Local authority establishments** are externally managed by the local authority in which they are located. Responsibility for registration and inspection of **independent schools** usually rests with the local authority in which the school is located. There are few exceptions to this. For the purposes of these procedures the authority with responsibility for registration and inspection is known as the host authority.

3.15.3 **Roles and Responsibilities**

3.15.3.1 The Service Unit Manager (Children and Families) for the child is responsible for deciding whether child protection measures are required and managing any subsequent investigation. The Service Unit Manager (Children and Families) must alert the senior manager for the host authority of all complaints, suspicions or allegations so that a central record can be retained of any such concerns. For local placements within East Ayrshire the senior manager would be the Service Unit Manager (Children and Families).

3.15.3.2 Each local authority should identify one Senior Manager responsible for the co-ordination and monitoring of allegations or suspicions of abuse in residential care within their area.

3.15.3.3 Where applicable, the Senior Manager is responsible for co-ordinating any investigation that involves multiple allegations.

3.15.3.3 The Senior Manager is also responsible for any subsequent fact-finding exercise as a result of a child protection investigation. In instances where an accumulation of concerns arise in respect of a residential establishment which may suggest an oppressive regime, but which do not appear to warrant a child protection investigation the Senior Manager is responsible for co-ordinating and monitoring the investigation. Within East Ayrshire Council the Service Unit Manager (Services) will be responsible for co-ordination and monitoring of these enquiries.

3.15.4 **Allegations of abuse perpetrated by staff members**

Deciding how the allegation should be responded to

- 3.15.4.1 It is important to differentiate between complaints about the standard of service and allegations of abuse.
- 3.15.4.2 Investigations into allegations or suspicions of abuse of children in residential establishments must have an element of independence from the external management.
- 3.15.4.3 When a young person makes an allegation a decision has to be made about whether or not it is in fact an allegation of abuse. If it appears that the young person has suffered significant harm at the hands of a member of staff then it should be dealt with as an allegation of abuse.
- 3.15.4.4 At any stage in the process the possibility of convening a case discussion should be considered to share information and decide on how to progress the investigation.
- 3.15.4.5 There are several courses of action in deciding how the allegation should be responded to. These include deciding that:
- the allegation is unclear and agreeing who should approach the child for more information in order to clarify the allegation
 - it is not an allegation of abuse and utilising the complaints procedure
 - there is an allegation of abuse against a member of staff and agreeing on the following:
 - (1) referral to the police
 - (2) investigation under child protection procedures.

3.15.4.6 While the possible need for a fact finding exercise or disciplinary proceedings must be taken into account, any child protection investigation or measures must take precedence over such actions.

Immediate action

3.15.4.7 As soon as possible after the allegation has been made by the young person or relayed through a third party, the allegation must be recorded. Hand-written notes must be retained on file.

3.15.4.8 The Service Unit Manager for the child must be notified of the allegations or suspicion immediately, as must the Senior Manager of the host authority.

3.15.4.9 The Service Unit Manager for the child is responsible for deciding whether child protection measures are required and managing any subsequent investigation.

3.15.4.10 The Service Unit Manager must consult with the designated Senior Manager of the placing authority and they must consider whether any immediate action is necessary.

3.15.4.11 Where the allegations are of a serious nature, the young person or staff may need to be moved or the member of staff made the subject of a precautionary suspension until the allegation has been investigated and a plan of action agreed. The Principal Officer (Children and Families and Criminal Justice) should take account of the views of the Service Unit Manager (Fieldwork), the Service Unit Manager (Services) and the Manager for Residential Care when making this decision.

3.15.4.12 The young person's view regarding a move from the establishment must be taken into account and disruption to the young person's placement should be avoided where possible.

3.15.4.13 In instances where suspension or disciplinary measures may be required, the Senior Manager should consider seeking advice from personnel services and/or legal services.

Notification - local authority placements

3.15.4.14 When an allegation of abuse is made in a local authority establishment the manager of the establishment must advise the Service Unit Manager for the child and the external manager, who must in turn notify their senior manager. Where the allegation implicates the manager of the establishment, the member of staff in the establishment should directly contact the external manager for the unit.

Notification - Out Of Authority Placements

3.15.4.15 When an allegation or suspicion of abuse is made the manager of the establishment must advise the external manager and the Service Unit Manager for the child. The external manager must in turn advise the Senior Manager for the host authority. When a placement is being made outwith the authority, it would be helpful to have the identified Senior Manager in the host authority named.

3.15.4.16 Where the allegation of abuse pertains to an individual child the placing authority should maintain responsibility for co-ordinating the investigation in conjunction with the Senior Manager in the host authority.

3.15.4.17 The Service Unit Manager for the child must consult with the Senior Manager in the placing authority. Agreement should be reached as to who should contact the Senior Manager of the host authority to agree upon how the matter will be co-ordinated.

3.15.4.18 Where there are multiple allegations the Senior Manager in the host authority should maintain responsibility for co-ordinating the investigation in conjunction with the placing authorities. The host authority should normally undertake any joint investigation with the police, to avoid a large number of placing authorities investigating allegations.

3.15.5 Deciding How The Matter Should Be Investigated And By Whom

3.15.5.1 At any stage in the process the possibility of convening a case discussion can be considered to share information and decide on how to progress the investigation.

3.15.5.2 There are several possible courses of action in deciding how the allegation should be investigated. These are::

- deciding that the allegation is unclear and agreeing whom should approach the child for more information in order to clarify the allegation
- deciding that it is not an allegation of abuse and utilising the Complaints Procedure

- deciding that there is an allegation of abuse against a member of staff and agreeing disciplinary procedures only
- deciding on a police referral and disciplinary procedures (a criminal investigation must take precedence over internal disciplinary procedures). A planning meeting should be considered.

3.15.5.3 Any or all of these processes may occur concurrently or sequentially

3.15.5.4 Where an abusive regime is suspected an urgent review of the establishment should be conducted.

3.15.6 **Investigation of allegations of abuse against members of staff in independent schools**

3.15.6.1 Where a complaint, allegation or suspicion of abuse is made against members of staff in independent schools, the school will immediately notify the Service Unit Manager from the placing authority with responsibility for the child if this has not already been done. The school will agree with the Service Unit Manager the means by which any such concern will be investigated.

3.15.6.2 The school will accede to a request by the placing authority to arrange for any complaint, allegation or suspicion of abuse to be investigated independently of the school or its managers where the placing authority believes that this is necessary. While complaints made can be investigated in a number of ways, where the Service Unit Manager believes child protection measures are required, it is anticipated these will always be conducted by staff external to the school.

3.15.6.3 As with local authority establishments, the Service Unit Manager must inform the Senior Manager for the placing authority about the nature of the complaint or allegation.

3.15.6.4 The Senior Manager of the host authority should be advised of the outcome of all investigations of allegations of abuse of children in residential establishments. Every authority must have a system to collate information on such allegations to ensure early identification of patterns of abuse. Where this is suspected a review of the establishment should be considered.

Advising relevant others

3.15.6.5 The young person's social worker must be advised of the allegation as soon as possible. In normal circumstances the young person's parents/carers should be advised as soon as possible by the social worker. Parents and the young person should be advised of their right to contact the police where this has not been done by the local authority.

Support to the young person throughout the investigation process

3.15.6.5 The social worker and/or residential key worker if not personally the subject of the allegation, should offer specific support to the young person throughout this period. At an appropriate stage the young person can be advised of the independent support systems which are available to them.

3.15.6.6 The young person's consent for any interviews must be obtained and he/she must be consulted about the process. In particular the young person should be given the opportunity of having a support person present during interviews. The choice of support person requires to be given full consideration.

3.15.6.7 The young person's consent must be obtained for any medical examinations.

3.15.6.8 The young person's views must be taken into account regarding the investigation process and the outcome.

Conducting the investigation

3.15.6.9 Those conducting the investigation should be provided with:-

- the allegation in writing
- all statements and reports available in relation to the allegation
- medical examination results where appropriate.

3.15.6.10 The investigators should plan what questions are to be asked beforehand. One person should ask questions and the other take notes. A written record of each interview should be completed and signed by both investigators. A final report summarising the main findings and recommendations should be completed and signed by both investigators. This should be passed to the placing authority and the Senior Manager of the host authority.

The safety of other children

3.15.6.11 Any investigation must also address the possibility of other young people who may have been abused and the continuing safety of young people presently residing within the establishment.

Keeping relevant parties informed

3.15.6.12 Efforts must be made to keep all relevant parties informed of progress where possible throughout the course of the investigation.

Communicating the outcome to relevant parties

3.15.6.13 The outcome of the investigation must be communicated, at the earliest possible opportunity, to the young person, their family/carers and the persons against whom the allegations have made.

Inquiries into multiple or organised abuse

3.15.6.14 Where allegations involve a number of children or staff, the local authority and police should consider the need to conduct inquiries into multiple or organised abuse as set out in Section 3.3.

Adults who allege abuse as children

3.15.6.15 When an adult alleges that he/she was abused as a child in a residential establishment the Senior Manager of the host authority must be advised immediately so that a decision can be made on how to proceed.

3.15.6.16 Information and counselling where requested should be provided by an appropriate resource.

Maintaining records

3.15.6.17 Records of allegations and investigations should be retained by the host authority. This facilitates the Senior Manager 's awareness of any accumulation of concerns. Placing Authority should also retain records of allegations and investigations regarding children from their own Authority.

3.15.6.18 The host authority must be advised of the outcome of all investigations of allegations of abuse of children in residential establishments. Every authority must have a system to collate information on such allegations to ensure early identification of patterns of abuse. Where this is suspected a review of the establishment should be considered.

3.15.7 **Allegations of abuse by other young people in residential care**

Note: Throughout this chapter the term "young perpetrator" is used for ease of reference. It is recognised that in many instances the allegations will not be proven.

Deciding how to respond

3.15.7.1 It is acknowledged that bullying is a form of abuse and such allegations must be taken seriously.

3.15.7.2 With regard to allegations of sexual abuse it is important to differentiate between normal sexual exploration and sexually abusive behaviour.

3.15.7.3 In attempting to decide whether or not sexual abuse may have occurred the following should be considered:

-
- coercion on the part of the young perpetrator
- the intent of the young perpetrator
- age/size/developmental differential between the young perpetrator and victim.

3.15.7.4 Referrals regarding sexualised behaviour of young children and situations where the alleged perpetrator is very young and does not understand the full impact of the behaviour on others may be explored in the first instance at a case discussion.

Initial response to the victim

3.15.7.5 The following must be borne in mind by the person in whom the young person confided:

- the allegation must be taken seriously. The allegation must be acknowledged with the young person and he/she must be advised that it will be investigated.
- the allegation must be recorded as soon as possible after the young person has spoken. Hand-written notes must be retained on file.

Immediate action

3.15.7.6 The needs and welfare of the victim must be paramount.

3.15.7.7 The immediate safety of the alleged victims and other children must be considered.

3.15.7.8 An assessment of the immediate risk posed by the young perpetrator to the abused young person and other young persons must be undertaken.

3.15.7.9 In considering whether the young perpetrator can remain in the residential establishment the following must be considered:

- the victim's views regarding the young perpetrator continuing to reside there.
- the views of any other children regarding the perpetrator continuing to reside there.
- the views of the alleged young perpetrator
- the views of the parents
- the young perpetrator's understanding and acceptance of the abuse
- with regard to sexual abuse the capacity of the residential establishment to implement thorough supervisory arrangements of the young perpetrator.

3.15.7.10 If it is decided that the young perpetrator should be removed from the residential establishment then careful consideration must be given to placement. Full information must be given to staff of any new placement so that they can introduce thorough supervisory arrangements, particularly with regard to sexual abuse, in an effort to protect any other children whom may have contact with the abusive young person.

Notification - local authority placements

3.15.7.11 Each local authority should identify one senior manager responsible for the management and co-ordination of allegations of abuse in residential care within their area. When an allegation of abuse is made in a local authority establishment the manager of the establishment must advise the external manager, who must in turn notify the Service Unit Manager (Services), who will decide on how to proceed.

Notification - out of authority placements

3.15.7.12 An allegation of abuse by a young person should be reported by the manager of the establishment immediately to the external manager. The external manager should report it to the placing authority for the victim, the placing authority for the young perpetrator and the senior manager of the host authority. The placing authority for the victim should make contact with the senior manager of the host authority to agree on how to proceed. The senior manager of the host authority should make contact with the placing

authority of the young perpetrator and advise on the agreed process for investigation.

- 3.15.7.13 Where multiple allegations are made the host authority should normally undertake any joint investigation with the police to avoid a large number of placing authorities investigating allegations.

Deciding how the allegation should be investigated and by whom

- 3.15.7.14 As with investigations into allegations of abuse by residential staff, the only major difference between these procedures and those for investigating allegations of abuse of children in the community is that registration is not included within the process for dealing with allegations of abuse in residential care. Allegations of abuse perpetrated by children and young people should be taken seriously

- 3.15.7.15 Where the allegation is unclear it must be decided who should speak further with the young person to obtain more information.

- 3.15.7.16 Where it is believed that child protection measures are required the police should be contacted and joint agreement reached on how to proceed.

- 3.15.7.17 Consideration should be given to the police and the victim's social worker jointly interviewing the victim.

- 3.15.7.18 The alleged young perpetrator should be interviewed by police in connection with alleged offences and staff must ensure that immediate access to competent legal counsel is available. Efforts should be made to ensure that the young perpetrator is interviewed by police in the presence of a solicitor, trained in these matters, who will appraise the young perpetrator of the implications of admitting to such offences. Where the young person does not want a solicitor they should be offered the support of a trusted adult.

Advising relevant others

- 3.15.7.19 The social worker for the victim and the social worker for the young perpetrator must be advised of the allegation as soon as possible. The social worker for the victim should advise the victim's family of the allegation. The social worker for the young perpetrator should advise this family of the allegation.

Support to the victim throughout the investigation process

- 3.15.7.20 The social worker and /or residential key worker should offer specific support to the victim throughout this period.

3.15.7.21 At an appropriate stage the victim can be advised of independent support systems which are available to them.

3.15.7.22 The victim's consent for any interviews must be obtained and he/she must be consulted about the process. In particular the victim should be given the opportunity of having a support person present during interviews. The parent's consent should be sought where appropriate.

3.15.7.23 The victim's consent must be obtained for any medical examinations.

3.15.7.24 The victim's views must be taken into account regarding the investigation process and the outcome.

Support to the young perpetrator throughout the investigation process

3.15.7.25 The social worker and/or residential key worker should offer specific support to the young perpetrator throughout this period.

3.15.7.26 At an appropriate stage the young perpetrator can be advised of independent support systems which are available to him/her.

Conducting the investigation

3.15.7.27 Those conducting the investigation should be provided with:

- the allegation in writing
- all statements and reports available in relation to the allegation.
- medical examination results where appropriate.

3.15.7.28 The investigators should plan what questions are to be asked beforehand. One person should ask questions and the other take notes. A written record of each interview should be completed and signed by both investigators. A final report summarising the main findings and recommendations should be completed and signed by both investigators. This should be passed to the placing authority for the victim and the senior manager of the host authority .

The safety of other children

3.15.7.29 Any investigation must also address the possibility of other young people who may have been abused and the continuing safety of young people presently residing within the establishment.

Keeping relevant parties informed

3.15.7.30 Efforts must be made to keep all relevant parties informed timeously of progress and outcomes.

Communicating the outcome to relevant parties

3.15.7.31 Any actions decided upon as a result of the investigation must be communicated, at the earliest possible opportunity, to the young persons and their families/carers.

Maintaining records

3.15.7.32 A record of the investigation must be maintained in the victim's file and in the file of the young perpetrator.

Case discussion on the young perpetrator

3.15.7.33 With regard to sexual abuse a case discussion on the young alleged perpetrator should be arranged by the Service Unit Manager /Team Leader, of the placing authority for the young perpetrator to address the following:

- his/her needs
- whether the young perpetrator has been abused in the past or currently and, if so, the implications of this for other children who may have been abused or are at risk of abuse from any adult perpetrators
- risk to the young perpetrator from other adults
- risk the young perpetrator may pose to other children
- possible risk in the community resulting from potential "vigilante" mentality
- supervision arrangements
- the need for third party disclosures to share information with the wider community in terms of protection, e.g. schools . It should be noted that unless the child goes through the court system it is the responsibility of social work whether third party disclosures should be made, unlike with adult sex offenders where it is the responsibility of the police.

3.15.7.34 A referral should be made to the Reporter to assess the need for compulsory measures of supervision. It is essential that an initial assessment of risk be made prior to a comprehensive assessment. As a comprehensive assessment can take several weeks to compile, it is essential that vulnerable children are not left in high risk situations while this is being completed. An assessment of the likelihood of self harm must be undertaken and if this is established support and supervisory measures decided.

- 3.15.7.35 Any involvement of a young person who is denying the offence(s) in a programme of work relating in any way to sexually abusive tendencies could potentially prejudice his/her future court case. The Service Unit Manager must discuss with the Procurator Fiscal any possibility of the young person being involved in a programme of direct work which relates to sexually abusive behaviour.
- 3.15.7.36 In such instances the Service Unit Manager should advise the Procurator Fiscal and the Reporter in writing of this and seek advice and a speedy progression of the case.
- 3.15.7.37 Young people who are admitting to the offences may agree to embark on a programme of work.
- 3.15.7.38 Consideration should be given to securing a legal mandate to seek the young person's attendance at a programme of work designed to address his/her sexually abusive tendencies e.g. to attend as a condition of a probation order or supervision requirement.

Young peoples' right to apply for criminal injuries compensation

- 3.15.7.39 Young people who have been abused in residential care are entitled to apply for Criminal Injuries Compensation. (See Section 3.17)

3.16 Allegations against Agency Employees

- 3.16.1 When an allegation is made against a member of staff employed by a Statutory or voluntary agency, the paramount consideration will be the welfare of the child and these Procedures will apply, irrespective of the status of the alleged abuser.
- 3.16.2 Each agency will have its own disciplinary procedures and will need to consider whether or not the employee in question should be given a precautionary suspension. All agencies have a duty of care to the employees and they will see that the employee is treated fairly and his/her rights respected. This includes giving adequate information and access to representation in any disciplinary or review proceedings. Always consult the police before interviewing a member of staff alleged to have abused a child.
- 3.16.3 A particular consideration will be the identification of the investigating officers in relation to the employee and in all such cases the Service Unit Manager (Children and Families) will inform the Principal Officer (Children and Families and Criminal Justice) who will liaise with senior officers of other agencies as to how and by whom the investigation should be conducted.

3.17 Criminal Injuries Compensation For Children Who Have Been Abused.

3.17.1 Introduction

The following is a summary of key areas relevant to applications for Criminal injuries compensation for children who have been abused. Further comprehensive guidance is available within your local authority. Reference can also be made to *Criminal Injuries Compensation: A Guide for Social Workers (1997)* by Paul Brown, Legal Services Agency.

3.17.1.1 Criminal injuries compensation gives a clear message to children and young people that:

- ◆ They were not responsible for the abuse which they suffered
- ◆ What happened to them was wrong
- ◆ Society acknowledges this through awarding compensation

3.17.1.2 This serves to enhance the important messages given to children and young people by social work staff. While financial recompense can never fully compensate for the abuse suffered by many children, it can bring important material assistance at key stages in their lives.

3.17.1.3 Children and young people who are the victims of crimes of violence require special consideration because of the exploitative dynamics of child abuse. It can be argued that inadequate attention has been devoted to the needs of children with regard to criminal injuries compensation. Professionals should strive to ensure that all claims on behalf of children and young people are comprehensive and contain sufficient information for the Criminal Injuries Compensation Authority to consider making as full an award as possible.

3.17.2 Eligibility

3.17.2.1 Children who have been the subject of significant harm within or outside the family may be eligible for criminal injuries compensation. Other children or non-abusing adults who have a relationship of love and affection with the abused child may also be eligible for compensation if they are secondary victims, i.e. they witnessed the abuse or suffered trauma in the immediate aftermath. Mothers who suffer the shock of discovering that their child has been abused may be eligible for compensation.

3.17.2.2 There are two important elements:

- ◆ The injury must have been reported to the police, unless there are good grounds to argue for this condition to be waived. Prosecution is not a prerequisite.
- ◆ The injury, either physical or psychological, must be assessed as meriting an award. There is a tariff system relating to levels of award.

3.17.2.3 An award may be refused or reduced if the perpetrator may benefit.

3.17.2.4 Application for, or receipt of, criminal injuries compensation does not negate any claim in civil proceedings for damages. However, if civil damages are awarded the Criminal Injuries Compensation Authority may have to be repaid.

3.17.2.5 Application for criminal injuries compensation on behalf of children who have been abused must be viewed by professionals as an important part of social work intervention and the issues involved must be carefully assessed.

3.17.2.6 The *Children (Scotland) Act 1995* indicates in its overarching principles that:

- ◆ The welfare of the child is paramount
- ◆ That children are entitled to be protected from abuse and its consequences
- ◆ The views of children must be taken into account in major decision affecting their lives.

3.17.2.7 The *Children (Scotland) Act 1995* indicates that the local authority has duties to children who are looked after. Such children are defined as follows :

- ◆ children subject to compulsory measures or Supervision under S70
- ◆ children to whom the local authority has given accommodation under Section 25
- ◆ children who are the subject of warrants from the courts or the Hearing system
- ◆ children who are the subject of child assessment orders and child protection orders
- ◆ children subject to parental responsibility orders.

3.17.2.8 Section 17(2) outlines the duty of the local authority to prepare children who are no longer looked after. Section 29 outlines the duty to guide and assist any young person who has been accommodated beyond school leaving age and who is under 19 years of age. The local authority's power to provide advice, guidance, and assistance to young people who were accommodated extends to age 21.

3.17.3 **Negligence**

3.17.3.1 The local authority can be held liable if it fails to make a claim or negligently makes a claim. A child will have the right to sue for negligence upon reaching the age of 16 years of age if an application is unsuccessful as a result of a delay in making a claim.

3.17.3.2 Action may also be taken against the local authority if it accepts an inadequate offer of compensation.

3.17.3.3 The head of service must set up a database at headquarters to log and track progress of applications.

3.17.3.4 The Service Unit Manager must ensure that all children who are entitled to compensation receive it. He / she must ensure that a local database includes information on all children entitled to compensation and the progress of the claims. He/she must appoint an administrative officer to have responsibility for this. The administrative officer must report information to headquarters on a regular basis.

3.17.3.5 The Service Unit Manager must ensure that all CP1's are screened for potential claims. He/she must raise it at child protection conferences, if appropriate, or alternatively remit the discussion to the core group. Time-scales for completing applications must be agreed.

3.17.3.6 The team leader must screen all CP1s and social workers' caseloads for potential claims. He/she must raise it, where appropriate, at looked after views. The team leader must ensure that applications are progressed timeously.

3.17.4 **Making applications**

3.17.4.1 Application forms and notes of guidance are available from: Criminal Injuries Compensation Authority, Tay House, 300 Bath St, Glasgow G2 4JR, Tel: 0141331 2726.

- 3.17.4.2 Social workers must submit comprehensive applications on behalf of children who have been abused and who are looked after or accommodated. They must assist non-abusing parents make applications, where appropriate, when the child is not looked after or accommodated.
 - 3.17.4.3 A decision not to make an application must be made by the Service Unit Manager and he/she must record the reasons for this in the case file.
 - 3.17.4.4 The social worker must pass information on the application to the administrative officer responsible for the local database.
- 3.17.5 When an award is offered
- 3.17.5.1 The social worker should contact legal services immediately when an award is offered and seek advice on whether or not it should be accepted.
- 3.17.6 Reconsideration, reviews and oral hearings
- 3.17.6.1 Legal services should advise the social worker on how to proceed when it is felt that the decision should be reconsidered by the authority. In cases where an oral hearing is felt to be appropriate, legal services should assume responsibility for preparing the case, progressing the case and representation at oral hearing.
 - 3.17.6.2 Legal services should offer advice on whether or not there are grounds for judicial review and, if so, prepare and progress the application.
- 3.17.7 Training
- 3.17.7.1 Service Unit Managers must ensure that all staff attend relevant training to making and progressing applications.
- 3.17.8 Legal services agency
- 3.17.8.1 Legal Services Agency can provide staff training and adult clients can be referred directly for advice, guidance and representation.
*Legal Service Agency
Fleming House
134 Renfrew St
Glasgow G3 6ST.
Tel: 0141 353 3352/ Fax: 0141 353 0354*

3.18 Record Keeping

- 3.18.1 Good record keeping is an important part of the accountability of professionals to those who use their services. It helps to focus work and it is essential to working effectively across agency and professional boundaries. Clear and accurate records ensure that there is a documented account of an agency's or professional's involvement with a child and/or family. They help with continuity when individual workers are unavailable or change, and they provide an essential tool for managers to monitor work or for peer review. Records are an essential source of evidence for investigations and inquiries, and may also be required to be disclosed in court proceedings. In cases enquiries do not result in the substantiation of referral, records should be retained in accordance with agency record retention policies. These policies should ensure that records are stored safely and can be retrieved promptly and efficiently.
- 3.18.2 To serve these purposes, records should use clear, straightforward language, should be concise, and should be accurate not only in fact, but also in differentiating between opinion, judgements and hypothesis.
- 3.18.3 Well kept records provide an essential underpinning to good child protection practice. Safeguarding children requires information to be brought together from a number of sources and careful professional judgements to be made on the basis of this information. Records should be clear, accessible and comprehensive, with judgements made, and actions and decisions taken being carefully recorded. Where decisions have been taken jointly across agencies, or endorsed by a manager, this should be made clear.
- 3.18.4 Relevant information about a child and family who are the subject of child protection concerns will normally be collated in one place by the social services department. Records should readily tell the 'story' of a case. Specifically, the reader should be able to track:
- the relevant history of the child and family which led to the intervention
 - the nature of interventions, including intended outcomes;
 - the means by which change is to be achieved; and
 - the progress which is being made;
 - details of any concerns about the child and family;
 - details of any contact or involvement with the family and any other agencies
 - the findings of any assessment

3.19 The Data Protection Act

3.20.1 The Data Protection Act, 1998 requires that personal information is obtained and processed fairly and lawfully; only disclosed in appropriate circumstances; is accurate; relevant and not held longer than necessary and is kept securely. The Act allows for disclosure without the consent of the subject kept securely. The Act allows for disclosure without the consent of the subject in certain conditions, including for the purposes of the prevention or detection of crime, or the apprehension or prosecution of offenders, and where failure to disclose would be likely to prejudice those objectives in a particular case.

3.20 The European Convention on Human Rights

3.20.1 Article 8 of the European Convention on Human Rights states that:

- 1 Everyone has the right to respect for his private and family life, his home and his correspondence
- 2 There shall be no interference by a public authority with the exercise of this right except such as in accordance with the law and necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

3.20.2 Disclosure of information without consent might give rise to an issue under article 8. Disclosure of information to safeguard children will usually be for the protection of health or morals, for the protection of the rights and freedoms of others and for the prevention of disorder or crime. Disclosure should be appropriate for the purpose and only to the extent necessary to achieve that purpose.

3.21 Child Witness

3.21.1 Introduction

There are two strands of support which should be offered to children been abused and who are required to give evidence at court:

- counselling regarding the trauma of abuse
- preparation for court.

3.21.2 Counselling regarding the trauma of abuse

There has been some confusion that social workers are not allowed to offer support to children prior to court because it may contaminate evidence. This is inaccurate. Much needed support can be offered to the child provided certain Procedures are followed.

3.21.3 The focus and pace of therapeutic work should be directed by the child. The following areas can be addressed:

- Acknowledging that the child will have complex feelings about the abuse and allowing the child to express them
- Building of self esteem and positive self image
- Offering support with consequences of the trauma
- Reducing future vulnerability

3.21.4 It should be stated to the child at the beginning that emphasis is on **how the child feels about what happened, not detail of the abuse**. It is recognised that some children may still talk about the detail of the abuse and that this is more likely to occur with younger children. If a child does this, the social worker should not stop the child talking but should not ask questions. It may be appropriate to remind the child that they cannot explore this further as this will be discussed in court. The social worker may be called to court to speak about the work done with the child.

3.21.5 It is good practice to advise the procurator fiscal of any work ongoing. Routine liaison with the Procurator Fiscal is appropriate and not simply to clarify points of uncertainty or confusion.

3.21.6 Support regarding the court appearance

3.21.6.1 Legal processes are a vital part of the child protection system both for the prosecution of the perpetrator and the protection of the child. Giving evidence is a stressful experience for children who are vulnerable witnesses

3.21.6.2. Relevant, age-appropriate support at the right time can greatly reduce the potentially traumatic effect of the experience.

3.21.6.3 Carers can significantly influence how the child deals with the court process and the emotional impact of the experience so it is important that they are also offered guidance and support.

3.21.6.4 There are 3 stages to the support process:

- The period after the initial investigation and prior to the court proceedings
- During court proceedings
- Post court proceedings

3.21.6.5. A child may have to give evidence at two court hearings: a court hearing to establish grounds of referral for the Children's Panel and the criminal court. The Reporter can decide to defer the former until the case has been heard at the criminal court to attempt to avoid the child having to give evidence at two court hearings. The Reporter's decision on how to proceed in such circumstances should balance the desire to avoid the stress of two court appearances for the child with any urgent need for statutory measures to protect the child.

3.21.7 **Pre –Court**

3.21.7.1 The team leader should identify the appropriate person for the child with regard to offering support before, during and after giving evidence at court. The team leader should table this for discussion at the core group meeting. If the child's social worker is likely to be called as a witness on the case by either side, they should not be allocated the task of offering support to the child throughout the court process. This task should be allocated to someone who will not be called as a witness on the detail of the case.

3.21.7.2 The team leader should ensure that the support person has access to suitable materials and professional advice on offering support to the child. This assistance can be made available by the Family Support Team.

3.21.7.3 The support person should offer support while bearing in mind the need to avoid contamination of evidence

3.21.7.4 The support person should:

- Seek and respect the child's views wherever possible about how they wish to give evidence
- Collate information about the individual child's needs, developmental stage, culture, learning or other difficulties and home circumstances.
- Arrange a pre-trial visit to court for the child, including the use of TV link equipment and a demonstration of screens, if being used
- **Record carefully** any discussion with the child
- give the the child the opportunity to ask questions e.g.

* who will be there?

* will people I do not want to see be there?

* can my mum stay with me?

- * where do I go?
- * what will people look like?
- * what will they wear?
- * how long will it last?
- * what will happen to me if I get it wrong?
- * what does it look like?
- * what if I need the toilet?
- * where are the toilets?
- * can I take a toy/comic?
- * will I get something to eat?
- * do I stand or sit?
- * can I leave if I want to?

3.21.7.5 The support person should not :

- Discuss evidence. If the child begins to talk about the detail of the abuse the support worker should not stop the child talking but should not ask questions. It may be appropriate to say that they cannot explore this area further as it will be discussed at court
- Make assumptions based on the child's age or appearance
- Give assurances that cannot be guaranteed, e.g. the use of TV link

3.21.7.6 The support person should ask for advice on any point of uncertainty or confusion from the appropriate colleague or agency, e.g. court social worker, Reporter, procurator fiscal.

3.21.7.7 The team leader should decide who should offer guidance and support to carers and other siblings. He/she should table this for discussion at the core group meeting.

3.21.7.8 Delay in cases being brought to court cause added stress to the child. Efforts should be made to avoid this. The team leader should keep in contact with the Reporter and procurator fiscal to check on progress. He/she should

report this to the Service Unit Manager who should make direct contact with the procurator fiscal and/or the Authority Reporter to pursue the matter when it appears that unhelpful delay is occurring.

3.21.8 The actual proceedings

3.21.8.1 The support person should offer to be present with the child throughout the proceedings.

3.21.8.2 Court dates are often cancelled causing distress and anxiety to the child. Additional support will be required during this time

3.21.9 Post Court

3.21.9.1 The support worker should provide support on the effects of the court appearance. Assistance will be required in helping the child deal with the outcome.

3.21.9.6 The support worker must help the child understand the legal proceedings as much as possible and that the court process is not a punishment for him/her.

3.21.9.3 Support must also be offered by the appointed support person to the carers and other siblings on the effects of the court appearance and the outcome. Efforts must be made to help them understand the legal proceedings as much as possible.

3.22 Death of a Child

3.22.1 If during the course of taking a referral of a child abuse allegation or subsequently during the Child Protection Investigation Process information is obtained that a child has died. The Director of Educational and Social Services and/or the Head of Social Work and/or the Principal Officer (Children, Families and Criminal Justice) should be notified immediately.

3.22.2 The same action would apply if there was a death of a child who was currently on East Ayrshire's Child Protection Register.

SECTION 4

Case Conferences

4.1 Initial Child Protection Case Conferences

- 4.1.1 Child Protection Case Conferences are an essential feature of interdisciplinary co-operation and are crucial to case management.
- 4.1.2 The decision as to whether or not an Initial Child Protection Case Conference is required rests with the Service Unit Manager.

4.2 Convening Child Protection Case Conferences

- 4.2.1 Responsibility for convening and chairing the Case Conference will normally rest with the Service Unit Manager (Children and Families).
- 4.2.2 Any agency or service involved in Child Protection work may request a Child Protection Case Conference in the expectation that they will not be refused.

4.3 Timing of Case Conferences

- 4.3.1 Initial Child Protection Case Conferences should normally take place within five working days from the point when the initial investigations have been completed. Any deviation from this standard must be recorded in the case file by the Service Unit Manager (Children and Families), who made this decision. The Local Authority or the Police should not however, delay any necessary action to gather information or to ensure a child's immediate safety until a Case Conference takes place.
- 4.3.2 The first Case Conference may be held after agencies have held a Planning Meeting or Case Discussion to agree the appropriate way of responding to the referral alleging that the child has been harmed. The Local Authority may have already taken urgent action to protect the child. In some cases it will be appropriate to proceed to a Case Conference without the need for a Case Discussion.

4.4 Purpose

- 4.4.1 Child Protection Case Conferences provide framework within which agencies can exchange information and collaborate with each other. They are not decision-making bodies except for (c) below, but the Case Conference will make recommendations to constituent agencies. Agencies and individuals who cannot or who choose not to act in accordance with recommendations should ensure that all other parties to the Case Conference are aware of their intentions and they should confirm the reasons for any deviation from the Child Protection Plan in writing to the Chairperson within five working days

of making this decision. It may well be necessary to convene a further Case Conference in these circumstances

- 4.4.2 In broad terms, the purpose of a Child Protection Case Conference is to ensure an overall approach to the case that is objective, properly focused, and multi-disciplinary .
- 4.4.3 More specifically, the purpose of an Initial Child Protection Case Conference is:
- (a) To evaluate and co-ordinate investigation findings, assessments and proposals for action regarding new and un-registered cases, and to identify whether further investigation or assessment needs to take place. Careful consideration must be given to the assessment of other children in the household and any risk to them.
 - (b) To provide clear opportunities for information and thoughts to be shared between professional workers and others involved in the case; and to ensure that no useful contribution is missed. Where expert opinion has been sought it must be considered by the Case Conference.
 - (c) To decide whether or not to register or de-register a child/and or other children in the family.
 - (d) To put in place a 'Child Protection Plan' (see Section 4.20) in respect of a registered child.
 - (e) To formulate a plan of work with the family.
 - (f) To nominate a key worker for the case and to identify other 'core ' personnel who will work with the child and the family (See Core Group 4.21)
 - (g) To ensure that as much confidentiality is maintained as is consistent with the protection of the child.
 - (h) To ensure that all concerned have a clear and agreed understanding of the facts of the case, of each other's contributions to dealing with it, and of the Child Protection Plan recommendation.
 - (i) To ensure that contributions and recommendations are comprehensively and accurately recorded.
 - (j) To decide who will receive a copy of the minutes of the Case Conference.

- (k) To consider the need for a referral to the Children's Reporter.

4.5 Attendance

4.5.1 Full attendance should usually be restricted to those representatives of agencies who have a statutory duty or who have 'a need to know', or who have relevant information or expertise to contribute. Other individuals (including, e.g. representatives from playgroups or other community groups) should be allowed either full or partial attendance at the discretion of the Chairperson of the Child Protection Case Conference. (Requests from or for such people to attend should be made in advance of the Child Protection Case Conference so as to enable the Chairperson to consult Child Protection Case Conference members as to their views). The following people should always be invited to a Child Protection Case Conference. Their direct contribution is vital :

- (a) Social workers (field, hospital or residential). It is important to include any social worker who has previous knowledge of the child or family.
- (b) Designated Paediatrician for Child Protection
- (c) Health Visitor or School Nurse
- (d) Children's Reporter
- (e) General Practitioner
- (f) Teacher and/or any teacher with special responsibility regarding child abuse; and/or representative from the Nursery School.
- (g) Female and Child Unit, Police
- (h) Parents/child (where appropriate)
- (i) Educational and/or Clinical Psychologist

4.5.2 Each participant should be clear about the reason for, and purpose of the Conference, why he or she is present, and their current role and contribution to the management of the case. Each is responsible for ensuring that their own agency is aware of the tasks or action required. Participants who attend the Case Conference should have the authority to carry out the decisions of the Case Conference.

4.6 Professionals and Others

4.6.1 The following people should be invited if they are involved in the case or have expertise or information to contribute:

- (a) Teachers
- (b) Doctors other than the General Practitioner, e.g. Consultant Psychiatrist, Forensic Medical Officer.
- (c) Any other nurse
- (d) Any member of staff of the Social Work Department other than social workers.
- (e) Dental surgeon
- (f) Voluntary or private day nursery or playgroup organiser
- (g) Criminal Justice Social Worker
- (h) Educational and/or Clinical Psychologist
- (i) Lawyer (to advise members of the Child Protection Case Conference). If there is any possibility of legal proceedings resulting from a Child Protection Case Conference decision, a representative from the Legal Services must be invited to attend.
- (j) Any other professional with special expertise.
- (k) If specialist advice has been sought these views must be ascertained and clearly recorded and made available to the Chairperson. If this information is not available, reasons must be given and clearly recorded.

4.7 Parents

4.7.1 Parents must be invited, where practicable, to attend part or, if appropriate, the whole of the Case Conference.

- (a) Parents and/or their representatives should not be invited to attend part of all of the Child Protection Case Conferences if, in the view of the Chairman, their presence will preclude a full and proper consideration of the child's interests.

- (b) The attendance of the parent and/or representative is not counter-productive to the protection of the child or likely to cause harm to others;
- (c) The arrangements are such as to ensure that all relevant information is shared without compromising any professional present;
- (d) Objectivity is maintained and the meeting is not lured into a therapeutic session;
- (e) All participants are informed in advance of everyone who has been invited to attend the Child Protection Case Conference and their role in the Case Conference;
- (f) If parents are excluded from attendance at the child Protection Case Conference a careful record should be made of the reasons why decisions were reached by the Chairperson and recorded in the case file.
- (g) Arrangements regarding their attendance or a decision on non-attendance at the Case Conference should be confirmed in writing to the parent;

4.7.1 Where parents do not attend a Case Conference the Chairperson will have responsibility for deciding who should inform the parents verbally of the outcome of the Case Conference. The parents should be informed verbally within one working day of the Case Conference having taken place.

4.7.2 Written information should also be provided by the Chairperson within one working day of the Case Conference. It should outline the reasons for professional concern, the decisions taken, the category of abuse and protection plan, which agencies consider necessary or desirable in order to help safeguard the welfare of the child; the review process and what to do if they wish to have a decision reconsidered.

4.7.4 Where it has been decided that a parent should attend a Case Conference, the Chairperson will invite him/her in writing. In addition, it is the responsibility of the social worker to facilitate the parent's attendance where necessary and to ensure in so far as is possible that the parent is clear about the purpose and procedure of the Case Conference.

4.8 Children and Young People

4.8.1 The Council 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 his wishes and feelings and give due consideration to them, having regard to his or her age and understanding.

- 4.8.2 Consideration should always be given to whether it is appropriate for children and young people to attend Case Conferences and Review Case Conferences. The Chairperson should discuss the appropriateness of their attendance either at all or part of the Case Conference. Consideration should be given to the child/young person's level of understanding and the child/young person's best interests. If it is felt appropriate children/young people should be actively encouraged to attend by the key worker.
- 4.8.3 Where the child/young person is attending the Case Conference the key worker should explain who will be in attendance and the purpose and format of the meeting. The child/young person should be advised that if they wish they can bring an adult representative to support them, someone they feel comfortable with e.g. a Who Cares? Worker.
- 4.8.4 If the child/young person does not wish to participate in the Case Conference the key worker where appropriate should ascertain the views and wishes of the child/young person and represent these at the Case Conference. If the child/young person does participate in the Case Conference a copy of the minute should be given to the child/young person unless it is considered not to be in their best interests. Where the child does not participate the Chairperson will decide who should meet with the child/young person to explain the outcome.

4.9 Dissent

- 4.9.1 The Chairperson 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 must ensure that the precise nature of the dissent is recorded. The Service Unit Manager must bring dissent to the attention of the Principal Officer immediately and agree a course of action.
- 4.9.2 The Principal Officer should respond to the dissenting person in writing within 28 days.
- 4.9.3 Appeals against registration by a child/young person or a parent
 - 4.9.3.1 A parent or young person may record dissent in relation to particular decision and this will be responded to as outlined in the section on dissent.

4.9.3.2 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 Principal Officer within 5 working days. This should be in writing. The social worker can assist with this if necessary. The Principal Officer should respond fully in writing to the person who made the appeal within 28 days.

4.9.3.3 The Service Unit Manager should ensure that parents and young people are aware of their right to appeal decisions about registration.

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

4.9.4 Complaints

4.9.4.1 When a parent or young person has a complaint about 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 Councils formal complaints procedure.

4.10 Absences

4.10.1 Any professional who has knowledge of the case but is unable to attend a Case Conference must submit a written report for consideration at the Conference. Parents not attending Case Conferences should be advised to put their views in writing and if necessary helped to do so. This should equally apply to all younger children if they are able to formulate a view.

Non attendance of Professionals who have not tendered their apologies will be recorded as, "invited but did not attend".

4.11 Continuation of the Child Protection Conference

4.11.1 If it is not feasible to make a decision of registration or other significant matters at the conference because further information is required then the conference can be continued by the chairperson who should decide the appropriate time scale within which to re-convene. Minutes should clearly reflect why the Case Conference is to be continued and the information to be sought in the intervening period, who is responsible for providing and seeking this information and the date when the Case Conference should be re-convened.

4.12 Review Child Protection Case Conference

4.13 General

- 4.13.1 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 within three months and at six monthly intervals thereafter while the child's name remains on the register. The Local Authority should also consider the need for a Review Case Conference when there are significant changes in the child's or family's circumstances.

4.14 Purpose of Review Case Conference

- 4.14.1 Child Protection Review Case Conferences are essentially Reviews of progress in dealing with the case. Attention should be paid to the following in all Child Protection Review Case Conferences:

- (a) Assessing and monitoring the continuing appropriateness and efficiency of the Child Protection Plan;
- (b) Identifying any significant event which has occurred or is envisaged in the life of the child which might effect the Child Protection Plan; this should be brought immediately to the attention of the Child Protection Case Conference members.

- 4.14.2 Examples of such events are:

- (a) Return home of a child is being considered or there is a possibility of resumption of contact with someone who is known or thought to have abused a child in the past, or who is known or thought to have a history of violence to any person;
- (b) Whenever a further episode of abuse is suspected (whether or not of the same nature as previously);
- (c) If any significant new information of any sort emerges which may influence the appropriateness of the Protection Plan.
- (d) If any member of the Case Conference requests a Review Case Conference.

4.15 Reports

- 4.15.1 The key worker and other staff with tasks relevant to the Child Protection Plan will prepare written reports for distribution to other members of the Review Child Protection Case Conference. These

will include details of the incidence and nature of direct contacts with the child and with other members of the family and will indicate progress regarding:

- (a) The Child Protection Plan
- (b) The case in general and
- (c) Matters raised in the last Child Protection Case Conference as requiring attention

4.16 Chairing Child Protection Case Conference

4.16.1 Child Protection Case Conferences should be chaired by The Service Unit Manager (Children and Families) or other nominated Social Work Manager.

4.17 Minutes of Child Protection Case Conferences

4.17.1 Members of a Child Protection Case Conference, and in particular the key worker should be able to use Child Protection Case Conference minutes as a crucial working tool. Minutes should follow a consistent format and should allow decision, contributions and recommendations to be traced and justified. They will clearly distinguish between fact and opinion. They will be clear as to who was invited, who attended and who received copies of the minutes.

4.17.2 Minutes should be circulated directly to each member of the Child Protection Case Conference as agreed during the meeting (including those invited who did not attend). They should be marked 'Confidential' and 'For the personal attention of'. They will be available to the Chairperson within three working days and distributed within five working days of the Conference.

4.17.3 Minutes belong to organisations rather than to individuals. Nevertheless, they should not be made available to anyone other than the recipients and their managers without the consent of the Chairperson of the Child Protection Case Conference. Recipients of minutes and their managers should ensure that they are able to keep them confidentially, and should inform the Child Protection Case Conference Chairperson in writing, if, for any reason they feel they are not able to do so.

4.17.4 Recipients of minutes who feel that they are inaccurate or an incomplete record, or who are uncertain as to their meaning, should inform the Chairperson of the Child Protection case Conference of this within 5 working days, preferably in writing. This should be recorded as an addendum to the minutes.

4.18 Key worker

- 4.18.1 A key worker should be appointed in respect of each child on the Child Protection Register. The key worker should always be a social worker from the Social Work Department. The identity of the key worker should, where possible, be known to all concerned at the Initial Child Protection Case Conference.
- 4.18.2 The key worker is responsible for the professional social work management of the case, and for being the focal point of communication about it.
- 4.18.3 A key worker is responsible for ensuring that 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. It is the responsibility of the key worker to report any significant changes in the child's life to other professionals and to his/her line management, e.g. change of school or change of address.
- 4.18.4 In some exceptional cases the key worker may not be the most appropriate person to work with a child or his family, and someone else such as a Health Visitor or Teacher – may be better placed to work with or monitor the situation. However, even when this situation arises a key worker should be appointed as described above and with the same responsibilities.

4.19 Decisions made by Children's Hearings or Courts which are Inconsistent with the Decisions made at the Child Protection Case Conference

- 4.19.1 If a Children's Hearing or Court makes a decision which appears to be inconsistent with a recommendation of a Child Protection Case Conference the matter should be reported to the Service Unit Manager (Children and Families) who should consider the need for a further Child Protection Case Conference. All such instances should be notified promptly to the Principal Officer (Children and Families and Criminal Justice) who should consider the need for a further Child Protection Case Conference.

Consideration should be given to seeking legal advice.

4.20 Protection Plans

- 4.20.1 Every child on the Child Protection Register must, by definition, be the subject of a Child Protection Plan. Such plans are essentially multi-disciplinary in nature. Their specific objectives are:
 - (a) To ensure the future protection of the child by eliminating or minimising the risk of abuse or neglect

- (b) To monitor properly the child's development and the family's progress;
- (c) To ensure that the child's immediate and long term needs are met;

4.20.2 Every Child Protection Plan should have three main elements. These are:

- (a) Specific requirements made of parents and child as to matters such as medical checks, access by Social Worker, school attendance, family centre attendance etc.
- (b) Treatment plans, casework objectives, overall plans for case management, contact with relevant persons where appropriate.
- (c) Clear definitions of who does what with timescales where appropriate.

4.21 Core Groups

4.21.1 The core group is essentially a small group of inter-agency staff with key involvement in the case who meet with the parent(s) or carer(s) and young person (if appropriate).

4.21.2 The decision as to membership and minimum frequency of Core Group meetings will be taken at the Child Protection Case Conference by the Chairperson. The terms of reference for the Core Group will be contained within the Child Protection Plan. The main function of the Core Group will be to share information and review progress in relation to implementing the Child Protection Plan. They should normally be chaired by a Team Leader. A minute of the meeting should be taken and distributed to the Core group, all other parties to the registration and the Service Unit Manager, (Children and Families) within five working days of the meeting having taken place.

4.21.3 Suggested alterations to the Child Protection Plan must be endorsed by the Service Unit Manager (Children and Families) and a copy of the minute of the Core Group Meeting sent to the Chair of the Child Protection Case Conference who may then decide to convene a Review Child Protection Case Conference.

4.21.4 However, all parties to the registration will require to be advised of any proposed changes to the Child Protection Plan and their views sought.

Section 5

The Child Protection Register

5.1 Criteria

5.2 Registration

5.2.1 A child must be registered if a Child Protection Case Conference decides that:

(a) They have been, physically, emotionally or sexually abused or neglected or there is grave concern about the risk of abuse;

and (in consequence)

(b) They must be the subject of a Child Protection Plan

5.2.1 The decision to register must be made at a Child Protection Case Conference.

5.2.2 Each and every child who meets the criteria for registration must be registered.

5.3 De-registration

5.3.1 A child's name should be removed from the register at a Review child protection conference when the detailed assessment built up over the period of registration leads to a professional judgement and conclusion that the risk of abuse has been diminished or eliminated.

5.3.2 A Review Case Conference may be convened with the specific task of considering de-registration; in this case the letter to invite must state this clearly. The Review Case Conference should be inter-agency in composition. Whilst it should be as near as possible to those professionals who were party to the original decision to register the child, it must include those who are currently involved with the child.

5.3.3 The needs of each individual child must be considered by the Review Case Conference. The task of the Case Conference will be to consider the factors present in the family situation when registration was decided, and to assess clearly how far these factors have changed in the intervening period. This should include a consideration of the welfare of all other children in the family. The key worker's written report must detail the changes, including risk, which form the basis of their recommendation.

5.3.4 It will be the responsibility of the Service Unit Manager (Children and Families) to convene the Review Case Conference. Any professional is entitled to request a Review Case Conference

5.4 General

5.5 Purpose of Child Protection Register

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

5.5.2 The objectives of maintaining such a Child Protection Register are as follows:

- (a) To make essential basic information readily available to professionals involved in child protection work;
- (b) To facilitate the collation, recording and appropriate passing on of enquiries to the register;
- (c) To facilitate the collection of statistical data;
- (d) To ensure regular review of children on the register
- (e) To ensure that all those, but only those, who need to know are in possession of details on the Register;
- (f) To help keep track of children and families who change address;
- (g) To ensure that criteria for registration are uniformly applied

Each and every child on the Child Protection Register must at all times be subject to a formal Child Protection Plan.

5.6 Location of the Child Protection Register

5.6.1 For operational purposes East Ayrshire's Council's Child Protection Register is held by the Service Unit Manager (Children and Families). The register is also held by the Keeper of the Register at the Children and Families Section, Civic Centre, John Dickie Street, Kilmarnock KA1 1BY, Telephone: (01563) 576901.

5.6.2 In addition outwith office hours a copy of the Register is held by the Emergency Stand Service at 35, Church Street, Glasgow, Telephone: 0141 305 6930.

5.7 Checking the Child Protection Register

5.7.1 There are two Child Protection Registers which must be checked:

- (1) East Ayrshire's Child Protection Register – Telephone (01563) 576901
- (2) Central Child Protection Register – Telephone 0141 305 6930 (or 0800 811 505 out with office hours). The Central Child Protection Register holds all relevant data on child protection cases throughout the West of Scotland.

5.7.2 On receiving an enquiry about the Register, the name and telephone number should be noted to which a call back can be made to the enquirer.

5.7.3 The register will be checked and the enquirer informed accordingly.

5.7.4 Where a child's name is not on the Register, it should be ascertained if the enquirer is referring the child and if so he/she should be requested to make a referral in writing.

5.7.5 A record should be kept of all enquiries to the Register and it is the responsibility of the Service Unit Manager (Children and Families) to pass on information to the relevant Social Work Office. The Service Unit Manager (Children and Families) must also undertake a review of this record at least once a month.

5.8 Custodian of the Register

5.8.1 Any comments regarding the Child Protection Register should be made to the Custodian of the Register at Children and Families, Civic Centre, John Dickie Street, Kilmarnock, KA1 1BY Tel No: 01563 576901.

5.9 Access to Child Protection Register

5.9.1 Access to the Child Protection Register is restricted to professionals who have a 'need to know' in order to protect the child. A careful call-back system should be operated. Those professionals are identified as follows:

- General Practitioners
- Community Medical Staff
- Hospital Medical Staff
- Community Nursing Staff on the grade of Health Visitor or Nursing Officer and above
- Hospital Nursing Staff on the rank of Sister and above
- Social Workers internal to the Council
- Police Officer
- Head Teacher
- Authority Reporter

5.10 Informing Parents

- 5.10.1 Parents must be told both verbally and in writing when their child's name is added to (or taken off) the Child Protection Register. The full significance of registration must be explained. Parents must be told what information is held on the Child Protection Register, who has access to it, and what the procedures and criteria for de-registration are.
- 5.10.2 This information should also be given to parents by the Social Work Department in writing.
- 5.10.3 There should be no delay in informing parents, except in rare circumstances where limited delay might be necessary to protect the child, a professional worker or one parent from another.
- 5.10.4 Responsibility for informing parents rests with the Chairperson (unless a Child Protection Case Conference agrees otherwise).

5.11 Content of Child Protection Register

- 5.11.1 The Child Protection Register should contain the following minimum information:
 - (a) Child's full name, known aliases, known address, gender, date of birth, age at registration;
 - (b) Religious persuasion, race, cultural and linguistic background;
 - (c) Date of first registration, category of registration, date parents told, date of next Review Case Conference, date of de-registration or transfer of child to another council and arrangements made for the hand over to the Social Work Department in the new area e.g. conference held, records transferred etc.
 - (d) Legal status of child, and any court orders or Supervision Requirements in force; (register to be amended on every change in legal status)
 - (e) Full names (including maiden name), known aliases, and addresses of parents and others caring for the child, the name and address of any other adult member of the household, together with information on their relationship to the child, and the name of any parent or person with parental responsibilities living outwith the child's household;

- (f) Full name(s), date(s) of birth and gender(s) of any other children in the household or family and whether they are also on the Child Protection Register;
- (g) Name, address, telephone number of the child's General Practitioner;
- (h) Reason for referral, and whether the child abuse or neglect has been substantiated; if appropriate, nature and circumstances of injury and by whom afflicted;
- (i) Agencies involved and when informed;
- (j) Note of inquiries to the Register;
- (k) Whether the child has any disability and any special needs, e.g. for assistance with communication;
- (l) The name, contact address and telephone number of the keyworker for the child;
- (m) Reason for Registration (i.e. which criteria met)
- (n) School, nursery or playgroup attended with name, address and phone number of contact.

5.12 Changes in Information or Additional Information for the Register

- (a) All changes in information or additional Register information must be passed to the Register holder immediately it becomes known.
- (b) The Register holder must update the Register accordingly.
- (c) Responsibility for ensuring the accuracy of the register lies with the Service Unit Manager (Children and Families) who should satisfy themselves to the register's accuracy.
- (d) The responsibility for ensuring the accuracy of the child and families details lies with the Chairperson of the Child Protection Case Conference.

5.13 Changes of Address of Registered Children

5.13.1 This procedure applies to the following situations.

5.14 Children moving out of East Ayrshire Council

- (a) As soon as it is known that a child whose name is on the Child Protection Register is to move to a new address, (either suddenly or on a planned basis), the Team Leader with responsibility for the

management of the case (or equivalent) must inform the Service Unit Manager (Children and Families) immediately. The Service Unit Manager (Children and Families) must immediately contact the Social work Department responsible for the new address to alert that department to the arrival of a registered child/ren in its area. Initial contact should be made by telephone followed by confirmation in writing of the interim arrangements for the management of the case. All relevant information should then immediately be sent by recorded delivery.

- (b) If a child is subject to compulsory measures of supervision through the Children's Hearing system the Authority Reporter for East Ayrshire Council must also be immediately notified both verbally and in writing by the Team Leader with responsibility for the management of the case/or equivalent.
- (c) The Service Unit Manager (Children and Families) or their nominated substitute will ensure that the change of address is amended on the East Ayrshire Register and the Central Child Protection Register (held by the West of Scotland Standby Service) pending formal transfer of the case.
- (d) The Service Unit Manager (Children and Families) will ensure that appropriate staff will attend any transfer Case Conference to which they are invited.
- (e) The Service Unit Manager (Children and Families) or nominated substitute for the East Ayrshire Register will be responsible for initiating and chairing a transfer Child Protection Case Conference with professionals from the area where the child now resides, to ensure that they are fully informed of the present circumstances and that the Child Protection Plan is reviewed and if necessary a new one formulated to take account of the new circumstances.
- (f) The Service Unit Manager (Children and Families) will also clarify with the appropriate personnel in the receiving authority that all the relevant information and paperwork has been made available to them.
- (g) This transfer Case Conference must be held within fourteen working 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.
- (h) Following the Child Protection Transfer Case 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.

5.15 A Registered Child moving into East Ayrshire Council

- (a) As soon as it is known that a child on a Child Protection Register of another authority has moved, or is to move into the East Ayrshire Council, the Service Unit Manager (Children and Families) and the Manager currently responsible for the registered child should verbally agree interim arrangements for the management of the case until the Transfer Child Protection Case Conference has been held. The Service Unit Manager (Children and Families) will, within one working day confirm these arrangements in writing.
- (b) The appropriate Manager from the originating team should convene a Transfer Child Protection Case Conference. This must be held within fourteen days of the family's move or within seven days if there is a dispute regarding the interim arrangements for the management of the case.
- (c) The appropriate Manager of the originating team has responsibility for ensuring that all tasks allocated to the Social Worker and the Team Leader have been fulfilled.
- (d) The Service Unit Manager (Children and Families) must immediately notify the register holder of the family's details so that these can be entered on to East Ayrshire Council's Child Protection Register.
- (e) The appropriate Manager of the originating team has responsibility for ensuring that all relevant information regarding the case is immediately sent by recorded delivery to the Manager of the receiving team.
- (f) The appropriate manager of the originating team has responsibility for inviting all other agencies involved in the case to the Transfer Child Protection Case Conference. They should seek advice from the receiving Manager, as to which local agencies should be invited. Furthermore, they should ensure the Transfer Child Protection Case Conference will be held in a location which facilitates the attendance of the family and other agencies within the receiving authority.
- (g) The Transfer Child Protection Case Conference will decide and minute whether responsibility for managing the case remains with the originating team or is assumed by the receiving team. If agreement cannot be reached then the matter should be referred to the Heads of Service in each authority.

5.16 Transfer of Child Protection Case Within the Authority

- (a) Before a registered case is officially transferred from one worker to another worker, a full written transfer summary must have been completed. A joint meeting involving the respective workers and their

Team Leader/s must also have been held and a joint transfer visit to the family by the new Social Worker must have taken place.

5.17 Registered Children Who Go Missing

- (a) When a registered child goes missing the Team Leader must inform the Service Unit Manager (Children and Families) immediately.
- (b) The Service Unit Manager (Children and Families) must immediately inform the appropriate professionals who have been party to the Case Conference in an effort to trace the child. They should also immediately notify the Principal Officer (Children, Families and Criminal Justice)
- (c) If the whereabouts of the child and/or family still remains unknown after 5 working days the Service Unit Manager (Children and Families) should make contact with the Liaison Officer at the local Benefit Agency who will be able to instigate a search of the Benefit Agency records to see if the family can be traced.
- (d) If this action fails to locate the whereabouts of the child/or family, the Service Unit Manager (Children and Families) must notify all Social Work Departments, Social Services, Health and if appropriate Education Authorities in Northern Ireland, Great Britain and the Republic of Ireland asking to be informed if the child and/or family comes to their attention. This should be confirmed in writing as soon as possible. A record of missing children and/or families should be maintained by the Service Unit Manager (Children and Families).
- (e) A record will be kept on a similar basis of all those children and/or families at risk where notified missing by other Authorities in Great Britain and any other country.
- (f) This information will be circulated on the various professional communication networks in an attempt to trace the child. If the child subsequently is traced the Service Unit Manager (Children and Families) will be responsible for notifying the originating department.
- (g) Any subsequent information from the department will be circulated on the various professional networks.
- (h) The Service Unit Manager (Children and Families) must convene a Review Child Protection Case conference within two working days to ensure that all information is made available and that all efforts are being made to trace the child and/or family and appropriate action taken to safeguard their welfare.

SECTION 6

Informing and Consulting the Family

6.1 The Principles of Openness and Honesty

- 6.1.1 The principles of communicating openly and honestly with parents and children must apply throughout the processes involved in child protection work and cannot be confined to Child Protection Case Conferences.
- 6.1.2 Child Protection investigations and further work with children and their families are most likely to be effective if parents and older children have been given information, and consulted appropriately from the outset. Parents have a right to know what concerns there are about their children and what action is to be taken. They must also have the opportunity to influence the process by which decisions involving them and their children are reached. Children who are old enough to understand, must also hear what the concerns about them are, be told what action is to be taken on their behalf and be given an appropriate opportunity to express their views.

6.2 Who Needs to be Consulted?

- 6.2.1 At the beginning of a Child Protection Investigation, the Social Worker in consultation with the Team Leader, must decide who in a particular family needs to be given information and to be consulted.
- 6.2.2 Obviously this will vary according to the circumstances of each case, but consideration will need to be given to the following people:
- (a) Parents – if parents are separated, the non-custodial parent would normally be informed that an investigation is being carried out.
 - (b) The child – if old enough to understand.
 - (c) Anyone who has parental responsibility.
 - (d) Other carers – e.g. if a child is cared for on a full-time basis by another relative, or Foster Carers.

N.B. In the remainder of this document, the term ‘parents’ is used to mean anyone who has parental responsibility for the child, or who has day-to-day care of the child.

6.3 Information to be given

(Information about the investigation)

- What the concerns are
- Who will be involved in the investigation
- What information will be sought, and from whom
- What will be requested of parents and child during the investigation (e.g. consent to medical examination, interview)
- What the powers and duties of the Local Authority are
- The time-scale for the investigation
- Possible sources of independent advice for family members

6.4 Information about the Case Conference

- What it is, and how it will be managed
- Who will be invited and why
- What topics will be under consideration
- What decisions/recommendations could be made
- Which family members will be invited, and for which part(s)
- If family members attend, what their role may be
- If family members prefer not to attend (or are not invited) how they can make their views known
- What practical help may be available to enable family members to attend
- Who may attend as support to or representative of family members

6.5 Preparing Family Members for Attendance at a Case Conference

- 6.5.1 The people who need to receive this information are likely to be feeling stressed and anxious as a result of the investigation, and may have great difficulty in absorbing and retaining all of the information. Therefore, information must be given verbally and in writing.
- 6.5.2 Parents/carers and children who are old enough to understand, must be given the leaflet 'Child Protection in East Ayrshire' information for families and if they are invited to the Case Conference, a letter showing them who else has been invited. (Parents who are not invited to attend should still be given information about who will be attending). Parents and older children should be advised that they may speak to the Chairperson if they have reservations about the attendance of any person. It will be the responsibility of the Chairperson to decide whether that person should still attend, having heard the reservations.
- 6.5.3 If the parents or other family members are invited to the Case conference, they will need to be prepared for that attendance. Having information about the purpose of the Case Conference, etc, will be part of that preparation, but some family members will need help and advice to prepare what they want to say, either verbally or in writing.

- 6.5.4 Family members will need to know what any information which they give at a Case Conference about the abuse may be used in evidence by the Police as part of a criminal investigation and that even if the Police do not attend they will receive information from the Case Conference. Parents who are clear about the role of the Police are thereby enabled to make an informed decision about what information they give.
- 6.5.5 The Social Worker and Team Leader must give consideration to the fact that the investigating Social Worker may not be the most appropriate person to prepare each family member e.g. where there is conflict of interest between parent and child or the parent is hostile toward the Social Worker. In these circumstances, the Team Leader should consider the involvement of another person, such as another Social Worker, another professional, e.g. General Practitioner, Health Visitor or possibly become involved themselves. However, the supervising Team Leader must take responsibility to ensure that each person who needs information has an appropriate opportunity to receive it.
- 6.5.6 Parents may need help in identifying independent sources of advice e.g. voluntary or legal sources.

SECTION 7

Legal Measures

7.1 Introduction to child protection provisions - Children (Scotland) Act 1995

These procedures should be read in conjunction with

- The *Children (Scotland) Act 1995. Regulations and Guidance, Volume 1, Chapter 7, and*
- *Protecting Children: A Shared Responsibility 1998 - the Scottish Executive guidance on inter-agency co-operation.*

7.1.1 Although voluntary measures to protect children should be used where possible, the Children (Scotland) Act 1995 has introduced four new orders aimed at protecting children from harm. These orders replace the place of safety warrant provided for under Section 37 (2) of the Social Work (Scotland) Act 1968. The orders are:

- Child assessment order (Section 55)
- Child protection order (Section 57 to 60)
- Exclusion order (Sections 76 to 80)
- Emergency protection order (Section 61)

7.1.2 The Act places the child's welfare as paramount but requires the condition of significant harm to be satisfied. The term significant harm is not defined in the act. Therefore staff considering an application for an order will need to make a judgement, based on the information available regarding the child(ren) concerned, about whether the criteria for granting the particular order have been satisfied. **Norrie**, The Children (Scotland) Act 1995, defines significant harm as "serious, not minor or transient, and may be physical or emotional."

7.1.3 The decision about which order is most appropriate should always be governed by what is in the best interests of the child. The Court will also require to be satisfied when considering an application that making an order for the child is better than making no order at all.

7.1.4 The sections which follow outline the procedure with respect to each of the four orders and cover the following areas:

- What each of the orders can do
- What conditions have to be satisfied in order to obtain each order
- The steps to be taken before applying for any order
- The information required for an application

- The procedure for making an application
- The action to be taken following a sheriff's decision.

7.2 Child Assessment Order

7.2.1 What is a Child Assessment Order?

7.2.1.1 A child assessment order is an order of the Court authorising an assessment of a child's health and development and 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.

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

7.3 Conditions to be satisfied before an order can be obtained

7.3.1 In the course of fulfilling their duty under Section 53 of the Children (Scotland) Act 1995 to inquire into information which suggests a child may be in need of compulsory measures of supervision, a local authority may consider it necessary to seek a child assessment order.

7.3.2 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 for whom the order is being sought is being so treated (or neglected) that he/ 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.

7.4 Steps to be taken before applying for an order

7.4.1 When 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. It will be consistent with good practice and the principles of the Children (Scotland) Act 1995 to assess, first and foremost, whether the child is 'in need'. That assessment will also consider whether one of the child's needs is to be protected.

- 7.4.2 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.
- 7.4.3 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 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 copy of the authority's leaflet should be left with the parents.
- 7.4.4 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 the local Service Unit Manager.
- 7.4.5 Before making a decision about the need for a child assessment order the Service Unit Manager/Team Leader 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. Consideration should be given as to whether consultation with council's legal services is required at this stage.
- 7.4.6 The case discussion should consider whether the criteria for a child assessment order are satisfied. It should pay particular attention to whether co-operation may be obtained in any other way and whether, in the circumstances, the child assessment order is the most appropriate measure to be sought.
- 7.4.7 The case discussion should consider any difficulties likely to be encountered in implementing the order, if granted. In particular it should consider whether assistance may be required from the police/sheriff officers to enforce the order.
- 7.4.8 The local Service Unit Manager should contact the authority's legal services to give notice of such a request for assistance.

7.5 Information required for an application

- 7.5.1 The main determinants of the decision to seek an order will be evidence of:
- The degree of significant harm suspected
 - The occurrence or likelihood of this harm
 - The extent to which attempts to proceed with parental co-operation have failed.
- 7.5.2 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. This may include, for example, school, or health visitor reports.
- 7.5.3 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.
- 7.5.4 The minute should also record the views of the child and how they have been ascertained.
- 7.5.5 The minute should also record decisions of the case discussion regarding any directions or conditions that may require to be sought in terms of Section 55.
- 7.5.6 The Service Unit Manager/Team Leader, should also arrange a review case discussion, to convene within 7 days before the expiry of the child assessment order.

7.6 Procedure for making an application

- 7.6.1 Following a decision to apply for a child assessment order the Team Leader should contact the council's legal services and intimate the intention to make application. The minute of the case discussion and any other relevant information, including reports from other agencies such as school and health services, must be made available to the appointed solicitor, with a minimum of delay.
- 7.6.2 The Team Leader should consult with the appointed solicitor about whether - and if so which - social work personnel should accompany the solicitor making the application.
- 7.6.3 The application will be made by the appointed solicitor (including service).

7.7 Action following Sheriff's Decision

- 7.7.1 Following the granting of a child assessment order, the order will be served on the appropriate parties by the appointed solicitor. The social worker should notify the Reporter of the granting of a child assessment order as a referral. Notification of the application will not be treated as such although if notification is given a record for information purposes will be kept.
- 7.7.2 The Team Leader 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.
- 7.7.3 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 (see procedures for other orders).
- 7.7.4 Within 7 days of the expiry of the order, the Service Unit Manager/Team Leader, should convene and chair a review case discussion. The purpose of this meeting is to consider the conclusions of the assessment and to decide on what action should be taken.
- 7.7.5 The Service Unit 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 social work.

7.8 Child Protection Order

- 7.8.1 What is a Child Protection Order?
- 7.8.1.1 The purpose of the child protection order is to ensure that where necessary urgent action can be taken to remove a child to a place of safety or to prevent the removal of a child from a place where he or she has been accommodated.
- 7.8.1.2 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.

- 7.8.2 A child subject to a child protection order is "a looked after **child**" **under the terms of the** Children (Scotland) Act 1995.
- 7.8.3 The sheriff may make directions as to contact with the child and/or medical or psychiatric examination or other assessment or interview of the child.
- 7.8.4 The duration of the order is limited to a maximum of 8 working days from implementation until a Children's Hearing meets in accordance with Section 65(2) of the Act.

7.9 Conditions to be satisfied before an order can be obtained

- 7.9.1 Under Section 57(1) of the Act a local authority or any person may apply to the sheriff for a child protection order if there are reasonable grounds to believe that a child is being treated or neglected in such a way that he/she is suffering significant harm or will suffer such harm if she/he is not removed to a place of safety and that such an order is necessary to protect the child from such harm or further harm.
- 7.9.2 Under Section 58 the Court may make directions relating to contact with the child and the exercise of the parental rights and responsibilities, as well as directions regarding an examination of the physical or mental state of the child.
- 7.9.3 In terms of Section 57(2) of the Act, on application by a local authority (and only a local authority), the sheriff may make a child protection order if satisfied that the following conditions are met:
- That the applicants have reasonable grounds to **suspect that a child is being or will be treated or neglected in such a way that he/she is suffering, or will suffer significant harm**
 - That the local authority are making or causing to be made inquiries to allow them to decide whether they should take any action to safeguard the welfare of the child
 - That their inquiries are being frustrated by the unreasonable denial of access to the child in circumstances where the local authority has reasonable cause to believe that such access is required as a matter of urgency.

7.10 Steps to be taken before applying for an order

- 7.10.1 Before deciding to apply for a child protection order there are a number of matters which as far as is practicable should be considered:

- An assessment of the alternatives to an application for the order
- The ascertainable wishes and feelings of the child, having regard to the child's age and understanding
- The child's physical, emotional and educational needs, including any special need during the period of the order if made
- The likely effect on the child of a change in circumstances which might result from an application for an order
- The child's age, gender and family circumstances
- The circumstances giving rise to the application
- The need for any directions relating to, for example, contact and assessments and which the Court may attach to the child protection order if made
- The nature and effect of any other orders or requirements already made in respect of the child, for example, a residence order, contact order or supervision requirement.

7.10.2 Before making an application for a child protection order the Team Leader must consult with the Service Unit Manager (Children and Families).

7.10.3 The Team Leader should consult with the authority's legal services.

7.11 Information required for an application

7.11.1 All applications for a child protection order must be made to a sheriff. Justices of the Peace cannot make child protection orders (although they can authorise the use of emergency child protection measures in specific circumstances.)

7.11.2 All applicants for a child protection order must demonstrate to the sheriff that the criteria for granting an order are met. The application to the sheriff must identify the applicant and, as far as possible, the child. There must be a statement of the grounds on which the application is made and this must be accompanied by supporting evidence, written or verbal. This information is necessary to enable the sheriff to determine the application. The sheriff will give such weight as he or she thinks appropriate to any relevant hearsay, opinions, social work and other relevant records, medical reports, including any statements made to the police.

7.12 Procedure for making an application

- 7.12.1 The application should be presented by a Solicitor appointed by Legal Services. The Social Worker/Team Leader should liaise with the Solicitor in relation to what information needs to be provided in support of the application and decide, in consultation, who should attend the Hearing.
- 7.12.2 When an order is to be served and there is insufficient time to employ any of the methods specified in paragraph (2) of Rule 3.15 of the Act of Sederunt (Child Care and Maintenance Rules) 1997, the person seeking the child protection order should consider seeking a direction from the sheriff regarding effecting it orally, or in another manner.

7.13 The application to the sheriff

- 7.13.1 In presenting an application to the sheriff, the Solicitor appointed by Legal Services needs to ensure that the application satisfies the main issues of concern to the sheriff, namely that:
- The criteria are satisfied
 - Attempts to proceed without an order have failed or are not appropriate
 - The making of an order would be better for the child than not to make an order.
- 7.13.2 The Solicitor appointed by Legal Services must advise whether the application is to be made under Section 57 (1) or 57 (2). An application would only be made under Section 57(2) where parents/carers are preventing access to the child. Hence the lower test of "grounds to suspect" rather than "grounds to believe" that the child is at risk of significant harm is the test of the evidence put before the sheriff. Section 57 (1) refers to "any person" whereas Section 57(2) is specific to the local authority. The application should address the question of why the order is necessary to protect the child. Even where it can be shown that the grounds in Section 57 (1) (a) are satisfied the social worker will need to show that other ways of protecting the child have been considered but are not appropriate, e.g. voluntary arrangements with the family; application for another order; placement of the child with friends or relatives.
- 7.13.3 In addition to giving evidence to the sheriff verbally, as much of the evidence as is possible should be written down as part of the application. Any written reports or statements received by the social worker should also be included.
- 7.13.4 Under Section 57 (1) the sheriff must be satisfied there is evidence to show that there are **reasonable grounds to believe** a child has been, or will be harmed. Therefore, the social worker will need to demonstrate what observations he/she has made or what information

has been received which makes them believe that harm exists or is likely.

7.13.5 Evidence will be required by the sheriff to demonstrate that the harm is **significant**. The Act does not define significant harm, but it will need to be demonstrated that the harm is not of a "minor, transient or superficial nature". Therefore it is important that the application contains information which indicates:

- the **nature** of the harm
- the **source** of the harm
- the **extent** of the harm.

7.13.6 Where possible evidence about harm should be supported by evidence in the form of statements or reports and/or research. In a report by Sheriff Kearney (SCOLAG) staff led evidence on sexual abuse based on research which stated siblings were also at high risk of abuse.

7.14 Action following a sheriff's decision

7.14.1 The Service Unit Manager must ensure that attempts are made to implement the order without delay. If no attempt is made to implement the order within **24 hours** it will cease to have effect.

7.14.2 It is the responsibility of the applicant to serve notice on various parties of the order. The order should be served on the following:

- The child
- The parent (or relevant person) whose whereabouts are known
- The Principal Reporter.

7.14.3 Immediately following the granting of a child protection order the Service Unit Manager must ensure that all the material presented to the sheriff is made available to the Authority Reporter.

7.14.4 On serving the order advice must be given about the provision for seeking variations or discharge of the order, and this should be confirmed within an explanatory note which should be given to parents (or the relevant person) informing them of their rights and responsibilities under the order.

7.14.5 If there is no application for variation or recall before expiry of the order, there will be an initial hearing within 2 working days and a full hearing on the 8th working day. The Team Leader must ensure that the appropriate social work staff are in attendance.

7.14.6 Application for variation or recall of the order can be made for either prior to or following the initial hearing. In the event of an application

for recall or variation the Team Leader should consult with the appointed Solicitor to ensure that appropriate social work staff and all relevant information are available to the hearing. This will facilitate the **3 working day** timescale for this hearing to take place to prevent the order lapsing. The child protection order ceases to have effect where the Reporter determines that the conditions for making a child protection order are no longer met.

- 7.14.7 Following an application for a child protection order being granted, if the Reporter, considers that the child protection order conditions are no longer satisfied, he/she can decide that the order is no longer appropriate. In these circumstances the Service Unit Manager/Team Leader should consider convening a case discussion to decide what action if any, may be required.

7.15 Exclusion Orders and Interim Exclusion Orders

What is an exclusion order and what can it do?

- 7.15.1 An exclusion order is a statutory measure available to protect children from significant harm by excluding an alleged abuser from the family home or household. An exclusion order has the effect of suspending the named person's rights of occupancy (if any) to the family home. It also prevents the person - whether an occupier or not - from entering the home, except with the 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 from significant harm or the threat of harm, for example, a visitor to the family home.

- 7.15.2 **Section 77 of the Act allows the sheriff when making an exclusion order to 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: (a) with the written consent of the local authority, or of an appropriate person; or (b) 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
- Making an order regulating the contact between the child and the named person.

7.15.3 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. The local authority, the named person, the parent(s) or the person taking care of the child in the family home, and the spouse or partner may apply to the sheriff to discharge the order. Application can also be made to vary or recall any warrant, interdict, order or direction made. The duration of an exclusion order cannot be extended but a further order may be applied for. The views of the child must be sought in relation to the variation or recall of an exclusion order.

7.16 Conditions for making an order

7.16.1 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.

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

- The conduct of the child and 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.

- 7.16.3 The sheriff when considering whether to make, vary or discharge an exclusion order, must give the child concerned, taking account of his/her age and maturity, an opportunity to express his/her views if he/she wants to and the sheriff must have regard to any views expressed. The means of taking the view of the child are for the sheriff to determine in accordance with the rule of court.

7.17 Steps to be taken in preparing an application

- 7.17.1 When consideration is being given to the necessity of making an application for an exclusion order this should be discussed with the local Service Unit Manager.
- 7.17.2 Before making a decision about the need for an exclusion order the Service Unit Manager/Team Leader will convene and chair a case discussion to consider the matter. The case discussion will involve representatives of appropriate agencies, in particular: health, education and housing staff, as well as the authority's legal services.
- 7.17.3 The case discussion have to consider whether the criteria for an exclusion order are satisfied and 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.
- 7.17.4 The case discussion must consider any difficulties likely to be encountered in implementing the order, if granted. In particular, it should consider whether assistance may be required from the police/sheriff officers to enforce the order.
- 7.17.5 It is unlikely that an exclusion order will be used to provide emergency protection for a child. In these circumstances 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 hearing takes place. If the hearing is not held within 3 working days then the interim exclusion order will fall.
- 7.17.6 Exclusion orders may also be used when a child protection order has been granted but subsequent discussions have found that it would be 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.

7.18 Information required for an application

- 7.18.1 The main determinants of the decision to seek an order will be evidence of:
- The degree of significant harm

- The likelihood of this harm recurring
- The extent to which attempts to proceed with voluntary exclusions have failed.

7.18.2 Where a decision has been made to seek an order, the case discussion should consider the information required from each appropriate agency to support the application. This may include, for example, school or health visitor's reports.

7.18.3 The minute should record the views of the child and how these have been ascertained.

7.18.4 The minute should also record decisions of the case discussion regarding any ancillary orders that may require to be sought in terms of Section 77 and 78.

7.19 Procedure for making an application

7.19.1 Following a decision to apply for an exclusion order, the Team Leader should contact the authority's legal services and intimate the intention to make an application. The minute of the case discussion and any other relevant information, including reports from other agencies such as school, health and housing, must be made available to the appointed solicitor, with a minimum of delay.

7.19.2 The Team Leader should consult with the appointed solicitor about whether (and if so which) social work personnel should accompany the solicitor making the application.

7.19.3 The application (including service) will be made by the appointed solicitor.

7.20 Action following the sheriff's decision

7.20.1 Following the granting of an exclusion order notification of the order will be intimated to the appropriate parties by the appointed solicitor.

7.20.2 The Team Leader should ensure that an appropriate plan to monitor the operation of the exclusion order is implemented and reviewed as appropriate.

7.20.3 If at any point available information suggests that conditions for a child protection order are satisfied then that order should be sought without delay. (See procedures for child protection orders.)

7.20.4 Following the application for an exclusion order to be granted, consideration should be given to notifying relevant authorities if this has not already been done. The task should be carried out by the social worker following consultation with their line manager. While

notification for the application for an exclusion order is not a referral to the Children's Reporter, notification of the granting of such an order or an interim order is treated as a referral.

7.21 Emergency Child Protection Authorisations

- 7.21.1 The local authority, or any other person may apply in an emergency to a justice of the peace for authorisation to remove a child to a place of safety or, to prevent a child from being moved from the place where he or she is being accommodated.
- 7.21.2 In addition, a police officer, acting in accordance with Section 61 (5), may remove a child to a place of safety without authorisation.
- 7.21.3 Section 61(4) requires that the child must be in, or be on the way to the place of safety within twelve hours of the authorisation by the Justice of the Peace otherwise the authorisation ceases to have effect. Sections 61(4), (5), and (6) provide that authorisation last for a maximum of twenty four hours from being granted by the Justice of the Peace, or from removal to a place of safety by the police. The further protection of the child requires to be addressed through a child protection order.
- 7.21.4 Social work staff should only consider approaching a Justice of the Peace for authorisation after taking all reasonable steps to secure an audience before a Sheriff for the purposes of applying for a child protection order. Police officers will only invoke Section 61 (5) when it is not practical to apply to a sheriff and the need for immediate action is indicated.

7.22 The authorisation and what it may do

- 7.22.1 An authorisation granted by a Justice of the Peace may:
- Require the child to be produced to the applicant
 - Prevent any person from removing the child from the place where he or she is then being accommodated
 - Authorise the applicant to remove the child to a place of safety and keep him or her there until the authorisation expires.
 - Give discretion as to contact with relevant person (Rule 16 The Emergency Child Protection Measures (Scotland) Regulations)

- 7.22.2 The Reporter may direct the release of the child Children (Scotland) Act 1995 Section 61 (8) .
- 7.22.3 When authorisation is granted, social work staff must take all practicable steps to notify relevant persons (as defined at Section 93 (2) (b)), any other person with whom the child was residing at the time and the Reporter specifying:
- The steps taken to implement the grant of authorisation
 - The place of safety to which the child is being taken or where he or she is being accommodated (unless under Regulation 10, The Emergency Child Protection Measures (Scotland) Regulations 1996, the social worker notifying the persons specified above considers it necessary to withhold this information in order to safeguard the welfare of the child)
 - The reasons for granting the authorisation, any other steps being taken to safeguard the welfare of the child (unless under Regulations 1996), if the social worker notifying the persons specified above considers it necessary to withhold this information in order to safeguard the welfare of the child).
- 7.22.4 An application for an emergency authorisation is a serious step involving direct and urgent intervention by the local authority to remove a child to a place of safety, or to prevent him/her from being removed from a specified place.
- 7.22.5 Before deciding on this route to protect a child, the local authority must be satisfied that:
- Alternative options for action to protect the child have been taken into account
 - The conditions for making a child protection order are satisfied
 - All practical steps to secure an audience before a sheriff have been taken.
- 7.22.6 When an authorisation is granted, or a police officer acts within Section 61(5), the Team Leader in consultation with Service Unit Manager should urgently consider the need to make an application for a child protection order to a Sheriff. An emergency authorisation ceases to have effect if not implemented within 12 hours of being granted.

7.22.7 If an emergency authorisation is not implemented within 12 hours, the Team Leader must notify the Police and the Reporter.

7.23 Police powers to take a child to a place of safety

7.23.1 Under Section 61(5) the police are given powers to protect children in emergency situations. Where a police officer has reasonable cause to believe:

- That the criteria for making a child protection order under Section 57 (1) are satisfied
- That it is not practicable to apply for such an order from a sheriff or for the sheriff to consider such an application
- That it is necessary to remove the child to a place of safety in order to protect the child from significant harm or further such harm.

SECTION 8

Procedure and Practice Guidance for the Management of Child Protection Cases

8.1 Responsibilities of Social Workers

8.1.1 Referral of Child Abuse

- (a) Any referral which suggests that a child or young person may have been abused will be investigated as a matter of the highest priority on the same working day unless a Team Leader or other Manager of the Social work Department decides otherwise. Any such decision should be clearly recorded on the case file. The investigation will include consideration of all the circumstances of all the children and their family. Any investigation will include at least one worker who is professionally qualified, appropriately experienced, and having completed the basic Child Protection Training.
- (b) When receiving a referral of child abuse, Social work staff should seek written confirmation but should not delay investigation on that account.
- (c) Record immediately all details of the referral, including the alleged abuse or injury, the names (including aliases) and addresses of the child and family, the current whereabouts of the child, if different, the date of birth of the child and the name and address and telephone number of the informer (or the means whereby contact can be made with him/her), if known. The identity of any witness and where to contact them must also be recorded.
- (d) On receipt of a referral, the Social Worker will immediately undertake careful checks of **all** departmental records (including the Criminal Justice Team and Community Care Team) to ascertain whether or not the child/family is already known. The Child Protection Register will be checked.
 - (i) **East Ayrshire's Child Protection Register (Tel: 01563 576901)**
 - (ii) **Central Child Protection Register (Tel: 0141 305 6930)**

(Outwith Office hours telephone 0141 305 6930 or 0800 811 505)

- (e) Having undertaken initial enquiries, the Social Worker will pass the information to a Team Leader in the Children and Families Team, or the Service Unit Manager (Children and Families). It should be made clear that no formal investigation will be initiated without the direction and overview of a Social Work Manager. Once a decision is taken to instigate Child Protection Procedures, an alert should be placed with the Central Child Protection Register (telephone number 0141 305 6930, fax number 0141 334 8577)
- (f) Bearing in mind that child abuse can be a criminal offence, where either at the point of referral, or at any time during the investigation, there is reasonable cause to suspect that an offence may have been committed, the police must be informed immediately. This is the responsibility of the Team Leader.
- (g) The Social Worker, on being assigned to the investigation of the referral, will immediately consult with any other agency which may be currently concerned with or have information about the family, but should not allow delays in the consultative process to put off the necessary investigation.
- (h) When informing the police of a suspected offence, the Team Leader in liaison with the investigating officer from the police must jointly negotiate who does what and when, in order to ensure clarity of the respective roles and responsibilities. Also at this stage, clarity and agreement should be established as to how, when and by whom, the parents or persons having parental responsibilities, care or control, will be advised of any concerns.

8.2 Investigation Process

- 8.2.1 All interviews with children need to be carefully planned and clear decisions made about who should be involved. It is the responsibility of the Team Leader to co-ordinate this and convene a planning meeting if required. Children must always be interviewed with sensitivity and care. The parents and other relevant persons should be interviewed and careful notes taken of their account of any concerns or injury sustained. The Social Worker must record and retain in the case file all contemporaneous notes as these may be required for evidential purposes at a later stage in the process.
- 8.2.2 The child should be seen with the knowledge and consent of the parent and any person having parental responsibilities, care or control. Where consent of this person is not possible or appropriate, the reasons for this should be recorded in the case file. If

appropriate, note and record any injuries sustained and note any relevant comments regarding the child's health development and general welfare. Particular attention should be given to the child's views at all times.

8.2.3 Interviews should be arranged in a manner which causes the minimum possible distress to the child and should take account of issues such as age, gender, ethnic background and special needs. Whenever possible, children should have the opportunity to have a person present with whom they feel comfortable and who will provide the child with immediate support. This person can be anyone, but not the alleged abuser, and could include class teacher, or any other person seen as appropriate by the child, carer or Social Work Department.

8.2.4 The Team Leader should discuss with police and relevant medical personnel and agreement should be reached on the following:

- Whether or not a medical examination or medical 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

N.B. 'A person under the age of 16 years shall have legal capacity to consent on his own behalf to any surgical, medical or dental procedure where, in the opinion of a qualified medical practitioner attending him, he/she is capable of understanding the nature and possible consequences of the procedure or treatment' (Age of Legal Capacity (Scotland) Act 1991)

8.2.5 Having conducted the initial stages of an investigation, should the Social Worker have any concerns regarding the decision or practices of any other investigating agencies or any agencies consulted, they must discuss these immediately with the Team Leader/Service Unit Manager (Children and Families)

8.2.6 In the event that a parent or person having parental responsibilities, care or control of a child, refuses to co-operate with any aspect of the investigation leading to concerns that the child's welfare has not been properly looked after, then the Social Worker should discuss these concerns immediately with the Team Leader/Service Unit Manager (Children and Families) and careful consideration would need to be given as to whether or not a Child Assessment Order or Child Protection Order required to be applied for.

8.2.7 Should a Child Assessment, Child Protection or Exclusion Order be required, this must be agreed in advance by the Service Unit Manager (Children and Families) (For full details regarding

procedures for application to a Sheriff for Child Assessment, Child Protection or Exclusion Orders, see Section 7).

8.3 Action Subsequent to Immediate Investigation of all Child Abuse Cases

- 8.3.1 If the child is admitted to hospital, the Social Worker will ensure that hospital Social Work staff, medical and nursing staff, know who to contact should they express difficulties with the person(s) having parental responsibilities or relatives of the child so that, if required, appropriate measures can be taken to protect the child.
- 8.3.2 As soon as possible the Social Worker should discuss the case in detail with the Team Leader and Service Unit Manager (Children and Families), so that a decision can be taken about whether to convene a Case Conference. If a decision is taken to convene a Case Conference the Social Worker should immediately notify the Service Unit Manager (Children and Families). The completed form CP1 should be submitted to the Service Unit Manager (Children and Families) within five working days of completion of the investigation. All referrals of child abuse must be recorded, together with the action taken and the outcome of a CP1 whether or not the subsequent investigation has established that child abuse has taken place.
- 8.3.3 If it is believed that child abuse has taken place, the Child Protection Register should be alerted.
- 8.3.4 If allocated the case by the Team Leader, the Social Worker should closely supervise the case between the initial investigation and the Case Conference.

8.4 Supervision of Registered Child Protection Cases

- 8.4.1 In consultation with the Team Leader, the Social Worker will ensure that a Child Protection Plan consistent with the recommendation of the Case Conference is developed and written into the case recording. The Social Worker will participate in the core group as directed by the Chairperson of the Child Protection Case Conference.
- 8.4.2 Full case records should be maintained, including recording whether the child was seen and how they appeared. The child must be afforded the opportunity to express his/her views and these should be clearly recorded in the case file. All information should be recorded in the case file as soon as possible and at least within one working day of the last contact. Any difficulty in seeing the child, should be immediately discussed with the Team Leader or Service Unit Manager (Children and Families).
- 8.4.3 The Team Leader should be fully advised of any developments in the case. There should be regular supervision from the Team Leader

and case records should be countersigned not less than once a fortnight.

- 8.4.4 The keyworker should keep regular contact with other relevant workers within the Department and from other Agencies, and ensure that there are agreed arrangements for the passing of information and the planning of contact in line with the recommendations of the Case Conference.
- 8.4.5 Fortnightly Child 'at Risk' Progress Report forms should be completed by the keyworker and passed to the Team Leader for countersigning and transmission to Service Unit Manager (Children and Families). These forms should be completed by the keyworker within three working days of the last contact with the family.
- 8.4.6 If any significant changes occur e.g, the arrival of a new co-habitee or if a major change in the Child Protection Plan is being considered, the Team Leader should be notified immediately.

8.5 Referral of Allegation of Sexual Abuse

- 8.5.1 Child Sexual Abuse is one of the categories of Child abuse but has features which require separate consideration. The notes of procedure should be followed in conjunction with the procedures outlined earlier in this section.
- 8.5.2 Sexual Abuse can vary from obvious abuse with a clear allegation and forensic evidence to a suspicion based on intangible but informed concern.
- 8.5.3 Child Sexual Abuse does not necessarily call for an immediate emergency response or removal of a child from home. After the referrer has been interviewed, we must consult with other professionals within twenty four hours unless there is an immediate significant risk to the health and welfare of the child.
- 8.5.4 If there is only suspicion that sexual abuse may have taken place then after necessary consultation with other professionals and the Team Leader a decision may be taken not to take immediate action but to convene a Case Discussion prior to making contact with the family. This decision must be endorsed by the Service Unit Manager (Children and Families).
- 8.5.5 The Case Discussion is a formal mechanism which allows professionals to consult with each other, co-ordinate information already known about the child and family and plan how best to proceed. If a Case Discussion is to be held it must be convened within five working days of the initial referral being made. It must be chaired by the Team Leader/Service Unit Manager (Children and

Families) or equivalent. It will be the chairperson's decision whether to initiate a Child Protection investigation and if so how and by whom this would be carried out. Although no decision can be taken on registration the Case Discussion should be minuted and the minute circulated to all those in attendance within five working days.

8.5.6 The management of Child Sexual Abuse investigation is of crucial importance given that there is often less likelihood of physical evidence/corroborations of abuse and the child's account of what happened therefore assumes greater significance.

8.5.7 The following points must be considered:

- It is essential that interviews with children and other relevant people are well planned and recorded appropriately. Children should not be subjected to unnecessary interviews.
- If the Police are not involved in the investigations and a parent is the alleged perpetrator of the offence, Police permission requires to be obtained by the Team Leader before any interviews take place.
- Careful consideration should be given to providing support and security to the child. Discussion with the Team Leader will look at how this may be best achieved whilst ensuring that necessary corroboration and a thorough scrutiny of the facts takes place.
- The child should be interviewed in a relaxed setting using interview techniques commensurate with the age and developmental understanding of the child.
- What steps should be taken and by whom, if parental involvement is thought to place the child at significant risk.
- Medical examination should only take place when absolutely necessary to assess the health of the child, to reassure the child or to gain forensic evidence.
- The child should not be subjected to repeated medical examinations. Therefore, a Police Surgeon and/or Consultant Paediatrician should be involved.
- The medical examination should be conducted in an appropriate child-centred clinical setting. The views of the child in relation to the gender of the medical practitioner should also be taken into account.

- Consideration needs to be given to the immediate safety of the child and/or siblings and other children the alleged perpetrator may have access to.

8.6 Specific Guidance

8.6.1 See Section 3 for details of specific guidance in relation to the following:

- Sexual Abuse
- Consensual Sexual Activity
- Sexual Abuse by organised networks or multiple abusers
- Children as abusers
- Medical examinations
- Consent to treatment
- Convicted offenders
- Adults who disclose childhood abuse
- Pre-birth case conference
- Drug and Alcohol Misuse
- Domestic Violence
- Children with a disability or special needs
- Cultural Sensitivity
- Allegations of abuse against foster carers/children's carers/befrienders
- Investigations of Allegations of Abuse of Children in Residential Care
- Allegations against agency employees
- Criminal injuries compensation scheme
- Record Keeping
- Data Protection Act
- European convention on Human Rights
- Child Witness
- Death of a Child

8.7 Responsibilities of the Team Leader

8.7.1 Referral of Child Abuse

8.7.2 It is the responsibility of the Team Leader to ensure that any referral that suggests that a child or young person may have been abused will be investigated as a matter of the highest priority and that the Social Workers allocated to the case are afforded adequate time to deal effectively with the referral at all stages.

8.7.3 The Team Leader on receipt of a child abuse allegation will decide if a formal investigation under child protection procedures should be undertaken, and to advise on whether checks with other agencies at this stage would inform that decision. These checks would, therefore be carried out without the parent's knowledge or consent. Unless

there is significant concern for the child's immediate safety, consideration can also be given to convening a case discussion, but such a decision would have to be endorsed by the Service Unit Manager (Children and Families).

- 8.7.4 The Team Leader will ensure that Social Workers carry out the procedures and that necessary standards of practice are achieved.
- 8.7.5 If any child has been seriously injured or if 'organised' abuse is suspected, notify the Principal Officer (Children, Families and Criminal Justice) immediately.
- 8.7.6 Where either at the point of referral, or at any time during an investigation, there is reasonable cause to suspect that a criminal offence may have been committed, inform the Police.

8.7.7 Investigation Process

- 8.7.7.1 The Team Leader will co-ordinate all aspects of the initial investigation and be available for supervision of all Social Workers involved.
- 8.7.7.2 When informing the Police of a suspected offence, the Team Leader in liaison with the investigating officer from the Police, must jointly negotiate who does what and when, in Order to ensure clarity of respective roles and responsibilities. The danger of prejudicing the integrity of statements from witnesses and any other evidence must be borne in mind at this early stage of investigation. If an investigation is required by both Police and Social Work, this will be done jointly wherever possible to avoid multiple interviews with the alleged victim.
- 8.7.7.3 Also at this stage, clarity should be established jointly as to how, when and by whom the parents/person having parental responsibilities, care or control will be advised of any concerns. Generally speaking, however, parents will always be informed prior to the child being interviewed, unless there is felt to be a real risk to the child of further significant harm. Consideration at this stage should be given to convening a planning meeting to address the above issues and this should be convened by the Team Leader and agreement reached with the Police as to how the planning meeting will be minuted.
- 8.7.7.4 The Team Leader in consultation with the Police, relevant Medical Personnel will decide if the child requires medical examination for evidential purposes.

- 8.7.7.5 The Team Leader will ensure that the referring agency or individual (and other agencies as appropriate) are kept informed during the course of the investigation and notified of the outcome. If, during the course of this process, a decision is taken to terminate the investigation prior to a Case Conference being convened, the parents should be informed of this decision in writing.
- 8.7.7.6 The Team Leader will read any case material held by the Department and ensure that any relevant patterns or incidents are duly recorded on the CP1.
- 8.7.7.7 The Team Leader will advise the Service Unit Manager (Children and Families) of his or her recommendation about whether the Case Conference should be convened.
- 8.7.7.8 The Team Leader/Service Unit Manager (Children and Families) will decide whether to refer the child to the Authority Reporter to the Children's Hearing. In reaching a decision, the only consideration should be whether the child may be in need of compulsory measures of supervision. The referral must be made within five working days of the Initial Child Protection Case Conference.

8.7.8 Supervision of Child Protection Cases

- 8.7.8.1 The Team Leader will assist the Social Worker to develop written Child Protection plans consistent with the recommendations of the Case Conference and to review and regularly monitor this. The Team Leader will participate in the core group as directed by the Chairperson of the Child Protection Case Conference.
- 8.7.8.2 He/she will ensure the child is seen by the Social Worker at a frequency commensurate with the needs of the case. Furthermore the Team Leader will ensure that the child's views are appropriately recorded in the case file.

If the child is unable or unwilling to express their view, the reason for this must be clearly recorded in the case file.
- 8.7.8.3 The Team Leader will provide appropriate supervision and support to the Social Worker. The case recording should be checked and countersigned not less than fortnightly and any specific instructions given to the staff involved should be entered into the case recording. The Team Leader countersignature of the case recording endorsement of the management of the case.
- 8.7.8.4 The Team Leader will arrange cover of the case if the caseworker is absent from work and will record these arrangements in the case file.

- 8.7.8.5 The Team Leader will inform the Service Unit Manager (Children and Families) of any changes e.g. change of address, so that the Child Protection Register may be kept up to date.
- 8.7.8.6 He/she will inform the Service Unit Manager (Children and Families) of any significant changes or if further injuries occur, so that consideration can be given to convening a further Case Conference.
- 8.7.8.7 He/she will ensure that the keyworker responsible for working the case completes the fortnightly Child 'at risk' Progress Report within the required timescale of three working days from last contact with the family. He/she will read, countersign and record any appropriate management decisions before passing the completed form to the Service Unit Manager (Children and Families) within five working days.

APPENDIX 1

The Main Tasks of the Chairperson

The main tasks of the Child Protection Case Conference Chairperson are to ensure that:

- (a) Conference maintain a focus on the child as the primary client whose interests must transcend those of the parent where there is any conflict.
- (b) The Order of business is established.
- (c) The purpose of the particular Child Protection Case Conference is made clear.
- (d) The people present are those required for the fulfilment of that purpose.
- (e) All those present contribute and full consideration is given to their contribution.
- (f) A plan, based on assessment and clearly understood by all concerned, is developed and agreed for recommendation to the agencies concerned. This plan is the 'Child Protection Plan'
- (g) The workers and agencies involved in the Child Protection plan and in particular the lead officer are identified. This is recorded in the minute
- (h) While the Case Conference may make recommendations that another agency should exercise its powers or duties in respect of a child, however, it remains the responsibility of that agency to decide whether or not to act upon the recommendation.
- (i) Arrangements for review of the plan and the date of the first Review Child Protection Case Conference are agreed.
- (j) Agreement is reached in the case conference about how and when parents or carers who are not present will be informed verbally of the plan for inter-agency co-operation and of the purpose of the Child Protection Register.
- (k) A written minute of the Case Conference which records those participating, absentees, the discussion and the recommendation, is made.
- (l) The Child Protection Case Conference achieves its other purposes.
- (m) Details are entered on the Child Protection Register as appropriate.
- (n) The Case Conference Chair person recognises his/her responsibility's to ensure decisions are based upon all the circumstances and to decide whether a child's name should be placed on/removed from the Child Protection Register, and if, so under which category.

- (o) Where there is disagreement about this decision by any participant in the Case Conference the nature of the dissent should be recorded and the Principal Officer (Children, Families and Criminal Justice) should be notified immediately. In this event, the Chairperson should consult with and seek the agreement of the Principal Officer (Children, Families and Criminal Justice). The Principal Officer (Children, Families and Criminal Justice) may wish to reconvene the Case Conference and involve any other persons as are considered necessary.

Consultation with the Case Conference Chairperson

At the earliest opportunity the investigating Social Worker or the Team Leader must consult the person who will chair the Case Conference to:

- Give basic details about the reason for the Case Conference;
- Discuss family involvement in the Case Conference and the management of the part(s) of the Case Conference to be attended by family members, including the order of attendance e.g. if parents are to attend separately;
- Discuss professional involvement, to ensure that the opportunity for key professionals to attend is maximised, yet attendance is restricted to those who have relevant information/current involvement;
- Arrange a date and venue for the Case Conference which gives equal consideration to professional and family members needs (though it may not always be possible to meet everyone's needs).

Deciding which Family Members can Attend

The Case Conference Chairperson must decide which family members are to be invited, in consultation with the investigating Social Worker and/or Team Leader. Those invited will vary according to the circumstances of each case, but the following considerations must be made:

Parents

Usually parents will be invited to attend, unless:

- There is information about a person which indicates a risk of violence to staff or another family member, or there is evidence that a person may seriously disturb the conduct of the meeting;
- A criminal investigation is in progress and the Police consider that the attendance by a particular family members may jeopardise the success of that investigation.

The term 'parents' is intended to include everyone who has parental responsibility and/or who has day-to-day care of a child. In some cases, it will be necessary to arrange for 'parents' to attend separately. If parents are not invited, this does not exclude the possibility of a representative attending in their absence.

Children

Some older children may wish to attend a Case Conference and should be enabled to do so but generally, younger children are likely to be overwhelmed by attendance and their views should be represented by someone else.

In deciding whether it is appropriate for older children to attend, the following considerations should be made by the Social Worker in consultation with the Team Leader:

- The ability of the child to understand;
- The purpose of the child's attendance i.e. a child should not be asked to give information about alleged or suspected abuse in a Case Conference. This is likely to cause discomfort and embarrassment, and may involve the child in a serious conflict of loyalty, particularly if a parent is the alleged or suspected perpetrator.
- There may be information to be shared which a child should not hear e.g. information about parents;
- Although account should be taken of the child's wishes about future action, the child may not have freedom of choice about the action to be taken;
- Are there alternative ways for the child to express his/her view to the Case Conference e.g. in writing, or through another adult of their choice, which would be more appropriate?

If the above considerations have been made, and it has been ensured that the child is fully aware of what attendance would involve, it is decided that the child's attendance is appropriate, consideration must be given to the timing of this, and to ensuring adequate support to the child both before and afterwards.

Other Relatives

There may be other relatives who play a significant role in a child's life, but who does not have parental responsibility or full-time care of the child e.g. grandparents. Usually it would only be appropriate for them to be invited to a Case Conference at the parent's request or with the parent's agreement.

Enabling other Professionals to Prepare for Case Conference

All attendees will need an opportunity to prepare in advance for the Case Conference, so that they can prepare the information which they will share, give consideration to the implications of the involvement of family members and, if necessary, make representation to the Case Conference Chairperson. The letter of invitation must show clearly which family members have been invited to the Case Conference and also whether they have been invited to stay for the whole of the Case Conference.

It will be the responsibility of each professional to give consideration to the information which they have about the child and family, and to decide what information is relevant to the Case Conference. If anyone has information which they consider will be crucial to the discussion about the protection of the child and which they consider could not be shared with any family member who has been invited, they must contact the Chairperson to discuss this information. It will be the responsibility of the Chairperson to decide how to manage the sharing of this information at the Case Conference.

Similarly if any professional wishes to raise any objection to the attendance of one or more family members, it is the responsibility of that person to contact the Chairperson prior to the Case conference to discuss this objection. It will be the responsibility of the Chairperson to decide whether or not to uphold the objection and to advise other attendees accordingly.

APPENDIX 2

What to Look for – Possible Indicators of Child Abuse

The identification and diagnosis of child abuse is rarely simple. The signs are made up of a complex mixture of medical symptoms, behavioural characteristics and background factors. The diagnosis of all suspicious injuries is a clinical issue and not within the scope of this brief guide.

It is important to remember that a child's physical condition is only part of any diagnosis. Of equal importance is the child's emotional, developmental and nutritional state.

The recognition of abuse is a multi-disciplinary affair with, for example, health professionals diagnosing medical problems; social workers interpreting family dynamics; school staff identifying changes in behaviour. No individual should ever feel that the burden rests solely with him/her.

The aim of this section is to help staff be alert to and recognise those factors which can indicate abuse. It also gives some guidance on distinguishing between every day minor bumps and bruises which occur accidentally and injuries which may have been inflicted.

It is essential to keep in mind the importance of seeking appropriate professional advice whenever child abuse and neglect, including sexual abuse, is suspected.

Presentation

Child abuse may occur in the form of an isolated incident or may be chronic or repeated.

There are numerous signs, some or all which can indicate that child abuse is taking place, or that there is serious risk of abuse. It is important to note that it is beyond the scope of this guide to provide comprehensive information on child abuse.

The forms of harm to children and young people that constitute child abuse are Failure to Thrive, Physical Injury, Physical Neglect, Sexual Abuse, Psychological, Developmental or Emotional Abuse. These have already been defined in Section 1.

Physical Abuse

Falls and accidents can often produce only a single bruise – usually a bony prominence. Multiple bruises can also occur from a child running and falling forwards – leading to bruises on the front of the body and marks on the forehead, knees, shins, as well as on the hands if the fall is broken. Bruises sustained accidentally are usually on outer surfaces or limbs.

Staff should be alert to the following:

- (a) An explanation of injury not consistent or compatible with the findings.

- (b) No explanation of the injury.
- (c) Delay in reporting the injury or in seeking treatment.
- (d) Bruising on the young infant or less mobile child.
- (e) Reports of recurrent injuries which only occur in one situation with one carer in particular.

Examples of Injuries in Cases of Physical Abuse

Injuries to the Skin and Subcutaneous Tissue

Most common – in the form of bruises and skin marks. Multiple bruises in various stages of healing is a characteristic sign. The following list includes areas of the body where abuse-related injuries are most common.

- (a) Head, ears, cheeks, mouth.
- (b) Chest, stomach, upper arms.
- (c) Thighs and buttocks.
- (d) Lips or gums.
- (e) Genital or rectal area.

Finger Marks require considerable force: they may be caused by a:

- (a) Slap
- (b) Pinch
- (c) Grasp

Bite Marks and Scratches

Human bite marks are usually distinctive as a circle of two discontinuous semi-circles corresponding to the upper and lower teeth. There is usually no central bruising although this area may be swollen.

Black Eyes

Two black eyes are rarely accidental, and even a single black eye is of serious concern in the immobile child.

Accidental black eyes are often accompanied by bruises to other parts of the face, such as the forehead or the bridge of the nose.

Burns and Scalds

Deliberately inflicted burns and scalds are found in 10% of physically abused children, 5% of sexually abused children and 1 – 6% of all children presenting at hospital with burns and scalds. A child who presents with any burn should be comprehensively medically examined, because many of the children deliberately burnt have previously suffered from child abuse.

It can be difficult to distinguish between accidental and inflicted burns, but generally, non-accidental burns are characterised by their regular outlines and their location.

Accidental scalds are usually accompanied by 'splash marks'. Scalds to buttocks and groin are rarely accidental. Accidental burns or scalds should always lead to questions about the amount of supervision and protection offered to the child and should raise the issue of child neglect.

Injuries to the Head and Central Nervous System

Head injuries lead to more serious long term consequences for the child, and are the commonest cause of death from abuse. Head injuries may result from a blow to the head of the child, swinging him round or shaking him. A fracture is usually less significant in terms of the physical prognosis, than the associated complications which may result from brain damage. These complications may also occur after the child has been swung around or shaken, resulting in a collection of blood immediately underneath the skull (subdural haematoma), causing increasing pressure on the brain. Retinal haemorrhages may also be found with shaking injuries.

Fractures

Fractures are among the most serious injuries sustained. They may occur in almost any bone and may be single or multiple, clinically obvious or detectable only by x-ray. The presence of old/healing undiagnosed fractures on x-ray indicates potential previous incidences of child abuse.

The physical signs of fractures are deformities of the bones, tenderness, swelling, limitation of movement in an extremity or pseudoparalysis.

Immobile babies very rarely break their bones and toddlers rarely suffer more than a green-stick fracture (a crack which does not result in a complete break).

Physical abuse must therefore be seen as a highly probable diagnosis in all fractures in children under one year.

Recent fractures may be difficult to see, but are more obvious when callus forms after about 10 – 14 days.

Abdominal Injuries

In a few cases, children may suffer damage to the kidneys, spleen, liver, intestines, or other genital organs as a result of a punch or kick. Such injuries are serious and may lead to death if not treated.

Chest Injuries

Rib fractures are highly suspicious of physical abuse in young children unless there is a history of direct trauma to the rib cage e.g. a road traffic accident. The signs are chest deformities and limitation of mobility. If rib fractures cause rupture of a blood vessel, bleeding into the chest cavity (haemothorax) may result. If a rib punctures the lung, air leaking into the cavity (pneumothorax) and subcutaneous tissue (surgical emphysema) may ensue.

Behavioural Indicators in Children and Young People which could Indicate Physical Abuse

- Refusal by child to discuss injuries
- Fear of returning home
- Aggression towards others
- Undue fear or anxiety towards adults or a particular individual
- Poor personal hygiene
- Constant tiredness
- Running away
- Poor or erratic attendance at school
- Low self esteem

Child Neglect and Emotional Abuse

Child neglect is a serious condition which can result in delayed physical and emotional development. A child's development is highly sensitive to both physical and psychological stress.

Where insufficient care or protection leads to actual or potential impairment then child abuse can be said to have occurred.

Diagnosis is difficult because these effects are not as dramatic as bruises and lacerations. However, the effects of physical and emotional neglect can be very damaging. Therefore any situation suggesting that neglect is present must be treated seriously.

The effects present themselves in a variety of ways and some examples are listed below:

Physical Neglect

- Failure to provide basic care for the child's needs.
- Inadequate nourishment.

- Failure to thrive.
- Inadequate clothing.
- Uncleanliness.
- Failure to engage with medical services.

Emotional Abuse

- Behaviour indicative of lack of love, care and stimulation.
- Compulsive eating.
- Neurotic behaviour, rocking/head banging.
- Inability to play.
- Significant decline in concentration span.
- Self harm.
- Extremes of either passivity or aggression.
- Social/emotional immaturity.
- Low self esteem

Sexual Abuse

Traditionally there has been great suspicion of children who allege that they have been sexually abused and a tendency to describe such claims as fantasy. Experiences suggests that children rarely fabricate such statements. The child should always be listened to and what they say should be treated very seriously and investigated.

The majority of sexually abused children have no physical symptoms but usually exhibit behavioural or emotional symptoms. These symptoms are not specific to sexually abused children and, therefore, present problems of diagnosis. Sexual abuse presents in numerous ways, but should be considered when there is evidence or vaginal or anal injuries, oversexualised behaviour, some recurrent abdominal pains and excessive masturbation.

The important point to remember is, that if a child is showing signs of emotional or behaviour stress, then the possibility of sexual abuse must be considered, particularly when there are sudden changes in mood or behaviour with no apparent explanation.

Physical/Medical Indicators of the Possibility of Sexual Abuse

- Sleeplessness, nightmares, fear of the dark.
- Bruises, scratches, bite marks to the thighs or genital areas.
- Itch, soreness, a discharge, unexplained bleeding from the rectum, vagina or penis.
- Pain on passing urine or recurrent urinary infection.
- Stained underwear.

- Unusual genital odour.
- Anxiety/Depression.
- Eating disorder e.g. Anorexia Nervosa or Bulimia.
- Discomfort/Difficulty in walking or sitting.
- Pregnancy – particularly when reluctant to name the father.
- Venereal Disease or sexually transmitted disease.
- Soiling or wetting in children who have been trained.
- Self mutilation/suicide attempts.

Behaviour Indicators of the Possibility of Sexual Abuse

- Lack of trust in adults or over familiarity with adults.
- Fear of a particular individual.
- Social isolation/withdrawn behaviour.
- Sleep disturbance (nightmares, irrational fears, bedwetting, fear of sleeping alone)
- Running away from home.
- Girls assuming mothering role.
- Reluctance or refusal to participate in physical activity or to change clothes for activities (e.g. for physical education in school).
- Low self esteem.
- Drug, alcohol, solvent abuse.
- Display of sexual knowledge beyond the child's years.
- Unusual interest in the genitals of adults or children or animals.
- Expressing affection in inappropriate ways e.g. 'French Kissing'.
- Fear of bathrooms, showers, closed doors.
- Abnormal sexualised drawing.
- Fear of medical examinations.

- Developmental regression.
- Poor peer relations.
- Over-sexualised behaviour.
- Compulsive masturbation.
- Anti-social behaviour.
- Psychosomatic factors e.g. recurrent abdominal pain or headache.
- Sexual promiscuity.

Possible Indicators of Failure to Thrive (Non-organic)

- Significant lack of growth
- Weight loss
- Hair loss
- Poor skin and muscle tone
- Circulatory disorders
- Failure to engage with medical services

As already stated, it is important that all the above possible indicators of abuse are looked at in the context of the individual child and his/her family. A comprehensive multi-disciplinary assessment should be carried out which gives the child the opportunity to express his/her views.

APPENDIX 3

Referral/Reporting Contacts

Any person who suspects abuse must report that suspicion to either the Police or Social Work.

Police

All referral must be made to:

Strathclyde Police Divisional Headquarters
Female and Child Unit
10 St Marnock Street
Kilmarnock
KA1 1PJ

or

Strathclyde Police
Female and Child Unit
1 King Street
Ayr
KA8 0BU

Tel No: 01563 505014

01292 664014

Dependant on the geographical area in which the child or young person resides.

Social Work

All referrals during office hours must be made to the child's home area to either:

Department of Education and Social Services
East Ayrshire Council
Dalsalloch Centre
William McCombe Court
Auchinleck
KA18 2HH

Tel: 01290 427700

Fax: 01290 427702

Department of Education and Social Services
East Ayrshire Council
9 Balmoral Road
Kilmarnock
KA3 1HL

Tel: 01563 528011

Fax: 01563 554290

APPENDIX 3 CONTINUED:

Referral/Reporting Contacts

Department of Educational and Social Services
East Ayrshire Council
11 Cross Street
Galston
KA4 8AA

Tel: 01563 820876

Fax: 01563 822248

Children's Reporter

The Reporters Department
2 Bridge Lane
KILMARNOCK
KA1 1QH

Tel: 01563 534176

Fax: 01563 555841

Outwith office hours, all referral to the Duty Social Worker, Stand-By Service,
Tel: 0141 305 6930.

Glossary of Medical Terms and Conditions Most Likely to be Encountered

Medical Terms and Interpretation

Bizarre Marks	Unusual (or difficult to explain) marks.
Bony Lesions	Defects or injuries to bones
Bulimia	Excessive morbid hunger, often interspersed with bouts of sickness.
Calcification	Laying down of new bone
Callous (on x-rays)	New bone formation
Coagulation Studies	Investigation
Cyanosis	Bluish appearance of the skin-lack of oxygen in the blood.
Epiphyseal Displacement	The end of a bone (next to a joint) which may be moved out of position.
Frenulum	The little tissue attachment between the upper lip and upper gum.
Fundus of Eye	The entire inside back of the eye (retina, optic, disc etc). The optic disc may be swollen in the absence of retinal haemorrhages, but would still suggest raised pressure in skull.
Lesion	Any injury of pathological process, from a cut to a boil.
Metaphysical Fractures and 'Chips'	The widened part near the end of long bones such as the femur where active growing is taking place may be damaged and splintered.
Mongolian Blue Spot	Bluish discoloration of skin of lower back sometimes seen in children of black races.
Munchausen by Proxy Induced/Fictitious Or Factitious Illness Syndrome	<p>This refers to cases in which a carer (often the mother) "fabricates illness in a child or either by inducing or inventing physical signs of illness or actually causing illness in the child, deliberately misleading the doctor that the child's illness has come about of its own accord".</p> <p>When there is suspicion of fictitious illness, it is essential that the matter is brought to the immediate attention of a Consultant Paediatrician.</p> <p>A multi-disciplinary approach is essential and child protection agencies should be involved at the earliest opportunity.</p>

Osteitis	Inflamation of bone
Periorbital Ecchymoses	Bruising around the eyes
Periorbital Membrane wrapped around bone	Periosteal haemorrhage is bleeding between this membrane (which becomes lifted from the bone) and the bone.
Petechial Haemorrhages	Pin point bleeding marks in the skin.
Post Traumatic Amnesia	The period of time from an injury to the return of continuous memory. Roughly approximate to the period of confusion following a head injury.
Scalds	The result of wet heat as opposed to a burn which is dry heat.
Subdural Haematoma	Collection of blood in the subdural space overlying the brain caused by a rupture of the veins. This can be life-threatening and is one of the manifestations of shaking, but can have other medical causes.
Suture	A stitch
Synovitis	Inflammation of the membrane leaving a joint giving rise to pain and swelling.
Vascular Stasis	Lack of circulation
Visceral Injuries	Injuries to abdominal organs, such as liver, spleen, bowel etc
Von Williebrand's Disease	Rare disease of tiny blood vessels making suffered bleed more readily than normal.
Weal	Sign or immediate trauma to the skin, raised red area in outline like the object used to inflict the damage. Can also be caused by irritation.
Wounds	Incised, lacerated, punctured, contused

Appendix 5

HIV and other blood-borne Viruses

Many of the issues relating to children and young people infected and affected specifically by HIV also apply to other sexually transmitted diseases and hepatitis B and C. The issues raised in this section of the guidance have been divided into those relating to children and young people at risk of HIV.

1. Children and Young People Living with/affected by HIV/other blood-borne viruses

(a) Infected children

The number of children infected by HIV is relatively small and their service needs are well described; the principles relating to confidentiality and children's rights should be adhered to.

(b) Affected children

The number of children/young people affected by HIV is generally much greater than the number who are HIV infected. Children can be affected because of:

- (i) parent/carer's illness, physical or mental (e.g. Aids, dementia)
- (ii) lifestyle e.g. because they are sex workers or drug users
- (iii) because they are young carers who assume inappropriate levels of caring

The following points should be considered in working with this group:

- the child's welfare should be paramount
- the parent's rights versus the children's rights
- the child's right to know the parent's diagnosis (it is important to proceed at the child's pace)
- a child's right to be involved in plans affecting his/her future care.
- knowledge of and access to relevant services

2. Children and Young People at Risk if HIV and the blood-borne Viruses

Children and young people at risk of HIV infections are:

- The unborn baby
- The new born infant who is breast-fed when the mother is known to be HIV positive
- Sexually abused children and/or sexually active children

Questions may arise about the need for protection of a child who may be exposed to infection through breast feeding or through a perceived lack of care or proactive practices on the part of the child's infected carers. The threshold

of criteria for protective measures in the Children (Scotland) Act 1995 is related to the concept of “significant harm”. This is not defined in the Act. However, given the likely serious consequences of infection, there would seem little doubt that infection must be considered to be an example of significant harm.

The question that remains is whether there are “reasonable grounds to believe” or to “suspect” that the child is being so treated, or will be so treated that significant harm is occurring or will occur unless protective action is taken.

This is where it is important to have access to the latest medical opinion on the risks and methods of transmission.

It should certainly not be assumed that the presence of HIV/Aids within the family itself places the child at risk. If infected carers fear that this assumption will be made this could deter them from approaching the local authority for appropriate help.

Neither should children be left at risk because HIV/Aids is seen as a special category. The children of infected persons have the same right to protection as other children. The same criteria for intervention apply. The additional factor to be taken into account is the need to check the latest medical understanding that might be relevant to a risk assessment.

Risk assessment where HIV/blood-borne Viruses might be an issue covers:

- Runaways
- Drug use
- Sexual behaviour
- Teenage prostitution

Points to be considered within this group

Rights

- Confidentiality v public interest
- Child's rights v perpetrator's rights

The Importance of Counselling

- This should be a gradual process using age-appropriate language
- The need for pre-test and post-test HIV/blood-borne Viruses counselling

Issues regarding Testing

- Is testing in the child/young person's best interests?
- The child/young person's consent
- Where? When? By Whom? and for what purpose (consider other sexually-transmitted diseases)

- Should worker's aim for a same-day result of an HIV/blood-borne Virus test?
- Avoid overwhelming the child or young person with questions and tests
- Ensure child-orientated testing procedures are established
- The need for staff support and supervision
- The importance of consultation and knowledge of services
- Ongoing support for the child's/young person's family

Child Sexual Abuse as a Risk Factor for HIV/blood-borne Viruses

How should Social Worker's deal with the fear and worry over HIV/blood-borne infection felt by the victims of sexual assault?

The nature of the abuse and its relevance to HIV/blood-borne transmission is the overriding guiding factor for workers faced with the question of how to deal with HIV/blood-borne Viruses and Child Protection.

It is also important to recognise that both parents and the child or young person may disproportionately fear the risk of HIV/blood-borne infection even if the nature of the abuse has little relevance to HIV/blood-borne transmission. If parents are worried, it is vital that these concerns are addressed. Social Workers need not be experts on HIV and other blood-borne infections but should be able to discuss the general issues with confidence and know where to go for support and further advice. (A list of possible sources of advice are printed at the end of this section).

Clearly, it is important to pre-empt fears and prevent unnecessary anxiety, but HIV/blood-borne infections should not be raised during preliminary investigation and it is important to prevent unnecessary alarm because the chances of a child becoming HIV positive after sexual assault are very small. Deciding when to raise the question of counselling and testing for HIV/blood-borne infection (and other infections) is clearly a delicate issue.

Workers with survivors of child abuse should know about routes of HIV/blood-borne transmission, tests available, clinical developments, including therapies and available support services from statutory and voluntary sector agencies such as the Terence Higgins Trust.

It is far more important in the initial stages to tackle the trauma that has occurred due to the abuse. It would be inappropriate if concerns about HIV/blood-borne infection subsumed concerns about the abuse, but it may be that HIV/blood-borne infection is a real worry. Social Workers and others engaged in Child Protection should understand this and consider the involvement of someone with more expertise.

If there is a danger of transmission, the consideration of the need for counselling and testing becomes more urgent.

Social Workers and other staff engaged in Child Protection work are not expected to have the in-depth knowledge to deal with this problem alone but it is better that they engage with the issues and access support rather than ignore the subject of HIV/blood-borne viruses due to unfamiliarity.

Sources of Advice

HIV/AIDS Co-ordinator Ayrshire and Arran Health Board
Tel: (01292) 611040

Terence Higgins Trust, 52 – 54 Graysin Road, London, WC1X 8JU
Tel: 02078 310330

Waverley Care Trust, 4a Royal Terrace, Edinburgh, EH7 5AB
Tel: 0131 556 3959

APPENDIX 6

List of Sign Language Interpreter Service Providers

Glasgow Sign Language Interpreting Service

Centre for Sensory Impaired People

The Marine
17 Gullane Street
Partick
GLASGOW
G11 6HA

Tel: 0141 334 5530 Text: 0141 341 0825

RNID (Royal National Institute for the Deaf)

Scottish Directorate
9 Clairmont Gardens
GLASGOW
G3 7LW

Tel: 0141 564 1600 Text: 0141 564 1602 Fax: 0141 564 1601

Scottish Association of Sign Language Interpreters

54 Queen Street
EDINBURGH
EH2 3NS

Tel: 0131 225 9995 Text: 0131 225 9932

Deaf Connections

100 Norfolk Street
GLASGOW
G5 9EJ

Tel: 0141 420 1759 Text: 0141 429 6682 Video Phone Line: 0141 418 0579

List of Interpreting Services

The Glasgow Interpreting Service
39 Napiershall Street
GLASGOW
G20 6EZ

Tel: 0141 341 0019

APPENDIX 7

**Department of Community Paediatrics for the Ayrshire and Arran Health Board
Area**

APPENDIX 8

East Ayrshire Council Child Protection Committee Members

Stephen Moore	Head of Social Work
Graham Short	Head of Schools
John Crawford	Head of Protective Services
J F McMenemy	Senior Procurator Fiscal
Joe Scanlon	Children's Reporter
James Porteous	Detective Inspector – Strathclyde Police
Karin McDonald	Deputising for James Porteous as required
Anne Ritchie	Lecturer in Social Work, University of Paisley
Sheila Smith	Department of Child Health, AAHB
Dawn Renfrew	Child and Adolescent Mental Health

APPENDIX 9

CHILD PROTECTION AND CRIMINAL JUSTICE

Introduction

Child protection is a core principle for criminal justice services. There must be effective communication between child care and criminal justice staff.

Some offenders can move between council areas and in and out of prison. This results in a need for co-ordination and management of information and consistency of approach, not only between councils but also between the councils, police, the prison service and other relevant agencies. Particular attention should be paid to prisoners who have committed a Schedule 1 offence in the past but whose current offence is not a Schedule 1 offence. These procedures apply to all offenders whose offending includes Schedule 1.

Special programmes and appropriate accommodation for sex offenders are scarce resources. The aim must be to co-ordinate existing provision to maximum effect to ensure that risk assessment, monitoring and personal change programmes are informed by regular, timeous information exchange between all relevant agencies.

Councils have statutory duties to provide social work services in the criminal justice system. Most are derived from Section 27 of the Social Work (Scotland) Act 1968 as amended by subsequent criminal justice legislation. The duties include:

- social work services in the courts
- social enquiry reports
- restriction of liberty assessment
- supervision orders made by courts - bail, probation, community service, supervised attendance, supervised release and short sentence licence
- supervision of offenders released from prison on licence - life parole, determinate parole and non-parole
- advice, guidance and assistance to prisoners who request it voluntarily within 12 months of release from prison
- support to families of offenders
- throughcare to those sentenced to custody.

Practice Themes

The Imprisonment And Preparation For Release Of Offenders Convicted Of Offences Against Children. Circular No. SW/11/1994. The aim of the circular is to ensure an integrated approach to the management, assessment and provision of services for offenders convicted of offences against children and to ensure that services are considered for children who may be at risk.

Risk Assessment

Risk Assessment is a continuous process essential in determining the degree of risk posed by the offender, and its management to ensure the necessary action is taken to protect children. It is particularly focused during the preparation of a social enquiry report, and is applied at different points during intervention within both prison-based and community-based settings.

Joint Working

Communication between prison based social work staff, criminal justice social work staff and children and families social work staff requires to be timeous, clear and unambiguous to be effective.

Effective Programmes

Risk Assessment is a continuous process which can be applied at different points during intervention to determine effectiveness, and measure change.

It must be recognised that the offender can refuse to participate in the assessment or in programmes at the prison. It is essential that the level of participation is communicated to all relevant staff at all stages in the process.

These procedures must always be implemented where there have been offences against children.

Social Enquiry Reports

Where a social enquiry report is being prepared on an individual convicted of a Schedule I offence, or where the nature of the offence posed a risk to children, the report writer should ensure appropriate liaison with children and families social work staff to provide a more comprehensive assessment during the process. Where the subject of the report has been remanded the report writer will liaise with prison-based social work staff to determine what, if any, involvement has occurred, and to discuss the assessment and specifically the family and child's circumstances.

Risk Assessment at Induction

Where an individual has been received into prison following conviction and sentence in relation to a Schedule I offence, a risk assessment will be completed by a prison-based social worker within four weeks of admission. The prison-based social worker will liaise with community-based social work staff to ensure as comprehensive risk assessment as possible.

The initial risk assessment undertaken by prison-based social workers will offer a view of the extent to which a prisoner, convicted and sentenced for a Schedule I offence, appears likely to be a risk to children. This assessment, which may be updated at different points throughout the sentence, will inform decisions in relation to access by the prisoner to children both while in prison and upon release.

Where a social enquiry report is requested on a prisoner convicted of a Schedule One offence, whether the subject is ordained or remanded, a risk assessment will be

undertaken in accordance with the principles contained in this document and shared between relevant social work staff based in the community or prison.

On completion of the initial risk assessment at induction and following consultation between prison and community based staff (both criminal justice and child care), the Service Unit Manager (Children and Families – Fieldwork) will decide on the appropriate use of a formal child protection conference given the levels of concern and vulnerability of any children and particularly where there is a question of ongoing contact.

Service Unit Manager (Children and Families – Fieldwork) following completion of the initial assessment will consider the need to invoke child protection procedures and/or make further reference to the Reporter.

Assessment Prior to Release

In advance of any form of release, the prison based social worker must ensure that the appropriate local office team leader has all relevant information in order that necessary decisions can be taken to protect children.

Service Unit Manager (Children and Families – Fieldwork) will use pre-release risk assessment information to inform need for a child protection conference, the necessity for child protection procedures and the involvement of the Reporter.

Temporary Release

Written information should be passed by the prison based social worker to the local office prior to release. Where this is not possible, given short notice, telephone advice should be offered with written advice to follow.

Notice must be sent to the Director of Education and Social Work Services and/or Head of Social Work and/or Principal Officer (Children and Families and Criminal Justice Services), or equivalent.

- the intended residence of the prisoner
- the previous residence of the prisoner
- the residence of children and other known victims.

Copies should also be sent to the Service Unit manager (Children and Families – Fieldwork) or equivalent, as well as Stand-by Service.

Where a prisoner convicted of a Schedule I offence receives regular temporary release, all details of planned releases should be forwarded by the prison based social worker or the relevant local offices as detailed above. This should be done in advance of release.

Where there are plans for regular temporary release, the full assessment dossier must be sent by the prison based social worker to the appropriate agencies prior to the release programme beginning. It is not necessary to send a full assessment dossier

for each release in a planned programme of release unless there are changes which require notification.

Pre-Release Assessment

Prior to consideration for release, the prison based social worker will forward to the Head of Social Work (or equivalent) the following forms:

- TC/CPI - advice to social work department
- TC/CP1B - information on the offender including an updated risk assessment
- +TC/CP2 - this form requires information from the local office to complete pre-release assessment and copy of the original social enquiry report.
- Release notification

Following the decision to release a prisoner, the prison based social worker should forward to the Head of Social Work (or equivalent) for the child(ren) and offender if different, Service Unit Manager (Fieldwork), Stand-By and Reporter:

- TC/CP3 - release notification report from report including the prison social work unit and information from other disciplines.

Prisoners Released on Appeal

In the event of a prisoner convicted of a Schedule I offence being released pending an appeal against sentence, prison staff should notify the prison based social worker who in turn must inform the appropriate agencies as timeously as possible in accordance with these procedures.

With the initial risk assessment and previous relevant assessments, the Service Unit Manager (Children and Families – Fieldwork) should consider, with appropriate use of case discussion, the need for an updated child protection plan. Prison based social work staff should always be advised of case discussions and invited to attend where possible and appropriate.

Contact

Where there is question of contact to a prisoner convicted of a Schedule One Offence during custody, the Service Unit Manager (Children and Families – Fieldwork) will consider, with appropriate use of case discussion, the risk to the child, the need for child protection procedures and the involvement of the Reporter. Advice to offenders on access arrangements will be the responsibility of the appropriate local office.

Case Discussions, Case Conferences, Child Protection Conferences

Following the imprisonment of a prisoner convicted of a Schedule One offence or at pre-release stage, the Service Unit Manager (Children and Families – Fieldwork) if convening a case conference, should invite the prison-based social worker to attend, or to submit comments in writing if unable to attend. Minutes and decisions of case conferences must be forwarded to the prison-based social worker.

Pre-Release TC/CP2

Children and Families staff must liaise as appropriate with criminal justice staff in the completion of Form TC/CP2. On completion this form should be countersigned by the Service Unit Manager (Children and Families – Fieldwork) and returned to the prison-based social work unit with a copy to the Service Unit Manager (Criminal Justices).

Pre-Release Discussion

In accordance with existing national standards on throughcare for prisoners being released on statutory order or licence, a pre-release meeting requires to be held to agree plans for managing the prisoners return to the community. Where the prisoner was convicted of a Schedule One offence, the Service Unit Manager (Children and Families – Fieldwork) requires to determine whether an additional pre-release child protection case conference requires to be held, alongside or separate, and invite relevant community based and prison-based social work staff to attend.

For those prisoners being released without condition, the Service Unit Manager (Children and Families – Fieldwork) should decide, following consultation with prison social work staff, on the appropriate use of a case discussion prior to release. The Service Unit Manager (Children and Families – Fieldwork) will consider the need for child protection procedures and will involve the Reporter appropriately.

Carstairs State Hospital

The principle of exchange of information outlined in these procedures should be followed in relation to assessment of risk to children, access and pre-release. Reference can also be made to the *State Hospital Child Visiting Policy*.

Released Prisoners Moving to England and Wales

Prison-based social workers should follow the procedures laid out in Circular 11 and communicate with relevant social services and probation offices for the area where the prisoner intends to reside.

Released Prisoners Moving to Scotland from England and Wales

Arrangements for the release of prisoners convicted of offences against children are similar in England and Wales to those set out in Circular 11.

Under Circular IG 54/1994, local authorities in England and Wales should communicate with the relevant authorities on reception into prison and prior to release. The prison service for England and Wales will offer advice on policy issues and can be contacted on Tel 0171 - 217 - 5313/5113.

Assessment and Supervision of Sex Offenders - Sex Offenders Act 1997

Responsibilities of Police

The *Sex Offenders Act* came into force on 1 September 1997. This act requires persons convicted of certain sex offences to register their name and address with the police and to keep the police notified of any changes for a set period of years.

The Act requires police to maintain a register of sex offenders with the objective of monitoring the whereabouts of known sex offenders. They must manage information received as a result of the Act and thereby allow any necessary measures to be put in place for the protection of the public.

They must ensure that there are recognised procedures in force for sharing such information with social work departments.

Following a sex offender registering with the police the latter must forward the details of the registration to the appropriate social work manager. Disclosure of information out-with social work is a decision for the police and should be justified case by case.

The police are expected to complete a risk assessment to assess the potential threat of the offender and to manage that threat.

The police must convene a joint case conference between social work and police when necessary. The joint case conference must consider:

- assessment of risk
- action required for public protection
- proposed responses to address identified risks
- recommendations regarding disclosure to third parties.

Those who have not been convicted but who are suspected of having committed offences cause major concerns. Where there are good grounds to believe that children and vulnerable adults may be at risk from an unconvicted offender the police should consider convening a joint case conference to share information in an attempt to reduce risk. It is important to remember that it is not necessary for there to be a conviction prior to an application for an exclusion order.

Responsibilities of Social Work

Social work are required to make enquires to ascertain whether there are children or vulnerable adults at risk. Where there is concern that there may be particular children at risk social work must first consider whether any urgent measures to protect children are required. Where urgent action is not indicated consideration must be given to arranging a child protection conference to take steps to reduce the risk.

Offenders Under Supervision

The purpose of the *Sex Offenders Act* was to make monitoring feasible. Social work have a duty to notify the police of significant changes in registration information about offenders under supervision or known by teams to pose a risk to others.

Risk assessment is an integral part of the work of criminal justice social workers. It is vital that their assessment be informed by the best information available. This means that information requires to be shared not only between the police and criminal justice social workers but between criminal justice social workers and their colleagues in children and families teams and community care teams, as well as, in certain instances, other council departments. Disclosure must be on a need to know basis.

Criminal justice social workers and managers must formulate a supervision plan following from the assessment of risk and outlining how the social worker will check on the activities and circumstances of an offender, monitor compliance with the requirements of the statutory order and collaborate with other agencies in reducing risk.

Social Work and Housing Services

Where Housing Services have concerns about the level of risk posed by an offender to children in the community they can convene a meeting with social work services to consider location, area etc. in relation to re-housing. The police may be invited to these meetings. These meetings are not child protection conferences (they consider risk of non-familial abuse).

Once re-housed should any problems or concerns arise, a further meeting may be immediately re-convened by housing services.

While social work must consider the client's right to confidentiality, nevertheless there will be circumstances where, in order to protect children and vulnerable adults, personal details of sex offenders should be released to a designated official within housing services.

Managing Case Conferences and Meetings

It is recognised that there is potential for a case conference or meeting to be arranged by 3 separate agencies. Efforts should be made to avoid duplication of conferences/meetings and, where appropriate, the agencies should agree to arrange one conference/meeting to address all issues for each agency. It is, however, recognised that there will be circumstances when separate conferences/meetings can be justified.

Crime and Disorder Act 1998

An application for a sex offenders order can be made by a chief constable if it appears to him that certain conditions are fulfilled. The conditions are that the person:

- is over sixteen
- is a convicted sex offender
- has acted in such a way as to give reasonable cause to believe that an order is necessary to protect the public from serious harm from him.

Prohibitions that may be imposed are those necessary for the protection of the public from serious harm. A constable may arrest the offender without a warrant if he reasonably suspects him of doing anything prohibited by the sex offender order.

It is important that this provision is considered at case conferences as a potentially useful measure to attempt to protect children and vulnerable adults from known sex offenders.

Exclusion Orders

In addition, councils have the power under the *Children (Scotland) Act 1995* to consider an exclusion order.

Exclusion orders are a potentially useful provision in helping to protect children and vulnerable adults, and should be considered at all case conferences.

The provision is potentially appropriate at all stages:

- when an allegation is made
- when there are problems controlling a prisoner's access to a child or vulnerable adult when on release
- prior to an offender's release from prison or indeed at any stage where there are concerns that a child has suffered, is suffering or is likely to suffer significant harm.

It is important to note that an exclusion order can be taken out on someone who is not a relative.

While the standard of evidence for an exclusion order is higher than that for a child protection order, nevertheless, it is not necessary to actually have a conviction in order to apply for an exclusion order.

An exclusion order lasts for 6 months but an application can be made for another at the end of this period provided that the same circumstances persist. There is a need to bear this in mind and plan in advance.

APPENDIX 10

Points of Contact for Families Serving in the Forces

The life of a Naval, Army and Royal Air Force family differs in many respects from that of a family in civilian life particularly for those living overseas or on bases and garrisons in the United Kingdom. The Royal Navy, Army and Royal Air Force control the movement of families in response to Service commitments and the frequency of such moves may make it difficult for Local Authorities to carry out statutory checks.

The Royal Navy, Army and Royal Air Force are fully committed to co-operating with statutory and other agencies.

SSAFA Forces Help is funded by the Ministry of Defence to provide a professional social work service to Royal Air Force personnel and their families in the United Kingdom and on a tri-service basis overseas. This includes the processing of statutory checks.

As from the 15th August 2001, in the event of checks being required in respect of serving and ex Service Army and Royal Air Force personnel and their families, the attached forms must be completed and returned to The Soldiers, Sailors, Airmen and Families Association – Forces Help, 19 Queen Elizabeth Street, London SE1 2LP. Tel. No: 020 7403 8783 Fax. No: 020 7403 8815.

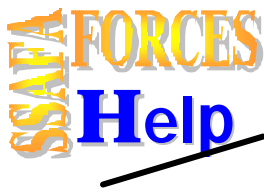
It remains the responsibility of the Local Authority to complete relevant civilian checks, including the Police National Computer, as in Section 2 of the request form.

Applicants should be aware that Military Service records including Service Police and Conduct Sheets will be checked as well as SSAFA Forces Help social work records and those held by the Army Welfare Service.

Alternative arrangements exist for the Royal Navy and Royal Marines and request should be forwarded to:

Royal Navy
DNSCWI
NPFS
Room 24 Chaplaincy Annex
Admiralty House
HM Naval Base
Portsmouth PO1 3LR Tel. No: 02392 727255

Royal Marines
SO3 Welfare
HQ Royal Marines
West Battery
Whale Island
Portsmouth PO2 8DX Tel. No: 02392 547542



To: The Director of Social Work
SSAFA Forces Help
19 Queen Elizabeth Street
London SE1 2LP

Enquiring Organisation & Name of Worker:

Address:

Tel:

Tel:

REQUEST FOR CHECKS

(to be completed by enquiring organisation, tick each check as required)

Section 1: For ALL applicants

- Army/RAF Police & Military Conduct/ Conviction Record
- SSAFA Forces Help Social Work Record
- Child Protection Register Data Base
- Northern Ireland Police Service (RUC)
- Army Welfare Service Record
- Ministry of Defence Police

Section 2: For SSAFA Forces Help applicants ONLY

- Criminal records Bureau/Pre Employment Consultancy Service (Northern Ireland)/Scottish Criminal Record Office
- Protection of Children Act List
- Local Authority Social Services

Post applied for:

SURNAME:

FORENAME:

DATE OF BIRTH:

PLACE OF BIRTH:

PREVIOUS/OTHER NAMES:

If * HM Forces/Ex-service:

Service number:

*Delete where necessary

Rank:

If a dependant give Service number of sponsor:

If a civilian give passport number:

PRESENT ADDRESS & PREVIOUS ADDRESSES IN LAST 5 YEARS WITH DATES:

(You must include postcodes and BFPO numbers)

Dates	Address(es)

Continue over if necessary

CHILDREN IN HOUSEHOLD

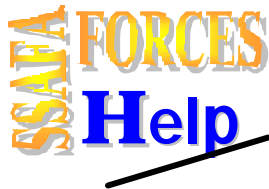
Surname	Forenames	Date of Birth	Gender

I agree to the above record check being undertaken and for the disclosure to the enquiring organisation, of any information judged relevant by the checking agency.

Signature of applicant:

Date:

Note: each person being checked must complete a separate form. Children aged 10 years and above living in the household of prospective adopters, foster parents or childminders must be checked. Parents/Guardians must sign consent.



To be completed by:

RESULTS OF RECORDS CHECK

To be returned to:

The Director of Social Work
SSAFA Forces Help
19 Queen Elizabeth Street
London SE1 2LP
Tel: 020 7463 9234

From:

Tel:

RECORDS CHECKED

(tick as applicable)

- | | |
|---|---|
| <input type="checkbox"/> Army/RAF Police & Military Conduct/
Conviction Record | <input type="checkbox"/> Northern Ireland Police Service (RUC) |
| <input type="checkbox"/> SSAFA Forces Help Social Work Record | <input type="checkbox"/> Army Welfare Service Record |
| <input type="checkbox"/> Scottish Criminal Record Office | <input type="checkbox"/> Criminal Records Bureau |
| <input type="checkbox"/> Child Protection Register Data Base | <input type="checkbox"/> Pre Employment Consultancy
Service (NI) |
| <input type="checkbox"/> Protection of Children Act List | |
| <input type="checkbox"/> Local Authority Social Services | <input type="checkbox"/> Ministry of Defence Police |

Applicant's name:
(to be completed by enquiring organisation)

Address:

The following is to be completed by the record checker:

1. There is no record of this applicant.
2. The record check is positive. Comments:
3. The record check is positive, please contact (print name and contact details) for further information:

Signed:

Contact details:

Name in print:

Date:

Name:

Address:

This reply will be forwarded to the enquiring organisation



**EAST AYRSHIRE COUNCIL
EDUCATIONAL AND SOCIAL SERVICES DEPARTMENT**

**'Child at Risk' Progress Report
Week beginning:**

CHILD'S NAME	CATEGORY /DATE OF REGISTRATION	DATE OF BIRTH

Family Name:	
Address:	

FAMILY STRUCTURE			
NAME	D.O.B.	RELATIONSHIP	EMPLOYMENT/ SCHOOL

Address of Mother/Father if Different from above:
School (including contact person)

General Practitioner:

Is the Criminal Justice Team Involved?	If Yes, name of worker:
YES NO	
Is the Community Care Team Involved:	If yes, name of worker:
YES NO	
Current Legal Status:	When Granted:

	Duration of Order: Date Review :
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Date/Source of First Child Protection Referral:

Reason for Referral:
Name and address of person(s) responsible for abuse:

Date of last Case Conference:

Decision of Last Case Conference:

Date of next Review Case Conference:

Date of visits (underline those on which child was seen and identify where seen e.g. home, office and state purpose of seeing child linked to the Child Protection Plan)

Contact with other agencies e.g. G.P./H.V./School (include, who with, form of contact, date, time):

Recent developments/observations (comment specifically where appropriate on each child), refer to action identified at Case Conference followed by general summary:

Signed: Print Name: Status:	Date:
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	Signature	Print Name	Date	Comments
Team Leader				
Service Unit Manager				
Keeper of the Register				
Date sent to Principal Officer				

Note:
forwarded

To be completed within the same week child seen and to Team Leader within three working days of completion.

DRAFT
PENDING
APPROVAL BY
SOCIAL WORK
COMMITTEE

AGENDA