

**GLASGOW  
CHILD PROTECTION  
COMMITTEE**

**INTER-AGENCY  
CHILD PROTECTION  
GUIDANCE**

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# SECTION 1

## INTRODUCTION

## General

Child protection is not the remit of any one particular agency, but rather requires a collaborative approach, which takes into account the different complexities, and issues that surround this area of work. Whilst different agencies have particular roles and responsibilities to fulfil in protecting children, no one agency can, or should, work in isolation from the others. This view is endorsed by Glasgow Child Protection Committee, a multi-agency forum that has a strategic overview of child protection work in the city and is responsible for the production of this document.

The purpose of this document is to provide guidance for professional staff with statutory responsibilities for the protection of children. It sets out how agencies and professionals should work together to protect children from abuse and safeguard and promote their welfare. The document identifies the roles and tasks of different professionals and agencies involved in protecting children and promotes the view that good practice in child protection must be based on effective collaboration among all agencies who work with children. This guidance takes into account the recommendations from the Scottish Office publication "Protecting Children – A Shared Responsibility" and attempts to address the main themes inherent in multi-agency child protection work. Whilst staff will still have recourse to their own agencies' internal procedures and rules, the intention of this document is to present a consistent policy agreed to by all the agencies.

Child protection is only one dimension of agencies' responsibilities towards children in need. Each agency has its own role and function underpinned by legislation and guidance. This document is not a substitute for consideration of the primary legislation, rules and Scottish Office guidance, but rather a guide to assist their interpretation.

Child protection can be a complex and demanding area of work. The distress and shock caused by child abuse and the anxiety of uncertainty over a child's welfare must be recognised and acknowledged. Account should be taken of the common responses to abuse on the child, on the parents and/or carers, the extended family and agency staff involved in the child protection process. There is a need to ensure that understandable emotions such as anger, fear or disbelief do not result in a failure to respond to suspicions or allegations – and that there is open discussion and acknowledgement of the difficulty and painfulness of the process.

The responsibility for a child's welfare, health and development clearly lies with parents as stated in the Children (Scotland) Act 1995. Professionals should provide support and assistance to families to help parents bring up their children at home wherever possible. The theme of partnership is therefore one that permeates throughout this document, not only in relation to inter-agency working relationships and communication, but also in the way professionals support and work with parents and carers to ensure the child's needs are met. It is recognised however, that there will be occasions when the child's right to protection will take precedence over the rights or wishes of his or her parents/carers.

## **LEGISLATIVE AND POLICY FRAMEWORK**

The legislation and guidance in child protection are underpinned by principles derived from the United Nations Convention on the Rights of the Child

- each child has a right to be treated as an individual
- each child who can form a view on matters affecting him or her has the right to express those views if he or she wishes
- parents should normally be responsible for the upbringing of their children and should share that responsibility
- each child has the right to protection from all forms of abuse, neglect or exploitation
- so far as is consistent with safeguarding and promoting the child's welfare, any public authority should promote the upbringing of children by their families
- any intervention by a public authority in the life of a child must be properly justified and should be supported by services from all relevant agencies working in collaboration
- each child has a right to a positive sense of identity

In support of these principles three main themes run through the Children (Scotland) Act 1995

- the welfare of the child is the paramount consideration when his or her needs as considered by the Courts, Children's Hearings and local authorities
- no Court should make an Order relating to a child and no Children's Hearing should make a Supervision Requirement unless the Court or Hearing considers that to do so would be better for the child than making no Order or Supervision Requirement at all
- the child's views should be taken into account where major decisions are to be made about his or her future

## **Current Issues in Child Protection**

Practice in the area of child protection needs also to reflect current research findings. In 1995 the Department of Health published *Child Protection: Messages from Research* which summarises the key findings from twenty studies commissioned by the Department of Health. Whilst these studies will not automatically translate into practice in Scotland, a number of key themes emerged from the studies including:

- Enquiries into allegations of child abuse can have traumatic effects on families. Good professional practice can ease parents' anxiety and lead to co-operation that helps to protect the child. Professionals could still do more to work in partnership with parents and the child.
- Inter-agency work appears to be generally good at the early stages of the child protection inquiry however its effectiveness tends to decline once child protection plans have been made, with Social Work Services left with the responsibility for implementing these plans
- discussions at child protection conferences tend to focus too heavily on decisions about registration and removal rather than focusing on plans to protect the child and support the family

A key theme of this guidance is that child protection is not simply about formal investigations, but

ultimately protecting children. This requires a co-ordinated approach that looks at each individual case on its merits and responds in a way most effective to the child and family's needs. Whilst the detection and identification of abuse is clearly crucial, the follow-up response is equally important and requires the continued support from all the agencies with a role to play.

### **Confidentiality**

Essential to a collaborative approach and the protection of children is the sharing of information and concerns. However, it is recognised that inter agency work in child protection raises complex issues about consent and confidentiality for all agencies and staff. Guidance from professional bodies emphasise the importance of considering the child's welfare as paramount consideration at all stages of child protection work. The child's interests will at times over-ride the general rule of professional confidentiality.

For health practitioners, the General Medical Council has issued guidance which states that

"If you believe a patient to be a victim of neglect or physical or sexual abuse, and unable to give or withhold consent to disclosure, you should usually give information to an appropriate responsible person or statutory agency, in order to prevent further harm to the patient. In these and similar circumstances, you may release information without the patient's consent, but only if you consider that the patient is unable to give consent, and that the disclosure is in the patient's best interests. "

*(Annual Report Of The General Medical Council October 1995)*

Where information is shared by agencies in the context of child protection work, for example police disclosure of criminal activity which might jeopardise the child's safety, that information should not be shared by other agencies to a third party without the originating agency's permission.

Best practice should ensure that children and families and/or carers have a right to privacy and confidentiality. Unless the information suggests that a child may be at risk, information given in confidence should not be disclosed for any other purpose without consulting the person who provided it.

### **Involvement of Children and Their Carers**

When undertaking child protection work sensitivity must always be shown to the needs of children and their families. Child protection enquiries and investigations are, by their very nature, often fraught with tension and suspicion. Whilst care must be taken to acknowledge the stress felt by children and their carers during investigations, it will sometimes be necessary to take action that the child and/or their carer does not agree with.

Children and their carers should be able to expect honesty, explanations for actions or decisions taken, and an opportunity, wherever possible, to express their views. In some instances, the needs of the child will require urgent, immediate action to ensure their protection. In the majority of cases however, the child will be able to remain in the care of his/her family. It is especially important therefore, that professionals strive to achieve a working relationship with the carers to ensure the best welfare of the child. Whilst it is the role of professionals involved to assess the needs and potential risks to a child, efforts should be made to assess the strengths and positive aspects of the child's environment. There is always a fine balance to be struck when assessing the strengths and weaknesses of a child's environment and at all times the welfare of the child must take paramount consideration.

When undertaking a child protection inquiry, the agencies involved should ensure:

- The family/carers are provided with full information, wherever possible about the nature of the concerns
- The child and carers are given an opportunity to give or withhold consent to interviews, medical examinations, etc.
- The child and family are consulted about and receive explanations for any actions/decisions taken. This may need to be given in writing or explained more than once as the stressful nature of enquiries can mean information is not understood on first telling
- The religious/cultural upbringing of the child and family are taken into consideration when any decisions are being taken.

In cases of familial abuse, professionals should ensure the non-abusing parent is involved as much as possible. The workers must be wary of making judgements on carers who are likely to be in a state of shock and experiencing great anxiety. Whilst the priority is on the protection and welfare of the child, workers should attempt to engage with the non-abusing parent and determine what supports are necessary to help them care for their child. Equally, workers should be sensitive to the impact abuse and the subsequent investigation will have on siblings and extended family members. Consideration should be given to their needs in such circumstances and how this will impact on the family's ability to deal with the information.

Given the correlation between domestic violence and child abuse, workers should consider whether this may be an issue for the non-abusing parent, and if so, what supports the parent may need. On some occasions it may not be in the child's best interests to remain in the family home. Efforts should be made however, to encourage the non-abusing parent in particular to remain involved in any decisions around their child's care.



## SECTION 2

# DEFINITIONS OF CHILD ABUSE AND CHILD PROTECTION

## DEFINITIONS OF CHILD ABUSE AND THE CONCEPT OF CHILD PROTECTION

### Who Is a Child?

Section 93(2)(a) and (b) of the Children (Scotland) Act 1995 defines a child in relation to the powers and duties of the local authority. Within Glasgow, Child Protection Procedures apply to children and young people who have not yet attained the age of sixteen. However, young people between the age of sixteen and eighteen who are still subject to a supervision requirement by a Children's hearing can still be viewed as a child.

Equally, young people over the age of sixteen with special needs may require intervention under child protection procedures. However the Children's Hearing system cannot deal with such cases unless the young person is already subject to a supervision requirement.

### Children in Need

Under Section 22(1) the local authority has a duty to safeguard and promote the welfare of children in need in their area, and, so far as is consistent with that duty, to promote the upbringing of such children by their families by providing a level of services appropriate to those children's needs.

### Children in Need of Protection

Under Section 53(1) the local authority has a duty to make enquiries into the circumstances of any child who may be in need of compulsory measures of supervision and to refer the child to the Reporter if the inquiry indicates compulsory measures of supervision may be necessary.

Section 53(2) requires a police constable who has reasonable cause to believe that compulsory measures of supervision may be necessary to give the reporter such information as he/she has been able to discover.

The Children (Scotland) Act 1995 provides for important measures of protection for children who have been the victims of offences **whether or not** there is a prosecution or conviction maintained. Such offences can be established within the Children's hearing system by proof 'on the balance of probabilities'. Children, who are not themselves victims, but are at risk of abuse through their contact with the person responsible, can also be protected through the provisions of the 1995 Act. The contact can consist of the child living in the same household as the person responsible or being in regular contact with the person.

Section 52(2) specifies the different conditions that can indicate that compulsory measures of supervision are needed. These conditions, especially those that relate to the commission of a schedule one offence, lack of parental care and moral danger, are often used where child protection is a concern. Children in need of protection may fit the criteria for different conditions depending on

the circumstances of concern. There should be no assumption that when dealing with issues of child protection the only relevant conditions are those that relate to the commission of a schedule one offence. No one condition is more serious than another. The detail of the grounds, whatever the condition being used, will dictate the extent the measures required in response.

The police are further required to give a Reporter information where they believe that compulsory measures of care may be necessary.

### **What is Child Abuse?**

The general definition of child abuse adopted in Scottish Office guidance refers to circumstances where a child's basic needs are not being met in a manner which is appropriate to his or her individual needs and stages of development and the child is, or will be, at risk through avoidable acts of commission or omission on the part of their parent(s), sibling(s) or other relative(s) or a carer (i.e. The person(s) while not a parent who has actual custody of, charge of, or control over a child).

### **What is Child Protection?**

The United Nations Convention states that each child has a right to protection from all forms of abuse, neglect or exploitation. Ultimately, "child protection" is when a child requires protection from "child abuse". It is important to note that for a child to require protection, child abuse does not require to have taken place, but rather there has been an assessment that identifies a significant likelihood or risk of abuse.

Whilst the detection, and investigation of possible child abuse is clearly crucial, these are only stages of a process in which the main objective is to ultimately protect a child. The need for protection may be identified by a formal child protection inquiry or as a result of an inter-agency assessment. The circumstances of the concerns about the child will invariably determine which response is most appropriate.

### **The Threshold Of Risk Concept**

The focus at inquiry stage is about an assessment of child abuse, whether it has taken place or whether a situation of risk exists. The focus at the child protection conference becomes more about the extent of future risk and whether this is great enough to require child protection measures, including registration. This is where the concept of threshold of risk comes in. Once a certain degree of concern is reached, once a certain degree of risk is felt to exist, then there must be registration on the child protection register and accompanying formulation of a child protection plan. No single definition of the degree of concern or level of risk can be given. It will remain a complex matter, subject to professional judgement based on comprehensive assessment.

## **Significant Harm**

The concept of significant harm is a complex matter, subject to professional judgement based on an assessment of the child and family's circumstances. Significant harm can be as a result of a specific incident, a series of incidents or as a result of an accumulation of concerns over a period of time. It is essential that when considering the presence of significant harm, the child's needs and circumstances take paramount consideration, rather than the alleged abusive behaviour.

Certain elements must always be assessed when deciding whether a child appears to be at risk of significant harm:

- The seriousness of the concerns, actual or potential, particularly in terms of harm to the child.
- The level of risk to the future safety, development and welfare of the child
- The level of professional confidence either that abuse has occurred, and is likely to be repeated, or that the child is at risk from abuse
- The most effective form of intervention to address the needs of the child

In assessing the above, a number of factors should be considered.

1. The duration and severity of the abuse
2. The actual, or potential, impact on the child's health/development/welfare
3. The context of any alleged incident i.e. age of the child, level of understanding etc.
4. Parental attitude and willingness to co-operate
5. The presence of any protective factors
6. The child's reactions and or/view

## **Other Children in The Household**

In circumstances where an allegation is made or concerns arise in relation to a child, serious consideration must always be given to the needs and potential risks to other children in the same household and children who are likely to become members of the same household as a child victim, and children who are, or are likely to become, members of the same household as a person who has committed any of the offences mentioned in Schedule 1 to the Criminal Procedure (Scotland) Act 1995. Thus, for example, where abuse has been perpetrated against only one child, the circumstances of the abuse might necessitate child protection measures in respect of all the children in the household.

'Household' has been interpreted by the courts as being a wider concept than merely living together in the same house. Children in the same household as persons responsible for abuse or neglect of children may be protected by measures categorised in terms of subsections other than 'schedule one' grounds for referral, for example, lack of parental care or moral danger.

## SECTION 3

# DEFINITION AND SIGNS OF ABUSE

## Signs of Abuse

### **Introduction**

A child who has been abused or neglected (or both) may show obvious physical signs and an abbreviated list of typical physical signs is given below. However, an assessment of whether a child is being abused or neglected should go far beyond the detection of physical signs and staff need to be aware that many children signal possible abuse through their behaviour. Staff have a responsibility to know about growth and development in childhood and particularly how to communicate with children since experience shows that when professionals listen to and take seriously what children say they are far more likely to detect abuse.

The following notes acknowledge the particular vulnerability of children or young people with special needs including physical disability, learning disability and communication difficulty. These factors should form part of any ongoing risk assessment. (See Appendix 2 for a glossary of medical terms).

### Physical Injury

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

#### ***Bruises***

- Black eyes are particularly suspicious if: both eyes are black (most accidents cause only one); there is no bruise to the forehead or nose or suspicion of skull fracture (black eyes can be caused by blood seeping down from an injury above).
- Bruising in or around the mouth (especially in small babies).
- Grasp marks on arms - or chest of a small child.
- Finger marks (e.g. you may see three or four small bruises on one side of the face and one on the other).
- Symmetrical bruising (especially on the ears).
- Outline bruising (e.g. belt marks, hand prints).
- Linear bruising (particularly on the buttocks or back).
- Bruising on soft tissue with no obvious explanation.
- Different age bruising (especially in the same area, buttocks).
- Tiny red marks on face and especially in or around eyes and neck indicating shaking or constriction.
- Petechial bruising around the mouth or neck. (petechia - a small spot due to an effusion of blood under the skin as in purpura)

#### **NB**

Most falls or accidents produce one bruise on an area of the body - usually on a bony protuberance. A child who falls downstairs generally has only one or two bruises. Bruising in accidents is usually on the front of the body as children generally fall forwards. In addition, there may be marks on their hands if they have tried to break their fall.

The following are uncommon areas for accidental bruising: back, back of legs, buttocks (except, occasionally, along the bony protuberance of the spine), neck, mouth, cheeks, behind the ear, stomach, chest, under the arm, genital and rectal area

### ***Bites***

- These can leave clear impressions of the teeth.

### ***Burns and scalds***

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

### **NB**

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

### ***Scars***

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

### ***Fractures***

- Should be suspected if there is pain, swelling and discoloration over a bone or joint. The most common non-accidental fractures are to the long bones (i.e. the arms, legs, ribs). Due to the lack of mobility and stage of development it is very rare for a child under one year to sustain a fracture accidentally. Fractures also cause pain and it is difficult for a parent to be unaware that a child has been hurt.

### ***Genital/anal area injury***

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

### ***Shaken baby syndrome***

- Shaken baby syndrome refers to the constellation of non-accidental injuries occurring in infants and young children as a consequence of violent shaking. Occurrence of the syndrome is

unrelated to race, gender, socio-economic status or education. Violent shaking can result in death.

- The characteristic injuries observed in shaken baby syndrome include:
  - subdural haemorrhages
  - retinal haemorrhages
  - Fractures of the ribs or long bones.

### **NB**

The injuries outlined above would not be obvious to the naked eye and may only be identified during a very specialised paediatric examination. Although each of these injuries may result from violent shaking of the victim, the most severe brain injuries result from the addition of a forceful impact of the infant's or child's head against a firm surface.

### ***Poisoning***

- Poisoning often occurs in Fictitious Illness Syndrome (Munchausen Syndrome by Proxy). Medical advice should be sought in respect of child and parent.
- Where there are concerns or uncertainty regarding physical signs, medical advice should be sought.

### **Physical Neglect**

The following indicators, singly or in combination, should alert workers to the possibility that the child may have been abused:

- lack of appropriate food
- inappropriate or erratic feeding
- hair loss
- lack of adequate clothing
- circulation disorders
- unhygienic home conditions
- lack of protection or exposure to dangers including moral danger, or lack of supervision appropriate to a child's age which have arisen due to familial abuse of substances
- failure to seek appropriate medical attention
- a delay or failure in seeking medical treatment which is obviously needed
- General failure to achieve developmental milestones.

### **Non-Organic Failure to Thrive**

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

- diarrhoea
- child having little interest in food
- child thriving away from home
- unresponsiveness in child
- staying frozen in one position for an unnaturally long time
- poor skin or muscle tone

- circulatory disorders
- child being lethargic
- Height and weight centile charts are crucial in the diagnosis of neglect and failure to thrive, as well as failure to seek medical attention.
- Additional factors affecting a diagnosis may include inappropriate relationships between the care giver(s) and the 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's age. A medical diagnosis is essential in all cases of suspected non-organic failure to thrive.

### **Sexual Abuse**

Children can make statements either spontaneously or in a planned way and this is often dependent on their age. The following indicators should alert workers to the possibility of the child being the victim of sexual abuse:

#### ***Physical Indicators:***

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

**NB:** venereal disease in a child or young person may be diagnostic of sexual abuse.

#### ***General Indicators:***

- self harm
- excessive sexual awareness or knowledge of sexual matters inappropriate for the child's age
- acting in a sexually explicit manner
- sudden changes in behaviour or school performance or school avoidance
- displays of affection in a sexual way inappropriate to age
- tendency to cling or need constant reassurance
- tendency to cry easily
- regression to younger behaviour, such as thumb-sucking, playing with discarded toys, acting like a baby
- distrust of a familiar adult, or anxiety about being left with a relative, a baby-sitter or a lodger
- unexplained gifts or money
- secretive behaviour

- eating disorders
- fear of undressing for gym
- Phobias or panic attacks.

### **Emotional Abuse**

The following indicators should be considered by workers when concerns regarding emotional abuse arise. In some situations the following will be applicable to an individual child within the family or to all children:

#### ***Parents' behaviour:***

- parents' history
- rejection
- denigration
- scapegoating
- denial of opportunities for exploration, play and socialisation appropriate to their stage of development
- under stimulation
- sensory deprivation
- isolation from normal social experiences, preventing the child from forming friendships
- marked difference in material provision in relation to other siblings
- unrealistic expectations of the child
- asking for a child to be removed from home, or indicating difficulties in coping with a child, about whose care there are already doubts
- Domestic violence. The effects on children who witness domestic violence are serious. The possibility of such children also being physically abused must be borne in mind.

#### ***Child's behaviour:***

- frozen watchfulness
- fear of carers
- refusal to speak
- Severe hostility/aggression towards other children.

### **Conclusion**

The foregoing recognition and signs should not be used as a checklist or an arithmetical aid or a predictor kit. Using it in this way could be detrimental to children and carers. It is an aid to the exercise of professional judgement and assessment. It is essential that a child who is suspected of being abused be examined by a competent health professional.

### **Definition of Categories of Registration**

Definition has been broken down into categories of registration. The categories of registration are:

- physical injury
- sexual abuse
- non-organic failure to thrive
- emotional abuse
- Physical neglect.

### **Physical Injury**

The definition given by the Scottish Office Steering Group is:

"actual or attempted physical injury to a child, under the age of 16 where there is definite knowledge, or reasonable suspicion that the injury was inflicted or knowingly not prevented".<sup>1</sup>

The report went on to add that:

"Physical injury may include a serious incident or a series of minor incidents involving bruising, fractures, scratches, burns or scalds; deliberate poisoning; attempted drowning or smothering; Munchausen syndrome by proxy; serious risk of or actual injuries resulting from parental lifestyle prior to birth, for instance substance abuse; physical chastisement are deemed to be unreasonable".

Parents are entitled to use limited force as a form of punishment for children, and they are entitled to use limited force as a means of social control of the child or children. In Scots Law a "reasonable parent" is allowed to show disapproval by the use of limited force, and discipline by the use of limited force. Several Court of Session judgements have confirmed that even the presence of the element of anger does not necessarily make a parent unreasonable. There can be no simple equation of anger equalling child abuse or anger turning punishment into assault. The presence of anger can still be equated with reasonable chastisement.

In assessing whether child abuse has taken place the seriousness of the injury to the child is only one factor to be taken into account. Professionals should also consider the context of the incident, the impact on the child and the parental attitude.

Physical chastisement and its relationship to child abuse is a fraught area and any guidance has to be very general, with the need for professional assessment being paramount in individual cases. Child abuse is likely to have occurred where one or more of the following are present:

- elements of assault rather than punishment

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<sup>1</sup> Definitions of all categories of abuse are taken from *Protecting Children – A Shared Responsibility* Scottish Office 1998

- malicious intent on the part of the parent or even enjoyment
- clear excessiveness beyond reasonable bounds and standards
- Deliberate injury.

Reference should be made to the child's age and also to situations where advice is given where parental behaviour is deemed inappropriate but the parent persists in the behaviour.

### **Physical Neglect**

The Scottish Office Steering Group definition is:

"Physical Neglect. 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, clothes, cleanliness, shelter and warmth. A lack of appropriate care results in persistent or severe exposure, through negligence, to circumstances which endanger the child."

It also added that

"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 developmental needs or which jeopardises the child's health."

Physical neglect can be as a result of a specific incident or an accumulation of concerns. Professionals need to consider whether a failure to meet a child's needs has, or is likely to cause, significant harm to that child.

The following sections provide some guidance on legal issues and definitions. However, it should be borne in mind that each incident must be assessed on its own merit in terms of the impact on a child. Whilst identifying whether an offence may have been committed is clearly an important consideration, it is essential that the focus remains on the welfare of the child and the impact neglect may have and measures of protection can be provided through the Children's Hearing system.

### ***Children Left Unattended***

There is often considerable uncertainty as to the legal position in Scotland about children left unattended. The correct position is that leaving children unattended is not an offence in itself. There is no age limit below which it becomes an offence.

It is an offence, under Section 12 of the *Children and Young Persons Act 1937*, to "wilfully abandon or neglect a child in a manner likely to cause unnecessary suffering or injury to health" but that is much narrower and more specific than leaving unattended. Leaving a child unattended is not an offence in itself, nor is it child abuse in itself. For it to be child abuse there must be two elements of the definition present - significant harm and parental/carer responsibility for that significant harm. There needs to be evidence of real likelihood of suffering or likely injury to health.

Factors that would be relevant include the age of the child, the time of day or night, the existence of obvious hazards and the persistence or frequency. A two-year-old left alone every night in a house at 11:00pm with a blazing log fire could well be a form of child abuse. A 12-year-old left alone once in a house at 7:00pm with safe heating is not necessarily.

Children left unattended generally become child abuse concerns where there is evidence of a pattern or patterns that expose the children to likelihood of significant harm. That is not to say that the patterns of children being regularly left unattended should not be seen and dealt with as child care concerns, ones that may even require compulsory measures of care if particularly serious. In themselves these incidents may not require to be investigated or dealt with as child abuse.

### ***Parents Drunk In Charge Of A Child***

The *Civic Government (Scotland) Act 1982* Section 50(2) made it an offence for a person to be found drunk in a public place in charge of a child under 10 years of age. So, it is not automatically an offence to be drunk in charge of an over 10 year old child in a public place, or any child in a private place. Parents who are incapacitated through drink can be charged with neglecting or exposing their child in a manner likely to cause unnecessary suffering or injury to health under Section 12 of the *Children and Young Person Act 1937*.

Equally, where the parents/carers are drunk whilst caring for a child grounds can be established under sec 52(2) c where there is concern that the child may suffer unnecessarily or be impaired seriously in his health or development, due to a lack of parental care.

Again it is necessary to stress that being drunk in charge of a child is not in itself child abuse. For that there needs to be exposure to significant harm or specific risk. It may be possible to leave children in their own homes even in the care of a drunk parent, rather than remove them if there is no likelihood of exposure to significant harm or risk.

The key factors in the determination of the degree of risk will tend to be issues like age of children, proximity to hazards, circumstances of household, frequency and duration of behaviour. The crawling baby and the blazing fire is clearly hazardous, the ten year old asleep in their own bed is generally not.

It is important not to underplay the major consequences to children of their parents' use or mis-use of alcohol. The detrimental effects on children and family life of alcohol related problems are well documented. Parental abuse of alcohol and its effect on children is a major child care issue and must be seen as such. It is one that will often require a considerable investment of childcare time and resources, including the need to safeguard children by the use of compulsory or voluntary measures of care. However it only presents a child abuse issue when the dimension of significant and specific harm is present.

### ***Substance Abusing Parents***

No matter the child care and family related concerns caused by parental abuse of substances, the abuse is not enough, in itself to qualify as "child abuse", unless there is present the element of significant harm, or the likelihood of significant harm to the child.

Addiction to or use of substances does not diminish parental responsibility. A thorough assessment of the consequences for the child rather than the adult behaviour is essential.

The effects on children of the parents' reliance on and abuse of substances will often be a matter of serious child care concern, which may result in the seeking of compulsory measures of care and referral to the Reporter. But these are childcare concerns, not in themselves child abuse concerns. Child abuse procedures and child protection measures are only required when the component of significant harm or its likelihood is present.

Where such concerns exist with regard to pregnant women these may be addressed at a pre-birth child protection case discussion or conference

### ***Parents' Mental Capacity And Child Abuse And Neglect Mental illness***

Where a parent or carer may be suffering from any kind of mental illness, the decision to pursue inquiries in respect of a child under the child protection procedures should always be made in relation to whether the child is perceived to be at risk of significant harm.

### ***Learning disability***

The same principles apply as above. Where a parent or carer may be suffering from any kind of learning disability decisions to carry out inquiries in respect of a child under child protection procedures should always be made in relation to whether the child is perceived to be at risk of significant harm.

With regard to substance abusing parents, parents with mental illness or learning disability, no matter how well intended or caring the parents are, if the child is exposed to serious harm or the likelihood of serious harm through their lack of knowledge or their inability to grasp dangers, then that is a form of child abuse by neglect

### **Sexual Abuse**

The Scottish Office Steering Group definition is

"any child below the age of 16 may be deemed to have been sexually abused when any person(s), by design or neglect exploits the child, directly or indirectly, with 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.

The report goes on to add that

"sexual abuse may include activities such as incest, rape, sodomy or intercourse with children, lewd or libidinous practices or behaviour towards children, homosexual practices towards children, indecent assault of children, taking indecent photographs of children or encouraging children to become prostitutes, or witnessing intercourse or pornographic materials."

Activities involving sexual exploitation, particularly between young people, may be indicated by the presence of one or more of the following characteristics - lack of consent; inequalities in terms of chronological age, developmental stage or size; actual or threatened coercion. This area of work is made more complicated by the general lack of physical evidence and the lack of corroboration available to support children's accounts.

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

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

### ***Sexual Abuse Disclosures In Residency Or Divorce Disputes***

These allegations need to be taken seriously and dealt with as per any other allegation of child sexual abuse. Research has suggested that a great majority of these disclosures are legitimate and only a very small percentage are fabrications for court advantage. There are several common sense reasons why this is likely to be so, including that the child may be free at last from the power of the abusing parent, free to disclose without the threatened consequences or risks, and that the non-abusing parent may be more likely to listen and believe than previously. All of these allegations have to be taken seriously and responded to, rather than dismissed as outright attempts at manipulation or revenge.

### **Non-Organic Failure to Thrive**

The Scottish Office - *Protecting Children (1998)* - defines this as

"Children who significantly fail to reach normal growth and developmental milestones (i.e. physical growth, weight, motor skills, organic reasons must have been medically eliminated and a diagnosis of non-organic failure to thrive has been established."

Factors affecting a diagnosis may include inappropriate relationships between the care giver(s) and the child, especially at meal times, for 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 very short period of time.

In terms of child protection, a distinction is made between organic (i.e. medical) causes and failure to thrive. However, workers should be aware that a child who is organically failing to thrive due to health problems may not recover as expected due to the anxieties of carers which in turn can affect the child's feeding. The role of medical personnel in identifying and diagnosing non-organic failure to thrive is a crucial one. When diagnosing non-organic failure to thrive the very nature of the concern does not lend itself readily to the quick response that is often required with child protection investigations but rather requires an inter-agency assessment, monitoring the child's growth and development, as well as the interactions between the child and its carers.

Workers should be alert when a child's weight fluctuates significantly. For example, an infant who displays poor weight gain at home then gains weight steadily while, for example, in hospital or with foster carers, but then loses weight gain when returned to the parents' care, might be susceptible to non-organic failure to thrive. Where such concerns arise, the advice of medical personnel should always be sought.

The interactions between the child and its carers are also significant, particularly around meal times. Where there is a pattern of the parents appearing tense, angry or withdrawn while feeding the infant or equally where the infant is irritable or disinterested during feeding, particular attention should be paid to the possibility of non-organic failure to thrive.

## Emotional Abuse

This is defined as:

"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".

(Scottish Office Steering Group)

Examples of this may include rejection, denigration, scapegoating, the child being denied opportunities to play or socialise/form friendships. Sustained behaviour of this type can result in the long-term disruption of development of personality and/or an inability to form secure relationships.

By its very nature, emotional abuse can be difficult to accurately measure and evidence "cause and effect." Attention must be paid to restorative change, e.g. when discussing such factors as weight gain when a child is looked after or accommodated.

Studies have revealed three tiers of concern in cases where emotional abuse has been identified.

**Parental attributes**, for example, mental ill health, domestic violence and substance mis-use.

**Forms of adult ill treatment** - this can include developmentally inappropriate interaction with the child, e.g. age inappropriate interaction/exposure/impositions, denigration and rejection,

unresponsiveness.

**Indicators of impairment of the child's development**, for example, the child's emotional state, behaviour, developmental/educational attainment etc.

Due to the nature of emotional abuse, which tends to be identified via an accumulation of concerns, an inter-agency assessment will often be the most appropriate response. This would include:

- the nature of the significant harm to be established
- parental risk factors to be identified
- the nature of necessary changes in the family defined
- specific interventions offered to reduce the ill-treatment and any potential risk factors
- The family's capacity for change and level of co-operation assessed. A response such as this must be time limited (e.g. 3 – 6 months) and must be re-assessed with outcomes and child's well being further evaluated. Equally, any period of assessment would depend on the parents' acknowledgement of concerns and willingness to work with professionals.

Following this assessment the Team Leader may wish to consider convening a child protection conference.

### **Simulated or induced illness (Fictitious Illness Syndrome)**

Though rare should not be overlooked. Parents (often mothers) report fraudulent signs and may even simulate symptoms such as bleeding and fever. Children are exposed to needless investigation and hospital admission. Careful multi-disciplinary assessment and management is essential



## SECTION 4

# SPECIAL CIRCUMSTANCES

### **Children and Families from Ethnic Minorities**

This guidance applies equally to all children and families from ethnic minorities. Ignorance and racism can inhibit effective investigation and assessment in child protection work. When working with families from ethnic minority groups it is of vital importance that workers take prompt and appropriate advice from specialist staff/agencies with regard to any cultural implications that may exist. Whilst it is important to avoid stereotyping behaviour and simplified cultural explanations for people's actions, it is necessary to be aware that there are differences between cultural and racial groups.

Children and families from ethnic minorities can be especially vulnerable because of difficulties arising from problems of language, culture and religion that are not always understood by the agencies that become involved when there is an allegation of abuse.

Often families from ethnic minorities are unaware of services or the role of child protection agencies. In such cases, staff should ensure that information about services can be made available in the family's first language if necessary.

For effective intervention in the lives of children and families from ethnic minorities:

- Staff should be aware of how their own values and beliefs influence their plans and intervention in their work
- All child protection investigations have to cover the same issues. These include establishing the strengths and vulnerabilities of the family and the capacity of the non-abusing parent to protect children. Details and implications of the child's family culture, religion and language and ethnic origin have to be established and fully acknowledged as part of the assessment.
- Where possible, workers from the same ethnic or cultural grouping or who have first hand knowledge and understanding of the issues in the context of the child's racial and cultural background, should be involved in the investigation or assessment.
- Staff should be aware of the effect of racism on children and young people and their families and how this might inhibit them from sharing information.
- Where a family or child's first language is not English and where an appropriate member of staff is not available, a suitable interpreting service must be provided. Careful assessment must be made of the role that the interpreter is expected to undertake and the supervision that an interpreter will require (See useful contact no's below)
- Whilst all individuals have a right to expect that their cultural values and beliefs are to be respected, as with all cases, the primary consideration must be the welfare of the child.

Useful no.'s    Strathclyde Interpreting Services  
                       Napiers Hall Centre  
                       39 Napiers Hall Street  
                       Glasgow  
                       Tel no. 0141-341-0019

Ethnic Minorities Law Centre  
 41 St Vincent Place  
 Glasgow  
 Tel no: 0141-204-2888

## Domestic Abuse

Domestic abuse cuts across distinctions of race, culture and class and in the majority of cases is perpetrated by men against women. It is estimated that between a quarter and a third of women in Scotland will experience domestic violence at some point in their lives.

There is an increasing awareness of the prevalence of domestic violence and the impact this can have on children. Children may directly witness the abuse of their mother or overhear it. They may be forced to watch or join in. Children may try to protect their mother by intervening physically or by diverting attention onto themselves. Thus, children may be physically injured. Perpetrators of domestic abuse have been shown to abuse children. (Mullender A and Morley R (eds.) (1995). It can intensify during pregnancy and adversely affect the mother and the unborn child. (Mezey G C and Bewley S (1997). A number of studies have pointed to the sexual abuse of children in the context of abuse of their mothers. (Casey M (1987), Forman (1995)).

The impact on children depends of the intensity and frequency of the violence more than their gender or age. Whilst the impact of domestic abuse will vary from child to child, feelings of guilt, anger, hopelessness and fear are not uncommon and these feelings can be manifested in a variety of ways including self-harm, depression, bedwetting etc.

Practice and research have shown that in such circumstances, the well being of the child is often inextricably linked with that of the non-abusing parent. Fear of being blamed by statutory services can prevent women from seeking help for themselves and their children when they most need it. Attitudes which excuse or minimise abuse are unacceptable. An approach which refuses to sanction the abuse of women and children should be adopted. Simplistic notions about why women get into and do not leave violent relationships should be rejected in favour of an understanding of the dynamics of domestic violence whereby the male partner strips the woman of defences and renders her powerless.

Agencies, when they are concerned about the existence of domestic violence in a family, should consider the impact of this on the child or children, whether they might be at risk of abuse, and the best way to support the parent experiencing violence. The contact numbers below can offer advice or support to women and children experiencing domestic abuse

Glasgow Women's Aid  
4<sup>th</sup> Floor,  
30 Bell Street  
Glasgow

Tel. No. 0141-553-2022

Glasgow Women's Support Project  
Granite House  
2<sup>nd</sup> Floor, 31 Stockwell Street  
Glasgow

Tel. no. 0141-552- 2221

### **Children and Families Affected by Disability**

This inter-agency guidance applies to all children and families affected by disability. Studies have suggested that children with disabilities are not only more likely to be victims of physical or sexual abuse, but also to be abused for longer periods of time than children without a disability. In such circumstances the identification of abuse and assessment of risk may be complex as children with a disability may have difficulty communicating. Also, some children may be more prone to accidents or injuries due to their disability. However, many factors may make children affected by disability vulnerable to abuse and exploitation. These include isolation, communication difficulties, limited mobility, sensory impairments and social stigma.

Communication is an important issue for children with disabilities. This is not only in terms of linguistic ability, which many children affected by disability may not have; but also in terms of understanding concepts such as 'good' or 'bad' touch. Some studies have suggested that as a result of their experience of their disability some children develop low self-esteem and perceive abuse as an extension of their disability. Staff should be particularly sensitive to the child's perceptions of themselves and their disability and how this might impact upon their ability to convey their experiences. Equally, the expertise of parents and carers who know the child and can identify when their child is upset or worried should always be sought where possible.

Children with disabilities should always be viewed as "children first" and as with all children, care should be taken to avoid making assumptions about their needs or perceptions. A holistic approach will often be required to provide an accurate assessment of the child's circumstances, taking into account the views of the child, however conveyed.

Where workers are interviewing a child and using an interpreter or specialist staff, time must be taken beforehand to consider the following:

- the location of the interview and availability of accessible toilets, entry system
- the extent of the child's vocabulary and the child's preferred method of communication
- Introductions and explanations to the child about the interview

It is not appropriate for any person who may be implicated in the alleged abuse to be used as an interpreter when interviewing a child.

Consideration must also be given to the special needs of parents with disabilities and assistance they may require in participating fully in a child protection inquiry.

Staff working with children affected by disability should have an awareness of their special requirements. Where child protection enquiries are being considered, the special needs of the child must be considered and the use of specialist workers sought where appropriate.

### **Abuse Outwith the Family/Carer Network**

In situations where the child is suspected of having been abused by a person outwith the immediate family or by a person unknown to the child or family, the police are the lead agency in investigating any criminal offence. In such instances the police must consider whether there are concerns that the parents'/carers' actions or lack of care placed the child at risk of abuse by such a person. Such instances may require intervention under child protection procedures and the matter should be referred to social work services as soon as possible. In such instances it may be appropriate for the police and social work to undertake a joint investigation in relation to the parents/carers of the child.

In other circumstances, where there are no such concerns, the police should still consider whether social work services have a role in offering support to the child and/or family. The police should notify the relevant area team in such cases and the child and family offered assistance if requested.

There may be exceptional circumstances where the police request the assistance of the social work services in investigations where the alleged abuser is unknown to the child or family. In such circumstances social work services may be asked to participate in a joint interview or offer support to the child during the interview.

The circumstances of any child who is, or is likely to become a member of the same household as a person who has committed the abuse is entitled to the same degree of assessment and consideration of risk as the victim of abuse themselves.

In all cases where the police are conducting a criminal investigation involving a child outwith the joint investigation procedures with social work, the protocol for any medical examination remains the same as described on page 62.

## Adult Survivors

The responsibility of investigating allegations of abuse made by adult survivors remains with the police. However the police must give consideration as to whether any child faces potential risk in light of the allegation and if so, notify social work services. In such circumstances consideration should be given to the need for child protection measures.

An adult survivor who approaches another agency (i.e. not the police in the first instance), may require a great deal of support in order to make a criminal complaint and in fact might ultimately choose not to do so.

In such instances, there may be concerns about the safety of other children as a result of the allegation. The professional will need to balance the need to support the adult survivor with taking measures to protect any other children. Professionals should be aware that if undue pressure is placed on the adult survivor to make a formal complaint to the police that this may not be conducive to helping the survivor to make such a complaint. Consequently, work in this area needs to go very much at the adult survivors' pace.

Where an adult survivor comes to the attention of the statutory agencies, every effort should be made to ensure that the adult is offered a key support worker who will be available throughout the process of the individual pursuing action against the alleged abuser (and to assist them in dealing with outcomes). Whilst the support worker may come from a non-statutory organisation, statutory agencies have a responsibility to ensure that support is offered when required.

Where several agencies are involved consideration should be given to convening a Case Discussion to ensure agencies co-ordinate their efforts and are clear about their respective roles. It is important that agencies clarify the extent and limits of their involvement and responsibilities to avoid confusions or misunderstandings arising on the part of the adult survivor or the agencies involved. The Case Discussion will serve two purposes – to consider the possible risks to other children in light of the allegations and to ensure the most appropriate support for the adult survivor. After the initial Case Discussion, there may be a need to organise separate inter-agency discussions in relation to any children who might require protection – for example, a full Child Protection Conference – as distinct from further Case Discussions to ensure ongoing co-ordination of support to adult survivors. Survivors may require help over a long period to divulge the extent of their abuse to appropriate agencies, and it is important to maintain good communication with them and between agencies.

Where it would appear that a number of children are/were involved, consideration *must* be given to following the protocol for complex cases as described on page 39.

## Children and Young People who Display Sexually Aggressive Behaviour

It is now widely accepted that sexually aggressive behaviour in children and young people are unlike other anti-social behaviours in that they do not cease as the participants get older. On the contrary, research indicates sexual behaviour problems will escalate in terms of seriousness and incidences if left untreated.

It is therefore essential that when allegations are made, no matter how trivial they appear, that the behaviour is professionally analysed and categorised in terms of type, e.g. Reactive, abusive in intent, etc, in order that the right kind of intervention is implemented to reduce the risk of further victimisation. Equally, when a young person displays sexually aggressive behaviour, the assessment must consider the needs of that young person and the possible harm their behaviour or consequences of their behaviour presents to themselves.

Where there are concerns about sexually aggressive behaviour these must be dealt with under child protection procedures. In the first instance, a Case Discussion should be convened. Where the alleged abuse is familial, the Case Discussion should consider the needs of all the young people involved in the family. Where the alleged abuse is non-familial, there will be a need to have separate Case Discussions in respect of the alleged abuser from any Case Discussion in respect of the victim.

The Case Discussion should consider:

- The alleged incident
- The circumstances of both the victim and the alleged abuser (In familial cases)
- Whether or not the incident should be regarded as abusive
- An initial assessment of risk the alleged abuser presents to self and to others in the household or community
- Any immediate child protection actions needing to be taken e.g. the removal of the alleged perpetrator or the child
- What kind of assistance is going to be available, e.g. specialist resource, Area Team support etc.
- Where treatment can be safely carried out
- Referrals to the Reporter and police if these have not already been made.

Where there is reason to believe the young person displaying sexually aggressive behaviour is themselves at risk of abuse then this should be investigated under child protection procedures and may require a child protection conference to consider the need for registration and a child protection plan.

Where the young person is not believed to be at risk of abuse himself or herself, the Case Discussion should initiate an inter-agency assessment. In such instances, a referral must be made to the Reporter to the Children's Hearing if this has not already been done. It is essential that an initial assessment of risk is 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 whilst this is being completed.

Whether via the Child Protection Conference or an inter-agency assessment, other issues that require to be formally addressed include:

- 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 to decide whether third party disclosures should be made, unlike with adult sex offenders where it is the responsibility of the police.
- The family attitude and response to abuse
- The likelihood of the young person and family engaging in therapeutic help
- Ongoing management of risk on a community basis or residential if the young person is accommodated by the local authority
- The agreed intervention strategy
- Referrals to other agencies
- A process for review

In instances where the police are involved in undertaking a criminal investigation into the young person's alleged behaviour, the advice of the Procurator Fiscal should be sought as to the nature of any work undertaken with the young person pre-trial.

In all allegations of young people displaying sexually abusive behaviour, a referral should be made to the Halt Project which works with sexually aggressive young people in Glasgow. Whilst the project would be unable to undertake direct work in every case, it could be involved at the Case Discussion stage to assist in the assessment of risk and the collection of data.

The HALT Project can be contacted at: 196 Bath Street  
Glasgow  
Tel No: 0141 287 2470

### **Complex Cases of Alleged Sexual Abuse**

Complex cases can arise in which a child or a number of children are abused by the same perpetrator or multiple perpetrators. Such cases include:

- Groups of adults, within a family or a group of families, friends, neighbours and /or other social network who act together to abuse children
- Children recruited (or abducted) for abuse by a network of adults
- Children abused in an institutional setting by one or more perpetrator, including other young people
- Child pornography or drug mis-use being used to entice or entrap children for sexual exploitation
- Recruitment of children for prostitution

Complications can further arise by the fact that the children and/or perpetrators involved may live in different local authorities or in different parts of the country.

Most cases of organised abuse are likely to come to light during the course of a normal child protection investigation or through information shared by the police. Staff should remain vigilant when undertaking child protection investigations to the possibility of other children or adults being implicated in the abuse.

When suspicions of organised abuse arise, staff should immediately inform the Senior Manager within their own agency. The Head of Service in Social Work and Detective Superintendent in the police must consult and determine the need for further investigation and the process for this. This will involve nominated senior personnel from Health, Education, Children's Reporter, Procurator Fiscal and other agencies as required. Where necessary, steps will be required to ensure co-ordination across local authority boundaries as well as police force boundaries.

When planning an investigation, agencies should adopt a measured approach which takes care not to prejudice efforts to collect evidence for criminal prosecution of an abuser or group of abusers, but which has the welfare of any child or children at risk as the primary consideration.

The nominated senior managers should consider the need for Strategy meetings to discuss the progress and co-ordination of the investigation. Key roles of the strategy group would be to:

- Clarify how agency roles and responsibilities will operate and be co-ordinated.
- Agree arrangements for regular reporting back to the nominated Senior managers
- Agree frequency of Strategy Meetings to evaluate new information and review the progress of the investigation.
- Consider confidentiality - who needs to know and who should not be told at any given point in the investigation.
- Arrange, supervise and support the staff team including arrangements for personal counselling
- Agree upon a strategy for dealing with any media enquiries
- Consider joint supervision and support to the social workers and police officers conducting the

investigative interviews.

- Ensure availability of sufficiently trained interviewers; accommodation for interviews and administrative support.
- Ensure availability of suitably trained medical officers.
- Ensure access to legal advice and other expertise for example psychologists, interpreters, sign language communicators etc.
- ensure availability of trained and prepared foster carers and residential staff
- Evaluate the outcome of the investigation - arrange de-briefing meetings.
- evaluate the need for continuing work:
  - preparation of children for Court
  - need for therapeutic services for children
  - need for support/counselling services for parents/carer and siblings
  - development of care and protection plans
  - needs of the local community

## SECTION 5

# AGENCY ROLES AND RESPONSIBILITIES

## General

All children have the right to protection and all adults have responsibilities to ensure that children receive such protection. Each agency has its' specific duties and/or powers in relation to children and are required to work together for the welfare of children. This is made explicit by Section 21 of the Children (Scotland) Act 1995 and by the Scottish Office Guidance contained in *Protecting Children A Shared Responsibility*. The joint responsibility is reflected in the role of the Glasgow Child Protection Committee.

The Children (Scotland) Act 1995 makes it explicit that the welfare of children is the responsibility of the whole local authority. In practice, the responsibility for making enquiries into allegations of child abuse will remain with the Social Work Service on behalf of the local authority.

## Social Work

The functions of Social work services in the area of child protection include:

- assessing the needs of children and providing the appropriate service(s)
- making enquiries into the circumstances of children who may require compulsory measures of supervision

This can involve:

- the identification and assessment of risk
- the monitoring and support of children at risk of abuse
- the provision of support services to children and families who have experienced abuse

In order to fulfil their responsibilities to children in need of protection, social work will:

- offer support services to children and families
- take referrals
- check records
- make enquiries
- co-ordinate an inter-agency assessment on the needs of the child
- make joint enquiries with the police
- convene case discussions and/or child protection conferences
- keep a register of children who are felt to be at risk and require a child protection plan
- make referrals of children to the Principal Reporter
- make applications to the court for statutory orders
- supervise children on behalf of the Children's Panel
- co-ordinate ongoing inter-agency intervention

## The Police

The police role in child protection is one of

- prevention
- protection of the victim and other potential victims
- detection of the offender

Within Strathclyde Police, the Female and Child Unit provides assistance in the investigation of crimes and incidents involving females and children. Unit personnel will be directly involved in all investigations of allegations of neglect, physical and sexual abuse

The police have a responsibility to investigate, gather evidence and report to the Procurator Fiscal where a criminal offence has been committed.

The police also have a responsibility to refer children to the reporter who may be in need of compulsory measures of care together with information relating to that referral.

The police have a duty to notify the Children's Reporter by way of a copy of the police report of the commission of offences if the report relates to a child. A child may be the perpetrator or the victim of the offence being reported. In such cases the police will attach a subject sheet to the report outlining the case. Any additional information for the Children's Reporter may also be submitted on a subject sheet.

Where the police have reason to suspect that child abuse has occurred they will contact social work services to discuss the referral before instigating a formal inquiry. This will apply in all circumstances except where any possible delay might seriously jeopardise the child's safety or result in the loss of criminal evidence.

In order to fulfil their responsibilities the police may

- assist in education and awareness programmes
- liaise with colleague agencies
- investigate allegations of crime
- gather evidence
- attend case discussions and/or child protection conferences
- carry out investigative interviews
- make joint enquiries with Social Work Services
- arrange medical examinations as necessary
- interview suspects
- detect offenders
- utilise emergency powers under section 61(5) of the Children (Scotland) Act 1995
- attend court

## Health

Health professionals (GPs, hospital and community-based doctors and nurses, and other health care staff, including dentists) are responsible for the physical and psychological well being of their patients. They may be the first to see symptoms of abuse and should share information about any concerns with social work services, police or the Children's Reporter at an early stage.

Health professionals contribute to inter-agency plans to protect a child and provide support and assistance. Health professionals can also make a significant contribution to the prevention of abuse.

## Referrals to Health Professionals re Suspected Abuse

Health professionals have a responsibility to ensure that the health needs of a child are being met. They may identify abuse in the context of daily practice. They may take referrals from social work, police, education and legal departments in relation to assessments and management of a child's health in the context of inter-agency concerns about abuse.

Some health professionals have specialist skills in relation to forensic examination of children whether in relation to suspected child sexual abuse or more complex physical abuse (including fictitious illness syndrome).

Experience shows that it is in the best interests of the child to bring any concern or suspicion of child abuse to the attention of the investigative agencies. Sharing of information and early discussion on an inter-agency basis are necessary to decide whether there is a child protection concern and then, if so, to plan inter-agency action.

Inter-agency working in the field of child protection is, therefore, essential at the earliest suspicion of potential abuse.

## **Education**

### **General**

The education department has a key role in keeping Glasgow's children safe. Teachers are likely to have the greatest level of routine contact with children and they can contribute a great deal to the assessment of vulnerable children. Educational professionals and school staff also have a major responsibility in identifying cases of child abuse. Equally, children subject to any child protection measures continue to have a right to receive adequate and efficient education.

The role of education staff in child protection can be as follows

- identification of abuse
- assessment of vulnerable children
- attendance at case discussion/child protection conference
- referring concerns re a child to social work or police or Children's Reporter
- delivery of personal safety programmes in schools
- monitoring of children on the child protection register
- assisting in compilation and/or delivery of child protection plan
- equipping children with the skills, knowledge and understanding to keep themselves safe
- assisting in an inter-agency assessment of the child's needs and identifying possible supports

### **The Responsibility of Staff to Take Action if Abuse is Suspected**

In all circumstances of suspected abuse, the role of the member of staff is to observe, record and report. In circumstances where a member of staff suspects abuse or a child tells of abuse, or when a third party expresses concern the members of staff should:

- Observe carefully the child's behaviour and demeanour
- Record in detail what they have seen and heard and when they did so. Signs of physical injury should be described in detail or sketched. Any comment by the child concerned, or by an adult who might be an abuser about how the injury occurred should be recorded, preferably quoting words actually used, as soon as possible after the comment has been made.
- Report their suspicions as quickly as possible to the head of establishment/service or the person deputising for them.
- In cases of referral by a third party the behaviour and demeanour of the person expressing concern should be observed.

Where an anonymous referral is received, the member of staff should follow the guidance above as well as record in detail what they have seen and heard and when they did so, preferably quoting words actually used, as soon as possible after the comment has been made. Staff should retain any written allegation.

Reports should be made as soon as possible. The member of staff making the report should keep a signed record of when the allegations were reported to the head of establishment or the person deputising for the head.

If the head of establishment is suspected of involvement in the alleged abuse then the member of staff should contact the director of education. In exceptional cases, where a member of staff feels that concerns about a child are not being taken seriously or followed through appropriately or with sufficient speed, it is perfectly legitimate for a member of staff to refer the matter direct to the Children's Reporter.

### **The Responsibility of the Head of Establishment to Take Action**

The head or the person deputising for them has a duty to refer every case to social work services where there is a suspicion that a child is in need of protection. Proof is not required at this stage. If there is doubt about whether to refer, social work services should, in any case, be advised of the circumstances of the allegation and a Case Discussion can take place.

## Reporter to the Children's Panel

Any person may refer a child to the Reporter if they have reasonable cause to believe that the child may be in need of compulsory measures of supervision (i.e. Measures of 'protection, guidance, treatment or control'). The Reporter has a duty to make further enquiries before deciding what action is appropriate. The Reporter may:

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

The Children's Panel can only consider a case where the child and parents or relevant persons accept the grounds for referral stated by the Reporter. Where the grounds of referral are not accepted or the child does not understand them the Hearing may direct the Reporter to apply to the Sheriff to decide whether the grounds are established. If the Sheriff is satisfied that any of the grounds are established, the Sheriff will remit the case to the Children's Hearing.

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

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

## The Procurator Fiscal

The prosecution of crime in Scotland is the responsibility of the Lord Advocate. His local representative is the Procurator Fiscal whose responsibilities encompass the investigation and prosecution of crime. Generally, reports are submitted by the police and the Procurator Fiscal will consider whether or not to prosecute, subject to the general direction and control of the Lord Advocate. Before acting upon a report the Procurator Fiscal must first be satisfied that the circumstances disclose a crime known to the law of Scotland. He must then consider whether the evidence is sufficient, admissible and reliable. If not, no further action will be taken. When there is sufficient evidence the Procurator Fiscal will decide whether it is in the public interest to prosecute. In addition to prosecution there is a wide range of alternatives which include the offer of fixed financial penalties, warning letters and diversion.

In deciding if there is sufficient evidence the Procurator Fiscal must decide, on the basis of the available admissible evidence, whether the standard of proof beyond reasonable doubt can be satisfied. The burden of proof in criminal cases is more onerous than that required in civil proceedings where, generally, proof on the balance of probabilities is required. Thus, in some cases there may be sufficient evidence to establish grounds for a Children's Hearing, notwithstanding that there is insufficient evidence to justify a criminal prosecution.

In prosecutions, which proceed to trial, the Procurator Fiscal will consider whether it is necessary to cite the child to give evidence in court. Where appropriate, special support arrangements can be put in place. Where a child requires to give evidence using screens or CCTV or on commission, it will be necessary for the Procurator Fiscal to apply to the court and to justify the application. In addition to the above, a range of other measures can be taken to assist the child.

The Procurator Fiscal can be contacted for advice in cases where the investigation or assessment of evidence is complex or where there are concerns in relation to the adequacy of support arrangements for child witnesses.

## **Voluntary and Private Sector**

Many voluntary and private organisations play a significant role in work with children and families. They can provide a wide range of services and programmes aimed at preventing or reducing the risk of child abuse, or helping families recover from abuse. Such agencies can also offer advice and consultancy to statutory agencies working with children with special needs or communication difficulties.

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

Voluntary organisations should have a clear protocol for their staff in responding to concerns about a child's safety. Where staff in voluntary organisations have concerns about a child's welfare or are told by a child of an abusive experience they should follow the guidance in this document, i.e. record in detail what they have seen or heard, do not subject the child to intrusive questioning, and pass on any concerns immediately to their designated line manager.

## The Public

Very often referrals concerning a child at possible risk from abuse come from the general public. Children only sometimes make initial allegations to the statutory agencies and instead it can often be a family member or friend or neighbour who first becomes aware of concerns about possible risks to a child. Agencies who work with families and children are in an ideal position to inform and educate the general public about the duties and responsibilities of agencies to protect children. Child protection needs to be seen as the responsibility of not just the statutory agencies but also the community in which children live. Local authority and other relevant agencies should produce and distribute information sheets and leaflets to the general public to promote a sense of shared responsibility. Professionals must make it clear to members of the public that they have an obligation to pass information about child abuse to the statutory agencies and cannot guarantee confidentiality if the child is at risk of significant harm.

**SECTION 6**  
**INITIAL INQUIRIES**

## **INITIAL INQUIRIES**

### **Is It a Child Protection Referral?**

Referrals about concerns over a child's welfare will not always require a response under child protection procedures. Instead, the child and family may be in need of general support, advice and guidance. All professionals whose work is concerned with children and families should be alert to signs that a child or family is under stress and in need of assistance. They should also have a basic knowledge of how to recognise child abuse and how to make appropriate referrals. If any doubt exists about whether particular concerns constitute abuse advice must be sought.

### **Screening Referrals**

A referral may come from any source, for example, another agency, the Reporter, members of the public or one's own agency. In some instances, the referral may be clearly identifying that a child is at risk of significant harm and in need of child protection measures; in other scenarios it may be less clear as to whether there is a child protection issue and instead may be more general concerns about a child in need or an accumulation of concerns that have been gathered by a number of agencies or one agency over a period of time. Alternatively, there may be an allegation of a specific incident that requires investigation to clarify whether the child is at risk of significant harm.

There are a number of common stages in the management of the child protection process, from initial enquiries to joint investigations and finally monitoring and reviewing as appropriate. It is important to recognise that these stages can overlap and that assessment is a continuous process that will inform decisions at each stage of a case. Similarly the process requires to be flexible so that as any additional information becomes available the family can be diverted away from the child protection system as soon as no longer appropriate and vice-versa.

### **Agency Checks/Consultation**

Where emergency powers are not required at the outset, on receipt of a referral social work services will seek further information from other agencies as well as checking the Child Protection Register and own agency records. Following discussions with other agencies that know the child, social work services must reach a view on the child's needs and what response, if any, is required to promote or safeguard the child's welfare. All referrals, including those which do not require an immediate response, should be acknowledged quickly indicating what response will be made.

It is important that a distinction is made between agency checks and referrals. Thus, when deciding upon the most appropriate response social work services should make enquiries with all the relevant agencies as to whether there are any other concerns about the child and/or family. This does not constitute a referral but rather a sharing of any relevant information to allow an informed decision to take place.

Where possible, social work services should carry out initial checks with the police via the Female and Child Unit.

After initial enquiries have been made some consideration must then be given to the most appropriate response thereafter. There are a number of possible responses that may be considered:

- provide advice or information and take no further action when task is completed
- refer family to another agency or service
- offer a service to the family
- arrange for an inter-agency assessment of the child and family's needs in order to inform future decisions
- make enquiries, after consultation with the police and other agencies, under child protection procedures
- in cases where a child may have been a victim of abuse or neglect, undertake a joint investigation with the police

### **Referrals to the Police**

Whilst the police have a clear role in investigating offences against children, it is social work service's responsibility to assess the needs and possible risks to a child about whom concerns have been expressed. Whilst the objectives of each agency are often mutually compatible, it is not the intention of this document that every referral of concern about children is subject to a joint police/social work investigation. There will clearly be instances where the role of the police is essential in identifying, and protecting the child from, significant harm. Equally however, there will be occasions where there will not be a role for police involvement.

Scottish Office Guidance now states that a referral to the police should be made when there is reason to believe child protection measures are required. In order to determine whether such measures are required, there is an onus on social work services to assess the situation and the needs and circumstances of the child.

When considering a referral to the police, social work services should consider the following:

- Is the child at risk, or likely to be at risk, of significant harm?
  - If so, social work services should initiate child protection procedures and contact the police to discuss the referral and possible responses.
- In circumstances where it is unclear whether the child is at risk of significant harm, social work services should make initial enquiries into the matter. This could involve a visit by social work services to assess the matter. As a result of initial enquiries social work services may decide to pursue an inter-agency assessment of the needs and any possible risks to the child. Alternatively, or during this process, it may become apparent that the child is, or likely to become, at risk of significant harm. In such instances the police should be notified to discuss the referral and possible responses.

### Deciding On How To Respond

In every referral professional judgement will need to be exercised to decide upon the most appropriate response. It should be stressed however that no one agency can or should work in isolation from the others. Therefore when deciding how best to respond to a referral, agencies should consult and discuss the information available with each other. When doing so the paramount consideration should be the welfare of the child.

In the past ten – fifteen years there has been a significant emphasis on the detection and investigation of child protection referrals. However in recent years there have been concerns that children in need of support are not always identified under child protection procedures given the focus at the inquiry stage on assessment of specific incidents. Subsequently, rather than focusing too narrowly on alleged incidents of abuse or neglect, agencies should take a wider view on the overall needs of the child and family. Equally this approach is helpful when presented with an accumulation of concerns over a child's welfare rather than an allegation of a specific incident. Clearly there will be referrals which will require a formal child protection investigation and the protocol for this is described below. In other instances however, a referral may be best responded to via a broader assessment and again this process is described below.

The level of concern about the existence of significant harm will to a large extent determine which, if any, approach is the most appropriate. It should be stressed however, that whilst specific severe incidents of alleged abuse will invariably require a formal child protection investigation, other forms of parenting styles may be less likely to trigger a child protection investigation but could be of equal detriment to the child. Such cases require equal consideration for intervention and professionals should review any previous concerns or referrals when reaching a decision about the most appropriate response.

Serious consideration should be given to an inter agency assessment of the needs of the child in scenarios where:

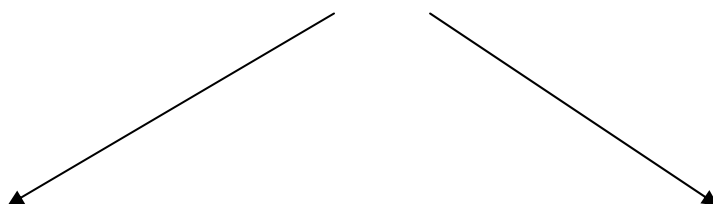
1. The child's development and/or welfare is likely to be seriously impaired as a result of the parenting style of the carers  
  
and/or
2. The presence or potential for significant harm cannot be determined unless a full inter-agency assessment is carried out
3. A formal child protection investigation does not appear to be the most appropriate response given the nature of the concern

## Deciding on Response

**Referral**

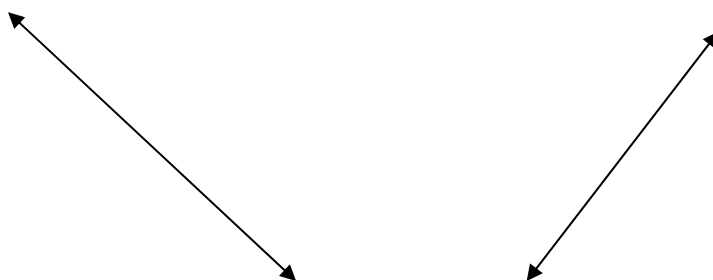


**Initial enquiries**



**Child protection  
investigation**

**Inter-agency  
assessment**  
(Assessment framework)



**Case discussion**



## SECTION 7

# CHILD PROTECTION INVESTIGATIONS

## **Child Protection Investigation** (See Diagram A) (page 69)

### **Immediate Risk**

Depending on the nature of the referral an immediate decision may need to be taken upon whether emergency measures are required to protect the child. In such cases where the child is in a dangerous situation the police may need to use their emergency powers to remove the child. Where this occurs the police must always notify social work services of their actions at the first opportunity, if this has not already been done. In such instances, it will normally be the responsibility of social work to progress any Child Protection Order where required.

### **Initial Referral Discussion**

This should normally be carried out by the senior social worker responsible for the inquiry and the Supervising Officer of the Female and Child Unit within the police. In practice, the majority of initial strategy discussions will be conducted over the phone, however in complex cases consideration should be given to discussing the referral in person.

The purpose of this discussion is to share information and agree upon a plan of intervention. Following discussions between the two agencies it may be agreed that either social work services will make further enquiries or that a joint investigation should take place. In cases where an offence has been committed against a child but there is no familial responsibility for harm, the police will conduct a criminal investigation and the role of social work services where required will be one of support.

Consideration should also be given to children who are, or are likely to become members of the same household as the alleged offender.

### **Social Work Inquiry**

In circumstances where it is agreed that social work will make further enquiries into a referral, the police must be informed where concerns about significant harm to the child emerge during the process of the inquiry. At that stage consideration should then be given to whether a joint investigation is required.

Otherwise social workers should carry out an initial inquiry to establish the needs of the child and any possible risks to the child. This inquiry should be supervised by a senior social worker.

When conducting the inquiry, the workers should discuss the referral with the family. The child must be seen, and any visible injuries on the child should be noted, along with any explanations for these. How far the workers should go with a physical examination is a matter of judgement and although unnecessary physical examinations should be avoided workers should not avoid this simply

because they feel uncomfortable with it. It is a sensitive area and the following issues should be borne in mind when deciding how to proceed:

- child's and parent's consent
- gender of the child and worker
- age of the child

Where there are concerns that there may be injuries on hidden parts of the body, consideration should be given to the child being examined by a medical professional.

An initial assessment of potential risks to the child should be made. In addition, workers must attempt to ascertain a broader view of the child's welfare and the needs of the family.

Where there are felt to be factors which may be detrimental to the child's welfare but are unlikely to cause significant harm, consideration should be given to the need for an inter-agency comprehensive assessment.

Alternatively, where there is felt to be no risk to the child or no need for further supports, social work services may consider taking no further action and should notify the child and family of this. Relevant agencies and the referrer should also be notified of the outcome of the inquiry. The decision to take no further action will be dependent on whether a referral to the Reporter has been made and the outcome of such a referral.

Where the child is felt to be at risk of significant harm, the police should be notified and a child protection conference convened. Any interim measures of support or actions to protect the child should be put in place.

For further guidance on conducting an inquiry, social work staff should refer to departmental procedures and guidelines.

### **Joint Investigations**

A joint investigation is the process whereby social work, police and health services plan and carry out their respective tasks together when responding to complex or substantial child protection referrals.

The aims of joint investigations are as follows:

1. Children are not to be subjected to unnecessary interviews.
2. Unnecessary medical examination of children is to be avoided
3. There should be an appropriate sharing of information among professionals regarding the case
4. Decisions and actions in an investigation will, whenever possible, follow consultation within and between agencies
5. The parents and carers are to be kept informed of all developments of the investigation, unless in doing so places children at further risk or impedes the investigation

### Case Discussions

Following initial enquiries and discussions between agencies, it may be decided that further information and a formal discussion is required to decide what form of action would best meet the needs of the child. In such scenarios, and in all referrals of sexual abuse, a Case Discussion may be convened and all the relevant agencies invited. The Case Discussion will be convened and chaired by Social Work and should incorporate:

- discussion of the allegation
- the opinions of the professionals involved
- any additional information to be discussed
- clarification of any other information required
- a current assessment of the situation and needs of the child and family
- subsequent action plan to be agreed

A number of decisions may result from the Case Discussion, including:

- no further action
- agreement between agencies to monitor the situation
- to reconvene once additional information has been obtained
- to proceed with a joint police and social work investigation under child protection procedures
- to undertake an inter agency assessment

Decisions at the Case Discussion should be minuted and any future meeting agreed upon. Decisions not to proceed under child protection procedures and the reasons for this should be recorded.

It will not always be possible to convene a Case Discussion prior to the commencement of a joint investigation, particularly in circumstances where an immediate response is required. In such situations, the initial discussions may be conducted by telephone between the senior workers.

It should be noted that a Case Discussion can take place without the knowledge of the alleged perpetrator, and this may mean that a Case Discussion can take place without the knowledge of either parent. This can be to enable staff to take a view about how any further enquiries, including approaches to the parents or the alleged perpetrator, should be conducted. In such instances, the parents should be advised of the Case Discussion and its content as soon as it is possible to do so without compromising the safety of the child or the investigation.

### Investigative Interviews

In some circumstances it will be necessary to undertake a joint interview with the child. This may be as a result of something the child has already said or as a result of concerns about the child's behaviour or vulnerability to possible risk.

Where it is appropriate to proceed with a joint interview it is essential that there is planning between

the workers beforehand. A planning meeting should be chaired by a senior social worker or senior police officer and consideration should be given to involving other agencies who might have detailed knowledge of the child. In some circumstances where there is an urgent need to interview the child, a formal planning meeting might not be possible but the following should always be considered:

### **Venue**

Consideration needs to be given to the most appropriate place for the interview to be conducted. A number of options might be appropriate but the child's opinion should be established and accommodated where possible.

### **Consent**

Parental permission should always be sought prior to a child being interviewed unless there are exceptional circumstances. Where there is evidence to suggest that a parent is abusing the child, consideration should still be given to seeking the permission of the non-abusing parent. Where consent is not granted by a parent, consideration should be given to whether it is appropriate to invoke statutory powers.

### **Process of the interview**

Some thought should be given to how the interview will be conducted; who will lead the interview; how will information be recorded etc. For further guidance, staff should consult their agency guidelines and procedures.

### **Needs of the child**

Consideration needs to be given to whether the child has any special needs prior to the interview. For example, is an interpreter required: does the child have language difficulties that require specialist facilities? Equally, consideration should be given to whether it would be helpful for the child to have a familiar adult present or nearby during the interview and what steps can be taken to support the child.

### **Arrangements post-interview**

The workers conducting the interview should meet with the co-ordinator following the interview to consider what, if any; further action needs to be taken. Is a further interview required; is there a need for a medical examination etc.

## **Medical Protocol**

Medical examination/full health assessment should be conducted in all children where there is concern about suspected abuse.

Medical examinations should be conducted in a sensitive manner with the child's views being taken into consideration and acknowledged at all times.

A two Doctor examination should be conducted in cases of suspected child sexual abuse.

The purpose of the medical examination is:

- To provide a full health assessment of the child's needs
- To establish what immediate treatment the child may require
- To provide an opinion on whether or not child abuse has occurred
- To provide evidence where appropriate to support a referral to the Children's Panel or criminal proceedings
- To secure any further medical assistance for the child if required
- Where appropriate to reassure the child and family that no long term physical damage has occurred

A medical assessment will include

- Full medical history
- General physical examination
- An assessment of the emotional and health needs of the child

The aim is to avoid unnecessary duplication of two doctor forensic medical examinations. Regular follow up and other health assessments are appropriate as required.

Examinations should be sensitive, child centred and conducive to the best possible outcome for the child.

A medical examination may not provide evidence that child abuse has occurred. Absence of medical evidence does not automatically mean absence of abuse. Information from medical examinations should be considered alongside information from social work, police and any other relevant agency.

### **Where to arrange a medical**

An appropriately equipped paediatric facility with a high standard of consulting accommodation with adequate lighting and video-colposcopy facilities.

The facility should be child friendly with access to play materials, food; drink and experienced paediatric nursing staff should be available

### **When to Arrange a Medical Examination**

There should be a 3 way discussion between social work, police and a medical practitioner (Consultant Paediatrician in Child Protection, General Paediatric Consultant, Community Paediatrician or General Practitioner) to decide whether and when a medical examination is required. The following are some circumstances when it will be appropriate:

- If a child has physical injuries which he/she states were inflicted
- If a child has injuries and the explanation is not consistent with the injuries
- If the child appears to be suffering from physical neglect
- Any allegation of suspected child sexual abuse merits full attention. This includes allegations of touching over clothing, fondling, attempted digital or digital penetration, or any penetrative episode or episodes
- If there are concerns that the child may be suffering from non-organic failure to thrive
- This is not an exhaustive list

### **Who Decides to Arrange a Medical Examination or Assessment?**

The senior social worker should discuss with the police and relevant medical personnel (i.e. Consultant Paediatrician in Child Protection; General Paediatric Consultant, Community Paediatrician and/or General Practitioner) 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

The discussion can take place via telephone or it may be possible, if timing and resources permit, to have a meeting to discuss it. Whatever the forum, the decisions on how to proceed and the reasons for this course of action should be recorded. If it is agreed to arrange a medical examination or assessment it is important that the examining doctors have clear information about the causes of concern and the known social background of the family, including previous instances of abuse, or suspected abuse. This information should be shared during the initial referral discussion.

#### Types of medical examination/assessments

- Forensic/paediatric examination
- General paediatric assessment
- Comprehensive medical assessment over a period of time, which may involve Psychiatric, Psychological and social work assessment

It is essential that all agencies involved share relevant information.

### **Timing**

With physical injury it is important to arrange a medical as soon as possible so that signs of injury such as bruising do not fade.

With sexual abuse if there has been any form of recent sexual assault, it is imperative to arrange a medical examination within 72 hours of the last incident in order to obtain forensic evidence.

If more than 72 hours has passed since sexual assault allegedly occurred then time could be spent planning the medical.

If physical neglect is acute then action must be taken quickly. If not, time can be taken to arrange the medical.

### **Other Important Factors to be Considered**

In situations where the general practitioner is unsure whether the clinical presentation is due to abuse or illness, for example in a child with unexplained severe bruising which could be due to a haematological condition, referral to the hospital for a paediatric opinion prior to initiating inter-agency discussions may be indicated. This would not be regarded as the formal planning meeting or discussion but a request for a paediatric second opinion.

It is important that the primary care team provide the hospital paediatricians with any available social background and previous medical history, which may suggest that the differential diagnosis of abuse is possible.

It is also important for clinicians to note carefully any explanations given for injuries and be aware of giving away information to possible abusers about the medical causes for injuries, so that these explanations can then be incorporated by possible abusers into later explanations and statements given by them.

The child should be kept appropriately informed of the medical findings and should be supported throughout the process.

Once Child Protection inquiries are under way, the progress of the health component will take place in parallel to other aspects of the police and social work enquiries. It is therefore fundamental to the success of the process that health professionals ensure that their colleagues in other agencies are kept closely informed of their progress and findings, including their provisional conclusions so that decisions particularly relating to the child's immediate protection from further harm may be made appropriately.

Medical staff should keep careful notes of any examinations and findings and provide written reports of these at an early stage to the police and local authority if the child's case is the subject of court

proceedings or a Children's Hearing.

**Specialist service for medical examination of children suspected of being sexually abused:**

A dedicated team of trained medical professionals, including paediatricians and police surgeons, is now available to provide appropriate medical examination, diagnosis and management of alleged sexual abuse cases and also more complex physical abuse cases (including suspected fictitious illness syndrome). This service is available to others for advice and to discuss need for health assessment and health procedure in relation to all forms of suspected abuse. Tel: 0141 201 9360: 9am - 5pm daily.

This advice service is for

- General Practitioners
- Yorkhill Trust staff
- Education staff
- Social work
- Police
- Reporter to Children's Panel
- Fiscal

In cases of suspected child sexual abuse, full discussion (by telephone or otherwise) will take place between social work, police and health prior to medical assessment (unless an urgent medical problem is the presenting feature or urgent medical attention is required).

**Referral by Other Agencies**

During normal working hours, all referrals from police or social work should be through one of three routes, either to the child's general practitioner or the Yorkhill Child Protection Service (for 12 years and under) or a Police Surgeon in 13 years and over.

Yorkhill Child Protection Service also provides a dedicated Advice Line for any health questions pertaining to a child protection case or potential child protection case (up to 16 years).

**Medical Examinations**

**12 YEARS AND UNDER**

Yorkhill Hospital Child Protection Service will undertake general paediatric assessment if appropriate and will arrange joint forensic medical examinations with police surgeons in cases of suspected child sexual abuse.

At present the service is available to all children under the age of twelve and may also be offered in complex cases of suspected abuse where the child is older than 12 (e.g. particularly if the young person has special needs).

**WHERE A CHILD IS 13 YEARS OR OVER**

Where the police and social work are involved in a joint investigation a police surgeon may be the sole person to carry out a medical examination.

In situations where social work services are undertaking an investigation alone, the child's general practitioner may be best placed to undertake the medical examination.

Where there is any uncertainty about the most appropriate route to obtain a medical examination, the Child Protection Service at Yorkhill can be consulted.

During normal working hours, referrals or queries should be directed to the service at Yorkhill by telephoning 0141 201 9360. A community child health doctor will be available to discuss the case.

Out of hours, in respect of suspected child sexual abuse, the consultant on call for child protection can be contacted directly via Yorkhill switchboard (0141 201 0000). In other cases of child abuse, the case should be discussed with the receiving medical registrar via the main Yorkhill switchboard (0141 201 0000).

### **Consent to medical treatment**

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 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 or her undue distress.

NOTE: An Emergency Protection Order does not carry with it authority to consent to medical examination or treatment and so should not be used solely with that purpose in mind. If a parent withholds consent, for example in the case of suspected sexual abuse, the police may apply to the Sheriff for a warrant authorising examination if there is an overriding public interest.

### **Reports**

All medical examinations must result in a clear and full report of the findings, including the doctor's interpretation and conclusions. These reports will be required by the other agencies involved in caring for the child and for the Procurator Fiscal and Children's Reporter. The format of reports of joint forensic medical examinations has been agreed with the Procurator Fiscal and Children's Reporter in Glasgow.

Reports must be provided to the relevant agencies within appropriate timescales. Yorkhill NHS Trust Child Protection service has agreed to provide reports of joint forensic examinations to the police, Reporters, and social work within 5 working days of the examination. A discussion of the findings will however have taken place immediately following the examination.

If a Child Protection Order is being sought, a medical report must be provided within 4 hours of the

request. In Yorkhill NHS Trust this report for a CPO should always be provided by consultant staff.

## REFERRALS TO HEALTH FROM SOCIAL WORK & POLICE

### SUSPECTED PHYSICAL ABUSE/PHYSICAL NEGLECT

#### Monday-Friday 9am – 5pm

Telephone: 0141 201 9360 (Yorkhill Child Protection Services) to decide whether a medical is required; when and where it should be carried out and to discuss the need for medical care of the child

Or

Telephone: Child's own General Practitioner

#### Out of Hours

Telephone Yorkhill Hospital switchboard - 0141 201 0000 - ask to speak directly to the Receiving Paediatric Medical Registrar

Or

Phone the General Practice Emergency Centre in the locality (see appendix of addresses and phone nos. of out of hour's general practice centres throughout Glasgow)

### SUSPECTED CHILD SEXUAL ABUSE

A Specialist Medical Service is available 24 hours a day, 7 days a week

#### **9am – 5pm:**

Telephone 0141 201 9360 (Yorkhill Child Protection Service)

#### **Out of hours:**

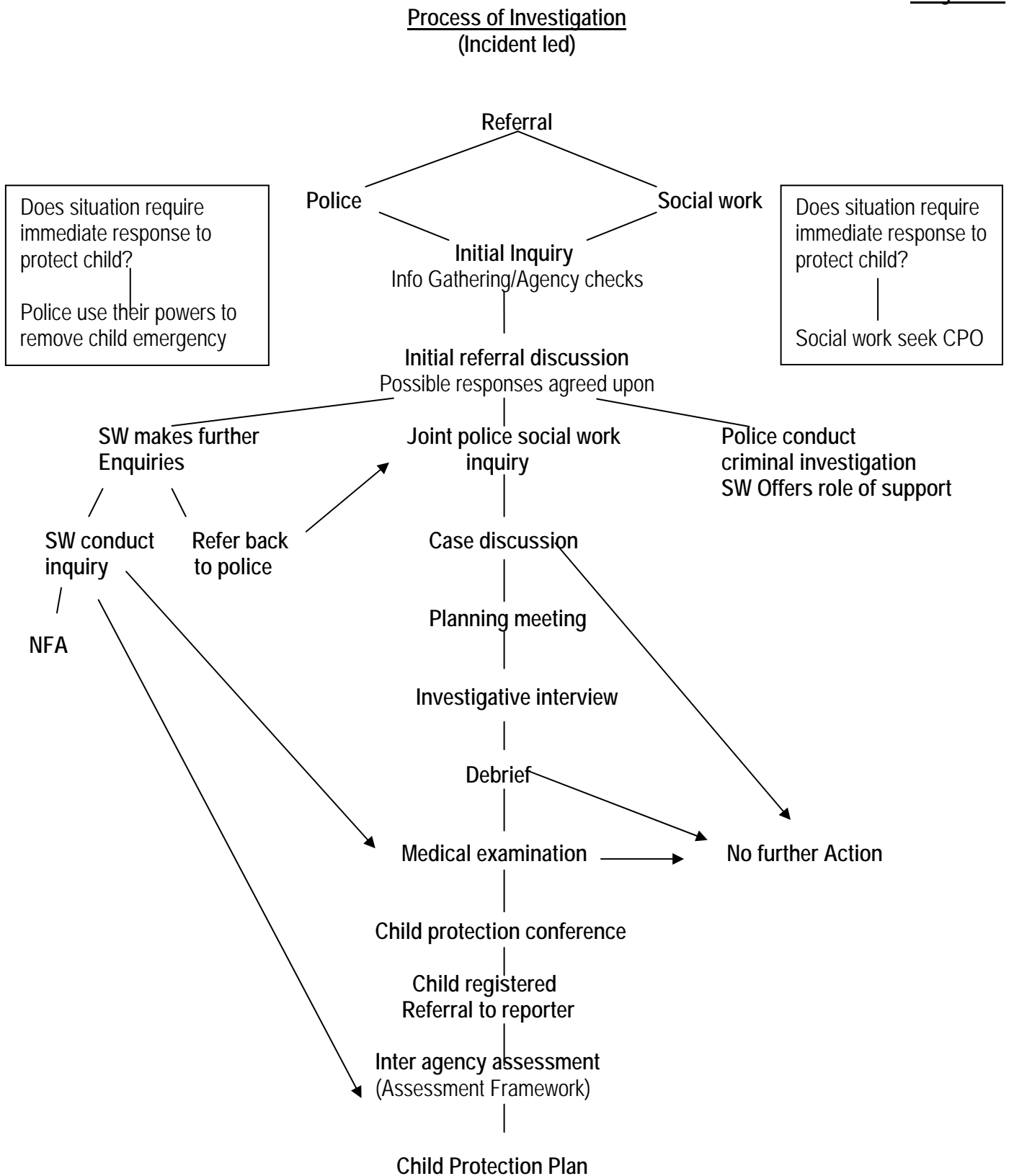
Telephone 0141 201 0000 - ask to speak directly with the On-call Child Protection Consultant.

### **Action Following Joint Investigation**

Following the joint investigation, depending on the outcome, there are a number of possible options that may need to be considered:

- Is there a need for immediate action to protect the child?
- Is a further interview with the child required?
- Will the police be undertaking interviews of witnesses and/or suspects?
- Are immediate supports required for the child and family?
- Does the safety of any other children need to be considered/
- No risk may have been identified but an inter-agency comprehensive assessment of the child and family's needs is required.
- Is a Child protection conference required?

**Diagram A**





## SECTION 8

# LEGAL PROVISIONS FOR THE PROTECTION OF CHILDREN

## **CHILD PROTECTION ORDER**

In terms of Section 57(1) of the Children (Scotland) Act 1995, any person (including a local authority) may apply for a Child Protection Order.

### **What are the Criteria?**

The application is heard by a Sheriff who must be satisfied:

- That there are reasonable grounds to believe that the child is being treated (or neglected) in such a manner as to cause significant harm or will suffer such harm if not removed to, or kept in, a place of safety.
- That an order is necessary to protect the child from such harm

In addition to an application in terms of Section 57(1), a local authority may apply for a Child Protection Order if it has reasonable grounds to suspect that a child is suffering or will suffer significant harm, and if its enquiries into this are being frustrated by access to the child being unreasonably denied (Section 57(2)).

### **What Does it Entitle the Applicant to Do?**

In most cases a Child protection Order will authorise the applicant to either remove the child to a place of safety or, alternatively, prevent their removal from such a place. Directions may be attached to a Child Protection Order, regulating such matters as the child's contact with other persons. A Child Protection Order may also direct that a medical examination take place, although it should be noted that this does not appear to override the child's capacity to consent or otherwise to such an examination in terms of the Age of Legal Capacity (Scotland) Act 1991. Once a Child Protection Order is made, the applicant must inform the Principal Reporter who may then convene a Hearing to consider the continued protection of the child.

## **EMERGENCY PROTECTION**

In exceptional circumstances, where a Sheriff is not available to grant a Child Protection Order or a child requires to be immediately removed from a source of danger, any person may apply to a Justice of the Peace for authorisation to remove or keep a child in a place of safety (Section 61 of the Children (Scotland) Act 1995).

### **What Are the Criteria?**

The Justice of the Peace must be satisfied:

- That the conditions for granting a Child Protection Order exist and
- That it is not practicable for a Sheriff to consider the application

In addition, a police constable may immediately remove a child to a place of safety where he or she has reasonable cause to believe that the conditions for making a Child Protection Order in section 57(1) are satisfied, that it is not practicable to apply to a Sheriff for such an order and that the child requires to be removed to a place of safety to protect the child from significant harm.

### What Does it Authorise?

In both cases, Section 61 can only authorise keeping a child in a place of safety for a period of 24 hours. Thus, in many cases, further protective measures will require to be sought.

## **CHILD ASSESSMENT ORDER**

A Child Assessment Order is obtained by a local authority from a Sheriff. It is intended to enable an assessment of a child's health or development to be made.

### What are the Criteria?

The local authority must have reasonable cause to suspect that the child is suffering or likely to suffer significant harm and that such an assessment is required. The order must specify the date on which the assessment is to commence and may not exceed seven days.

### What Does it Entitle the Applicant to Do?

The order may permit a child to be taken or kept in a specified place during the life of the order. A Child Assessment Order may require the child to undergo a medical examination, although the reservation with respect to the child's capacity to consent to such an examination mentioned in relation to a Child Protection Order would also appear to apply in this case.

If an application is made, and the Sheriff considers that the conditions for making a Child Protection Order are satisfied, the Act requires him or her to make such an order.

## **EXCLUSION ORDER**

A local authority may apply to a Sheriff for an Exclusion Order to exclude a 'named person' from the house of a particular child or children.

### What are the Criteria?

Section 76 of the Children (Scotland) Act 1995 sets out the conditions that must be satisfied for such an order to be granted. The child must have suffered or be likely to suffer significant harm as a consequence of the conduct of the named person. There must also be a person specified in the application who is capable of taking responsibility for the care of the child. An Exclusion Order cannot be finally determined without the named person being given an opportunity to be heard by the Sheriff; although there is provision for an interim order to be sought. The Sheriff may not grant an order if it appears unreasonable or unjustified in all the circumstances of the case and he or she is required to consider the effect of such an order on the needs and financial situation of family members. An Exclusion Order may only last for a maximum of six months.

### What Does it Do?

An Exclusion Order has the effect of suspending a person's occupancy rights (if any) to the child's family home and of preventing that person from entering the home without the express permission of the local authority. The order can be supplemented with various ancillary warrants, orders and interdicts. These include a warrant for summary ejection of the named person, an interdict

prohibiting the named person from entering or remaining in a specified area in the vicinity of the home and an order regulating contact between the child and the named person. The local authority may apply to the Sheriff to attach a power of arrest to any interdict granted.

## SECTION 9

# ALTERNATIVE PROTOCOL FOR RESPONDING TO REFERRALS ABOUT CHILDREN

## **Alternative Protocol for Responding to Referrals about Children**

(See diagram B)(page 78)

### **Introduction**

In some instances, concerns over a child's welfare may not be most appropriately dealt with via a formal child protection investigation. For example, some cases of suspected emotional abuse, neglect, or non-organic failure to thrive *may* be a result of an accumulation of concerns rather than a specific incident or allegation. Clearly, there will be cases where concerns over imminent risk to a child will require formal child protection measures to be instigated, however in other scenarios a period of assessment of risks and needs may be more appropriate.

### **Referral**

As with formal child protection enquiries, a referral may come from a number of sources, including members of the public, other agencies, or the Reporter to the Children's Hearing who may be making enquiries into the need for compulsory measures of care. In such cases it is important to ascertain as much detail as possible regards the referral; the reasons for concern, the child and family's circumstances; whether there is any concern about immediate risk to the child or whether the referrer expressing concerns about the child or family's situation feels these concerns to be long-standing.

Following receipt of referral, social work services must consider whether or not to instigate formal child protection procedures. Where they do so, the protocol described on page 54 should be adopted.

### **Inter-Agency Assessment**

An inter agency assessment using Glasgow's Assessment Framework should be instigated where there are significant concerns about the child's welfare that require a period of assessment and monitoring.

Whilst there may be other circumstances where an inter-agency assessment is compiled, these will be outlined outwith this paper.

Decisions to proceed under an inter-agency assessment should be recorded and the referrer notified. Whilst the protocol for an inter-agency assessment is laid out elsewhere, there are a number of issues that should be highlighted:

- Where serious concerns exist about a child's welfare, an inter agency assessment should be conducted within an agreed timescale and recourse to alternative interventions may be required should the situation appear to deteriorate.
- A care plan should address areas of need as well as potential risk and identify a package of supports to address these.
- A format for reviewing intervention and monitoring progress should be agreed upon.

### **Issues for Consideration**

- An assessment involves gathering information purposefully to enable a judgement to be made about those aspects of a child's health, welfare or development that requires some help and what supports are needed to reduce the risk and enable families to find ways of addressing difficulties so that a child's needs can be properly met
- Assessment should focus on family's strengths and skills as well as difficulties
- Assessments will vary in length and who all compiles them depending on the circumstances of the case
- Purpose is to acquire a full understanding of the family's circumstances in order to provide a sound basis for decisions re future actions
- Short-term plans may follow a preliminary assessment made during or at the conclusion of initial enquiries. These may need to be reviewed as necessary
- Key-worker is responsible for ensuring a comprehensive assessment is undertaken

### **Planning Assessments**

In planning assessments the following should be considered:

- What information is needed and how and by whom can this be gathered
- What are the child and family's views about the assessment and how will they contribute to this. Who has parental responsibility
- Where will work be undertaken
- Does child/family have any special needs and how can these be addressed
- When should assessment be completed
- How will it be recorded
- What is the legal status of the child and what, if any, impact will the assessment have on any legal or other action

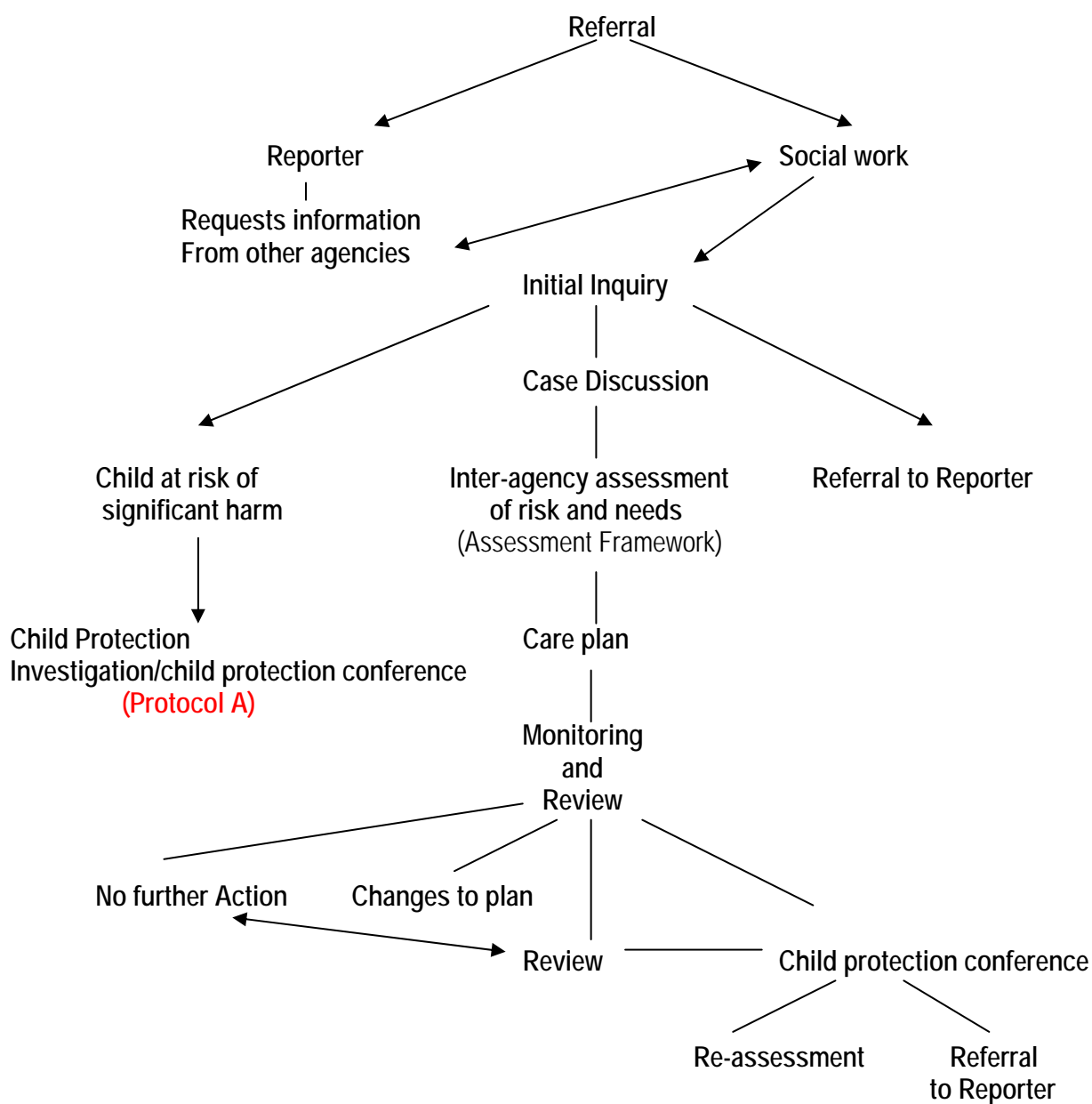
### **Possible Outcomes of Monitoring and Reviews**

Following an agreed period of intervention and once this is reviewed there may be a number of possible outcomes:

- The child and family's situation has improved significantly and no further action is required
- The situation is not felt to have improved, either by the professionals or children and family involved and a review of the situation identifies a need for more appropriate or alternative supports or interventions. Changes in the care plan will then be implemented and reviewed as before.
- The situation has not improved or in fact deteriorated and concerns about significant harm to the child may necessitate a Child Protection Conference or other child protection measures
- The family refuse to co-operate with the care plan or assessment with no visible sign of improvement - in such instances consideration needs to be given to referring the matter to the Reporter if this has not already been done and/or instigating child protection procedures.

Diagram B

Protocol for Responses to Referrals  
(Accumulation of concerns)



N.B. Consideration may need to be given at different points throughout this process to a referral being made to the Reporter to the Children's Hearing

## SECTION 10

# CHILD PROTECTION CONFERENCES

## **CHILD PROTECTION CONFERENCE**

### **General**

Child Protection Conferences are an important stage in the child protection process and can provide a useful forum for professionals to share information and make plans to protect the child. Whilst a key function of the child protection conference is to consider the need for registration on the child protection register, equal emphasis should also be placed on identifying a child protection plan. In order to facilitate the child protection plan the concept of core groups has been introduced. Core groups are small inter-agency groups which meet with the parents on a regular basis to implement the child protection plan. Further details on the role of core groups are laid out in chapter 12.

There are four different types of child protection conferences:

1. An initial child protection conference considers the circumstances of a child or children who is not on the register and about whom there are serious concerns
2. A review child protection conference reviews the circumstances of a child or children whose name is already on the child protection register.
3. A pre-birth child protection conference considers risks of harm to an unborn child and future risks upon the child's health. A child cannot be registered pre-birth.
4. A transfer child protection conference considers arrangements to transfer cases when a family moves to another area.

### **Functions**

The functions of a child protection conference include:

- considering information about allegations/concerns of child abuse and the outcome of a child protection inquiry
- assessing risk
- identifying the child's needs and services from any of the agencies the child might need, whether or not the child is felt to be at risk
- considering information and views of those involved, including those of the parents and child
- to decide whether the child's name should be placed on the child protection register
- to consider whether a referral to the reporter is appropriate (if this has not already been made)
- to establish or review a child protection plan for any registered child
- to set out arrangements for inter-agency work between child protection conferences and identify members of the core group (for further details on tasks of the initial child protection conference in relation to child protection plans and core groups see chapter on Child Protection Plans)

### **Timing**

The timing of an initial child protection conference will vary depending on the circumstances of the situation. Some may follow a Case Discussion whilst others may be held after urgent action has already been taken to protect the child. However, where required, an initial child protection conference should be convened within five working days of the completion of the investigation or assessment if one has not already taken place. Where this does not occur, the reasons for this should be recorded by the Team Leader responsible for convening the child protection conference.

### **Responsibility to Convene a Child Protection Conference**

Social work services are responsible for convening, chairing and minuting a child protection conference. Any agency can request a child protection conference is convened and should contact the Team Leader for the Social Work team in the area which the child resides. The Team Leader should give serious consideration to such requests. Where the Team Leader decides it is not appropriate to convene a child protection conference, the reasons for this must be given in writing to the agency/professional who made the request.

### **Participation**

Consideration should be given to inviting all those agencies with an active role with the child. In some circumstance it may be appropriate for the Reporter to attend the child protection conference also. Any person unable to attend a child protection conference should send relevant information to the Chairperson in writing and should be informed of any decisions as soon as possible.

### **Involvement of Children and Families**

Parental involvement at child protection conferences should be the rule rather than the exception. Where there are circumstances where parental attendance is not considered to be appropriate, the reasons for this must be stated and recorded. Where there is information that requires to be shared amongst professionals that the parents or child should not be party to, the parents and/or child should be asked to join the conference once this has taken place.

Agencies who have restricted information to share should notify the Team Leader of this prior to the Conference so that arrangements for the family to join the conference later can be made.

Parents and carers and, where appropriate, children, should be encouraged by agencies to attend child protection conferences. If the child does not wish to attend or it is felt inappropriate for them to do so, professionals working with the child should ensure that the conference are informed of the child's views.

Parents may feel distrustful or anxious about professional intervention in their lives and some express these feelings at the child protection conference. In order to prevent this interfering with the task of the child protection conference the Chairperson should ensure that parents are advised beforehand about how information and discussion will be presented and managed. This may be done in a number of ways:

- Social work should prepare families prior to the conference by explaining the reasons for professionals' concern, the agencies' statutory powers and duties, the role of agencies involved and parent's legal rights.
- Written information about child protection conferences should be made available to families
- It should be acknowledged that families may need someone to support them at the child protection conference
- The parents and the child, if appropriate, should be given an explanation of the Child Protection Register and how this is used.

Where the parents or child attend the full conference, they should receive a full minute. Where parents or the child attend only part of the conference they should be sent a summary of the discussion and decisions.

## SECTION 11

# CHILD PROTECTION REGISTER

## **THE CHILD PROTECTION REGISTER**

### **Purpose of the Register**

The purpose of the register is to provide a record of children who are in need of protection by means of an inter-agency child protection plan. The Register can provide a central point for enquiry for professional staff who are concerned about a child. The register can also provide important statistical information which contributes to inter-agency planning for children and their families.

The management and up-keep of the Child Protection Register is the responsibility of social work services. The Child Protection Register is not a legal order but rather an inter-agency internal “highlighter” to flag up children who are felt to be at risk of abuse and in need of protection.

### **Register Enquiries**

Queries to the child protection register should be made via the appropriate Area team or outwith office hours, via Standby services (See Useful no's.).

### **Placing a Child's Name on the Child Protection Register**

The decision to place a child's name on the Child Protection Register will be taken at the Child Protection Conference and should be based on whether it is felt there is a likelihood of significant harm to the child and familial responsibility for that harm. Subsequently a child should be registered when their safety and welfare is considered to require an inter-agency child protection plan to ensure that appropriate attention is given to the child's needs by providing a framework for joint assessment, working and review and those needs are unlikely to be met by other services and provisions alone.

It should also be noted that the child protection conference must consider the possible risk to other children in the household and any possible need for registration.

### **Removing a Child's Name from the Child Protection Register**

The role of subsequent child protection conferences is to review the effectiveness of the child protection plan, both in protecting the child and improving their welfare and to assess the continuing need for registration.

De-registration can occur when

- the earlier information or concerns that led to registration are no longer valid
- the level of risk to the child has been reduced by work with the family and through the child protection plan
- the child has been placed away from home and is not felt to be at risk

- the abusing adult is no longer a member of the same household and/or contact between the abusing adult and child is no longer considered to be a risk to the child
- the family has moved out with the area and that area has accepted responsibility for the future management of the case
- the child has died
- the child is otherwise protected and continued registration is unnecessary to the child's welfare

### **Dissent**

Where possible the decision to place or remove a child's name from the Child Protection Register should be consensual but in situations where there is disagreement the Chairperson has responsibility for making the final decision. Dissenting views in respect of registration or other decisions made by the conference should be recorded precisely and the Team Leader responsible for chairing the conference must bring dissent to the attention of the Area Service Manager. A course of action should be agreed upon and the Area Service Manager should respond in writing to the dissenting person within 28 days.

### **Appeals Against Registration by a Child/Young Person or a Parent**

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

If a young person or parent wishes to appeal against a decision with regards to registration they may do so by contacting the Area Service Manager within 5 working days. This should be done in writing and assistance with this may need to be offered.

### **Complaints**

If a parent or child has a complaint about the service offered by any of the agencies during the investigation or assessment or at the child protection conference, all agencies should have procedures which the family or young person can use to pursue complaints.



## SECTION 12

# CHILD PROTECTION PLANS

## **CHILD PROTECTION PLANS**

### **General**

The aim of the following section is to ensure that inter-agency collaboration continues throughout ongoing work with the child and his or her family after registration.

Whilst this chapter deals specifically with the formation of child protection plans following the decision to register the child or children, many of the aims and objectives are applicable when undertaking an inter-agency assessment that can take place prior to or without registration.

The Child Protection Plan as laid out by the initial child protection conference should make reference to the following areas:

- i. decisions
- ii. objectives and prioritisation of objectives
- iii. key people involved and their responsibilities
- iv. timescales
- v. supports and resources required, in particular access to specialist resources
- vi. the process of monitoring and review

### **Core Groups**

#### **Definition**

The Core Group is a small group of inter-agency staff with key involvement in the case who meet on a regular basis with the parents to review progress and make arrangements for implementing the Child Protection Plan. The Core Group is a device for sustaining inter-agency involvement following registration.

#### **Purpose and Tasks**

Core Groups have a pivotal role in formulating, implementing and reviewing child protection plans, engaging parents and fostering inter-agency partnerships. The Core Group is accountable to the Child Protection Conference. It is a sub-system of the Child Protection Conference and undertakes commissioned tasks.

The Initial Child Protection Conference should:

- identify members of the Core Group
- specify whom should convene, chair and record (this will normally be the Senior Social Worker)
- specify when they should meet
- set out the need for the Child Protection Plan to be in a form that constitutes a written working agreement between all the parties to it
- outline the framework of the Child Protection Plan
- stipulate the form of assessment needed to assess risks and set out an agreed timescale
- in urgent circumstances determine steps to be implemented immediately post registration or

- specify a date for a speedy first Core Group meeting
- set out the circumstances when they should return to Child Protection Conference.

The Core Group should translate the framework of the Child Protection Plan identified by the Initial Child Protection Conference into an explicit and written Child Protection Plan.

The Core Group must meet regularly to review and revise the plan and collectively report back to the Review Child Protection conference.

Each re-evaluation of the Plan should consider the following:

- if the child is still considered to be at risk and if so what are the chances of future significant harm
- assessment of needs and support/resource gaps
- consideration of the need for recommending to the Team Leader the convening of a further Child Protection conference and possible recommendation of de-registration as a consequence of significant improvement or changes in circumstances e.g. perpetrator of abuse no longer in the household.
- consideration of the need for recommending to the Team Leader the convening of a further child protection conference because of significant deterioration in circumstances or
- consideration of emergency action e.g. child protection order, exclusion order. The need for a Child Protection Conference should not preclude immediate action to safeguard the child where this is necessary

The Core Group should meet monthly. Many cases will require more frequent meetings depending on the nature of concerns

Membership of the Core Group should be kept as small as possible without compromising the planning or protective process. Too many professionals in the Core Group can oppress and impair parental attendance and contribution.

The Core Group has delegated responsibilities and is answerable and accountable to review by the Child Protection Conference.

A member of the Core Group can request an additional meeting to consider new or deepening concerns. The Senior Social Worker should decide on whether or not to grant this request. If this is refused the Core Group member should be advised that he/she can discuss this with the Team Leader.

The Chairperson should ensure that all in attendance at the Core Group meeting and those invited but unable to attend should receive a copy of the Child Protection Plan within 5 working days of the meeting.

The child and parents should be given clear information about the purpose and nature of any intervention together with a copy of the plan

- Local authority should ensure that families understand the objectives of the plan and are willing to work with professionals to achieve this
- If the family refuses to co-operate with the plan the local authority in consultation with other agencies, should consider whether to reconvene a child protection conference or take further action to protect the child
- A separate plan for work with perpetrators of abuse may be needed to complement the plan for protection of the child
- Any staff/professional working directly with the perpetrator of the abuse should co-operate fully with the key-worker in preparation of a comprehensive assessment and recommendations for action
- Where there is a convicted schedule one offender in the household more than one social worker should be allocated

## SECTION 13

# LEGISLATION IN RESPECT OF CONVICTED SEX OFFENDERS

## **LEGISLATION IN RESPECT OF CONVICTED SEX OFFENDERS**

### **General**

There are various statutory procedural procedures for agencies in the supervision and assessment of persons convicted of crimes against children. This chapter presents an overview of current practice issues – for more detailed guidance staff should consult their own internal protocols where applicable.

### **Responsibilities of Specific Agencies**

#### **Responsibilities of Police**

The police will maintain a register of sex offenders with the objective of monitoring whereabouts of known sex offenders, thereby allowing any necessary measures to be put in place for the protection of the public. The police will notify social work Team Leaders of registrations within their area and are responsible for convening a joint case conference between police and social work.

#### **Responsibilities of Social Work**

Under National Standards, local authority social work has a duty to in the following areas: Supervision of offenders placed on probation, community service, any statutory prison aftercare provisions, supervised release orders etc. They also must compile a risk assessment of sex offenders against children prior to their release from prison.

#### **Responsibilities of Housing Department**

Glasgow City Housing has a statutory duty to deal with all ex offenders, including sex offenders, released from prison under the Housing (Scotland) Act 1987.

### **Registration of Sex Offenders**

The Sex Offenders Act 1997 placed new obligations on police and the local authority to monitor and supervise sex offenders. The Act requires sex offenders to register with local police and protocols between police and social work and housing and social work have been agreed.

Following the sex offender registering with the police, the police must forward the details of the registration to the appropriate Team Leader within the social work team. Social work must first consider whether any urgent measures are required to protect children. Following this they must compile a risk assessment based on record checks, any current involvement, previous history etc. Where such information is available, social work will then convene an internal team case meeting with relevant social work staff, including a worker from Glasgow Sex Offender Project. The purpose of this meeting is to identify:

- assessment of risk
- any immediate measures needed to protect vulnerable individuals
- nomination of staff member to attend joint police case conference with police

The police will contact the Team Leader to convene a Case Conference, the objectives of which are as follows:

- assessment of risk
- action required for public protection
- consider whether information should be disclosed to City Housing
- responses proposed to address identified risks
- recommend to Assistant Chief Constable on any necessary disclosure to third parties

This process can also be applied to non-registered cases where there are concerns re public safety.

Personal details of offenders will only be released by social work services to Housing where it is considered by social work that the ex offender poses a significant risk to public safety. In such cases:

- information will be restricted to designated official with Housing
- in medium/high risk categories, Housing will convene a case conference with social work and Housing to consider location, area etc. in relation to rehousing. The police will be invited to these meetings

Once rehoused and should any concerns or problems arise, a further case conference should be immediately re-convened.

### Prisons

SWSG Circular 11/1994 establishes roles and responsibilities for staff, including social workers, based within prisons in respect of persons convicted of offences against children and sentenced to a period of imprisonment.

These responsibilities include the following key points:

- there should be engagement with the offender early in the sentence;
- access to programmes in prison which may help reduce the risk of similar offending should be encouraged;
- assessment of risk to children which may arise when the prisoner is released should take place. The outcome of risk assessment should be communicated to Social Work Services where the victims of the offence or other potential victims reside to allow the opportunity of protective measures to be undertaken where necessary. The assessment should also be notified to the Parole Board where there is consideration of discretionary release.
- when discharge is imminent, co-ordinated and collaborative approaches should be adopted between prison and community based Social Work Services to arrange any relevant protective steps be taken.

The detailed steps required by Circular 11/1994 to achieve these objectives may be found in Chapter 11 of the National Standards for Throughcare (Criminal Justice Social Work). Clearly, the release of a prisoner may constitute the re-introduction of an element of risk of harm to children that

had abated during the period of custody. The procedural aims seek to define level of risk, alert those authorities where risk may occur so that protective measures may be put into place if necessary and promote co-ordinated joint work between services. On receipt of a notification of release date, with accompanying risk assessment consideration must take place, by case conference if appropriate, to determine whether any further steps are necessary to protect vulnerable children.

The imminent release of a known offender against children should be seen as a potential trigger for consideration of child protection measures.

### **Community Based Sentences**

Supervision within the community, as a means of trying to prevent re-offending may be ordered by a Court either as an alternative to custody or as a continuing requirement following release from custody (e.g. Supervised Release Orders or Extended Sentences). Whilst not confined to offences against children these sentences of continuing post-release supervision are limited to offences of violence or sexual offences and may arise in the context of offences against children. Whether as an alternative to custody, or as a continued requirement post-custody, supervision has to be seen as a means to diminish recurrence of offences.

Where a known offender against children is at liberty but subject to supervision it is important that social work staff responsible for that supervision work collaboratively with social work staff responsible for safeguarding potential victims of any further offending so that maximum protection can be put in place and sustained.

### **Sex Offender Orders (Crime & Disorder Act 1998)**

Where a person has been convicted of registrable sex offences (which may include offences against children) and continues to show conduct or behaviour which can be considered to demonstrate the risk of serious harm, then an order may be sought from the Court which seeks to restrain the potentially dangerous conduct. Breach of the Order constitutes an imprisonable offence. The police must seek the Order (but this may comprise action on social work advice). The Order comprises a prohibition of specified behaviours (e.g. consorting with particular children, or frequenting places where children may gather). The Order should not be seen as substituting for child protection measures, but may be used in conjunction with child protection measures to achieve maximum preventive effect.

Appendix 1GLOSSARY OF CHILD PROTECTION TERMSAssessment of need

Evaluation of supports required to assist with problems.

Assessment of risk

Evaluation of possibility of child abuse occurring in the future

Case discussion

Meeting to share information and identify nature of problems and concerns, as well as strengths. Available supports to the family and their capacity to co-operate should also be discussed. A plan of intervention should be agreed.

Case discussion on young perpetrator

Meeting to consider the risk posed to other children by the young perpetrator, his/her needs, arrangements for an assessment on the young perpetrator, any risk to the young perpetrator in the community from possible 'vigilante' mentality, supervision arrangements, referral to Reporter, whether the young perpetrator has been abused and if so risks to other children of abuse.

Case conference on adult sex offender

Meeting convened by Social Work, Housing Department or police to consider the risks posed to children and vulnerable adults by a convicted or unconvicted suspected sex offender.

Child

For the purpose of these procedures a child is defined as a young person under the age of 16 years or between 16-18 if he/she is the subject of a supervision order imposed by a Children's Panel. Young people over 16 who are vulnerable and have a Record of Needs should also be considered under these procedures.

Child abuse

Where a child's basic needs are not being met in a manner appropriate to his/her stage of development and he/she will be at risk of avoidable acts of omission or commission on the part of his/her parents, sibling(s), other relative(s) or a carer. To define an act of omission as abusive and /or presenting future risk a number of elements can be taken into account. These include demonstrable or predictable harm to the child which must have been avoidable because of action or inaction by the parent or other carers.

Categories of registration*Emotional abuse*

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. Examples of this may include rejection, denigration, scapegoating, the child being denied opportunities to play or socialise/form friendships.

*Non - organic failure to thrive*

Children who significantly fail to reach normal growth and developmental milestones (i.e. physical growth, weight, motor). Organic reasons must have been medically eliminated and a diagnosis of non-organic failure to thrive has been established.

*Physical injury*

Actual or attempted physical injury to a child, under the age of 16 where there is definite knowledge, or reasonable

suspicion that the injury was inflicted or knowingly not prevented. Physical injury may include a serious incident or a series of minor incidents involving bruising, fractures, scratches, burns or scalds; deliberate poisoning attempted drowning or smothering; Fictitious illness syndrome (Munchausen 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.

#### *Physical neglect*

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, clothes, cleanliness, shelter and warmth. A lack of appropriate care results in persistent or severe exposure, through negligence, to circumstances which endanger the child. It 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 developmental needs and which jeopardises the child's health.

#### *Sexual abuse*

Any child below the age of 16 may be deemed to have been sexually abused when any person(s), by design or neglect exploits the child, directly or indirectly, with 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. Sexual abuse may include activities such as incest, rape, sodomy or intercourse with children, lewd or libidinous practices or behaviour towards children; indecent assault of children, taking indecent photographs of children or encouraging children to become prostitutes, or witness intercourse or pornographic materials. Sexual exploitation may be indicated by one or more of the following:

- lack of consent
- inequalities in terms of chronological age, developmental stage or size
- actual or threatened coercion

#### **Child assessment order**

An order of the court authorising an assessment of a child's health and development, and of the way the child is being treated.

#### **Child Protection conference**

Meeting to consider the safety and welfare of children who have been the subject of a child protection investigation. Consideration will be given to the appropriateness of registration and the formulation of a child protection plan.

#### **Child protection order**

An order that ensures that urgent action can be taken to remove a child to a place of safety or to prevent the removal of a child where he/she has been accommodated.

#### **Child protection plan**

Agreed inter-agency plan outlining in detail the arrangements for attempting to ensure the protection of the child and supports to the family.

#### **Child protection register**

A formal list of names of children where there are concerns about the possibility of future abuse and where a child protection plan has been agreed.

#### **Circular No SW/11/1994**

Circular regarding the imprisonment and preparation for release of offenders convicted of offences against children.

**Compulsory measures of supervision**

Statutory arrangements for monitoring and intervening where necessary.

**Core group meeting**

Meeting of small group of inter-agency staff with key involvement in the case and parents to review progress and make arrangements for implementing the child protection plan. It is a device for sustaining inter-agency involvement after registration.

**Criminal injuries compensation**

Financial compensation for a person who has been the victim of a crime of violence.

**Emergency child protection order**

In emergency circumstances, such as when immediate access to a Sheriff is not possible, a local authority or any other person may apply to a justice of the peace for authorisation to remove a child to a place of safety, or to prevent a child being moved from where he/she is being accommodated. A police officer, acting in accordance with Section 61(5), may remove a child to a place of safety without authorisation.

**Exclusion order**

An order which excludes an alleged abuser from the family home.

**Familial Abuse**

Child abuse relating to the family, including the extended family

**Host authority**

The authority in which a residential establishment is located.

**Initial child protection conference**

An inter-agency meeting which considers the circumstances of a child about whom there are serious concerns. Considers the possibility of registration.

**Inter-agency co-ordination**

Different agencies working together harmoniously

**Inter-agency collaboration**

Different agencies working together on a joint project

**Looked after child**

- Child to whom the local authority has given accommodation under section 25 of the Children (Scotland) Act 1995.
- Child who is the subject of any supervision requirement under section 70 of the Children (Scotland) Act 1995.
- Child who is the subject of a warrant from court or the Children's Hearing system.
- Child who is the subject of a child assessment order for a child protection order.
- child who is the subject of a parental responsibility order

**Looked after and accommodated child**

Child who is cared for by the local authority.

**Looked after and accommodated review (LAC)**

Meeting to review progress and plans for a child in foster care or in a residential establishment.

**"No order principle" or "Principle of minimum intervention"**

Principle, contained within the Children (Scotland) Act 1995, whereby no statutory order should be made unless it would be better than making no order at all.

**Parental responsibilities order**

When the local authority obtains all parental rights and responsibilities towards a child, except the right to agree, or decline to agree to the child being freed for adoption or adopted.

**Placing authority**

The authority that places a child in a residential establishment and which usually funds the placement

**Planning meeting**

Meeting (possibly with police) to plan the investigation - who does what, when and where.

**Pre-birth child protection conference**

An inter-agency meeting which considers the risk of harm to an unborn child and future risk upon the child's birth.

**Review child protection conference**

An inter-agency meeting that reviews the circumstances of a child whose name is on the register.

**Significant harm**

Physical or mental injury or neglect which seriously affects the welfare or development of the child

**Social Background Report**

Report requested by the Reporter on the background and circumstances of a child who has been referred to the Reporter.

**Social enquiry report**

Report requested by court on the background and circumstances of a convicted adult offender.

**Stand-By service**

Emergency social work service operating outwith office hours.

**Threshold of risk**

The degree of concern or level of risk to the safety and welfare of the child. This takes account of the nature of harm to a child and the likelihood of it being repeated.

**Transfer child protection conference**

An inter-agency meeting which considers arrangements to transfer cases when the family moves to another area.

Appendix 2

**GLOSSARY OF MEDICAL TERMS AND CONDITIONS**

**Anorexia Nervosa**

Condition in which there is a complete lack of appetite with extreme emaciation. It is generally due to psychological causes and occurs usually in young women.

**Bizarre Marks**

Unusual (or difficult to explain) marks.

**Bony Lesions**

Defects or injuries to bones

**Bulimia**

Excessive morbid hunger often interspersed with self-induced bouts of sickness.

**Calcification**

Laying down of new bone

**Callous (on x-rays)**

New bone formation

**Coagulation**

Clotting

**Fictitious Illness Syndrome (Munchausen by Proxy)**

A condition whereby an adult either pretends their child is in need of medical attention or deliberately injures the child (suffocation, poisoning) to gain attention for themselves.

**Frenulum**

The little tissue attachment between the upper lip and upper gum.

**Lesion**

Any injury, wound or morbid structural change in an organ.

**Mongolian Spot**

A benign bluish - black macule, between 2 and 8cm, occurring over the sacrum and on the buttocks of some newborns. It is especially common in black people, native Americans, southern Europeans and Asians and usually disappears during early childhood. It is sometimes mistaken for bruising.

**Osteitis**

Inflammation of bone.

**Periorbital Ecchymoses**

Bruising around eyes.

**Periosteum**

Membrane wrapped round bone. Periosteal haemorrhage is bleeding between this membrane (which becomes lifted

from the bone) and the bone.

### **Petechial Haemorrhages**

Tiny red marks on face and especially in or around eyes and neck indicating shaking or constriction and petechial bruising around the mouth or neck.

Note: It should be noted there are other causes for petechial haemorrhaging, including prolonged vomiting, prolonged coughing, prolonged sneezing and prolonged crying. Medical opinion must be sought.

### **Post Traumatic Amnesia**

Time from injury to the return of continuous memory. Roughly approximate period of confusion following head injury.

### **Scalds**

Result of wet heat as opposed to burn that is dry heat.

### **Subdural Haematoma**

Air beneath the skin usually due to injury to the head.

### **Suture**

A stitch

### **Syanosis**

Skin bluish appearance - lack of oxygen in blood

### **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 as liver, spleen, bowel, etc.

### **Von Williebrands Disease.**

Rare disease of tiny blood vessels making sufferer bleed more readily than normal.

### **Weal**

Sign of immediate trauma to the skin, raised red area made like outline object. Can also be caused by irritation.

### **Wounds**

Incised, lacerated, punctured contused.

**Appendix 3****USEFUL NUMBERS****Health**

Child Protection Advisor  
Westhouse  
Gartnavel Royal Hospital  
1055 Great Western Road  
Glasgow  
Tel No. 0141-211-3600

Yorkhill Child Protection Service  
Ward 5  
Yorkhill Hospital  
Glasgow  
Tel. No. 0141 201 9360

**Social Work Services – Area Teams**

East	Bridgeton 0141 276 4200 Parkhead 0141 276 3400 Easterhouse 0141 276 3410 Balieston 0141 276 4100
West	Anniesland 0141 276 2420 Drumchapel 0141 276 4300 Partick 0141 276 3100
North	Maryhill 0141 276 6200 Possil 0141 276 4570 Royston 0141 276 7010 Springburn 0141 276 4710
South East	Castlemilk 0141 276 5010 Gorbals/Govanhill 0141 420 8000
South West	Govan 0141 276 8700 Pollok 0141 276 2900

**Social Work - Miscellaneous**

Homeless Team

118 Osborne Street  
Glasgow  
0141 552 7991

Standby  
35 Church Street  
Glasgow  
0141 305 6970  
Out of Hours – 0800 811505

Sensory Impairment Team  
17 Gullane Street  
Glasgow  
0141 305 5530

**Education**

Maureen McKenna  
Executive Director  
Education Services  
Wheatley House  
Cochrane Street  
Glasgow  
0141287 4551

**Police**

A Division  
50 Stewart Street  
Glasgow  
0141 532 3000

C Division  
1380 Maryhill Road  
Glasgow  
0141 532 3700

E Division  
851 London Road  
Glasgow  
0141 532 4600

G Division  
923 Helen Street  
Glasgow  
0141 532 5400

**Reporters to the Children's Panel**

SCRA  
10/20 Bell Street  
Glasgow

G1 1LG  
East Team 0141 567 7909  
North Team 0141 567 7928  
South Team 0141 567 7947

**Miscellaneous**

Strathclyde Interpreting Services  
Napiers Hall Centre  
39 Napiers Hall Street  
Partick  
Glasgow  
Tel no. 0141-341-0019

Ethnic Minorities Law Centre  
41 St Vincent Place  
Glasgow  
G1  
Tel no: 0141-204-2888

Glasgow Women's Aid  
4<sup>th</sup> Floor,  
30 Bell Street  
Glasgow  
G1 1LG  
Tel. No. 0141-553-2022

Glasgow Women's Support Project  
Granite House  
2<sup>nd</sup> Floor, 31 Stockwell Street  
Glasgow  
G1 4RZ  
Tel. no. 0141-552- 2221

The HALT Project  
196 Bath Street  
Glasgow  
Tel No: 0141 287 2470