

Clackmannanshire, Falkirk
and Stirling
Child Protection Committees

Inter-Agency

Child Protection

Guidelines





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Foreword

All children and young people have a right to be protected from harm and every agency involved in working with children has a fundamental duty of care towards them. An interagency approach is essential to the effective management of child protection and Child Protection Committees (CPCs) have a specific role in the development and monitoring of policies and practice for protecting children from abuse.

Three Committees have been established in the Forth Valley area in Clackmannanshire, Falkirk and Stirling. These three Committees, which have coterminous boundaries with Central Scotland Police and the Forth Valley Health Board, operate within a policy framework agreed with the Forth Valley Child Protection Strategy Group which has produced these inter-agency child protection guidelines which must be used throughout the Forth Valley area.

These guidelines incorporate the relevant provisions of the Children (Scotland) Act 1995, Scottish Executive Guidance and the National Framework for Standards (see Appendix 1). They should be read in conjunction with each service's and agency's own policy and procedures.

They also have the endorsement of the Chief Executives' Group, the Forth Valley Child Protection Strategy Group, the three Child Protection Committees and their constituent agencies. We hope that they will further encourage the partnership which already exists between agencies working with children and families. Arrangements are in place to ensure that they will be regularly reviewed and updated.

We commend these guidelines to you and trust that they will be useful in your day to day work with children.

Chief Constable - Central Scotland Police

Signature:

Chief Executive - Clackmannanshire Council

Signature:

Chief Executive - NHS Forth Valley

Signature:

Chief Executive - Falkirk Council

Signature:

Chief Executive - Stirling Council

Signature:



Introduction

0.1 Purpose

The purpose of this document is to provide guidance for professionals with statutory responsibilities for the protection of children and those individuals who have responsibilities for other people's children. It sets out the framework of the law and outlines the roles and responsibilities of individual agencies working together in the process of protecting children. Beneficiaries of the guidelines are individuals who are involved in the protection of children and all members of the public who work, live or visit in the area covered by Clackmannanshire, Falkirk and Stirling Councils, irrespective of race, age, gender, sexual orientation, disability or religion. The guidance and procedures are not a substitute for consideration of the primary legislation, rules, regulations and Scottish Office guidance, but rather a guide to assist in their interpretation within the area covered by the three Councils.

0.2 Principles of Practice

Legislation and practice in child protection are underpinned by principles derived from Articles of the United Nations Convention on the Rights of the Child, ratified by the UK Government in 1991. These principles are:

- 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 so 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, public authorities 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



In support of these principles three main themes appear in Scottish children's legislation:

- the welfare of the child is the paramount consideration when his or her needs are considered by 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 taking appropriate account of age and understanding should be taken into account where major decisions are to be made about his or her future

0.2.1 The Children's Charter and Framework for Standards (Scottish Executive 2004)

As part of its Child Protection Reform Programme, the Scottish Executive produced a Children's Charter and following on from this, a set of standards were developed for all agencies working with children in Scotland.

0.2.2 The Children's Charter

The Charter sets out what children and young people need and expect to help protect them when they have been or are in danger of being harmed by another person.

0.2.3 Framework for Standards in Child Protection

The framework is a means of translating into practice the commitments made to children in the Charter.

- It makes clear what children and families can expect from those professionals responsible for the protection of children
- it sets out the practice required from those agencies and professionals
- it provides a framework for agencies' own evaluation of their performance



- it will form the basis of the inspection of child protection services by the 'Services for Children Team' established by the Scottish Executive. (See Appendix 1).

0.3 Confidentiality and Communication

The essence of effective child protection is reliable communication at all levels. Effective communication involves the sharing of confidential information and particular care is needed to ensure that an appropriate balance is struck between ensuring that information is shared appropriately and that the right of the child and his/her family to confidentiality is respected.

Standard 4(3) Agencies actively manage and support the sharing of information, recognising that confidentiality does not prevent sharing information where a child is in need of protection.

A child's wish for information not to be shared might not be in keeping with safeguarding his/her welfare. If a child discloses that he or she has been abused then the adult to whom he or she makes the disclosure must operate the required procedure: a promise should not be given to keep the information secret. The child should, however, be reassured that the information will not be shared indiscriminately and will be passed on only in an effort to help the child and /other children. When a child has disclosed abuse, and is told that this information may be passed on, there is danger of the child retracting the disclosure. This usually reflects the level of anxiety the child feels about the consequences of the disclosure and should not be taken as an indication that the original disclosure was false.

There are ethical and statutory codes associated with confidentiality for a number of professionals. Most professional bodies have issued guidelines relating to confidentiality and child protection which state that the welfare of the child is paramount.

Standard 4 - Agencies and professionals share information about children where this is necessary to protect them.



0.3.1 Confidentiality of Patient Information

Health professionals have to manage the perceived competing demands of the need to share information and to maintain confidentiality. In relation to child protection, guidance for health professionals must be clear that they should always disclose any information needed in order to protect a child from risk of death, serious harm or neglect. If there is concern that a child may be at risk of harm, this will always override a professional or agency requirement to keep information confidential. Your responsibility to children is not limited to responding to requests for information from other professionals or agencies. All NHS staff are responsible for acting on concerns about a child, even if the child is not a patient.

Sharing information about parents which may be relevant to protecting a child can be complex but health professionals should be clear that the child's needs are paramount. Professionals responsible for adults with serious illness, including adults with severe mental illness, drug or alcohol dependence or brain injury should always consider the needs of any dependent children or any other child who may be at risk.

Health professionals should record when, what and why information has been shared and with whom (or why sharing the information was then refused) as they may have to justify their decision at a later date.

Health professionals who have concerns about what information should be shared should contact the Nurses Advisors (Child Protection), Caldicott Guardian, or own professional bodies for advice.

0.3.2 Recording

All professionals involved in inquiries need to record their findings and opinions accurately and contemporaneously and ensure that written information is stored in such a way as to ensure that confidentiality is respected.

0.3.3 Data Protection and Human Rights

The provisions of the Data Protection Act 1998 and the Human Rights Act 1998 also have to be taken into consideration in respect of information-sharing and decision-making about children. (See Section 1: Law and



Definitions).

0.4 Professional Judgement

Throughout the guidance, allowance is made for the proper exercise of professional judgement. However, as indicated above, guidance and procedures are not a substitute for consideration of primary and secondary legislation and as with the legislation, the use of terms such as **shall** or **must** is unequivocal, **may** or **should** allows room for discretion.



Section 1 Law and Definitions

NB. All references are to the Children (Scotland) Act 1995 unless otherwise stated.

1.1. Definitions

Definitions relevant to these procedures are contained in Section 93 of the Children (Scotland) Act 1995, unless otherwise specified in the text.

Particular note should be taken that 'local authority' means the whole authority not just the Social Work services.

S93, S2 Local Government etc. (Scot) Act 1994.

1.2. Who has Parental Responsibilities and Rights?

The following people have parental responsibilities and rights:

- the mother of a child automatically has parental responsibilities and rights S.2
- a father who is married to the mother
- a father who either by an agreement or an application to the Court has acquired parental Responsibilities S.4
- anyone else who by application to the Court has acquired parental responsibilities S.11
- anyone else who by application to the Court has acquired parental responsibilities

1.3 Prevention

Every local authority has a duty to promote the welfare of children within its area who are in need, 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 The police have a statutory duty imposed on them by Section 17 of the Police (Scotland) Act 1967 to guard, watch and patrol in order to prevent crime, preserve order and protect life and property. S.22
S.934)(a)



1.4 Provision of Accommodation for Children

S.2(1)-(4)

A local authority has a duty to provide accommodation for any child who appears to require it if:

- a no-one has parental responsibility for them
- b they are lost or abandoned or
- c the person who has been caring for them is prevented from providing them with suitable accommodation or care.

- a local authority has the power to provide accommodation for any person under 21 if they consider that to do so would safeguard or promote their welfare
- a local authority shall not provide accommodation if any person holding parental responsibilities and rights is willing and able to either provide or arrange to have provided accommodation for the child unless the child is over 16 and agrees to be provided with accommodation.
- where a child has been accommodated for a continuous period of 6 months or more, the person seeking to remove a child must give the local authority at least 14 days notice.

S.25(6).(7).

1.5 Views of the Child

S.6,16,17,25

A child has the right to have his/her views considered if he/she is mature enough to express them. A presumption is made that a child aged 12 or over is capable of such expression.

1.6 Duty to Investigate

When a crime has been committed, it is the duty of the police to trace the offender and bring him/her to justice using all legitimate means at their command. When investigating allegations or suspicions of crimes committed against



children, the police must ensure that such investigations are given the same status as any similar allegations reported about an adult.

The local authority has a duty to cause inquiries to be made into the circumstances of any child (under 16) who may be in need of compulsory measures of supervision unless they are satisfied that such inquiries are unnecessary and to give the Reporter such information about the child as they have been able to discover if the inquiries indicate that compulsory measures of supervision may be necessary.

S.53

The conditions which indicate that compulsory measures of supervision may be necessary are set out in Section 52 of the Children (Scotland) Act 1995.

S.52

When an offence is believed to have been committed, the police must 'take all lawful measures' and make such reports to the appropriate prosecutor as may be necessary for the purpose of bringing the offender to justice.

1.7 Intervening to Protect Children

S.55

1.7.1 Child Assessment Orders

When a local authority has reasonable cause to suspect that a child is or is likely to suffer significant harm and an assessment is required in order to establish whether the suspicions are reasonable an application may be made to a Sheriff for a Child Assessment Order if the assessment is unlikely to be able to take place without such an order. A Child Assessment Order can last for up to seven days from the date specified in the Order and can include such directions and conditions as the Sheriff considers appropriate for the proper assessment of the child including provision for the child's residence and medical examination of the child.

An application for this Order requires notice to the parties and is not designed for emergency assessments.

If a Sheriff considers it more appropriate he/she must make a Child Protection order rather than a Child Assessment Order.



1.7.2 Child Protection Orders

S.57,58

A local authority who suspect that a child is suffering or will suffer significant harm or any person who has reasonable grounds to believe that a child is suffering or will suffer such harm may apply to a Sheriff for a Child Protection Order (C.P.O.). A Child Protection Order ceases to have effect where no attempt has been made to implement it within 24 hours of it being granted.

Unless a Reporter has liberated a child, a Children's Hearing must be convened on the second working day after the implementation of an Order if the Child Protection Order has included authorisation for the removal to or detention of a child in a place of safety.

A Child Protection Order can include directions and conditions as to such things as contact, medical examination and treatment, non disclosure of a child's whereabouts etc., as well as authorisation to keep a child in a place of safety.

1.7.3 Emergency Protection Measures

S.61

When the conditions for the granting of a child protection Order are satisfied but a Sheriff is not available to grant such an Order, application can be made to a Justice of the Peace for an Order to produce a child and/or removal or detention of a child in a place of safety. No other conditions or directions can be attached. The Emergency Protection Order ceases to have effect if it has not been implemented within 12 hours of being granted. Application must be made to a Sheriff within 24 hours if the child needs to remain in a place of safety. A police constable may remove a child to a place of safety if he/she considers the grounds for a C.P.O. are satisfied.

1.7.4 Exclusion Order

S.76(4)

Where the conditions are met for the granting of a Child Protection Order but such an order would be unnecessary if



an alleged abuser was removed from the family home, the local authority may apply to the Sheriff for an interim Exclusion Order instead.

A full Hearing must take place not later than 3 working days after the interim Order is granted when a Sheriff may grant an Exclusion Order for up to 6 months with conditions attached including a power of arrest.

1.7.5. Referral to the Reporter

S.53

The police and the local authority must refer a child, and anyone else may refer a child to the reporter if they consider that compulsory measures of supervision may be necessary, as indicated by one or more of the conditions set out in Section 52 being satisfied on the basis of the information available. Current practice is that all children who are the subject of a joint investigation are referred by the police to the Reporter.

1.7.6. Compulsory Measures of Supervision

S.56,60(3),59

If a child has been referred to the Reporter under any of the above provisions the Reporter has a duty to make further investigation and, if the Reporter considers that compulsory measures of supervision are necessary, convene a Children's Hearing. If the grounds are established a Children's Hearing may make a supervision requirement which may include conditions as to residence or medical treatment or any other conditions as the Hearing consider appropriate to safeguard and promote the welfare of the child.

1.7.7. Non-Intervention

A Court or Children's Hearing may only make an Order in relation to a child if they are satisfied that this is better than not making an Order.



1.7.8 Children Seeking Refuge

S.38

Local authorities and persons running residential establishments have the power to provide refuge in designated or approved establishments and households for children who appear to be at risk of harm and who request refuge.

- a child must request refuge
- there is no requirement on the child to disclose information about his or her circumstances as a condition of access to refuge
- refuge may be provided for up to 7 days or exceptionally up to 14 days
- provision of refuge is not an alternative to the local authority using its other responsibilities and powers under the Act
- households may include designated foster families
- a designated police officer (Detective Inspector with responsibility for the Family Unit) has to be advised that the child is being given refuge and is safe

A child's parents retain their responsibilities and rights in respect of the child and should be advised that the child is being provided with refuge. However they cannot demand the return of the child nor is it necessary to provide parents with any other details unless the child wishes them to be told. Parents would not normally be advised of the location of the refuge but should have a contact number of a person through whom they can be reassured of a child's well-being.

1.8. Looked After Children

Children are considered 'looked after' by the local authority if they are accommodated by them or subject to any Order or requirement made by virtue of Chapters 2,3 or 4 of Part II of the Children (Scotland) Act 1995. The local authority has a duty to review all children looked after by them.

S.17(6)

S.(31)



1.9. Right to Consent to Medical Treatment

The following people have the right to consent or to refuse medical treatment:

- i. The child, if he/she is mature enough in the opinion of the medical practitioner to understand the consequences of such treatment.

Age of Legal Capacity (Scotland) Act 1991.

S.2(4)

If this applies then no other individual has this right.

S.2

- ii. Anyone holding parental responsibilities and rights - this includes mothers, fathers who are married to the Mother, fathers who have, either by agreement registered in the Books of Council and Session or by application to the Court, acquired parental responsibilities and anyone who has obtained responsibilities by application to the Court.

S.4

S.11

(Note: this list would exclude a co-habitee even if he is the natural father).

- iii. Anyone over 16 who has the care of a child 'for the time being'. This would include:

S.5

- Childminders
- Baby-sitters
- Relatives / Friends
- Foster Carers
- Social Workers
- Co-habitees

The legislation however specifically excludes anybody having care or control of a child in school.

Under this section such consent can only be given if the child is unable to give consent and the person giving consent does not already know that the child's parents would refuse.

(Note: This provision must not be used, and is not intended to be used, instead of obtaining the appropriate consent as part of an investigation).



1.9.1. Consent in Educational Establishments

When a child is in school or in any other educational establishment those having care of the child have no powers to consent to medical treatment. Under normal circumstances, therefore any persons having care or control of a child in such a setting could only consent to examination or treatment if they have delegated authority from someone who has parental responsibilities in respect of the child. This should normally be in writing.

If a child has the legal capacity to consent to or refuse examination or treatment as described above this supercedes any delegated authority.

1.10. Evidence

A person who abuses a child may be subject to criminal proceedings. The proof of guilt must be established beyond reasonable doubt - this is a high level of proof where there must be corroboration of the evidence of a witness, either by the testimony of another witness or by evidence of facts and circumstances. However, it should be noted that the level of proof required in respect of Orders and requirements for the protection of children is the balance of probability - the lower, civil standard. This will mean in many circumstances whilst an individual may not be found guilty or even prosecuted by the Procurator Fiscal, grounds may still be established in respect of the child or children concerned at a Children's Hearing via referral to the Reporter.

Care should be taken when talking to children for whom there are concerns not to 'contaminate' evidence. This would include being extremely careful in the questions used to clarify what has taken place if there are indicators that abuse has occurred. Where this may be criminal in nature, child protection procedures should be implemented at the first opportunity to avoid any possibility of repeat interviews.



1.11. Act of Sederunt (Child Care and Maintenance Rules) 1996

The above Act covers the procedures for applying for Orders and the forms required for such applications.

1.12. Schedule 1 Offences Against Children

The following are deemed to be Schedule 1 offences against children:

- Any offence under Part 1 of the Criminal Law (Consolidation) (Scotland) Act 1995
- Any offence under Sections 12, 15, 22 or 33 of the Children and Young Persons (Scotland) Act 1937
- Any other offence involving bodily injury to a child under the age of 17 years
- Any offence involving the use of lewd, indecent or libidinous practice or behaviour towards a child under the age of 17 years

1.13. Management of Sex Offenders

Legislation in relation to sex offenders has been subject to regular amendment and additions culminating in the implementation of the Sexual Offences Act 2003 on 1st May 2004. This legislation in effect totally replaced the Sex Offenders Act 1997 and the changes to that Act contained in the Criminal Justice and Court Services Act 2000. The provisions in the Crime and Disorder Act 1998 which relate to Sex Offender Orders are also replaced by the introduction of Sexual Offences Prevention Orders (SOPOs). The new Act also introduces certain other preventative measures.



The main provisions are as follows:

Sexual Offences Act 2003

Registered sex offenders are required to notify certain personal details to the police including any changes to these details. In addition individuals subject to these requirements are required by the Act to confirm these details at least annually with all notifications required to be done in person at a prescribed police office.

Sexual Offences Prevention Orders (SOPOs)

This is an order which can be made on application of a chief constable (subject to legislative change at the moment) in relation to convicted sex offenders and certain violent offenders who may be displaying concerning behaviour. It is intended to protect the public from the risk of serious sexual harm by placing appropriate restrictions on offenders.

Foreign Travel Orders

This order will enable the courts in certain circumstances, and on application of a chief constable, to prohibit those convicted of sexual offences against children aged under 16 years from travelling overseas where there is evidence that they intend to cause serious sexual harm to children in a foreign country.

Notification Orders

This is an order which can be made, on application by a chief constable in respect of individuals who have been convicted abroad of sexual offences equivalent to the sexual offences listed in Schedule 3 to the Act. The effect of the order is to make such offenders subject to the notification requirements of the Act as if they had been convicted in the United Kingdom of a relevant offence.

Proposed Legislation

The Scottish Executive have circulated for consultation draft legislation with a view to reinforcing current measures for protecting children from sexual harm:



- proposed legislation which would make it an offence to meet or travel to meet children for purposes of committing a sexual offence, following grooming behaviour
- a proposal for Risk of Sexual Harm Orders (RSHOs) which are aimed at protecting children from those who display inappropriate sexual behaviour towards them: and
- the further use of Sexual Offence Prevention Orders (SOPOs), so that they can be applied to those convicted of sex offences by the court when they are sentenced.

1.14 Human Rights Act 1998

These Guidelines have been revised in the light of the Human Rights Act 1998 and the European Convention on Human Rights paying particular attention to the concept of proportionality and the right to respect for private and family life (Article 8) and the principle that no-one shall be subjected to torture or to inhuman or degrading treatment (Article 3).

1.15 Data Protection

The disclosure of personal information is governed by the Data Protection Act (DPA) 1998.

There are eight principles put in place by the Data Protection Act 1998 to make sure that your information is handled properly.

1. fairly and lawfully processed
2. processed for limited purposes
3. adequate, relevant and not excessive
4. accurate



5. not kept for longer than is necessary
6. processed in line with your rights
7. secure
8. not transferred to countries without adequate protection.

By law data controllers have to keep to these principles. The data controller is anyone who determines how and why the information is processed.

Personal data covers both facts and opinions about a living individual which might identify that person. The provisions of the Data Protection Act 1998 ensure that personal information held about any individual can not be used for purposes other than those for which it was originally supplied without the individual's consent. This prevents disclosure of a wide range of information.

There are several important exceptions to this set out in the DPA and related guidance. These enable data to be disclosed to safeguard

- national security
- prevent or assist the detection of crime
- to protect the vital interests of the person – 'Protecting life and limb'

Common law also has a concept of medical confidence which impacts on the capacity to share personal health information. The General Medical Council only allows doctors to share information to prevent or detect a serious crime, i.e. murder, rape or serious assault. Common law enables the disclosure of information where this is necessary to protect a vulnerable person from harm. In some circumstances the police have the powers to request professionals to disclose information.

Parents and children may be reluctant for information about them to be shared with other professionals, particularly where there are concerns about the child's welfare or safety.



Parents may fear that they will be denied help, disadvantaged, stigmatised or blamed if other professionals or agencies are given any information about them. This may have been their experience in the past. They may also fear investigation by the police or child protection agencies making enquiries. Contact with these agencies may be stressful even if there is no cause for concern. In most circumstances users of services can rely on confidentiality as their guiding principle, but there are important exceptions to this.

If there is reasonable concern that a child may be at risk of harm this will always override a professional or agency requirement to keep information confidential. All professionals and service providers have a responsibility to act to make sure that a child whose safety or welfare may be at risk is protected from harm. They should always tell parents this.



Section 2 Defining Child Abuse

2.1 Who is a Child?

There is a wide variety of definitions of 'child' in the Children (Scotland) Act 1995.

For the purposes of this Guidance, the definitions which apply are those in Chapters 2 and 3 of the Act which deal with the protection of children and Children's Hearings i.e. a child who has not yet reached his/her 16th birthday and additionally, in the case of Children's Hearings, a child over the age of 16 years who has not attained the age of 18 years and in respect of whom a supervision requirement is in force.


It should also be noted that Section 22 defines a child in relation to the duty of the local authority to provide for children in need as up to the age of 18 where disability or special needs is an issue.

2.2 What is Child Abuse?

The general definition of child abuse adopted in Scottish Office Guidance* states that **'children maybe in need of protection where their basic needs are not being met in a manner which is appropriate to their individual needs and stage of development and the child is, or will be, at risk through avoidable acts of commission or omission on the part of those holding parental responsibilities, sibling(s) or other relative(s), or carer(s).'**

2.3 What Should Raise Suspicion?

- a. Presentation of child or adult during the reporting of an injury or incident.
Inconsistent or inappropriate explanation of injury or incident such as medical treatment received, reasons for marks or injuries or reasons for absence from school or medical appointments.
- b. Obvious, non-accidental marks of hand, belt, stick, etc.
- c. Injuries in young children (under 1 year)
- d. Injuries of different ages

- 
- e. Delay in parents seeking medical attention for their child
 - f. Children brought for medical attention by the parent who was not present when the injury was sustained.
 - g. Features of general neglect of the child's physical or emotional needs.
 - h. Inappropriate behaviour (including sexualised play or activity) or demeanour of the child or parent.
 - i. Unusual illness suggestive of a fictitious origin.
 - j. Child's name may already be on Child Protection Register.

Protecting Children - A Shared Responsibility (1998)

Standard 2(1). All professionals who come into contact with children or adults caring for them:

- recognise and are alert to the signs that children may need help or protection
- use their power to help; and,
- put people in touch with other professionals as necessary.

2.4 Categories of Abuse

The circumstances of any one child or young person will not always fit neatly within set categories. Nonetheless the categories form the basis of child protection registration and are reflected in inter-agency guidance in relation to child protection. The categories are as follows:

PHYSICAL INJURY is defined as:

‘Actual or attempted physical injury to a child, including the administration of toxic substances, where there is knowledge, or reasonable suspicion, that the injury was inflicted or knowingly not prevented.’

The physical injury of children may be linked to stress, parenting styles, dependency (drug/alcohol), adult mental illness or chaotic or unstable lifestyles. Family patterns of violence also often include violence to children.

Occasionally a parent (usually the mother) may harm the child to create the



appearance of an illness. Previously called Munchausen Syndrome by Proxy and now known as Factitious or Induced illness, this may be defined as significant harm which is caused to a child by actions of the parent or other carer who deliberately fabricates symptoms and/or signs of illness or induces illness in a child which would not otherwise be present. (See also Section 13).

SEXUAL ABUSE is defined as:

‘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, in any activity intended to lead to the sexual arousal or other form 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 or consented to the behaviour’.

Sexual abuse includes incest, rape, indecent assault and indecent photographing of children. It also includes encouraging children into prostitution or to witness intercourse or pornographic materials. The exploitative element can be difficult to define, particularly when sexual activity takes place between children and young people. Relevant issues include:

- descriptions of the range of sexual activity
- levels of consent
- inequalities in age, gender, developmental stage, physical strength or size
- the betrayal of trust and responsibility
- power relationships, including gender
- actual or threatened coercion
- the child’s perception of threat

This definition includes children and young people who sexually abuse other children and young people.

The causes of sexually abusive behaviour towards children are complex. Current research suggests that most sexual abuse is carried out by men but a small proportion is carried out by women. Boys and girls are at risk and children with disabilities or communication difficulties are particularly vulnerable.



PHYSICAL NEGLECT is defined as:

‘This occurs when the child’s essential needs are not met and this is likely to cause impairment to physical health and development. Such needs include food, clothing, cleanliness, shelter and warmth. A lack of appropriate care, including access to health care, may result in persistent or severe exposure, through negligence, to circumstances which endanger the child.’

Physical neglect may also include a failure to secure appropriate medical treatment or failure to ensure that a child follows a course of medical treatment.

Neglect has received more attention over recent years as it has become clear that damage to the child can be severe and may result in the death of the child. Neglect, like emotional abuse, can be part of a family pattern of poor parenting or linked to a mental health problem or other factor in one or both parents.

EMOTIONAL ABUSE 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.’

In general terms, a child may be thought to be emotionally abused when his or her emotional development is impaired by a lack of affection and loving care. More specifically, the child may be consistently ridiculed and found to be wrong, with his or her confidence undermined in daily routine activities within the home. The child may be the subject of verbal aggression, regardless of behaviour, and may become the family scapegoat, the focus of all things negative within the home. Isolation from normal social experiences may be the norm as may anxiety states prompted by intimidation.

Emotional abuse has been the subject of recent research. Evidence links a significant proportion of such abuse to adult misuse of alcohol/drugs or adult psychiatric illness.

Providing practical and emotional support is a major factor in influencing how children survive and cope with abuse. All professionals working with these adults must consider the impact on the ability of the adult to care for and protect children and report any concerns or suspicions.



NON-ORGANIC FAILURE TO THRIVE relates to:

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

Non-organic failure to thrive may be a consequence of a complex interplay of physical and emotional deprivation. Criteria which apply before registration is made under this category are:

- there should be a medical diagnosis of failure to thrive which explains that the diagnosis is non-organic in origin
- there should be a complementary family/social assessment which identifies elements of physical and/or emotional deprivation.

The above criteria may be more easily applied in respect of babies and infants: for older children psychological assessment may usefully complement medical and social work assessments.

2.5 Other Risk Factors

2.5.1 Child Protection and Adult Services

The problems of substance misuse and adult mental health can impact on parenting capacity. While it is recognised that not all children are affected negatively by these problems it is important to be aware that many children;

- become socially withdrawn
- become responsible for the care of siblings and parents
- develop psychological and psychosomatic disturbance
- attain poor educational performance

It is important to note that not all children will experience the same difficulties and each child in a family should be treated as an individual. All agencies, in particular adult services, have a part to play in the early identification of problems which children may develop.

Early intervention is the key to minimising the impact of substance misuse and adult mental health problems, on the welfare of children. Identifying and



delivering appropriate support systems required in the antenatal period can go a long way to protect children. In Forth Valley there is a robust pre-birth planning system co-ordinated by Health and Social Services.

Identification of the potential for a baby to develop complications such as Neonatal Abstinence Syndrome (NAS) must be highlighted to all agencies. This is a condition which manifests following the birth of a baby where the drug exposure and addiction in utero is no longer available to the baby and the baby develops signs of withdrawal. This usually occurs 24-48 hours after birth but can occur as late as 5 - 10 days after. These babies are extremely difficult to manage requiring intensive specialised hospital treatment due to the nature of the symptoms.

Questioning about both substance misuse and mental health problems should be routine for all patients/clients ensuring a non-stigmatising proactive approach to this problem.

2.5.2 Child Protection and Domestic Abuse

All agencies have a responsibility to consider the specific risks to children and young people who live with a parent who is experiencing domestic abuse and their need for protection.

There is an overwhelming overlap in research and professional literature of children living with domestic abuse and children who are directly victimised themselves.

A major US survey in the 1990's concluded that the rate of child abuse and neglect for children living in 'violent' homes is 15 times greater than the average.

Children in 40% - 60% of families where there is domestic abuse are themselves abused (Carlson 1984).

27% - 59% of children who are abused are living with / witnessing domestic abuse (Gibbon 1995; Farmer & Owens 1995; Brandon & Lewis 1996).

Mothers are 8 times more likely to hurt their children when they are victims of domestic abuse than when they are safe from harm. (Walker 1984).

Mothers and Fathers in Marriages where domestic abuse features are both more likely to abuse their children than those in non violent relationships (Strauss, Gelles & Steinmetz 1980).



In addition, according to paediatricians in this country, one of the greatest risks in pregnancy to the unborn child is the perpetration of domestic violence against the expectant mother.

It is clear therefore that domestic abuse is a risk factor for children and young people. Domestic abuse endangers children in multiple ways:

- Perpetrators may physically abuse children
- Perpetrators may sexually abuse children
- Perpetrators may endanger through neglect
- Perpetrators may prevent the delivery of adequate carer
- Perpetrators may coerce children to participate in domestic abused children witness perpetrators violence
- Perpetrators isolate children from sources of help
- Perpetrators shift focus of responsibility onto victim

In such situations, support of the non-abusive partner has been found to contribute significantly to the protection of the children.

Central Scotland Police has instructed its officers to report incidents where children are present in domestic abuse situations to its Family Unit and these children are also referred to the Children's Reporter and Social Work Services.



Section 3 Who is Involved?

3.1 Responsible Agencies

Standards 4 and 5 of the Scottish Executive's Framework for Standards confirm that all children have the right to protection and all agencies which work with children have a shared responsibility for protecting children and safeguarding their welfare. Each has a different contribution to make to this task. This joint responsibility is reflected in the role of the Child Protection Committees. Standard 6 indicates that professionals working with children and their families should be competent and confident.

Standard 4 - Agencies and professionals share information about children where this is necessary to protect them.

Standard 5 - Agencies and professionals work together to assess needs and risks and develop effective plans.

Standard 6 - Professionals are competent and confident.

Each agency or service should have a designated senior manager with overall responsibility for child protection whose duties would include liaison with other agencies in sensitive and complex investigations.

3.2 The Local Authority

Reference to the local authority in the Social Work (Scotland) Act 1968, in effect means the Social Work Services. It was made clear during the passage of the Children (Scotland) Act 1995, that the local authority means the whole authority and not just the Social Work Services. In practice the responsibility for the child protection investigation will remain with Social Work on behalf of the local authority together with the police.

The protection of children and their families is the responsibility of all the Councils' Services and all have a part to play in protecting the community.

The structure of services within each Council and a summary of its specific child protection structure is contained in Appendices iii, iv, v and vi.



3.3 The Police

The police have a statutory duty imposed on them by Section 17 of the Police (Scotland) Act 1967, to guard, patrol and watch in order to:

- prevent crime
- preserve order
- protect life and property

When an offence is believed to have been committed, the police must:

“take all lawful measures and make such reports to the appropriate prosecutor as may be necessary for the purpose of bringing the offender to justice”.

The police report allegations of crime to the Procurator Fiscal who is responsible for decisions on the prosecution of offenders. In cases of serious crime, where a child is a victim or significant witness, the police should consider consulting with the Procurator Fiscal at as early a stage as possible to discuss the matter under investigation and to reach agreement about the most appropriate way to approach issues such as the interview and the medical examination of the child/children. This is particularly important given the terms of the Vulnerable Witnesses (Scotland) Act 2004.

See also 3.6 The Reporter and the Children’s Panel.

3.3.1 Place of Safety Warrants

Where warrants to remove a child to a place of safety under terms of the Children (Scotland) Act, 1995 are sought and obtained, either via Children’s Hearing, Sheriff or Justice of the Peace, it is requested that on all occasions requests to the police for assistance in enforcement are directed to the Officer in Charge, Family Unit, Falkirk. Staff at the unit are fully aware of the current police policy in the enforcement of such warrants and will take great care to ensure that proper procedures are followed.

Where such assistance is required outwith the hours operated by the Family Unit, contact should be made with Divisional CID who will seek appropriate officers via the Detective Inspector responsible for the area concerned and suitable staff will be made available. In cases of urgency or when a child is at



risk of serious harm, direct contact may be made with local officers for immediate assistance when appropriate actions will be taken.

3.4 Joint Working Between Police and Social Work

Both the local authority and the police have specific duties in relation to the protection of children. Clackmannanshire, Falkirk and Stirling Councils and Central Scotland Police are committed to working together:

- to provide a sensitive and child centred enquiry
- to minimise the number of interviews with victims
- to minimise the number of medical examinations of any particular child and to ensure the most appropriate medical examination is carried out
- to provide a co-ordinated and consistent investigation, without unnecessary delay, irrespective of when the matter is referred
- to ensure that a high quality of evidence is obtained to facilitate decision-making at all stages, including court, the Procurator Fiscal, the Children's Reporter and at Child Protection Case Conferences and other child care reviews
- to maintain a clear understanding of individual roles for those involved in investigations and in relation to other professionals
- to provide commitment to maintaining a consistent approach during and outwith office hours.

In order to achieve this, the police have established the Family Unit which is staffed by fully trained and experienced detectives and there are social workers with appropriate training in each authority who, jointly with the police, carry out investigations into allegations or suspicions of crimes against children. These investigations should be carried out in consultation with the Procurator Fiscal where the allegations are of a serious nature

3.5 Health Services

Health Boards and Trusts have a statutory duty to provide comprehensive health services to children and their families. These encompass both hospitals



and community services. Health services are also required to provide services to enable local authorities to fulfil their duties in relation to children if so requested. Health services play a crucial role in the prevention and recognition of abuse.

Health services also play a crucial role in the treatment of both abused children and families and in the treatment of those individuals who abuse children or are a risk to children. This latter group includes individuals who have mental health problems and individuals who misuse drugs or alcohol.

3.6 The Reporter and the Children's Panel

As indicated in Section 1.7.5 the police and the local authority must refer and anybody else may refer a child to the Reporter if they consider that compulsory measures of supervision may be necessary as indicated by one or more of the conditions set out in Section 52 being satisfied on the basis of the information available.

The Authority Reporter and the Children's Panel are a public authority in terms of Section 6 of the Human Rights Act (1998) and, as such, must act in a way which is compatible with the provisions of the European Convention.

On receipt of a referral the Reporter will seek reports from various agencies, including Social Work Services, in order to assess the needs of the child. Having made the necessary further inquiries, the Reporter will examine the information in his/her possession and consider whether it shows that

- (a) evidentially one or more of the conditions set out in Section 52(2) is satisfied and
- (b) compulsory measures of supervision are necessary.

If both (a) and (b) are met in the Reporter's view, the Reporter will arrange a Hearing. When arranging a Hearing he/she must frame grounds for referral to the Hearing, setting out the Section 52 conditions said to be fulfilled and the facts which show this to be the case.

As far as (a) is concerned, the Reporter will be aware that if the grounds are not accepted then an application to the Sheriff will probably be made and he/she will look carefully at the evidence to see if the facts can, if necessary, be proved by way of leading evidence from witnesses. As far as (b) is concerned the Reporter must also consider whether the child requires



compulsory measures to ensure his/her protection, guidance, treatment or control. These are the constituents of “supervision” set out in Section 52 (3). This aspect of the Reporter’s decision takes the interests of the child as the primary consideration.

If a child is too young to accept the grounds or if the grounds are not accepted by the child and/or any relevant person the Children’s Hearing panel members will have to decide either to discharge the matter or refer the grounds to the Sheriff for the grounds to be established.

3.7 The Procurator Fiscal

The Procurator Fiscal is responsible for the investigation and prosecution of crime in Scotland. Whilst most crimes are reported to the Procurator Fiscal by the police, a number of other agencies can also submit reports. In allegations of serious criminal conduct it is the duty of the Procurator Fiscal to direct the investigation of that crime at as early a stage as is possible. The Procurator Fiscal has an absolute discretion as to the conduct of a criminal investigation and whether or not to prosecute, subject to the general direction and control of the Crown Office and the direction of the Lord Advocate.

On receiving information about an alleged offence the Procurator Fiscal will consider a number of factors in deciding what action is to be taken in the investigation and prosecution of that crime. One of the criteria to be used is whether or not there is a sufficiency of evidence which is capable of proving the crime and its perpetrator beyond a reasonable doubt. It should be noted that in relation to establishing grounds of referral to a Children’s Panel, the level of proof is on balance of probability, and accordingly it may be possible to refer a child to a Children’s Hearing, where it is not possible to take proceedings against an alleged offender.

The way in which an investigation is carried out from the outset usually determines whether or not the outcome of that investigation is satisfactory. Accordingly in allegations of serious criminal conduct, where a child is a victim or a significant witness, the Procurator Fiscal should be consulted on the investigation at as early a stage as possible, certainly before a child is interviewed in detail or medically examined in any way.

In complex and serious cases Procurators Fiscal will be available for discussion and to direct the investigation. The Procurator Fiscal or a senior member of his/her staff can be contacted by appropriate senior staff at offices during



working hours and at any other time through the police. A member of the Procurator Fiscal legal staff is on call 24 hours a day.

Victim Information and Advice (VIA) is a separate part of the Procurator Fiscal Service which provides information to victims on how the criminal justice system works, updates them on the progress of cases, arranges court visits and puts victims in touch with other services for victims and families.

3.8 Voluntary Agencies and Voluntary Organisations

A number of voluntary agencies provide services, support and help to children and families and are important partners in protecting children.

Clackmannanshire, Falkirk and Stirling Councils will not recognise, support or use any voluntary agency or organisation unless it can demonstrate that its policies and procedures in respect of child protection are consistent with the practice and procedures set out in this document.



SECTION 4 Referring Child Protection Concerns: Roles and Responsibilities

Section 4: Roles and Responsibilities

4.1 What Constitutes a Referral?

Concerns about the welfare of children come to notice in a variety of ways, and not all of the concerns indicate that a child might be at risk. All those whose work is concerned with children and families, or brings them into contact with children and families, should be alert to signs that a child or family is under stress and in need of help. They should also have an appropriate knowledge of how to recognise child abuse and how to make appropriate referrals.

Standard 6 “Professionals are competent and confident”

Any questioning of a child or parent should be limited to attempting to clarify the child’s explanation and whether it is consistent with the injury or cause for concern. It is however, important that the child is listened to and that observations are made as to the child’s well being.

Any person suspecting that a child may have been abused, should document what the child and or any other relevant person has said and whether or not the child has any noticeable injuries or if unusual behaviour by the child or a member of that child’s family has been observed.

If anyone is concerned that a child might have been abused he/she must contact without delay the Social Work office covering the area in which the child lives and/or the police.

Standard 1 Children get the help they need when they need it.

Standard 2 Professionals take timely and effective action to protect children

Standard 4(1) Professionals discuss any concerns and relevant information about a child or their circumstances with other professionals or agencies with statutory responsibilities for the protection of children when it is in the child’s best interest to do so.



Further action, including arrangements for notifying the family regarding the referral can be discussed. It should be possible to speak to the duty social worker who will take the referral. Social Work managers, child protection workers and the Child Protection Co-ordinators/Monitoring Officer in respect of each authority are available for consultation and advice.

Central Scotland Police, Family Unit staff, who are trained child protection workers are also available for consultation and advice.

Any intervention has to be in accordance with the law, have a legitimate aim and be proportionate.

The Emergency Duty Team (EDT) which covers all the council areas provides social work and child protection services in the evenings and weekends. Staff in this team are also available for consultation and advice.

4.2 Preparing to Make a Referral


Prior to making a referral the referrer should collate all information their service knows about the child/carer, including:

- Names (including aliases)
- Addresses
- Date of Birth
- General Practitioners details
- Family compositions
- Any special needs of the child or other family member

4.3 Making a Referral

When contacting the Social Work office, the Emergency Duty Team or the Police, the referrer should be prepared to:

- Outline their concerns, highlighting what evidence they have gathered which supports these concerns
- Make clear if they believe the situation requires an immediate response, i.e. is the child in a safe environment or are there concerns about the child's safety.

- 
- Provide details regarding what action they have already taken.
 - Advise whether the Family are aware of the referrer's concerns!
 - Whether the family are aware the matter is being referred
 - Current location of the family concerned

4.4 Recording the Referral

When someone has made a referral about child abuse or suspected child abuse, they should record:

- The date and time they made the referral
- Details of the person they made the referral to
- The outcome of the discussion they had with the receiving agency.

4.5 Children on the Child Protection Register

If there are concerns regarding a child whose name is or has been on the Child Protection Register or who is known to be currently the subject of an investigation, contact should be made with Social Work Services, as soon as possible. Referrers should not delay by waiting to discuss the matter with their own agency before contacting Social Work Services.

4.6 Informing the Children and Parents

Where possible children and their parents should be advised of the intention to refer concerns to the Social Work Services and/or police.

However, before informing parents, consideration must be given to the effect this will have on the safety of the child and whether alerting them may prejudice any subsequent investigation. This will be of particular importance, if the child alleges that the parent, relative or close family member is the perpetrator.



Standard 3(2) - Professionals can demonstrate that they;

- listen to and take account of the views of each child and those of their families or other adults close to them;
- discuss issues in private, when a child wants to do so;
- enable each child and their parents to be involved in making decisions unless this compromises the child's safety or that of other children;
- explain their actions and the reasons for them;
- help each child and their parents to understand the implications or the decisions that are being made;

4.7 Urgent Medical Treatment

If a child is in need of urgent medical treatment this should be arranged, advising the medical practitioner of any concerns regarding the child.

Information is contained in Section 1.9 regarding the consent to medical treatment.

4.8 Following Referral

Where possible, support should be made available to the child and his/her family. In addition referrers should:

- Ensure agency/service records are updated including a detailed record/report of their concerns, relevant dates and times and any action taken
- Be prepared to attend a child protection case conference or planning meeting and to provide a written report of any involvement with the child and family
- Be prepared to provide a statement to the police and in some circumstances to attend court and present evidence

4.9 Referral to the Reporter

Whilst it may be considered appropriate to alert the Reporter by telephone to a possible referral, it should be noted that any action contemplated would not



be initiated until the Reporter is in possession of the written report and, if relevant, a Child Protection Order. Such a report should contain as much of the following information as possible, to assist in the consideration of the case:

- 1 The full name, home address, date of birth and present whereabouts of the child being referred and of other children in the household;
- 2 The full names and home address and present whereabouts of the parents;
- 3 The full names of adult members of the household; (including aliases or other names they are known by)
- 4 Whether the child/children of the household is/are
 - (a) subject to a Child Protection Order. (If so, the Order should be enclosed)
 - (b) on the Child Protection Register
- 5 Whether the family is previously known to the Social Work Services, enclosing any background information available;
- 6 The following information:
 - (a) A summary of the reason for referral to the Reporter
 - (b) A factual account of the referral and the names and addresses of all parties involved e.g. how and when and by whom was the incident discovered? What action was taken and by whom? Full names, ages and addresses of witnesses and a summary of information provided by each
 - (c) Full names, ages and addresses of all others interviewed in the course of the investigation and the summary of information which each provides



- 7 Particulars of any medical examination, and/or tests carried out or contemplated. Give results from, and particulars of, medical practitioners involved.
- 8 Whether the police are involved. If so, whether any charges have been made;
- 9 Details of general condition of the home, the state of the bedding, provision of food and sources of potential danger, e.g. discarded syringes;
- 10 Any information which might be considered of value in determining the child's circumstances.

The Children's Reporter may attend the Child Protection Case Conference and should always be advised that it will take place. He/she should provide the Chairperson with any information which is thought to be relevant for the protection of the child.

4.10 Responsibilities of Managers (in all Agencies and Services)

Managers should ensure that they and their staff have access to appropriate child protection training. They should ensure that they and those they manage are aware of their responsibilities for the protection of children including:

- Recognition of abuse
- Procedures to be followed when abuse is suspected

- Ensuring that appropriate records are maintained and made available to those involved in investigating suspected child abuse
- Ensuring the appropriate staff are able to attend child protection case conferences when requested

In addition managers should ensure that they/, or a designated representative, are always available to provide advice and support.



Standard 8(6) - Agencies seek to ensure that their staff are effectively and relevantly trained and that they are;

- supported;
- supervised; and
- accountable in their work.

Staff and Managers adhere to their relevant codes of conduct.

4.11 Responsibility of All Agencies

4.11.1 Police

Any referral of an allegation of child abuse will be directed to the Family Unit. The Detective Sergeant in charge of the Family Unit will oversee all referrals and will be responsible for jointly planning the investigation with the relevant Social Work manager.

Should a referral of child abuse be received outwith the hours of operation of the Family Unit, the senior detective on duty within the Criminal Investigation Department should be contacted to discuss the most appropriate way to approach the investigation.

The police will thereafter conduct any investigation in accordance with the procedures set out in Section 5 of this guidance document.

4.11.2 Local Authority Employees

Any member of staff employed by the Local Authority in any capacity, who has concerns about the welfare of a child should discuss their concerns with their line manager without delay. The line manager, in accordance with their service procedures should notify, without delay, the Police or the duty SW for the area in which the child resides. Concerns must be reported so that a decision can be taken as to whether further action is needed. Specially trained SW staff will act on these concerns.

Additionally, within Housing Services, staff must be alert to the presence of other adults within the home who may present a risk to children. If they have concerns about a suspected sex offender they should discuss those concerns with their nominated senior manager who will in turn share this information



with the Police Offender Assessment Unit. For further information please refer to: Managing Sex Offenders in the Community: A Framework.

4.11.3 Foster carers

Foster carers should report their concerns without delay to the child's Social Worker or the Team Manager for the area covering the child's home address. Additionally, advice is available from the supervising Social Worker if there is uncertainty about whether the concerns are justified.

4.11.4 Education staff

Education staff are local authority employees and should comply with the procedures described in this document and with their own Service's procedures.

4.11.5 Health

All health professionals have a role in child protection. Any member of staff who has concerns about the welfare of a child / children should discuss their concerns with their line manager, Nurse Advisor (Child Protection), Social Work or Police. Where there are clear concerns about child abuse, referral to Social Work or Police must be carried out immediately.

All health staff should follow this guidance in conjunction with the NHS Forth Valley Child Protection Staff Guidance - Referral Process.

4.11.6 Voluntary Agencies, Voluntary Organisations and the Private Sector

If abuse is suspected, referral should be made without delay to the social work office appropriate to the area in which the voluntary agency or organisation operates. Staff in voluntary agencies and organisations may subsequently be required to produce a report for a case conference or a Children's Hearing or to give evidence in Court. It is essential that they record accurately the events which led to the referral, the action taken and the follow-up thereafter.

Staff in voluntary agencies providing day care and residential services for



children are well placed to detect physical injury or neglect and to be alerted to possible sexual abuse of children.

Should a referral have to be made, ongoing support for the family will be necessary. The agency may be in a good position to offer this, but decisions about who should undertake this task will be a matter for discussion and decision by the referring agency, the social work services and any other agencies involved.

Voluntary agencies and organisations are responsible for ensuring that both the policies they adopt, and the practices they promote enhance the safety of those children with whom they come into contact. Voluntary agencies and organisations are ultimately responsible for the conduct of their employees and volunteers during the course of their work. Workers are responsible for the safety of children under their direction or in their care.

Staff working with children in the above settings have an important role in child protection. This includes:

- promoting positive child care practices to combat and prevent child abuse
- being aware of indicators of abuse and taking appropriate action whenever abuse is suspected
- offering ongoing support to children and families when investigations are in progress or have been concluded

Any guidance issued to staff other than that contained in these procedures should relate to and be congruent with these procedures. Parents should be made aware of the agencies' responsibilities in respect of protecting children.



SECTION 5 Responding to Child Protection Referrals

Child care legislation, which has as its main consideration the protection and welfare of children, places upon local authority social work services statutory duties in relation to children. These statutory duties include a responsibility to enquire into reports suggesting that a child may be in need of compulsory measures of care and to take the appropriate action to protect the child and to promote the welfare of the child. This primary responsibility of the Social Work Services does not diminish the role of other agencies or the need for inter-agency co-operation in the planning and provision of services for a child or family. The police have the responsibility to investigate circumstances where criminality is suspected.

Detailed guidance and procedures for social workers are contained in each authority's Child Care Procedures Manual. Similar guidance is available to police officers of Central Scotland Police in their Policy and Procedures Manual for dealing with child protection concerns.

(See Appendix 2 for flow chart outlining referral process).

5.1 Who Can Investigate?

Investigations are undertaken by experienced social workers and where there are indications that an offence has been committed, together with the police. Social workers and police undertaking child protection investigations are required to have the necessary training, experience, support and supervision to prepare them for this complex task. It is the responsibility of managers to ensure that these are provided.

Standard 6 - Professionals are competent and confident.

5.2 On Receipt of Information by Social Work Services

Information about children and young people who may have been harmed, or may be at risk of harm is passed to Social Work Services in a variety of ways. The level of information varies, from clear-cut, precise referrals to vague concerns, for example about the behaviour of a child.



Allegations that children have been abused or are at risk of harm should be taken seriously regardless of the source of these referrals.

Social work managers must make clear arrangements for cover for receipt of child protection referrals for periods when they are unavailable, absent or on annual leave. Front-line administrative staff need to be made aware of the urgency and priority that must be given to any child protection referral or concern.


The responsible social work manager may require further information from a variety of sources before being able to conclude that a referral requires a formal child protection procedural response. This would include other agencies known to be involved with the child or family, about whom, concerns have been raised.

5.3 The Joint Investigation

Since 1989 there has been a formally agreed process of police and social work jointly investigating allegations of child abuse within the Council areas of Falkirk, Stirling and Clackmannanshire. This includes out of hours services carried out by the Emergency Duty Team (EDT).

5.3.1 Aims and Objectives of the Joint Investigation

- To provide a sensitive and child centred enquiry
- To minimise the number of interviews with victims
- To minimise the number of medical examinations of any particular child and to ensure the most appropriate medical examination is carried out
- To provide a co-ordinated and consistent investigation, without unnecessary delay, irrespective of when the matter is referred
- To ensure that a high quality of evidence is obtained to facilitate decision-making at all stages, including court, the Procurator Fiscal, the Children's Reporter and at Child Protection Case Conferences and other child care reviews
- To maintain a clear understanding of individual roles of those involved in investigations and in relation to other professionals

- 
- To provide commitment to maintaining a consistent approach during and outwith office hours.

5.4 Reporting of Concerns

When suspicion of child abuse is reported to or becomes known to any social work employee of Stirling, Falkirk and Clackmannanshire Councils or any employee of Central Scotland Police, these suspicions must be reported to the relevant social work manager and to the Detective Sergeant at Central Scotland Police Family Unit. Outwith normal hours these concerns must be reported to the duty staff at the EDT.

5.5 Liaison Between Agencies

Both the police and social work must then carry out checks of their information databases to establish what previous information is known about the child and family. Checks must also be made with the head teacher and lead nurse or consultant paediatrician for child protection who have had involvement with the child or family in order to gather as much information as possible.

Once all known information is gathered, the social work manager and the Detective Sergeant at the Family Unit should discuss the information available and decide on a course of action.

The courses of action available to them are:

- investigate the concerns jointly
- police or social work investigate the concerns on a single agency basis reporting findings to each agency
- agree no action

5.5.1 Investigators' / Interviewers' Experience

The experience of staff carrying out joint investigations is crucial and supervisors, when identifying staff to carry out investigations, should consider the level of experience and training of those involved.

Social work have agreed that only social workers who have suitable



experience and have also carried out the joint police/social work training on investigative interviewing will be utilised.

Central Scotland Police have agreed that they aspire to having only staff who are trained as detectives and who have carried out the joint police/social work training utilised in such investigations.

Standard 6(3) - Professionals are;

- knowledgeable and skilled in making informed assessments, plans and decisions;
- able to account for their assessments and decisions and competently present these in court at hearings or in meetings;
- skilled in inter-agency working
- understand the role and contribution of other professionals

5.6 Planning the Investigation

The primary aim of any planning meeting must be to ensure that the welfare and protection needs of all children **are** considered as being paramount.

The next stage of the investigation is the instigation of a planning meeting, in which a free flow of information will occur and the workers will discuss their broad aims and methods of progressing the investigation.

The record of the joint investigation should indicate that the workers involved have considered the individual needs of the child, any special requirements e.g. to aid communication, the most appropriate setting, who should be present, an indication of timings and the number of interviews planned.

As a minimum, planning meetings will involve the police officer and social worker assigned to the investigation. However, in the main they will in addition involve the relevant social work manager and/or the Detective Sergeant at the Family Unit.

Out of hours the liaison and co-ordination shall take place between the senior detective on duty at that time and the out of hours EDT worker.



When a child protection referral is made to the EDT:

- members of the EDT will make the necessary arrangements for joint investigation with the police, when appropriate
- the responsibilities of the EDT with regard to child protection referrals are similar to those of other social work staff although they carry the individual authority to make decisions, for example, in relation to emergency protection
- consultation is available via their line management. In the absence of sufficient up-to-date information about the circumstances and current planning for a case, **EDT staff can contact social work managers and/or social workers responsible for the case.**

With more complex referrals, it will sometimes be necessary to include other professionals, e.g. other social work staff with knowledge of the family or a more senior representative from police and social work. It may also be prudent to invite representation from persons within health and education.

Standard 5 - Agencies and professionals work together to assess needs and risks and develop effective plans.

5.6.1 Involvement of Parents / Carers

As part of the investigation the parents or carers must be informed of the reasons for the investigation, including any allegation made against them.

In special circumstances the exception to this is where it will lead to interference with, or harm to, evidence connected with an offence serious enough to lead to an arrest or physical harm to other persons. Where parents cannot be traced, it may be in the child's best interest for the investigation to proceed. This decision must be taken in consultation with the police and the Procurator Fiscal.

Parents should be asked for their consent to interview the child. Careful consideration should be given as to who should be present during the interview. Although the parent is usually given the opportunity to be present, various factors require consideration when negotiating who will be present during the interview such as the child's views or whether or not the parent is



believed to be the alleged perpetrator.

Consent for any medical examination will also be required if the child is unable to consent. If a parent refuses to allow the child to be seen, interviewed or examined, consideration will need to be given as to whether the risk of harm to the child justifies applying to the Sheriff for a Child Assessment or Child Protection Order.

In investigating allegations of criminal conduct, the Procurator Fiscal is available to provide advice on how best to deal with a medical examination in cases where the Procurator Fiscal has not already been consulted.

(See Standard 3(2) on Page 36)

5.7 Conducting the Investigation


The investigation will then commence as the circumstances of the case dictate with the interview of the victim and witnesses being jointly undertaken. In essence, all aspects of the enquiry are jointly shared with the exception of the interview of the suspect/accused. This task has been decreed as the sole responsibility of the police with free access to the suspect/accused afforded to the case social worker after the conclusion of the police interview.

Any referral of an allegation of child abuse will be directed to the Detective Sergeant in charge of the Family Unit. In his/her absence the Detective Inspector responsible for the Family Unit will be informed and, if necessary, the Detective Chief Inspector (Drugs and Special Services) will be consulted. The Detective Sergeant in charge of the Family Unit will liaise closely with the Detective Inspector responsible for the Family Unit who is the liaison officer for child protection.

The Detective Sergeant will contact the responsible social work manager and arrange for an investigation to be carried out with an allocated social worker.

Should a referral of child abuse be received outwith the hours of the operation of the Family Unit, a Senior Detective Officer of at least the rank of Inspector will be consulted prior to any member of the Family Unit being recalled to duty.

Investigations into allegations of child abuse will, in the main, be dealt with by the Family Unit. There may be occasions when Detective Officers and uniformed officers will have to investigate and report cases of abuse, eg. abandonment or other contravention of the Children and Young Persons



(Scotland) Act, 1937. However, in such instances, immediate notification will be passed to Divisional C.I.D. who, in turn, will contact and inform the Detective Sergeant in charge of the Family Unit.

5.7.1 The Interview

The investigation will usually include a joint police/social work interview of the child and where an allegation is made, the noting of a statement. The dedicated officer and social worker will work together throughout the investigation, obtaining the necessary statement and also, where required, making application for any Child Protection Order. These statements should be jointly read over and signed by the investigating police officer and social worker. Any areas of clarification or amendment should be clearly indicated and endorsed appropriately.

The interview of any suspect or the processing of any accused person will remain purely a police function and each discipline will be responsible for submitting the appropriate reports. It is anticipated that the police officer will, in the company of the social worker, continue to have contact with the victim and his/her family. In cases of allegations of serious criminal conduct against a child, or where a child is a significant and material witness, consideration should be given to consulting the Procurator Fiscal before formal interviewing of the relevant child takes place and before any medical examination is carried out. Although the social worker will not be present during any interview of a suspect or accused, access to a person in custody may be permitted to a social worker for the purpose of assessing the potential risk to the child or children, but this will in no way involve any discussion of the alleged offence. There may be situations where a social worker will ask to be present during the interview of a child suspect, or there may be situations where it will be in the best interests of a child for a social worker to be present. This will be considered on a case by case basis at the planning stages. The Detective Officer from the Family Unit making inquiries will be responsible for attending any case conference(s) called relating to the case that he/she has been investigating.

In respect of case conferences and other communications with social work, officers must be clear whether the information they are sharing with the Social Work can be shared with parents or children. Examples of information which the police would expect to remain confidential are matters which are subjudice or matters of evidential value.



EDT staff, who provide social work services outwith office hours, liaise directly with police regarding the planning of investigations. CID staff are often involved in joint interviews at weekends and in the evening at times when Family Unit staff are not available.

When it has been agreed that the concerns will be investigated jointly, this will be carried out by trained staff from Social Work and Central Scotland Police.

5.8 Medical Assessment / Examinations (See also flow chart in Appendix 2)

A co-ordinated approach to the medical assessment of children is of paramount importance and the need to undertake such an assessment or examination should be discussed at the planning stage. The following questions should be asked:

- Is a medical examination necessary?
- If yes, what kind of examination?
- Have the child's needs and welfare been taken into consideration?

Reference should be made to paragraph 1.9 Right to Consent to Medical Treatment. Where there is agreement that a medical examination or assessment should take place, care should be taken to be sensitive to the setting for the examination and the gender of the doctor involved. Young people should be allowed to express their views on the arrangements for the medical examination or assessment.

A comprehensive assessment may include a full medical history and a physical examination to ascertain whether there are any signs or symptoms of abuse and to arrange any necessary treatment. Consideration should be given to the emotional needs of the child for both assessment, support and follow-up.

Where there is a possibility of recovering forensic evidence the police will in conjunction with the Consultant Paediatrician decide on the need for a forensic medical examination.

In serious cases this should involve consultation with the Procurator Fiscal. In many instances it will be obvious that there is no likelihood of recovering forensic evidence but it may be in the interests of the child's welfare to seek



a medical opinion on the need for further medical assessment.

If at the planning stage it is felt that a medical examination requires further consideration, contact must be made with the on-call consultant paediatrician at Stirling Royal Infirmary to obtain his/her expert view on the merits of such a medical examination. Where it is deemed necessary that a child be subjected to a comprehensive medical assessment it is the responsibility of this consultant paediatrician to arrange for the services of a suitably qualified senior paediatrician to carry out the medical assessment jointly with a police surgeon.

In the event of children displaying what would appear to be minor injuries it may be appropriate to have the child examined by a police surgeon. This would not be the case where the physical injuries are more serious, where there are wider concerns for the child's welfare or where there is a suspicion of sexual abuse when any medical examination should be conducted jointly by a suitably qualified paediatrician and a police surgeon.

5.8.1 Sexual Abuse / Sexually Transmitted Infections

Staff undertaking investigations of alleged sexual abuse must consider the nature of the abuse and its relevance to possible transmission of sexually transmitted infections (including HIV, Chlamydia and Hepatitis). Identification of the presence of a sexually transmitted infection is important not only in terms of obtaining the necessary treatment for the child/young person but also as an indication that sexual abuse has occurred.

5.8.2 Testing for Sexually Transmitted Infections

When it is thought that a child may have been at risk of a sexually transmitted infection, social work may become involved in counselling the child/family about the appropriateness of testing. Expert medical advice must be obtained when these factors are being considered. It is important that the implications of testing including the advantages and disadvantages should form part of a balanced discussion. Scottish Executive Guidance entitled " Children and HIV", provides specific guidance in relation to child protection issues (Chapters 1,2,3) and testing issues (Chapter 3).



In child protection case conferences the Scottish Executive Guidance advises that alternative ways of sharing this information with key personnel should be explored. It states:

“Discussion of a child’s HIV status, or that of any member of the family, should only take place if it is absolutely necessary for a full consideration of the need to protect the child”.

“It is important that confidentiality in relation to the child, the parent and possible offender is not inadvertently broken”.

“Disclosure of information about HIV without the consent of the person should take place only in exceptional circumstances and after consultation with senior managers and legal advisors”.

5.9 Debrief

Managers within the police and social work should ensure that at the conclusion of any joint investigation staff should be afforded the opportunity to discuss the investigation and its conclusions with a supervisor. This process should encourage an honest feedback of any concerns and emotional impact or other relevant matters which have arisen during the process of the investigation.

Supervisors within both police and social work must exchange any concerns regarding the joint working process. Any wider issues identified in respect of joint working practices should be brought to the attention of relevant Child Protection Committees.

(See Standard 8.6 on Page 39)

5.10 Reporting Mechanisms

It is the responsibility of the investigating police officer to prepare a report on the findings of the investigation and forward this on all occasions to the relevant Children’s Reporter. In situations where there is a sufficiency of evidence, these reports will also be forwarded to the relevant Procurator Fiscal.

The social worker involved will submit his/her own report on the circumstances to the relevant Child Protection Co-ordinator.



In cases where the EDT has been involved, reports shall be sent by the EDT worker, to the Child Protection Co-ordinators of the relevant local authority areas and to the relevant social work office for the attention of the social work manager.

5.11 Emergency Protection of Children

Section 16 (3) of the Children (Scotland) Act 1995 requires that an Order should only be made where it is better than making no Order.

The principles underpinning the Act require that any intervention in the life of a child should be on formally stated grounds, properly justified and made in close consultation with all relevant parties.

Implicit in these requirements is that social workers should make every reasonable effort to ensure the protection of the child by means of working in partnership with families. Removing the child from care of a parent is presumed to be a temporary measure. However the welfare of the child has to be the paramount consideration. This will mean that in some circumstances, when parents are unable or unwilling to exercise their responsibilities towards their children or to allow others to do so on their behalf, statutory intervention may be necessary. Under normal circumstances, responsibility for the decision to seek an Order lies with the appropriate social work manager, or members of the EDT. Legal Services will assist in preparing the application and are likely to lead the evidence in front of the Sheriff.

It is the responsibility of all staff who may be involved in seeking such Orders to protect children to familiarise themselves with the primary and secondary legislation and the associated Scottish Executive Guidance.

5.12 Abuse Outwith the Family

The duty of the local authority to cause inquiries to be made is explicit in circumstances which indicate that a child may be in need of compulsory measures of supervision because a condition in Section 52 of the Children (Scotland) Act 1995 is satisfied, which includes children who are victims of Schedule 1 Offences (i.e. assaults, abandonments, neglect).



The local authority and police have a duty to refer such cases to the Reporter. It may be agreed that the police should investigate such matters on their own, however consultation should take place and, where in the best interests of the child it is felt a social work presence would be of value, this should occur. Agreement must be reached as to which service will take responsibility for referral to the Reporter.

Most child abuse is carried out by a person known to the child. The abuser might be a member of the family, a neighbour or a family friend.

Whatever the arrangement for investigation, consideration should be given to the needs of the child and the wishes of the parents. It may be that parents would wish a social worker to be involved as a means of support rather than to investigate concerns.

5.13 Abuse by Children or Young People

5.13.1 Nature and Effect

As understanding has been developed in recent years about the nature and extent of child sexual abuse there has been a growing awareness that young people can also act in sexually abusive ways towards other children (and in some cases, towards adults). Evidence from research and practice suggests a sizeable proportion of sexual offences are perpetrated by young people under the age of 16.

It is increasingly clear that many adult sexual abusers began acting in a sexually abusive way at an early age but that their early sexual offending either went undetected or, if detected, was viewed as experimentation and hence received little intervention. These findings highlight the progressive nature of sexual offending and the importance of fully investigating and assessing allegations of sexually abusive behaviour by a young person within a child protection framework. Early intervention is important as practice also suggests that for at least some young people their abusive behaviour and beliefs are not as ingrained as those of adult abusers and that their support networks are more accessible.



5.13.2 Investigation and Assessment

Scottish Office Guidance states that all agencies must ensure that abusive behaviour, when identified in children and young persons, is taken seriously and referred to child protection agencies. Once inquiries into any incident of abuse by a young person are completed, a case conference, usually an initial child protection case conference, should be arranged to discuss the abuser's situation, assess risks and formulate a child protection plan in terms of:

- (i) the abusing child/young person
- (ii) the protection of any children identified that may be at risk if the child continues to behave in a sexually abusive way. Particular care should be taken in the assessment of risk in relation to any potential placement for the child.

The plan should include an assessment.

Scottish Office Guidance states that any young person alleged to have abused a child should be referred to the Reporter to assess the need for compulsory measures of care. This approach is likely to ensure a minimum response of a request for an initial inquiry report to Social Work Services.

When an assessment has been undertaken the case conference should be reconvened to review the plan in the light of information obtained and to co-ordinate plans for care and treatment.

5.14 Allegations Against Staff and Carers

In cases where there is an allegation against staff or carers in any caring or professional capacity there should be a planning meeting to discuss the most appropriate and sensitive response. All organisations have a duty to that individual as an employee or carer which is secondary to their responsibility to protect children. This differential in the weighting of their responsibility does not diminish the dual nature of responding to such allegations. Consideration needs to be given to both aspects, however, the welfare of the child must always take precedence.

The planning meeting should include the appropriate manager with responsibility for the staff member and / or the supervising social worker for the carer and the CP Co-ordinator for that authority or organisation. Any planning meeting must not only consider the requirements of the investigation



but also the likely ongoing risk posed by that individual against whom the allegation has been made. Any conclusion regarding risk is then passed to the relevant senior manager(s) / Human Resource Departments who have responsibility for the person's employment. It may even be relevant to consider any risk to their own children or children they have regular contact with.

It may also be necessary to implement each employer's disciplinary policy and code of practice. Exact details may differ in each organisation and local procedures should be consulted.

If appropriate, referral should also be made to the relevant professional body e.g. General Teaching Council, Nursing Midwifery Council and Scottish Social Services Council.

Allegations of criminal conduct against persons considered to be in positions of trust (other than parental responsibility) towards children will generally be considered to be an aggravation of the offence and as such will be treated seriously. Cases which in the judgement of the police could well lead to petition proceedings should be dealt with as allegations of serious criminal conduct.

5.14.1 Allegations Against Residential Care Staff

Prevention of abusive practices is promoted by way of empowerment of young people when they are encouraged to develop a sense of their rights and responsibilities being respected and promoted by those who care for them. Residential social work staff, therefore, encourage openness and access to the Children's Rights Officer, and / or Who Cares? Worker for any young person who is concerned about any aspect of his or her care. If any member of staff is made aware of child protection concerns resulting from a young person's placement in residential care, consideration of the protection of the young person is of paramount importance.

Relevant information should be immediately brought to the attention of the manager of the establishment who, without delay, should inform the responsible social work managers.

Should the allegation relate to the manager of the establishment, contact should be made directly with the responsible social work managers and the staff should be aware of their own agencies 'whistle-blowing' procedures.



5.14.2 Allegations Against Non-Residential Social Work Staff and other Council Staff

Allegations made against other social work members of staff in their professional capacity, and all staff who live within the authority in their private capacity, are investigated jointly with the police in accordance with the guidance and principles already outlined. Care is taken to ensure that members of staff are not interviewed by immediate colleagues.

5.14.3 Allegations Against Foster Carers

When allegations are made against foster carers, it is important for everyone involved to ensure that rigorous investigation takes place using the joint investigation arrangements with the police where appropriate. The same principles and guidance outlined already apply although with regard to allegations against carers it is important to make sure that copies of written information - **Preliminary Information and Incident Reports - are also sent to the responsible social work managers.**

The carer's supervising social worker should be kept fully informed of the progress of the investigation but does not actively participate. Carers require support during and after the investigation and the supervising social worker for the carer is best placed to offer such support. In circumstances which merit the removal of a child, careful consideration is given to planning and support for everyone involved. Again supervising social workers, in collaboration with the responsible social work manager, have an important role to play.

5.14.4 Maintaining independence in investigations of allegations against staff and carers.

As far as possible independence should be maintained as part of any child protection investigation. In a small authority this may not always be possible using internal staff, and in some circumstances it may be appropriate to request a neighbouring local authority to undertake an investigation if agreement can be reached.



Section 6 The Child Protection Register and Child Protection Case Conferences

6.1 Purpose of the Child Protection Register

The purpose of the Child Protection Register is to provide a record of the most vulnerable children in the area for whom there is an ongoing need for protection by means of an inter-agency child protection plan.

The Child Protection Register serves as a checkpoint for all relevant professionals, locally and nationally, who suspect that a child may be in need of protection.

The placing of a child's name on the Child Protection Register ensures that those and only those who need to know are in possession of details of those children to whom they need to pay particular attention.

The Register also provides useful statistical information which contributes to inter-agency planning for children and to each authority's interagency Children's Service Plan.

6.2 The Child Protection Register

In line with Scottish Office guidelines, the Social Work Services maintain the Child Protection Register and specific social work managers are designated as the Register "keeper" and the "depute keeper". (See *each Council's Appendix*).

The Child Protection Register consists of a case file for each child and family, and information contained on a database.

The Child Protection Register carries no legal mandate and, in the absence of statutory child care legislation, the voluntary co-operation of families is necessary for the child protection plan to be progressed.

A lack of co-operation by the family, however is not a reason for not placing or keeping a child's name on the Child Protection Register.



6.2.1 Enquiries to the Child Protection Register

Enquiries about whether a child's name is or has been on the Child Protection Register are made to the appropriate social work manager via the duty worker or E.D.T. out of hours as indicated in the section on referrals.

To maintain confidentiality, all telephone inquiries to the Child Protection Register must include the name of the enquirer, their designation, employing agency, reason for inquiry and telephone number: subsequently the enquirer will be called back and provided with the relevant information. *(For inquiries to the Register, see each Council's Appendix).*

6.3 Placing a Child's Name on the Child Protection Register

Decisions with regard to placing a child's name on the Child Protection Register, or removing the name from the Child Protection Register, are taken at child protection case conferences (where the Category of Registration - physical injury, sexual abuse, physical neglect, emotional abuse, non-organic failure to thrive - is decided upon.) Before registering a child, conference members satisfy themselves that the set of circumstances constitute the need for protection for the child or young person and that in attempting to achieve the desired level of protection there is a need for a formally agreed inter-agency child protection plan.

Whilst a child protection case conference may have been convened as a result of concerns about a particular child, all children within that child's household should be considered at the initial case conference and, if appropriate, at subsequent case conferences even if it is not felt necessary to place their names on the Child Protection Register.

6.4 Removing a Child's Name from the Child Protection Register

6.4.1 Conditions

De-registration should be considered at every child protection review. Additionally any of the agencies involved with the child may request that a conference is convened to consider the possibility of de-registration.

For de-registration to occur, members of the review conference need to be satisfied that the abuse or risk of abuse (either original type or any other) is no longer of a level to warrant registration. Their decision must be based on a careful and thorough



analysis of current risk. Where possible the views of the agencies party to the original registration should be sought and they should be notified about de-registration.

6.4.2 Reasons for De-registration

- (i) The original factors which led to registration no longer apply and the completion of a comprehensive assessment and a detailed analysis of risk has shown that registration is no longer required and that child protection is not necessary
- (ii) The child and family have moved permanently to another area and that area has accepted responsibility for the future management of the case

The first category of criteria (i) for de-registration always requires a conference. The second category may be agreed without the need for a meeting. Where no conference is held the Child Protection Coordinator will notify, in writing, the relevant individuals.

6.4.3 Dissent

Efforts made to reach consensus and dissenting views together with any failure to agree must be recorded. Each council will have a system for reviewing cases where dissent is recorded. (*For further information see each Council's Local Guidelines*)

6.5 Unborn Children

It is often appropriate to convene a 'pre-birth' case conference where there are concerns that the child, when born, may be at risk of significant harm.

If a decision is made to place the child's name on the Register, registration takes place from birth. In such situations the key worker, usually a health professional (midwife), **must** ensure that arrangements are in place to notify the Child Protection Co-ordinator, the Child Protection Register Administrator and other relevant professionals of the child's birth.



6.6 Transfer to Another Local Authority Area

If a family in which a child is either currently on the Child Protection Register, or has previously been named on the Child Protection Register but is still subject to local authority involvement, moves to another local authority area, the transferring local authority is required to give the receiving local authority written information about previous concerns and current inter-agency involvement in order that consideration can take place of whether the child's new circumstances are likely to lead to increased risks to the child or a need for support.

All notifications should be confirmed in writing.

Detailed guidance on transfers for social workers and their managers is provided in each Council's Child Protection Procedural Guidelines.

6.7 Communicating with Young People and Families about Registration.


Child protection registration is an administrative process and there is a formal terminology used. In addition, families often find it stigmatising to be drawn within child protection systems. Social work staff therefore have a responsibility to be sensitive to this and to explain the process to young people and families in plain language.

6.8 Child Protection Case Conferences

Child protection case conferences play an important role in promoting effective inter-agency co-operation in the protection of children. They afford the opportunity of exchanging and sharing information and making decisions in the light of a full risk assessment.

Standard 5(5) Professionals ensure that plans:

- identify individual and family responsibilities;
- identify the professional with the lead role in ensuring the co-ordination of work amongst professionals;

- 
- indicate expected actions and outcomes with timescales for their achievement;
 - identify action to be taken should the plan fail to protect the child or improve their situation within agreed timescales; and
 - detail monitoring and review arrangements.

Standard 5(6) Professionals are alert to and respond to, new information, increased risks or lack of progress and can demonstrate that any necessary action has been taken in the light of this.

6.9 Primary Functions of Child Protection Case Conference

These are:

- to decide on whether or not a child's name should be placed on the Child Protection Register, remain on the Child Protection Register, or be removed from it. (A clear statement of the reason for this decision appears in the minutes of the meeting)
- to agree on the aims and purpose of intervention and to establish and review the child protection plan made in relation to the registered child
- to confirm the allocation of responsibility for progressing the child protection plan and co-ordinating communication
- to make a recommendation to the Children's Reporter on the need for compulsory measures of supervision.

6.10 When to Convene a Child Protection Case Conference

Decisions with regard to when to convene a child protection case conference will vary with each family's circumstances and the level and nature of available information. Child protection case conferences may also be convened in anticipation of events, for example a pre-birth case conference.

Whilst there is therefore a need for some flexibility in approach initial child protection case conferences should normally take place within ten working days of completion of an investigation. A review child protection case



conference should be convened within three months of Registration and at a maximum of six-monthly intervals thereafter.

In addition, should decisions and recommendations of other child care review systems within the Service result in a planned return of a child or young person to the household in which the child lived when his or her name was held on the Child Protection Register, the Chairperson of that review must indicate such plans in writing to the responsible social work manager.

6.11 Who Convenes a Child Protection Case Conference?

The responsibility for convening a child protection case conference rests with a designated social work manager in each Council (see Appendices). Most case conferences will be convened following an investigation or a significant event or deterioration in a child's circumstances. It is therefore open to any professional involved with children to request a conference.

6.12 Attendance and Participation at Child Protection Case Conferences

Attendance at child protection case conferences should reflect the range of agencies involved with the family and concerned about the child's protection.

The essence of child protection is effective communication at all levels. Effective communication involves the sharing of confidential information and particular care is needed to ensure that the right of a child and family to confidentiality is respected. A child's or family's wish for information not to be shared, however, may not be in keeping with safeguarding the child's welfare which must be the paramount consideration. A child's or family's wish for confidentiality should be respected by ensuring without compromising the purpose of the conference that attendance is limited to those who need to know.

It is important to include all professionals who may have contact with the child even if they are unable or unlikely to attend. The invitation to the child protection case conference guarantees receipt of decisions whether or not that person is in attendance.

In compliance with Article 8 of the European Convention on Human Rights, anyone holding parental responsibilities towards the child and those children



whose level of maturity allows them to participate in the case conference should participate in the decision -making process.

This will normally include their attendance at the case conference and the opportunity to express their views through the submission of written reports. The only exception to this would be where such action would not be in the interests of the child or would compromise an ongoing investigation or Court proceedings. Any professional must notify the conference chair in advance if this is the case or if there is likely to be third party information shared which would mean that children or parents should not be present for part of the conference. The Reporter and occasionally the police will be unable to discuss such information in the presence of a parent. In such circumstances the parent(s) should be asked to join the meeting after the Reporter and the police have left.

Exclusion from a case conference should be exceptional. The decision to exclude an individual rests with the chair of the case conference and is recorded in the minutes of the conference.

6.13 Preparation

Preparation for child protection case conferences is the key to the success of these meetings. Each individual should refer to his/her own agency's guidelines on attending. All agencies have a responsibility to make the Chair aware of any anticipated difficulties in relation to the running of the meeting, for example if there is a possibility of violence or upset between estranged parents. All agencies are responsible for ensuring that reports for the case conferences are shared with families and are submitted on time.

The social worker has a responsibility to adequately prepare the parents and young person by explaining the process of the meeting beforehand and encouraging them to present their own contribution whether in written form, verbally or by use of other media.

6.14 Status of Decisions Reached

Decisions with regard to child protection Registration are binding and are acted upon by the Register Keeper.

The component parts of the child protection plan have the status of



recommendations for the agencies to which they refer. Responsibility for implementing relevant parts of the plan rests with individual agencies. If, for any reason, an agency is unable to progress elements of the child protection plan, the matter should be drawn to the attention of the Chair of the child protection case conference who, in turn, will inform the responsible social work manager.

Parents and young people who disagree with decisions reached may discuss matters with the Conference Chair .

6.15 Reports and Minutes

Reports for initial child protection case conferences and reviews convened at short notice are submitted as soon as possible prior to the meeting and, if tabled, should be copied in advance of the meeting. Reports for review child protection case conferences, under normal circumstances, should be circulated to those on the invitation list no later than five working days prior to the conference.

Parents and young people invited will also receive copies of social work reports when circulated to other conference participants prior to the meeting and a summary of key decisions thereafter, except when such an action would not be in the interests of the child or would compromise an ongoing investigation.

6.16 Continued Initial Case Conferences

In certain circumstances it may not be possible to make a decision regarding registration at an initial case conference. For example, important information which would inform such a decision may not be available to the meeting or an anticipated event which would place a child at risk, such as the return of a known abuser to the household or the birth of a child about whom there are concerns pre-natally, has yet to occur. Similarly, it may not always be possible to assess immediately whether the abuse is an isolated incident or part of a more chronic pattern of difficulties. In these situations, it may be appropriate to delay the decision regarding registration for a period whilst further assessment occurs and then to reconvene the initial case conference to look again at registration thereafter.



In such circumstances it is important to be mindful that delay in itself may increase stress for a family and a clear explanation should be given as to why the initial case conference is to be continued.

6.17 Pre-Birth Case Conferences

On occasion concerns may arise in relation to children prior to birth, for example in a family where there have been previous child protection concerns or where the lifestyle of the parent or parents gives cause for worry about the health and development of the child in utero.

In such circumstances it may be appropriate to convene a child protection case conference before the birth to share information and draw up a protection plan in relation to the unborn child.

Should the level of concern be such that Social Work Services would seek to take immediate steps to protect the child through statutory means as soon as he or she is born, it is likely that the decision would be made to register the child at birth. An initial case conference would be held as soon as possible after the birth of the child to review the protection plan made and consider continued registration at that time.

6.18 Pre-Birth Planning Meeting

This is an inter-agency forum convened by the Health Service for sharing relevant information where there are low level concerns about an unborn child. The purpose of the meeting is to identify need and to devise a support package to offer support to the prospective parents and their baby following the birth.

Prospective parents, agencies with current knowledge of the family and those who may become involved following a comprehensive assessment of need are invited and will receive a Minute of the meeting. The relevant Child Protection Co-ordinator is advised of the meeting and also receives a Minute. N.B. This meeting is not a substitute for a Child Protection Case Conference and referral must be made to the Social Work Service if there is a high level of concern.



6.19 The Child Protection Plan

One of the primary functions of child protection case conferences is to agree and review a child protection plan. A protection plan will be put in place for every child on the Child Protection Register.

The child protection plan provides the focus for the work with the child and his/her family in attempting to keep children safe from harm. The Plan should specify the individual's responsibility for taking the action required and the timescales involved. The progress of the Plan is reviewed at regular intervals by the Core Group members identified at the Conference and by the key workers and their team manager on a regular basis in supervision.

Persons attending the Conference must ensure that information from the Conference and the content of the Protection Plan are shared within their own agency. If an agency or participant is unable to fulfil the task or responsibility allocated to him/her at the Conference, he/she must ensure that both the Keyworker and the Chair are made aware of this so that, if necessary, the Conference can be reconvened to review the Protection Plan.

Case recording should indicate the worker's involvement with the child and family in an effort to progress the plans and assess whether or not there is a reduction in the level of risk.

(See Standards 5(5) and 5(6) on page 57)

6.20 Key Worker Responsibilities

The responsibilities of the key worker include:

- fulfilling the statutory responsibilities of his/her agency, including the development of a multi- agency child protection plan for the protection of the child based on an appropriate assessment
- ensuring that children on the Register are seen as agreed in the child protection plan
- acting as a lead worker for interagency work in relation to the child, providing a focus for communication between professionals involved and co-ordinating the interagency contributions to the assessment, planning and review of the child's situation



- ensuring that those holding parental responsibilities or a legitimate interest in the child (e.g. unmarried fathers) and children are able to fully participate in the implementation of the plan, by including them whenever possible in the preparation of reports and future plans and giving appropriate explanations about the child protection process (see Standard 3(2) on page 36)
- maintaining up to date case records and providing reports for Reviews, Children's Hearings or Court as required
- informing the responsible social work managers of additional concerns or changes in circumstances of any child on the Register, e.g. legal changes, changes in membership of household etc.
- convening core groups and ensuring that the minute of these is sent to the Child Protection Co-ordinator.

Where a key worker is unable to fulfil any of the above responsibilities he/she should inform his/her manager

6.21 Reasons for Convening Earlier Reviews

If the assessment indicates an increase in concerns and no reduction in risks, consideration should be given to requesting an earlier review case conference to consider alternative approaches. In particular if there is a continual unwillingness to co-operate on behalf of the parents with plans they originally agreed to at the last case conference, it may be helpful or necessary for the child's welfare to convene an early review to formally tackle the withdrawal of co-operation.

Further child protection incidents and investigations may require a more urgent review of the child's safety and the opportunity to make changes to the child protection plan. Anyone can request that an early review be convened, this should be sought through the Child Protection Co-ordinator.



Section 7 Children with Special Needs and Child Protection

7.1 Risk and Special Needs

Children with special needs are particularly vulnerable to abuse.

Research has identified a number of factors which may contribute to their special vulnerability such as:

- they might be less responsive and fail to “reward” carers
- they might be less able to protest or to report abuse
- they might be more dependent on adults and less accustomed to exercising individual control
- they might require more help with intimate body care.

Standard 1(6) Professionals record and take account of:

- any disabilities of any family member which might influence the kind of help or care provided for each child;
- each child or families ethnic, religious, cultural and linguistic background.

7.2 Protecting Children with Special Needs

Improving communication with children who have physical or sensory impairments, learning difficulties or other special needs is fundamental to their protection and those working directly with them should aim to help them acquire communication skills at as high a level and in whatever form is possible. Such work is proactive and ongoing and should not have to wait until there is a suspected problem.

Particular factors need to be taken into account in responding to child protection referrals relating to children with special needs. Such children, for example, may have even more difficulty in reporting abuse than other children because of a failure to understand and identify the nature of abusive behaviour.



It is important to recognise that children with special needs may have different views of the world because of their different experiences of parenting or life, resulting in confusion about cause and effect even more marked than for other children.

Communication may be problematic but it should not be assumed that the child or young person with poor levels of speech has similar levels of understanding. It is important that consideration is given to ensuring that children with special needs have their views heard.

In responding to child protection referrals relating to children with special needs, a meeting should be convened to address issues of communication and to include in the investigative process colleagues from other services or agencies whose particular skills are working with children with special needs and who can complement the investigative skills of social work staff. It is essential that speech and language therapists for children with special needs are involved at an early stage where communication difficulties exist.



Section 8 Missing Children

It is the responsibility of the police to document and make enquiries to trace all reported missing persons. Central Scotland Police define missing persons as:

Anyone whose whereabouts are unknown, whatever the circumstances of disappearance. They will be considered missing until located and their well-being or otherwise is established.

Central Scotland Police have a detailed policy outlining the responsibilities of their staff in respect of persons believed to be missing.

Formal missing persons systems are administered by Social Work Services and Health Services. Through Social Work Services, contact can be made with Register Keepers throughout the United Kingdom, Eire and further afield if necessary. Although primarily designed for children whose names are on the Child Protection Register it can also be used where there are other concerns about children.

The system may be used in other circumstances - for example where a child and family go missing in the course of an investigation, or where concerns exist in relation to a baby "in utero" and the mother's whereabouts are unknown. If a child, young person and/or his/her family are missing and need to be traced to ensure the safety of the child or young person the matter must be brought to the attention of the Social Work Services.

In relation to Health Services, Scottish Executive Guidance - Protecting Children (2000) advises "that there should be a procedure in place which ensures that when a health professional is the first person to realise that a child on the Child Protection Register has disappeared, personnel with child protection responsibilities are informed". This procedure should also apply to children who are not on the child protection register but for whom there may be existing concerns. In circumstances where health professionals have early concerns, exacerbated by the disappearance of the family "the responsibility would rest with the Health Board or Division to make a decision on disseminating information to other Health Boards / Divisions, or other agencies about a family who have gone missing."

Where any professional learns or suspects that a child/rend about whom there have been previous concerns, have gone missing or their current whereabouts are unknown they should consider this as a child protection



concern and refer the matter to social work services and/or police in accordance with Section 4 of this document.

In Forth Valley Health Board area this system is managed by Nurse Advisors (Child Protection). All enquiries should be made through them.



SECTION 9 Management of Sex Offenders in the Community

The past ten years have witnessed a rapid growth in the development of work with sex offenders. This area of work has been subject to numerous changes and legislation, consultation documents and reports by special interest groups. Collectively they have sought to promote community safety and reduce the risk posed by sex offenders by improving the assessment, interventions, monitoring and management of risk. It is within this process that the multi agency Sex Offender Liaison Group (SOL) comprising mainly Criminal Justice Services, Children's Services, including Child Protection and Police was constituted.

This is a mechanism for discussing the risk that sex offenders present to the community. It is an inter-agency meeting convened to share information relevant to the assessment of risk, to advise on risk assessment issues and where relevant to review risk management arrangements and clarify roles and responsibilities in relation to case management and action plans. It may also identify issues of further disclosure of information should they arise.

Sex Offender Liaison Group (SOL) meetings are held fortnightly at Falkirk and Stirling and quarterly at Clackmannan. They are usually attended by the Chair of the SOL (local Criminal Justice Service Manager) and representatives of the core group mentioned previously. Invitations on a case by case basis may also be sent to Housing services, voluntary organisations, Scottish Prison Service or other relevant agencies.



SECTION 10 Abuse by Organised Networks or Multiple Abusers

Although the present state of knowledge makes it difficult to identify any common characteristics of cases of organised abuse, these cases may include some of the following features:

- groups encompassing one or more families, friends, neighbours and wider networks
- enticement or intimidation of children for sexual exploitation
- variations in the degree and form of sexual exploitation, extending to include child pornography
- close combination and defence of common group interests in the face of any inquiry
- recruitment of children for prostitution.

These kinds of cases call for well planned and co-ordinated responses from senior officers and the investigation may have implications for the deployment of resources and staff. Such cases call for the early involvement of the Procurator Fiscal and the Reporter to the Children's Panel. The possibility of the involvement of agencies in other areas will also need to be considered. A senior officer in the Social Work Services and police should co-ordinate responses to inquiries from the media and the public. If a large number of families, parents and carers are involved, the local authority should make special arrangements to keep them informed of events and plans to avoid the spread of unnecessary rumour and alarm.

Confidentiality is a vital consideration in these situations. Once organised abuse is suspected or alleged, a planning meeting should take place between social work and police. They will then involve other agencies, such as education, health agencies, the Reporter and the Procurator Fiscal Service, as appropriate. The investigation should aim to be child-centred, but it may be necessary to make a decision in relation to the balance of interest between the child's welfare and evidential considerations. These decisions must be shared by all the agencies involved.



Section 11

Child Protection and Information Technology

Computers and the internet are now widely used in society and have great beneficial benefits for children and young people.

The internet however has its darker side with numerous sites offering horrendous images of child abuse which can be freely downloaded and saved onto disks or other storage media by paedophiles.

An upsurge in activity in relation to grooming children has taken place as chat rooms have gained great popularity in recent years with many paedophiles joining such chat rooms to meet up with and groom children.

Paedophiles will enter such chat rooms and spend considerable time and effort in grooming them, with the ultimate aim to meet up and abuse them should the opportunity present itself. They will also encourage children to use web cams and digital cameras to take photographs which are then posted onto the internet or are forwarded to the paedophiles should they be successful in gaining the trust of the child.

Children also use peer to peer sites such as Kazaa to share and download music freely available from the internet. Parents and carers should be made aware that these sites also offer a wide variety of pornographic movies and images as well as movies and images of serious child abuse.

Parents and all those looking after children and young people should put in place proper supervision measures where children and young people have unrestricted access to computers. In many cases children are much more technically aware than parents and carers in the use of computer technology. Any person(s) charged with looking after children should be aware of how the use of information technology may pose a risk to them.

Children will often attempt to confuse a parent or carer into thinking that chat rooms are harmless fun, where only children of a similar age to them can gain access. This is not the case and any use of chat rooms should be closely supervised at all times.

Paedophiles using the internet to gain the trust of children are devious individuals who are able to use dialogue frequently used by young persons.

Almost all mobile telephones now come with built-in cameras which again has led to an upsurge in offences being reported to the police. Paedophiles are



using the cameras to take and store indecent images of children and recent cases have shown that they will actively seek out and groom children using the texting facility on the telephones.

It is important to be aware of the value of computer based evidence. If there is any suspicion that such equipment is being used for illegal purposes, the police must be informed immediately.



Section 12

Children Living with Drug or Alcohol Abusing Parents

It is important that all professionals working with drug or alcohol abusing parents know the potential effect that abuse can have on the children, both in terms of any possible neglect and also by being exposed to the use of these substances. Planning around these children is vital particularly in pre-birth situations and will often include input from agencies that do not have a front-line child care role. The best interests of the child should always be the paramount concern.

Parental drug or alcohol abuse as a risk factor will be considered in any risk assessment of the family. However it is also vital to assess the risk to children independently from any assessment of the parents' own needs and to take action to protect the children as necessary.

Factors to be considered include:

- parental regime and management of drug/alcohol use
- child exposure to harmful substances and equipment e.g. needles
- parental priorities
- the strengths and weaknesses of parenting irrespective of the drug or alcohol abuse
- previous behaviour of parent/s
- other individuals living in or frequenting the household
- the emotional problems that these children may experience.

12.1 Neonatal Abstinence Syndrome (NAS)

Previously mentioned in Section 2.5.1 is a term for a group of problems a baby experiences when withdrawing from exposure to narcotics. It is estimated that 3% to 50% of new born babies have been exposed to maternal drug use, depending on the population and area of the country.

Almost every drug passes from the mother's blood stream through the placenta to the foetus.

Illicit substances that cause drug dependence and addiction in the mother also



cause the foetus to become addicted. At birth, the baby's dependence on the substance continues. However, since the drug is no longer available, the baby's central nervous system becomes over stimulated causing the symptoms of withdrawal.

Some drugs are more likely to cause NAS than others, but nearly all have some effect on the baby. Opiates such as heroin and methadone, cause withdrawal in over half of babies exposed in the pre-natal period. Cocaine may cause some withdrawal, but the main symptoms in the baby are due to the toxic effects of the drug itself.

Other drugs such as amphetamines, barbiturates and narcotics can also cause withdrawal. Alcohol use causes withdrawal in the baby, as well as a group of problems including birth defects called foetal alcohol syndrome.

Neo-natal abstinence Syndrome is a totally preventable problem. However, it requires that a mother stop using drugs before pregnancy, or as soon as she learns she is pregnant.

Section 13

Factitious or Induced Illness (Munchausen's Syndrome by Proxy)

In Factitious or Induced Illness the adult uses the child to obtain medical attention by creating medical symptoms in the child.

Behaviour exhibited by carers when inducing illness in a child can include the following:

- deliberately inducing symptoms in children by administering medication or other substances or by means of suffocation;
- interfering with treatments by overdosing, not administering them or interfering with medical equipment such as infusion lines;
- obtaining specialist treatments or equipment for children who do not require them;
- exaggerating symptoms, causing professionals to undertake investigations and treatments which may be invasive, are unnecessary and therefore are harmful and possibly dangerous;
- claiming the child has symptoms which cannot be verified unless observed directly, such as pain, frequency of passing urine, vomiting, or fits. These claims result in unnecessary investigations and treatments which may cause secondary physical problems.
- alleging psychological illness in the child.

The majority of cases are identified in a hospital setting and medical findings provide the evidence of this type of abuse. Medical histories are likely to have started early and may have become extensive by the time the abuse is identified.

Any agency that observes or has suspicions about any of the above symptoms or behaviours should report it in the usual way to Social Work with the expectation that an Initial Planning Meeting would be coordinated by a Social Work Manager.

The following persons might be invited to participate

- The Nurse Advisor for Child Protection
- The Consultant Paediatrician in charge of the case



- The Named Doctor for Child Protection
- The Paediatric Liaison Nurse or the Community Children's Nurse
- The Ward Manager (if the case is suspected in hospital)
- A Consultant Child Psychiatrist (for advice)
- The Social Services Manager
- The Detective Inspector or the Detective Sergeant, Family Unit
- A Local Authority Solicitor
- The General Practitioner
- The Health Visitor

It is essential that full consultation precedes decisions to investigate the circumstances using Covert Video Surveillance (CVS) and that legal advice is sought in reaching such a decision. CVS should be used only where it is agreed there is insufficient evidence to ensure protection for the child through Care Proceedings.

The child's safety and the investigation taking place may be jeopardised if the carer is aware of the full extent of the investigation. Any decision to share concerns and in particular to use the term 'Factitious or Induced Illness' with the carers should be carefully planned. Available research shows that the abuser is particularly dangerous at this time.



Section 14 Safe Recruitment Practices

14.1 The Care and Protection Framework

It is recommended that organisations aim to develop a care and protection framework.

The term “care and protection” means more than “child protection”, although the child protection policies and procedures are an essential part of care and protection work.

A care and protection framework is made up of a range of policies and procedures which, when combined together, help to keep children, young people and workers safe.

Care and protection work includes:

- Recruiting appropriate individuals to work with children and young people;
- Providing appropriate support (and where possible training) to workers;
- Attending to Health and Safety issues including carrying out risk assessment work;
- Putting in place Codes of Conduct/Good Practice which help to ensure that all workers understand what is expected of them;
- Encouraging children and young people to have their say on issues which directly affect them and making sure that all workers have the basic skills to listen to any child or young person who alleges that they are being harmed or abused;
- Making sure that child protection policies and procedures are in place for responding to child protection concerns (i.e. allegations of abuse or concerns that a child or young person could be experiencing neglect or abuse).

14.2 The Protection of Children (Scotland) Act 2003

This is an important piece of legislation that will help strengthen the safeguards already in place to protect children and young people by placing the onus on organisations to ensure that they recruit suitable persons to work in child care positions.



The Act applies to all organisations that appoint paid and volunteer workers to “child care” positions (as defined under Schedule 2 of the Act).

The Act defines “child care” positions in a broad way.

Within the Act, a child is defined as an individual who is under the age of 18 years. The Police Act 1997 also defines a child in this way. This is not the same as the definition of a child under the Children (Scotland) Act 1995, which defines a child as an individual under the age of 16 (with some exceptions).

The Act places certain legal obligations on all organisations that appoint paid and/or volunteer workers to “child care” positions, including those groups which are run on a very informal basis and rely on the support of local volunteers including parents/carers.

14.3 Backgrounds to the Act

The Act provides for Scottish Ministers to maintain a LIST of persons unsuitable to work in a “child care” position (as defined under Schedule 2 of the Act). In paid and/or volunteer posts. The LIST will be known as the Disqualified from Working with Children List.

The Disqualified from Working with Children List (the List) is a list of persons who are considered to be unsuitable to work with children.

Individuals who are fully listed will be disqualified from working with children or any young people under the age of 18 years. The List is maintained by the Scottish Ministers.

14.4 Legal requirements

Under the Act there are three specific legal requirements, namely to:

- Ensure that an individual who is appointed to a child care position (as defined under Schedule 2 of the Act) is not fully listed. It is an offence for an organisation or individual to knowingly appoint a person to work with children and/or young people if that person is named on the List (other than provisionally).



- Refer an individual to the List where the grounds for referral are met.
- Remove an individual worker from a child care position if it is found, at a date following their appointment, that they are fully listed.

In order to comply with these legal requirements organisations will need to:

- Undertake Disclosure checks via Disclosure Scotland at Standard or Enhanced level issued for child care positions. This is the only mechanism enabling organisations to find out if an individual is named on the List.
- Be able to justify any referral made to the List.
- Be able to justify any decision to dismiss or remove a worker from access to children and young people – this is particularly the case for paid workers who will normally have rights under employment law.
- Being able to do any of these things effectively without guidelines and procedures would be extremely difficult.

Section 15

Forth Valley Child Protection Strategy Group

The Forth Valley Child Protection Strategy Group has been established to bring together:

- Central Scotland Police
- Clackmannanshire, Falkirk and Stirling Councils
- NHS Forth Valley
- Scottish Children's Reporter Administration
- Key voluntary agencies

The key issues for the Forth Valley Child Protection Strategy Group are:

- Communications
- Quality assurance framework
- Interagency procedures
- Training and Development
- Any other issues which impact at a Forth Valley-wide level

The Strategy Group is underpinned by two key documents namely:

- Protecting Children and Young People: The Charter
- Protecting Children and Young People: The Framework for Standards

Standard 8 - Agencies, individually and collectively demonstrate leadership and accountability for their work and its effectiveness.



Its key objectives will be carried out as follows:

- Chief Executives and Chief Officers of the respective agencies will work individually and collectively, to demonstrate leadership and accountability for child protection work and its effectiveness on behalf of their agencies – including the effectiveness of the Child Protection Committees.

The Group will prepare and agree a strategic plan on behalf of the Chief Executives, which takes account of operational priorities for protecting children. Each local Child Protection Committee will be responsible for the implementation of the National Framework for Standards and the Children's Charter across agencies.



Section 16 Child Protection Committees

Child Protection Committees (CPCs) are established in Clackmannanshire, Falkirk and Stirling.

16.1

CPCs are the key local bodies for developing and implementing child protection strategy across and between agencies. A CPC is expected to perform a number of crucial functions.

The functions are grouped as follows:

- public information;
- continuous improvement; and
- strategic planning

16.2 Public Information

CPCs are required to produce and disseminate public information about protecting children and young people. Each CPC will develop, implement and regularly review a communications strategy that includes the following elements:

- raising awareness of child protection issues within communities, including children and young people;
- promoting the work of agencies in protecting children to the public at large; and
- providing information about where members of the public should go if they have concerns about a child and what could happen if they make a referral

Standard 7 - Agencies work in partnership with members of the community to protect children.



16.3 Continuous Improvement

CPCs have a key role to play in the continuous improvement of child protection work. A number of functions relate directly to this key role. These are:

- policies, procedures and protocols;
- management information;
- quality assurance;
- promotion of good practice; and
- training and staff development

16.4 Strategic Planning

The CPC is the key local body in terms of the planning of child protection work. This needs to be done in conjunction with other planning mechanisms and priorities, in particular integrated children's services planning and Community Planning



Appendix I

National Standards

In 2004, as part of its child protection reforms, the Scottish Executive produced a Children's Charter and developed a set of standards for all adults and agencies that work with children in Scotland.

- Standard 1 Children get the help they need when they need it

- Standard 2 Professionals take timely and effective action to protect children

- Standard 3 Professionals ensure that children are listened to and respected

- Standard 4 Agencies and professionals share information about children where this is necessary to protect them

- Standard 5 Agencies and professionals work together to assess needs and risks and develop effective plans

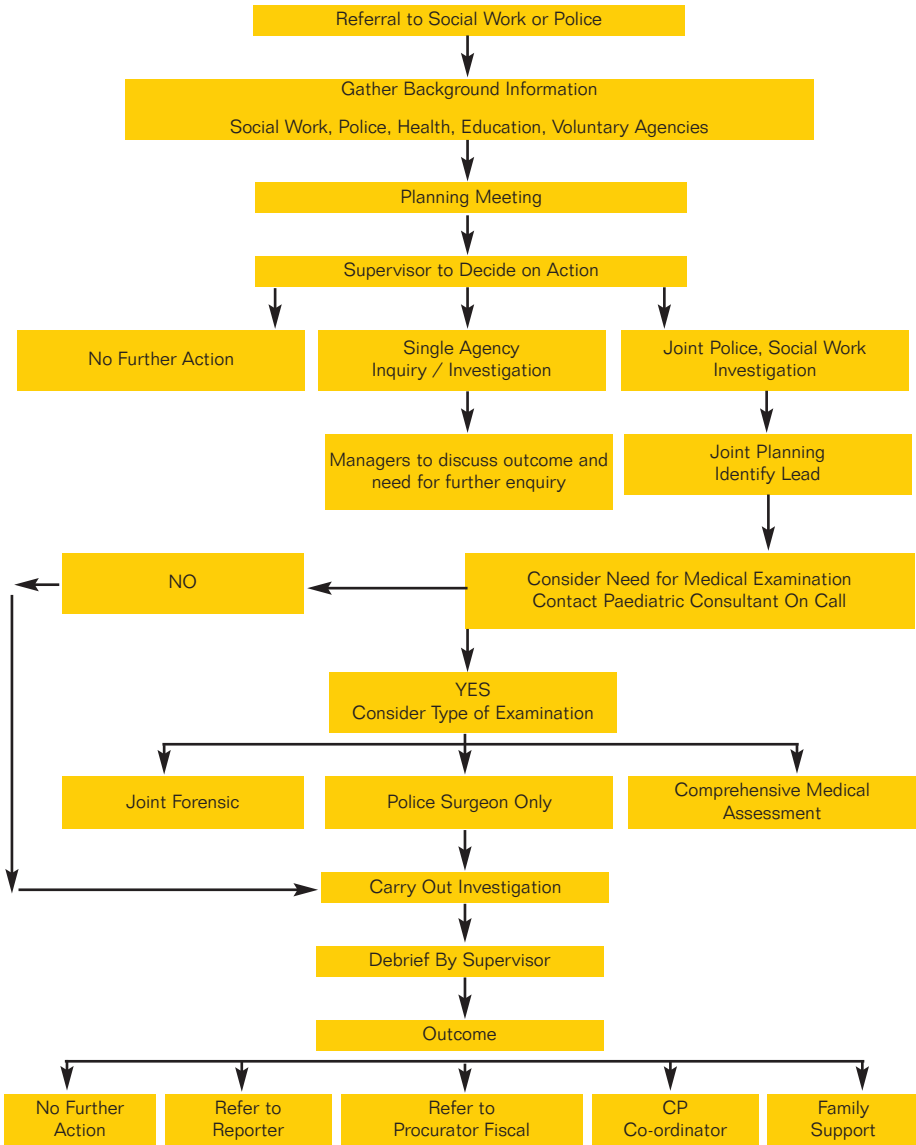
- Standard 6 Professionals are competent and confident

- Standard 7 Agencies work in partnership with members of the community to protect children

- Standard 8 Agencies, individually and collectively, demonstrate leadership and accountability for their work and its effectiveness

Appendix II

Flow Chart





Appendix III

Clackmannanshire Council Housing and Social Services

Structure - Distinctive Features

The Emergency Duty Team (EDT) has electronic access to Clackmannanshire Council's Child Protection Register, and Social Workers' records.

In Clackmannanshire an Assessment of Risk tool for Child Protection Referrals is in use, which is a multi-agency assessment tool. Once completed this informs the Child Protection Action Plan.

In Clackmannanshire Preliminary Information and Incident Reports, have been replaced by a Referral Document followed by Referral Findings.

Clackmannanshire Council have adopted the 'independent chair' principle in relation to Child Protection case Conferences, ie. Service Managers do not chair meetings from their own areas, and if they, in their role as chairs cannot resolve any dissent during a meeting regarding registration or de-registration (which are made on the basis of a majority professional group judgement) the matter is referred to the Head of Child Care for a decision.

The Child Care Services Team Manager is the keeper of the Child Protection Register. In his / her absence contact should be made with a Child Care Team Manager.

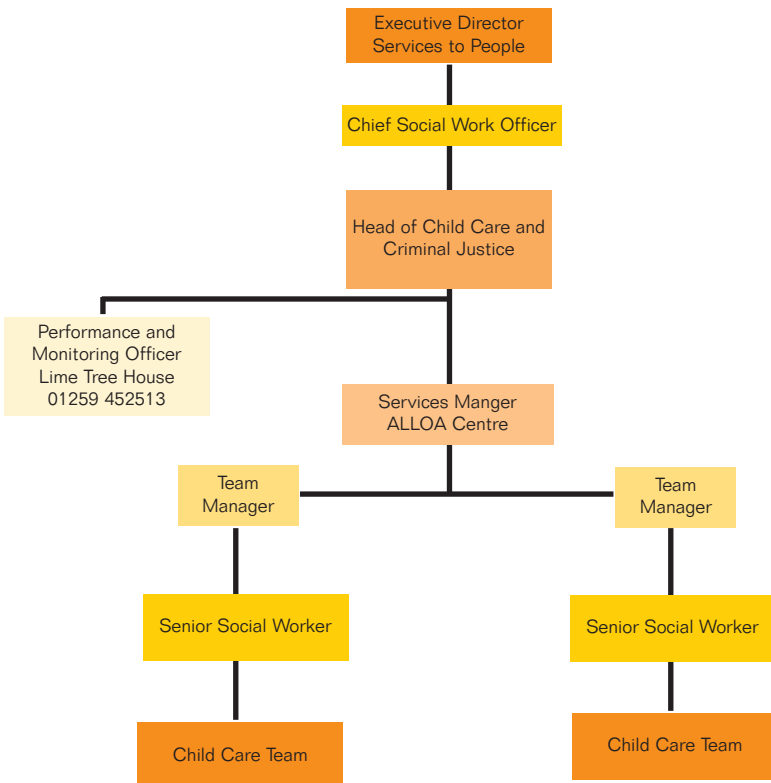
- Key Goals and Values
- Goals
- Equity and Fairness
- Accountability and Openness
- Partnership and Participation
- Trust and Commitment
- Dignity and Respect

Clackmannanshire Council Social Services (Child Care) Structure/Child Protection Referral Procedure

Procedure to be followed when Reporting Suspicion of Child Abuse

Telephone the Alloa Centre and ask for the Duty Officer. If there is any difficulty in contacting the Duty Officer, speak to the relevant Senior Social Worker. Failing that, contact the Service Manager.

Out of normal working hours when the relevant manager may not be available and when a member of staff suspects abuse which might require immediate attention, contact the Emergency Duty Team. Telephone 0845 2777000.



Alloa Centre, 8 Hillcrest Drive, Alloa, FK10 1SB. Tel No. 01259 225000



Appendix IV

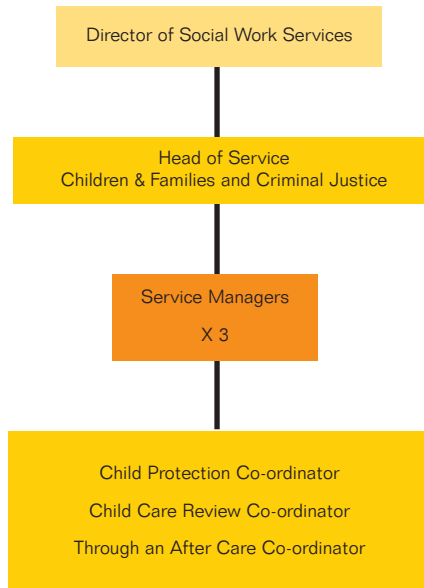
Falkirk Council Child Protection Procedures

Falkirk Council is committed to working corporately to promote the protection of children both within the council and with other agencies involved with children and their families.

Distinctive Features

The Child Protection Register for the Falkirk Council Area is maintained by the Child Protection Co-ordinator. Information regarding children whose names appear on the Register can be obtained by contacting the duty worker at the social work office covering the area in which the child lives or by contacting the Child Protection Co-ordinator.

Social Services Structure for Children and Families





Children and Families

Teams	Meadowbank Office	01324 503883
	Grangemouth Office	01324 504343
	Children with Disability Team	01324 504343
	Denny Office	01324 504160
	Stenhousemuir Office	01324 504160
	Grahamston Office	01324 506595
	Bo'ness Office	01324 778668
	Youth Justice Team	01324 506720

Values

- Promote sustainable economic growth and well-being
- Work to enable individuals and communities to achieve their full potential
- Strive to ensure equal opportunities, social justice, and the care and protection of vulnerable people
- Protect, promote and enhance the environment and quality of life for people in Clackmannanshire
- Provide high quality services which are effective, efficient and responsive.



Appendix V

Stirling Council

Referring Child Protection Concerns: Contact Information

STIRLING COUNCIL CHILDRENS SERVICES

Referrals to Stirling Council are normally made to the Initial Assessment Team at Drummond House.

If the child is known to have an allocated Social Worker the referral should be made to the Social Work Office covering the child's address.

NB. *When contacting the Initial Assessment Team or Area Office please clearly indicate that you wish to make or discuss a referral.*

When making a referral to the Initial Assessment Team, ask for the Duty Worker or Team Leader or if to the Area Office, ask for the Team Leader.

Initial Assessment Team
Drummond House
Wellgreen Place
Stirling
01786 471177

Stirling Highland, Endrick and Blane Valley
Burgh Chambers
The Cross
Dunblane
01786 821821

St. Ninians, Bannockburn and Eastern Villages
6 New Road
Bannockburn
01786 816515

Emergency Duty Team deal with referrals after 5.00pm and at weekends.
0845 2777000



Child Protection and Family Support Co-ordinators
01786 443169

(Responsible for Register Enquiries and Case Conferences System / Child Protection Issues, including chairing Child Protection Case Conferences)

Stirling Council's Values and Vision in Child Protection

Child Protection Services embrace the values and vision of Stirling Council.

These are to:

- Make access to Council Services as easy as possible, and to listen and respond
- Organise all services to meet the needs of citizens and communities, promoting fair shares for all
- Encourage and enable communities fully to participate in the decision-making process
- Deliver quality of services which are efficient and effective
- Value and develop all employees equally and delegate accountability
- Encourage open communication and working together across services and with other organisations to protect children

The vision for the Stirling Council area, which informs child protection, is one of:

- A caring, compassionate community, where people are treated with dignity and respect, and are provided with services that meet their needs
- An area in which people have control and influence over their lives
- A good place to live
- An area of equal opportunities in all services



Appendix VI

Contact for the Three Council Areas

Referrals should normally be made to the Social Work Office covering the area in which the child lives as listed below. If this information is not known, contact should be made with the officer underlined in the list.

CLACKMANNANSHIRE COUNCIL SERVICES

ALLOA

Child Care Services, 8 Hillcrest Drive, Alloa 01259 225000

PERFORMANCE AND MONITORING OFFICER

Lime Tree House, Castle Street, Alloa 01259 452513

FALKIRK COUNCIL HOUSING AND SOCIAL WORK SERVICES

FALKIRK HEADQUARTERS

Brockville, Hope Street, Falkirk, FK1 5RW 01324 506400

Grahamston Office, Grahams Road, Falkirk, FK2 7BQ 01324 506595

Bo'ness Office, Kinglass Centre, Grange Road,
Bo'ness, E51 9UE 01506 778668

Denny Office, Carronbank House,
Carronbank Crescent, Denny, FK6 6JA 01324 504160

Grangemouth Office, Oxgang Road,
Grangemouth, FK3 9EF 01324 504343

Meadowbank Office, 1 Salmon Inn Road,
Polmont, FK2 0XF 01324 503883

Stenhousemuir Office, 130 King Street,
Stenhousemuir 01324 503503

Camelon Office, 108B Camelon Road,
Falkirk, FK1 4HS 01324 501200

Child Protection Co-ordinator,
Brockville, Hope Street, Falkirk 01324 506400



STIRLING COUNCIL HOUSING AND SOCIAL SERVICES

Stirling Assessment Team Drummond House, Wellgreen Place, Stirling	011786 471177
St. Ninians, Bannockburn and Eastern Villages 6 New Road, Bannockburn	01786 816515
Burgh Chambers, The Cross, Dunblane	01786 821821
Child Protection Co-ordinator(s) Viewforth, Stirling	01786 443169

CENTRAL SCOTLAND POLICE

Family Unit Falkirk Police Office, Westbridge Street, Falkirk	01786 813412
Central Scotland Police, Police Headquarters, Randolphfield, Stirling	01786 456000

EMERGENCY DUTY TEAM

Provides cover for all three councils after 5.00pm Weekends and Public Holidays	0845 2777000
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REPORTER TO THE CHILDREN'S PANEL

FALKIRK Authority Reporter, Campfield House, Wellside Place, Falkirk	01324 626996
STIRLING AND CLACKMANANSHIRE Authority Reporter, 17 Gladstone Place, Stirling	01786 476400



HEALTHBOARD AND HOSPITALS

Forth Valley NHS Board	01786 463031
Stirling Royal Infirmary (Area Community Child Health Service)	01786 434000
Falkirk and District Royal Infirmary	01324 624000
Forth Valley Primary Care Trust	01324 570700

CHILDLINE SCOTLAND

	0141 552 1123
Linkline (Call Free of Charge)	0800 1111

SCOTTISH CHILD LAW CENTRE

Advice Line	0131 667 6333
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CHILD PROTECTION COMMITTEES

Training Co-ordinator, Langgarth, Stirling	01786 442508
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WOMEN'S AID

Clackmannanshire	01259 721407
Falkirk	01324 635661
Stirling	01786 470897

OPEN SECRET

(Helpline for Adult Survivors of Child Sexual Abuse)

Falkirk	01324 630100
Alloa	01259 729981
Stirling	01786 448504



REFERENCES

Children (Scotland) Act 1995

Protecting Children - A Shared Responsibility
Guidance on Inter-Agency Co-operation
The Scottish Office 1998

Protecting Children and Young People
Child Protection Committees
The Scottish Executive 2005

Children and HIV: Guidance for Local Authorities and Voluntary
Organisations
The Scottish Office 1996

Report of the Child Protection Adult and Review -
“It’s everyone’s job to make sure I’m alright”
Scottish Executive 2002

Framework for Standards
The Scottish Executive 2004