

# Shetland inter-agency Child Protection Procedures

August 2007

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# 1 Introduction

- 1.1 Shetland's Child Protection Committee (CPC) has produced this document as the basis of local practice in relation to child protection.
- 1.2 CPC is made up of representatives from a range of organisations including the statutory agencies with responsibility for the welfare of children and young people. Membership of CPC is set out at Appendix 19 in Section 19. CPC's Constitution is approved by the Chief Officers of Shetland NHS Board and Shetland Islands Council and the Chief Constable, Northern Constabulary, in accordance with Scottish Executive guidance: Protecting Children and Young People: Child Protection Committees 2005.
- 1.3 Shetland Islands Council, Shetland NHS Board and the Northern Constabulary have approved this document. The policy, procedures and practice guidance that follow apply to all statutory agencies represented at CPC, and must be followed irrespective of the source of the referral or its first point of contact.
- 1.4 Voluntary and non-statutory sector organisations providing services to children are represented at CPC. They are invited to link into these procedures as part of their child welfare policies.
- 1.5 Further protocols may be developed to provide additional guidance on specific areas of child protection work. Once approved by CPC they will be added to these Procedures and copies will be provided to those on CPC's distribution list of those holding copies of the Procedures who require updates.

**Note:** Throughout this document **the terms 'investigation' 'investigate' and 'investigative interview' are used to refer to the activities of the police, the Authority Reporter and the Council's social work services.** Usually these terms imply the gathering of evidence, which is the responsibility of the police and the Reporter. The primary responsibility of social work services in child protection is to gather information and make assessments about the best interests of children. However, for the purposes of this document, the above terms have been used to indicate the activities of all three agencies specifically in respect of child protection.

For ease of reference, **the terms 'child' and 'children' are used throughout this document. These terms refer to all children and young people up to the age of 16 years.**

Agencies will wish to consider their responsibilities in respect of **16-18 year old** young people under relevant legislation. For instance, the child in need provisions of the Children (Scotland) Act 1995 apply up to 18 as do the duties under the Protection of Children (Scotland) Act 2003. Over the age of 16 there is no requirement to follow these Procedures. Where protective action is believed to be appropriate for persons over the age of 16, such as young people with special needs, agencies may find the underlying

principles of these guidelines helpful in considering their roles and responsibilities, and should also consider vulnerable adults policies.

## **2 Policy**

- 2.1 All children have a right to protection from abuse and exploitation, and to adequate physical, emotional and social care; parents have the responsibility and the right to provide such care.
- 2.2 Children are best cared for in their own families, except where consideration for their safety and welfare dictates otherwise.
- 2.3 The welfare of children must be the paramount consideration in all decisions concerning them; all decisions must be based on children's best interests.
- 2.4 Work will be carried out on the basis of partnership with families wherever possible, parents being consulted and involved in all decisions affecting their children, subject to paragraph 2.3 above.
- 2.5 The highest priority will be given to the protection of children from abuse, and all agencies and organisations will ensure that activities carried out in the name of child protection are child-centred and give paramountcy to the welfare and interests of children.
- 2.6 Children have the right to be listened to and to be taken seriously; interview and other procedures will focus on the child and will reflect his/her rights, wishes and needs.
- 2.7 All concerns that children may have been or are being abused will be investigated in accordance with agreed inter-agency procedures.
- 2.8 All agencies are committed to working in an open and collaborative way, together and with parents, whilst recognising the potential for conflict in child protection situations.
- 2.9 All children will be provided with appropriate support in accordance with their particular needs.
- 2.10 All child protection interventions must be child centred and reflect anti-racist and anti-discriminatory practice.
- 2.11 This policy has been approved by Shetlands Islands Council, Shetland NHS Board, and the Northern Constabulary and adopted by all other organisations represented on Shetland CPC.

### 3 Roles and Responsibilities

3.1 The statutory responsibility for the investigation of suspected abuse of a child lies with three agencies:

**Police**  
**The Council through its social work service**  
**Authority Reporter**

3.2 The police have a general duty to protect the public and to investigate matters on behalf of the Procurator Fiscal, where they believe that a criminal offence may have been committed. They will give the Procurator Fiscal any information which will help him or her to decide whether a criminal prosecution should take place. The police will refer a child to the Children's Reporter if they believe that a child may be in need of compulsory measures of supervision. The police will also consult and share information with all other appropriate agencies on matters which relate to the well being of a child.

3.3 The social work service located within Shetland Islands Council Children's Services has a duty to make enquiries into allegations of child abuse of every kind; and, where these enquiries suggest that a child may be in need of compulsory measures of supervision, to refer the case to the Authority Reporter.

3.4 The Authority Reporter has a duty to investigate referrals to him/her and to refer a child to a Children's Hearing if s/he is satisfied that it is in the child's interest to provide protection, care, treatment or control on a compulsory basis. The extent and type of investigation is for the Reporter to decide.

3.5 With the responsibility to investigate goes the responsibility for decision-making. All decisions made will be recorded by the relevant organisations in accordance with their own internal practices and procedures.

3.6 The **Procurator Fiscal** also has clear statutory responsibilities in relation to the investigation of crime. With regard to child protection matters the Procurator Fiscal has a duty to:

- a). Consider the terms of reports sent in by police or other agencies and to instruct them to make appropriate enquiries;
- b). Consider whether criminal proceedings are appropriate and if so, to consider how they should be prosecuted taking account of all the circumstances of the offence and the offender;
- c). Set up contact with the child witness where there is prosecution, in consultation with other agencies;

- d). Assess with the help of professional colleagues, the most appropriate way for the child to give evidence in any criminal court proceedings and to make appropriate applications to the court;
- e). Work with the Reporter; and
- f). Go to child protection case conferences if this is appropriate.

3.7 Shetland NHS Board also has a specific role in connection with medical examinations for investigative purposes. Other agencies also have an essential part to play as set out in the following sections of these Procedures.

## 4 Definition

4.1 Child abuse can be described as the result of acts, which may be:

- deliberate;
- knowingly not avoided; or
- unwitting,

which result in failure to meet a child's needs in such a way, or to such an extent, that it is detrimental to the child's well-being and development.

4.2 The Scottish Executive defines risk as meaning exposure to identified harm. This is the normal threshold expected of practitioners when taking action or making a referral.

4.3 The Scottish Executive defines the following categories of abuse for the purposes of the Child Protection Register.

"General - children may be in need of protection where their basic needs are not being met, in a manner appropriate to their stage of development, and they will be at risk from avoidable acts of commission or omission on the part of their parent(s), sibling(s) or other relative(s), or a carer (i.e. the person while not a parent who has actual custody of a child).

To define an act or omission as abusive and/or presenting future risks for the purpose of registration a number of elements must be taken into account. These include demonstrable or predictable harm to the child, which must have been avoidable because of action or inaction by the parent or other carer.

Categories of abuse – for recording all cases, the following are the standard categories of abuse. Although these are presented as discrete definitions, it should be borne in mind that in practice there can be overlap and interaction between categories, and child abuse as experienced by an individual child may not always fit neatly into one category. In such cases authorities may, for the purpose of individual case management, identify combinations of the categories. It may also become necessary to change the category of abuse as a case progresses.

### **Physical Injury**

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.

### **Sexual Abuse**

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

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

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

### **Emotional Abuse**

Failure to provide for the child's basic emotional needs such as to have a severe effect on the behaviour and development of the child.

### **Physical Neglect**

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

- 4.4 Organisations working with children owe them a duty of care and have specific responsibilities towards them. Everyone has a responsibility to make sure children are safe and well cared for, and should never cause them harm. Therefore allegations against members of staff (or volunteers) working for any organisation will be investigated under these Procedures. (See further information at section 9.4.)

## 5 Recognition

5.1 There are a number of signs which **may** indicate that a child has been abused. However, it is important to understand that child abuse could be one of a number of possible causes, and, while it is right to be concerned, the existence of one or more symptoms does **not necessarily** indicate child abuse.

5.2 Possible indicators may include:

- doubtful or inconsistent explanations of fractures, cuts, bruises, scalds, burns, lacerations, swellings, or small bite marks;
- damage around the mouth and ears (a child who is crawling or walking can frequently get cuts or bruises, but it is not so easy for babies to incur such injuries);
- bruising in areas which a child would not normally injure in everyday play, e.g. centre of the back, abdomen;
- bruising which would indicate that the child has been gripped too tightly and possibly shaken;
- 'finger-tip' bruising, e.g. on upper arm and face;
- impaired emotional or physical development, loss of weight or failure to gain weight within normal parameters, lethargy, tiredness;
- symptoms of the consumption of potentially damaging substances, e.g. alcohol, excess medicines, cleaning fluids;
- unusual or suspicious behaviour of parents, including delay in seeking advice, or over-frequent attendance at clinics or surgeries; the parent may be seen to handle the child in an unfeeling or mechanical way;
- conflicting explanations of an injury;
- unexplained absences from nursery or school;
- child exhibiting undue fear of adults, or displaying apprehensive, withdrawn or very challenging behaviour;
- factors that may impact on parents' ability to provide safe care, e.g. alcohol and/or drug misuse, domestic abuse, severe mental illness, learning disabilities, etc.;
- running away from home;

- eating disorders such as anorexia nervosa or bulimia;
- insomnia;
- depression;
- self-harm;
- child with recurrent urinary tract, genital and/or vaginal infections;
- exhibiting sexual knowledge inappropriate to the child's age, through behaviour, writing, talking or drawing;
- childhood pregnancy.

5.3 It is reasonable to expect parents and professionals to be seriously concerned by the appearance of these, singly or in combination. **However, assumptions cannot be made on the basis of checklists, and it is essential to make objective assessments at all times.**

5.4 Remember that all forms of abuse including sexual abuse may be perpetrated by males or females, including by other young people.

5.5 Further guidance regarding the following is given in Appendix 20 in Section 19, to which please refer:

- Bullying;
- Children and young people abused through prostitution;
- Children and young people experiencing domestic abuse;
- Female Genital Mutilation;
- Young Runaways;
- Child Abuse and Information & Communication Technology;
- Cultural and Ethnic Minority Groups
- Self-harm and/or suicidal behaviour
- Listening to a Disclosure
- Further help.

## 6 Referral

- 6.1 All allegations of child abuse will be treated seriously. This does not mean that all allegations will necessarily be accepted as true, but staff must be aware of the seriousness of such allegations and the consequent need to examine and test these.
- 6.2 These child protection procedures are designed to direct referrals to the Duty social work service (within the Education and Social Care Department of Shetland Islands Council) and/or the police, who may in turn make a referral to the Authority Reporter. This does not affect the statutory right of any individual to refer a case directly to the Reporter.
- 6.3 Staff from all agencies working with children should know how to recognise child abuse, and how to refer such a case to one of the investigating agencies in accordance with these procedures.
- 6.4 **Staff may seek an explanation for an obvious injury to the child, either from the child or from his/her parents.** If a child begins to speak about concerns, it is important to listen carefully and note exactly what is said. In seeking to clarify the information being given, and gather basic details to establish the need for a referral, staff should take care not to ask leading questions (questions that suggest an answer) and **not to engage in an investigative interview, which will be undertaken by the investigating agencies.** Although not involved in interviewing, staff may find it helpful to refer to the examples of open and closed questions in Appendix 20 in Section 19, in order to fully appreciate this point.
- 6.5 **The timing and nature of further contact with parents must be decided by the investigating agencies, following referral.** The referrer will normally be kept informed.
- 6.6 When making a referral, it is important for the fullest and most accurate information to be given. To help ensure this, and to establish a simple chain of communication, either:
- the referral should be made by the person with first hand knowledge of the situation, or
  - the person with first hand knowledge may be spoken to before an investigation is started.
- 6.7 All referrals should make a clear distinction between fact and opinion.
- 6.8 Staff from all agencies should all be sufficiently familiar with these procedures to enable them to inform members of the public who refer cases of suspected abuse of the actions and responsibilities of each agency.

- 6.9 **The following section details the actions required of staff from each statutory agency, and which should be taken by other organisations, in the event of suspected abuse of a child.**
- 6.10 Shetland is too small to have a waking 24 hour social work response team but urgent help can always be obtained at any time of the day or night via the Duty social work service. The after-hours number will be answered by an operator who will contact the duty social worker/social work manager, who will call you back. You will need to provide a number for this purpose. However, if you are unable to give a number, provide as much information as you can to the operator, who will pass it on. However, please be aware that in that case the emergency help that can be offered may be more limited than if the social worker were able to speak to you direct.
- 6.11 If you are making an enquiry of the Child Protection Register the duty social worker will need to check your identity e.g. by calling you on your work number.
- 6.12 **In the event of any difficulty in contacting the Duty social work service, where there is an allegation of a crime, or if immediate assistance is required, a child protection referral can be made direct to the police, in an emergency by dialling 999.**

## **7 Immediate Response**

### **7.1 Immediate Response - Shetland Islands Council Duty social work service.**

7.1.1 On receipt of information suggesting that a child may have been abused, or may be at risk of being abused, social work staff will:

(a) record all relevant details that are available regarding

- the child/ren concerned;
- the alleged abuse;
- the alleged perpetrator;
- the child's family;
- the informant;

(b) notify the Designated Manager for Child Protection (DMCP). It is the responsibility of the Chief Social Work Officer to nominate social work managers to fulfil this function and to ensure relevant staff know who they are.

7.1.2 The DMCP will assume management responsibility for any child protection referral, and instigate any immediate action required to protect the child on an emergency basis. The DMCP who is first notified of a referral will hold responsibility until another DMCP assumes that responsibility. The time of handover must be recorded by them both, and if an investigating social worker has been appointed under 7.1.8 below, it is the responsibility of the DMCP assuming responsibility to notify them of the handover.

7.1.3 The DMCP will ensure that the following checks are made:

- social work records;
- Child Protection Register;
- police;
- health visitor;
- head teacher;
- general practitioner;
- clinical psychological services;
- Senior Local Support Co-ordinator ;
- Criminal Justice Unit;
- local authority for any recent last known address;
- others as appear relevant.

In any case where there is a referral received expressly as a child protection referral, checks will be made of relevant agencies before a decision is made that a child protection investigation is unnecessary. This will include anonymous referrals.

- 7.1.4 The DMCP will consider the available information and determine whether an initial investigation should be instigated. Where a child protection referral is received out of hours it is likely that not all the checks can be carried out immediately. The DMCP on duty out of hours will ensure as many checks as possible are carried out and the outcome recorded. If the above checks have not been completed, the DMCP on duty the next working day will ensure they are completed before a decision is made that progressing the matter further under child protection procedures is unnecessary.
- 7.1.5 Should the DMCP need further support, the Service Manager, Children's Services (Social Work), Head of Children's Services or Chief Social Work Officer are available for consultation.
- 7.1.6 The DMCP will ensure that each child concerned is seen by a professional, and that the immediate well-being of the child is established, unless satisfied that this has already been done. The need for any immediate protective action must always be considered.
- 7.1.7 In the event of a child protection investigation being considered unnecessary, the reasons for this decision will be recorded and consideration will be given to what support services may assist the family.
- 7.1.8 The DMCP will identify a social worker to act as the investigating social worker for any investigation, and will make contact with the police to arrange an initial strategy discussion.
- 7.1.9 A social work Manager and the investigating social worker will attend the strategy discussion with the police, and any other agencies it has been agreed should be involved. See section 8 below.
- 7.1.10 The investigating social worker will complete the Record of Action Taken - Child Protection Referral. A copy is at Appendix 4 in section 19.
- 7.1.11 The investigating social worker, or the duty social worker where a decision is reached not to undertake a child protection investigation, will provide appropriate feedback to a referrer, to include information as to the stage of the Procedures reached, within 48 hours of receipt of the referral, and this will be confirmed in writing within 7 days of the conclusion of the investigation, except in the case where the referrer has confirmed they would be compromised by this, e.g. a family member.

## **7.2 Immediate Response – Northern Constabulary Shetland Command**

- 7.2.1 When an allegation is made or information passed to the police from an agency or other source that a child has been or may be at risk of abuse or neglect, the officer receiving the information must let the on call Designated Officer in the Command Area know through the chain of command.
- 7.2.2 A nominated police officer is the Designated Officer for the purposes of communication between agencies, and has a particular responsibility for child abuse investigations.
- 7.2.3 The Designated Officer will consider the information and source and contact Shetland Islands Council's Designated Manager for Child Protection (DMCP) (see section 7.1) or Service Manager, Children's Services (Social Work). If the contact is necessary out of office hours, the duty social worker will be contacted, and if unavailable the DMCP. They will exchange information on the circumstances and decide on the most appropriate course of action to follow.
- 7.2.4 The Designated Officer will complete Child Protection review sheet CR/56/37 following the exchange of information and ensure that background checks for the victim(s) and suspect(s) are carried out. Such checks will include
- a) Child Protection Register
  - b) Scottish Criminal Records Office (SCRO)
  - c) Police National Computer (PNC)
  - d) Child Protection database (HOLMES)
  - e) Scottish Intelligence Database
  - f) Incident Text searches (IMPACT)
- 7.2.5 When an enquiry is necessary the Designated Officer will appoint an officer specifically trained in child protection matters as investigating officer. (All area commands have a number of trained local child protection officers (LCPOs) who are available to carry out such enquiries. The dedicated Child Protection Unit (CPU) is based at Police HQ and when requested by the Designated Officer the unit will support the LCPOs. The unit will deal with complicated child protection cases, which involve serious allegations, multiple victims or multiple accused.)
- 7.2.6 The Designated Officer will attend the strategy discussion with the investigating officer, a social work manager and the investigating social worker, and any other agencies it has been agreed should be involved. (See section 8 below.)

- 7.2.6 Where any child is at risk of harm, this factor will always over ride Northern Constabulary's requirements to keep information confidential. The Designated Officer will acknowledge the requirement to act in a child's best interest, as the Children (Scotland) Act 1995, supersedes the right to family life requirement in the Human Rights Act. The duties defined in the Children (Scotland) Act take primacy. Full details of the results of checks stipulated under paragraph 7.2.4 will be disclosed to the investigating social worker in order that an accurate joint risk assessment between the police and social work services is carried out.
- 7.2.8 Where details of the person to whom the child initially disclosed are known, the Designated Officer will make arrangements for a statement to be noted prior to the strategy discussion, but will not delay the meeting for this.
- 7.2.9 Should a child make an allegation directly to a police officer, the officer will not enter into an exploratory interview, but the information will be referred to the Designated Officer as above.

### 7.3 Immediate Response - Shetland Islands Council - Schools service

- 7.3.1 Wherever there is an indication that a child has suffered a physical injury or is being neglected (see section 5 above) **or** a child makes an allegation that s/he has been subject to any form of abuse, **whether recent or not**, the staff member must immediately contact the Head Teacher, the Head of Establishment or depute, who are the Designated Persons for child protection.
- 7.3.2 The Head Teacher, Head of Establishment or depute must immediately refer the case to the Duty social work service, **without** further discussion with the child. **See Appendix 1 in section 19 for contact numbers.**
- 7.3.3 Staff may seek an explanation for an obvious injury to the child, either from the child or from his/her parents; however, **Schools service staff must not interview the child, beyond gathering basic details to establish the need for a referral. The timing and nature of further contact with parents must be decided by the investigating agencies, following referral.**
- 7.3.4 A child may choose a member of school or other establishment staff to speak of abuse, which has happened to him/her. It is important to acknowledge the trust that the child is placing in the staff member without becoming drawn into an interview. If a child begins to speak about concerns, it is important to listen carefully and note exactly what is said. In seeking to clarify the information being given, and gather basic details to establish the need for a referral, staff should take care not to ask leading questions (questions that suggest an answer) and **not to engage in an investigative interview, which will be undertaken by the investigating agencies.** Although not involved in interviewing, staff may find it helpful to refer to the examples of open and closed questions in Appendix 20 in Section 19 in order to fully appreciate this point.
- 7.3.5 The child will need to understand that:
- the importance of what the child has said is recognised;
  - s/he is being taken seriously;
  - the staff member is willing to help; and
  - in order to help, the information must be shared with others.
- 7.3.6 Staff **cannot** give the child a guarantee of confidentiality, but should assist the child as far as possible to understand what will happen next.
- 7.3.7 If the child has sustained an injury that requires medical attention, confirmation should be obtained from social work staff as to the medical arrangements, and co-operation given as required with arrangements to take the child to hospital or to his/her GP. It is the responsibility of social work staff to make these arrangements in consultation with parents. (Social work staff will liaise with the police regarding the necessity for involvement of a Police Surgeon.)

- 7.3.8 In circumstances where staff have general concerns about a child, but no clear sign of injury and no allegation from the child, this should be discussed with the Head Teacher, Head of Establishment or depute. Paragraph 7.3.3 also applies in these circumstances.
- 7.3.9 The Head Teacher, Head of Establishment or depute will decide, where necessary in consultation with the Principal Educational Psychologist or depute, whether a child protection referral should be made.
- 7.3.10 A written record of concerns, allegations and actions taken must be kept.
- 7.3.11 If the initial contact with the Duty social work service or police was made by telephone, in addition to taking a written record as at 7.3.10 above, the Head of Schools must be notified in writing, with a copy to the Service Manager, Children's Services (Social Work). A form for notification is at **Appendix 3 in section 19.**
- 7.3.12 If the Head Teacher, Head of Establishment or depute is not available, or if the staff member is not satisfied with the action taken s/he may contact the Duty social work service directly, but must then comply with para. 7.3.11 above.
- 7.3.13 In case of any difficulty in contacting Duty social work, see also section 6.12 above.

## **7.4 Immediate Response - Shetland Islands Council Children's Services (other than Duty social work)**

- 7.4.1 Wherever there is an indication that a child has suffered a physical injury or is being neglected (see section 5 above) **or** a child makes an allegation that s/he has been subject to any form of abuse, **whether recent or not**, the staff member must immediately contact his/her Designated Person for child protection.
- 7.4.2 The Designated Person must immediately refer the case to the Duty social work service **without** further discussion with the child. **See Appendix 1 in section 19 for contact numbers.**
- 7.4.3 Staff may seek an explanation for an obvious injury to the child, either from the child or from his/her parents; however, **staff must not interview the child, beyond gathering basic details to establish the need for a referral. The timing and nature of further contact with parents must be decided by the investigating agencies, following referral.**
- 7.4.4 A child may choose a social worker, youth worker, or other staff to speak of abuse, which has happened to him/her. It is important to acknowledge the trust that the child is placing in the staff member without becoming drawn into an interview. If a child begins to speak about concerns, it is important to listen carefully and note exactly what is said. In seeking to clarify the information being given, and gather basic details to establish the need for a referral, staff should take care not to ask leading questions (questions that suggest an answer) and **not to engage in an investigative interview, which will be undertaken by the investigating agencies.** Although not involved in interviewing, staff may find it helpful to refer to the examples of open and closed questions in Appendix 20 in Section 19 in order to fully appreciate this point.
- 7.4.5 The child will need to understand that:
- the importance of what the child has said is recognised;
  - s/he is being taken seriously;
  - the staff member is willing to help; and
  - in order to help, the information must be shared with others.
- 7.4.6 Staff **cannot** give the child a guarantee of confidentiality, but should assist the child as far as possible to understand what will happen next.
- 7.4.7 If the child has sustained an injury that requires medical attention, confirmation should be obtained from social work staff as to the medical arrangements, and co-operation given as required with arrangements to take the child to hospital or to his/her GP. It is the responsibility of social work staff to make these arrangements in consultation with parents. (Social work staff will liaise with the police regarding the necessity for involvement of a Police Surgeon.)

- 7.4.8 In circumstances where staff have general concerns about a child, but no clear sign of injury and no allegation from the child, this should be discussed with the Designated Person. Paragraph 7.4.3 also applies in these circumstances.
- 7.4.9 The Designated Person will decide whether a child protection referral should be made.
- 7.4.10 A written record of concerns, allegations and actions taken must be kept.
- 7.4.11 If the initial contact with the Duty social work service or police was made by telephone, in addition to taking a written record as at 7.4.10 above, the Head of Children's Services must be notified in writing, with a copy to the Service Manager, Children's Services (Social Work). A form for notification is at **Appendix 3 in section 19**.
- 7.4.12 If the Designated Person is not available, or if the staff member is not satisfied with the action taken s/he may contact the duty social worker directly, but must then comply with para. 7.4.11 above.
- 7.4.13 In case of any difficulty in contacting Duty social work, see also section 6.12 above.

**Note:** All staff should have been informed during induction of the identity of their Designated Person for child protection. Designated Persons must undertake as a minimum the CPC's Foundation Level (2 ½ day) child protection course and regular updates. Anyone who does not know who their Designated Person is, should contact their Head of Service.

## 7.5 Immediate Response – NHS Shetland

- 7.5.1 All cases where there is knowledge or suspicion that a child has suffered or is at risk of suffering abuse must be reported to the Duty social work service. There does not need to be a particular incident with substantial evidence.
- 7.5.2 The following reporting arrangements apply:
- 7.5.2.1 Staff whose role specifically includes child protection practice e.g. Health Visitors and/or staff who have undertaken the Child Protection Committee's child protection Foundation training course refer directly to the Duty social work service (or police as above).
  - 7.5.2.2 Other staff refer through line manager or through Child Protection advisor (see below). All referrals should be advised to line manager.
  - 7.5.2.3 Where a concern is reported to a line manager or Child Protection advisor, that person must decide whether a child protection issue is being raised and ensure that the referral is made where appropriate and recorded appropriately.
- 7.5.3 If any staff member is in need of advice regarding the appropriateness of reporting, they may discuss the matter with Child Protection advisor or other relevant professional, provided this will not cause delay.
- 7.5.4 The referral will need to be immediate and should be made verbally to the duty social worker. **See Appendix 1 in section 19 for contact numbers.**
- 7.5.5 Telephone contact must be followed up in writing by completing the form at **Appendix 2 in section 19**, and sending it to the Service Manager, Children's Services (Social Work) at 91-93 St Olaf St., Lerwick, ZE1 0ES
- 7.5.6 A copy of the referral form must be sent to the Child Protection Nurse Advisor, Community Health Partnership Office, Breiwick House, South Road, Lerwick ZE1 0TG marked 'CONFIDENTIAL', the child's GP, the Health Visitor where appropriate, and a copy kept on the referrer's file for the child.
- 7.5.7 A written record of concerns, allegations and actions taken must be kept using Clinical Incident/Risk Management forms.
- 7.5.7 In circumstances where there are general concerns about a child, but no clear sign of injury and no allegation from the child, this should be discussed with a senior colleague, and in case of doubt the duty social worker should be consulted. The outcome should be noted in the child's medical record.

- 7.5.8 In case of any difficulty in contacting Duty social work, see also section 6.12 above.
- 7.5.9 A check may be made of social work records and the Child Protection Register. It is important to realize that the fact that a child's name is not yet on the Child Protection Register does not indicate that they are not at risk. For further information about the link between A&E and the Child Protection Register, please refer to Protocol No. 4 in Section 20.
- 7.5.10 Where children present to medical practitioners with an injury or complaint, practitioners should be alert to the possibility of child abuse or neglect, should ensure that full histories are taken and recorded, and should treat as suspicious inconsistencies in such histories. They must consider what information is available from their own or other agencies before they rule out the possibility of continuing risk.
- 7.5.11 Medical practitioners may observe signs and symptoms of child abuse while conducting examinations for other purposes. If signs and symptoms of abuse are observed:
- the general examination should be completed;
  - the examination specifically for abuse should **not** continue;
  - clinical findings up to the end of the general examination should be recorded;
  - a child protection referral should be made (see 7.5.1 above).
- 7.5.12 The issue of a forensic medical examination will then be discussed at the appropriate strategy discussion. (See sections 8 and 11 below).
- 7.5.13 For a doctor to continue with more detailed examination in such a case may involve intrusive examination procedures, and would be of limited value in forensic/legal terms. The only circumstance where it should be considered is where it is necessary to provide urgent treatment to the child.
- 7.5.14 Health professionals will be invited to child protection case conferences where they are needed, and are expected to attend. (See section 13.) In every case they should provide the meeting with a written report on the child, even if this is only to record their lack of prior involvement; this is particularly essential if, exceptionally, they are unable to attend. Professionals should bear in mind that even if they have not had prior involvement with a child, their attendance may be required in order to consider what contribution they can make to a child protection plan if the child is or remains registered.
- 7.5.15 The following table details those who have specific roles in relation to child protection:

|   |   |
|---|---|
| <p><b><u>Lead Clinician</u></b></p>   | <ul style="list-style-type: none"> <li>(i) GP with a Special Interest in Child Health (supported by Director of Public Health).</li> <li>(ii) On-call specialist advice from Grampian on-call Paediatrician.</li> <li>(iii) Specialist advice from Consultant with Specific Responsibility for Child Protection at Aberdeen Children's Hospital, NHS Grampian.</li> </ul> |
| <p><b><u>Lead Manager</u></b></p>   | <p>Director of Public Health</p>  |
| <p><b><u>Child Protection Advisors</u></b><br/>(for advice on Child Protection procedures or issues of concern)</p> | <ul style="list-style-type: none"> <li>(i) During working hours:<br/>Assistant Director of Nursing (Community)<br/>Assistant Director of Nursing (Hospitals)<br/>Child Protection Nurse Advisor</li> <li>(ii) Out of hours: Director of Public Health.<br/>On-call Consultant Paediatrician at Aberdeen Children's Hospital, NHS Grampian.</li> </ul>                     |
|   |   |

## 7.6 Immediate Response - Shetland Islands Council Executive Services - Housing

- 7.6.1 Wherever there is an indication that a child has suffered a physical injury or is being neglected (see section 5 above) **or** a child makes an allegation that s/he has been subject to any form of abuse, **whether recent or not**, the staff member must immediately contact a Senior Housing Officer.
- 7.6.2 The Senior Housing Officer must immediately refer the case to the Duty social work service **without** further discussion with the child. **See Appendix 1 in section 19 for contact numbers.**
- 7.6.3 Staff may seek an explanation for an obvious injury to the child, either from the child or from his/her parents; however, **Housing staff must not interview the child, beyond gathering basic details to establish the need for a referral. The timing and nature of further contact with parents must be decided by the investigating agencies, following referral.**
- 7.6.4 A child may choose a support worker or other Housing staff to speak of abuse, which has happened to him/her. It is important to acknowledge the trust that the child is placing in the staff member without becoming drawn into an interview. If a child begins to speak about concerns, it is important to listen carefully and note exactly what is said. In seeking to clarify the information being given, and gather basic details to establish the need for a referral, staff should take care not to ask leading questions (questions that suggest an answer) and **not to engage in an investigative interview, which will be undertaken by the investigating agencies.** Although not involved in interviewing, staff may find it helpful to refer to the examples of open and closed questions in Appendix 20 in Section 19.
- 7.6.5 The child will need to understand that:
- the importance of what the child has said is recognised;
  - s/he is being taken seriously;
  - the staff member is willing to help; and
  - in order to help, the information must be shared with others.
- 7.6.6 Staff **cannot** give the child a guarantee of confidentiality, but should assist the child as far as possible to understand what will happen next.
- 7.6.7 If the child has sustained an injury that requires medical attention, confirmation should be obtained from social work staff as to the medical arrangements, and co-operation given as required with arrangements to take the child to hospital or to his/her GP. It is the responsibility of social work staff to make these arrangements in consultation with parents. (Social work staff will liaise with the police regarding the necessity for involvement of a Police Surgeon.)

- 7.6.8 In circumstances where staff have general concerns about a child, but no clear sign of injury and no allegation from the child, this should be discussed with the Senior Housing Officer. Paragraph 7.6.3 also applies in these circumstances.
- 7.6.9 The Senior Housing Officer will decide whether a child protection referral should be made.
- 7.6.10 A written record of concerns, allegations and actions taken must be kept.
- 7.6.11 If the initial contact with the Duty social work service or the police was made by telephone, in addition to taking a written record as at 7.6.10 above, the Head of Housing must be notified in writing, with a copy to the Service Manager, Children's Services (Social Work). A form for notification is at **Appendix 3 in section 19**.
- 7.6.12 If the Senior Housing Officer is not available, or if the staff member is not satisfied with the action taken, s/he may contact the Duty social work service directly, but must then comply with para. 7.6.11 above.
- 7.6.13 If an allegation is made during the course of a homeless interview, the referral to the Duty social work service should indicate that the household is presenting as homeless.
- 7.6.14 The homeless assessment should continue to ensure the provision of secure, safe accommodation, in accordance with the Council's obligations under the Housing (Scotland) Act 2001.
- 7.6.15 Housing staff will liaise with social work staff with regard to the location and suitability of alternative accommodation.
- 7.6.16 In case of any difficulty in contacting Duty social work, see also section 6.12 above.

## 7.7 Immediate Response – Any other organisation;

This section is applicable to:

- All departments and services within Shetland Islands Council not specifically covered in sections 7.1, 7.3, 7.4 or 7.6 above;
- All agencies and organisations represented on the Child Protection Committee not otherwise specifically covered;
- All independent and voluntary organisations in receipt of funding from Shetland Islands Council or the Shetland Charitable Trust.

Its use is also strongly recommended for all other groups and organisations, or individuals concerned for the welfare of a child. It's everyone's job to keep children and young people safe from abuse and neglect.

- 7.7.1 Wherever there is an indication that a child has suffered a physical injury or is being neglected (see section 5 above) **or** a child makes an allegation that s/he has been subject to any form of abuse, **whether recent or not**, an organisation's staff member or volunteer must immediately contact the organisation's Designated Person for child protection. If there is no Designated Person or the staff member or volunteer cannot readily find out who it is, or the Designated Person is not available, the staff member or volunteer should make a child protection referral themselves in accordance with 7.7.2 below.
- 7.7.2 The Designated Person must immediately refer the case to the Duty social work service **without** further discussion with the child. In the event of any difficulty in contacting the Duty social work service, or where there is an allegation of a crime, a child protection referral can be made direct to the police. **See Appendix 1 in section 19 for contact numbers.**
- 7.7.3 You may seek an explanation for an obvious injury to the child, either from the child or from his/her parents; however, **you must not interview the child, beyond gathering basic details to establish the need for a referral.** The timing and nature of further contact with parents must be decided by the investigating agencies, following referral.
- 7.7.4 A child may choose a particular member of staff or volunteer or other trusted adult to speak of abuse, which has happened to him/her. It is important to acknowledge the trust that the child is placing in that person without becoming drawn into an interview. If a child begins to speak about concerns, it is important to listen carefully and note exactly what is said. In seeking to clarify the information being given, and gather basic details to establish the need for a referral, staff should take care not to ask leading questions (questions that suggest an answer) and **not to engage in an investigative interview, which will be undertaken by the investigating**

**agencies.** Although not involved in interviewing, staff may find it helpful to refer to the examples of open and closed questions in Appendix 20 in Section 19 in order to fully appreciate this point.

- 7.7.5 The child will need to understand that:
- the importance of what the child has said is recognised;
  - s/he is being taken seriously;
  - you are willing to help; and
  - in order to help, the information must be shared with others.
- 7.7.6 You **cannot** give the child a guarantee of confidentiality, but should assist the child as far as possible to understand what will happen next.
- 7.7.7 If the child has sustained an injury that requires medical attention, confirmation should be obtained from social work staff as to the medical arrangements, and co-operation given as required with arrangements to take the child to hospital or to his/her GP. It is the responsibility of social work staff to make these arrangements in consultation with parents, although any adult may do what is immediately necessary to ensure the child's immediate safety. (Social work staff will liaise with the police regarding the necessity for involvement of a Police Surgeon.)
- 7.7.8 In circumstances where staff or volunteers have general concerns about a child, but there is no clear sign of injury and no allegation from the child, this should be discussed with the organisation's Designated Person for child protection, if there is one. Paragraph 7.7.3 also applies in these circumstances.
- 7.7.9 The Designated Person will decide whether a child protection referral should be made, as at 7.7.2 above.
- 7.7.10 A written record of concerns, allegations and actions taken must be kept.
- 7.7.11 If the initial contact with the Duty social work service or the police was made by telephone, in addition to taking a written record as at 7.7.10 above, the referral should be confirmed in writing by completing the form at **Appendix 2 in section 19**, suitably adapted for the referring organisation, and showing contact details for the organisation, and sending it to the Service Manager, Children's Services (Social Work) at 91-93 St Olaf St., Lerwick, ZE1 0ES.
- 7.7.12 If the Designated Person is not available, if there is no Designated Person or the staff member or volunteer cannot readily find out who it is, or if the staff member is not satisfied with the action taken s/he may contact the Duty social work service directly, but must then comply with para. 7.7.11 above.
- 7.7.13 In case of any difficulty in contacting Duty social work, see also section 6.12 above.

**Note:** All staff and volunteers should have been informed during induction of the identity of their Designated Person for child protection. Designated Persons should undertake as a minimum the CPC's Foundation Level (2½ day) child protection course and regular updates.

Where a member of the public has concerns about a child but is not certain whether a child protection referral is required, this may be discussed with senior social workers or social work managers in Children's Services (see contact numbers in Appendix 1 in Section 19) or with Designated child protection staff in one of the agencies eg a school Head Teacher or a Health Visitor.

## 8 Child Protection Strategy discussions

- 8.1 Police and Social Work will always plan investigations into allegations of child abuse **jointly**. This does not mean that all investigations will be carried out jointly, but their method will be agreed in advance.
- 8.2 Strategy discussions between all appropriate organisations' designated officers will normally be face to face, although in some circumstances it may be possible/appropriate for the planning of an investigation to be carried out by telephone, e.g. where it can be agreed at an early stage that either the police or the social work service will begin the enquiry singly.
- 8.3 Consideration will always be given to the involvement of representatives of other disciplines at any stage of the planning process. Please also refer to Section 9.4 regarding Strategy Discussions where there are allegations against members of staff.
- 8.4 The purpose of the first Strategy Discussion is:
- to collate available information and establish the facts about the circumstances giving rise to concern;
  - to agree the nature of the child care enquiries and the criminal investigation; (see section 10 below for detailed planning of an investigative interview, and section 11 below for detailed consideration of medical examinations)
  - to identify sources and levels of risk;
  - to consider and plan any necessary protective action in relation to the child and any others. (see sections 14, 15, 16 and 17 below for detailed procedures in respect of applications to remove the child, or to take other legal protective action)
- 8.5 Other than in circumstances where this would be detrimental to the child's best interests, the child's parent(s) should be consulted and involved in the planning process. Where the referral is an allegation of a crime, whilst giving paramount consideration to the child's welfare, there may in some instances be necessity to restrict the persons present at any strategy discussion.
- 8.6 In all circumstances, including those where a decision is made to take no further action under child protection procedures, consideration should be given to referral to the Authority Reporter. The social work service will also give consideration to what support services the family may need.
- 8.7 Further strategy discussions may be necessary on receipt of additional information from any investigative interview, medical examination or other relevant source, in order to assist the decision-making process.

- 8.8 Both the police Designated Officer) and the social work Manager attending the strategy discussion will record the discussion and all decisions taken, including completion of the form at Appendix 5 in section 19, which will be counter-signed by both. The social work Manager will send a copy to the representative(s) of any other agencies who attended the meeting.
- 8.9 Disagreements about the methods of progressing the investigation, if not resolved at the strategy discussion, will be referred to the Chief Social Work Officer and the Chief Inspector of Police, Northern Constabulary Shetland Area Command for consideration.

## **9 Special Circumstances**

### **9.1 Children with additional support needs**

- 9.1.1 Research indicates that children with additional support needs may be up to 4 times more likely to experience all types of abuse than their peers.
- 9.1.2 They may suffer from **all** forms of abuse, and may be targeted for specific forms of abuse, e.g. sexual abuse, because of their vulnerability. They are often cared for by a range of people in addition to their primary carers and may lack the necessary language to communicate that they are being abused.
- 9.1.3 Abuse can often go unrecognised and unreported due to assumptions made eg assuming that a physical injury or 'challenging' behaviour is attributable to the child's condition rather than a symptom of abuse – this should be rigorously checked out, taking appropriate specialist advice as needed.
- 9.1.4 Staff from all agencies working with children with disabilities will be provided with additional training in communication and recognition to assist in the protection and support of disabled children.
- 9.1.5 Special consideration will be given at the strategy discussion to the needs of any child suspected of having been abused who has additional support needs due to a physical and/or learning disability.
- 9.1.6 This will include consideration of what specialist staff could assist in the interview of the child and who could provide the most appropriate support to the child.
- 9.1.7 A list of trained and experienced staff from all disciplines will be made available to the investigating agencies to provide specialist support to children with additional support needs.

## **9.2 Abuse by children and young people**

- 9.2.1 Children and young people who have abused are in need of support services, help, advice and counselling, and this will be given high priority by all agencies.
- 9.2.2 Interviews of children who are alleged to have abused a child will not be carried out exclusively by the police without prior agreement at a strategy discussion involving social work services. It must be recognised that should the referral relate to a criminal matter, any delay in enquiry may result in the loss of crucial forensic evidence.'
- 9.2.3 When a young person is alleged to have abused a child, consideration will always be given to referring the young person as well as the child to the Authority Reporter.
- 9.2.4 Except in exceptional circumstances (recorded in writing) a child protection case conference for any alleged abuser under the age of 16 will be convened, followed by a comprehensive assessment of his/her needs, and a risk management plan will be drawn up where risks to others have been identified. For further guidance regarding sexual abuse please refer to the Protocol regarding working with Children and Young People who display Sexually Harmful Behaviour, which will be inserted in Section 20 when available.

### **9.3 Organised or multiple abuse**

#### 9.3.1 Features of this could include:

- 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, including child pornography;
- close co-operation and defence of common group interests in the face of any inquiry.

#### 9.3.2 If links are established between cases that suggest the possibility of organised abuse, careful planning of each stage of any investigation must include:

- sharing full information at regular, planned and well-structured briefing meetings;
- careful recording of all activity between the agencies;
- periodic joint assessment of progress and future plans.

#### 9.3.3 Where it appears that organised or multiple abuse may be involved, the Chief Social Work Officer, Chief Inspector, Northern Constabulary Shetland Area Command, and Director of Public Health must be informed, and they will hold the Strategy Discussion. (See section 8 above.)

#### 9.3.4 The interests of the children will always remain paramount, even to the extent that evidence may be lost if obtaining that evidence would cause serious harm and distress to the children involved.

## 9.4 Allegations against staff

- 9.4.1 Any allegation that a child has been abused by a member of staff from any organisation (or volunteer working for any organisation) will be dealt with in accordance with these procedures.
- 9.4.2 On receipt of an allegation against a member of staff, the Duty Manager must immediately advise the Chief Social Work Officer in order that advice can be offered to the appropriate organisation as to any risks. Where there is an allegation of criminality the Chief Social Work Officer will liaise with the Chief Inspector, Northern Constabulary, Shetland Area Command to ensure that the integrity of the investigation is maintained.
- 9.4.3 The staff member's line manager must be informed immediately, as must the head of organisation, e.g. Chief Social Work Officer, Head of Schools, Head of Children's Services, Shetland NHS Board Chief Executive, Chief Inspector. Line managers must **not** discuss the allegation with the staff member pending decisions of the strategy discussion, but should take any immediate action required for the immediate protection of children.
- 9.4.4 The relevant Head of Service for the appropriate department/agency/organisation together with the relevant Personnel or Human Resources Manager will be invited to the strategy discussion (see Section 8 above) to either attend or send the most suitable representative. Where it is a criminal investigation, with the potential loss of forensic evidence, strategy discussions should be held at the earliest opportunity. Strategy discussions for criminal matters should not be delayed to accommodate various organisations' diary commitments.
- 9.4.5 The strategy discussion will decide (with the exception of allegations against Northern Constabulary staff) who will inform the staff member and how, and will discuss any further steps, such as suspension, that may be needed either to minimise risks or facilitate the investigation. Where the allegations relate to a member of staff employed by Northern Constabulary the Chief Inspector, Shetland Area Command will consult with his/her line manager and the Head of Professional Standards within Northern Constabulary in order to identify actions required. When the allegation pertains to a criminal enquiry, there is a need to ensure that no 'unique knowledge' is disclosed to the member of staff. Where such allegations exist, there is a requirement for the strategy discussion to identify and ensure no contamination of knowledge to any suspect.
- 9.4.6 These child protection procedures should be implemented alongside the organisation's own procedures, which will include keeping the staff member informed of his/her rights in respect of the investigation and of any disciplinary procedures and offering appropriate support.
- 9.4.7 Children's right to be protected is paramount, but sensitivity is also required to the vulnerability of staff to false allegations.

- 9.4.8 It must be clearly understood that suspension for a period of time may be required to facilitate the inquiry or to minimise any potential risks based on information available: if an allegation is not upheld, the organisation will support the staff member's reintegration into the workplace. This will be an internal decision for each individual organisation to address in line with their own policies, standards and guidance.

## **9.5 Allegations against foster carers**

- 9.5.1 Any allegation that a child has been abused by a foster carer will be dealt with in accordance with these procedures.
- 9.5.2 The Service Manager, Children's Services (Social Work) must be informed immediately, as must the Chief Social Work Officer, and the Service Manager, Children's Services (Social Work) will normally be involved in the strategy discussion (see section 8).
- 9.5.3 Immediate consideration will be given to whether a change of placement is in the child's best interests.
- 9.5.4 Any criminal matter should be discussed with the police Designated Officer prior to informing the foster carer, and the content of any discussion with the foster carer agreed.
- 9.5.5 The strategy discussion will consider the choice of investigating social worker, including whether there is a need for help to be requested from another area to ensure independence.
- 9.5.6 The Service Manager, Children's Services (Social Work) will arrange for a social worker who is not involved in the investigation to act as support to the foster carer. The Fostering Network may also be able to support the foster carer.
- 9.5.7 Children's right to be protected is paramount, but sensitivity is also required to the vulnerability of foster carers to false allegations.

## **9.6 Adult disclosure of historical child abuse**

- 9.6.1 An adult may disclose abuse that happened to her/him as a child. The person may do so by making a complaint direct to the police, or the disclosure may emerge in another context, such as therapeutic work. As well as offering support to the victim/survivor, the police and the Duty social work service should be consulted, and provided with the details of all alleged abusers. If the adult's allegation, or initial enquiries, indicate that there may be children and young people at risk because of their current contact with the alleged perpetrator, a strategy meeting must be convened to plan an immediate child protection investigation in accordance with these Procedures.

## **9.7 Children living in the same household as abusers**

- 9.7.1 Information that an abuser may be living in the same household as a child should be referred to the Duty social work service immediately, who will consult with the police in order that the risk to the child may be assessed. In the event of any difficulty in contacting the Duty social work service, or where there is an allegation of a crime, a child protection referral can be made direct to the police. A child protection case conference should be convened if initial assessment suggests continued risks to the child. This applies when an adult is known to have been convicted of an offence listed in Schedule 1 of the Criminal Procedure (Scotland) Act 1995 and Schedule 1 of the Sex Offences Act 2003, or when grounds of referral concerning the adult have been established for a Children's Hearing or similar process such as findings of fact made in a court elsewhere in the UK or abroad. Action should also be considered when agencies have information that suggests an adult in a house with children and young people, or who has substantial contact with children and young people, might have been involved in past abusive behaviour.

## 9.8 Anonymous referrals

- 9.8.1 Anyone receiving an anonymous telephone call about concern for the safety of a child should try to obtain the caller's number. If this is impossible, full details of the allegation/concern should be recorded carefully in writing. Callers should be encouraged to be as specific as possible. Efforts should be made to identify the anonymous caller in order that s/he may be interviewed about the allegation.
- 9.8.2 However, **anonymous callers should not be discouraged from sharing the information they have about a child, nor should any pressure be applied that could lead to the caller refusing to provide information.** The protection of children and young people is paramount and it is more important to obtain any information than to identify an anonymous caller.
- 9.8.3 No referrer can ever be given a guarantee that the anonymity of the person making the referral will be protected, and although in conducting investigations agencies should avoid naming the source of the information whenever this can appropriately be done, callers should be told when and to whom their identity may be disclosed. The caller should be made aware that it is possible that their identity may be revealed in the course of any subsequent police investigation/court case. It may also be the case that the family about whom allegations are made will have strong suspicions about the identity of the referrer, and support in dealing with this should be offered where appropriate, particularly to members of small and isolated communities.
- 9.8.4 As with any child protection referral, anonymous allegations must be treated seriously, with checks being made and decisions regarding further action taken in accordance with these procedures. Anonymous referrers should be given the opportunity of phoning back to know what action has been taken, although the amount of information that can be given may be limited if their identity is not known or where the referral is of a criminal nature.

## **10 Investigative Interviewing - Police and Social Work**

- 10.1 The main purpose of an investigative interview is to gather the information needed to take or plan any necessary action. If a child protection investigation is required the case will be allocated and the investigation commenced within 24 hours of the initial decision being taken.
- 10.2 The investigation will normally be carried out by an experienced social worker and police officer, one of each gender where possible. There should always be two members of staff involved in the investigation and interviews, to ensure that staff are protected and that there is corroboration of evidence. The investigating social worker and police officer should preferably be child protection trained.
- 10.3 Before carrying out any interviews there must be discussion and agreement regarding the structure of the interview, who will take the lead and the purpose of the interview.
- 10.4 All those undertaking investigative interviewing should be familiar with and follow national guidance. The Child Protection Committee's Lead Officer can advise on the most recent guidance available. (Contact details are at Appendix 20 in section 19, at App20-10.2.)

## 11 Medical Examinations

- 11.1 Where deemed necessary, a medical examination is a component in the multi-disciplinary assessment of child abuse.
- 11.2 Medical practitioners may observe signs and symptoms of child abuse while conducting examinations for other purposes. If signs and symptoms of abuse are observed:
- the general examination should be completed;
  - the examination specifically for abuse should **not** continue;
  - clinical findings up to the end of the general examination should be recorded;
  - a referral should be made to the Duty social work service of Shetland Islands Council;
  - in the event of any difficulty in contacting the Duty social work service, or where there is an allegation of a crime, a child protection referral can be made direct to the police.
- 11.3 NHS Shetland will provide an appropriately trained medical practitioner to carry out the examination (this may be the Police Surgeon but is more likely to be a specialist paediatrician from outwith Shetland), and where appropriate, nursing or support staff will be made available. Should the alleged child abuse be of a criminal nature the police Designated Officer will consult with Northern Constabulary Child Protection Unit. Specialist guidance from a Consultant Paediatrician is available to the specialised unit. For all likely criminal prosecutions, the police Designated Officer will also consult with the local Procurator Fiscal, to ensure that a specialist carries out any medical examination, who is suitably qualified to present evidence in court. All medical examinations for criminal matters will take cognisance of paragraph 11.6 of these Procedures.
- 11.4 To make the most effective contribution, the examining doctor must have clear information on the cause for concern and the known social background of the family, including any previous instance(s) of abuse or suspected abuse. This information should be available from the 'immediate response' (Section 7) and 'child protection strategy discussion' (Section 8) stages of the child protection process, which encourage good communication and sharing of concerns between disciplines.
- 11.5 The medical examination has four purposes:
- to establish what immediate treatment the child may need;
  - to provide information which will dismiss or support a diagnosis of child abuse, in conjunction with other information available;
  - to secure any on-going medical care, monitoring, and treatment the child may require, including a statutory medical prior to the accommodation of a child by the local authority;
  - to provide information or evidence, as appropriate, for criminal and/or civil proceedings.

- 11.6 The number of medical examinations to which a child is subjected must be kept to a minimum, and every effort will be made to ensure that the child does not undergo more than one. It should not be necessary for a child to be medically examined, for example, for physical injury, in the context of child protection, and then shortly afterwards to have to undergo a medical prior to accommodation; one examination should satisfy both functions.
- 11.7 In instances of **physical abuse and neglect, and emotional abuse and neglect**, there is a need to identify signs in terms of any observable injuries, lack of care, developmental delay, etc. Medical information is pertinent to the decision-making process, and the need for a medical examination is almost certainly indicated. However, the principle of the best interests of the child will inform decisions on a case-by-case basis.
- 11.8 **Failure to thrive** is in itself a medical diagnosis, and is therefore likely to be identified by medical staff in the first instance. Where it is suspected by other professionals, a medical examination is essential, not only in terms of a child protection investigation, but with regard to treatment urgently required. The child's best interests are therefore clearer in these circumstances.
- 11.9 In cases of **child sexual abuse**, the need for a medical examination should be discussed at a strategy discussion involving the police, social workers and medical staff. There should be discussion about the kind of medical examination required. In cases of child sexual abuse the police Designated Officer will consult with the Detective Inspector in charge of the Child Protection Unit, Northern Constabulary, regarding the type of medical examination required and advice regarding forensic evidence. For example, will it be a general medical examination as carried out by the child's own general practitioner, or will it be the more comprehensive medical examination required for forensic purposes? The decision should be made, bearing in mind the interests of the child, the needs of the criminal and civil investigations, and the likelihood of a forensic medical examination producing useful evidence. All decisions and the reasoning behind them should be recorded in writing. (See also Section 8.)
- 11.10 The forensic medical examination relating to child sexual abuse is an invasive procedure, involving internal examination of the vagina and/or rectum. The examination has to be conducted by two doctors, at least one of whom is appropriately trained, for purposes of corroboration. The decision whether to carry out such an examination is a matter for serious consideration. It will not be a foregone conclusion that a forensic medical examination will be carried out in all cases, as the best interests of the child remain the paramount consideration.
- 11.11 Where a forensic medical examination does take place, it should also provide the documentation required for accommodation purposes, to keep the number of medical examinations to a minimum.

- 11.12 Wherever possible, the strategy discussion should recommend whether a medical examination is required; and, if so, where and when the examination should be carried out.
- 11.13 The GP, and other relevant health staff with first hand knowledge of the case, may be part of any strategy discussion which is considering the necessity for a medical examination.
- 11.14 The form of the medical examination will be determined not by the nature of the alleged or suspected abuse, but by the agreed need for a corroborating medical witness and full forensic examination.
- 11.15 The police, on behalf of the strategy discussion, should consult specifically with the Procurator Fiscal and a Consultant Paediatrician to determine, in advance of any examination, whether corroboration of the findings is necessary for evidential purposes in any future prosecution.
- 11.16 The strategy discussion will seek to secure a medical examination in Shetland where practicable, and always at a place that is considered appropriate to the child's needs.
- 11.17 Account will be taken of the child's gender and race in making arrangements for a medical examination.
- 11.18 Where appropriate, following the decision of the strategy discussion, the police will secure, via the Director of Public Health, arrangements for a medical examination.
- 11.19 Where examination in Shetland is not considered appropriate, the strategy discussion will seek to secure a medical examination outwith Shetland, normally in the area covered by NHS Grampian, to be carried out within 72 hours.
- 11.20 Arrangements for medical examinations outwith Shetland will be made as follows:
- NHS Shetland will negotiate medical arrangements with appropriate counterparts in Grampian (or another health board area as necessary), and any necessary special travel arrangements.
  - The police will arrange for any necessary Police Surgeon.
  - Children's social work services will make all other necessary logistical arrangements in consultation with NHS Shetland.
- 11.21 It is expected that lead personnel (usually the investigating team), and a parent or appropriate adult carer will travel with the child. If it is decided that neither parent is to accompany the child, the reasons must be recorded in writing.

- 11.22 Parental consent for a child to be medically examined will be negotiated by the investigating team; and the final negotiation will be made with the child at each point during the medical examination by the medical examiner(s).
- 11.23 The Age of Legal Capacity (Scotland) Act 1991, gives full legal capacity to children over 16 years of age; consequently, they can consent to or refuse medical examination or treatment. Children under 16 years of age can give consent to medical examination or treatment only if they are capable of understanding the nature and possible consequences of the examination/treatment. The judgement as to their ability will be made by the examining medical practitioner. **Children under 16 may withhold consent to forensic/medical examination.**
- 11.24 The Act does not clarify the position in terms of parents' rights in this situation. Logic and current health service practice suggest that once the child is considered able to consent on his/her own behalf, the parents' rights to override that consent should cease. However, it is considered good practice to obtain the consent of parents wherever possible.
- 11.25 If a child is unable to consent to therapeutic medical treatment, and the parents refuse consent, emergency treatment can be authorised by the doctor. **This does not allow for medical examination for any other purpose than emergency treatment.**
- 11.26 It should be noted that a Child Protection Order does not give authority to carry out a medical examination without appropriate consent.
- 11.27 A Child Assessment Order may allow for a medical examination to be carried out without the consent of a parent; however, the child's consent would still be required by the examining medical practitioner.
- 11.28 To avoid unnecessary re-interviewing at the examination of any child, the investigators should tell the examining medical doctor as much about the circumstances of the case as possible. Whilst the medical examiner is required to discuss certain elements with the child it may avoid unnecessary additional discomfort.
- 11.29 If in the examining doctor's opinion, the child is not competent to give permission and the parents or carers refuse, consideration should be given to appropriate legal steps.
- 11.30 If the child refuses to give permission, the medical examination cannot go ahead. However, the examining doctor may submit notes based upon any observation of obvious injury, behaviour and so on.

11.31 Any medical examination under these Child Protection Procedures must ensure that the family is treated with dignity at all times. The following points are considered as best practice and will be complied with, unless prevailing circumstances dictate otherwise.

- If the child expresses a preference for a male or female doctor, all organisations must make sure that, whenever possible, the examination is carried out by a doctor of that gender.
- If the child asks for a particular person to go with them to the examination, this should be considered.
- The social worker should make sure that the doctor discusses with the child and parent the medical results of the examination where appropriate.
- The social worker should make sure that the doctor provides a short report of the medical examination for the social work notes.

11.32 Information gathered from the examination will be taken back to a strategy discussion to inform the planning of further action.

## **12 Parents**

- 12.1 Parents involved in a child abuse investigation will be informed of, and helped to understand, the steps that are being taken. The decision regarding the appropriate organisation to notify the parents will be made at the strategy discussion and recorded as per paragraph 8.8 of these Procedures. The social work service will confirm all important decisions to parents in writing, both for their own information and, if necessary, to help them instruct their legal representative(s). Where the referral is of a criminal allegation against one of the parents, whilst every effort will be made to comply with section 8.5 of these Procedures, the strategy discussion will consider the implications of such notification. Discussion at the strategy discussion will consider, in order of importance,
- a) The implications for the child.
  - b) The impact on the criminal enquiry.

Where a decision is made not to inform the parent(s) or guardian, this will be recorded by the designated officers, with the reasons for the decision.

- 12.2 Parents will normally be involved at the earliest stage; however, these Procedures acknowledge that there may be circumstances when it is not in the best interests of the child for this to occur. The decision will be made at a strategy discussion and the reasons recorded as set out in section 8.
- 12.3 Parents will normally be involved immediately prior to any interview with, or medical examination of, the child, and their support and co-operation sought.
- 12.4 Every effort will be made to uphold the rights of parents, irrespective of their co-operation.
- 12.5 At the conclusion of a child protection investigation, parents and carers should be advised of the outcome and the future actions agreed. The strategy discussion will consider and identify the agency responsible for advising the parents/carers of the outcome.

## **13 Child Protection Case Conferences**

### **13.1 General**

13.1.1 The case conference is the main forum for sharing information and concerns, analysing risks, and allocating responsibility for action.

13.1.2 Case conferences are convened by Children's Services (Social Work) within Shetland Islands Council's Education and Social Care Department, as a delegated function of the Child Protection Committee. The conference chair is accountable to the Chief Social Work Officer.

13.1.3 National guidance recommends the use of two distinct types of case conference:

- the initial child protection case conference;
- the child protection review case conference.

### **13.2 Function**

13.2.1 The purpose of the **initial child protection case conference** is:

- to gather together appropriate members of the family and the relevant agencies to share and assess information collected during a child protection investigation, and to consider other relevant background information;
- to determine risk and enable multi-agency consideration of cumulative concerns;
- to decide whether to place a child's name on the Child Protection Register, and if so under what category;
- to formulate, or provide the framework for the development of a child protection plan which includes consideration of necessary family support services.

13.2.2 The initial child protection case conference will consider the necessity to refer the child to the Authority Reporter, for his/her consideration of the necessity for compulsory measures of supervision - if these are not in place, or for a Children's Hearing review, if the child is subject to a Supervision Requirement.

13.2.3 A case conference called for a child not currently on the Register will be referred to as an 'initial' case conference, even where the child named was previously registered, but the social work report must give details of all previous registrations for the child.

- 13.2.4 An initial child protection case conference may be convened for an unborn child: this will be done where sufficient concerns exist prior to the birth of a baby as to require inter-agency intervention and planning. This may be referred to as a 'pre-birth conference.'
- 13.2.5 If such a conference decides to register, the child's name will be placed on the Register at birth. If the parents have not chosen a name, the Register will record 'Baby' (surname of mother) and the Register will be updated as soon as the given name is known. A review case conference must be held as soon as reasonably practicable once the baby is born and in any event within 10 working days.
- 13.2.6 The need for an initial pre-birth case conference should be considered:
- where previous children have been removed because of significant harm;
  - when a Schedule 1 offender joins the family;
  - where there are concerns about a mother's ability to protect;
  - where there are acute professional concerns re parenting capacity, particularly in relation to parental mental health/learning disability or domestic violence;
  - where alcohol/substance misuse could affect the health and wellbeing of the baby;
  - where the parent is young, has been/is looked after, requires own assessment.
- 13.2.7 The assessment and weighing up of vulnerability factors in such cases is an important process and needs to be considered in a wide context that includes:
- factors specific to the child;
  - factors specific to the adults;
  - adverse stress and environment factors;
  - strengths, supports and protective factors.
- 13.2.8 Where a child is on the Child Protection Register of another authority his/her name may initially be placed on the Register in Shetland on a temporary basis. If the child is transferring to Shetland on a permanent basis, an initial child protection case conference must be convened as soon as possible and in any event within 7 days, to consider whether there are grounds for registration in Shetland. This may be known as a 'transfer in' conference. A

representative from the original area will be invited and their attendance encouraged and facilitated. If they are unable to attend, all relevant information will be requested to be forwarded in writing to the conference chair. (See also section 18.2.11.)

- 13.2.9 As provided in 18.2.11 the child's name should be temporarily registered pending the 'transfer-in conference. Where a child is on the register of another authority great caution should be exercised and rarely would it be appropriate to decline to register in Shetland until all the available information and current circumstances have been carefully assessed.
- 13.2.10 The Senior Social Worker is responsible for referring the child to the Reporter **within 5 days** of the decision of the initial case conference that this should be done.
- 13.2.11 The purpose of the **child protection review case conference** is:
- to review the child and family circumstances;
  - to monitor the effectiveness of the child protection plan;
  - to consider whether the child continues to be at risk;
  - to decide on the appropriateness or otherwise of continued registration;
  - to amend the child protection plan where necessary.
- 13.2.12 The child's name should be removed from the Register only where the risks have reduced to such an extent that the child's name would not now be placed on the Register, and a child protection plan is no longer needed. This could be because the child is no longer living in/exposed to the continuing risk of significant harm. Where the child remains at home, care must be taken not to deregister before there is confidence that the diminution in risk is sufficient to protect the child, and likely to be permanent.
- 13.2.13 The first child protection review case conference will take place within 6 months of the initial case conference. Subsequent review case conferences will take place as required but at maximum intervals of 6 months.
- 13.2.14 Each child protection review case conference will consider the necessity for referral to the Authority Reporter, for his/her consideration of the necessity for compulsory measures of supervision, if these are not in place, or for a Children's Hearing review, if the child is subject to a Supervision Requirement.
- 13.2.15 The Senior Social Worker is responsible for referring the child to the Reporter **within 5 days** of the decision of the review case conference.

### 13.3 Organisation

- 13.3.1 The agency responsible for convening a child protection case conference is Children's Services (Social Work) within Shetland Islands Council's Education and Social Care Department, although other agencies may request that a conference is called.
- 13.3.2 The decision whether an initial case conference is necessary will be made by the Service Manager, Children's Services (Social Work) or a Senior Social Worker in the Children and Families Team, following appropriate discussion with other agencies. In the event of a referral whether from within Children's Services, from elsewhere within the Education and Social Care Department or from another department or agency, where any professional involved in the investigation disagrees with a decision not to call a Child Protection Case Conference, this should initially be discussed with the Service Manager, Children's Services (Social Work) and in the absence of agreement should be referred to the Head of Service of the referrer/professional's own department or agency who, after discussion with the Chief Social Work Officer, may require that a conference be called, if he/she considers it to be in the child's best interests to do so.
- 13.3.3 Case conferences will be chaired by the Children's Services Improvement Officer or in his/her absence by another trained chair approved by CPC. Exceptionally, if no other chair is available, conferences may also be chaired by the Child Protection Co-ordinator. All chairs should be of senior social worker grade or above, should have received training for the task and not have had line-management responsibility for the case.
- 13.3.4 A case conference will usually be convened following an investigation into an allegation of abuse to a child, but will also be necessary when information is received which suggests that a child may be at risk, e.g. should an abuser join a household (see section 9.7), when there are escalating or cumulative concerns, or when a child whose name is on the Child Protection Register in another area moves to Shetland. (See above at 13.2.8 for more about Transfer in conferences.)
- 13.3.5 Care should be taken not to assume lack of risk based on limited information (the case conference's main purpose is to share **all** relevant information to assist in the determination of risk), nor to base the decision on whether to call a case conference on an assumption that registration will not occur.
- 13.3.6 The manager who makes the decision to hold a conference (see 13.3.2 above) is responsible for ensuring that the administrative arrangements are made. This includes the booking of a suitable venue, ensuring the availability of a minute-taker, issuing invitations to relevant participants and providing the case conference chair with a list of invitees in advance of the conference. Wherever possible, child protection case conferences will be held at venues on a list approved by the Children's Services Improvement Officer.

13.3.7 The manager who makes the decision to hold a conference (see 13.3.2 above) will complete the form at Appendix 6 in section 19 and pass to the Administration Officer for action. (See 13.5.4 below regarding decision-making about invitees.)

#### **13.4 Timing**

13.4.1 Where a case conference is considered necessary, it will be convened within 10 working days of the referral. In some cases more urgent action may be required.

13.4.2 Consideration will be given to the most appropriate timing of case conferences to optimise the attendance of participants, but the welfare of the child is paramount and invitees are expected to prioritise this work.

#### **13.5 Participation**

13.5.1 The case conference is not a forum for social work decisions and recommendations to be endorsed. The multi-disciplinary nature of case conferences means that each agency carries responsibility for decisions and recommendations.

13.5.2 The following agencies could be represented at a case conference, on the basis of having specific responsibilities in the child protection process:

- Social Work (including representation from specialist social work services, e.g. criminal justice, mental health)
- Health Visiting/Nursing service
- Education
- Community Development
- Police
- General Practitioner/examining doctor

and exceptionally:

- Authority Reporter
- Procurator Fiscal

Please refer to Protocol No. 2 in Section 20 for arrangements about invitations and notifications to the Authority Reporter.

13.5.3 It may also be appropriate to include non-statutory agency representatives according to the circumstances of individual cases.

- 13.5.4 Before completing the form as set out at 13.3.7 above a Senior Social Worker should agree the membership of specific case conferences with the Service Manager, Children's Services (Social Work). Since all professionals invited are expected to attend, only those expected to have a contribution to make either to the information being collected, or its analysis, or to the child protection plan (if one is needed) should be invited.
- 13.5.5 Those attending should be there because they have a significant contribution to make arising from professional expertise, knowledge of the child and family or both. Consideration should be given whether to seek advice from or have present a medical practitioner who can present any medical information in a manner which can be understood by conference attendees and enable such information to be evaluated from a sound evidence base.
- 13.5.6 Child protection case conferences are interagency meetings and decisions about registration should not be taken by a sole agency. If, at an initial case conference, there is only one agency present, the Chair has the discretion to decide whether or not to proceed. If it is clear from information available that there are immediate and high risks it may be appropriate to register and formulate an interim protection plan, and to arrange an early review conference for other agencies to participate. If more information is needed to decide whether registration is needed, a conference may be deferred under 13.8.4 below, or if the child's name is placed on the Register, a review conference should be convened within a short period, to be determined by the chair, and steps taken to secure the attendance of representatives from other agencies. If at a review case conference there is only one agency present, the case conference should be put off to another day, to be fixed as soon as possible, to allow other agencies to be present and participate in any decisions made about registration. In the meantime the registration and protection plan will continue in force.
- 13.5.7 Parents should be included at case conferences as standard practice; and consideration should be given to the attendance of children, depending on their age and understanding, their own wishes, and what would be in their best interests. Parents (and children where attending) may bring someone to help them put their point of view if they wish (a 'supporter'). Exclusion of parents should only occur after serious consideration of exceptional circumstances, for example the threat of, or actual, physical violence or serious disruption, or where a parent's attendance is not in the best interests of the child.
- 13.5.8 The decision will be made by the Service Manager, Children's Services (Social Work) or if during the case conference, by the chair.
- 13.5.9 Justification for any exclusion should be recorded in writing, and include supporting evidence.
- 13.5.10 Where a parent does not wish to attend, or is excluded, or where it is thought that the parent(s)' attendance is not in a child's interests, it is important to

encourage and facilitate the expression of the parent(s)' views, in writing, by tape-recording, or by a representative.

- 13.5.11 Whether or not a child attends, reports for case conferences should include information about any views expressed by the child, and the social worker's reports should expressly include information regarding the child's views about their situation. (See 13.6.1 below).
- 13.5.12 'Restricted' information may sometimes be made available to a case conference, i.e. information that is not shared with particular participants. Participants should indicate in advance if they wish to share information in this way. The decision rests with the chair, and will be allowed in exceptional circumstances only e.g. where this is considered necessary for personal safety reasons, or where sharing information would prejudice a criminal inquiry. Any such information will be separately minuted.
- 13.5.13 Parents and the child must be prepared for and fully informed of the purpose and sequence of events in advance of the case conference, in order to minimise anxiety and encourage fullest possible contribution. The chair will take responsibility for this process. This will generally involve a pre-meeting with the parents and any supporter.
- 13.5.14 Some parents and children may find it helpful to provide their own written report, which they may be assisted to do by their supporter.
- 13.5.15 The presence of observers should only be agreed in exceptional circumstances and must be approved beforehand by the chair with the consent of the child and parents, if attending.

## **13.6 Reports**

- 13.6.1 The investigating social worker will provide a written report for the case conference, using the formats at Appendices 7(a) and 7(b) in Section 19 as appropriate. Where decisions are being made about more than one child in a family, there should be a separate section or report on each child. Information general to the family should be contained in a separate section. Information regarding each child's views should normally be included where the child is able to express these.
- 13.6.2 A copy of the report must be with the chair and with the minute-taker at least 24 hours before the conference.
- 13.6.3 Other agency representatives will also be asked to provide a written report. Such a request should be complied with whenever possible, and a written report **MUST** be provided if an invitee is unable to attend. Suggested formats are attached at Appendices 7(c) and 7(d) and guidance notes for preparing these are at 7(e). If possible these reports should be made available to the chair and minute-taker at least 24 hours before the conference.

13.6.4 Information should clearly distinguish between fact, observation, allegation, opinion and matters proven in court.

### **13.7 Risk Assessment**

13.7.1 In reaching a decision on registration, the case conference's primary consideration is assessment of risk to the child, the key question being whether the child is at continuing risk of significant harm.

13.7.2 Key issues in this process include assessment of:

- the nature of the causes of concern, and the factors which have led to the situation;
- the child's physical and emotional development, health and personality, and the highlighting of any problems the child may have;
- each parent or partner's background, personality, attitudes, strengths, and problems;
- the couple's relationship;
- family interactions, and particularly the family's ability to meet the child's needs;
- the nature of the child's and family's network of relatives and friends, and links with professional or other organisations;
- the quality of attachment/bonding;
- the depth of trauma.

13.7.3 Key questions in risk assessment are:

- what help will the family require and what is the probable timescale needed for any change to occur?
- what is the degree of acceptance by the parents of their responsibility for the risk to their child?
- do the parents wish to bring about change, and do they have the ability to do so?
- what are the financial resources and physical environment available to the family?
- can the family be an acceptable and safe place for the child?

- 13.7.4 Assessment should include consideration of any risk to the child's siblings - or other children in the household - who have not been subject to the investigation. They should normally be specifically included as subjects of the conference and if this is not to be the case the reasons should be recorded and the position reviewed in the light of any further evidence.

### **13.8 Registration Criteria**

- 13.8.1 For a child to be registered, there must be clear indications that the child has been or is at risk of being harmed, and that a multi-disciplinary child protection plan is required. In deciding whether a plan is needed, the conference should consider whether the child is at continuing risk of significant harm.
- 13.8.2 Evidence for this will include issues raised by the investigation, and professional judgements.
- 13.8.3 The case conference must decide on a category of abuse for registration; if more than one category appears relevant, the primary and secondary category should be identified. The chair will make this decision based on information given and views expressed by conference invitees.
- 13.8.4 There may very exceptionally be cases where there is insufficient information at the Child Protection Case Conference to register, but the members are not satisfied that registration is unnecessary. In those exceptional circumstances a decision may be made to defer. The chair should identify the missing information, and who will obtain/provide it, and arrange for the conference to be reconvened as quickly as possible, and in any event within 7 days, to consider the missing information and reach a decision on registration.

### **13.9 Decision**

- 13.9.1 Professionals attending the conference have a collective responsibility to consider whether to register or deregister a child. The chair will elicit the views of all conference members (other than family members and children attending), and try and achieve a consensus. Conference members should be prepared to give reasons for their opinion. If consensus cannot be reached, the chair has the ultimate responsibility to take a decision, while recording conference views.
- 13.9.2 Consensus should be sought, and, whereas dissent should be recorded, it is essential that, notwithstanding an agency's or an individual's dissent, all members of the case conference are committed to participation in the child protection plan.
- 13.9.3 The Senior Social Worker is responsible for ensuring that, if no officer of the Northern Constabulary is present when such a decision is made, the Northern Constabulary are advised within 24 hours of any child's name

being placed on or removed from the Child Protection Register. This will allow the early updating of police national databases.

- 13.9.4 Regardless of whether parents attended the case conference, the Senior Social Worker will, within 5 working days, inform them in writing whether their child's name was placed on the Child Protection Register, under which category, and confirm any other recommendation of the case conference.
- 13.9.5 A separate letter may be sent to the child when s/he is of an age and maturity for this to be appropriate.
- 13.9.6 A draft summary minute will be produced within 3 working days and passed to the chair for approval.
- 13.9.7 Following the chair's approval, and within 10 working days of the case conference, the minute will be circulated to those persons who were invited, and to the Reporter in accordance with Protocol number 3 in Section 20.
- 13.9.8 If no comments are received by the chair within 5 working days, it will be assumed that the recipient is in agreement with the minute.
- 13.9.9 The Child Protection Register is maintained in Children's Services premises identified by the Keeper of the Register (see 18.1.2 below). Any member of staff from any agency with a concern about a child should contact the Duty social work service to enquire whether the child's name is on the Register. The information should be supplied provided the caller has a need to know and the caller's identity is established (normally by means of a call back to their workplace), and the query logged as a contact.

### **13.10 Keyworker**

- 13.10.1 Following the decision to register a child, the chair will appoint a child protection keyworker (subsequently called 'the keyworker').
- 13.10.2 The keyworker must be a social worker, although s/he will not necessarily be the person with the most extensive contact with the child and family.
- 13.10.3 The keyworker is responsible for:
  - co-ordination and motivation of the inter-agency child protection plan;
  - communication between agencies and family;
  - ensuring full engagement of the child and family in the implementation of the child protection plan.

### **13.11 Child Protection Plan**

- 13.11.1 Following the decision to register a child, the case conference will produce an outline child protection plan. The main purpose of registration is to ensure that a plan is developed which will lead ultimately to de-registration. Registration in itself will not protect the child.
- 13.11.2 The outline child protection plan should be clear about whether the expectation is for the child to be living at home during the assessment period. It should provide for a contingency plan if agreed actions are not completed and/or if circumstances change, for example if a caregiver fails to achieve what has been agreed, a court or Hearing application is not successful or a parent remove a child from a place of safety.
- 13.11.3 The case conference will identify membership of a 'core group'.
- 13.11.4 The core group will comprise relevant professionals, plus parents and children where age-appropriate, and will be responsible for finalising the details of the child protection plan, responsibility for action, timescales, and for interim monitoring arrangements.
- 13.11.5 The first task of the core group will be to ensure a comprehensive family assessment is undertaken if this has not already been done and to contribute as required to this process. This will form the basis for future planning, by providing a full understanding of the child and family situation, taking full account of the child's and family's views.
- 13.11.6 The core group will be responsible, under the co-ordination of the keyworker, for the implementation of the multi-disciplinary child protection plan.
- 13.11.7 The detailed protection plan will be produced in writing with copies to all core group members and to the Service Manager, Children's Services (Social Work) and to the Children's Services Improvement Officer.
- 13.11.8 The core group will meet within 10 working days of the conference and thereafter at least once per month to consider the progress of the plan's objectives, unless a different frequency is specified by the chair as part of the outline child protection plan.
- 13.11.9 Core group arrangements are a delegated function of the Child Protection Committee. It is important for there to be full attendance by the nominated agency representatives.
- 13.11.10 At each meeting of the core group a decision will be made as to whether the child protection case conference needs to be reconvened. Only a review child protection case conference can change the outline child protection plan.

13.11.11 Core group meetings should be minuted, preferably by a trained minute taker if available. The keyworker is responsible for ensuring the accuracy of the minute and distributing this to core group members and to the Children's Services Improvement Officer within 5 working days of the meeting.

### **13.12 De-registration**

13.12.1 A child protection review case conference will remove a child's name from the Child Protection Register when an objective assessment indicates that the risk of abuse has been eliminated or reduced to a level where the child would not have been registered, so that a child protection plan is no longer needed.

13.12.2 The Senior Social Worker is responsible for ensuring that, if no officer of the Northern Constabulary is present when such a decision is made, the Northern Constabulary are advised within 24 hours of any child's name being placed on or removed from Child Protection Register. This will allow the early updating of police national databases.

13.12.3 As soon as information is received to suggest that a child is to move away from Shetland, the Senior Social Worker will ensure that the local authority for the area to which the child is moving is informed of the registration of the child.

13.12.4 This should be done by telephone in the first instance, but **must** be followed up by written information, including the most recent child protection case conference minutes and child protection plan.

13.12.5 The child's name will only be removed from the Shetland Child Protection Register once it is confirmed s/he has left Shetland on a permanent basis and the receiving authority have called a child protection case conference. Social workers will support receiving authorities by providing information and files promptly and attending their transfer in conferences when appropriate.

13.12.6 If the receiving authority have not convened a transfer conference within 4 weeks of that authority receiving notification from Shetland, the social worker should refer the case up through line management with a view to the Chief Social Work Officer of Shetland Islands Council contacting the equivalent in the receiving authority.

13.12.7 When a child whose name is on the Register attains the age of 16 years, a review child protection case conference should be convened to determine what support or protection should remain in place, and a plan be drawn up to provide this. Following this review conference the child's name should be removed from the register, and regular planning meetings held to ensure the support remains in place as long as needed.

13.12.8 The Senior Social Worker is responsible for ensuring that the administrative tasks in relation to the Child Protection Register are carried out.

## 14 Legal Action - Child Assessment Orders

### 14.1 General

- 14.1.1 A Child Assessment Order gives the local authority **access** to a child for the purpose of **assessment** where there is reasonable cause to suspect that the child is suffering or is likely to suffer significant harm. It is the responsibility of Children's Services (Social Work) within Shetland Islands Council's Education and Social Care Department to make application for Child Assessment Orders and for all child protection-related court orders.
- 14.1.2 The Child Assessment Order should be used where the degree of urgency is not considered so great as to suggest the need for a Child Protection Order, but where the following apply:
- a. there is concern about a child's safety or welfare; **and**
  - b. attempts to assess the child on a voluntary basis have failed; **and**
  - c. additional information is necessary in order for a decision about the child's safety to be made.
- 14.1.3 It should be noted that the Sheriff **will** make a Child Protection Order instead of a Child Assessment Order if s/he considers that the grounds for a Child Protection Order exist, regardless of the Council's application for a Child Assessment Order.

### 14.2 Decision

- 14.2.1 The decision on whether to apply for a Child Assessment Order will be made by the Service Manager, Children's Services (Social Work), in consultation with the Chief Social Work Officer, and where necessary in consultation with the police.
- 14.2.2 The criteria on which the decision will be based are:
- that it is **reasonable** to suspect that **significant harm** is occurring, or will occur; **and**
  - that **efforts** have been made by the local authority to establish whether the risk exists; **and**
  - that parents/carers are being **unreasonable** in refusing access to the child; **and**
  - that the **only** way to ascertain whether the suspicions held are warranted is to apply for an order granting authority to assess the child on a **compulsory** basis; **and**

- that a Child Assessment Order is in the **child's best interests**.

14.2.3 Each of the above will need to be evidenced before the decision to apply for a Child Assessment Order can be made; for example, what efforts have been made to negotiate with the parents, how are they being unreasonable, how will compulsory assessment address the concerns that exist, why is a Child Assessment Order in the child's best interests, do these factors outweigh the potential for distress and disruption?

14.2.4 Advice from Shetland Islands Council Legal Services should be sought as soon as it is believed that a Child Assessment Order is the appropriate course of action. Legal advice will be required in making application to the Sheriff. Legal representation will, except in exceptional circumstances, also be required.

### **14.3 Assessment**

14.3.1 The Child Assessment Order will specify the date on which the assessment will begin, and remains in force for a maximum of 7 days. Therefore it is essential that all necessary arrangements have been made for the assessment to be carried out during the life of the order. This is the responsibility of Children's Services (Social Work).

14.3.2 The Senior Social Worker, in consultation with the Service Manager, Children's Services (Social Work), should agree the shape and content of the assessment, according to the circumstances of the case and the needs of the child.

14.3.3 Other than in exceptional circumstances, assessments should be carried out in Shetland.

14.3.4 Wherever possible, efforts should be made to allow the child to remain at home for the assessment.

14.3.5 Consideration needs to be given to the type of assessment required; i.e. what specialist elements need to be included; and which individuals from which agencies should participate. Their co-operation should be sought at an early stage and their remit clarified.

14.3.6 The availability of specialists or other agency staff will need to be co-ordinated to ensure conformity with the duration of the Child Assessment Order, and to determine its start date.

### **14.4 Assessment away from Home**

14.4.1 If it is considered that an assessment could not be carried out effectively without the child's separation from his/her family, the child will have to be accommodated by the local authority, and an appropriate placement will need to be identified.

- 14.4.2 During the period of the Child Assessment Order the child will be 'looked after', and the requirements of Children's Services (Social Work) procedures about Looked After and accommodated children will apply.
- 14.4.3 Consideration will be given to what contact the child will have with his/her family whilst s/he is away from home.

#### **14.5 Application**

- 14.5.1 All applications for Child Assessment Orders must be made on Form 45 (example at Appendix 8 in Section 19); all sections should be completed. Guidance notes on the completion of the form are at Appendix 9 in Section 19.
- 14.5.2 Notice of the application, along with a copy of the application itself must be served on the parent (Form 34) and child (Form 26) (examples at Appendix 8 in Section 19). The Sheriff must be asked permission for a social worker to deliver the Notice to the parents. Hand delivery will also provide an opportunity to give the parent and child as much explanation and information as possible. Parents should be encouraged to attend the hearing and to seek independent legal advice and representation as soon as possible.

## 15 Legal Action - Emergency Authorisations

### 15.1 General

15.1.1 This procedure details the actions to be taken when:

- a child is believed to be at risk of significant harm to the extent that a Child Protection Order would be appropriate; **but**
- it is not practicable for an application to be made to a Sheriff for a Child Protection Order.

15.1.2 Sections 61(1) and 61(2) Children (Scotland) Act 1995 allow a justice of the peace to authorise the removal of a child to a place of safety when the two conditions at para. 15.1.1 above are met.

15.1.3 Section 61(5) of the Act allows a Police constable to remove a child **without** the authorisation of a justice of the peace when the same conditions are met.

15.1.4 An authorisation from a justice of the peace **must** be implemented within **12 hours** or it will lapse.

15.1.5 The authority to maintain a child in a place of safety will expire after a period of **24 hours** following implementation.

### 15.2 Decision

15.2.1 The Council's decision to apply for an emergency authorisation will:

- a. be based on the same criteria as those for a Child Protection Order; and
- b. follow an unsuccessful attempt to arrange for the availability of a Sheriff. Shetland Islands Council Legal Services will normally liaise with the Sheriff Clerk to check on the availability of a Sheriff

15.2.2 If the risk of harm to a child is such that even action at 15.2.1 above would not be sufficiently urgent to ensure the child's safety, the Police must be involved and asked to use their powers under section 61(5).

15.2.3 The decision about an emergency authorisation for the local authority will be made by the Designated Manager for Child Protection (see section 7.1.1 (b) above) or the Chief Social Work Officer. The final decision about the removal of a child by the police rests with the police.

### **15.3 Application and Notification**

- 15.3.1 Application by the local authority to a justice of the peace will be made on Form CP-EA1 at Appendix 10 in section 19. A list of justices of the peace is at Appendix 11 in section 19.
- 15.3.2 The authorisation will be implemented as soon as reasonably practicable, but in any event within 12 hours of being granted.
- 15.3.3 The following people/agencies must be notified:
- any relevant person in relation to the child;
  - any other person who should receive notice of the application (for example the natural father or any other person with whom the child was living);
  - the Authority Reporter;
  - The Principal Reporter;
  - the local authority for the child's home area, if not Shetland.
- 15.3.4 Notification will be both verbal and in writing, using Form CP-EA2 at Appendix 12.
- 15.3.5 The child must be given a clear, age-appropriate explanation of what is happening; this must include the reasons for his/her removal to a place of safety and what is likely to happen next. It will be necessary to ascertain the child's views, and have regard to those views as far as this is practicable and in the best interests of the child.

### **15.4 Actions Required After Implementation**

- 15.4.1 If the child has been removed by the police, following authorisation by the Chief Inspector, Shetland Command, but without the involvement of Children's Services (Social Work), the police will notify the Shetland Islands Council Designated Manager for Child Protection (DMCP) (see section 7.1.1 (b) above) as soon as is practicable. If the child is being accommodated in the police station, the DMCP will arrange for a social worker to organise an alternative placement as a matter of priority.
- 15.4.2 If the criteria for a Child Protection Order persist following implementation, an application for a Child Protection Order must be made to the Sheriff **within 24 hours** or the authorisation will lapse.

- 15.4.3 Section 16 below: **Legal Action - Child Protection Orders** should be followed from this stage, including consideration of alternative action to protect the child.
- 15.4.4 A child subject to an emergency authorisation is 'looked after' in terms of the Children (Scotland) Act 1995.

## 16 Legal Action - Child Protection Orders

### 16.1 General

16.1.1 A Child Protection Order allows the Council to take urgent action to remove a child to a place of safety, or to prevent the removal of a child from a place where s/he is being accommodated. The responsibility for application and implementation lies with the Children's Services (Social Work) within Shetland Islands Council's Education and Social Care Department.

### 16.2 Decision

16.2.1 The decision whether to apply for a Child Protection Order will be made by the Service Manager, Children's Services (Social Work) in consultation with the Chief Social Work Officer and usually following consultation with the police at a strategy discussion

16.2.2 The criteria on which the decision will be based are that **either**:

- there are reasonable grounds to **believe** that a child is being so treated (or neglected) that s/he is suffering **significant** harm; or will suffer such harm if not removed to, or kept in, a safe place; **and** that an order is necessary to prevent such harm (section 57(1)); **or**
- there are reasonable grounds to **suspect** that a child is suffering or will suffer significant harm **and** that enquiries being carried out to verify this are being frustrated by **access to the child being denied** (section 57(2)).

16.2.3 Although the term 'believe' requires a higher level of evidence than the term 'suspect', section 57(2) will not be appropriate where it cannot be shown that the local authority's enquiries into whether a child is suffering, or is likely to suffer, significant harm are being frustrated by denial of access.

16.2.4 The effects of a Child Protection Order are likely to be distressing to both the child and family, and therefore the decision to proceed with an application should only be made after careful consideration of the following:

- an assessment of the alternatives to an application for the Order;
- the immediacy of the assessed danger to the child;
- the child's physical, emotional and educational needs, including any special needs during the period of the Order, if made;
- the likely effect on the child of a change in circumstances which might result from the local authority applying for the Order;
- the child's age and family circumstances;

- the ascertainable wishes and feelings of the child, having regard to his/her age and understanding;
- the circumstances giving rise to the application; the need for any directions relating to contact and assessments which the court may attach to the Order, if made;
- the nature and effect of any other Orders or requirements already made in respect of the child, for example a Residence Order, Contact Order, or Supervision Requirement;
- the availability of an appropriate placement for the child in the event of an Order being made.

16.2.5 Advice from Shetland Islands Council Legal Services should be sought as soon as it is believed that a Child Protection Order is the appropriate course of action. Both legal advice and legal representation would normally be required in making an application to the Sheriff, however, this may not always be available due to the emergency nature of Child Protection Orders. Action should not be delayed if legal assistance is not readily available.

16.2.6 If a Child Protection Order is granted by the Sheriff without Children's Services (Social Work) having had legal advice or representation, Legal Services should be contacted as soon as practicable thereafter.

### **16.3 Application**

16.3.1 The Sheriff Clerk must be contacted and informed of the decision in order that the Sheriff can be available to hear the application. Usually this will be done by the Shetland Islands Council Legal Services.

16.3.2 If the Sheriff is not going to be available within a timescale which will ensure the child's safety, emergency child protection measures should be considered under section 15 above: Legal Action - Emergency Authorisations.

16.3.3 The application must be made on Form 47 (example at Appendix 13 in Section 19); all sections should be completed. Guidance notes on the completion of the form are at Appendix 14 in Section 19.

16.3.4 The Authority Reporter must be notified immediately the decision to apply for a Child Protection Order is reached.

### **16.4 Notification**

16.4.1 If the application is successful the applicant, i.e. Shetland Islands Council, is responsible for notifying the parent/relevant person and child of the making of the order, and this will be done by Children's Services (Social Work).

- 16.4.2 A Child Protection Order must be implemented within 24 hours of the Sheriff's decision, otherwise it will lapse.
- 16.4.3 The Authority Reporter must be given a copy of the application and of the Order.
- 16.4.4 The parent (or person with parental responsibilities and rights) and the child must also be notified.
- 16.4.5 In addition to Form 47 (the application), Appendix 13 in Section 19 shows Form 50 (notification to the child) and Form 51 (notification to the relevant person).
- 16.4.6 It will be usual for Forms 47 and 50 to be given to the child, and for Forms 47 and 51 to be given to the parent. However, in circumstances where the Sheriff has granted that the whereabouts of the child be withheld from the parent, or that restricted documents be served on the child, this will be taken into account. (A detailed explanation can be found in the guidance notes at Appendix 14 in Section 19.)
- 16.4.7 Unless the Sheriff has ordered oral service then it will be sufficient to hand the forms to the parent. However it would be good social work practice to give a clear explanation of the actions taken, of the parent's rights and responsibilities, of what will happen to their child and of what they can and should do next.
- 16.4.8 The child must also be given a verbal explanation of what has been decided, of what will happen next and of what s/he can do.
- 16.4.9 If the child is not usually resident in Shetland, the local authority for the child's home area must also be notified.

## **16.5 Status of the Child**

- 16.5.1 A child subject to a Child Protection Order is 'looked after' in terms of the Children (Scotland) Act 1995 and the requirements of Children's Services (Social Work) procedures relating to Looked After and accommodated children will therefore apply.
- 16.5.2 The 7-day maximum duration of a Child Protection Order does not diminish the importance of applying the principles of good care in looking after children:
- siblings should be placed together unless there are compelling reasons in their own interests for not doing so;
  - if siblings cannot be placed together, their placement should be kept under review and reasonable contact between them should be facilitated, subject to any necessary supervision;

- children should be allowed to take with them any personal possessions they want or need;
- children should be allowed reasonable contact with their parents, relatives and friends (in accordance with any direction made by the Sheriff);
- provision must be made for the continued education of the child;
- any necessary medical care must be arranged for the child.

## **17 Legal Action - Exclusion Orders**

### **17.1 General**

17.1.1 The Sheriff may grant an Exclusion Order under section 76 Children (Scotland) Act 1995 if the following conditions are met:

- the child has suffered, is suffering or is likely to suffer significant harm as a result of any conduct of the named person, such conduct being actual, threatened or reasonably apprehended; **and**
- the Order is necessary for the protection of the child; **and**
- the Order would better safeguard the welfare of the child than removing the child from the family home; **and**
- there is someone residing in the family home who is capable of caring for the child in the event of an Order being granted.

17.1.2 If the Sheriff considers that the grounds for a Child Protection Order are established, s/he may treat the application for an Exclusion Order as an application for a Child Protection Order, and grant this, if to do so would be in the child's best interests.

### **17.2 Decision**

17.2.1 If, during the conduct of a child protection investigation, it becomes apparent that a child is at risk of significant harm, consideration will be given to the most child-centred means of minimising the assessed risk.

17.2.2 The exclusion of an alleged abuser should be considered as an alternative option to the removal of the child.

17.2.3 Before reaching the decision to apply for an Exclusion Order, the social worker must:

- examine all the available options to try to prevent the child from being exposed to further harm or to the risk of harm;
- assess the nature and degree of risk to the child if the alleged abuser remains in the family home;
- assess the possibility of achieving exclusion on a voluntary basis by negotiation and agreement with the alleged abuser;
- seek the advice of the Police Designated Officer, who will liaise with the investigating police officer, and if necessary carry out a joint police/social work interview with the alleged abuser.

- 17.2.4 The decision to apply for an Exclusion Order will rest with the Service Manager, Children's Services (Social Work), in consultation with the Chief Social Work Officer and the police, and with advice from Legal Services.
- 17.2.5 An Exclusion Order cannot be granted without the person to be excluded having the opportunity to be heard by the Sheriff. However, if the situation is an emergency, an Interim Exclusion Order may be granted by the Sheriff. Usually Children's Services (Social Work) should be represented by Legal Services.
- 17.2.6 Following the granting of an Interim Exclusion Order, a hearing will be held within 3 days for the Sheriff to consider the application. Children's Services (Social Work) should be represented by Legal Services.

### **17.3 Application and Notification**

- 17.3.1 An application for either an Exclusion Order or an Interim Exclusion Order will be made on Form 54, example at Appendix 15 in Section 19. Guidance notes on the completion of the form are at Appendix 16 in Section 19.
- 17.3.2 Only the local authority may apply for an Exclusion Order. The applicant is responsible for notifying the relevant people by serving on them a copy of the application and of the forms noted below.
- 17.3.3 If the child is to be notified, this will be done on Form 28.
- 17.3.4 The person named in the application must be notified using Form 36. Examples of both these forms are at Appendix 15 in Section 19.
- 17.3.5 The person who will be caring for the child if an Order is granted, and if different, any person with parental responsibilities and rights, must also be notified, as must the Principal Reporter and the Authority Reporter, and any other person whom the local authority considers has an interest.

### **17.4 Action Following Exclusion**

- 17.4.1 An Exclusion Order will last for a maximum of 6 months, if not varied or terminated. Although it is not renewable, a further application may be made on the same grounds as the expired Order.
- 17.4.2 During the period of the Exclusion Order, the role of Children's Services (Social Work) will be to work with the family to assist them in securing the long-term safety and welfare of the child.
- 17.4.3 The excluded person should also be offered support as necessary, and if s/he is a family member, should be part of any ongoing risk assessment.
- 17.4.4 Consideration must be given to any necessary contact arrangements between the child and the excluded person, where this would be in the best interests of the child.

## **18 Child Protection Register - Administration**

### **18.1 General**

- 18.1.1 The Child Protection Register is maintained in the fireproof cabinet in the Duty Room at 92 St Olaf St, Lerwick.
- 18.1.2 The designated Keeper of the Child Protection Register is the Service Manager, Children's Services (Social Work) and the Depute Keeper is the Children's Services Improvement Officer.
- 18.1.3 The Keeper and Depute Keeper are appointed by the Chief Social Work Officer who will advise the Child Protection Committee of any changes; the CPC's Lead Officer will ensure that the Scottish Executive is notified.

### **18.2 Section 1: Child Details**

- 18.2.1 When a child protection case conference decides to place a child's name on the Register, the chair is responsible for ensuring that the appropriate form is completed. See Child Protection Register Section 1: Child Details at Appendix 17 in Section 19. (This form should be taken to the case conference as a checklist.) See 18.2.4 below.
- 18.2.2 One form for **each** child in a family must be completed.
- 18.2.3 All sections of the form must be completed wherever possible.
- 18.2.4 In the case of an Initial Child Protection Case Conference, the minute taker should prepare a registration form for the chair to sign at the end of the conference in the event of registration. If the child is registered, the form must be checked and signed by the chair on the same day as the case conference decision, and placed in the Child Protection Register. If not required, the form is to be shredded and deleted from the system immediately after the conference.
- 18.2.5 For Review conferences, the minute taker should bring the registration form(s) to the conference for completion by the chair at the end of the conference. If registration continues, the form is endorsed to that effect, checked and signed by the chair. If deregistered, the procedure in section 18.3.4 should be followed.
- 18.2.6 When a case conference review decides to retain a child's name on the Register, the chair must ensure that the last part of the form is updated with the date and decision of the review as above.
- 18.2.7 The Register is then updated. Immediately on updating the Register, the procedure set out in the Protocol for use of Shetland's Child Protection Register in the Accident and Emergency Department at the Gilbert Bain Hospital (see Protocol No. 4 in Section 20) is to be followed.

- 18.2.8 The case file (one for **each** child whose name is placed on the Register) must be identified with a removable sticker placed on the outside of the file.
- 18.2.9 In the event of an enquiry, this section of the Register **must** be consulted.
- 18.2.10 Completed referral forms must include an indication that the Register has been checked.
- 18.2.11 When notification is received that a child whose name is on the Register in another authority is in Shetland a Section 1 form (see 18.2.1 above) must be completed by Duty social work on the day of notification, with as many details as can be obtained; the child's name should be temporarily registered and a case conference convened in accordance with section 13.

### **18.3 Section 2: Closed Child Details**

- 18.3.1 When a case conference review decides to remove a child's name from the Register the chair is responsible for ensuring that the appropriate form is completed. See Child Protection Register Section 2: Closed Child Details at Appendix 18 in Section 19.
- 18.3.2 One form for **each** child in a family must be completed.
- 18.3.3 All sections of the form must be completed wherever possible.
- 18.3.4 In the case of Review Child Protection Case Conferences, the minute taker should prepare a Section 2 Closed registration form for the chair to sign at the end of the conference in the event of de-registration. If the child is de-registered, the form must be checked and signed by the chair on the same day as the case conference decision, and placed in the Child Protection Register. If the child remains on the register the form is to be shredded and deleted from the system immediately after the conference, and the procedure at section 18.2.5 should be followed.
- 18.3.5 The Register is then updated. Immediately on updating the Register, the procedure set out in the Protocol for use of Shetland's Child Protection Register in the Accident and Emergency Department at the Gilbert Bain Hospital (see Protocol No. 4 in Section 20) is to be followed.
- 18.3.6 The identification sticker on the case file must be removed.
- 18.3.7 In the event of an enquiry, this section of the Register **must** be consulted.

## **18.4 Section 3: Children Reported as Missing**

- 18.4.1 All 'alerts' received from other local authorities indicating that a child placed on the Child Protection Register is missing must be passed immediately to the Duty social work service.
- 18.4.2 On receipt of such an alert the duty system will log the information received on the client information system (SWIFT). This will be marked as a hazard on SWIFT.
- 18.4.3 Immediately on updating the client information system, the information required in Protocol for use of Shetland's Child Protection Register in the Accident and Emergency Department at the Gilbert Bain Hospital (see Protocol No. 4 in Section 20) is followed.
- 18.4.4 The original document is placed in alphabetical order and stored on file in the duty office.
- 18.4.5 In the event of an enquiry, this list must be consulted.
- 18.4.6 Details held, if not updated, will be kept for one year from the date of receipt and then removed from the SWIFT system.

## **Section 19: APPENDICES**

- 1 Contact Telephone Numbers: Social Work/Police/ Authority Reporter**
- 2 Notification by NHS Shetland**
- 3 Notification Schools Service/Children's Services/Housing Service/Other**
- 4 Record of Action Taken - Child Protection Referral**
- 5 Record of Child Protection Strategy Discussion**
- 6 Invitation list for Child Protection Case Conference**
- 7(a) Report for Initial Child Protection Case Conference (social work)**
- 7(b) Report for Review Child Protection Case Conference (social work)**
- 7(c) Report for Initial Child Protection Case Conference (other agency)**
- 7(d) Report for Review Child Protection Case Conference (other agency)**
- 7(e) Guidance notes for preparing a Report for CP Case Conference**
- 8 Child Assessment Order: Forms 45, 26 and 34**
- 9 Child Assessment Order: Guidance Notes**
- 10 Emergency Authorisation: Form CP-EA1**
- 11 List of Justices of the Peace**
- 12 Emergency Authorisation: Form CP-EA2**
- 13 Child Protection Order: Forms 47, 50, 51**
- 14 Child Protection Order: Guidance Notes**
- 15 Exclusion Order: Forms 54, 28, 36**
- 16 Exclusion Order: Guidance Notes**
- 17 Child Protection Register Details: Section 1**
- 18 Child Protection Register Details: Section 2**
- 19 Membership of Shetland Child Protection Committee**
- 20 Further Guidance**

**Contact Telephone Numbers**

**Social Work /Police/Authority Reporter**

**Children and Families Social Work**

Service Manager, Children's Services (Social Work): Tel: (01595) 744400

Senior Social Workers Tel: (01595) 744400

**Duty Social Work Service:**

During Working Hours Monday to Thursday (9 am to 5 pm)  
Friday (9 am to 4 pm) Tel: (01595) 744421

Out of Hours Duty Social Worker Tel: (01595) 695611

**Police:**

Lerwick Police Station, County Buildings, Lerwick Tel: (01595) 692110

**Scottish Children's Reporter Administration:**

13 Hill Lane, Lerwick Tel: (01595) 692436

**NHS Shetland  
Child Protection**

**Referral to social work service**

To: Name: .....

Address: .....

**I refer to your attention**

Name: ..... Date of Birth: .....

Address: .....

Parent/Guardian Address if different from above: .....

Telephone Number: .....

Name of General Practitioner: .....

Address of General Practitioner: .....

Telephone Number: .....

Name of Health Visitor: .....

Address of Health Visitor: .....

Telephone Number: .....

School/Nursery Attended: .....

**Account of Circumstances Leading to Referral**

**1 From Referrer:**

.....  
.....  
.....

Name:..... Position: ..... Date: .....

**2 From Accompanying Adult:**

.....  
.....  
.....

Name:..... Position: ..... Date: .....

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**3 From the Child:**

.....  
.....  
.....

Signed: ..... Name: (Block Capitals) .....

Designation: ..... Date: .....

Address: .....

**Contact Telephone No:** .....

**Please attach a copy of your agency's chronology if available**

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**Appendix 3**

**Referring agency:** Shetland Islands Council\*  
**Schools service\***  
**Children's Services\***  
**Housing service\***  
**Other SIC department or service (please state)\***  
**Other organisation (please state)\***

**Child Protection**

**CONFIDENTIAL**

**To:** Service Manager, Children's Services (Social Work)  
**Copy to:** Head of Schools \*  
Head of Children's Services\*  
Head of Housing \*  
(\* delete as appropriate)  
Designated Person for Organisation (please state):

**From:** Name, Designation/post held and name & address of School/Club/Centre etc

**Child's Name:**

**Date of Birth:**

**Address:**

**Name and Address of Parent or Guardian:**

**Date and time of initial contact with member of staff:**

**Reasons for concern:**

(clearly indicate whether this refers to an incident, suspicion or allegation by the child)

**Date and time of contact with the Duty social work service:**

**Advice received from the Duty social work service:**

***EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL***

**Any other comments:**

**Signed:**

**Date:**

**Please attach a copy of your agency's chronology if available**

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

Appendix 4

**Record of Action Taken - Child Protection Referral**

| Referral |      |        |        |
|----------|------|--------|--------|
| Date     | Time | Method | Source |

|                  |                              |
|------------------|------------------------------|
| Name of Child    | Home Address                 |
| Date of Birth    | Address of Current Placement |
| Date of Incident | Type of Current Placement    |

| Family Composition |              |         |         |         |
|--------------------|--------------|---------|---------|---------|
| Name               | Relationship | Age/DoB | Address | On Reg? |
|                    |              |         |         |         |
|                    |              |         |         |         |
|                    |              |         |         |         |
|                    |              |         |         |         |
|                    |              |         |         |         |

| Checks   | Date | Known/Not Known          |
|--|------|--------------------------|
| CP Register  |      |                          |
| Other social work records  |      |                          |
| Police   |      |                          |
| Health Visitor   |      |                          |
| Schools (H Teacher/other)  |      |                          |
| GP   |      |                          |
| Psychological services   |      |                          |
| Senior Local Support Coordinator                                     |      |                          |
| Criminal Justice Unit  |      |                          |
| Previous Local Authority   |      |                          |
| Other relevant (specify)<br>eg Youth Services,<br>Voluntary services |      |                          |
| Has child been seen?   |      | By whom?<br><br>Outcome: |

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**Record of Action Taken - Child Protection Referral cont**

|                      |              |
|----------------------|--------------|
| <b>Name of Child</b> | <b>D.O.B</b> |
|----------------------|--------------|

|   |
|---|
| <b>Consultation with Designated Manager for Child Protection</b><br>(state date, time and name) |
| <b>Action Taken</b>   |
| <b>Initial Risk Assessment</b>  |

|  |  |                           |  |
|--|--|---------------------------|--|
| <b>Decision</b> (circle)<br>NFA, further assessment, emergency protection action, child protection case conference, other (please specify) |  |                           |  |
| <b>Signature</b>   |  | <b>Signature (SSW/SM)</b> |  |
| <b>Name</b>  |  | <b>Name</b>               |  |
| <b>Designation</b>   |  | <b>Designation</b>        |  |
| <b>Date</b>  |  | <b>Date</b>               |  |

|  |                              |
|--|------------------------------|
| <b>Feedback</b>                          |                              |
| Information provided to referrer: (date) | Confirmed in writing: (date) |
| <b>Signature</b>                         | <b>Signature (SSW/SM)</b>    |
| <b>Name</b>                              | <b>Name</b>                  |
| <b>Designation</b>                       | <b>Designation</b>           |
| <b>Date</b>                              | <b>Date</b>                  |

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Appendix 5

**Social Work/Police  
Record of Child Protection Strategy Discussion**

| <b>Child Details</b>                                      |  |  |            |
|---|--|--|------------|
| <b>Surname</b>  | <b>Forename</b>                        | <b>Dob</b>                             | <b>Age</b> |
| <b>Address</b>  | <b>Father's Name</b>                   | <b>Mother's Name</b>                   |            |
|   | <b>Father's DoB</b>                    | <b>Mother's DoB</b>                    |            |
|   | <b>Father's Address (if different)</b> | <b>Mother's Address (if different)</b> |            |
| <b>Other members of household (including DoB):</b>        |  |  |            |
| <b>Other siblings not at this address (including DoB)</b> |  |  |            |
| <b>School:</b>  |  |  |            |
| <b>GP:</b>  |  |  |            |
| <b>Health Visitor:</b>                                    |  |  |            |

|                          |                            |
|--------------------------|----------------------------|
| <b>Date of Referral:</b> | <b>Source of Referral:</b> |
| <b>Time of Referral:</b> |                            |

| <b>Initial Strategy Discussion</b> |                |               |
|------------------------------------|----------------|---------------|
| <b>Date:</b>                       | <b>Time:</b>   | <b>Chair:</b> |
| <b>Attendees:</b>                  | <b>Agency:</b> | <b>Role:</b>  |

**NB Consider the involvement of agencies other than the police and social workers where appropriate**

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**Summary of Information Available Indicating Sources**

- to establish the facts about the circumstances giving rise to concern;
- to establish whether or not there are grounds for concern;
- to identify sources and levels of risk;
- to establish whether children and families need advice, guidance and assistance without further investigative procedures;
- to consider and plan any necessary protective or other action in relation to the child and others.

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|  |  |
|--|--|
| <b>DECISIONS</b>   |  |
| <b>Need for immediate action to protect child?<br/>(Y/N)</b> | <b>Refer to Reporter at this stage?<br/>(Y/N)</b>      |
| <b>If Yes, what:</b>   |  |
| <b>Proceed to investigation? (YN)</b>                        | <b>Parents to be involved at this<br/>point? (Y/N)</b> |
| <b>If not, why not:</b>                                      | <b>If not, why not?</b>                                |
| <b>Social Worker</b>   | <b>Police Officer</b>                                  |

|  |
|--|
| <b>INVESTIGATION</b><br>(To establish what the next steps are which need to be taken, and by whom) |
|  |

|  |                        |
|--|------------------------|
| <b>AGREED FOLLOW UP ACTIONS:</b>   | <b>Date completed:</b> |
| <p><b>How will feedback to be given to:</b></p> <ul style="list-style-type: none"> <li>• Child?</li> <li>• Family?</li> <li>• Referrer?</li> </ul> |                        |

**Signed: (Social Work):**..... **Date:** .....

**Signed: (Police):** ..... **Date:** .....

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

| <b>CHILD PROTECTION CASE CONFERENCE</b>  |             |   |
|--|-------------|---|
| <b>Please arrange for a child protection case conference to be convened as follows:</b>                              |             |   |
| Name of Child:   | D.O.B.      |   |
| Address:   |             |   |
| Preferred Date and Time of Conference:   |             |   |
| Venue:   |             |   |
| <b>PARTICIPANTS:</b>   |             |   |
| <b>Agency</b>  | <b>Name</b> | <b>Address/Contact No.</b>  |
| Social Work  |             |   |
| Social Work  |             |   |
| Social Work (CJU)  |             |   |
| Health   |             |   |
| Health   |             |   |
| Health   |             |   |
| Schools:   |             |   |
| Schools:   |             |   |
| Schools:   |             |   |
| Police   |             |   |
| Authority Reporter   |             | (include only if to be expressly invited – otherwise to be notified only as per protocol) |
| Parent   |             |   |
| Parent   |             |   |
| Child  |             |   |
| Youth Work   |             |   |
| Voluntary sector   |             |   |
| Other (eg Local Support Co-ordinator)  |             |   |
| Minute-taker   |             |   |
| <b>A copy of the social work report will be given to the minute-taker at least 24 hours prior to the conference.</b> |             |   |
| Signed:  |             | SM Children's Services (Social Work)/<br>Senior Social Worker, Ch & Fam Team              |
| Date:  |             |   |

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**Appendix 7 (a)**

**Report for Initial Child Protection Case Conference**

|                           |                                     |
|---------------------------|-------------------------------------|
| <b>Date of Conference</b> |                                     |
| <b>Name of Child</b>      | <b>Home Address</b>                 |
| <b>Date of Birth</b>      | <b>Address of Current Placement</b> |
| <b>Date of Incident</b>   | <b>Type of Current Placement</b>    |

| <b>Family Composition</b> |                     |                |                |                |
|---------------------------|---------------------|----------------|----------------|----------------|
| <b>Name</b>               | <b>Relationship</b> | <b>Age/DoB</b> | <b>Address</b> | <b>On Reg?</b> |
|                           |                     |                |                |                |
|                           |                     |                |                |                |
|                           |                     |                |                |                |
|                           |                     |                |                |                |

| <b>Referral</b> |             |               |               |
|-----------------|-------------|---------------|---------------|
| <b>Date</b>     | <b>Time</b> | <b>Method</b> | <b>Source</b> |
|                 |             |               |               |

| <b>Checks</b>   | <b>Date</b> | <b>Known/Not Known</b>    |  |
|---|-------------|---------------------------|--|
| <b>CP Register</b>  |             |                           |  |
| <b>Police</b>   |             |                           |  |
| <b>Education</b>  |             |                           |  |
| <b>Health Visitor</b>   |             |                           |  |
| <b>GP</b>   |             |                           |  |
| <b>Community Development</b>  |             |                           |  |
| <b>Other (specify)</b>  |             |                           |  |
| <b>Consultation/Planning</b>  |             |                           |  |
| <b>Action Taken</b>   |             |                           |  |
| <b>Child's Views</b> (include a separate section for each child)  |             |                           |  |
| <b>Risk Assessment</b> (Follow departmental procedures)   |             |                           |  |
| <b>Recommendation</b> (if recommendation is to place child's name on Child Protection Register, include proposed outline protection plan) |             |                           |  |
| <b>Signature</b>  |             | <b>Signature (SSW/SM)</b> |  |
| <b>Name</b>   |             | <b>Name</b>               |  |
| <b>Designation</b>  |             | <b>Designation</b>        |  |
| <b>Date</b>   |             | <b>Date</b>               |  |

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

Appendix 7 (b)

**Report for Review Child Protection Case Conference**

|                                  |  |                                     |  |
|----------------------------------|--|-------------------------------------|--|
| <b>Date of Review Conference</b> |  | <b>Date of Previous Conference</b>  |  |
| <b>Name of Child</b>             |  | <b>Home Address</b>                 |  |
| <b>Date of Incident</b>          |  | <b>Address of Current Placement</b> |  |
| <b>Date of Birth</b>             |  | <b>Type of Current Placement</b>    |  |

| <b>Family Composition</b> |                     |                |                |                |
|---------------------------|---------------------|----------------|----------------|----------------|
| <b>Name</b>               | <b>Relationship</b> | <b>Age/DoB</b> | <b>Address</b> | <b>On Reg?</b> |
|                           |                     |                |                |                |
|                           |                     |                |                |                |
|                           |                     |                |                |                |
|                           |                     |                |                |                |
|                           |                     |                |                |                |
|                           |                     |                |                |                |

|   |  |                           |  |
|---|--|---------------------------|--|
| <b>Decision(s) of Previous Conference</b>   |  |                           |  |
| <b>Dates of Core Group Meetings since Previous Conference</b>   |  |                           |  |
| <b>Progress of Protection Plan</b>  |  |                           |  |
| <b>Child's Views</b> (include a separate section for each child)  |  |                           |  |
| <b>Risk Assessment</b>  |  |                           |  |
| <b>Recommendation</b> (if recommendation is to continue registration, include proposed protection plan) |  |                           |  |
| <b>Signature</b>  |  | <b>Signature (SSW/SM)</b> |  |
| <b>Name</b>   |  | <b>Name</b>               |  |
| <b>Designation</b>  |  | <b>Designation</b>        |  |
| <b>Date</b>   |  | <b>Date</b>               |  |

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**Appendix 7 (c)**

**1. Report for Initial Child Protection Case Conference for:**

[names of all children in respect of whom  
the conference is being held]

**to be held on:**

[date]

**Report of:**

[your name and professional role]

**2. Family Composition**

| Name | D.o.b | Relationship to<br>child | Address |
|------|-------|--------------------------|---------|
|      |       |                          |         |
|      |       |                          |         |
|      |       |                          |         |
|      |       |                          |         |
|      |       |                          |         |

**3. Cause for concern including:**

**(a) any precipitating incident**

**(b) any previous concerns**

***EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL***

**4. Relevant Family History/Chronology**

(Please include here relevant information from your service, that potentially affects all of the children involved, for example, relevant information relating to parents' health/parents' involvement with school – see guidance notes. Please include here information relevant to all of the children involved – please include information specific to only one or some of the children at section 5)

A chronology of my agency's involvement is attached.

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**5. Past and present involvement regarding:**

[name and dob of individual child]

**From:**

[your name and professional role]

**For case conference on:**

[date]

Please provide information relevant to your service specific to this child, preferably using a separate page for each child: Please contribute any information you have that will help build up a picture of the child's circumstances. Include any strengths, and any areas where further support may be needed. Consider in particular any potential areas of risk (see guidance notes).

***EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL***

[please use as many additional pages as required for each child the conference is concerned with]

**5. Past and present involvement regarding:**

[name and dob of individual child]

**From:**

[your name and professional role]

**For case conference on:**

[date]



**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**Appendix 7 (d)**

**1. Report for Review Child Protection Case Conference for:**

[names of all children in respect of whom  
the conference is being held]

**to be held on:**

[date]

**Report of:**

[your name and professional role]

**2. Family Composition**

| Name | D.o.b | Relationship to<br>child | Address |
|------|-------|--------------------------|---------|
|      |       |                          |         |
|      |       |                          |         |
|      |       |                          |         |
|      |       |                          |         |
|      |       |                          |         |

**3. Any significant events since the last report**

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**4. Update on Family Circumstances/Chronology**

(Please include here relevant information from your service since the last case conference, that potentially affects all of the children involved, for example, relevant information relating to parents' health/parents' involvement with school – see guidance notes. Please include here information relevant to all of the children involved – please include information specific to only one or some of the children at section 5)

A chronology of my agency's involvement since the last case conference is attached.

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**5. Update on involvement regarding:**

[name and dob of individual child]

**From:**

[your name and professional role]

**For case conference on:**

[date]

Please provide information relevant to your service specific to this child, preferably using a separate page for each child: (see guidance notes).

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

[please use as many additional pages as required for each child the conference is concerned with]

**5. Update on involvement regarding:**

[name and dob of individual child]

**From:**

[your name and professional role]

**For case conference on:**

[date]

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**6. Summary Statements/Analysis**

- Evaluation of plan – is it achieving its objectives?
- What is working/ not working?
- Analysis of progress or any blocks to progress, capacity to change, resources needed
- Are the risks reducing?
- Current risk factors
- Current protective factors
- Provisional recommendations to Review conference

**7. Parents' views of your report**

**8. Child/Young Person's view of your report**

**9. Signed.....**

**Date.....**

**Guidance Notes on Report Writing for Child Protection Case Conferences**

For both Initial and Review Child Protection Case Conferences it is essential to follow good practice:

- Clarity of language
- Avoidance of professional jargon
- Honesty with parents and carers even when painful issues need to be discussed
- To distinguish fact from opinion
- To make professional assessments based on accurate information
- To think through an assessment of risk and have some thoughts about the need for registration
- Be child focussed and not collusive with the adults

Bear in mind that each child's information will need to be filed/stored separately. The child may be able to request access when he/she is older/an adult. To save a lot of extra work in separating out reports, it is best practice for information/analysis that is confidential to a particular child to be in a separate section and preferably on a separate sheet, clearly marked with the name and date of birth of the child.

Much of your report will relate to the family as a whole and this need be written out only once, as copies can be put on each child's file. This outline and the pro-forma show how this can be done.

Remember to seek advice and support from your line manager when thinking through and preparing a report to a Child Protection Case Conference. It may be helpful to have your line manager read through the report. Check when your report is needed - often the Chair of the conference will need it the day before.

**Outline of Report to Initial Conference**

1 Title of Report

Give your name and professional title as well as the date of the case conference, whether it is an initial or review conference and the name (s) of the children that are the subject of the conference.

2 Family Composition

The recommended report form has a table that you should complete with the names, addresses and dates of birth for all family members and significant adults. Care should be taken with accuracy.

3 (a) Cause for Concern/Precipitating Incident

Only include this if the report writer is the first person to raise the concern or have the incident disclosed to them. If this is the case then include information about what happened/ what was observed and the date and time of the incident, place of discovery, any witnesses, anything that the child said at the time and any hearsay or information from other sources.

If there is detailed information relating to only one or some of the children the conference is about you may wish to include this in the separate section on each child at section 6 and cross-reference this here.

(b) Any previous injury or concern

Please check through your agency files for any previous information that may now be relevant to building up a complete picture.

4 Relevant Family History /Chronology

Please include here information relevant to all the children who are the subject of the conference – put information relevant to one or some of the children only in a separate section for each child, preferably on a separate page see section 5 below.

Information held by your agency regarding relevant adults, for example:

- language, ethnicity, religious and cultural background of the family
- social environment including inclusion and participation in the community
- involvement with services eg school and health
- any practical difficulties affecting the family (housing, finance, transport etc)
- formal and informal support networks
- any relevant specific issues such as illness, disability, substance use, domestic abuse, relationship breakdown, bereavement and changes to the household.

Please include all information held by your own agency, indicating when information is known to you personally and when it comes from another professional in your service or agency. You may not have information in all these areas.

A chronology of your service/agency's involvement, if available, should be attached to the report.

5 Past and present involvement regarding each child

Please write a separate section for each child known to the service, preferably on a separate page for each child. Please include all information held by your own agency, indicating when information is known to you personally and when it comes from another professional in your service or agency. You may not have information in all these areas.

Information about the child should address the information your agency holds regarding the following topics:

- Health and physical development
- Emotional/behavioural development
- Intellectual development, learning and achieving
- Child's understanding of and confidence in his/her identity
- Family relationships
- Social and peer-group relationships
- Social presentation, self-care (if appropriate to child's stage of development)

## 6 Summary statement

This section should provide a summary statement about the nature and level of risk to the child based on your knowledge of the child and family. It is also important to include protective factors and those that promote resilience.

If you have had an opportunity to assess parenting skills you should summarise your conclusions here, based on evidence in parts 3-6 of your report.

At this point in the report it would be appropriate to give your preliminary view on registration and whether or not you assess the need for this. Your views may change at the conference when you hear contributions from other agencies and that is quite appropriate.

If you think that the child's name should be placed on the Child Protection Register, some preliminary thoughts about the appropriate category are helpful, but the final decision on category/ies will be made by the Chair after hearing from conference members.

You could include here any relevant comments about the family's level of co-operation with your services, based on section 6 above, which may be relevant to the discussion around the possible need for referral to the Reporter for consideration whether compulsory measures may be needed.

## 7 Child's parents/carers view of your report

The principle here should be that no parent or carer should come to a conference not knowing what is in your report or what you are going to say. Information should be shared honestly and openly. This process should be seen as an opportunity to talk to people about what the problems facing them are, and what may offer ways forward.

## 8 Child or young person's view of your report

This section is relevant to children old/mature enough to express a view. If a child expresses a view this should be recorded even where you do not agree. Record separately for each child.

## 9 Sign and Date

## **Outline of Report to Review Child Protection Case Conference**

Reports to review conferences should give report title etc and family composition as for initial conferences (at 1 and 2) and should then cover the following points.

### **3 Any significant events since the last report**

Changes in family / particular incidents

### **4 Update on family circumstances**

Please include any new information regarding relevant adults (as in 4 above)

### **5 Update on your involvement with each child**

Please include information such as:

Latest centile chart or developmental assessment, progress at school

Work done by you/your agency under the protection plan.

### **6 Summary Statements/Analysis:**

- Evaluation of plan – is it achieving its objectives?
- What is working/ not working?
- Analysis of progress or any blocks to progress, capacity to change, resources needed
- Are the risks reducing?
- Current risk factors
- Current protective factors
- Provisional recommendations to Review conference

Remember the decision to remove a child's name from the register is just as important as the decision to put it on, and any such recommendation should be based on evidence of changes that you are sufficiently sure are going to be lasting, and which mean that risks have reduced so that the child is no longer at continuing risk of significant harm.

If the plan has not sufficiently reduced the risks, is there a need to change the plan?

7&8 Parents' and Children/Young People's views as for initial report

### **9 Sign and Date**

**SHETLAND ISLANDS COUNCIL**

**FORM 45**

**APPLICATION FOR A CHILD ASSESSMENT ORDER  
BY THE LOCAL AUTHORITY**

Section 55 of the Children (Scotland) Act 1995

---

**Case No:**  
**Date lodged:**

**APPLICATION TO THE SHERIFF AT:** Lerwick Sheriff Court

for a Child Assessment Order under section 55 of the Children (Scotland) Act 1995

**1 DETAILS OF APPLICANT AND OTHER PERSONS WHO THE APPLICANT  
BELIEVES SHOULD RECEIVE NOTICE OF THE APPLICATION**

**1.1 Applicant:** Shetland Islands Council  
92 St Olaf St, Lerwick, ZE1 0ES.

Tel: 01595 744400 Fax: 01595 744436

**1.2 Child \*:** **Name:** .....

**Address:** .....

.....

.....

**Date of Birth:** .....

**Gender:** .....



**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**2 INFORMATION ABOUT THE APPLICATION AND ORDERS SOUGHT**

**2.1 Grounds for making the application:**

\* Under section 55 of the Children (Scotland) Act 1995 the local authority have reasonable cause to suspect that:

- a child is being so treated (or neglected) that he is suffering or likely to suffer significant harm; and
- such assessment of the child is required in order to establish whether or not there is reasonable cause to believe that the child is so treated (or neglected); and
- such assessment is unlikely to be carried out, or carried out satisfactorily, unless the order is granted.

**2.2 Supporting evidence:**

The following supporting evidence is produced -

.....

.....

.....

.....

.....

.....

**2.3 Other applications and orders which affect the child:**

.....

.....

.....

.....

.....

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**2.4 Reports/documentary evidence:**

The following reports/documentary is attached/will be produced \* [delete as appropriate]

.....  
.....  
.....  
.....  
.....  
.....

**3 DETAILS OF THE ASSESSMENT AND ORDERS SOUGHT**

**3.1 Assessment** [in terms of section 55(3)]

3.1.1 The type of assessment is:

.....  
.....  
.....  
.....  
.....

3.1.2 The assessment would begin on: ..... [Date]

3.1.3 The assessment would have effect for: ..... [No of Days]

3.1.4 The person(s) authorised to carry out any assessment is/are to be:

.....  
.....  
.....  
.....  
.....

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

3.1.5 ..... [Name and Address]

would be required to produce the child to the authorised person and permit that person or any other authorised person to carry out an assessment in accordance with the order.

**3.2 Other Orders:**

3.2.1 In terms of section 55(4) an order is sought to permit the child to be taken to

.....[Address]

for the purpose of assessment, and to authorise the child to be kept there for

.....[No of Days]

3.2.2 In terms of section 55(5) the Sheriff is requested to make the following directions as to contact with the child by:

.....

.....[Name, Address, Relationship to Child]

while the child is in the aforementioned place.

.....

.....

.....

.....

.....[Details of Contact Arrangements]

**3.3 \* Non-Disclosure of Address or Whereabouts of Child:**

[Reasons] .....

.....

.....

.....

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**3.4 \* Service of Restricted Documents on Child:**

[Reasons] .....

.....

.....

.....

.....

[ \* Delete either or both]

**4 DETAILS OF FIRST ORDER SOUGHT FROM THE SHERIFF**

The applicant requests the Sheriff to :

**4.1** fix a hearing;

**4.2** \* order service on the child, together with a notice in form 26 \* or order service of the following documents only:

.....

.....

**4.3** \* Order service of a copy of the application and the first order on the persons listed in Part 1 of this application, together with a notice in form 34;

**4.4** \* order that the address of ..... [child's name] should not be disclosed in the application;

**4.5** \* dispense with service on the child or any other person for the following reasons:

.....

.....

.....

.....

[\* Delete as appropriate]

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

Signed: ..... Date: .....

Name: ..... Designation: .....

Address: .....

.....

Tel: ..... Fax: .....

**4.6** authorise any service ordered by the Sheriff to be effected orally or in such other manner as the Sheriff directs by a social worker employed by the applicant, in terms of rules 3.15.3 and Rule 3.16.1(c) of the Act of Sederunt (Child Care and Maintenance Rules) 1997

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**Form 26  
S55 C(S)A 95  
Rule 3.4(1)(a)**

**Case No:**.....

**Date Lodged:**.....

**Arrangements to Ensure that You are Safe**

Dear .....

I am a social worker, and my name is ..... I am writing to tell you that because there were worries about the way you may be being treated, the court is being asked to make a **Child Assessment Order** to make sure you are being treated properly.

Because .....

.....

.....

.....

..... [reason for application]

the Social Care Service is going to ask the court that:

.....

.....

.....

..... [Description of the assessment]

The Sheriff would like to hear what you think about what should happen to you before s/he makes a decision. You can tell the Sheriff what you think by:

**1. Going to see the Sheriff**

The Sheriff will be thinking about what to do next on:

..... [Date] at ..... [Time]

at Lerwick Sheriff Court.

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

You can take someone like a friend, parent, teacher or social worker with you to see the Sheriff to help you. Or you can ask a lawyer to come with you and tell the Sheriff what you think. If you think you would like to go to see the Sheriff it is usually best to talk to a lawyer.

**2. Not going to see the Sheriff**

You can fill in the attached form or write down what you think on a separate sheet of paper and send it back in the stamped addressed envelope that is with these papers. You must do this **before** the date on which the Sheriff will be thinking about your case. The date and time is under paragraph 1. above, it is also at the end of this letter.

**REMEMBER**

That someone like a parent, friend, teacher or social worker can help you to fill in the form or write down what you think.

If you return the form it will be given to the Sheriff and, if s/he needs more information, s/he will ask someone who works with him/her to be in touch with you.

**IMPORTANT NOTE**

You do not have to do any of these things if you would prefer not to; however, it is very important for you to understand that, if you do not do anything, the Sheriff might make an order without knowing what you think.

**If you are unsure about what to do you can get free legal advice from a lawyer or local Citizens Advice Bureau about the application and about legal aid. The Scottish Child Law Centre can refer you to specially trained lawyers who can help you.**

**They give advice on their free phone 0800 317 500 any time between 9.00 am and 5.00 pm Monday to Friday.**

You will see that, along with this letter, there is a copy of the application which was made to the court, and the Sheriff's order fixing the hearing. If you decide to get advice, or to ask someone to go to court for you, make sure that you give that person a copy of the application, and the Sheriff's order.

**The hearing to consider the application will be held on:**

.....[Date] at ..... [Time]

in **Lerwick Sheriff Court.**

Signed: ..... Title: .....

Telephone: ..... Date: .....

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

To the Sheriff Clerk

I would like the Sheriff to know what I have to say before s/he makes a decision.

Write what you want to say here, or you can use a separate sheet of paper:

Name: .....

Address:.....

.....

.....

Date: .....

***EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL***

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**Rule 3.12(1)(a)**

**Case No:.....**

**Date Lodged:.....**

**SHETLAND ISLANDS COUNCIL**

**SOCIAL WORK SERVICE**

**FORM 34**

**NOTICE OF CHILD ASSESSMENT ORDER TO A PERSON NAMED IN THE APPLICATION**

**Section 55 of the Children (Scotland) Act 1995**

---

**Application to Lerwick Sheriff Court for a Child Assessment Order under section 55 of the Children (Scotland) Act 1995**

Dear ..... Address .....

.....

.....

You are given notice that the court will be hearing this application on:

..... [Date] at ..... [Time]

in Lerwick Sheriff Court.

Along with this notice there is attached a copy of the application and the court's order fixing this hearing.

**WHAT YOU SHOULD DO**

**YOU SHOULD ATTEND OR BE REPRESENTED AT THE HEARING**

**If you do not attend in person you may instruct someone else to represent you. If you do not or are not represented at the hearing, the court may decide the case in your absence.**

**YOU SHOULD OBTAIN ADVICE FROM A SOLICITOR OR LOCAL ADVICE AGENCY OR LAW CENTRE. You may be entitled to legal aid. Advice about legal aid is available from any lawyer, or the CAB.**

Signed: ..... Title: .....

Telephone: ..... Date: .....

Shetland Islands Council

**Guidance Notes for the Completion of Child Assessment Order Applications**

**Introduction**

A Child Assessment Order (CAO) may be granted where the Sheriff is satisfied that:

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

Only the local authority may apply for a Child Assessment Order.

The Order allows an assessment of the child's state health or development, or of the way in which s/he has been treated.

Consideration must be given to the views of the child and to the likely impact on the child of the granting of an order.

These notes are to assist Social Work staff in completing the relevant forms for CAO applications to the Sheriff; they should be read in conjunction with the relevant Social Work procedures about **Child Assessment Orders**.

**Form 45** is the application form for a CAO. The paragraph numbers in these guidance notes refer to the paragraphs in form 45.

**Form 26** is the notice to the child that a CAO has been applied for.

**Form 34** is the notice to the named person (parent, carer, etc.) that a CAO has been applied for.

**The Authority Reporter must be notified, by copy of the application, immediately an application for a CAO has been made; however, in practice wherever possible, the Reporter should be informed of the intention of the Social Work service to make an application.**

**A. Form 45 - Application for a Child Assessment Order**

**Part 1 Details of applicant and other persons who the applicant believes should receive notice of the application**

**Para**

**1.1** N/A

**1.2** The child's name, address, date of birth and gender should be entered here. The parent will receive a copy of the application and the order fixing the hearing. There may be occasions when it may be desirable for the child's address or whereabouts to be withheld; in these circumstances this section should be left blank, and para 3.3 completed, giving reasons for the request.

**1.3** Insert the name and address, and, under the heading 'status', the basis of the person being a 'relevant person'. For the purposes of this application, relevant person means:

- any parent enjoying parental responsibilities or rights. This includes a natural father who is not married to the mother but whose name appears on the birth certificate if the child is born after 4 May 2006;
- any person in whom parental responsibilities or rights have been vested; and
- any person who appears to be a person who ordinarily has charge of, or control over, the child (this excludes people caring for a child by reason of employment, but could for example be a step-parent).

**1.4** Insert name, address, telephone and fax numbers of any safeguarder appointed by a children's hearing or court in respect of the child.

**1.5** N/A

**1.6** For example, the natural father (when he is not a relevant person): insert name, address and telephone number, and provide details of their interest in the application.

**Part 2 Information about the application and orders sought**

**Para**

**2.1** N/A

**2.2** Detail the circumstances which have led to the application. It will be necessary to show what reasons the authority has to suspect that the child is being, or is likely to be, harmed or neglected. It must also be shown what attempts have been made to gain access to the child; that the parents/relevant persons have been **unreasonable** in denying access; and that there is no way an assessment can be carried out on a voluntary basis, or that the necessary information can be gained by some other means. In

addition, it is necessary to show here why a Child Protection Order is not being sought.

- 2.3** Insert details of any other applications or orders made which affect or are relevant to the child who is the subject of this application.
- 2.4** List reports, statements, affidavits or other evidence produced. It will not be sufficient merely to speak to the application, and some preparation will be necessary prior to presenting the case to the Sheriff; this could include bringing along witnesses to give direct evidence.

If a request is being made (at para 3.3) to withhold the whereabouts of the child from the parent, or if restrictions as to contact or other requests are being made (para 3.2.2), the reasons and supporting evidence should be set out here.

### **Part 3 Details of the assessment and orders sought**

#### **Para**

- 3.1.1** Provide details of the type of assessment that is sought including information on health, development and/or the way the child has been treated.
- 3.1.2** Insert the date on which the assessment is to begin.
- 3.1.3** Insert the number of days the assessment will last (maximum 7 days).
- 3.1.4** Insert name(s), designation(s) and address(es) of the person(s) who it is intended will carry out the assessment.
- 3.1.5** Insert name and address of parent, or person having care and control of the child.
- 3.2.1** If the child cannot remain at home for the purpose of the assessment, insert the address of the child's placement., and the number of days that the child should remain there (maximum of 7 days).
- 3.2.2** Contact between child and parent(s) or other family members should normally be encouraged and facilitated. Insert name(s) of anyone with whom the child should have contact during the assessment, and detail the arrangements for this. In some circumstances the department may wish contact with certain persons to be limited, supervised or perhaps even prevented altogether. If this is the case, this must be stated here and detailed reasons given.
- 3.3** If the whereabouts of the child are to be kept from the parent (or other 'relevant person'), the reasons should be given here.

**3.4** Provision is made in the rules for the child to receive a copy of the application, the order fixing the hearing and an explanatory notice (Form 26); however, it is possible to request that the child receives Form 26 only. For all children under eight years, the request to serve Form 26 only will be made, the reason being the child's age and understanding; this reason should be entered here. For children between the ages of eight and twelve years, the question of whether to request restricted service will be discussed between social worker and Senior Social Worker/Service Manager (with legal advice where available). Requests to restrict service on children over twelve years will only be made in exceptional circumstances. The Sheriff is also empowered to dispense with service of all papers on a child, or to order that only certain specified parts are served. If such a dispensation is considered necessary, the request to the Sheriff should be made here, with reasons.

Delete that option which is not required, i.e. 3.3 or 3.4; if neither is required, delete both.

#### **Part 4 Details of first order sought from the Sheriff**

##### **Para**

**4.1** N/A

**4.2** The applicant is responsible for serving on both the child and the relevant person, a copy of the application, the order fixing the hearing and the notice (form 26 for the child and form 34 for the relevant person). If it is felt that the child should receive only a copy of the notice, then delete as appropriate and state which papers should be served on the child.

**4.3** N/A

**4.4** If the application includes the request that the child's whereabouts are not disclosed to the parent, the child's name should be inserted here.

**4.5** If the application includes the request not to serve a copy of the application/order on either the child or the parent/other relevant person, list the reasons here.

Delete those paragraphs which do not apply.

#### **B. Form 26 - Notice to Child of Child Assessment Order**

This form should be completed with:

- i. the child's name;
- ii. the social worker's name;
- iii. in simple language, an explanation of the reasons for the need for a Child Assessment Order;
- iv. what the assessment will entail, who will do it, where, etc.; and
- v. the date, time and place of the hearing.

N.B. Form 26 must always be served on the child subject to a CAO; it is important, however, that the social worker serving the notice also explains in age-appropriate language what is happening to the child, what the child's rights are, how the child will be helped to exercise his/her rights, and the likely course of events in the short-term, who will be looking after the child, what contact with family will be, who will be making decisions about the child, his/her contribution to the decision-making, likely timescales, etc. It is important not to assume a level of understanding sufficient for comprehension of the forms, and every effort must be made to assist the child in understanding what is happening to him/her and who can help.

**C. Form - 34 Notice to a Named Person of Child Assessment Order**

This form should be completed with:

- i. the relevant person's name and address;
- ii. the date, time and place of the hearing.

N.B. It is the responsibility of the applicant to serve form 34 on the relevant person, together with a copy of the order fixing a hearing and the application to the Sheriff. The exception to this is when the Sheriff has granted the applicant's request not to divulge the whereabouts of the child to the relevant person, in which case the child's location may be withheld.

**Whenever possible assistance should be sought from Legal Services. If this is not possible you should refer to the appropriate rules of court (Act of Sederunt (Child Care and Maintenance) Rules 1997, R.3.25-28).**

**Shetland Islands Council**

**Form CP-EA1**

**Application to Justice of the Peace for Emergency Authorisation for Child Protection Measures**

**Sections 61(1) and 61(2) Children (Scotland) Act 1995**

---

**APPLICATION TO JUSTICE OF THE PEACE** for an authorisation under section 61(1)/61(2) \* of the Children (Scotland) Act 1995 [delete section which does not apply]

**1 DETAILS OF APPLICANT AND OTHER PERSONS WHO THE APPLICANT BELIEVES SHOULD RECEIVE NOTICE OF THE APPLICATION**

**1.1 Applicant:** Shetland Islands Council  
92 St Olaf St, Lerwick, ZE1 0ES.

Tel: 01595 744400 Fax: 01595 744436

**1.2 Child :** **Name:** .....  
**Address:** .....  
.....  
.....

**Date of Birth:** .....

**Gender:** .....

**1.3 Relevant Person(s):** **Name:** .....

**Address:** .....  
.....

**Status:** .....



**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

that there are reasonable grounds for the local authority to suspect that a child is being or will be so treated or neglected that s/he is suffering or will suffer significant harm; **and**

that the local authority are making or causing to be made enquiries to allow them to decide whether they should take any action to safeguard the welfare of the child; **and**

that those enquiries are being frustrated by access to the child being unreasonably denied, the authority having reasonable cause to believe that such access is required as a matter of urgency;

**but** it is not practicable in the circumstances for an application for a Child Protection Order to be made to the Sheriff, or for the Sheriff to consider such an application.

[ \* Delete 2.1 or 2.2 as appropriate]

**2.3 Other applications and orders which affect the child:**

.....  
.....  
.....  
.....

**2.4 Reasons for the concern:**

.....  
.....  
.....  
.....

**2.4 Reasons for which it is not possible for an application for a Child Protection Order to be made or to be considered by the Sheriff:**

.....  
.....  
.....

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**2.5 Arrangements for the child**

The child will be placed at: .....

.....

.....[Name and Address]

until an application for a Child Protection Order is presented to the Sheriff.

**3 DETAILS OF THE AUTHORISATION SOUGHT**

**3.1** The local authority hereby requests that an authorisation be granted to:

- a. require any person in a position to do so to produce the above-named child(ren) \*
- b. prevent any person from removing the child(ren) from a place where s/he(they) is(are) then being accommodated \*
- c. authorise the applicant to remove the child(ren) to a place of safety and to keep him/her(them) there until the expiration of the authorisation \*

[ \* Delete as appropriate]

---

**I ..... being one of Her Majesty's Justices of the Peace, having considered the foregoing application, authorise the removal of the above-named child(ren) as requested.**

**Signed: ..... Justice of the Peace**

**Date: .....**

**Please note:**

**Appendix 11 of the Shetland inter-agency Child Protection Procedures August 2007 edition has been withdrawn.**

**A list of JPs is now of no practical use in connection with child protection, since Shetland has no 'signing' JPs able to issue warrants.**

**If an urgent protective order is required contact should be made with the sheriff court. When no sheriff is available, an honorary sheriff may be able to deal with the matter.**

**December 2010**

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**Shetland Islands Council**

**Form CP-EA2**

**Notification of Emergency Authorisation by Justice of the Peace for Child Protection Measures under Section 61(2)Children (Scotland) Act 1995**

---

To ..... [Name and Address]

You are given notice of the granting of an authorisation on: ..... [Date]

- to:
- a. remove the child(ren) named below to a place of safety \*
  - b. prevent the removal of the child(ren) from the place where they are accommodated at present \*

[ \* Delete as appropriate]

..... [Child's Name] ..... [DoB]

..... [Child's Name] ..... [DoB]

..... [Child's Name] ..... [DoB]

..... [Child's Name] ..... [DoB]

The child(ren) will be accommodated at: ..... [Name and Address]

This authorisation was granted because:

.....  
.....  
.....

An application to the Sheriff at Lerwick Court for a Child Protection Order will be made within 24 hours.

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**WHAT YOU SHOULD DO**

**You must comply with the authorisation**

**If you are unsure about what to do you can get free legal advice from a lawyer or local Citizens Advice Bureau about the authorisation and about legal aid. The Scottish Child Law Centre can refer you to specially trained lawyers who can help you.**

**They give advice on their free phone 0800 317 500 any time between 9.00 am and 5.00 pm Monday to Friday.**

Signed: ..... Title: .....

Designation: ..... Date: .....

**SHETLAND ISLANDS COUNCIL**

**FORM 47**

**APPLICATION FOR A CHILD PROTECTION ORDER  
BY THE LOCAL AUTHORITY**

Section 57 of the Children (Scotland) Act 1995

---

**Case No:**  
**Date lodged:**

**APPLICATION TO THE SHERIFF AT:** Lerwick Sheriff Court

for a Child Protection Order under section 57(1)/57(2)\* of the Children (Scotland) Act 1995 ( \* delete section which does not apply).

**1 DETAILS OF APPLICANT AND OTHER PERSONS WHO THE APPLICANT BELIEVES SHOULD RECEIVE NOTICE OF THE APPLICATION**

**1.1 Applicant:** Shetland Islands Council  
92 St Olaf St, Lerwick, ZE1 0ES.  
  
Tel: 01595 744400 Fax: 01595 744436

**1.2 Child \*:** **Name:** .....  
**Address:** .....  
.....  
.....  
**Date of Birth:** .....  
**Gender:** .....

**1.3 Relevant Person(s):** **Name:** .....  
**Address:** .....  
**Status:** .....



**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

\* Under section 57(2) of the Children (Scotland) Act 1995 the local authority:

- have reasonable grounds to suspect that a child is being or will be so treated (or neglected) that he is suffering or will suffer significant harm; and
- are making or causing to be made enquiries to allow them to decide whether they should take any action to safeguard the welfare of the child; and
- are satisfied that those enquiries are being frustrated by access to the child being unreasonably denied, the authority having reasonable cause to believe that such access is required as a matter of urgency.

[\* Delete as appropriate]

**2.2 Other applications and orders which affect the child:**

.....

.....

.....

.....

.....

.....

**2.3 Supporting evidence:**

The following supporting evidence is produced -

.....

.....

.....

.....

.....

.....

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**3 DETAILS OF ORDER SOUGHT AND ANY TERMS, CONDITIONS OR DIRECTIONS**

**3.1 Order sought:** The applicant requests the Sheriff to make a Child Protection Order in respect of:

.....[Child's Name]

**3.2 Terms and conditions:**

In terms of section 57(4) the applicant seeks an order:

- requiring any person in a position to do so to produce the child to the applicant \*
- authorising the removal of the child by the applicant to a place of safety, and the keeping of the child at that place \*
- authorising the prevention of the removal of the child from any place where s/he is being accommodated \*

[\* Delete as appropriate]

**3.3 Terms and conditions to be attached to the order:**

In terms of section 58(4) or (5) the applicant seeks the following direction(s):

- the following parental responsibilities and rights \*:

.....  
.....  
.....  
.....  
.....

- an examination as to the physical or mental state of the child \*
- an interview of the child as follows \*:

.....  
.....  
.....

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

- .....
- any treatment of the child arising out of such an examination or assessment \*

[\* Delete as appropriate]

**3.4 Any other order:**

The applicant also requests the following:

- that the whereabouts of the child are not disclosed to the following relevant persons \*:

.....  
.....  
.....  
.....

- that restricted documents are served on the child \*

[\* Delete as appropriate]

**4 DETAILS OF FIRST ORDER SOUGHT FROM THE SHERIFF**

The applicant requests the Sheriff to :

**4.1** make a Child Protection Order in respect of .....  
[child's name] on the terms and conditions set out in Part 3 of the application,  
\* and subject to the directions sought in Part 3 of the application.

**4.2** \* order the applicant to forthwith serve a copy of the Child Protection Order  
[and a copy of the application] on:

- i. the child, together with a notice in form 50 \*, or order service on the child of the following documents only:

.....  
.....  
.....  
.....

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

- ii. the persons listed in Part 1 of this application, together with a notice in form 51;

**4.3** \* order that the address of ..... [child's name] should not be disclosed in the application;

**4.4** \* dispense with service on the child or any other person for the following reasons:

.....  
.....  
.....

**4.5** Authorise any service ordered by the Sheriff to be effected orally or in such other manner as the Sheriff directs by a social worker employed by the applicant, in terms of rules 3.15.3 and Rule 3.16.1(c) of the (Act of Sederunt (Child Care and Maintenance Rules) 1997

[\* Delete as appropriate]

Signed: ..... Date: .....

Name: ..... Designation: .....

Address: .....  
.....

Tel: ..... Fax: .....

**Arrangements to Keep You Safe**

Dear .....

I am a social worker, and my name is ..... I am writing to tell you that because there were worries about your safety the court was asked to sort out some practical arrangements to make sure you are kept safe.

After hearing about your situation the court made an order, called a “Child Protection Order”. That means that the court gave permission to:

.....  
.....  
.....  
.....  
.....  
.....

If you are unhappy with this you can ask the court to change it. For example, you might want to ask the court to allow you:

.....  
.....  
.....  
.....

**Any change must be asked for straightaway.**

If you want to do this you can ask the court which made the order to listen to you. You will need a lawyer to help you. If you want, I can arrange for you to speak to a lawyer.

**Remember** that if you do not agree with the order or any directions you must get advice **IMMEDIATELY**.

**In the meantime you must do what the order says.**

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**If you are unsure about what to do you can get free legal advice from a lawyer or local Citizens Advice Bureau about the application and about legal aid. The Scottish Child Law Centre can refer you to specially trained lawyers who can help you.**

**They give advice on their free phone 0800 317 500 any time between 9.00 am and 5.00 pm Monday to Friday.**

You will see that, along with this letter, there is a copy of the application which was made to the court, and the order the court has made which affects you. If you decide to get advice, or to ask someone to go to court for you, make sure that you give that person a copy of the application, and the court's order.

Signed: ..... Title: .....

Telephone: ..... Date: .....

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**SHETLAND ISLANDS COUNCIL**

**FORM 51**

**NOTICE OF CHILD PROTECTION ORDER TO A NAMED PERSON**

**Section 57 of the Children (Scotland) Act 1995**

---

**Notice of Child Protection Order made under section of the Children (Scotland) Act 1995 in the Lerwick Sheriff Court**

Dear ..... Address .....

.....

.....

You are given notice of the making of a Child Protection Order in respect of the child:

Name ..... Address .....

DoB ..... .....

Gender ..... .....

by the Sheriff at Lerwick Sheriff Court on: .....

Along with this notice there is attached a copy of the application and the order.

**WHAT YOU SHOULD DO**

**You must comply with the order and any directions contained within it. Failure to comply is an offence under section 81 of the Children (Scotland) Act 1995 and could lead to you being fined.**

**You may wish to obtain advice from a solicitor or the Citizens Advice Bureau. You may be entitled to legal aid. Advice about legal aid is available from any lawyer or the CAB.**

**You may be able to contest or vary the order, and in such circumstances you should obtain legal advice without delay.**

Signed: ..... Title: .....

Telephone: ..... Date: .....

## Child Protection Order Applications

### Guidance Notes for the Completion of Relevant Forms

#### Introduction

- 1.1 A Child Protection Order (CPO) may be granted where the Sheriff is satisfied either:
  - that there are reasonable grounds to **believe** that a child is being so treated (or neglected) that s/he is suffering significant harm; or will suffer such harm if not removed to, or kept in, a safe place; and that an order is necessary (section 57(1)); or
  - that the local authority has reasonable grounds to **suspect** that a child is suffering or will suffer significant harm **and** that enquiries being carried out to verify this are being frustrated by access to the child being denied (section 57(2)).
- 1.2 Although the term 'suspect' does not require the same level of evidence as the term 'believe', where it cannot be shown that the local authority's enquiries into whether a child is, or is likely to suffer significant harm are being frustrated by denial of access, then section 57(2) will not be appropriate.
- 1.3 A CPO should only be considered when all possible voluntary alternatives have been explored, or when it is impracticable, for reasons of immediate safety, to do so.
- 1.4 Consideration must be given to the views of the child and to the likely impact on the child of the granting of an order.
- 1.5 These notes are to assist social care staff in completing the relevant forms for CPO applications to the Sheriff; they should be read in conjunction with departmental child protection procedures.
- 1.6 **Form 47** is the application form for a CPO. The paragraph numbers in these guidance notes refer to the paragraphs in form 47.
- 1.7 **Form 50** is the notice to the child that a CPO has been obtained.
- 1.8 **Form 51** is the notice to the named person (parent, carer, etc.) that a CPO has been obtained.

**The Authority Reporter must be notified, by copy of the application and order, immediately an application for a CPO has been granted; however, in practice wherever possible, the Reporter should be informed of the intention of the Social Care Service to make an application.**

---

**A. Form 47 - Application for a Child Protection Order**

**Part 1 Details of applicant and other persons who the applicant believes should receive notice of the application**

**Para**

**1.1** N/A

**1.2** The child's name, address, date of birth and gender should be entered here. The parent will receive a copy of the application and of the CPO when s/he is notified of the granting of the order. There may be occasions, e.g. when the order is to prevent removal of a child from the place where s/he is, that it may be desirable for the child's whereabouts to be withheld; in these circumstances this section should be left blank, and para 3.4 completed, giving reasons for the request.

**1.3** Insert the name and address, and, under the heading 'status', the basis of the person being a 'relevant person'. For the purposes of this application, relevant person means:

- any parent enjoying parental responsibilities or rights. This includes the natural father who is not married to the mother but whose name appears on the birth certificate if the child is born after 4 May 2006;
- any person in whom parental responsibilities or rights have been vested; and
- any person who appears to be a person who ordinarily has charge of, or control over, the child (this excludes people caring for a child by reason of employment, but could for example be a step-parent).

N.B. Consideration will need to be given to absent parents; both divorced parents will usually retain parental responsibilities and rights. Before considering an application for a CPO it is likely that the possibility of the absent parent taking charge of the child will have been explored. If it is believed that the child cannot remain safely with either parent, then notice of the application will have to be served on both.

**1.4** Insert name, address, telephone and fax numbers of any safeguarder appointed by a children's hearing or court in respect of the child.

**1.5** N/A

**1.6** For example, the natural father (if he is not a relevant person): insert name, address and telephone number, and provide details of their interest in the application.

## **Part 2 Information about the application and orders sought**

### **Para**

**2.1** N/A

**2.2** Insert details of any other applications or orders made which affect or are relevant to the child who is the subject of this application.

**2.3** List reports, statements, affidavits or other evidence produced. It may not be sufficient merely to speak to the application, and some preparation will be necessary prior to presenting the case to the Sheriff; this could include bringing along witnesses to give direct evidence. However, if the social worker's evidence is all that is available, and if a CPO is believed to be necessary, then the application should proceed and the Sheriff will make his/her decision.

If a request is being made (at para 3.4) to withhold the whereabouts of the child from the parent, or if restrictions as to contact or other requests are being made (para 3.3), the reasons and supporting evidence should be set out here.

## **Part 3 Details of order sought and any terms, conditions or directions**

### **Para**

**3.1** Insert name of child subject to the application.

**3.2** Delete those bullet points which do not apply.

**3.3** Parents of children who are subject to Child Protection Orders retain all parental rights and responsibilities. This means that any medical examination, treatment or interview can only be carried out with a parent's permission. If such permission is unlikely to be forthcoming, and if it is considered essential that any such interview occur, then the parental rights to do so must be applied for at the time of the CPO application. Insert here details of the direction(s) sought.

Contact between child and parent(s) should normally be encouraged and facilitated. If restricted contact (e.g. supervised only) or no contact is considered necessary to protect the best interests of the child, a direction should be sought here, with reasons and supporting evidence entered at para 2.3

**3.4** If the whereabouts of the child are to be kept from the parent (or other 'relevant person'), their names should be listed here, and reasons given.

Provision is made in the rules for the child to receive a copy of the application, the CPO and an explanatory notice (Form 50); however, it is possible to request that the child receives Form 50 only. For all children under eight years, the request to serve Form 50 only will be made, the reason being the child's age and understanding; this reason should be

entered here. For children between the ages of eight and twelve years, the question of whether to request restricted service will be discussed between social worker and Senior Social Worker/Service Manager (with legal advice where required). Requests to restrict service on children over twelve years will only be made in exceptional circumstances.

Delete that option which is not required; if neither is required, delete both.

#### **Part 4 Details of first order sought from the Sheriff**

##### **Para**

- 4.1** Insert the child's name; if directions are not being sought as per paras 3.3 and 3.4, then all after \* should be deleted. However, it is likely that most applications will seek some directions at this stage.
- 4.2** The applicant is responsible for serving on both the child and the relevant person, a copy of the application, the CPO and the notice (form 50 for the child and form 51 for the relevant person). If it is felt that the child should receive only a copy of the notice, then delete at sub-para i. : "the child, together with a notice in form 50," and list below the documents which are to be served.
- 4.3** If the application includes the request that the child's whereabouts are not disclosed to the parent, the child's name should be inserted here.
- 4.4** If the application includes the request not to serve a copy of the application/order on either the child or the parent/other relevant person, list the reasons here.

Delete those paragraphs which do not apply.

#### **B. Form 50 - Notice of Child Protection Order to Child**

This form should be completed with:

- i. the child's name;
- ii. in simple language the order(s) and any directions granted and their effect on the child; and
- iii. examples of what changes the child might want to ask the court to grant, e.g. to allow more contact with certain members of the family, etc.

- N.B.** Form 50 must always be served on the child subject to a CPO; it is important, however, that the social worker serving the notice also explains in age-appropriate language what is happening to the child, what the child's rights are, how the child will be helped to exercise his/her rights, and the likely course of events in the short-term, who will be looking after the child, what contact with family will be, who will be making decisions about the child, his/her contribution to the decision-making, likely timescales, etc. It is important not to assume a level of understanding sufficient for comprehension of the forms, and every effort must be made to assist the child in understanding what is happening to him/her and who can help.

**C. Form - 51 Notice of Child Protection Order to a Named Person**

This form should be completed with:

- i. the relevant person's name and address;
- ii. the child's name, address, DoB and gender;
- iii. the date of the granting of the CPO.

N.B. It is the responsibility of the applicant to serve form 51 on the relevant person, together with a copy of the CPO and the application to the Sheriff. The exception to this is when the Sheriff has granted the applicant's request not to divulge the whereabouts of the child to the relevant person, in which case the child's location may be withheld.

**Whenever possible assistance should be sought from Legal Services. If this is not possible you should refer to the appropriate rules of court (Act of Sederunt (Child Care and Maintenance Rules) 1997 R.3.29-33)**

**SHETLAND ISLANDS COUNCIL**

**FORM 54**

**APPLICATION FOR EXCLUSION ORDER BY LOCAL AUTHORITY**

**Section 76 of the Children (Scotland) Act 1995**

---

**Case No:**  
**Date Lodged:**

**APPLICATION TO THE SHERIFF AT:** Lerwick Sheriff Court

for an Exclusion Order under section 76(1) of the Children (Scotland) Act 1995

**1 DETAILS OF APPLICANT AND OTHER PERSONS WHO THE APPLICANT BELIEVES SHOULD RECEIVE NOTICE OF THE APPLICATION**

**1.1 Applicant:** Shetland Islands Council  
92 St Olaf St, Lerwick, ZE1 0ES.

Tel: 01595 744400 Fax: 01595 744436

**1.2 Child \*:** **Name:** .....  
**Address:** .....  
.....  
.....

**Date of Birth:** .....

**Gender:** .....

**1.3 The Named Person:** **Name:** .....

**Address:** .....

**Status:** .....



**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**2 INFORMATION ABOUT THE APPLICATION AND ORDERS SOUGHT**

**2.1 Grounds for making the application:**

.....

.....

.....

.....

.....

.....

.....

**2.2 Other applications and orders which affect the child:**

.....

.....

.....

.....

**2.3 Supporting evidence:**

.....

.....

.....

.....

.....

**2.4 Proposals by the local authority for financial or other support for the named person:**

.....

.....

.....

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**3 DETAILS OF ORDER SOUGHT AND ANY TERMS, CONDITIONS OR DIRECTIONS**

**3.1 Order sought:** The applicant requests the Sheriff to grant an Exclusion Order in respect of

..... [child's name]

in the following terms:

.....  
.....  
.....  
.....  
.....

**3.2 Ancillary or interim orders sought:** In terms of section 77(3) the following orders or interim orders are sought:

.....  
.....  
.....  
.....  
.....  
.....

**3.3 Terms and conditions to be attached to the order:** In terms of section 77(7) the applicant seeks an order to:

.....  
.....  
.....  
.....  
.....

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**3.4 Directions as to preservation of named person's property:** In terms of section 77(5) the applicant seeks the following direction:

.....  
.....  
.....  
.....

In terms of section 78(1) a power of arrest is sought in the following terms:

.....  
.....  
.....  
.....

**4 DETAILS OF FIRST ORDER SOUGHT FROM THE SHERIFF**

The applicant requests the Sheriff to:

**4.1** Fix a hearing.

**4.2** Order the applicant forthwith to serve a copy of the application on:

- i. the child, together with a notice in form 28;
- ii. the named person, together with a notice in form 36; and
- iii. the persons listed in paragraph 1 of this application, together with notice in form 36,  
and authorise service to be effected orally or in such manner as the Sheriff directs by a social worker employed by the Applicant in terms of Rule 3.15.3 and rule 3.16.1(c) of the Act of Sederunt (Child Care and Maintenance) Rules 1997.

**4.3** \* Dispense with service on the child or any other person for the following reasons:

.....  
.....  
.....

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

.....

**4.4** \* Make an interim exclusion order excluding the named person from the child's family home in terms of part 2 \* on the terms and conditions set out in part 3 above, and subject to the directions sought.

**4.5** \* Grant the following ancillary order: .....

**4.6** \* Grant a power of arrest.

[\* Delete as appropriate]

Signed: ..... Date: .....

Name: ..... Designation: .....

Address: .....

.....

Tel: ..... Fax: .....

**SHETLAND ISLANDS COUNCIL**

**FORM 28**

**NOTICE TO CHILD OF APPLICATION FOR AN EXCLUSION ORDER**

**Section 76 of the Children (Scotland) Act 1995**

**Keeping You Safe**

Dear .....

I am writing to tell you that because there are worries about your safety, the Sheriff [the person who has to decide] has been asked to sort out some practical arrangements to make sure you can be kept safe. The Sheriff is being asked to make an "Exclusion Order" to make sure that:

..... does not come into the family home

at:

.....  
.....  
.....

You are to stay at home/where you are \* at present.

The application to the Sheriff has been made by: .....

because: .....

.....

and means:

.....  
.....  
.....

## **EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

The Sheriff would like to hear what you would like to happen before making a decision.

### **Going to see the Sheriff**

- You can take someone like a friend, parent, teacher or social worker with you to see the Sheriff to help you; or
- You can ask a lawyer to come with you and tell the court what you think.

If you think you would like to go to see the Sheriff it is usually best to talk it over with a lawyer.

### **Not going to see the Sheriff**

- You can fill in the attached form or write down what you think on a separate sheet of paper and send them back in the enclosed stamped addressed envelope **before** the date on which the court is to hear the application. The date is written at the end of this letter.

### **REMEMBER**

That someone like a friend or teacher can help you to fill in the form or write down what you think.

- If you return the form it will be given to the Sheriff, and, if he needs more information, he will ask the Sheriff Clerk who works with him to contact you about this.

**IMPORTANT NOTICE** - You do not have to do any of these things if you would prefer not to; however, it is very important for you to understand that, if you do not do anything, the Sheriff might make an order without knowing what you think.

**If you are unsure about what to do you can get free legal advice from a lawyer or local Citizens Advice Bureau about the application and about legal aid. The Scottish Child Law Centre can refer you to specially trained lawyers who can help you.**

**They give advice on their free phone number (0800 317 500) any time between 9.00 am and 5.00 pm Monday to Friday.**

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

The hearing to consider the application will be held on .....,  
at ..... am/pm, in Lerwick Sheriff Court.

You will see that along with this letter there is a copy of the application to the Sheriff and the Sheriff's order making a date for the hearing. If you decide to get advice, or to ask someone to go to see the Sheriff for you, make sure that you give them a copy of the application and the Sheriff's order.

Signed: ..... Date: .....

Name: ..... Designation: .....

Address: .....

.....

Tel: ..... Fax: .....

***EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL***

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**To the Sheriff Clerk**

I would like the Sheriff to know what I have to say before he or she makes a decision.

**Write down what you want to say here, or you can use a separate sheet of paper**

**Name:** .....

**Address:**.....

.....

.....

**Court Reference**

**Number:** .....

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

**Rule 3.12(1)(c)**

**SHETLAND ISLANDS COUNCIL**

**FORM 36**

**NOTICE OF APPLICATION FOR AN EXCLUSION ORDER TO PERSON NAMED  
IN APPLICATION OR ANY OTHER PERSON**

**Section 76 of the Children (Scotland) Act 1995**

---

**Case No:**

Application to Lerwick Sheriff Court for an Exclusion Order under section 76 of the Children (Scotland) Act 1995 in respect of:

\* You .....

---

To: .....[Name]

.....

.....

.....[Address]

You are given notice that the court will hear this application:

Date: .....

Time: .....

At: **Lerwick Sheriff Court**

Along with this notice there is attached a copy of the application and the court's order fixing this hearing \* which includes details of any interim orders granted.

[\* Delete as appropriate]

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

Signed: ..... Date: .....

Name: ..... Designation: .....

Address: .....

.....

Tel: ..... Fax: .....

---

**WHAT YOU SHOULD DO**

**YOU SHOULD ATTEND OR BE REPRESENTED AT THE HEARING.**

**If you do not attend or are not represented at the hearing, the court may decide the case in your absence.** If the order sought is to exclude you then the granting of the order will have an effect on a number of your rights including the suspending of any rights of occupancy you have. Details of the orders sought are contained in the application form.

**YOU SHOULD OBTAIN ADVICE FROM A LAWYER OR CITIZENS ADVICE BUREAU.** You may be entitled to legal aid. Advice about legal aid is available from any lawyer or Citizens Advice Bureau.

## Shetland Islands Council

**Guidance Notes for the Completion of Exclusion Order Applications****Introduction**

An Exclusion Order (EO) may be granted where the Sheriff is satisfied that the conditions at section 76(2)(a), (b) and (c) are satisfied.

Consideration must be given to the views of the child and to the likely impact on the child of the granting of an order.

An Exclusion Order will not be granted if the person to be excluded has not had the opportunity to be heard by the Sheriff, although an Interim Exclusion Order may be granted in these circumstances in an emergency. Applications for Interim Exclusion Orders will take the same form as applications for Exclusion Orders.

These notes are to assist social work staff in completing the relevant forms for EO applications to the Sheriff; they should be read in conjunction with the relevant Social Work procedure on **Exclusion Orders**.

**Form 54** is the application form for a EO. The paragraph numbers in these guidance notes refer to the paragraphs in form 54.

**Form 28** is the notice to the child that a EO has been applied for.

**Form 36** is the notice to the named person and appropriate person that an EO has been applied for.

**The Authority Reporter must be notified, by copy of the application, immediately an application for a EO has been made;** however, in practice wherever possible, the Reporter should be informed of the intention of the Social Care service to make an application.

**A. Form 54 - Application for an Exclusion Order**

**Part 1 Details of applicant and other persons who the applicant believes should receive notice of the application**

**Para**

**1.1** N/A

**1.2** The child's name, address, date of birth and gender should be entered here. The parent will receive a copy of the application and the order fixing the hearing. There may be occasions when it may be desirable for the child's

address or whereabouts to be withheld; in these circumstances this section should be left blank, and para 3.3 completed, giving reasons for the request.

- 1.3 Insert name and address of person to be excluded.
- 1.4 Insert name, address, telephone and fax numbers of any safeguarder appointed by a children's hearing or court in respect of the child.
- 1.5 Insert the name and address, and, under the heading 'status', the basis of the person being a 'relevant person'. For the purposes of this application, relevant person means:
  - any parent enjoying parental responsibilities or rights. This includes the natural father who is not married to the mother but whose name appears on the birth certificate if the child is born after 4 May 2006;
  - any person in whom parental responsibilities or rights have been vested; and
  - any person who appears to be a person who ordinarily has charge of, or control over, the child (this excludes people caring for a child by reason of employment, but could for example be a step-parent).
- 1.6 Insert the name and address of the person who is to have care of the child if the order is made.
- 1.7 N/A
- 1.8 For example, the natural father (if he is not a relevant person): insert name, address and telephone number, and provide details of their interest in the application.

## **Part 2 Information about the application and orders sought**

### **Para**

- 2.1 Detail the grounds on which the application is based. Each of the conditions at section 76(2)(a), (b) and (c) should be satisfied. Include the address of the family home, and details of all persons resident there. Detail the circumstances which have led to the application. It will be necessary to show what reasons the authority has to suspect that the child is being, or is likely to be, harmed or neglected.
- 2.2 Insert details of any other applications or orders made which affect or are relevant to the child who is the subject of this application.
- 2.3 List reports, statements, affidavits or other evidence produced. It will not be sufficient merely to speak to the application, and some preparation will be necessary prior to presenting the case to the Sheriff; this could include bringing along witnesses to give direct evidence.

If a request is being made (at para 3.3) to withhold the whereabouts of the child from the person(s) named in the application, the reasons and supporting evidence should be set out here.

- 2.4** Detail here the proposed support which it is intended the local authority will provide to the named person if excluded, i.e. accommodation, financial assistance.

### **Part 3 Details of the order sought and any terms, conditions or directions**

#### **Para**

- 3.1** Insert details of the order sought and any terms and conditions to be attached to the order in respect of the child.
- 3.2** If the local authority is seeking any of the interim or ancillary orders set out in section 77(3) of the Act, these should be listed here, with reasons.
- 3.3** Insert any terms and conditions which the local authority would like the Sheriff to attach to the order, for example the withholding of the whereabouts of the child from the named person.
- 3.4** If a direction is being sought in relation to the preservation of the named person's property in terms of section 77(5) and/or if a power of arrest is being sought in terms of 78(1), provide information and details here, with supporting evidence. If a power of arrest is granted, the applicant is responsible for notifying the police. This must be done on Form 56, in accordance with rule 3.38(1) and (2) of the Act of Sederunt (Child Care and Maintenance Rules) 1997.

### **Part 4 Details of first order sought from the Sheriff**

#### **Para**

- 4.1** N/A
- 4.2** The applicant is responsible for serving on the child, the named person, the appropriate person and the relevant person, a copy of the application and the notice (form 28 for the child and form 36 for the relevant person).
- 4.3** If it is felt that the child or any other person should receive only a copy of the notice, then delete as appropriate and state which papers should be served on them, giving reasons.
- 4.4** If the application is for an Interim Exclusion Order, specify here.
- 4.5** Specify any ancillary order sought.

**Delete those paragraphs which do not apply.**

**B. Form 28 - Notice to Child of Exclusion Order**

This form should be completed with:

- i. the child's name;
- ii. the excluded person's name;
- iii. in simple language, an explanation of the reasons for the need for an Exclusion Order and what this means; and
- iv. the date, time and place of the hearing.

N.B. Form 28 must always be served on the child subject to an EO; it is important, however, that the social worker serving the notice also explains in age-appropriate language what is happening to the child, what the child's rights are, how the child will be helped to exercise his/her rights, and the likely course of events in the short-term, who will be looking after the child, what contact with the named person will be, who will be making decisions about the child, his/her contribution to the decision-making, likely timescales, etc. It is important not to assume a level of understanding sufficient for comprehension of the forms, and every effort must be made to assist the child in understanding what is happening to him/her and who can help.

**C. Form - 36 Notice to a Named Person or any Other Person of Exclusion Order**

This form should be completed with:

- i. the named person's name and address;
- ii. the name and address of the person receiving the notice;
- iii. the date, time and place of the hearing; and
- iv. details of any ancillary/interim orders attached to the notice (if applicable).

N.B. It is the responsibility of the applicant to serve form 36, together with the application to the Sheriff. The exception to this is when the Sheriff has granted the applicant's request not to divulge the whereabouts of the child to the named person, in which case the child's location may be withheld.

**Whenever possible assistance should be sought from Legal Services. If this is not possible you should refer to the appropriate rules of court (Act of Sederunt (Child Care and Maintenance) Rules 1997 R.3.34 – 40)**

**EXAMPLE – TO COPY ONLY - DO NOT USE THE ORIGINAL**

**Shetland Islands Council – Children’s Services (Social Work)**

**Child Protection Details  
Section 1: Child Details**

Ref:

Previously on Register: (Yes/No?)  From:  To:

Primary Name: Surname:  Forename(s):

Secondary: Surname:  Forename(s):

Other Surname:  Date of Birth:  Age:  Sex:

Home Address:

Religious persuasion, race, cultural and linguistic background:

Any disability of child or special, needs, e.g. with communication:

Date Registered:  /  /

Legal Status of Child:

Abuse Categories:

Physical Injury

Emotional Abuse

Physical Neglect

Non-Organic Failure to Thrive

Sexual Abuse

Main Category of Abuse (where more than one indicated above):

Mother:

Previous names and any aliases, including maiden name:

Current Address:

Father:

Previous names and any aliases:

Current Address:

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

Carer (if app):  Relationship:

Current Address:

Other adult members of the household:  Relationship:

Identity of Abuser(s) or Risk Source Known or Suspected:

More Than One Abuser Involved: (Yes/No?)

Relationship of Known/Suspected Abuser(s):

Primary Abuser:  Age:  Sex:

Secondary:  Age:  Sex:

Other Children Under 16 years in household:

| Surname | Forename | DOB | Age | Sex | Relationship | Registered |
|---------|----------|-----|-----|-----|--------------|------------|
|         |          |     |     |     |              |            |
|         |          |     |     |     |              |            |
|         |          |     |     |     |              |            |

Keyworker  Address and telephone number:

School:  When informed of Registration:

Health Visitor:  When informed of Registration:

GP: (include address and telephone number)  When informed of Registration:

Dates of Child Protection Case Conference Reviews and Outcome:

| Date | Outcome | Chair | Signature |
|------|---------|-------|-----------|
|      |         |       |           |
|      |         |       |           |
|      |         |       |           |

Enquiries of register (refer also to computer-held records and continue on separate sheet if needed)

| Date | Agency | Notes |
|------|--------|-------|
|      |        |       |

**EXAMPLE –TO COPY ONLY - DO NOT USE THE ORIGINAL**

Appendix 18

**Shetland Islands Council - Children's Services (Social Work)**

**Child Protection Register  
Section 2: Closed Child Details (Details as at Deregistration)**

Ref:

Previously on Register: (Yes/No?)  From:  To:

Primary Name: Surname:  Forename(s):

Secondary: Surname:  Forename(s):

Other Surname:  Date of Birth:  Age:  Sex:

Home Address:

Date Registered:  /  /  Deregistration Date:  /  /

Time on Register

Abuse Categories:

Physical Injury  Emotional Abuse

Physical Neglect  Non-Organic Failure to Thrive

Sexual Abuse

Main Category of Abuse (where more than one indicated above):

Mother:

Current Address:

Father:

Current Address:

Carer (if app):  Relationship:

Current Address:  Keyworker:

### Membership of Shetland Child Protection Committee

| <u>Position</u>                                       | <u>Agency represented</u>  |
|---|--|
| Director of Public Health                             | NHS Shetland   |
| Child Protection Nurse Advisor                        | NHS Shetland   |
| Local Clinician in Children's Health                  | NHS Shetland   |
| Area Commander or nominated representative            | Northern Constabulary  |
| Authority Reporter                                    | Scottish Children's Reporter Administration                            |
| Chief Social Work Officer                             | Education and Social Care Department<br>Shetland Islands Council       |
| Service Manager<br>Criminal Justice Unit              | Education and Social Care Department<br>Shetland Islands Council       |
| Head of Children's Services                           | Education and Social Care Department<br>Shetland Islands Council       |
| Service Manager,<br>Children's Services (Social Work) | Education and Social Care Department<br>Shetland Islands Council       |
| Principal Educational Psychologist                    | Education and Social Care Department<br>Shetland Islands Council       |
| Children's Services<br>Head of Schools                | Education and Social Care Department<br>Shetland Islands Council       |
| Head of Housing                                       | Executive Services Department<br>Shetland Islands Council              |
| Chairperson Shetland Children's Panel                 | Shetland Children's Panel  |
| Procurator Fiscal                                     | Crown Office<br>Procurator Fiscal Service<br>Highland and Islands Area |
| Nominated Representative                              | Shetland Council of Social Service                                     |

#### In Attendance

Child Protection  
Co-ordinator (CPC Lead Officer)

CPC Training Co-ordinator

## Further Guidance

### App20-1. Bullying

- 1.1 Bullying has been found to be a major concern for many children. Many agencies have an anti-bullying policy and most instances of bullying will be dealt with by staff at the facility most closely involved, in line with local anti-bullying guidance, and seeking the support of other agencies as needed, in consultation with parents.
- 1.2 Where bullying is so severe as to amount to child abuse within the definition set out in these Procedures, or the apparent failure of parents to co-operate in resolving the issue raises a question of neglect, then a referral must be made in accordance with these Procedures.
- 1.3 All cases of bullying should always be treated seriously. Children and young people who bully as well as those who are bullied should be considered for an assessment of their needs using the Integrated Assessment Framework.

### App20-2. Children and young people abused through prostitution:

- 2.1 Sexual abuse includes exploitation through prostitution. Children and young people may be lured into sexual exploitation through prostitution because of a range of issues. These may include: abuse, family breakdown and conflict, low self-esteem, poverty, substance misuse and truancy. As a result, a range of interventions may be required to address the child's underlying problems.
- 2.2 In these type of situations children and young people may not always appreciate the extent to which they are being exploited, but the long-term damage can be severe and a child protection referral should be made. For more information on responding to under-age sexual activity generally, please refer to Protocol No. 1 in Appendix 20

### App20-3. Children and young people experiencing domestic abuse

- 3.1 It is increasingly recognised that living in situations where domestic abuse occurs is likely to have a negative emotional impact on children. This may be severe, even when they are not, as they sometimes are, directly experiencing physical or sexual abuse.
- 3.2 The needs of such children require careful assessment. An assessment of need should be carried out using the Integrated

Assessment Framework and wherever such children appear to be at risk of abuse a child protection referral should be made in accordance with these Procedures.

#### **App 20-4. Female Genital Mutilation**

- 4.1 Female Genital Mutilation (FGM) is a collective term for procedures, which include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. It is typically performed on girls aged between 4 and 13, although in some cases it is performed on newborn babies or young women prior to marriage or pregnancy. FGM is extremely harmful, causing long-term mental and physical suffering, difficulty in giving birth and infertility, and can be fatal.
- 4.2 It is an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM, even if done abroad in countries where the practice is legal.
- 4.3 A child protection referral should be made whenever it is suspected that arrangements may be being made for a child or young woman to be subjected to such a procedure.

#### **App 20-5. Young Runaways**

- 5.1 Running away whether from home or from alternative care may put children and young people in danger and is often a sign of underlying problems in the child's life. Associated risks include sleeping rough, involvement in crime, sexual exploitation and substance misuse, as well as poorer long-term outcomes in terms of increased levels of homelessness, social exclusion and unemployment. An assessment of need should be carried out using the Integrated Assessment Framework and wherever such children appear to be at risk of abuse a child protection referral should be made in accordance with these Procedures.

#### **App 20-6. Child Abuse and Information and Communication Technology (ICT)**

- 6.1 Computer technology and the internet are now part of the infrastructure of our society. The use of the Internet and ICT has great educational and other benefits for children and young people. However, the pace of development brings new considerations with regard to the protection of children and young people. The increasing number of households with access to the Internet has been matched by growth in the criminal use of computers, including collecting or trading in

indecent images of children. This encourages child abuse in order to obtain the images, and many who download such images are also involved in the direct abuse of children.

- 6.2 People who sexually abuse children and young people often actively seek to 'befriend' their victims prior to committing any indecent act; this process is known as 'grooming'. ICT may be used to 'groom'. Paedophiles, often posing as children and young people, join chatrooms, news groups and social networking sites frequented by children and young people, and enter into conversation with potential victims to gain their trust prior to persuading them to send photographs or luring them to a meeting. Webcams, text messaging and other mobile phone technologies may be similarly used.
- 6.3 Parents and carers should be expected to reduce the risks posed, by appropriate levels of supervision and filtering, being aware of the type of information placed on web and networking sites, limiting the amount of personal information that can identify the child, and ensuring the provision of appropriate support and guidance to their child.
- 6.4 Where there are concerns that children and young people may be being exploited or abused in this way, a child protection referral should be made, so that consideration can be given to an investigation for the protection of future victims, as well as any existing victims.
- 6.5 Increased powers have been given under the Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005 and the child protection strategy discussion (see Section 8) will consider this.

#### **App 20-7: Cultural and Ethnic Minority Groups**

- 7.1 In accordance with section 2 (policy) all child protection interventions must be child centred and reflect anti-racist and anti-discriminatory practice, and all children will be provided with appropriate support in accordance with their particular needs.
- 7.2 The Children (Scotland) Act 1995 requires that when providing services and making significant decisions to safeguard and promote children's welfare a local authority shall have regard so far as is practicable to the child's religious persuasion, racial origin and cultural and linguistic background, and the same principles should apply to all agencies involved in child protection.

- 7.3 Care should be taken to deal sensitively with cultural issues; however, child abuse is not acceptable in any culture. All children have the right to be safe from abuse, whatever their race, ethnicity or cultural background. In order to safeguard children, it is important to respond to racial harassment or discrimination, and ensure that when dealing with potential child protection concerns, you are aware of the possibility of institutional racism, cultural misunderstanding or misinterpretation.
- 7.4 Do not make assumptions – ask or seek appropriate advice. Agencies should ensure that line managers have access to sources of support on these issues. When assessing a child's needs, agencies should gather information to assist understanding of the child's cultural background and religion.
- 7.5 When interviewing or working with a child whose first language is other than English it is particularly important to ensure that he or she can participate as fully as anyone else. Ideally a professional who speaks the child's first language should undertake this task. Where this is not possible, the services of a suitable interpreter should be secured.
- 7.6 Similar considerations apply to family members. The need for interpretation will be considered at strategy discussions (see section 8). The police have access to interpretation facilities. Although telephone interpreting is available by arrangement with NHS Shetland, this is not considered suitable for in-depth interviews. Agencies should not ask children to interpret for their parents or carers during child protection inquiries, and other adult family members will not normally be appropriate interpreters.'
- 7.7 When using interpretation facilities it is important to check there is a true language match, and to ensure that the interpreter is independent of the local ethnic community whether in Shetland or abroad. Agencies should ensure that interpreters have skills in interpreting for child protection purposes and are aware of the need to maintain the utmost confidentiality. An appropriate qualification such as the certificate in community interpreting is preferable.
- 7.8 Agreed arrangements should be put in place in advance with the interpreter and confirmed in writing. These will cover issues such as:
- Confidentiality

- The manner of interpreting – a direct interpretation of the exact words ‘Do you ....?’ Is generally preferable to indirect ‘She is asking if you ?’
- Whether interpreting will be consecutive (necessary for interviewing, requiring pauses whilst translation takes place) or whether the interpreter can translate simultaneously, for example to enable a participant to understand sufficiently what is happening at a meeting
- Any particular technical or specialized words and phrases that may be used, and
- Payment arrangements for the interpreter.

### **App 20-8. Self-harm and/or suicidal behaviour**

- 8.1 Self-harm and/or suicidal behaviour can be very distressing for both the young person and the adult who has been informed or witnesses the behaviour. Research states that the responses a young person receives on disclosing self-harm and/or suicidal behaviour is very important in assisting their coping strategies.
- 8.2 Not all self-harm and/or suicidal behaviour is of a Child Protection nature that would warrant a child protection referral, but consideration should be given to whether an assessment of needs using the Integrated Assessment Framework would assist.
- 8.3 Multi-agency guidance is being prepared and further information can be obtained from the Choose Life Co-ordinator on 01595 743003.

### **App 20- 9. Listening to a disclosure of abuse**

- 9.1.1 Children and young people will often choose a trusted adult to confide in. It is important to take what the child says seriously and to react calmly, no matter how you may be feeling. A calm reassuring approach will help the child.
- 9.2 Research tells us that children and young people usually tell the truth about experiences of abuse. Children are the victims of abuse never the cause – sometimes they may feel that they are the cause and if a child does feel this or express this it is important to be clear that they are not to blame.
- 9.3 **Asking Questions**

It is not your role to investigate but it still may be appropriate to check out with the child your understanding of what has happened,

especially if you are not clear whether what the child is telling you amounts to a cause for concern or not. You can do this by asking open ended questions.

- **Open ended questions** are questions designed to avoid suggesting the answer to the child or putting the child under pressure. Only one question should be asked at a time, and simple construction should be used, e.g. “Tell me what happened next?” and “How did you get there?”
- **Specific yet non leading questions** are more focused questions that allow for the extension and clarification of **previously provided information**. Certain facts can be referred to, but be careful to avoid implying the answer. For example, once a child has said “George made me do something” you can ask “What did George make you do?”
- **Closed and leading questions should NOT be used.** Leading questions are those that suggest the answer and should be avoided at all costs. The danger of leading questions is that people listening to the child’s disclosure can then be accused of coaching them or encouraging them to be untruthful. This could make it more difficult to protect the child and prosecute the alleged abuser at a later date. Closed questions tend to elicit yes/no answers for example, “Was it George that hit you in the tummy?” which would prompt a reply in the way an open question would not.

#### 9.4 **After a disclosure**

Once a child has disclosed abuse, it is important to tell the child what will happen next and to whom you need to pass on the information. Take the time you need to reassure and explain – rushing out of the door the moment a child speaks may not be helpful to them.

Bear in mind the following points:

- Do not promise confidentiality and do not make promises that you cannot keep. You may want to say ‘I’ll make sure that never happens again to you’, but you cannot promise that.
- A fuller exploration of the concerns raised by the child should be postponed until social workers and police officers can speak to the child more fully.
- You may need to speak to the designated person in your organisation to pass the concerns on. No-one else should question the child about what they have said.

- As soon as possible make a detailed written note of what the child has said, using the child's own words ie the particular words and phrases that they have used, even if you would not put things that way. It may sometimes be possible to note things down at the time the child says them, but only do this if it can be done in a way that does not distract you from what the child is saying.
- Remember that a child or young person has placed their trust in you, and that puts a responsibility on you to begin the process designed to protect the child.

### **App 20-10. Further help**

- 10.1 It is not possible in a set of Procedures such as these to cover every eventuality. Training at various levels and on various topics is available through the Child Protection Committee, and may be provided by your own organisation. Shetland Child Protection Committee's Lead Officer maintains an extensive library of child protection related guidance and research, and can provide information about training available and the latest national best practice guidance.
- 10.2 The Lead Officer for Shetland CPC is the Child Protection Co-ordinator who can be contacted for general advice and help at 91-93 St Olaf St Lerwick ZE1 0ES or by telephone on 01595 744435.
- 10.3 For all queries about specific children, for example where you are not certain if something raises a child protection issue, please speak to a Senior Social Worker or Service Manager in the Children and Families Team. (The number to ring is in Appendix 1.)
- 10.4 To make a child protection referral, contact the Duty social work service, following the procedure in section 6 and 7. (The numbers to ring are in Appendix 1.) The police can also be contacted where their immediate assistance is required.

## **Section 20: AGREED PROTOCOLS**

2007 edition issue number 3 dated December 2008

- 1** Protocol for the guidance of those who become aware of under-age sexual activity
- 2** Protocol for attendance of Authority Reporter at Child Protection Case Conferences
- 3** Protocol: Referrals to the Authority Reporter from CP Case Conferences
- 4** Protocol for use of Child Protection Register in Hospital A&E department
- 5** Operational Protocol for Managing Significant Case Reviews
- 6** Protecting children and young people affected by adults with problem substance use
- 7** Protocol for working with Children and Young People who display sexually harmful behaviour

## **Protocol for the guidance of those who become aware of under-age sexual activity**

Developed for use with the

### **Shetland inter-agency Child Protection Procedures**

#### **1. Introduction**

An issue can arise for professionals about the appropriate response to disclosure of under-age sexual activity, and when this should be addressed as a child protection matter. This issue can arise around the provision of contraceptive and sexual health advice and treatment to teenagers, but may also show up in school, where young people may be discussing personal difficulties with pupil support staff, in a residential care setting, or to a youth worker within the statutory or independent sector. Equally it can present a dilemma for parents who are not involved with the statutory services.

#### **Why is this protocol needed?**

The protocol seeks to address what should happen when a professional becomes aware of under-age sexual activity, and to suggest what information should be sought.

The following framework is recommended to guide enquiries and consideration of whether a young person should be persuaded to seek other help and whether the grounds are made out for breaching confidence if necessary, in order to make a Child Protection referral. Professionals need to ensure they have sufficient information to make an informed decision, before deciding that a Child Protection referral is **not** needed.

If in doubt, there is always someone available in the Social Work service, such as the Service Manager, Fieldwork, and the Service Manager, Looked After Children, who are always happy to discuss things with you.

The reason for your decision to refer or not should always be recorded.

Always try and make sure the young person receives any other services they need eg a referral for contraceptive advice.

**In all cases where either partner has not yet reached their 13<sup>th</sup> birthday, a referral MUST be made.** There is no discretion not to refer in these cases, because a decision how to proceed must be made on an inter-agency basis.

**2. Framework for the assessment of whether there is a need to refer under-age sexual activity under the Child Protection Procedures:**

2.1 This model is based on a reference to trigger factors rather than a check-list or questionnaire. Each of the areas should be addressed. Sufficient information should be obtained and recorded to enable a properly informed judgement to be made. This will also assist should a decision be called into question later.

2.2 The following broad areas should be considered and information on each recorded:

- Characteristics of the young person
- Social factors
- Characteristics of the partner
- Consent issues
- Context of the sexual activity

2.3 These areas may be further broken down as follows. Consideration should be given to each aspect:

2.3.1 Characteristics of the young person:

- age, development & level of maturity
- level of emotional development
- vulnerability
- self-esteem and self-image
- lonely?
- intelligence
- knowledge and level of understanding - appropriate/inappropriate sexual knowledge
- sexualised?

2.3.2 Social factors:

- parenting
- family background
- previous contact with social work services, health services

2.3.3 Characteristics of the partner :

- age difference
- how they met
- does the partner have more knowledge?
- is there potential for exploitation?
- known to agencies/the police                      cont

2.3.4 Consent issues:

- how was consent given?
- does the young person understand he/she has a choice?
- was consent expressly sought?
- does the young person understand that not saying no is not the same as consenting?
- is it a genuine express and active consent or just passive acceptance?
- was it freely given or was the young person co-erced/bribed/even assaulted?
- did the young person have control/understand?
- was it a sufficiently informed consent ie with knowledge of possible consequences?  
(Remember that even with consent it is still illegal to engage in sexual activity with someone under the age of 16 – see legal section)

2.3.5 Context of the sexual activity:

- ongoing relationship?
- alcohol/drugs
- risk-taking behaviour
- is it a one-off or on-going risk activity?
- Influence of social group/peer-group pressure
- is consideration given to contraception/sexual health issues
- did it occur within a relationship of trust?

### **3. Legal considerations**

A person under the age of 16 is treated by the law of Scotland as a child. The criminal law has created and developed a number of offences, which exist to protect children from indecency and sexual activity. Broadly, any form of sexual activity with a child, even if that activity is consensual constitutes a criminal offence. There need not be bodily contact with a child for an offence to be committed any behaviour that can be considered “indecent” constitutes an offence.

Children, of course, regularly engage in consensual sexual intercourse. The law here is clear and unambiguous – sexual intercourse with a female under the age of 16 is a crime, which upon conviction carries a maximum sentence of 10 years imprisonment. The prohibition on such sexual conduct applies equally to same sex activity.

It is appreciated that dilemmas arise where intercourse has taken place consensually between, for example, two 15 year olds. The danger in any agency making a decision unilaterally with regard to non-reporting incidents of sexual

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intercourse/activity is that in the absence of access to all available information and full consideration of the circumstances, by ALL agencies, children who are at risk or who are being abused may well be overlooked as well as the other participant who may be demonstrating a pattern of predatory behaviour.

All cases have to be looked at individually, on their own facts and circumstances. The type of fact and circumstance, which would cause particular concern, would be:-

- Age or Power imbalances (- where the child is under 13 then that fact alone requires a referral to be made.)
- Overt aggression
- Coercion/bribery
- The misuse of substances as a disinhibitor
- Whether the child's own behaviour, because of the misuse of substances, places him or her at risk so that he/she is unable to make informed choices about any activity
- Whether any attempts to secure secrecy have been made by the sexual partner, beyond what would be considered usual in a teenage relationship
- Whether the sexual partner is known by one of the agencies
- Whether the child denies, minimises or accepts concerns; and
- Whether the methods used are consistent with grooming

It should be noted that the Scottish Legal System is unique and has developed in such a way that there are fundamental and significant differences with other jurisdictions. Accordingly, no reliance can be placed on any experience an individual may have which has been gained from working in another jurisdiction

### **4. The Fraser Guidelines**

These arose from a legal judgement where the Law Lord, Lord Fraser, offered a set of criteria which must apply when medical practitioners are offering contraceptive services to under-16s without parental knowledge or consent. They have proved a useful tool and have been adopted by many agencies offering sexual health services as a guideline for best practice. All the requirements listed here should be fulfilled:

1. The young person understands the advice being given
2. The young person cannot be convinced to involve parents/carers or allow the medical practitioner to do so on their behalf.
3. It is likely that the young person will begin or continue having intercourse with or without treatment/contraception
4. Unless he or she receives treatment/contraception their physical or mental health (or both) is likely to suffer
5. The young person's best interests require contraceptive advice, treatment or supplies to be given without parental consent.

Even when these criteria apply, and treatment/contraception is being provided without parental knowledge, consideration should also be given to the above factors in deciding whether a child protection referral should be made.

**Protocol agreed by CPC 04.10.05**

## **Protocol for Attendance of Authority Reporter at Child Protection Case Conferences**

### Introduction

At present there is no national SCRA guidance and attendance is at the discretion of the Authority Reporter. The following is the agreed procedure in Shetland.

### Protocol

1. The Authority Reporter is to be notified of (rather than invited to) ALL child protection case conferences to be held, and may inform Social Work of his/her intention to attend. This is likely to occur if, for example, the Authority Reporter has information that could assist the assessment of risk or as part of an investigation into a referral already made.
2. The Authority Reporter may be expressly invited (at the specific request of the Head of Service or Children's Services Manager if in their assessment the conference is dealing with complex issues and high risks and there is likelihood that statutory measures of care may be needed) and in such cases is expected to attend.
3. Reporters attending child protection conferences have to be aware of their independent role and any conflict of interest should the child subsequently be referred onto a Children's Hearing, and hence are not required to express a view on registration.
4. Conferences will decide whether or not to make a referral to the Authority Reporter, but in all cases, whether there is to be a referral or not, Social Work will send to the Authority Reporter a copy of the minutes and the social worker's report to the conference, for information.

**Protocol agreed by CPC 18.04.06**

## **Protocol for Referrals to Authority Reporter from Child Protection Case Conferences**

Sections 13.2.2, 13.2.3, 13.2.6 and 13.2.7 provide clear procedures for referral onto the Authority Reporter from Child Protection Case Conferences.

Additionally the following points may be of use.

1. Section 13.7 outlines risk assessment and the particular issues needing to be addressed by any conference. These facts need to be considered in deciding to refer the matter onto the Authority Reporter. The Chair of the Child Protection Case Conference has the responsibility to ensure that the need for compulsory measures of care are discussed at every conference and the minutes clearly record the outcome of this discussion and whether or not compulsory measures may be needed.
2. The Police routinely send a memo (OP/48/1) to the Authority Reporter when a child protection referral has been made and a joint investigation is planned or has been carried out. This is a helpful early warning.

If a Child Protection Case Conference follows from the investigation there would be no need to "refer" the child to the Reporter as that has already been done, but the minutes of the Child Protection Conference should record carefully the view of the conference as to whether or not the child may require compulsory measures of care. This then stands as a recommendation to the Authority Reporter from the conference.

In essence it is not a problem if two referrals are received by the Authority Reporter relating to the same concern as this can be dealt with and it is better than not receiving any referral. Therefore even where a police referral has been received a written referral should be made by the Senior Social Worker in accordance with the Shetland inter-agency Child Protection Procedures.

3. When a child protection case conference is convened as a result of an accumulation of concerns over a period of time by different agencies the Authority Reporter may be unaware of the situation.

In these cases it would be appropriate for the conference to decide on referral and to offer an appropriate recommendation.

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4. Section 52 of the 1995 Children (Scotland) Act lays down the grounds for referrals to a Children's Hearing. This is reproduced in the attached Appendix. It is the role of the Authority Reporter on receipt of a referral to record that referral under appropriate grounds, to decide if further investigation is needed and to decide if the matter should be referred to a Children's Hearing. Those concerns discussed at a case conference are likely to be concerns about a lack of parental care (52(2)(c)), or that a child is a victim of an offence (52(2)(d)) or a member of the same household as an offender or victim (52(2)(e), (f), (g)). If the conference decides to make a formal referral it is helpful if the grounds can be specified if possible.

The provision of minutes of child protection case conferences and attached reports is helpful to the Authority Reporter in investigating a situation. It may avoid the need to ask for specific reports that would probably only duplicate the information given to the child protection case conference.

It is the role of the Authority Reporter to use the information provided by different agencies to establish evidence and prepare grounds for an initial Hearing. Reporters do take careful notice of the recommendation made to them, but have an independent role and may decide for example not to refer onto a Children's Hearing even if that is the recommendation of a child protection case conference.

**Protocol agreed by CPC on 19.12.06.**

**GROUNDINGS FOR REFERRAL**

**Children requiring compulsory measures of supervision**

**52.**-(1) The question of whether compulsory measures of supervision are necessary in respect of a child arises if at least one of the conditions mentioned in subsection (2) below is satisfied with respect to him.

- (2) The conditions referred to in subsection (1) above are that the child -
  - (a) is beyond the control of any relevant person;
  - (b) is falling into bad association or is exposed to moral danger;
  - (c) is likely -
    - (i) to suffer unnecessarily; or
    - (ii) be impaired seriously in his health or development, due to lack of parental care;
  - (d) is a child in respect of whom any of the offences mentioned in Schedule 1 of the Criminal Procedure (Scotland) Act 1975 (offences against children to which special provisions apply) has been committed;
  - (e) is, or is likely to become, a member of the same household as a child in respect of whom any of the offences referred in paragraph (d) above has been committed;
  - (f) is, or is likely to become, a member of the same household as a person who has committed any of the offences referred to in paragraph (d) above;
  - (g) is, or is likely to become, a member of the same household as a person in respect of whom an offence under Sections 2A to 2C of the Sexual Offences (Scotland) Act 1976 (incest and intercourse with a child by step-parent or person in position of trust) has been committed by a member of that household;
  - (h) has failed to attend school regularly without reasonable excuse;
  - (i) has committed an offence;
  - (j) has misused alcohol or any drug, whether or not a controlled drug within the meaning of the Misuse of Drugs Act 1971;
  - (k) has misused a volatile substance by deliberately inhaling its vapour, other than for medicinal purposes;
  - (l) is being provided with accommodation by a local authority under section 25, or is the subject of a parental responsibilities order obtained under Section 86, of this Act and, in either case, his behaviour is such that special measures are necessary for his adequate supervision in his interest or the interest of others.

## **Individual Procedure For Exchange Of Information**

### **Between Shetland Islands Council Social Care Service And NHS Shetland Accident & Emergency Department, Gilbert Bain Hospital**

#### **1. General Introduction**

This is an Individual Procedure supported by the Shetland Islands Council Protocol for Sharing Personal Information (the Protocol). The Protocol forms part of this Individual Procedure. All parties to this Individual Procedure have formally approved the Protocol and agree to adhere to its terms.

#### **2. Purpose**

The purpose of this Individual Procedure is to facilitate the use of Shetland's Child Protection Register (CPR) in the Accident & Emergency Department at the Gilbert Bain Hospital, Lerwick, Shetland (A&E). Evidence shows that patterns of attendance at A&E are one of the known risk factors for children at risk of abuse.

This Individual Procedure augments, but does not override, the Shetland inter-agency Child Protection Procedures. Where any parties to this procedure have an immediate concern about the safety of a child, a child protection referral must be made in line with the Shetland inter-agency Child Protection Procedures.

**The fact of the child or young person's name being on the CPR is a reminder to exercise extra vigilance, and should NEVER be a reason for not making an immediate further child protection referral in accordance with the Shetland inter-agency Child Protection Procedures where the circumstances warrant it.**

This procedure is written to ensure that information about attendance is shared whether or not a Child Protection referral is made.

All parties signed up to this Individual Procedure recognise the importance of sharing information with each other in order to ensure that children are protected, since the welfare of a child is the paramount consideration.

#### **3. Information to be Shared**

The Keeper of Shetland's Child Protection Register (the Register) is within Children's Services, Shetland Islands Council (the Council). The Register contains personal details about children assessed as being at risk of abuse.

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### **Information to be Shared by the Council**

The Keeper of the Register will provide the Designated Officer within NHS Shetland with a list of the names, addresses and dates of birth of children on the Register ('the List').

### **Information to be Shared by NHS Shetland**

A&E staff will advise Duty social work that a child on the Register has attended A&E immediately and before the child leaves the Gilbert Bain Hospital.

Additionally, a further Child Protection Referral should be made whenever there is suspicion of a new instance of abuse.

Notification should also include any of the following relevant information:

- (i) Details of any accident involving the child.
- (ii) Whether the child is to be admitted to hospital.
- (iii) Any other concerns held by A&E Staff.

### **4. How and When is the Information Shared?**

#### **Information to be Shared by the Council**

The Keeper of the Register will provide the List to the Designated Officer within NHS Shetland. The List will be stored as a file in a particular folder in the Council computer network. The Keeper of the Register will telephone the Designated Officer within NHS Shetland every time that the List is updated. Once notification of update has been received, the Designated Officer will retrieve a copy of the file using the web access procedure set up by Council and NHS IT Departments. The List will be provided to the Designated Officer within NHS Shetland each time the Register is updated or amended.

The web access procedure will be configured such that the file passes directly between the Council network and the NHS network by means of a private fibre-optic cable linking the two networks. The folder within each site will be maintained by their respective IT departments such that only the Keeper of the Register, the Keeper's delegates, the Designated Officer and the Designated Officer's delegates have access rights.

The Designated Officer within NHS Shetland is the Board's Information Manager or their nominee. Any such nominee will be a permanent member of the Information Department Staff and will have had an enhanced check by Disclosure Scotland, or equivalent check under the Protecting Vulnerable Groups Act 2007 when introduced.

#### **Information to be Shared by NHS Shetland**

A&E Staff will advise Duty Social Work immediately and before the child leaves the Gilbert Bain Hospital that a child has attended A&E by telephone using the following numbers:

During Working Hours Monday to Friday (9 am to 5 pm) Tel: (01595) 744421

Out of Hours Duty Social Work Tel: (01595) 695611

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The information will be recorded and retained in accordance with section 5.

### **5. Use, Retention & Storage of the Information**

#### **Information used, retained & stored by NHS Shetland**

The Designated Officer within NHS Shetland will enter the details from the List into a confidential area of the Gilbert Bain Hospital's Information Technology system (the IT system). This includes flagging the electronic record of the children on the List.

Once this information has been transferred into the IT system, the Designated Officer will print the file to produce a paper copy of the List which will be stored in a locked filing cabinet within a locked office. This most recent version will be kept for back-up purposes in line with these procedures should the IT system fail. Upon receipt of the most recent version, the Designated Officer will destroy the previous version by immediate shredding.

The IT system will display a 'flag' to A&E Staff who input names of those attending A&E that are contained within the Register. A&E Staff will move to a private area before opening the 'flag'. A&E Staff will then have access to the following information, namely that the child's name is on the Register.

Information received from NHS Shetland under this Procedure is stored by the Council on the child's file. The information will be shared with the Core Group of professionals involved in the Protection Plan and may be shared at a Child Protection Case Conference convened in accordance with the Shetland inter-agency Child Protection Procedures.

A copy of the List will be provided to the NHS Shetland's Nurse Advisor (Protection) and will be kept securely in line with Board procedures.

### **6. Consent**

Best practice dictates that we should always seek consent from a parent to share or disclose information, but child protection is recognised as an exception where the absence of consent may be overruled in the interests of the child.

Information may be disclosed without seeking consent where this is justifiable on the grounds of child protection.

This procedure explains the circumstances in which information should be shared whether or not consent is sought or given, for child protection purposes, as explained in Section 3.

If the decision is made to share information without consent, this should be recorded in the case notes.

The Keeper does not seek consent from the child or parent/carer/guardian before the information from the Register is shared with NHS Shetland. This information is

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shared on the basis that it is necessary to ensure the protection of children and to safeguard their welfare.


**7. Complaints & Breaches**

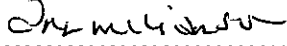
Initial complaints must be referred to either NHS Shetland or Shetland Islands Council internal complaints review procedures.


**8. Review**

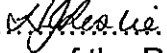
This Individual Procedure will be reviewed every five years or more regularly if necessary due to changes in legislation; guidance or good practice. The review will be organised by Shetland Child Protection Committee.

**Signed:**

  
.....  
(Data Controller, Shetland Islands Council) 14/06/10  
.....  
(Date)

  
.....  
(Chief Social Work Officer) 8.6.2010  
.....  
(Date)

  
.....  
(Caldicott Guardian, NHS Shetland) 4.06.10  
.....  
(Date)

  
.....  
(The Keeper of the Register) 10.06.2010  
.....  
(Date)

**Amended version approved by CPC on 9 December 2009**

**Operational Protocol for Managing Significant Case Reviews**

**1. Introduction**

The Chief Officers of Shetland Islands Council and NHS Shetland and the Chief Constable, Northern Constabulary ('Chief Officers') have agreed this protocol which implements Scottish Executive Guidance: 'Protecting Children and Young People: Interim Guidance for Child Protection Committees for Conducting a Significant Case Review 2007' (the Guidance) a copy of which is appended hereto as **Appendix 1**.

Shetland Child Protection Committee (CPC) will have overall responsibility for the formal review of a significant case. Decisions about whether a Significant Case Review (SCR) is warranted and the manner in which it should be conducted will be reached in accordance with the Guidance and this operational protocol.

For the purpose of the Guidance and of this protocol, the decisions the CPC is required to make regarding whether to hold an SCR and how to proceed will normally be taken on CPC's behalf by its Quality Assurance Sub-Committee (QA SC). This is to ensure that decisions can be made speedily. The QA SC may consult other members of CPC if appropriate and in the case of disagreement whether to proceed to a SCR, the final decision rests with the CPC Chair.

The outcomes of SCRs will be reported to Chief Officers, following the communication channels set out in the CPC Constitution.

Chief Officers and CPC endorse the approach taken by the Scottish Executive that reviews should be seen as a process for learning and improving service as well as a means of recognising good practice.

**2. Identifying whether a case is significant**

Whenever any agency becomes aware that that any of the following circumstances have arisen, it is the responsibility of that agency (through its appointed agency Reporting Officer – see section 3 below) to advise the CPC, in accordance with section 3 below, in order that consideration can be given to the need for a SCR.

For the circumstances of this protocol a 'child' means a person **under the age of 18**.

The circumstances are that:

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### **A. A child has died and:**

- Abuse or neglect is known or suspected to be a factor in the child's death;
- The child is on, or has been on, the Child Protection Register (CPR) or a sibling is or was on the CPR. This is regardless of whether or not abuse or neglect is known or suspected to be a factor in the child's death unless it is absolutely clear to the Child Protection Committee that the child having been on the CPR has no bearing on the case;
- The death is by suicide or accidental death;
- The death is by murder, culpable homicide, reckless conduct, or act of violence;
- The child was looked after by the local authority;

**and**, in addition to this, the incident or accumulation of incidents (a case) gives rise to serious concerns about professional and/or service involvement or lack of involvement.

**OR**

**B. A child has not died but** has sustained significant harm or risk of significant harm, under one or more of the categories of abuse and neglect set out in 'Protecting Children – A Shared Responsibility: Guidance for Inter-Agency Co-operation' (as set out in Section 4.3 of the Shetland inter-agency Child Protection Procedures). Bear in mind that cumulative inaction or wrong action may be more difficult to evidence but nevertheless should be considered to the best extent possible,

**and**, in addition to this, the incident or accumulation of incidents (a case) gives rise to serious concerns about professional and/or service involvement or lack of involvement.

In deciding whether a case gives rise to serious concerns about professional and/or service involvement or lack of involvement, agencies should be careful not to pre-judge that issue, bearing in mind that the fact of the child death, or the child sustaining or being placed at risk of harm, in the circumstances mentioned, is itself a matter of concern to all those involved in safeguarding children. It is sometimes not until information from all agencies is collected that it becomes apparent whether a serious outcome could have been avoided had agencies acted sooner or differently. In every case where there is doubt, the agency reporter should submit a report to the CPC in accordance with the Initial Case Review process set out at section 3 below.

With regard to death by murder, where the murder is by a stranger, there is a presumption that a SCR is not appropriate. If however, during the investigation of the crime, any information emerges that might indicate that parents or carers had failed to protect the child, then an SCR should be considered.

Agencies should also refer to the CPC, for consideration of an SCR, any case where serious professional concern has been triggered; in the latter case,

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professional judgement will inform a CPC decision on whether and how to proceed.

CPC will also consider any request made to them for an SCR (even if an initial case review had decided that an SCR was not necessary – see section 3 below), but it would be expected that any concerns raised by families and similar interested parties would be addressed through the normal complaints and/or incidents procedures for each agency involved.

If it is decided that a case does not require an SCR, it may nevertheless be considered for case review as part of normal quality assurance processes.

### **3. Initial Case Review**

Each agency should appoint a Reporting Officer to fulfil the functions of the Reporting Officer as required by the guidance and this protocol and ensure staff and the CPC are aware who this is. Where no other person has been appointed by any agency, the responsibilities of the agency Reporting Officer will be undertaken by the most senior-ranking CPC member for that agency.

Where a case arises which appears to meet the criteria in section 2, it is the responsibility of the Reporting Officer to notify the CPC and other agencies involved with the child, using the template for ICR Reports at Annex 2 of the Guidance, following the process set out below. Where feasible this should be within one working day of its being appreciated that the case is significant, within the definition in section 2 above.

The following process will be adopted for notifying the CPC and other agencies.

- a) The Reporting Officer should complete all sections of the form at Annex 2 of the guidance except that (i) the child's name and dob and the parents' names should be provided on a separate sheet and (ii) the section headed 'Summary of Findings of the initial case review' should be left blank since this will be completed by the Chair after the ICR.
- b) Details of any other proceedings the agency is aware of should be entered in the appropriate box and this will be checked by the Chair with the relevant agencies in accordance with the Guidance para 12 and this protocol.
- c) To ensure that forms giving the child and parents' details is not disseminated more widely than necessary, the Reporting Officer should pass the form for the Chair and the copies for other involved agencies to the CPC Lead Officer, with a separate note of the child's name and dob and the parents' names. (This will be deemed to discharge the Reporting officer's obligations under paragraph 25 of the Guidance.)

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- d) The Lead Officer is then responsible for passing the forms to the Chair and Reporting Officers of the other agencies concerned, having allocated and inserted a Case Identification Number. Agencies will be notified of the identifying information separately for the purpose of internal enquiries. All future paperwork for the ICR/SCR, including reports to Chief Officers, will be referenced by the Case Identification Number only, unless there is a particular and lawful reason for the disclosure of identifying details.

All those notified should, where feasible within 10 working days, submit their own ICR Reports to CPC through the Lead Officer, using a similar template, completed with the identification number only in accordance with (c) above. The child's name and d/o/b with the Case Identification Number should be separately securely retained by the Lead Officer on behalf of the Chair, and by agency Reporting Officers.

The Chair may extend deadlines where other proceedings intervene, or 10 days is not considered sufficient given the complexity of the case, and in such a case should notify the agency/ies concerned of the new deadline.

The requirement to report to CPC should not detract from agencies taking whatever urgent action is required to protect any other children who may be at risk, nor from agencies and CPC considering any other local action that may be urgently required.

If the Chair or the QA SC (after preparation of a co-ordinated chronology where appropriate, in accordance with paragraph 27 of the Guidance) consider that more information is required to enable a decision to be made about whether there is a need for an SCR, they may at any stage specify what this is and decide which agencies must provide it and within what timescale. This timescale should be complied with and in any event the information should be provided within 20 working days where feasible.

Before an ICR (or SCR) is embarked on, it is the responsibility of the CPC Chair to check with other agencies whether links need to be made with other processes. In particular, the Chair will check with the police and the Procurator Fiscal service (using the named PF member(s) as contacts) whether other formal investigations are on-going, and if so whether they can be linked, to avoid duplicate information being collected. Consideration should be given to possible witness contamination issues. Reference should be made to paragraphs 111 to 115, and Annex 1 of the Guidance, regarding these issues. Following such consultation the Chair will decide whether a parallel process should mean that an SCR should be adjourned. In such a case a new deadline should be agreed for follow-up. The aim should be to complete the ICR (and SCR if required) as quickly as possible.

An ICR will be conducted by QA SC on CPC's behalf and will determine whether or not to proceed to a SCR and the form this should take. In the case of disagreement whether to proceed to a SCR, the final decision rests with the Chair. The aim is to respond proportionately.

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The ICR will be conducted by the QA SC taking into account the matters listed at paragraph 34 of the Guidance, will make arrangements for the recording of the information required by paragraphs 35 and 37 and will inform Chief Officers and other relevant parties of the outcome as required by paragraphs 38 and 39, and 92 of the Guidance, using the format in Annex 3 of the Guidance. Agency Reporting Officers will be responsible for ensuring that relevant case files are annotated in accordance with paragraph 43 of the Guidance.

The Lead Officer will be responsible for maintaining, using the Case Identification Numbers only, the register of potentially significant cases referred to CPC as required by paragraph 36 of the Guidance. Relevant management information regarding SCRs will be collated by the Lead Officer and considered by CPC on an anonymised basis at least twice a year, to identify any trends, and to inform Annual Reports and Business Plans.

### **4. Outcome of the IRC – no SCR required**

The QA SC conducting the IRC will decide that a SCR is NOT required, if the conditions set out at paragraph 42 of the Guidance, namely:

- The criteria for an SCR are not met;
- Single-agency action is deemed appropriate; or
- The information provided indicates that appropriate action has already been taken.

The IRC may decide that, although an SCR is not required, some follow-up action is desirable, for example, reinforcing or clarifying existing guidance. In such cases this should be recorded and reported as previously to inform future work.

### **5. Outcome of the IRC – proceed to SCR**

If QA SC decides that a SCR is required, it will notify CPC of the type of review that it considers should be undertaken ie internal or external. All CPC members will be notified of the decision and given the opportunity to make representations. Following such notification the final decision will be made by the Chair, and recorded. However, if an external review is decided on, the decision requires ratification by Chief Officers, to ensure appropriate resourcing.

In reaching decisions about the type of SCR required, QA SC, CPC members and the Chair must consider the factors set out at paragraphs 48 to 54 of the guidance. In considering under paragraph 50 whether to seek support from an external consultant or specialist, consideration should be given to the following factors:-

- (a) making the process manageable in terms of time commitment

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- (b) that this can be a source of support to managers and staff dealing with the emotions that can arise from incidents.

The decision will be recorded by the Lead Officer on the register referred to at the end of section 3 above and included in management information for the consideration of CPC.

### **6 The SCR Process**

Whether a CPC-led (internal) or external review is agreed, Section 6 of the Guidance will be followed, and in particular:-

- a) a remit will be agreed by the QA SC (taking into account paragraph 61 of the Guidance)
- b) the review team will be agreed by the QA SC
- c) each agency will identify key contacts to liaise with the review team.
- d) a communications strategy for the particular SCR will be agreed by QA SC, which should be compatible with CPC's overarching Communications Strategy and take into account paragraphs 85 to 98 of the Guidance.

If the review is to be an internal one, consideration should be given to whether QA SC members or a review team identified by them are available to conduct an internal review. Nobody should investigate a situation in which they themselves were substantially directly involved professionally. The review team must have adequate dedicated time to undertake the task timeously, and an external person may be needed to supplement local resources. Chief Officers must ensure that CPC has the resources to conduct a SCR effectively, in accordance with paragraph 68 of the Guidance.

If there is to be an external review, a contract with the review team will be agreed and will as a minimum cover the matters specified in paragraph 67 of the Guidance. Chief Officers will agree the formal contractual arrangements and decide which agency will enter into the contract.

For all reviews, the matters covered at paragraph 69 of the Guidance should be considered and agreed and this should be recorded.

Reference should be made to paragraphs 78 to 84 with regard to the involvement of family members and support for staff, and appropriate arrangements put in place by the relevant agencies.

### **7. Follow-up**

Outcomes of all cases referred for an SIR, whether external or internal, will be collated and analysed by the Lead Officer, and considered by CPC with a view to identifying any action to be taken such as incorporating any learning in an immediate action plan and/or CPC's Business Plan and/or Training Strategy as appropriate. When considering this matter, CPC will take into account paragraphs 99-110 of the guidance.

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Information regarding SCRs will be reported to the Scottish Executive following paragraph 77 of the guidance. Normally this will be done by means of inclusion in CPC's Annual Report, but any recommendations that require consideration at a national level in accordance with paragraph 110 should be drawn to the attention of the Scottish Executive by the Chair.

Dissemination of the Report, and learning points arising from it, will be considered and decided by the Chair in consultation with the QA SC, and taking into account views expressed by CPC members. Decisions about how this is to be done will be made taking into account paragraphs 70-77 of the Guidance and the Letter of Clarification from the Scottish Executive dated 10 October 2007, a copy of which is appended hereto as **Appendix 2**.

**Protocol agreed by CPC 2 October 2007**

Protecting Children & Young People:  
Interim Guidance for Child Protection  
Committees for Conducting a  
Significant Case Review

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Scottish Executive  
St Andrew's House  
Edinburgh  
EH1 3DG

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## **Annex 1: Inter-related Processes**

Criminal Investigation  
Unexplained Sudden Deaths  
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## **Annex 2: Initial Case Review Report Template**

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## **Glossary**

## **Membership of the Working Group**

## **1. INTRODUCTION**

1. Recommendation 6 of the Audit and Review of Child Protection *It's Everyone's Job to Make Sure I'm Alright*<sup>1</sup> asked for the Scottish Executive to “consult on how child fatality reviews should be introduced in Scotland. This should include consultation on how they should be conducted, how review teams should be constituted, to whom they would report and what legislative framework is required to ensure their effectiveness”. This guidance is the product of the consideration that has been given by the Scottish Executive and its partners to delivering that recommendation.

2. Reviews of significant cases are already undertaken by agencies involved in child protection, whether singly or jointly, although there is no standard approach to when and how these are tackled. Local areas and individual agencies will have their own processes and procedures in place but across Scotland there is a degree of inconsistency in how decisions are made on:

- when to call for a review;
- what type of review to hold;
- the management of the process;
- the skills and expertise required to undertake the review;
- the reporting requirements of the review; and
- the implementation of the review's findings.

3. This guidance should help provide more clarity and consistency on what should be done and how best to act on the lessons learnt from a Significant Case Review (SCR), both locally and across Scotland.

### **Purpose of the Guidance**

4. The purpose of the guidance is to provide a systematic and transparent approach to the review process. The overarching objectives of a review are to:

- Establish whether there are lessons to be learnt about how better to protect children and young people and help ensure children get the help they need when they need it in the future – reviews should be understood as a process for learning and improving service as well as a means of recognising good practice;
- If and when appropriate, make recommendations for action (albeit that immediate action to improve service or professional shortcomings need not await the outcome of a formal review);
- Consider how any recommended actions will be implemented;
- Address the requirement to be accountable, both at the level of the agency/agencies and the occupational groups involved;
- Increase public confidence in public services, providing a level of assurance about how those services acted in relation to a significant case about a child; and
- Identify national issues where appropriate including good practice.

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<sup>1</sup> *It's Everyone's Job to Make Sure I'm Alright*, Scottish Executive 2002

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5. This guidance supports these objectives by helping those considering undertaking a review, or actually doing so, to:

- Undertake the review at the level which is necessary, reasonable and proportionate;
- Adopt a consistent, transparent and structured approach;
- Identify the skills, experience and knowledge that are needed in the review process and consider how these might be obtained;
- Address the needs of the many different people and agencies who may have a legitimate interest in the process and outcome; and
- Take account of the evidence bases.

6. A review may reveal staff actions or inactions which are of sufficient seriousness that they need to be brought to the attention of the employer. The reviewing body has a duty to do this, irrespective of the SCR process.

### **Who is this Guidance for?**

7. Protecting children and young people is an inter-agency and inter-disciplinary responsibility. While it is social work services who usually lead on the discharge of local authorities' legal responsibilities in respect of safeguarding children<sup>2</sup>, any agency (including voluntary sector organisations) or profession may be the initiator of the review process detailed here.

8. Nevertheless, in every case, it is the local inter-agency Child Protection Committee (CPC) - which works on behalf of the Chief Officers in health, police and the local authority in that area - which has overall responsibility for the formal review of a significant case. It is the CPC, on behalf of the Chief Officers Group, which decides whether an SCR is warranted; the manner in which the review is conducted; and then either undertakes the review itself or commissions it to be done externally (although ownership always ultimately remains with the CPC). This guidance is therefore targeted at CPCs.

9. CPCs are not constituted as statutory bodies, but are comprised of membership drawn from statutory and voluntary agencies. The authoritative role CPCs play in handling an SCR stems from the requirements placed on them in *Protecting Children and Young People: Child Protection Committees*<sup>3</sup>, where CPCs are required to:

- Undertake a range of multi-agency functions including taking the decision on whether to proceed to an SCR; and
- Subsequently manage the review process, including its communications, report handling and follow through.

10. In addition, one of the Quality Indicators (QI 5.4) for the joint inspection of child protection services<sup>4</sup> uses the example of an SCR to illustrate how senior managers and the

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<sup>2</sup> S22(i) of the Children (Scotland) Act 1995: "A local authority shall – (a) safeguard and promote the welfare of children in their area who are in need"

<sup>3</sup> *Protecting Children and Young People: Child Protection Committees*, Scottish Executive, 2005

<sup>4</sup> *How well are children and young people protected and their needs met?*, HMIE, October 2005

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CPC must “actively and systematically take a leading role in ensuring improvement both within and across services.”

11. This guidance should also prove relevant to all those involved in the delivery of children’s services, including those working in the voluntary and independent sector. From time to time, they may be involved in contributing to an SCR.

### **The Status of a Significant Case Review (SCR) Relative to Other Linked Investigations**

12. There are sometimes reasons why a review cannot be easily progressed or concluded, e.g. where there is an ongoing criminal investigation or where there are links to a Fatal Accident Inquiry or Children’s Hearings Proceedings (see **Annex 1** for kinds of formal investigation). Section 9 considers this in more detail. Criminal investigations always have primacy. To help establish what status an SCR (including the Initial Case Review) should have relative to other formal investigations there should be ongoing dialogue with the police, Procurator Fiscal or others to determine how far and fast the SCR process can proceed in certain cases. Good local liaison arrangements are important. Issues to be considered include how to:

- Link processes;
- Avoid witness contamination;
- Avoid duplicate information being collected; and
- Decide whether a parallel process should mean that an SCR should be adjourned.

13. Regardless of whether or when an SCR takes place, it is important that any obvious areas for improvement of practice identified by the immediate evidence should be addressed as soon as possible. Following the death of a child or the identification of serious concerns relating to a child, agencies should immediately assess the circumstances of the case to identify if there are any immediate actions that need to be taken. If action is required, it should be proportionate and taken at local level as far as possible.

14. It is important that the review process which this guidance sets out is carried out in good time – not least to reduce stress on the child (if they are still living); their family or carers; and the staff of the agencies involved in the SCR.

## **2. CRITERIA FOR IDENTIFYING WHETHER A CASE IS SIGNIFICANT**

### **A 'Significant' Case**

15. A significant case need not comprise just one significant incident.

### **Criteria**

16. Any of the circumstances below could suggest that a Significant Case Review (SCR) may be required. An Initial Case Review (ICR) should first determine whether an SCR is merited. The detail and level of review will depend on the individual case and circumstances. A review should not be escalated beyond what is proportionate taking account of the severity and complexity of the case.

17. What is provided in this section is a guide for helping CPCs, professionals, and all agencies make judgements about the way forward. The list should not be seen to exclude cases that may not precisely fit the criteria but which have nevertheless clearly triggered significant professional concern. These cases should be left to professional judgement and a CPC decision on how to proceed.

18. **When a child dies and:**

- Abuse or neglect is known or suspected to be a factor in the child's death;
- The child is on, or has been on, the Child Protection Register (CPR) or a sibling is or was on the CPR. This is regardless of whether or not abuse or neglect is known or suspected to be a factor in the child's death unless it is absolutely clear to the Child Protection Committee that the child having been on the CPR has no bearing on the case;
- The death is by suicide or accidental death;
- The death is by alleged murder, culpable homicide, reckless conduct, or act of violence<sup>5</sup>;
- The child was looked after by the local authority<sup>6</sup>;

**and**, in addition to this, the incident or accumulation of incidents (a case) gives rise to serious concerns about professional and/or service involvement or lack of involvement.

19. **When a child has not died but** has sustained significant harm or risk of significant harm, under one or more of the categories of abuse and neglect set out in *Protecting Children – A Shared Responsibility: Guidance for Inter-Agency Co-operation*. Bear in mind that

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<sup>5</sup> With regard to death by murder, where the murder is by a stranger, there should be an assumption that an SCR is not appropriate. If, during the investigation of the crime, any information emerged that might indicate that the parents/carers had failed to protect the child or that the alleged offender was known to protection agencies, an SCR should be considered.

<sup>6</sup> Reviewing and reporting the death of a Looked After Child is a statutory duty under regulation 15 of The Children (Scotland) Act 1995 Regulations and Guidance, Scottish Office 1997. This guidance does not replace that duty. Every effort should be taken to avoid duplication of two processes in these cases, only one of which (the LAC Report) has a legal basis.

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cumulative inaction or wrong action may be more difficult to evidence but nevertheless should be considered to the best extent possible,

and, in addition to this, the incident or accumulation of incidents (a case) gives rise to serious concerns about professional and/or service involvement or lack of involvement.

20. It is expected that CPCs would consider any request made to them for a review, even if the case had been considered at the Initial Case Review to require no further action (see Sections 3 and 4).

21. It would also be expected that any concerns raised by families and similar interested parties would be addressed through the normal complaints procedures for each agency involved.

### **Definition of a Child**

22. For the purpose of this document a child is a person under the age of 18.

### **3. INITIAL CASE REVIEW**

23. An Initial Case Review (ICR) is a process carried out by the Child Protection Committee (CPC) after receiving a report of a possible significant case.

#### **Stage 1 – Notification**

24. Where a case arises which appears to meet the criteria set out in Section 2, the Reporting Officer must notify the CPC using the Initial Case Review (ICR) Report template (see **Annex 2**). The Reporting Officer should notify the CPC within 1 working day of identifying the case, where this is feasible. It is understood that sometimes it may not be appreciated immediately that the case is significant.

25. The Reporting Officer should, at the same time, notify all other agencies or persons known to be involved with the child of their report to the CPC using the template at Annex 2. All these agencies or persons should submit their own report(s) to the CPC within 10 working days, also using the ICR Report template (see **Annex 2**).

26. If the Reporting Officer or agencies cannot reasonably complete the ICR Report for the CPC within the suggested times, that should not detract from agencies taking whatever urgent action is required to protect any other children who may be at risk.

#### **Stage 2 – Gathering Further Information, if Required**

27. The CPC will consider whether the information is sufficient to reach a decision on the need for an SCR or whether further information is required before a measured decision can be taken. In order to decide whether more information is necessary, the CPC may find that preparing a co-ordinated chronology brings out the need for such information.

28. If the CPC decides that more information is necessary, it will stipulate what this is, and will decide which agencies must provide it. This information should be provided within 20 working days, where this is feasible.

#### **Stage 3 - Taking a Decision on Whether or Not to Proceed to a Significant Case Review (SCR)**

29. An SCR should only be undertaken when the criteria in Section 2 are met. If the ICR leads to the conclusion that an SCR is warranted, the CPC must initiate the SCR process as soon as possible.

30. In cases where it is contested within the CPC as to whether or not to progress to an SCR, the final decision rests with the CPC Chair.

31. In the case of a decision to proceed to an SCR, it is the responsibility of the CPC to advise the child and/or family/carers of the CPC's intentions.

### **A Note on Timescales**

32. The assumption throughout this guidance is that the CPC should proceed as speedily as feasible at all stages of an ICR and SCR, and that agencies should proceed likewise. It is recognised that the complexity or circumstances of certain cases may result in the preferred timescales not being met. Where any of these deadlines have to be extended, for example in circumstances where other proceedings intervene, this should be recorded and a new deadline agreed by the CPC for appropriate follow up.

33. For every case, the CPC should agree a deadline for when reports should be produced in the light of the circumstances and context of that particular case.

### **Conducting an ICR**

34. The ICR should deal with the following matters:
- A brief description of the case and the basis for referral;
  - A co-ordinated chronology of events;
  - A note of agency/professional involvement;
  - A statement about the current position of the child, and if they are alive what actions have been or will be taken on their behalf;
  - Any other formal proceedings underway;
  - Any elements of poor practice;
  - Any elements of good practice;
  - Any particular sensitivities (e.g. from the PF or Police about cases where there are likely to be disciplinary proceedings);
  - Lead contacts for each agency; and
  - The CPC's decision as to whether or not to proceed to an SCR, with reasons.

### **Record Keeping on ICRs**

35. An ICR should lead to a written record of the items considered in paragraph 34.

36. Each CPC should maintain a register of all potentially significant cases referred to it in order to:

- Evidence the decisions made;
- Monitor the progress of the reviews undertaken;
- Monitor and review the implementation of recommendations; and
- Identify contextual trends (e.g. prevalence of substance misuse).

37. The ICR may lead to a number of outcomes:

- No further review;
- No further review needed but follow-up action desirable;
- Initiation of local action to rectify an immediate issue; or
- An SCR, and the CPC to decide on which kind of SCR to commission.

38. In every case, the CPC should notify the Chief Officers Group of the outcome, by means of the written record described in para 35.

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39. Other relevant interested parties should also be advised of the outcome of the ICR using the template at Annex 3.

### **An Operational Protocol for Managing ICRs**

40. CPCs should develop a local operating protocol for handling ICRs to underpin this guidance. It should include who from the CPC structure has delegated authority to accept the initial notification and/or instruct any further information-gathering and/or make a decision on whether to proceed to an SCR. Each local ICR operating protocol should be agreed with the CPC's Chief Officers' Group. It should firmly reflect the national principles set out in this guidance but retain sufficient flexibility to suit local structures.

#### **4. THE CHILD PROTECTION COMMITTEE (CPC) DECIDES NOT TO PROCEED TO A SIGNIFICANT CASE REVIEW (SCR)**

41. Once the CPC has assessed the information it possesses and has decided against conducting an SCR, it may decide to take no further action, or it may conclude that some follow up action is necessary, short of an SCR. This section deals with these issues.

##### **No Further Review Needed**

42. This CPC decision is appropriate where:

- The criteria for an SCR, as set out in Section 2, are not met;
- Single agency action is deemed appropriate; or
- The information provided indicates that appropriate action has already been taken.

43. If this is the outcome of the CPC's decision-making process, the CPC should notify the Chief Officers Group and all the agencies involved in the case that there will not be an SCR, and that fact should then be recorded on the case files for that case and the cases of relevant adults.

44. The decision should be included in the statistics on Initial Case Reviews (see Section 8, the Learning Cycle). Issues of confidentiality will need to be considered and resolved so that the case may be included in statistical returns and in the Annual Report.

45. Good practice findings should be recorded and reported in Annual Reports.

##### **No Further Review Needed, but Follow-up Action Desirable**

46. This CPC decision is appropriate where the conditions are as set out in para 42 but, in addition, it is identified that the CPC may have some follow-up work to do. For example, it may be clear that there has been a misunderstanding of guidance, or that local protocols need to be reinforced. It could also arise that the Initial Case Review demonstrates a familiar theme coming through and it is felt by the CPC that it would be useful to draw appropriate guidance to staff's attention or to consider reviewing training/protocols in respect of that theme.

47. In these cases, the CPC should take the same actions as set out at paras 43-45. In addition, the agreed follow-up action required of the CPC (e.g. revising guidance in a particular area) should be undertaken or should be scheduled into the CPC's future work programme.

## **5. THE CHILD PROTECTION COMMITTEE (CPC) DECIDES TO PROCEED TO AN SIGNIFICANT CASE REVIEW (SCR)**

48. The CPC considers that the criteria at Section 2 have been met and is considering how the public interest is best served and also the interests of children in the area. This section guides the CPC on whether to hold an internal or an external SCR.

### **The CPC Decide to Undertake an Internal SCR**

49. The CPC may be more likely to decide in favour of undertaking an SCR themselves where the circumstances of the case, based on the evidence of the Initial Case Review, suggests that any recommendations are likely to have mainly local impact.

50. In this case, the staffing resources for the SCR would probably be drawn mainly from within the CPC's members. An external specialist or consultant may also be used for some part of the process.

51. The CPC should notify the Chief Officers Group and all the agencies involved in the case that there will be an internal SCR, and that fact should then be recorded on the case files for that case and the cases of relevant adults.

52. The decision should be included in the statistics on SCRs (see Section 8, the Learning Cycle). Issues of confidentiality will need to be considered and resolved so that the case may be included in statistical returns and in the Annual Report. Good practice findings should be recorded and reported in Annual Reports.

### **The CPC Commissions an External SCR**

53. The CPC agree it would not be appropriate or proportionate for them to lead the SCR, as the case may benefit from being considered and investigated by an external team. The criteria which may persuade a CPC to commission an external SCR include:

- There are likely to be national as well as local recommendations;
- Local recommendations are likely to be multi-agency rather than for a single agency;
- The case is already high profile, or is potentially likely to attract a lot of media attention;
- Councillors or MSPs or other elected members have voiced their concerns about services locally;
- The CPC is facing multiple reviews; and/or
- The child's family/carers or significant adults may have already have expressed concerns about the actions of the agencies.

54. Where an SCR is commissioned externally, it continues to be owned by the CPC.

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55. The CPC should notify the Chief Officers Group and all the agencies involved in the case that there will be an externally-commissioned SCR, and that fact should then be recorded on the case files for that case and the cases of relevant adults.

56. The decision should be included in the statistics on SCRs, as set out in para 52.

## **6. THE SIGNIFICANT CASE REVIEW (SCR) PROCESS**

57. Research and experience indicate there are key areas where good preparation and planning are important to ensure the objectives of the SCR are met:

- A. Developing the Remit
- B. Identifying the Review Team
- C. Commissioning the Review Team
- D. Resources
- E. Managing the Process
- F. Producing, Handling and Delivering the Report
- G. Follow-up
- H. Family/Carers
- I. Staff

58. Each of these is looked at in more detail in the following sections.

### **A - Developing the Remit**

59. The outcomes of the review should be to:

- Identify whether inter-agency working can be improved to better protect children; and
- Contribute to the development and sustainability of robust quality assurance procedures and continuous improvement.

60. The clearer the remit the easier it will be to manage the expectations of those involved in contributing to the SCR and the wider audience for the outcome of the review. It is recognised that the degree of complexity and/or which people to involve might not become clear until some initial work has been undertaken – especially in the case of an external SCR. Consequently, the remit to commence the process may need to be reviewed as the information develops during the process. If changes are made to the remit over time, this should be agreed and appropriately documented.

61. The remit will relate to the purpose of a review as described in Section 1. The review should seek to:

- Establish a chronology of agencies' and professionals' contact with the child. Once the chronology has been established, it should be circulated to the agencies and professionals to check for accuracy;
- Establish the circumstances leading to and surrounding the death/serious harm of the child. It is recognised that this may be difficult if there are parallel inquiries taking place, e.g. a criminal investigation;
- Examine the role of all the agencies involved in providing care, welfare and protection services, and analyse and assess the circumstances drawing out the implications and issues. If the child or other children are being interviewed as part of this examination, consideration should be given as to whether special measures should be deployed for this element of the work;

- Establish whether there are lessons to be learned from the case, or good practice to be shared, about the way in which agencies work individually and collectively to safeguard children;
- Identify lessons, how they are to be acted on and what is expected to change as a result. This should consider whether there are gaps in the system and whether services should be reviewed or developed to address those gaps; and
- Make recommendations for local action (which could be single agency or multi-agency) and perhaps also for national action, spelling out resources that may be required to implement them (see Sections 6 and 7).

## **B - Identifying the Review Team**

62. In the case of either an internal or external SCR, identifying the right reviewer and review team will be crucial. SCRs are resource-intensive and require a dedicated lead with the appropriate specialised support from the principal agencies to provide the necessary understanding of procedures and practice. In some cases it may also be necessary to have specialist input, whether as part of the team for the duration of the SCR or to provide advice as required; the Review team may wish to consult other CPCs and agencies.

63. It is important that the reviewer or someone in the review team has a broad knowledge of children's services as well as the necessary skills to lead/undertake the review. The interviewing of significant witnesses takes time and must be undertaken with perseverance and with sensitivity.

64. The best person to lead a review may be a recognised professional or external consultant who can bring a team together. It is important to assemble a mixed team so that the key agencies feel confident that their specialist issues are understood. The different perspectives of a mixed review team can add to the depth of enquiry.

65. Within a CPC, there may already exist a standing group that considers all potential significant cases (before it is determined whether or not they require a SCR). This standing group might then comprise the main reviewing team for an internal SCR, led by a member of the CPC or by the person with the best knowledge of the main areas that likely to be pertinent to that particular significant case. Nobody should investigate a situation in which they themselves were substantially directly involved professionally.

66. The lead reviewer and the review team will, between them, need to have the skills and competencies to undertake an SCR. These will differ according to the circumstances of each case but the reviewer/review team will need to be able to:

- Gather relevant evidence from a wide variety of sources and be prepared to negotiate if information is not forthcoming;
- Have skills of investigation;
- Test the validity of the evidence and sift the evidence;
- Interpret information from a wide variety of sources;
- Make sound judgements on information collected;
- Analyse the root cause of/factors that contributed to the significant case;
- Liaise with other bodies and establish a good working relationship;

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- Demonstrate sensitivity to national and local level issues; and
- Appreciate the need for clarity about the difference of remit and task of an SCR as opposed to other ongoing proceedings relating to that case such as a criminal investigation.

### **C – Commissioning the Review Team**

67. Here is a checklist of issues that are involved when commissioning a review team:
- Confirm that the remit clear and deliverable;
  - Establish clear reporting lines and agree handling of the review itself and the report;
  - Identify milestones and agree the various elements of the process;
  - Consider whether indemnity cover is required;
  - Provide for appropriate administrative support;
  - Agree the method for obtaining additional resources if it becomes clear that these are necessary;
  - Confirm that if issues arise that need urgent action, the CPC (and agencies) will be so advised;
  - Require external reviewers to be registered with the Data Protection Office; and
  - Establish a named contact person within the team.

### **D – Resources**

68. The 2005 guidance for CPCs<sup>7</sup> states that Chief Officers have a collective responsibility to ensure that their CPC has the resources, including staff time and finance, to fulfil its roles and responsibilities (paras 2.6 and 2.7). Conducting an SCR falls within this area of responsibility. A checklist of resourcing issues to be addressed is provided here:
- Agree any formal contractual arrangements. The Chief Officers Group will consider which agency will enter into the contract;
  - In the case of an internal SCR, CPCs should consider the potential of an external person to supplement the review team;
  - Consider whether there are any training or information requirements;
  - Agree how the review team's expenditure will be managed;
  - Agree how the review team will be financed;
  - Arrange for any accommodation/space requirements the review team require;
  - Provide for secure storage arrangements for files/documents;
  - Agree the methodology to be used to record, index and retain documents and evidence in an easily retrievable format;
  - Agree the methodology to be used to record, index and retain documents and evidence in an easily retrievable format;
  - Establish how often, to whom and in what format the review team should provide interim reports;
  - Agree timescales with the principal stakeholders; and
  - Agree a communications plan.

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<sup>7</sup> *Protecting Children and Young People: Child Protection Committees*, Scottish Executive, 2005

**E – Managing the Process**

69. Addressing the what, where and when issues of the SCR are vital to its successful operation. The issues to be discussed and agreed cover:

- The Review team should discuss the case with the Police and the Procurator Fiscal;
- What the remit of the review is (paras 59-61);
- Over what time period events will be reviewed. The family history/background information will help to decide this;
- To what extent will the review team have access to the commissioning CPC for ongoing discussion;
- For externally commissioned SCRs, how the contract will allow CPCs to reserve the right to proof-read the final draft to correct factual errors or misunderstandings;
- What interim reporting arrangements are put in place - how often, in what format and to whom should interim updates be sent and received;
- What timescales are agreed for receipt of the interim and the final report;
- What arrangements are there for reporting any unforeseen delays;
- What arrangements are made between the CPC, as the commissioner and owner of the SCR report, and the review team for speaking to the press regarding the review, and at what stage(s) of the SCR process;
- Who on the CPC has delegated responsibility for handling FOI requests and who the contact should be if the findings of the SCR were to be used as evidence in civil proceedings that might arise out of a case;
- Who will make the links with relevant interests outside the main statutory agencies;
- Who the key contacts are for any review team across all the involved agencies. These could be designated SCR contacts who can also advise on, and broker access to, relevant practitioners and information, provide any agency information that may be relevant (protocols/guidance) and generally act as a liaison point;
- What protocols on confidentiality are specified to which the review team signs up;
- Whether there are likely to be issues of access to case records and how that will be addressed;
- It would be expected of agencies that they will assist the Review team in conducting the Review because the outcome is intended to be a learning document;
- Whether the review team need to conduct interviews or whether it is sufficient for them to look at the files to establish the facts of the case;
- Which agencies and professionals should contribute to the review, and who else should be asked to submit a report or otherwise contribute. This will be based on the chronology of who has been in touch with the child and family/carers;
- Whether family members are to be invited to contribute to the review;
- Who the liaison point for the child (if alive) will be, and/or for their family/carers. CPCs will wish to consider whether it is preferable for this person not to have had prior involvement with the child/family/carers. CPCs will also wish to consider whether it is preferable for this person not to be involved in the SCR investigations;
- Where interviews with contributors will take place;
- What briefing will be provided for contributors, and by whom. A briefing will normally be an oral discussion about the purpose of the Review. CPCs will need to consider whether contributors should receive information about the areas to be covered in advance of the interview and whether the files should be available to them for reference;

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- What arrangements are in place for feedback to the contributors, including the child and their family/carers, and what mechanism will be used to enable contributors to check the accuracy of what is recorded as it is drafted up for the interim and/or final reports; and
- What procedure will be adopted if the SCR uncovers evidence of criminal acts or civil negligence unrelated to the case under review.

### **F – Producing, Handling and Delivering the Report**

70. Where an SCR has been external, the report is delivered to the commissioning CPC. The CPC should deliver the report to the Chief Officers Group.

71. It is important that there is a degree of consistency to the structure and content of reports. This makes it easier for people to identify and use the findings and for read-across to other reports to be made. The report will include:

- An introduction – summarise the circumstances that led to the review, state the remit and a list of contributors to the review suitably anonymised;
- A separate executive summary and list of recommendations (and who the recommendations are for);
- A chronology of agency/professional involvement;
- The extent of family/carers' involvement;
- A list showing, on each occasion of contact with the child or family/carers or significant adults, whether the child's views and wishes were sought and if they were expressed;
- Analysis;
- Conclusions; and
- Recommendations. These should be few in number, focused, specific and capable of being implemented. It would also be helpful to identify who these are aimed at and any resource implications.

72. The Chief Officers Group should decide to whom full versions of the report are made available. As the SCR report is the key document identifying the issues, the learning points and the good practice found, it would normally be expected that final versions of each report would be published by the CPC (but detailed information on names and circumstances should be anonymised before publication).

73. Even if the Chief Officers Group decide that it does not best serve the public interest nor the purposes of improving service delivery to publish the whole SCR report, it would be always be expected that the Executive Summary and Recommendations would be published. This summary document should be sufficiently detailed to provide a reasonable oversight and analysis of the significant case.

74. It would be expected that an SCR report would be unanimous in its findings and conclusions.

75. The review team and CPC will wish to take account of the requirements of the Freedom of Information Act and Data Protection Act in both the conduct and reporting of the review.

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76. The points below, while not exhaustive, highlight the key considerations and responsibilities for clearing and issuing the report of the SCR:

- The CPC must decide how and with whom to share the draft interim and final reports to check for accuracy/other issues;
- The CPC should propose to the Chief Officers Group a distribution list for the full report. This proposed list should have regard to the provisions set out in Section 7;
- The CPC will consider any internal/external communications or briefing required before publication (see Section 7) and advise the Chief Officers Group accordingly; and
- The CPC will consider how media interests will be handled (see Section 7).

### **G – Follow-Up**

77. Having published the report of an SCR, there are a number of issues which CPCs should consider:

- Prepare action and implementation plans and establish a means of monitoring progress;
- Prepare briefing for the Scottish Executive, inspectorates, and others as required;
- Decide on a mechanism for dissemination within and across agencies to capture learning and ensure this is reflected in communication, guidance and training (see Section 8);
- Review the action plan and identification of outcomes;
- Define any actions to be taken if a progress review is not appropriate;
- Agree who will review progress on follow-up activities and when and how this will be done; and
- Provide annual analysis, as a minimum, of all cases referred for a SCR (as well as earlier Initial Case Reviews) to the Scottish Executive, Children & Families Division, Area 2B(North), Victoria Quay, Edinburgh, EH6 6QQ.

### **H – Family/Carers**

78. The family/carers of the child involved should be kept informed of the various stages of the review and the outcomes of these where this is appropriate. Clearly, there will be occasions where the family could be subject to investigation or part of the problem relating to the significant case which triggered the SCR. In these cases information may require to be limited. Close collaboration with the Police and the Procurator Fiscal will be vital.

79. There may also be cases where families are looking to take legal action against an agency or agencies that are the subject of the SCR. Individual agencies' complaints procedures should be made available to the family at the outset of their involvement with the family, and throughout any SCR investigation, as deemed necessary and appropriate. This should not be the responsibility of the CPCs or specifically of the review team.

80. Care should be taken about where and when a child or their family/carers are interviewed. Reviewers should be experienced in communicating with children. It may also be useful to assign a member of staff to be a liaison point throughout the review. The person

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carrying out this liaison role should be fully aware fully of the sensitivities and background of the case. This person's role could include advising the family of the intention to carry out an SCR and making arrangements to interview the child, family/carers or significant adults involved.

81. As set out in paras 72-75, the expectation is that the full report will normally be published and that the Executive Summary and Recommendations will always be published. Family/carers and/or other significant adults in the child's life should receive a copy of any report in advance of publication. Consideration should be given as to whether an oral briefing in advance of publication is required. This is particularly the case where there is likely to be interest in the case amongst the wider public.

### **I – Staff**

82. During the review process staff should feel informed and supported by their managers. There may be parallel processes running which staff are involved in (e.g. disciplinary proceedings) as well as the SCR so sensitive handling is important.

83. Each organisation should have its own procedures in place for supporting staff, but below is an illustration of the types of support that could be provided. The line manager should always consider:

- The health and well-being of staff involved;
- Provision of welfare or counselling support;
- Communications with staff and keeping people informed of the process in an open and transparent way;
- The need for legal/professional guidance and support; and
- Time to prepare for interviews and for follow up.

84. This guidance should be given to staff involved in a review, together with a copy of the local operational protocols in place in their CPC area to support this guidance. Once the review has been completed the staff involved in the case should be given a debrief on the review and the findings before the report is published.

## **7. SIGNIFICANT CASE REVIEW (SCR): COMMUNICATIONS STRATEGY**

85. The Initial Case Review (Section 3) is an internal document. The SCR Report, however, is a document intended for shared learning, and hence requires a communications strategy. The first responsibility of the CPC is to report to the Chief Officers Group. But the CPC has wider responsibilities and must consider the wider reporting requirements.

86. It is important to be clear who needs to be aware of the review, what information they need, and when and how this will be provided. Section 7 is provided to help work through this process. Each CPC should agree with local agencies who the contact points should be and their role in the process, i.e. whether it is communication for information or decision-making.

87. Users of this guidance document should note that the communications guidance provided in this section is elementary and agencies should prepare their own press and legal guidance for each particular SCR circumstance.

### **Who Needs to be Aware of the SCR Report?**

88. The CPC should seek to inform all those who will input and who have a legitimate interest in the SCR at each stage of the process. As each significant case will be different, the names of those with an interest might vary. Throughout the process, consideration should be given as to whether there is anyone else who should be informed, or the extent of the information offered to different interests in the SCR. The distribution list should be proportionate to the individual case.

89. Those with responsibility for local service delivery and review probably will include:

- The local Child Protection Committee;
- Chief Officers: Chief Executive of Local Authority/Chief Executive of Health Board/Chief Constable;
- Director of Social Work/Chief Social Work Officer/Senior Managers in the Police, Education and Health Service;
- Staff involved in the review;
- Crown Office and Procurator Fiscal Service;
- Children's Reporter/Scottish Children's Reporter Administration (SCRA);
- Inspectorates – HM Inspectorate of Education Services for Children Unit, Social Work Inspection Agency, HM Inspectorate of Constabulary, NHS Quality Improvement Scotland, Care Commission; and
- Voluntary organisations and independent providers, where they are involved in the case.

90. Those with wider interests in the SCR report could include:

- Family/Carers and/or significant adults of child involved;
- Local Councillors/Health Board Chairs/Chairs of Police Authorities;
- Local Authority, Health Board and Police press officers;
- Scottish Executive;

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- Other Child Protection Committees;
  - Professional representative bodies;
  - Legal representatives; and
  - Unions.
91. Other key interests are likely to be:
- The general public;
  - Elected members, e.g. MSPs, MPs and Councillors; and
  - The media.

### **When Will Information Become Available?**

92. The CPC will advise relevant parties of the outcome of all Initial Case Reviews on completion. A template is provided in **Annex 3**.

93. In some cases information may already be widely known because of the nature of the case (e.g. where the press have released information before the review process has been commenced/completed).

94. On completion of the SCR the information distribution list should include all of the main stakeholders identified plus any other organisation/people who may have become involved with the review (see paras 89-92). In addition, it is important that those to be involved in the review process are briefed at the right time and have an understanding of the process. This is covered in Section 6 under 'Managing the Process' (para 69).

### **Media Handling**

95. Most agencies will have media liaison/spokespeople for the agency and any protocols/handling issues should be developed in conjunction with those arrangements.

96. The media can help promote more effective prevention and intervention to protect children by raising public awareness of the circumstances that can occur which contribute to harm and what members of the community can do to mitigate these risks.

97. In responding to media enquiries, CPCs must have regard to wider interests over which they have no direct control. You should anticipate dealing with press enquiries and refer this to your press team.

98. It is important to add an element of calm and focus and not to add to any sense of alarm or confusion.

## **8. THE SIGNIFICANT CASE REVIEW (SCR) AND THE LEARNING CYCLE**

99. One of the key objectives of an SCR is to establish whether there are lessons to be learnt. Once these have been identified in the report it is important that action is taken by CPCs to implement these lessons and to ensure improvements are made to practice. Existing good practice should also be shared.

100. Each agency and CPC should be monitoring practice and procedures, making improvements as required. Recommendations and learning from SCRs should be fed into this same process of continuous improvement and quality assurance. On occasions there will be recommendations which are relevant for action at a national level, for the Scottish Executive or others to take forward in conjunction with agencies.

101. The CPC and local agencies will need to look at recommendations for any lessons from individual reviews as well as across reviews in their own and other areas. CPCs will need to determine:

- A timeframe for action;
- The scope of change required;
- Who and/or what service(s) and organisations are responsible for change; and
- The resource implications.

102. The changes required may involve:

- Management;
- Policy;
- Protocols;
- Practice;
- Operating conditions;
- A combination of any of these; and
- Communications with other CPCs and/or the Scottish Executive.

103. CPCs will wish to consider how to promote commitment to change:

- Consider identifying one senior person to champion change;
- Communications to interested parties;
- Support and acknowledge good practice within and between organisations/service areas; and
- Determine the impact on individuals or organisations (risk factors) as a result of change.

104. In addition, CPCs will need to consider how to:

- Build public confidence;
- Identify, plan and implement the required training; and
- Produce and implement long and short term action plans. Action plans can be fed directly into Children's Service Plans.

105. CPCs will need to consider how to sustain change by:

- Monitoring and evaluation including linking into reporting and action planning cycles;

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- Engagement with stakeholders; and
- Supporting staff.

106. The CPC should produce a summary of cases sent to them over the course of the year and introduce these into the learning cycle, whether the decision was to undertake a SCR or not. CPCs will determine the urgency for action planning and implementation within the learning cycle according to the significance of the issues raised to protecting children and young people.

107. After some SCRs it may be necessary for other CPCs to review their own guidance and procedures in light of the findings and recommendations from a review. This could be facilitated through the meetings of the quarterly CPC Chairs Group or by specially convened meetings depending on the need for urgency.

108. Some recommendations from reviews may be for consideration at national level and will need to be led by the Scottish Executive. In addition the Executive will be in receipt of the CPC Annual Reports (including the annual analysis of cases) and will be able to pick up any trends from these and feed them back to CPCs and to the inspectorates more widely as appropriate.

109. Learning from reviews will also be important for the inspectorates as they have a role inspecting services and can evaluate how well recommendations have been implemented and the learning put into practice. Reports sent to the Scottish Executive will be circulated to inspectorates as appropriate.

110. Some recommendations from reviews may be for consideration at national level and may have implications for a range of bodies, for example, universities and colleges, NHS Education, or regulatory bodies such as the Scottish Social Services Council. The Scottish Executive will communicate with these organisations and facilitate change as required.

## **9. THE SIGNIFICANT CASE REVIEW (SCR) AND THE WIDER CONTEXT**

111. There are a number of other processes that could be running in parallel with an SCR and this raises a number of issues including:

- the relationship of the SCR with other processes, such as criminal proceedings or SCRA reports;
- Securing co-operation from all agencies, including relevant voluntary sector interests in relation to the release and sharing of information;
- Minimising duplication; and
- Ensuring a sufficient degree of rigour, transparency and objectivity.

112. Depending on the case, there could be a number of processes which come into play which are driven by considerations wider than service failure or learning lessons across agencies. These can include a criminal investigation, report of death to Procurator Fiscal (PF), a Fatal Accident Inquiry, and a Death of a Looked After Children Review. Further details of these processes are at **Annex 1**.

### **Interdependencies**

113. There is a potentially complex set of activities which may be triggered by a significant case – most likely, the death of a child. It is important that local services do not interfere or contaminate that activity, especially in relation to evidence gathering where there is, or there is the potential for, criminal investigation – whether of staff involved in a case or a third party. The key requirement is that good local ongoing dialogue is maintained with the Procurator Fiscal and/or police to ascertain where they are in their considerations and agree what can be progressed in the SCR. Efforts should be made to minimise duplication and ensure, as far as is practicable, that the various processes are complementary albeit their purpose could be somewhat different. It would be expected that in the case of a significant case which does not involve a death, there is less likelihood of these inter-related processes taking place.

114. In *Protecting Children and Young People: Child Protection Committees*<sup>8</sup>, the Crown Office and Procurator Fiscal Service recognised the importance of child protection and encouraged the involvement of Procurators Fiscal with CPCs – especially in relation to investigations and proceedings on the death of a child. If not already the case, CPCs should seek to ensure they have a named contact in the Procurator Fiscal's office to be able to pursue such ongoing dialogue as is required to meet the objectives of each type of activity.

115. There will also be agency-specific work that is routinely undertaken, particularly on the death of a child, for example, when this occurs in hospital or is unexpected such as in the case of sudden unexpected deaths in infancy. It will be important that any SCR is coordinated to dovetail with such work to avoid duplication of effort and unnecessary further review.

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<sup>8</sup> *Protecting Children and Young people: Child Protection Committees*, page 16 paragraph 4.8; Scottish Executive February 2005

## **INTER-RELATED PROCESSES**

## **ANNEX 1**

### **Criminal Investigations (CI)**

1. Within Scotland the core functions and jurisdiction of the police are specified by the Police (Scotland) Act 1967. This includes a duty to protect life and property. The police are an independent investigative and reporting agency to the Crown Office and Procurator Fiscal Service and to the Reporter to the Children's Panel (SCRA). The police have a duty to investigate both crimes/offences and also any unexplained sudden deaths.

### Crimes and Offences

2. Should the police receive information, by whatever means, that a crime or offence has been committed, they are duty-bound to investigate that occurrence. Principally the role of the police is to establish the following:

- a) Whether or not a crime or offence has been committed;
- b) Whether there is sufficient evidence to support a criminal charge;
- c) Whether grounds exist for referral to the Reporter to the Children's Panel, under the terms of the Children (Scotland) Act 1995, Sect 52;
- d) Whether there is sufficient evidence to justify the detention and/or arrest of the alleged offender; and thereafter to
- e) Submit a report to the Procurator Fiscal and/or the Reporter to the Children's Panel.

3. Where allegations of physical, sexual and emotional abuse are made involving children, the police consider, in collaboration with other agencies the following before initiating the investigation:

- The immediate safety and well being of the child or other children;
- The need for medical attention, immediate or otherwise;
- The opportunity of access to the victim and to other children by the alleged perpetrator;
- The relationship of the alleged offender to the victim;
- The proximity in time over which the alleged abuse has occurred;
- The need to remove the child or other children from the home, although this will only take place after discussion between the supervisor on duty in both the police and the relevant Social Work Departments; and
- The need to obtain and preserve evidence.

4. After consideration of the above, which should ascertain the risks and needs of the child, the investigation will begin. In many such cases a Senior Investigating Officer (SIO) will be appointed to oversee the investigation.

5. In matters where a serious crime or offence has been committed, the investigation will usually be conducted by specially trained officers of the Criminal Investigation Department, and should the crime involve the abuse of a child, support will be given to these officers by officers from the Family Protection Unit, who are trained in the investigation of such criminality.

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6. Good practice would always suggest that a Family Liaison Officer is appointed to work with and support the child and family and to act as the single point of contact between them and the police.
7. The evidence of the crime or offence will be gathered in a variety of ways such as the obtaining of statements from witnesses who have knowledge of the events under investigation, the gathering of forensic evidence such as DNA, fingerprints, hairs, fibres, etc. and the interviewing of those person(s) suspected of being responsible.
8. Upon conclusion of the investigation the police will prepare a report of the circumstances and this will be submitted to the Procurator Fiscal and/or the Reporter to the Children's Panel. Decisions will also be made as to whether the accused should remain in police custody pending his/her appearance in court, whether they should be released on Undertaking which may specify certain restrictions/provisions or whether they should be released pending report and summons.

### Unexplained Sudden Deaths

9. Sudden Deaths are best defined as any death which occurs suddenly, is unexpected and not preceded by any known illness or disease, which occurred anywhere, either from violence by others, suicide or accident, where the cause of death is unknown or undetermined and where the circumstances give rise to suspicion.
10. Where the circumstances of the death are known, or where the death was expected due to illness or disease and where there is no cause for suspicion or concern then the attending medical practitioner, on occasions in consultation with colleagues, will grant the necessary death certificate, confirming time, date, place and cause (s) of death which will then allow the relatives to make the necessary arrangements for registration and burial or cremation. This process will not involve either the police or the Procurator Fiscal.
11. However, in all other such circumstances, where the death has been confirmed (pronounced life extinct, time, and date) by a qualified medical practitioner and where a death certificate has not been granted as the cause of death is undetermined and/or suspicious, intimation will be forwarded to the Procurator Fiscal, in practice by the medical practitioner and/or the police if they have already been informed.
12. Upon intimation, the Procurator Fiscal will immediately instruct the police to carry out preliminary investigations into the matter on his/her behalf and to make the necessary reports to the Procurator Fiscal by the next lawful day. Invariably and in most cases the body of the deceased will be taken possession of and the Procurator Fiscal will order a post mortem examination to be carried, the purpose of which is to determine the time, date and exact cause of death. Normally this procedure is carried out after intimation and the receipt of preliminary information by the Procurator Fiscal but not always as the sequence of the events are sometimes dictated by the circumstances of the specific case.
13. It should also be noted that at this early stage of the investigations, criminal intent, culpability, recklessness, negligence, etc are not what is under consideration. They may already feature or feature later as a result of the police investigations but are not seen as a prerequisite at this stage. It is the death that is under investigation. Clearly these factors will influence the later decision making processes of each agency.

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14. Post mortem examinations are normally carried out by a single Pathologist acting on behalf of the Crown. He/she will in conjunction with the information provided to him by the police and/or the Procurator Fiscal, carry out an examination of the body and this should normally determine the cause of death, subject to the need for further testing, toxicology etc. His/her findings will be communicated to the Procurator Fiscal and/or the police and will form the basis for the granting of a death certificate. Parental and/or relative consent is not necessary, albeit in practice they are informed of this process.
15. In circumstances where the death is considered to be suspicious, the Procurator Fiscal may direct that a two Doctor post mortem examination be carried out for corroboration purposes of the finding. This would be an essential element in the chain of evidence, particularly where criminal investigations and/or proceedings were to be instigated later.
16. Should the circumstances subsequently become explained and no longer suspicious, the Procurator Fiscal will order the release of the body to the relatives, arrange for the death certificate to be provided, thus allowing registration, burial or cremation.
17. If the post mortem examinations confirms the death was in fact suspicious, avoidable and in particular at the hand of another(s) then the body may not be released at that time, further investigations and enquiries will be ordered, some of which the Procurator Fiscal may specify and the matter would normally become a criminal investigation. In any case, the Procurator Fiscal will require further information so as to determine his/her course of action and in most cases, the police will be the investigating agency directed to conduct these investigations.
18. Normally, a Senior Investigating Officer (SIO) will be appointed to investigate suspicious deaths and specially trained officers would carry out these investigations. These investigations may well identify criminality and also those who may be responsible and in these circumstances the police would follow their well established investigative procedures.
19. Good practice would always suggest that a Family Liaison Officer is appointed to work with and support the family and to act as the single point of contact between them and the police.
20. In child death cases, the procedures applied and followed are in fact the same, albeit, the services of a Paediatrician and/or Paediatric Pathologist would be sought. On many occasions, such specialists are not readily available and accessible and in many cases the body of the deceased may well have to be transferred to such centres of excellence.
21. Once all the investigations have been conducted, the Procurator Fiscal will make his/her determination as to criminal proceedings, on many occasions, particularly where a death is involved this will be in conjunction with the Crown Office. All such deaths are fully reported to them.

### **Fatal Accident Inquiry (FAI)**

22. Procurators Fiscal must investigate all sudden, suspicious, accidental, unexplained and unexpected deaths and in particular all deaths resulting from an accident in the course of

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employment or occupation, deaths whilst in legal custody and deaths occurring in circumstances 'such as to give rise to serious public concern'. The Lord Advocate has discretion to instruct a FAI where it appears to be in the public interest that an Inquiry should be held into the circumstances of the death. An FAI would not automatically be held in respect of a child death.

23. The purpose of a FAI is the enlightenment of those legitimately interested in the death, i.e. the relatives and the dependents of the deceased, as to the cause of death; and the enlightenment of the public at large as to whether any reasonable steps could or should have been taken to avoid the death, in order that lessons may be learned. The PF in the area where the death occurred leads the Inquiry in front of a Sheriff, but in a different role from the usual one of prosecutor. The access to and availability of evidence to legitimately interested parties enables those parties to establish negligence or other culpability.

24. The findings available to a Sheriff at its conclusion are restricted to those directly relating to the circumstances of the death and any actions or systems that caused or contributed to that. The Court has no power to make any finding as to fault or to apportion blame between any persons who might have contributed to the accident. The Sheriff has the power to make recommendations as to steps which ought to be taken to prevent a death occurring in similar circumstances in future.

25. While there is no compulsion on any person or organisation to take such steps, it would be unusual for a Sheriff's recommendations to be disregarded.

### **Looked After Child Review (LAC)**

26. This review is triggered by the death of a child who is looked after by the local authority. The purpose is for the local authority to assure itself and others, including Ministers, that it acted promptly and competently in the particular case and identify any necessary improvements. There may be public interest which needs to be taken into account.

27. This is an internal inquiry, based on guidance to LAs, with submission of as full a report as soon as possible after the death to the Scottish Ministers and which should not be delayed beyond 28 days.

Ministers are empowered to:

- Examine the arrangements made for the child's welfare during the time he or she was looked after;
- Assess whether action taken by the local authority may have contributed to the child's death;
- Identify lessons which need to be drawn to the attention of the authority immediately concerned and/or other authorities or other statutory agencies; and
- Review legislation, policy, guidance in the light of a particular case or any trends emerging from deaths of children being looked after.

## *Shetland Child Protection Committee*

The Reporter should notify the CPC using this template within one working day of identifying a potential significant case for review. The Reporter should also use this same template to notify all other agencies known to be involved. These involved agencies should in turn use this same template to submit their own reports to the CPC within 10 working days.

### **INITIAL CASE REVIEW REPORT**

### **ANNEX 2**

Name of Agency notifying potential Significant Case for Review

|   |
|---|
| Child's Name/Identifier:<br>Date of Birth:<br>Name of Parents/Carers: |
|---|

|  |
|--|
| Brief description of incident and basis for referral:<br>: |
|--|

|  |
|--|
| Key facts/background to the case:<br>: |
|--|

|                                    |
|------------------------------------|
| Agency/professional involved:<br>: |
|------------------------------------|

*Shetland Child Protection Committee*

Summary of findings of the initial case review:

:

Any other statutory proceedings underway:

:

Lead contacts for each agency:

:

Date issued to Agency:

Person completing this form:

Date returned to Chair of CPC:

Copy to be retained in Child's record  
Copy to Executive Lead for Agency  
Copy to Senior Local person in agency

## *Shetland Child Protection Committee*

Template to advise interested parties of the outcome of the initial case review

### **TEMPLATE FOR REPORTING COMPLETED CASE REVIEWS**

**ANNEX 3**

Draft letter from the CPC Chair to those with responsibility for local services delivery and review to inform them on the outcomes of a Child Protection Committee Initial Case Review

#### **Significant Incident Review**

[Insert name of CPC] Child Protection Committee has assessed the case of [name of child or young person] whose case was brought to its attention on [insert date].

Following an initial review of the local reports provided, it has been agreed that [delete as appropriate]:

- No further action is required in this case but the case will be included in the CPC annual statistics on the review of Significant Cases;
- No review is required by the CPC but it will be undertaking follow-up actions [insert] and the case will be included in the CPC annual statistics on the review of Significant Cases;
- The CPC will be undertaking a review of the case and will produce a formal report by [insert date]. This will be led by [insert name] and a remit and timescale is currently being developed; or
- An external review of the case is required and will be undertaken by [insert name] and will produce a formal report for the CPC by [insert date].

If you require information as this work progresses, you can contact [insert contact details].

**CPC Chair**

# *Shetland Child Protection Committee*

## **GLOSSARY**

|      |  |
|------|--|
| CPC  | Child Protection Committee                   |
| CPCR | Child Protection Committee Review            |
| FAI  | Fatal Accident Inquiry                       |
| ICR  | Initial Case Review                          |
| LAC  | Looked After Child                           |
| PF   | Procurator Fiscal                            |
| SCRA | Scottish Children's Reporters Administration |
| SIO  | Senior Investigating Officer                 |
| SCR  | Significant Case Review                      |

## *Shetland Child Protection Committee*

### **MEMBERSHIP OF THE WORKING GROUP**

John Elliot, Solicitor (Chair)

Detective Inspector Fraser Lamb, Strathclyde Police

Tim Huntingford, SoLACE until 14 March 2006

Detective Superintendent Iain Livingstone, Lothian and Borders Police until 14 March 2006

Detective Superintendent Malcolm Graham, Lothian and Borders Police from 24 January 2007

Doctor Stewart Forsyth, Clinical Director of Paediatrics, Ninewells Hospital and Medical School

Moira McKinnon, Social Work, Glasgow City Council

Alastair Carmichael, Crown Office and Procurator Fiscal Service

Gill Ottley, Deputy Chief Social Work Inspector, Social Work Inspection Agency

Stuart Bond, Social Work Inspections Agency from 27 February 2007

William Spence, retired Chief Constable

David McMillan, West Dunbartonshire Council

Martin Kettle, Children and Families Services Manager, South Lanarkshire Council

Sheriff Gail Patrick

Liz Sadler, Scottish Executive Justice Department

Ian Bashford, Scottish Executive Health Department

Catherine Rainey, Children & Families Division, SE until 14 March 2006

Catherine Henderson, Children & Families Division, SE until 14 March 2006

Maggie Tierney, Children & Families Division, SE from 24 January 2007

Gaynor Davenport, Children & Families Division, SE from 24 January 2007

Nicola Macnaughton, Children & Families Division, SE from 24 January 2007

**Children, Young People and Social Care Directorate**

Preventative Services for Children, Young People and Families Division

T: 0131-244 0063 F: 0131-244 0978  
E: Maggie.Tierney@scotland.gsi.gov.uk



Child Protection Committees – Chairs and Lead Officers  
HMIE and SWIA inspectors  
COPFS

10 October 2007

Dear Colleagues

**INTERIM SIGNIFICANT CASE REVIEW GUIDANCE – LETTER OF CLARIFICATION ON THE “NORM OF PUBLICATION”**

The Interim Guidance for Child Protection Committees for Conducting a Significant Case Review (SCR) is available at <http://www.scotland.gov.uk/Publications/2007/03/30114400/0>. This letter offers a revised reading of paragraph 72 of the guidance for use by both CPCs and inspection agencies. The revision aims to assist CPCs to adopt a flexible approach to dissemination of SCR reports in a way which best serves the public interest as well as the spread of good practice and learning to fellow CPCs and other interested agencies.

Paragraph 72 of the revised guidance states: “*The Chief Officers Group should decide to whom full versions of the report are made available. As the SCR report is the key document identifying the issues, the learning points and the good practice found, it would normally be expected that final versions of each report would be published by the CPC (but detailed information on names and circumstances should be anonymised before publication).*”

What is being suggested in this letter is that *dissemination* should be treated as the key term of the last sentence of paragraph 72. For each particular SCR, Chief Officers should select from the range of dissemination options available to them (including the option of publication aimed at the general public) as best serves the public interest and the purpose of improving service delivery.

We would expect that Ministers will wish to consider how the Interim SCR Guidance might inform the handling of significant cases concerning adults. Subject to their wishes, a new working group may be convened to examine the guidance with this new remit in mind. In that circumstance, the draft document to emerge from that working group, for consultation with CPCs amongst others, will reflect the refinement to paragraph 72 which is set out in this letter.

This letter should sit alongside the guidance as a note to CPCs, Chief Officers Group, inspectors and other interested agencies on how paragraph 72 of the Interim Guidance may be understood and implemented.

Yours sincerely

**MAGGIE TIERNEY**  
**Head of Child Protection Policy Team**  
**Children, Young People and Social Care Directorate**

Victoria Quay, Edinburgh EH6 6QQ  
[www.scotland.gov.uk](http://www.scotland.gov.uk)

**Protecting children and young people affected by adults with problem substance use**

Guidelines for agencies in Shetland 2008

**FOREWORD**

Our collective responsibility to care for and protect children and young people is embedded in the report of the national audit and review of child protection, 'It's Everyone's Job to Make Sure I'm Alright' (Scottish Executive 2002). Other reports – 'Getting Our Priorities Right' (Scottish Executive 2003), 'Hidden Harm' (ACMD 2003), 'Hidden Harm - Next Steps' (Scottish Executive 2006), 'Have We Got Our Priorities Right?' (Aberlour 2006) and 'A Matter of Substance: Alcohol or Drugs: Does it make a difference to the child?' (Aberlour and SAADAT January 2007) – highlight the particular issues that confront children and young people affected by problem substance use.

These inter-agency guidelines have been adapted for local use from those originally developed for the Edinburgh, Lothian and Borders Executive Group. They take account of recent child protection reports and inquiries, including Shetland Child Protection Committee's independent inter-agency child protection audit in 2005. These guidelines augment, but do not replace, the Shetland inter-agency Child Protection Procedures. They aim to enhance and standardise practice across agencies in relation to the welfare and protection of children and young people living in families with problem substance use.

## *Shetland Child Protection Committee*

The guidelines build on the good working relationships and the high level of cooperation that exists between agencies and practitioners when working with, and responding to, the needs of potentially vulnerable children and young people and their families. It is important that everyone understands his or her role in this process.

We are keen to ensure that children and young people, whose parents/carers attend drug/alcohol services for help, are more 'visible' in future and that their needs are responded to. Equally, we want to encourage parents with problem substance use to make and sustain contact with treatment, rehabilitation and support services to get the help they need so that they can look after their children more effectively. This dual task is challenging, but we believe it can be achieved through greater cooperation, openness and better communication between practitioners and service users. We must get our priorities right.

These guidelines were produced by a working group representing Shetland Alcohol and Drug Action Team (SADAT) and Shetland Child Protection Committee (CPC). They were developed using the document *Protecting children living in families with problem substance use – Guidelines for Edinburgh and the Lothians*. SADAT and CPC acknowledge with thanks the permission given by Edinburgh, Lothian and Borders Executive Group and Edinburgh, Lothian and Borders Child Protection Office to use this document as a basis for the Shetland guidelines. SADAT and CPC have endorsed this Shetland version for immediate implementation.

Hazel Sutherland

Chair, Shetland Alcohol and Drug Action Team

Chief Inspector Malcolm Bell

Chair, Shetland Child Protection Committee

# *Shetland Child Protection Committee*

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## **EXECUTIVE SUMMARY**

These guidelines have been adapted from those originally developed for the Edinburgh, Lothian and Borders Executive Group and this version is approved for use in Shetland by SADAT and CPC. They take account of 'Getting Our Priorities Right' (Scottish Executive 2003), 'Hidden Harm - Next Steps' (Scottish Executive 2006), 'Have We Got Our Priorities Right?' (Aberlour 2006) and 'A Matter of Substance: Alcohol or Drugs: Does it make a difference to the child?' (Aberlour and SAADAT January 2007) and have been developed as guidelines to support local services dealing with problem substance misuse in implementing the Shetland inter-agency Child Protection Procedures.

These guidelines provide an operational framework applicable to all statutory and voluntary agencies and practitioners, to ensure that they work together to safeguard children and young people affected by problem substance misuse. They outline expectations of staff and agencies in relation to referral, assessment, information sharing, support and intervention for all parents, including expectant parents. (Parent is used throughout this document to refer to all parents, expectant parents and carers who have caring responsibilities for children.)

These guidelines aim to ensure that service users are provided with an appropriate level of care and supervision to enable them, as far as is reasonable and possible, to meet the needs of their children. However, the primary objective is to ensure that children and young people are protected from harm and that families receive the support they require.

# *Shetland Child Protection Committee*

## **1. INTRODUCTION**

There is increasing evidence of the negative effects of parental problem substance use on the welfare of children. In particular, parental problem substance use is associated with an increased risk of child abuse and neglect. Parental problem alcohol and drug use can, and does, compromise children's health, development and welfare from conception onwards. Infants, in particular, are vulnerable to the effects of physical and emotional neglect or injury.

A group of drug withdrawal symptoms referred to as Neonatal Abstinence Syndrome (NAS) can occur in infants born to mothers dependent on certain drugs. NAS occurs because, at birth, the infant is cut off from the maternal drug supply to which it has been exposed in utero. The classes of drugs that are known to cause NAS include the opiates, benzodiazepines, alcohol and barbiturates. High alcohol use in pregnancy is also associated with negative consequences such as low birth weight and in some cases babies may be born with Foetal Alcohol Spectrum Disorder.

The risks associated with parental problem substance use can be mitigated by protective factors, which include:

- one or both parents receiving effective treatment and care
- other responsible adults being involved in the child's care
- the existence of strong social support networks
- a stable lifestyle with routines and activities maintained
- a safe and stable home environment with adequate financial support.

These guidelines are intended to foster a collective responsibility for promoting the welfare of children and protecting those at risk. By working together, agencies can take many practical steps to protect and improve the health and well being of children affected by parental problem substance use.

## *Shetland Child Protection Committee*

It is increasingly recognized that parental problem substance use is detrimental to children whether it is alcohol or other drugs that are being used. In the past, potential harm to children as a result of parental alcohol use, may have been less well recognized by the community and by services, resulting in a delayed response. We are determined to ensure that in future all children get the help they need when they need it.

For some children living with parents/carers with problem substance use, there will be the need to implement the Shetland inter-agency Child Protection Procedures and consider compulsory measures of supervision and other statutory measures to ensure the child or young person's safety.

### **2. SCOPE OF DOCUMENT**

These guidelines set out the underlying principles and procedures for inter-agency working in Shetland to protect and improve the health and welfare of children living with parents and/or carers with problem substance use. They complement but do not replace the Shetland inter-agency Child Protection Procedures.

These guidelines provide an operational framework applicable to all statutory and voluntary agencies and practitioners to ensure that they work together to safeguard children. They outline expectations of staff and agencies in relation to referral, assessment, information sharing, support and intervention for all parents, including expectant parents. They aim to ensure that service users are provided with an appropriate level of care and supervision to enable them, as far as is reasonable and possible, to meet the needs of their children. However, the primary objective is to ensure that children are protected from harm and that families receive the support they require.

For the purposes of these guidelines, a child is defined as a person less than 18 years of age. Where protective action is believed to be appropriate for persons aged 18 years or over who are

## *Shetland Child Protection Committee*

vulnerable, such as young people with special needs, the agencies involved may find the underlying principles of these guidelines helpful in considering their roles and responsibilities.

These guidelines will be subject to ongoing review by SADAT and CPC.

These guidelines are for practitioners who work with families where there may be problem substance use. For the purpose of these guidelines, the term practitioner refers to anyone working to deliver services to children and/or parents. It includes individuals who are contractually employed by the agency or work in a volunteering capacity.

### **3. PRINCIPLES**

The welfare of the child is paramount. The main concern of all agencies and practitioners must be to ensure that children are protected from harm and that every opportunity is taken by agencies to work in partnership with each other in order to promote the health and welfare of children.

A child living with a parent with problem substance use will be seen as potentially 'in need' and possibly 'at risk'. The child should therefore be the subject of observation and recording of relevant information and/or concerns, which should be shared, when necessary, between practitioners in extended contact with either the child or family.

Substance use in itself may not have a negative impact on a parent's capacity to look after their child(ren) properly. It is when substance use adversely affects the parents' lifestyle, social behaviour and capacity to discharge their parental responsibilities that it becomes a matter of concern because it adversely affects the quality of care that their child receives and poses a risk to health and development.

## *Shetland Child Protection Committee*

Intervention should be carried out as far as possible in partnership with the family, and with the aim of helping them to put the child's welfare and protection first.

Parents with problem substance use can often be a cause for concern but it should not automatically lead to either child protection procedures or compulsory measures of supervision or intervention. It should, however, lead to careful consideration of their children's needs.

Equally, parents who stop misusing alcohol or taking drugs should not necessarily be assumed to be better or safer parents, in the absence of other evidence. Some parents who use drugs or use alcohol in harmful ways have poor parenting skills for reasons other than their substance misuse. Any change in patterns of parental substance use will however warrant re-assessment of children's needs.

Children should be afforded a good start in life, nurtured within a positive, healthy and safe environment and supported to develop constructive relationships within and out-with the family home. Children are best cared for in their own families, except where consideration for their safety and welfare dictates otherwise. In the postnatal period, mother and baby should not be separated unless it is clearly in the best interests of the child to do so.

Parents with problem substance use should be encouraged to make effective use of services at an early stage. Good quality antenatal care from an early stage is known to improve pregnancy outcomes, irrespective of continued drug and alcohol use. All women with problem substance use should be told about the benefits of antenatal care and advised to attend early in pregnancy. At the very least, pregnant women should be enabled to register with a GP so that they and their baby can receive primary health care.

## *Shetland Child Protection Committee*

While all agencies have a part to play in safeguarding the welfare and protection of children, it is important for each practitioner to be clear about his or her specific roles and responsibilities in implementing the various elements of these guidelines.

The agencies represented at the Shetland Alcohol and Drug Action Team and Shetland Child Protection Committee, as the lead partners, recognise that:

- all agencies and practitioners in contact with adults with problem substance use have a responsibility to work together to promote and protect the welfare of children;
- all practitioners are in a position to identify these children and should be knowledgeable about the action they need to take to protect children;
- all agencies providing care, support and treatment for adults with problem substance use will ensure that services are properly co-ordinated, supervised and regularly reviewed;
- all agencies will ensure that staff are clear about what is expected of them and monitor regularly the standards of practice based on these guidelines.

The lead partners agree to adhere to the terms of these guidelines as a minimum standard of practice in the wider context of the Shetland inter-agency Child Protection Procedures.

Agencies should adhere to the following guiding principle:

**The welfare of the child is paramount and will always override the needs of the parents.**

#### **4. DEFINITION AND EXPLANATION OF TERMS**

**A Child** under Scottish law carries various definitions between 16 and 18 years depending on different legislation. However, this guidance should be used in relation to all children and young people up to the age of 18. Its principles should also be applied to a young person over that age who is vulnerable.

**A Child 'in need'** is defined by the Children (Scotland) Act 1995, and covers a child who is in need of care or protection because he or she is unlikely to achieve or maintain a reasonable standard of health or development, or whose health and development is likely to be impaired, without the provision of services by a local authority, or who is disabled or adversely affected by the disability of any other person in the family.

**Child abuse** or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment, or exploitation, resulting in actual or potential harm in the child's health (adapted from definition in 'Report on the Consultation on Child Abuse Prevention', WHO 1999, quoted in 'World report on violence and health', WHO 2002). Children can be subjected to more than one form of abuse at a time and different children in a family may be abused in different ways. For further information on categories of Child Abuse, refer to the Shetland inter-agency Child Protection Procedures.

**Parents/expectant parents/carers** refer to service users in any of the following circumstances:

- Who regularly use substances and are considered, following assessment, to be problem substance users, and;
- Are parents and/or have caring responsibilities for children under the age of 18, have children residing with them or are expectant parents (refer to Section 9).

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**Parent** is used throughout these guidelines to refer to all parents, expectant parents, grandparents and carers who have full or part-time caring or guardianship responsibilities for children. It is recognized that a person under 18 years (i.e. a child for these purposes) can also be a parent (or a 'young carer' providing care and support to other children). Such persons require the assessment of their own needs, but the welfare of the child takes precedence even when their parent or carer is also under 18.

**Problem substance use** is so defined when the use of alcohol or drugs has a harmful effect on a person's life. The substance use becomes the person's central preoccupation taking priority over significant personal relationships and to the detriment of their health and social functioning. Problem substance users who are parents may find that their substance use affects their ability to look after their children and maintain positive relationships with their families.

Problem substance use is often a chronic, relapsing condition, which requires continuous review and long term flexible support in order to respond to the individual's ongoing needs.

**Problem alcohol use during pregnancy** would include any woman:

- drinking 21 units or more per week, who is unable to reduce her consumption despite help and advice to do so, or;
- 'binge' drinking (i.e. taking more than six units of alcohol in any one drinking episode) who is unable to reduce her consumption or change her pattern of drinking despite help and advice to do so.

**Problem drug use during pregnancy** is likely to include any woman regularly using

- Opiates (e.g. heroin, methadone, dihydrocodeine, buprenorphine)
- Benzodiazepines (e.g. diazepam, temazepam)
- Stimulant drugs (e.g. cocaine/crack, amphetamines)

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- Hallucinogens (e.g. LSD)
- 'Designer drugs' (e.g. ecstasy, ketamine).

Any use of volatile substances (e.g. gas or glue) should be considered problem drug use, as should excessive use of any drug.

The above definitions of problem alcohol and drug use are for guidance only. In some instances, the person may consume less than the stated amounts, but there is still a harmful effect on his/her life. At all times, the professional must exercise judgement on the effect of substance use on the ability to parent.

When a parent consistently places procurement and use of alcohol or drugs over their child's welfare and fails to meet the child's physical or emotional needs, the outlook for the child's health and development is poor. Many problem substance using parents acknowledge this and it is always the duty of all practitioners and professionals to act in the child's best interests when parents cannot.

Maternal alcohol and drug use during pregnancy may be problematic not only because of any direct effects on foetal growth and development per se, but because of other associated health and social factors related to alcohol and drug use that affect the health and well-being of the baby and parenting capacity. For instance, maternal malnutrition, blood borne viruses (HIV, hepatitis C and hepatitis B), mental health problems, violence and domestic abuse, homelessness or insecure accommodation, poverty and debts, legal problems, failure to attend antenatal care as well as other health and social welfare appointments. Dependent drug or alcohol use by a pregnant woman can cause withdrawal symptoms in the newborn baby.

Because paternal problem alcohol and drug use is associated with many of the above problems and can affect the health and well-being of women and their children, substance using current or prospective fathers should receive good quality care and support as well. This document

## *Shetland Child Protection Committee*

therefore applies equally to problem substance using men, whether their partner is a problem substance user or not.

### **5. INFORMATION SHARING**

Practitioners in services for children and services coming in contact with problem substance users will work in partnership with each other as well as with parents to achieve the best possible outcome for children and their families. It is good practice to discuss 'joint working' with service users **at an early stage** so that informed consent can be obtained to allow information sharing.

There is a separate information sharing procedure for use by practitioners' which is provided at annex iii. These guidelines sit within the principles contained within the Multi-Agency Policy for Sharing Personal Information.

There is a general requirement that all practitioners and agencies offering treatment or support should keep information obtained during the course of their work confidential. Practitioners should, generally, obtain informed consent before sharing information with other agencies. However, there are important exceptions to this.

**Confidentiality is conditional and not absolute.** It is however an important factor in enabling people with problem substance use to engage with treatment and support agencies.

All practitioners working with current and prospective parents with problem substance use should discuss the kinds of situations where they may have to share information, whether or not the person's consent is forthcoming.

Disclosure and sharing of information without the person's consent is acceptable in certain circumstances. For example, **if there is reasonable cause to suspect or believe that a child may be at risk of harm this will always override a professional or agency requirement to**

## *Shetland Child Protection Committee*

**keep information confidential.** All practitioners have a responsibility to ensure that confidentiality does not prevent sharing information where a child is in need of protection.

The needs of each child are the primary consideration when practitioners decide how best to share information. All decisions about sharing information and reasons for them must be recorded.

Practitioners will share information on a 'need to know' basis. When any agency approaches another to ask for information they should be able to explain:

- what information they already hold;
- what kind of information they need;
- why they need it;
- what they will do with the information;
- who else may be informed for the purposes of protecting the child.

Practitioners will provide information with consent but on receiving answers to questions will consider:

- whether there is any perceived risk to a child which would warrant breaching confidentiality;
- what information the service user has already given permission to share with other professionals;
- whether they have relevant information to contribute – that is information which has or may have a bearing on the issue of risk to a child or others, which enables another professional to offer appropriate help, assist access to other services, or take any other action necessary to reduce the risk to the child;

## *Shetland Child Protection Committee*

- whether that information is confidential, already in the public domain or could be better provided by another professional or agency, or the parent directly;
- how much information needs to be shared to reduce risk to the child.

The circumstances under which a Child Protection referral must be made are clearly set out in the Shetland inter-agency Child Protection Procedures.

Practitioners who have any concerns about a child's welfare will, as a minimum, seek advice from one or more of the following:

- A designated member of staff in their agency with responsibility for Child Protection or line manager
- The family's allocated social worker, if there is one;
- The Duty social work service.

Practitioners should always discuss with parents what is expected of them as parents and inform them what help and support is available. Where a referral to social work services is necessary, practitioners should enable parents to understand that social work services can arrange a range of services to promote the welfare and protection of the child and to keep families together where practicable. All practitioners must refer via the Child Protection Procedures or notify the Duty social work service if they anticipate that an unborn child may be at risk of harm after birth, even if this means breaching their duty of confidentiality to either the mother or father. On receipt of the information the social work service will assess the risk by following the procedures set out in the Shetland inter-agency Child Protection Procedures.

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### **6. RECORDING AND RECORD KEEPING**

Maintaining up-to-date, accurate written records is an important part of good practice. All practitioners should make a written legible note in the service user's file detailing when they share information with another practitioner or agency and the reasons, action taken or to be taken, and if consent from the service user has been obtained. Any concerns that are recorded should be backed up by evidence as far as possible.

Each entry should be dated and signed contemporaneously.

All pregnant women in Shetland now receive a unified multi-professional woman held maternity record. This is normally given to the woman at around 16 weeks' gestation and she keeps it until she is admitted into hospital for delivery. The woman is encouraged to contribute to her notes if she wishes.

All practitioners involved in antenatal care should ensure that important information is put in writing and included in the woman's hand held maternity record. If the woman does not want certain information included in her hand held records (for instance because of concerns about confidentiality) then it should be included in her supplementary notes file which is held in the maternity hospital where she is booked. All practitioners should send relevant information to the woman's named community or hospital midwife so that the information can be included in the woman's notes.

All records relating to the welfare of children should be retained and stored securely by the agency in line with the agency's policy. These principles apply to electronic as well as paper records.

## **7. ROLES AND RESPONSIBILITIES**

### **Gathering information**

All practitioners have a part to play in helping to identify problems at an early stage. Initial assessments of clients should inform practitioners if there is contact with children.

The role of all agencies is to be alert to the welfare and needs of children living in families with problem substance use, and respond to any emerging problems. While a number of parents with problem substance use are known to services, there are many more who remain unidentified whose children may be 'in need' or 'at risk'. Identifying as many of these adults as possible and encouraging them towards treatment programmes is an important contribution to the prevention of harm to children. Some parents may not disclose (the extent of) their alcohol/drug use. It is therefore important for practitioners dealing with people with substance misuse to undertake initial assessments in order to be vigilant for any indicators of risk (annex ii).

Responsibilities of agencies include:

- Maintaining awareness and vigilance, particularly in relation to changes in behaviour/lifestyle/social circumstances/parental health, and the potential implications of changes to treatment and rehabilitation regimes, which may impact on the ability to parent;
- Gathering information and keeping up-to-date records;
- Knowing who else is involved with the child/parent;
- Seeking advice from and views of other professionals involved with the child or adult, and
- Making a child protection referral (see Shetland inter-agency Child Protection Procedures) where appropriate.

## *Shetland Child Protection Committee*

### **Antenatal referral to specialist services**

All practitioners who become aware that a woman is pregnant should recommend immediate referral to the woman's GP.

All pregnant women who disclose problem alcohol or drug use during pregnancy should be assessed for the need for referral to an alcohol/drug service for assessment and treatment if they are not already attending.

All alcohol/drug services should prioritise referrals for pregnant women, and any problem substance using partner, so that they can be assessed and offered appropriate help as early in pregnancy as possible.

Practitioners in specialist alcohol/drug treatment services must liaise closely with staff providing maternity care so that substance use treatment plans are clearly understood and the parents do not receive conflicting advice or help.

### **Seeking advice**

Concerns about the care and welfare of children of substance misusing parents may come from a variety of sources/services focused on the adults and/or the child.

Practitioners who are concerned about a child's welfare and are unsure of how or whether to do anything about it, should seek advice from one or more of the following:

- A designated member of staff in their agency with responsibility for Child Protection or line manager
- The family's allocated social worker, if there is one;
- The Duty social work service.

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If the matter is one of immediate child protection concern, then the immediate response section of the Shetland inter-agency Child Protection Procedures will be operated.

### **Practice Point**

Problem substance use by parents does not automatically indicate that children are at risk of abuse or neglect, however there may be children in need of services or additional support and these needs require to be addressed.

## **8. PROCESS**

For a summary of the process, please see the attached flowchart at Annex i. More detail on each stage of the process then follows.

### **Screen service users**

Screening service users is critical in order to prioritise the needs of children.

When seeing a new client for the first time, practitioners working with adult alcohol and/or drug users must, as part of a routine 'screening', ascertain whether the client is a parent, expectant parent or carer of children, his or her family circumstances and the extent of contact with other services. All agencies will have reference to child protection in their assessment procedures even if they are primarily services for adults.

Professionals should seek consent to share information with other health and social care professionals as required (i.e. on a 'need to know' basis whenever it is in the interests of the mother or child to do so). For a pregnant woman with problem substance use, this should occur when she attends for her booking appointment.

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In all cases where there is adult substance misuse and there is contact with children the practitioner must actively discuss this with a designated member of staff in their agency with responsibility for Child Protection or their line manager.

If assessment identifies no concerns then no further action is required.

If concerns are identified then consent must be gained from the adult to refer for support or to begin the process of an Integrated Assessment Framework or in the instance of serious concerns a Child Protection Referral.

However, if consent is not given the practitioner needs to revise the assessment, decide if it now becomes a child protection referral and react accordingly.

If you know that:

- a child is on the Child Protection Register, or
- a child protection referral has been made or
- an Integrated Assessment Framework assessment is ongoing

you **MUST** provide the Lead Professional/Named social worker or key worker with any information you have that may be relevant to the assessment even if you are not asked for it.

You may also be asked to assist with gathering further information where appropriate

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### **Practice Points**

- Discuss the situation with line manager.
- Any agency can refer to the Children's Reporter, irrespective of the views of the local authority.
- Concerns should always be raised if the client has other children who have been taken into care.
- Assessment is an ongoing process.
- Keep parents informed of your actions.
- Communicate with other agencies.
- Clearly record your actions in client's file.

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## **GLOSSARY OF TERMS**

**Agency:** an organisation that provides a service.

**Antenatal care:** care provided to the woman and her unborn child during pregnancy

**Care pathway:** structured care plans which detail essential steps in the treatment and care of people with a specific illness or condition.

**Children and Families social work:** Comprises qualified social workers, social work assistants, support and managerial staff. It provides assessments of children in need and their families, as well as advice, guidance and support in accordance with individual care plans.

**CPC:** Child Protection Committee

**DCO:** Designated Child Protection Officer

**Foetal:** of the unborn child.

**Gestation:** age of the unborn child.

**IAF:** Integrated Assessment Framework

**Intoxication:** a state where the individual has drunk or taken drugs sufficient to significantly impair functions such as speech, thinking, or ability to walk or drive.

**Intrapartum care:** care provided during labour and childbirth.

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**In-utero:** in the uterus or womb, unborn.

**Midwifery team:** a small team of midwives, double and triple duty nurses who will share responsibility for care during pregnancy, childbirth and the postnatal period. They will be based both at the Hospital and/or within the community.

**Neonatal abstinence syndrome (NAS):** is a group of drug withdrawal symptoms, which can occur in infants born to mothers dependent on certain drugs. NAS occurs because, at birth, the infant is cut off from the maternal drug supply to which it has been exposed in utero. The classes of drugs that are known to cause NAS include the opiates, benzodiazepines, alcohol and barbiturates.

**Neonatal period:** first 28 days of a baby's life.

**Perinatal:** around the time of birth.

**Postnatal:** after the birth.

**Postpartum care:** care provided in the period following delivery.

**Practitioner:** for the purposes of these guidelines, the term refers to anyone working to deliver services to children and/or parents and carers.

**SADAT:** Shetland Alcohol and Drug Action Team

**Withdrawal:** the body's reaction to the sudden absence of alcohol or a drug to which it has adapted.

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## **LEGISLATION AND GUIDANCE**

The current legislative framework and some relevant guidance underpinning the provision of services to children and families are contained in the following documents.

Up to date information can be obtained from the Child Protection Coordinator (details at Shetland inter-agency Child Protection Procedures section 19 at Appendix 20).

### **Legislation**

- Social Work (Scotland) Act 1968
- UN Convention on the Rights of the Child (ratified by UK government in 1991)
- NHS and Community Care Act 1990
- Children (Scotland) Act 1995
- Human Rights Act 1998
- Data Protection Act 1998

### **Guidance**

The Scottish Office (1998). *Protecting Children – a shared responsibility*.

Department of Health, (1999). *Drug misuse and dependence: guidelines on clinical management. Annex 5: Pregnancy and neonatal care*, London.

Scottish Executive Health Department (2000). *Protecting Children – A shared responsibility. Guidance for health professionals in Scotland*.

Scottish Executive (2003). *'Getting our priorities right: good practice guidance for working with children and families affected by substance misuse'*, Edinburgh.

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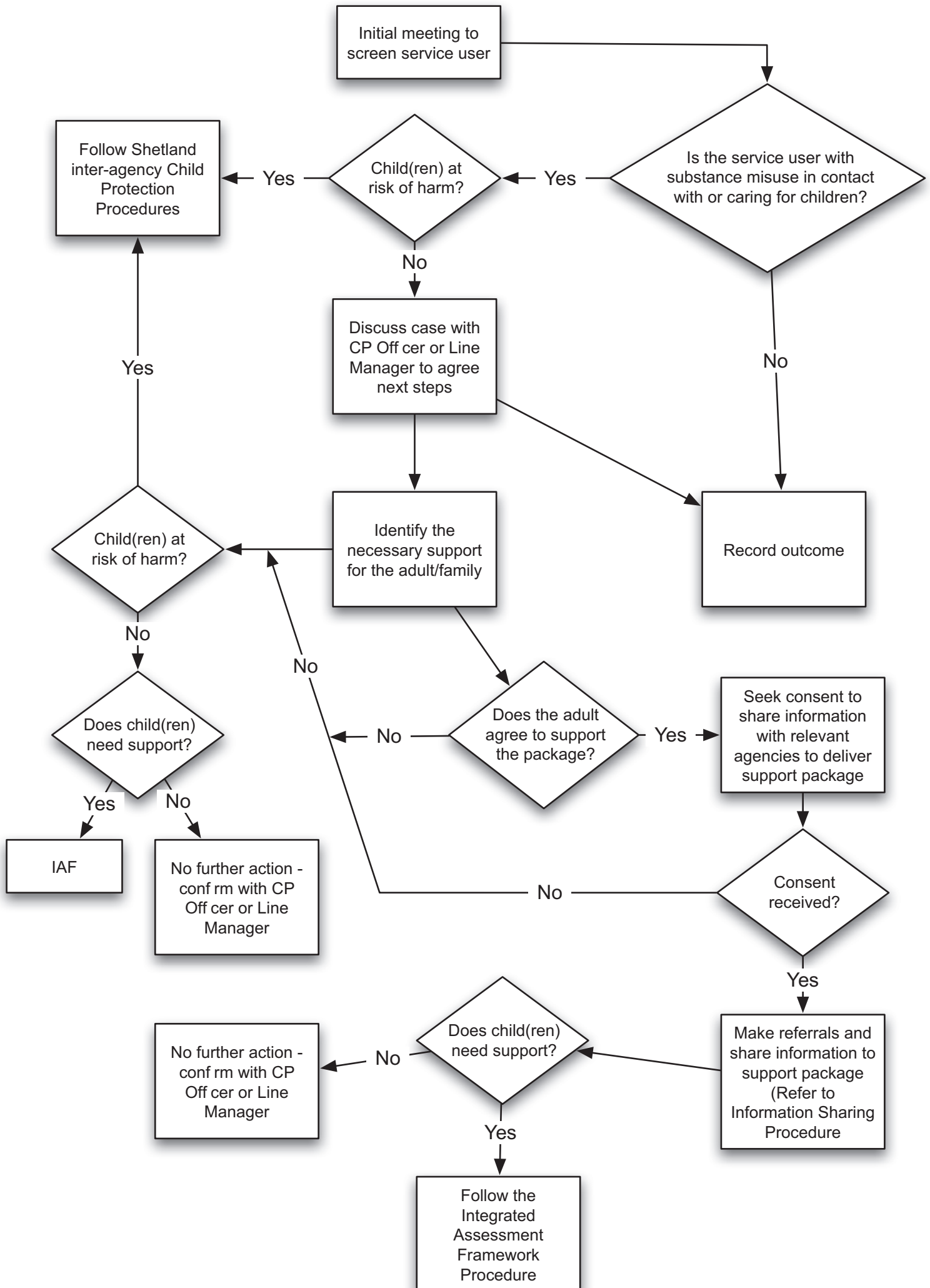
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**Children and Young People Affected by Adults with Problematic Substance Use**



## Guidance for Assessment

### Assessing Children's needs

The following questions provide guidance for assessing the needs of children of substance misusing parents.

#### **General**

- Are there any factors which make the child(ren) particularly vulnerable, for example a very young child, or other special needs such as physical disability, behavioural and emotional problems, psychological illness or learning disability?
- Are there any protective factors that may reduce the potential risks to the child?
- Are children usually present at home visits, clinic or office appointments during normal school or nursery hours?
- If so, does the parent need help getting children to school?
- How much money does the family spend on alcohol/drug use?
- Is the income from all sources presently sufficient to feed, clothe and provide for children, in addition to obtaining alcohol/drugs?
- What kind of help do you think the child needs?
- Is there evidence of neglect, injury or abuse, now or in the past? What happened?
- What effect did/does that have on the child?
- Is it likely to recur?
- Is the concern the result of a single incident, a series of events, or accumulation of concerns over a period of time?
- Do the parents perceive any difficulties and how willing are they to accept help and work with professionals?
- Is the child a carer?

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### **Substance Use Specific**

- What is the current pattern and level of use?
- Type and amount of alcohol consumed/where/when/alone or with others?
- If with others, with whom?
- When and where does this occur?
- Is this typical of the last three months?
- What arrangements are there for the child(ren) when the parent goes to get illegal drugs or attends for supervised dispensing of prescription drug(s)?
- What do you think might happen to the child?
- What would make this likely or less likely?
- Do parents think that their child knows about their problem alcohol or drug use?
- How do they know?
- What does the child think?
- What do other family members think?
- How do you know?
- Is there a failure on the parent(s) part to maintain contact with helping agencies?
- Is the parents' substance use associated with violence or domestic abuse, parental disharmony, or criminal behaviour, which is likely to be detrimental to the children?
- Who will look after the child(ren) if the parent is arrested or is in custody?

## Gathering information on risk factors

The following questions provide guidance for gathering information on significant risk factors that are likely to affect parenting capacity.

### **Substance use risk factors**

- Regular injecting drug use.
- Daily illicit (non-prescribed) drug use
- Regular stimulant use
- Problem prescription drug use
- Poly-substance misuse (e.g. alcohol use in addition to drug use)
- High alcohol consumption or alcohol dependence
- Repeated episodes of intoxication or withdrawal from alcohol or drugs.

### **Health risk factors**

- Poor maternal physical health/significant illness
- Severe mental health problems
- Cognitive impairment or learning difficulties
- Poor attendance for antenatal care/health care appointments.

### **Social risk factors**

- Living with another problem alcohol/drug user
- Reported or suspected domestic abuse or violence within the home
- Living alone/unsupported pregnancy
- Criminal justice system involvement
- Homelessness/unstable accommodation
- Substantial debts or inadequate financial resources
- Unsuitable accommodation that lacks the necessary material possessions for a baby

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- Chaotic lifestyle with no daily routines or activities.

### **Child-care risk factors**

- Recorded history of previous parenting or child-care concerns.
- Recorded history of abuse in previous child.
- Existing children on Child Protection Register.
- Previous children taken into care, fostered or adopted.
- Partner or other household member with history of violence or child abuse.

## **INDIVIDUAL PROCEDURE FOR EXCHANGE OF INFORMATION**

### PROTECTING CHILDREN & YOUNG PEOPLE WHO ARE AFFECTED BY ADULTS WITH PROBLEM SUBSTANCE USE

#### **1. General Introduction**

This is an Individual Procedure supported by the Shetland Policy for Sharing Personal Information (the Policy). The Policy forms part of this Individual Procedure. All parties to this Individual Procedure have formally approved the Policy and agree to adhere to its terms.

#### **2. Purpose**

The purpose of this Individual Procedure is to facilitate the exchange of information to protect children and young people who are cared for or have contact with an adult who misuses substances.

This Individual Procedure forms part of the *Protecting Children & Young People who are affected by adults with problem substance use guidelines*.

**The Guidelines do not detract in any way from the Shetland inter-agency Child Protection Procedures.** If a child is suspected of being at risk of harm the practitioner must refer directly to the Shetland inter-agency Child Protection Procedures.

The following process applies when the child or young person is identified as NOT being at risk of harm. This must be re-assessed at each stage of the process, see the Process diagram contained within the guidelines (page 26).

**N.B** These guidelines recognise that some practitioners i.e. Consultants, GP's and other

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senior clinical staff with relevant roles/training will make child protection referrals in their own right and will use this procedure similarly. All other practitioners MUST consult with their organisation's designated Child Protection member of staff. This member of staff MUST have completed the 2.5 days Inter-agency Child Protection Training as a minimum.

### **3. The Process**

#### **3.1 Screening Service Users**

- 3.1.1 The Practitioner has identified that there is an adult substance misuser (the Service User) and contact with children.
- 3.1.2 The Practitioner must discuss the case with their organisation's designated Child Protection member of staff or line manager. The purpose of this discussion is to confirm whether a child is at risk and to agree the next steps of the process. The outcome of the discussion must be recorded.
- 3.1.3 If a child is at risk of harm, the Practitioner must follow the Shetland inter-agency Child Protection Procedures.
- 3.1.4 The Service User's consent is not required at this stage as information is not being shared out-with the Practitioner's organisation.

#### **3.2 Support for the Service User**

- 3.2.1 The Practitioner should identify the appropriate support for the Service User and discuss a support plan with the Service User.

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- 3.2.2 If the Service User does not agree to engage with the support plan, the Practitioner must re-assess whether this refusal to engage with support services puts a child at risk of harm. If a child is at risk of harm, the Practitioner must follow the Shetland inter-agency Child Protection Procedures.
- 3.2.3 The Practitioner must discuss the case with their organisation's designated Child Protection member of staff or line manager as outlined at paragraph 3.1.2.
- 3.2.4 If the Service User agrees to the support plan, the Practitioner must seek the Service User's consent to information being shared with the relevant support services to enable the support plan to be established.
- 3.2.5 If the Service User does not consent to information being shared to establish the support plan, the Service User must re-assess whether this refusal to share information puts a child at risk of harm. If a child is at risk of harm, the Practitioner must follow the Shetland inter-agency Child Protection Procedures.
- 3.2.6 The Practitioner must discuss the case with their organisation's designated Child Protection member of staff or line manager as outlined at paragraph 3.1.2.
- 3.2.7 If the Service User consents to the Practitioner sharing information, the agreed support plan and consent to share information must be recorded.
- 3.2.8 The Practitioner can then make the necessary referrals to support services and share the appropriate information to enable the support plan to be established. The Practitioner should only share the information required to make a referral to a support service. This information should be shared by:-

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- (i) Secure e-mail systems.
- (ii) Hand delivering information in a sealed envelope, marked "Confidential" and for the attention of a named individual.
- (iii) Via telephone (see 'record keeping' section of the protocol, Section 6)

### 3.3 Support for the Child

3.3.1 The Practitioner should identify if there is a child who requires support as a result of an adult's substance misuse.

3.3.2 Where it is identified that a child does not require support, the Practitioner must still discuss the case with their organisation's designated Child Protection member of staff or line manager. The purpose of this discussion is to confirm that the child does not require support. The outcome of the discussion must be recorded.

3.3.3 The Service User's consent is not required at this stage as information is not being shared out-with the Practitioner's organisation.

3.3.4 Where it is identified that a child requires multi-agency support, the Practitioner must refer to and follow the procedures for the Integrated Assessment Framework as someone who has identified a need about a child.

### 4. Retention & Destruction

4.1 The Practitioner's documentation and records will be stored in a locked filing cabinet within a locked office or on a secure computer network.

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4.2 Each Practitioner will store and destroy their documentation and records in line with their organisation's Retention and Destruction Schedule.

### 5. Complaints & Breaches

5.1 The Caldicott Guardian within NHS Shetland and Data Protection Officers within Shetland Islands Council and other organisations are ultimately responsible for ensuring all staff and volunteers are bound by this procedure and adhere to its terms. They are also individually responsible for ensuring all supporting policies and procedures are implemented within their own organisation.

5.2 Any breaches of the protocol must be brought to the immediate attention of one of the above individuals.

5.3 Complaints will be made through the Practitioner's organisation's complaints procedure.

### 6. Review & Audit

6.1 Application of this procedure will be subject to audit and review by Shetland Child Protection Committee.

**Protocol for working with Children and Young People  
who display sexually harmful behaviour**

1. Purpose

This document sets out Shetland's inter-agency policy and procedures for working with children and young people whose problematic sexual behaviour poses a risk to others. The focus is on managing the risk, reducing the potential for harm and meeting the needs of the young person displaying the behaviour. This protocol sits as an appendix to Shetland inter-agency Child Protection Procedures.

2. Statement of principles

- The responsibility for managing the risk to children and young people has to be held within a multi-agency perspective.
- Children and young people who display sexually harmful behaviour to others – whether or not that leads to any criminal charges – need to be recognised as significantly different to adult sex offenders.
- Research shows that appropriate work with young people addressing their behaviour and their own needs can lead to a positive outcome and lessen the risk of future offending.
- Assessing risk is not a static process – it has to be fluid and dynamic and regularly reviewed.
- The environment that a young person is growing up in has a huge influence on them and makes risks more or less manageable.
- Viewing risks in terms of its manageability often a tangible means for responding to it.
- All inter-agency work with children and young people who display sexually harmful behaviour towards others will be dealt with in accordance with the overarching policy set out in the Shetland inter-agency Child Protection Procedures.

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### 3. Making a referral about a young person displaying sexually harmful behaviour

- 3.1 Any agency which is working with or providing services to children and young people (voluntary agencies, schools, sports and youth club settings) may become aware of sexual behaviour. In most instances this will be a developmental stage that children and young people are going through and whilst it may need to be dealt with in terms of acceptable behaviour in that setting there may not be any concern about abuse or harm. Please see Annex 1 for further information about developing sexuality, which may assist in deciding if there needs to be a referral made.
- 3.2 Children's Social Work has the lead responsibility for the implementation of this protocol. The effectiveness of the protocol will however depend on the ability of all agencies coming together to share the responsibility for the management of risk and the meeting of individual needs of all the children and young people concerned.
- 3.3 This protocol offers an inter-agency framework to manage risk more effectively and to meet the needs of young people displaying sexually harmful behaviour. An inter-agency team will come together to assess and monitor risk and meet needs. In some circumstances this will be a core group through child protection procedures and in others it will be a risk management team to support an individual child or young person. This may be co-ordinated through the Integrated Assessment Framework (IAF) process where that is appropriate and available.

### 4. Investigating allegations of abuse where young people are alleged offenders and victims

- 4.1 Police, Social Work and the Reporter are the investigating agencies and referrals to them should be made following the guidance laid out in the Shetland inter- agency Child Protection Procedures (the CP Procedures).
- 4.2 The police and social work should carry out the same initial checks and information gathering in respect of the child or young person who may have harmed others as they do in respect of the child or young person who is the subject of the child protection investigation.
- 4.3 The child protection strategy discussion outlined in the CP Procedures is particularly important. As well as planning child protection investigations and interviews with any victims it needs to focus on the young person who has harmed them. This strategy meeting needs to function as an initial risk assessment meeting. In addition to the matters the discussion meeting needs to consider as

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outlined in the CP Procedures the following should also be considered:-

- The seriousness of the abusive behaviour
- The vulnerability of the child or young person displaying the behaviour
- The information so far available
- The source of the concern
- The context in which the child or young person is living
- The continuing risk to the victims that have already been identified and the potential risk to any other children or young people
- How likely timescales for the investigation may increase or reduce risk to any victim, potential victim or the young person displaying sexually harmful behaviour. Depending on timescales, interim measures to reduce possible risks may need to be considered.

The outcome of this discussion and the plans put in place to investigate the situation should be recorded as outlined in the CP Procedures, and shared with those who were at the strategy discussion and anyone else who needs to know.

In accordance with the CP Procedures consideration will always be given to the involvement of representatives of other disciplines at any stage of the planning process. Where a child or young person who may have harmed others is at school consideration should be given to the involvement of a Schools service representative at child protection strategy discussions, provided this will not cause delay. An appropriate health representative should also attend.

If, for any reason, agencies involved with a child or young person are not able to be included in an initial child protection strategy discussion, they should be contacted and involved as early as possible. Agencies are entitled to take the initiative themselves by contacting Children's Services (social work) to seek further information and support.

- 4.4 The police have the responsibility for interviewing any young person against whom allegations of sexual abuse have been made in accordance with the Criminal Procedure (Scotland) Act 1995. Interviews should be conducted sensitively, bearing in mind the young person may be a victim as well as a perpetrator. The presence of an appropriate adult or legal representation is important. This may be especially needed if the young person has a recognised learning disability.
- 4.5 Following a child protection enquiry there should be a follow up strategy discussion to review the information gathered in the course of the investigation and to plan the next steps. This meeting will need to consider:-

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- The outcome of interviews with victims
- The continuing and future risk to victim(s) and whether or not there should be a Child Protection Case Conference arranged to consider the situation of the alleged offender as well as the victims (as per CP Procedures).

The outcome of any enquiries the police have carried out in connection with the young person responsible for the harm to others will be reported in the usual way to the Authority Reporter and the Procurator Fiscal.

- 4.6 In accordance with the CP Procedures, except in exceptional circumstances (recorded in writing) a Child Protection Case Conference for any alleged abuser under the age of 16 will be convened, followed by a comprehensive assessment of his/her needs and a risk management plan will be drawn up where risks to others have been identified.
- 4.7 In those exceptional circumstances where there is no Case Conference it may still be necessary for a support plan and risk management plan including all appropriate agencies to be drawn together. Please refer to section 7 for further guidance in such cases.

### 5. Initial Child Protection Case Conference

- 5.1 An Initial Child Protection Case Conference arranged to consider the situation of a young person who is an alleged offender or whose sexually harmful behaviour is of grave concern will follow the normal procedures laid down in the CP Procedures.
- 5.2 In addition to the matters that would normally be addressed in reports to the Initial Child Protection Case Conference it is important that the following are also included:-
- An initial analysis of the problem sexual behaviours
  - Possible routes into the behaviours (child's history of any adversities)
  - The child or young person's needs
  - The immediate risk to others
  - Family response
  - Community response.

This will assist in the process of determining:-

- Short-term risk management requirements
- The need for referral to the Authority Reporter and legal processes

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- Placement considerations – the young person may need to be accommodated elsewhere either for their own or other's safety
- Referral onto other agencies e.g. mental health services
- The roles and responsibilities of agencies and family members in managing risk and meeting needs
- The need for disclosing information to third parties.

### 6. Outcome of the Initial Child Protection Case Conference

- 6.1 If the Initial Child Protection Case Conference finds the grounds for registration satisfied and decides to place the name of the young person displaying sexually harmful behaviour on the Child Protection Register then a protection plan, key worker and core group will be identified.
- 6.2 It is imperative that the protection plan includes a risk management plan. It is imperative that the core group also functions as a risk management team when it is reviewing the protection plan and risk management plan.
- 6.3 If the Conference decides that the name of the young person displaying sexually harmful behaviour does not need to be placed on the Child Protection Register it is still important to identify a support plan and a risk management plan. In such cases it will be necessary to identify a risk management team. The responsibility for establishing the team lies with the Chair of the Child Protection Case Conference.
- 6.4 In all cases the risk management team or core group will meet within 10 working days of the Initial Child Protection Case Conference and monthly thereafter. It will be the responsibility of the case responsible senior social worker to ensure the meetings are held and to chair them.
- 6.5 If at a Review Child Protection Case Conference it is decided to remove the child's name from the register, the conference must consider whether there is a possibility of continuing risk to others and if so a risk management team should be established by the Chair, as in 6.3 above.

### 7. Children and Young People not on Child Protection Register

- 7.1 In the exceptional circumstances where there is no Initial Child Protection Case Conference may still be necessary to identify a support plan and a risk management plan. In such cases the Service Manager, Children's Services (Social Work) will be responsible for establishing the risk management team, with the chairing

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responsibilities being held by the case responsible senior social worker.

- 7.2 The risk management team will meet within 10 working days of being established and monthly thereafter. It will be the responsibility of the case responsible senior social worker to ensure the meetings are held and to chair them.
- 7.3 Meetings of the risk management team will focus on managing risks and will also ensure that needs are met. The team will develop a plan to manage risks and meet needs which will be reviewed monthly. A keyworker or Lead Professional must be appointed.
- 7.4 Where the IAF process is available, the work of the risk management team may be coordinated in the IAF process, with the proviso that the Lead Professional in such cases should normally be a social worker.

### 8 Young People aged 16-18 years

- 8.1 Shetland inter-agency Child Protection Procedures are designed to be used for children and young people under the age of 16. However it is good practice to use a similar process to meet the needs of 16 – 18 year olds.
- 8.2 Planning will need to link with the IAF process, where available, with the proviso that the Lead Professional in such cases should normally be a social worker.
- 8.3 16 – 18 year olds who display sexually harmful behaviour and who are still at school will need careful support and management in order to help them and monitor and reduce risk to others, and these considerations should inform the plan put in place to manage risks. (Please see Annex 2 for more information.)

### 9. Review

This protocol will be reviewed as necessary to ensure it remains compatible with the Multi-Agency Public Protection Arrangements (MAPPA) and in any event will be reviewed within 2 years from its approval by the Child Protection Committee.

### 10. Flow chart

The flow chart attached as Annex 3 is intended to assist in summarising the process, but reference should be made to the protocol itself and in case of doubt the protocol itself should be followed.

**Annex 1: Guidance Notes: Identifying Problem Behaviours**

Defining normal, problematic or abusive behaviours in children and young people can present difficulties for professionals with responsibility for protecting children. The uncertainty created can sometimes leave workers feeling powerless to respond to behaviours that concern them. This can then result in a failure to respond to the needs of both children displaying the behaviours and their actual or potential victims.

In considering the behaviours of younger children, American Psychologist and leading expert in her field, Toni Cavanah Johnson, has developed sexual behaviour checklists to assist in determining the nature of behaviours. This list describes behaviours indicating concern:

- A child showing an interest in, and knowledge of, sex outwith the developmental norm
- The sexual behaviours exhibited being significantly different from other children of the same age
- The child being unable to stop the behaviours after being told to do so
- The sexual behaviours eliciting complaints from others
- The sexual behaviours making adults uncomfortable
- Sexual behaviours that increase in frequency, intensity or intrusiveness
- When fear, anxiety, deep shame or intense guilt is associated with the behaviours
- Children who are engaging animals in sexual behaviours
- Sexual behaviours that are causing physical/emotional pain/discomfort to self or others
- Children who use sex to hurt others
- Anger preceding or following or accompanying sexual behaviour
- Children who use force, bribery, manipulation and threats.

While Johnson's work concerns younger children, the above may be useful in considering the sexual behaviours of teenagers. However an additional aspect to teenage years is the onset of puberty. This is a stage of major social, emotional and physical change. These include physical maturation, experience of sexual arousal and awareness of orientation, more complex peer interaction, and a greater autonomy around decision making. During this time adolescents need to synthesise a variety of experiences in order to establish a health sexual identity.

Because there is a wider range of sexual behaviours on display in adolescence it can be more difficult to determine what is normal and healthy and what is problematic. The following has been adapted from Ryan and Lane (1991).

**Normal Adolescent Behaviours:**

- Explicit sexual discussion amongst peers, use of swear words, obscene jokes
- Interest in erotic material and its use in masturbation
- Expression through sexual innuendo, flirtation and courtship behaviours
- Mutually consenting non coital sexual behaviour (kissing, fondling, etc)
- Mutually consenting masturbation
- Mutually consenting sexual intercourse

**Behaviours that Cause Concern:**

(showing escalation in seriousness)

- Sexual preoccupation/anxiety
- Use of hard core pornography
- Indiscriminate sexual activity/intercourse
- Twinning of sexual behaviours with aggression
- Sexual graffiti relating to individuals or which have disturbing content
- Single occurrences of exposure, peeping, frottage or obscene telephone calls
- Compulsive masturbation
- Persistent or aggressive attempts to expose other's genitals
- Chronic use of pornography with sadistic or violent themes
- Sexually explicit conversations with significantly younger children
- Touching another's genitals without permission
- Sexually explicit threats
- Persistent obscene telephone calls, voyeurism, exhibitionism and frottage
- Sexual contact with significantly younger children
- Forced sexual assault or rape
- Inflicting genital injury

## **Annex 2: Management of Risk in Schools**

The following provides additional and more specific guidance for managing risk within schools. It has been adapted from Carol Carson and the Aim Project, 2002.

The majority of children and young people with sexually harmful behaviours can be educated and managed within a school. The management of their behaviours in school needs to be considered on a whole school basis as well as on an individual level with the child or young person. However, the overall management of risk needs to be from a multi agency perspective with family involvement as appropriate.

The responsibility for developing a risk management plan lies with the Child Protection Case Conference/core group or risk management team as a whole, with appropriate input from the school (normally through the Head Teacher).

Within the school setting the Head Teacher has the prime responsibility for ensuring implementation of the relevant parts of the risk management plan, with appropriate support from other agencies. If at any time concerns about the child or young person escalate, the school can contact the key worker or Lead Professional and request an early review meeting.

### **Whole school basis**

To assist in the effective management of risk the following should be considered on a whole school basis:

- The culture and ethos of the school should reinforce positive behaviours and respect for others and create an environment that encourages children to tell if someone is doing anything to them that makes them feel uncomfortable.
- Consider the inclusion of problem sexual behaviours into other appropriate school policies and personal safety programmes. This aspect of behaviour would not then be seen as something separate from the overall work of the school.
- Training for staff increasing their understanding in: the development of problem sexual behaviours; different types of behaviours; risk; risk management and needs of children and young people with these behaviours.
- Contact points for advice and support for staff. This may be from a named person in the Social Work Team, School Designated Person for Child Protection and/or the Head Teacher.
- Ensuring a clear knowledge of procedures.

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- The regular reviewing of the physical structure of the school to identify areas where sexual behaviours may occur and strategies put in place to make them safer. Often it is the same areas where children bully other children.
- The identification of children and young people with sexually inappropriate or harmful behaviours to key personnel within the establishment. This will often include ancillary staff.

### **Individual Level: Managing Risk and Meeting Needs**

Effective management of risk cannot be separated from identifying and meeting the individual child's needs particularly in relation to skills deficits. The education setting has a crucial role to play in promoting the development of skills to improve these deficits and thus can greatly assist in making risk more manageable.

### **Managing Risk**

Every young person's behaviour and risk needs to be considered separately and informed by a risk assessment. However it is possible to identify some general strategies that can be used for managing risk:

- Discussing the behaviours in a meaningful way with the child
- Articulating clearly the behaviours that are not acceptable
- Being clear about the times and places where behaviours have happened and targeting resources in an attempt to reduce risk
- Employing behaviour management strategies that include boundaries and consequences
- Child-focused observation and analysis to inform ongoing assessment of risk
- Supervision and monitoring. Agree with the child the areas that he or she is allowed to go, for example, at break and lunch times. This may need to start with close supervision
- Using of positive behaviour strategies
- Liaison with other agencies and family on a regular basis
- Recording appropriately.

## **Meeting Needs**

Specific strategies that schools can use to meet needs are as follows:

- The development of individual programmes, for example, on problem solving, communication, social skills and sex education. Most children and young people with sexually harmful behaviours have significant deficits in these areas. A young person's level of skills and insights into these areas can offer part of an overall risk prediction.
- The development of safe boundaries. Many young people with sexually harmful behaviours need adults to take control of managing their risk until they are able to do so themselves. The setting of clear and safe boundaries can be both supportive and helpful for them.
- Dedicating the time and attention of a significant adult in the school. This could be a class teacher or someone from pupil support.
- Identifying specific activities to help children develop new skills.
- Giving assistance to help them integrate with other pupils and form healthy relationships.

## **Protection of children targeted**

Specific arrangements need to be made to ensure that any children who have been targeted feel safe. This should be done in conjunction with their families. Their views on how to feel safe should be sought and considered. The needs of the child should be assessed and individual work and support offered to the child as appropriate.

## **Education Management Decisions**

In a school setting there is always the need to balance meeting the needs of an individual pupil with the responsibilities owed to all pupils.

Where the Schools service deems it likely that the child will require an immediate exclusion they should urgently convene a multi-agency risk management meeting to inform decision-making. In appropriate circumstances this can be considered at a child protection strategy discussion within the CP Procedures. (See section 4 of this protocol).

Where a child or young person has transferred from another school or authority with a previous history of problem sexual behaviours the educational establishment should contact social work to discuss whether multi-agency involvement is required.

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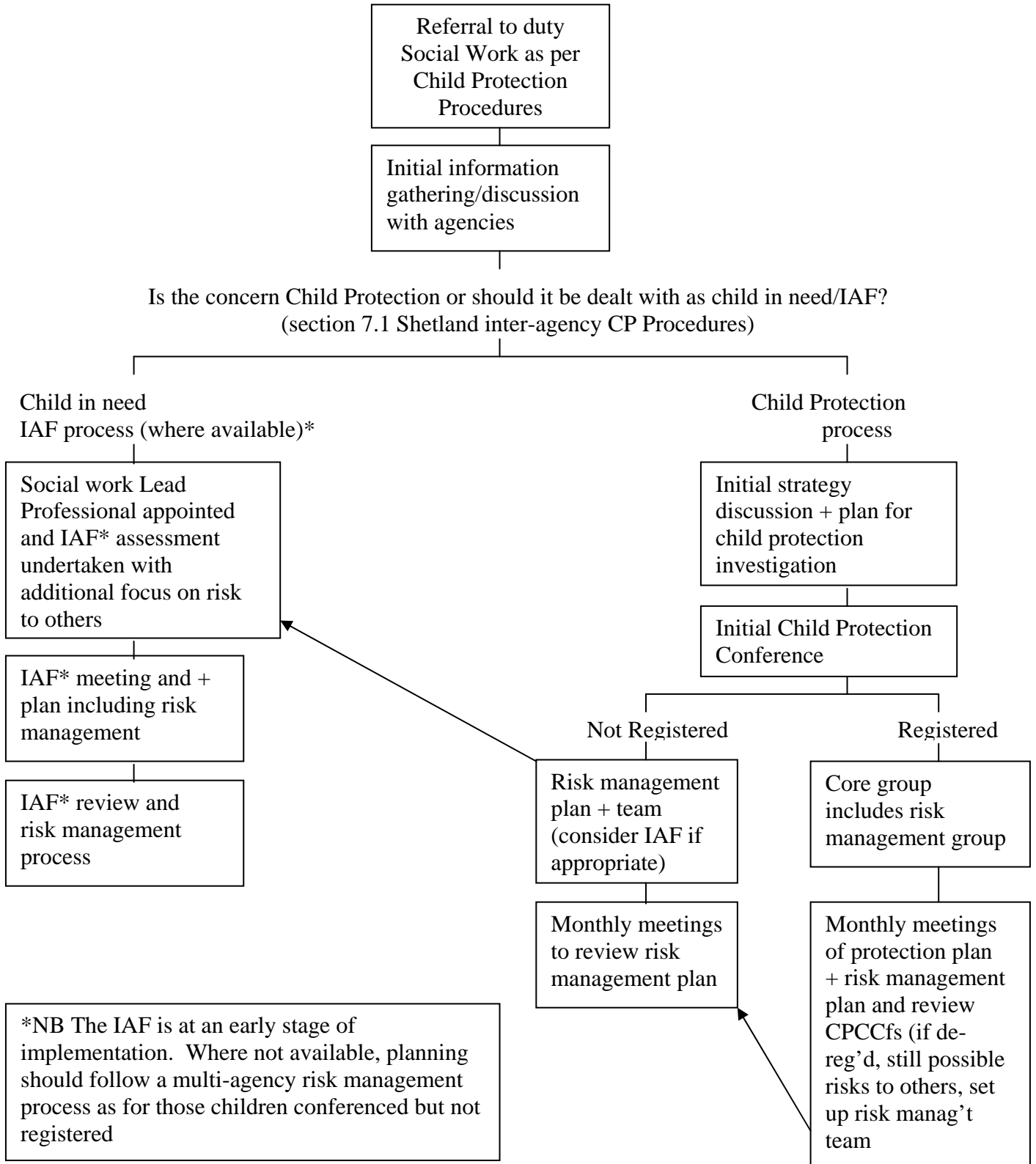
In considering the need for exclusion or transfer to another educational establishment it is important to take account of the following:

- Whether the sexual problematic behaviours occurred in the school setting
- Where the behaviours did not occur in the school setting, but the victim attends the same school
- The views of the victim and his or her family
- The known risks of further occurrences happening in the school
- Whether complaints have been made previously against this child by parents of other children
- The school's ability to provide adequate supervision and support to manage risk while enabling the child to continue with his/her education. This would be informed through ongoing risk management meetings either through child in need or child protection systems.
- That a decision to exclude may increase the risk in other settings.

These matters should be considered on an inter-agency basis with involvement from the Head of Schools and the Head Teacher of any school, transfer to which is being considered.

**Annex 3 Flowchart**

**Concern about sexual behaviour comes to notice either due to allegations of victim or observations of behaviour that is outside developmental norms**



**Protocol approved by CPC 10.12.08**