

**West of Scotland
Child Protection
Interagency Guidance**

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1. Introduction

This guidance is primarily aimed at practitioners and managers in social work, police, health and education authorities and others who work with children. It should be read in conjunction with Scottish Executive Guidance – "*Protecting Children – A shared Responsibility*" (1998) and local agency child protection procedures. Specific Scottish Executive Guidance "*Guidance for Health Professionals in Scotland*" (1999) has also been produced.

Social work, police, reporter, procurator fiscal, voluntary organisations, health and education authorities in the West of Scotland have undertaken the task of revising internal agency child protection procedures. This overarching, interagency guidance has been produced in an effort to ensure that all agencies are working to agreed core child protection principles and that practice is standardised on areas of overlap between agencies.

The importance of effective interagency communication and working in the interests of promoting childrens' safety and welfare is emphasised throughout this document.

1.1 Aims of document

This guidance aims to:

- Outline the values and principles, which underpin child protection work.
- Highlight the need to achieve a balance between family support and protective intervention.
- Provide a definition of "a child".
- Clarify definitions of abuse.
- Provide guidance on recognition and signs of abuse.
- Clarify roles and responsibilities of agencies.
- Provide guidance on reporting suspected child abuse.
- Outline legal measures.
- Provide guidance on child protection conferences, child protection plans and core groups.
- Outline the role and functions of child protection committees.
- Provide guidance on confidentiality.
- Provide information on criminal injuries compensation.

1.2 Values and principles

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

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

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

- The welfare of the child is the paramount consideration when his or her needs are considered by the courts, children's hearings and local authorities.
- No court should make an order relating to a child and no children's hearing should make a supervision requirement unless the court or hearing considers that to do so would be better for the child than making no order or supervision requirement at all.
- The child's views should be taken into account where major decisions are to be made about his or her future.

1.3 Child protection and family support - getting the balance right

The nature and causes of child abuse are complex, as is the debate on how best to respond.

Therefore, it is important that we continue to strive to achieve the correct balance in our approach to child protection work.

It is recognised that there are many families for whom we provide support where child abuse may not be the issue.

Whilst most families will benefit from intensive assistance it cannot be assumed that the provision of support to families will automatically prevent abuse. Some families will go to great lengths to conceal abuse of children, which a supportive approach is unlikely to prevent. Nor can we assume that family support will automatically stop abuse when it has been discovered. The aim is to respond in a way that protects the child from further harm. Comprehensive assessment must be open to the possibility that abuse may have occurred.

In 1995 one of the recommendations from a range of research sponsored by the **Department of Health** into the child protection system in England was a refocusing of approach away from investigation towards family support.

There is much to be gained from increasing support to families in need. Many families undoubtedly benefit from the provision of extensive support, which means that intervention occurs at an earlier stage and prevents the build up of tension that can lead to abuse of children. Such intervention is generally welcomed by families and facilitates working in partnership with parents.

However, simultaneously there is a need to maintain a focus on investigation. The Department of Health study "*Getting Family Support Right*" (1999) was concerned to find that in almost every authority inspected and in 40% of the cases examined in detail, the researchers considered there to be possible indicators of abuse or neglect which justified further inquiries or assessment, but which were not being adequately recognised or evaluated. Some practitioners were unsure about what their authority's threshold was for triggering further assessment or child protection inquiries.

Other researchers (**Littlechild (1998), Parton (1996)**) have also highlighted potential drawbacks in refocusing our approach away from investigation.

A shift towards family support that attributes the cause of child abuse to unmet need **must not** obscure the fact that some children need to be protected from adults who are deliberately abusive. These situations must be identified sooner rather than later. We must maintain the rigour of the investigative approach so that such child abuse does not go undetected.

We should guard against too great a focus on parents' needs and not enough on the child's right to protection from abuse. It is necessary to avoid an overemphasis on parents' needs resulting in over-identification with parents and raising the threshold of risk to an unacceptably high level.

It is important not to re-introduce, albeit unconsciously, the "rule of optimism" which inquiries into child fatalities have warned against.

Deciding upon the appropriate response is no easy task and must remain the subject of debate and discussion as we strive to get the balance right. It is hoped that the accompanying agency procedures have struck the right balance.

1.4 Who is a child?

Section 93(2)(a) and (b) of the *Children (Scotland) Act 1995* defines a child in relation to the powers and duties of the local authority. In certain circumstances, such as children with special needs, or children subject to supervision requirements, the upper age limit for protection from abuse may be extended to 18.

2. Definition of Abuse

2.1 General definition of abuse

"Children may be in need of protection where their basic needs are not being met in a manner appropriate to their stage of development and they will be at risk from avoidable acts of commission or omission on the part of their parent(s), sibling(s), from other relative(s), or a carer (i.e. the person(s) while not a parent who has actual custody of a child). To define an act or omission as abusive and/or presenting future risk for purpose of registration a number of elements must be taken into account. These include demonstrable or predictable harm to the child which must have been avoidable because of action or inaction by the parent or other carers." (*Protecting Children A Shared Responsibility - Scottish Office 1998*).

Definition has been broken down into categories of registration.

2.2 The threshold of risk concept

The focus at inquiry stage is about an assessment of child abuse, whether it has taken place or whether a situation of risk exists. The focus at the child protection conference becomes more about the extent of future risk and whether this is great enough to require child protection measures, including registration.

This is where the concept of threshold of risk comes in. Once a certain degree of concern is reached and once a certain degree of risk is felt to exist, then there must be registration on the child protection register and accompanying formulation of a child protection plan.

No single definition of the degree of concern or level of risk can be given. It will remain a complex matter, subject to professional judgement based on comprehensive assessment. In assessing significant harm, a number of factors should be considered:

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

In summary, the decision to register should be taken where the level of concern about risk to the children from future abuse is sufficient to require action to ensure protection, including the formulation of child protection plans and further review at a child protection conference. This is separate from consideration of levels of proof and quality of evidence. It is a professional judgement not a legal assessment.

2.3 Category of registration

When the threshold of concern about future risk and the need for child protection has been reached, the child should be registered on the child protection register. This registration should be only under the **one** category that represents the most predominant and serious area of risk from which the child requires protection, if there is felt to be more than one. The future risk should determine the category of registration rather than past abuses if these are different.

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

The categories of registration are:

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

There is no "at risk " category.

2.4 Physical injury

The definition given by (*Protecting Children A Shared Responsibility - Scottish Office 1998*)

is:

"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." P. 61

The following definitions of assault are taken from the Common Law:

Assault

In Common Law, every attack directed to take effect physically on another person is assault, whether or not actual injury is inflicted. There must be criminal intent. An accidental injury, even though caused by a mischievous act, does not amount to assault.

It is not necessary, to constitute the crime of assault, that the attack should take effect e.g. to throw a stone at a person is assault, even if the aim is faulty or the stone is evaded.

Justifiable assault

In certain cases an assault may be justified by showing that it was done under the authority of the law or in self defence. In such cases, the force used must be only so great as is necessary to effect the object in view.

Punishment of children

The Common Law, fortified by the *Children and Young Persons Act, 1937 Sec 12 (7)* authorizes any parent, teacher or other person having lawful control or charge of a child or young person, to administer punishment to him.

This, however, is countered by *the Education (No 2) Act, 1986 Sec 38* which abolishes corporal punishment of pupils in most schools.

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

In assessing whether child abuse has taken place the seriousness of the injury to the child is only one factor to be taken into account. The adult's intention and reasonableness must also be taken into consideration.

In attempting to assess whether physical chastisement constitutes child abuse, workers should consider whether or not there has been "intent to harm", i.e. the deliberate inflicting of pain rather than the punishment.

Among other guidelines for acceptable chastisement would be:

- a proper reason for physical punishment. (If a child is not old enough to understand the reason for punishment, then physical acts become assaults not punishment);
- no deliberate injury;
- no excessive use of force;
- no violence to vulnerable or unusual parts of the body.

Physical chastisement and its relationship to child abuse is a fraught area and any guidance has to be very general, with the need for professional assessment being paramount in individual cases.

Child abuse is likely to have occurred where one or more of the following are present:

- elements of assault rather than punishment;
- malicious or evil or reckless intent on the part of the parent or even enjoyment
- clear excessiveness beyond reasonable bounds and standards;
- deliberate injury.

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

2.5 Physical neglect

The definition given by (*Protecting Children A Shared Responsibility - Scottish Office 1998*) is:

“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.” P. 62

2.6 Children left unattended

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

It is an offence, under Section 12 of the *Children and Young Persons Act 1937*,

“If any person who has attained the age of 16 years has the custody, charge or care of any child or young person under that age wilfully assaults ill-treats, neglects, abandons or exposes him or causes or procures him to be assaulted, ill-treated, neglected, abandoned or exposed in a manner likely to cause him unnecessary suffering or injury to health (including injury to or loss of sight or hearing or limb or organ of the body and mental derangement), that person shall be guilty of an offence.”

but that is much narrower and more specific than leaving unattended.

Leaving a child unattended is not an offence in itself, nor is it child abuse in itself. For it to be child abuse there must be two elements of the definition present - significant harm and familial responsibility for that significant harm.

There needs to be evidence of real likelihood of suffering or likely injury to health. It is a vital and essential part of childhood and growing up that children are left unattended. There needs to be considerable caution before any consideration of applying a label of child abuse to such situations. Factors that would be relevant include the age of the child, the time of day or night, the existence of obvious hazards and the persistence or frequency.

A two year old left alone every night in a house at 11:00pm with a blazing log fire is a form of child abuse. A 12 year old left alone once in a house at 7:00pm with safe heating is not necessarily abuse. Court of Session judgements have accepted the "reasonableness" of 11 year olds being left alone in a house with instructions to make their own meal.

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

Abandonment is a separate and much more serious event which is more likely to qualify as potential child abuse. In the case of *McGregor - v - A*, the sheriff used the following definition of abandonment - " In my opinion 'to abandon' means to leave in a permanent way. It denotes an intention to depart from a person, a place or a particular course of action in the sense that the departure, if not necessarily permanent, or quasi-permanent, will be final for the near future, and will not involve the perpetrator readily retracing his steps to the point of departure."

2.7 Parents drunk in charge of a child

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

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

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

It is important not to underplay the major consequences to children of their parents' use or mis-use of alcohol. The detrimental effects on children and family life of alcohol related problems are well documented.

Parental abuse of alcohol and its effect on children is a major child care issue and must be seen as such. It is one that will often require a considerable investment of child care time and resources, including the need to safeguard children by the use of compulsory or voluntary measures of care. However, it only presents a child abuse issue when the dimension of significant and specific harm is present.

2.8 Substance abusing parents

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

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

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

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

2.9 Parents' mental capacity and child abuse and neglect

Mental illness

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

Similar issues apply to mental issues as described with substance abuse above.

Learning disability

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

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

2.10 Sexual abuse

The definition given by (*Protecting Children A Shared Responsibility - Scottish Office 1998*)

is:

“Any child may be deemed to have been sexually abused when any person(s), by design or neglect, exploits the child, directly or indirectly, in any activity intended to lead to the sexual arousal or other forms of gratification of that person or any other person(s) including organised networks. This definition holds whether or not there has been genital contact and whether or not the child is said to have initiated, or consented to the behaviour.” P. 61

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

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

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

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

2.11 Sexual abuse disclosures in residency or divorce disputes

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

2.12 Non-organic failure to thrive

The definition given by (*Protecting Children A Shared Responsibility - Scottish Office 1998*) is:

“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.” P. 62.

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

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

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

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

2.13 Emotional abuse

The definition given by (*Protecting Children A Shared Responsibility - Scottish Office 1998*) is:

“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”. P. 62

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

By its very nature, emotional abuse can be difficult to accurately measure and evidence “cause and effect.”

Attention must be paid to restorative change, e.g. when discussing such factors as weight gain when a child is looked after or accommodated.

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

- Parental attributes, for example, mental ill health, domestic violence and substance mis-use.
- Forms of adult ill-treatment - this can include developmentally inappropriate interaction with the child, e.g. age inappropriate interaction/exposure/impositions, denigration and rejection, unresponsiveness.
- Indicators of impairment of the child's development, for example, the child's emotional state, behaviour, developmental/educational attainment etc.

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

- the nature of the significant harm to be established;
- parental risk factors to be identified;
- the nature of necessary changes in the family defined;
- specific interventions offered to reduce the ill-treatment and any potential risk factors;
- the family's capacity for change and level of co-operation assessed.

A response such as this must be time limited (e.g. 3 – 6 months) and must be re-assessed with outcomes and child's well being further evaluated. Equally, any period of assessment would depend on the parents' acknowledgement of concerns and willingness to work with professionals.

Following this assessment the area manager may wish to consider convening a child protection conference.

2.14 Domestic violence

Domestic abuse tends to be male abuse of females (**Dobash R E and Dobash RP (1992)**). It is not distinguished by class, ethnicity, culture or age. It occurs in both heterosexual and homosexual relationships and where people are disabled or able-bodied.

Given that it is known that children are damaged by low warmth/high criticism environments, living in households where domestic violence is present can result in the emotional abuse of children. The impact on children depends on the intensity and frequency of the violence more than their gender or age.

Children may directly witness the abuse of their parent or overhear it. They may be forced to watch or join in. Children may try to protect their parent by intervening physically or by diverting attention onto themselves. Thus, children may be physically injured.

Perpetrators of domestic abuse have been shown to abuse children. (**Mullender A and Morley R (eds) (1994)**). It can intensify during pregnancy and adversely affect the mother and the unborn child. (**Mezey G C and Bewley S (1997)**).

A number of studies have pointed to the sexual abuse of children in the context of abuse of their non-abusing parent. (**Casey M (1987), Forman (1995)**).

The parenting capacities of non-abusing parents who are themselves victims of domestic violence may be impaired.

Children respond differently to domestic abuse. They may experience feelings of guilt, fear, anxiety, confusion, anger and helplessness.

Children and young people exposed to domestic violence, may exhibit the following symptoms: bedwetting, sleep disturbances, stress related illnesses, eating disorders, post-traumatic stress disorder, self harm, suicide attempts, depression, low self esteem, aggression, withdrawal and somatic complaints.

Often they have other problems, such as being bullied in school, bullying others, sustaining and inflicting peer violence, school problems, relationship difficulties.

If the child's non-abusing parent flees violence the child suffers social isolation and loss of friends which compounds existing problems. The most effective child protection approach is based on a clear distinction between the abusive parent and the non-abusive parent and an attempt to establish an alliance with the non-abusing parent to help her/him protect herself/himself and the children from abuse.

Fear of punitive agency responses may prevent non-abusing parents from seeking help for themselves and their children when it is most crucial. Social work and police must therefore consider carefully whether or not to make a referral to the Reporter or whether to offer assistance on a voluntary basis. Efforts must be made to achieve the correct balance in reporting and responding to such situations.

Attitudes which excuse or minimise abuse are unacceptable. An approach which refuses to sanction the abuse of women and children should be adopted. Simplistic notions about why women get into and do not leave violent relationships should be rejected in favour of an understanding of the dynamics of domestic violence whereby the male partner strips the woman of defences and renders her powerless.

Efforts must be made to ensure that children who give evidence at court in child abuse cases are fully supported (see *The Report of the Lord Advocates Working Group on Child Witness Support 1999* and Chapter 13, *Social Work Child Protection Procedures*).

UPDATE- *The Protecting Children Protocols (JUNE 06)* now deal with many of the situations described above.

3. Recognition and Signs of Abuse

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

The following notes acknowledge the particular vulnerability of children or young people with special needs, including physical disability, learning disability and communication difficulty. These factors should form part of any ongoing risk assessment . (See Appendix 1 for a glossary of medical terms).

Staff in different settings may be more or less likely to come across these indicators.

Categories of Abuse

3.1 Physical injury

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

Bruises

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

NB

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

Bites

These can leave clear impressions of the teeth.

Burns and scalds

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

NB

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

Scars

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

Fractures

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

Genital/anal area injury

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

Shaken baby syndrome

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

Poisoning

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

NB

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

3.2 Physical neglect

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

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

3.3 Non-organic failure to thrive

The following indicators, singly or in combination, should alert workers to the possibility of a child having been abused:

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

- circulatory disorders;
- child being lethargic.

Height and weight centile charts are crucial in the diagnosis of neglect and failure to thrive, as well as failure to seek medical attention.

Additional factors affecting a diagnosis may include inappropriate relationships between the care giver(s) and the child, especially at meal times. For instance, the persistent withholding of food as punishment and the sufficiency and/or suitability of the food for the child's age. A medical diagnosis is essential in all cases of suspected non-organic failure to thrive.

3.4 Sexual abuse

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

Physical indicators:

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

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

General indicators:

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

- unexplained gifts or money;
- secretive behaviour;
- eating disorders;
- fear of undressing for gym;
- phobias or panic attacks.

3.5 Emotional abuse

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

Parents' behaviour:

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

Child's behaviour:

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

NB

The foregoing recognition and signs should not be used as a checklist or an arithmetical aid or a predictor kit. Using it in this way could be detrimental to children and carers. It is an aid to the exercise of professional judgement and assessment

4. Roles and Responsibilities of Agencies

4.1 Social Work

Social work has responsibility for the promotion of welfare. Regarding child abuse, social work has the following specific responsibilities:

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

The criminal justice service has a statutory responsibility for supervising convicted offenders who are subject to community based disposals from the court and who are subject to statutory supervision on release from prison. It also has a statutory duty to make available advice, guidance and assistance to people who request such a service within twelve months of release from custody.

Social work services provide a 24-hour service. On public holidays or outwith normal office hours, contact should be made through the **Emergency Standby Service (Tel 0800 811 505)**.

4.2 Police

The police role in child protection is one of:

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

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

In the criminal process the police have a responsibility to investigate, gather evidence and report to the procurator fiscal where a criminal offence has been suspected.

In the civil process the police have a duty to notify the Reporter by way of a copy of the police report of the commission of offences if the report relates to a child. The child may be the perpetrator or the victim of the offence being reported

In order to fulfill their responsibilities the police may:

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

4.3 Health

Health professionals can make a significant contribution to the prevention of abuse.

Health professionals (GPs, health visitors, hospital and community-based doctors and nurses, and other health care staff) have the following specific responsibilities:

- the physical and psychological well being of their patients;
- specialist skills in relation to forensic examination of children whether in relation to suspected child sexual abuse or more complex physical abuse.

They may be the first to see symptoms of abuse and should share information about any concerns with social work services, police or the Reporter at an early stage.

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

4.4 Education

Education staff have a key role in promoting the welfare of children.

All children, including children subject to child protection measures, have the right to receive adequate and efficient education.

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

Education staff must cooperate with and assist the social work department, the police and other relevant agencies in the child protection process. They can contribute a great deal to the assessment of vulnerable children, and can assist social workers and police in the investigation process and in longer term support planning. They can contribute to child protection conferences, including assisting in attempts to establish whether or not there has been child abuse and assisting with monitoring of children who are on the child protection register.

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

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

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

4.5 Reporter to the children's panel

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

The Reporter may:

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

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

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

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

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

4.6 Procurator fiscal

Allegations of crime are normally reported to the procurator fiscal by the police who carry out the initial investigation.

Procurators fiscal are not involved in cases of child abuse in as immediate a sense as doctors, social workers and others. However, the way in which representatives of child protection agencies handle cases of alleged child abuse in the initial stages may directly influence any resulting criminal investigation and may affect the outcome of a prosecution.

The procurators fiscal are the public prosecutors and are responsible for investigating all criminal offences and sudden or suspicious deaths in their sheriff court districts. They are subject to the direction of and control by the Lord Advocate but on a day-to-day basis they maintain a high degree of independence. Their powers and duties include discretion as to whether or not to prosecute any allegations of criminal behaviour made known to them.0

Before acting upon a report the procurator fiscal must first be satisfied that the circumstances disclose a crime known to the law of Scotland. He/she must then consider whether the evidence is sufficient, admissible and reliable. If not, no further action will be taken.

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

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

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

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

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

4.7 Voluntary and private sector

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

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

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

Voluntary organisations should have clear procedures for their staff in responding to concerns about a child's safety.

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

Managers of volunteers who are first line workers have a responsibility to ensure that staff are well supported and are given access to appropriate child protection training.

5. Discovering and Reporting Suspected Child Abuse

All agencies have a duty to report child protection concerns to the relevant agency. The route of reporting is spelt out in internal agency procedures.

5.1 How to respond when a child talks about suspected abuse

When a child tells any adult about suspected abuse it should not be ignored. The adult should listen carefully to what is being said. The listener should be attentive and responsive and allow the child to say what they want without being drawn into detailed questioning. Any questioning should be limited to attempting to clarify the explanation and whether it is consistent to the injury or cause for concern. The listener should record as accurately as possible anything a child has said, noting exact words, time, place and context as far as possible.

5.2 Different types of concern

- An allegation of a specific incident that requires investigation to clarify whether the child is at risk of significant harm.
- An allegation that a child is at risk of significant harm and in need of child protection measures.
- General concerns about a child's welfare.
- An accumulation of concerns that have been gathered over a period of time.

5.3 Making a referral

When concerned about a child's welfare, the referrer should consult the agency's internal procedures and where appropriate the relevant staff members. This should not incur unnecessary delay and in certain circumstances it will be important not to lose time.

Usually contact will then be made with social work services in the area where the child normally resides or with the police in extreme cases of immediate risk.

When contacting social work or police, the referrer should be prepared to:

- outline the concerns and make it clear if they believe the situation requires an immediate response;
- be ready to provide any information they have regarding the child and his/her family including names, dates of birth, family composition and any special needs of the child or carers;
- provide details of any action they have already taken;
- provide any other relevant information.

5.4 Initial checks

On receipt of a referral, social work services will seek further information from other agencies as well as checking the child protection register and own agency records.

It is important that a distinction is made between agency checks and referrals. This does not constitute a referral, but rather a sharing of any relevant information to allow an informed decision to take place.

5.5 Child protection investigations

Scottish Executive Guidance now states that a referral to the police should be made when there is reason to believe child protection measures are required.

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

The following principles should be borne in mind:

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

Police and social work should share information and agree upon a plan of intervention.

In a case where an offence has been committed against a child but there is no familial responsibility for harm, the police will usually conduct a criminal investigation and the role of social work services where required will be one of support. On occasions social work may be asked to assist with investigative interviews, for example, where there is a social worker involved with the family who the child knows and trusts.

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

Relevant agencies and the referrer should also be notified of the outcome of the investigation.

For further guidance on conducting an investigation, social work, police and medical staff should refer to internal departmental procedures and guidelines.

6. Medical Examination and Assessment

When it is believed by any professional that medical examination and/or assessment is required, there should be ongoing discussion between the social worker, police and medical professionals to decide on the following:

- The purpose of examination
- Who should conduct the examination
- When and where the examination should take place

The following principles should be borne in mind:

- Children are not to be subjected to unnecessary examinations.
- Efforts must be made to reduce the trauma for the child.
- There should be an appropriate sharing of information among professionals.
- Consultation between the agencies will determine decisions and actions.

- The parents and carers are to be kept informed of all developments unless doing so places children at further risk or impedes the investigation.

6.1 Consent to medical treatment

In cases of urgent necessity, a doctor may carry out emergency treatment without the consent of the parent. Otherwise, parental consent is required for treatment and for any forensic examination. However, the *Age of Legal Capacity (Scotland) Act 1991* allows that a child under the age 16 can consent to any medical procedure or practice if in the opinion of the attending medical practitioner he/she is capable of understanding the nature of possible consequences. By implication, a child may withhold consent and no child should be examined for evidential purposes against his or her will or if it causes him or her undue distress.

Note: An emergency child protection order does not carry with it authority to consent to medical examination or treatment and so should not be used solely with that purpose in mind. If a parent withholds consent, for example in the case of suspected sexual abuse, the police may apply to the sheriff for a warrant authorising examination if there is an overriding public interest. This would only be done in exceptional circumstances.

6.2 Medical reports

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

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

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

UPDATE- New procedures are being piloted around assessing the health of children involved in the child protection process and further guidance will follow.

7. Involvement of Children and Their Carers

When undertaking child protection work sensitivity must always be shown to the needs of children and their families.

Whilst care must be taken to acknowledge the stress felt by children and their carers during investigations, it will sometimes be necessary to take action that the child and/or their carer does not agree with.

In some instances, the needs of the child will require urgent, immediate action to ensure their protection.

Children and their carers should be able to expect honesty, explanations for actions or decisions taken and an opportunity, wherever possible, to express their views.

In the majority of cases the child will be able to remain in the care of his/her family. It is especially important therefore, that professionals strive to achieve a working relationship with the carers to ensure the best welfare of the child. This is not always easy during the initial stages of an investigation when emotions are fraught. Whilst we must be realistic about what is achievable in these early stages, nevertheless we know that efforts made to involve parents and children where possible early-on reduces suspicion and provides a stronger basis for a future positive working relationship.

Professionals should assess the needs and potential risks to a child and also the strengths and positive aspects of the child's environment. There is always a fine balance to be struck when assessing the strengths and weaknesses of a child's environment and at all times ensuring that the protection of the child is paramount.

Agencies involved in child protection work should ensure:

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

In cases of familial abuse, professionals should ensure the non-abusing parent is involved as much as possible. Agencies must be wary of making judgements on carers who are likely to be in a state of shock and experiencing great anxiety. Whilst the priority is on the protection and welfare of the child, agencies should attempt to engage with the non-abusing parent and determine what supports are necessary to help him/her care for the child.

Agencies should be sensitive to the impact abuse and the subsequent investigation will have on siblings and extended family members. Consideration should be given to their needs in such circumstances and how this will impact on the family's ability to deal with the information.

8. Legal Measures

8.1 Child protection orders

There are occasions when it may be necessary to protect a child from significant harm and urgent action is required. Any person, including the local authority can apply to the sheriff for a child protection order, under section 57 (1) of the *Children (Scotland) Act 1995*.

The local authority can also apply for a child protection order under section 57 (2) of the Act, if its inquiries are being frustrated by being denied access to the child. Although any person is entitled to apply under section 57 (1), it is usually the case that social work service makes the application.

A child protection order can do one or more of the following:

- require the child to be produced;
- authorise removal to and retention of the child in a place of safety;
- prevent removal of the child;
- provide that the child's location is kept secret.

8.2 Child assessment order

The conditions which are required to be met to satisfy a sheriff are set out in Section 55 (1) of the *Children (Scotland) Act 1995*.

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

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

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

If an application is made, and the sheriff considers that the conditions for making a child protection order are satisfied, the Act requires him or her to make such an order.

8.3 Exclusion orders

A local authority may apply to a sheriff for an exclusion order to exclude a 'named person' from the house of a particular child or children.

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

An exclusion order has the effect of suspending a person's occupancy rights (if any) to the child's family home and of preventing that person from entering the home without the express permission of the local authority. The order can be supplemented with various ancillary warrants, orders and interdicts. These include a warrant for summary ejection of the named person, an interdict prohibiting the named person from entering or remaining in a specified area in the vicinity of the home and an order regulating contact between the child and the named person. The local authority may apply to the sheriff to attach a power of arrest to any interdict granted.

9. Child Protection Conferences

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

There are four different types of child protection conferences.

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

9.1 Timing

An initial child protection conference should be convened within five working days of the completion of the investigation or assessment if one has not already taken place. Where this does not occur, the area manager responsible for convening the child protection conference should record the reasons for this.

9.2 Responsibility to convene a child protection conference

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

9.3 Participation of agencies

Consideration should be given to inviting all those agencies with an active role with the child.

9.4 Involvement of children and families

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

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

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

9.5 Provision of reports

All professionals attending or invited to attend the child protection conference should provide a written report. It is recognised that in the case of joint police/social work investigations, details of police and social work involvement is included in the CP1 (child protection investigation report). Professionals unable to attend the child protection conference should provide a written report which should be sent to the area manager prior to the child protection conference. Professionals should share the contents of reports with the family where possible. When this is not considered to be appropriate, then it should be highlighted at the beginning of the report with the reasons outlined for non disclosure. All reports are confidential and copies will be returned to the chairperson at the conclusion of the conference.

10. The Child Protection Register

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

The management and up-keep of the child protection register is the responsibility of social work services. The child protection register is not a legal order but rather an interagency internal "highlighter" to flag up children who are felt to be at risk of abuse and in need of protection.

10.1 Access to the register

Where there are concerns that a child may be at risk of harm it may be appropriate to check if there is information on the family on the child protection register. Access to the child protection register can be obtained by key agencies where appropriate via the keeper of the register or outwith office hours, via Standby service.

10.2 Placing a child's name on the child protection register

The decision to place a child's name on the child protection register is taken at a child protection conference and is based on whether it is felt there is a likelihood of significant harm to the child and familial responsibility for that harm.

Subsequently a child should be registered when their safety and welfare is considered to require an interagency child protection plan.

The child protection conference must consider the possible risk to other children in the household and any possible need for registration.

10.3 Removing a child's name from the child protection register

De-registration can occur at a review child protection conference when there is a judgement that the risk of abuse has been eliminated or diminished to an acceptable level, well below the threshold of concern. Children's names should not be on the register for longer than is necessary. The decision to remove a child's name from the child protection register is taken by the chairperson of the child protection conference.

10.4 Dissent

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

The area manager must bring dissent to the attention of the head of service immediately and agree a course of action. The head of service should respond to the dissenting person in writing within 28 days.

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

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

If a young person or parent wishes to appeal against a decision to register, they may do so by contacting the Head of Service within 5 working days. The Head of Service should respond fully in writing to the person who made the appeal within 28 days

11. Child Protection Plans

The child protection plan as laid out by the initial child protection conference or first core group meeting should make reference to the following areas:

- decisions;
- key objectives;
- key people involved and their responsibilities;
- timescales;
- supports and resources required, in particular access to specialist resources;
- monitoring and review.

12. Core Groups

The core group is a small group of interagency staff with key involvement in the case who meet on a regular basis with the parents to review progress and make arrangements for implementing the child protection plan. The core group is a device for sustaining interagency involvement following registration.

Core groups have a pivotal role in formulating, implementing and reviewing child protection plans, engaging parents and fostering interagency partnerships. The core group is accountable to the child protection conference. It is a sub-system of the child protection conference and undertakes commissioned tasks.

The initial child protection conference should:

- identify members of the core group;
- specify who should convene, chair and record (this will normally be the senior social worker,);
- specify when they should meet, i.e. frequency;
- set out the need for the child protection plan to be in a form that constitutes a written working agreement between all the parties to it;
- outline the framework of the child protection plan;
- stipulate the form of assessment needed to assess risks and set out an agreed timescale;
- in urgent circumstances determine steps to be implemented immediately post registration or specify a date for a speedy first core group meeting;
- set out the circumstances when they should return to child protection conference.

The core group should translate the framework of the child protection plan identified by the initial child protection conference into an explicit and written child protection plan.

The core group must meet regularly to review and revise the plan and collectively report back to the review child protection conference.

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

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

The core group should normally meet monthly. Some cases will require more frequent meetings depending on the nature of concerns, while others may require to meet less often than monthly. The frequency of the meetings will be determined by the initial child protection conference.

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

The core group has delegated responsibilities and is answerable and accountable to review by the child protection conference.

A member of the core group can request an additional meeting to consider new or deepening concerns. The senior social worker should decide on whether or not to grant this request. If this is refused the core group member should be advised that he/she could discuss this with the area manager.

The chairperson should ensure that all in attendance at the core group meeting and those invited but unable to attend should receive a copy of the child protection plan within 5 working days of the meeting.

13. Confidentiality

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

Where information is shared by agencies in the context of child protection work, that information must not be shared by other agencies to a third party without the originating agency's permission.

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

14. Child Protection Committees

UPDATE-This section has now been superceded by the Scottish Executive guidance on CPC's as a result of the reform programme.

Child protection committees bring together the main agencies responsible for the provision of services for children and their families and also for perpetrators, in order to plan effectively for protection of children and encourage full collaboration to that end.

The Committee's functions are to:

- ensure that local interagency guidelines on procedures to be followed in individual cases are produced, maintained and regularly reviewed and that those who may need to refer to them know the procedures including referral procedures;
- promote good inter-disciplinary practice in preventing and in dealing with the causes and effects of child abuse;
- assess issues of significance in collaborative working that arise from the handling of cases and from reports on enquiries;
- review arrangements for providing expert advice and interagency liaison;
- monitor and review information about the operation of the child protection register;
- identify interagency training needs and take a leading role in developing and promoting inter-disciplinary training programmes;
- publish an annual report.

They operate within the framework of the following principles:

- child centered approach;
- mutual respect and shared understanding of one another's roles;
- participation at a local level;
- responsiveness to local needs;
- a pro-active approach to child protection

15. Armed Forces

Family life in the armed forces is by its very nature, different to that in civilian life. The forces control the movement of the family in relation to service commitments, and families often endure long periods of separation, without extended family support. Although it is local authorities who have primary responsibility for the care and protection of children, it is essential for local authorities and other agencies to note these differences and share information with the service authority when a service family becomes the subject of child protection inquiries. Each service has their own welfare organisation which supports service families.

The service authorities seek to cooperate with statutory agencies and to support families where child abuse is suspected or occurs. They are required to report to local authorities immediately when there is any suspicion of abuse of a child. The information they hold on any family can help in the assessment and review of child protection cases.

All child protection matters within the Royal Navy are handled by the Naval Personal and Family Services (N.P.F.S.) the Royal Navy's own social work department. This provides a confidential and professional social work service to all naval personnel and their families, liaising as appropriate with the social work services, particularly as required by statute for child protection cases. The N.P.F.S. is in a position to negotiate service action on behalf of families.

16. Criminal Injuries Compensation

Children who have been the subject of significant harm either within or outside their family may be eligible for a financial award

There are two key elements to an application.

- The injury has been the subject of police investigation, although prosecution is not a prerequisite. Failed prosecution does not automatically negate a Criminal Injuries Compensation claim
- The injury either physical or psychological is assessed as meriting an award. The Criminal Injuries Compensation Authority assessors have guidance relating to levels of award

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

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

Applications for Criminal Injuries Compensation on behalf of children who have been abused must be viewed by professionals as an important part of social work intervention where the issues involved must be carefully assessed.

The *Children (Scotland) Act 1995* indicates in its overarching principles that the welfare of the child is paramount. Children are entitled to be protected from abuse and its consequences and that the views of children must be taken into account in major decisions affecting their lives.

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

Criminal Injuries Compensation gives a clear message to children and young people that they were not responsible for the abuse which they suffered, that what happened to them was wrong and that society acknowledges this through awarding compensation. This serves to enhance important messages given to children and young people by social work staff.

Whilst financial recompense can never fully compensate for the abuse suffered by many children, nevertheless, it can bring important material assistance at key stages in their lives.

Further guidance can be found in **Brown P**, *Criminal Injuries Compensation for Abused Children: A Guide for Social Workers*, Legal Services Agency (1997).

Application forms and notes for guidance are available from:

Criminal Injuries Compensation Authority
Tay House
300 Bath St
Glasgow
G2 4JR

TEL. NO. 0141 331 2726

17. Joint Interagency Child Protection Training

Research (**Birchall and Hallett 1995**) has consistently emphasised the value of interagency training in child protection work.

Whilst individual agencies must ensure that staff are equipped with sufficient knowledge and skill to conduct child protection work within their own agency simultaneously child protection committees must also deliver joint child protection training on areas of overlap of responsibility.

Appendix 1

Glossary of Social Work Terms

Assessment of need

Evaluation of supports required to assist with problems.

Assessment of risk

Evaluation of possibility of child abuse occurring in the future

Case discussion

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

Case discussion on young perpetrator

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

Case conference on adult sex offender

Meeting convened by social work, housing department or police to consider the risks posed to children and vulnerable adults by a convicted or unconvicted suspected sex offender.

Child

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

Child abuse

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

Categories of registration

Emotional abuse

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

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.

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.

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 that endanger the child.

Sexual abuse

Any child may be deemed to have been sexually abused when any person(s), by design or neglect exploits the child, directly or indirectly, with any activity intended to lead to the sexual arousal or other forms of gratification of that person or any other person(s) including organized networks. This definition holds whether or not

there has been genital contact and whether or not the child is said to have initiated or consented to the behavior.

Child assessment order

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

Child protection conference

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

Child protection order

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

Child protection plan

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

Child protection register

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

Circular No SW/11/1994

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

Compulsory measures of supervision

Statutory arrangements for monitoring and intervening where necessary.

Core group meeting

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

Criminal injuries compensation

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

Domestic violence

Domestic abuse is physical, sexual, mental or emotional abuse by a partner, family member or other member of the household. It may be a single incident or a series of incidents.

Emergency child protection order

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

Exclusion order

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

Familial abuse

Child abuse relating to the family, including the extended family

Host authority

The authority in which a residential establishment is located.

Initial child protection conference

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

Interagency co-ordination

Different agencies working together harmoniously

Interagency collaboration

Different agencies working together on a joint project

Looked after child

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

Looked after and accommodated child

Child who is cared for by the local authority usually in foster care or a residential unit.

Looked after and accommodated review (LAA)

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

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

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

Parental responsibilities order

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

Placing authority

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

Planning meeting

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

Pre-birth child protection conference

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

Review child protection conference

An interagency meeting which reviews the circumstances of a child whose name is on the register.

Risk assessment

A comprehensive assessment of the level of risk of future harm to be prepared in all cases in which a child is felt to be at risk of abuse.

Significant harm

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

Social background report

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

Social enquiry report

Report requested by court on the background and circumstances, including risk of re-offending, of a convicted adult offender. Used to ascertain suitability for a community-based disposal.

Standby service

Emergency social work service operating out with office hours.

Threshold of risk

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

Transfer child protection conference

An interagency meeting which considers arrangements to transfer cases when the family moves to another area.

Appendix 2

Glossary of Medical Terms and Conditions

Anorexia Nervosa

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

Bizarre Marks

Unusual (or difficult to explain) marks.

Bony Lesions

Defects or injuries to bones.

Bulimia

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

Calcification

Laying down of new bone.

Callous (on x-rays)

New bone formation.

Coagulation

Clotting.

Fictitious Illness Syndrome (Munchausen by Proxy)

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

Frenulum

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

Lesion

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

Mongolian Spot

A bluish - black mark (macule), which can be variable in size, occurring usually over the sacrum and on the buttocks of some newborns. It is especially common in black people, native Americans, southern Europeans and Asians and usually disappears during early childhood. It is sometimes mistaken for bruising.

Osteitis

Inflammation of bone.

Periorbital Ecchymoses

Bruising around eyes.

Periosteum

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

Petechial Haemorrhages

Produce tiny red marks on face and especially in or around eyes, neck and ears indicating shaking or constriction.

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

Post Traumatic Amnesia

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

Scalds

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

Subdural Haematoma

Blood clot beneath the skin usually due to injury to the head.

Suture

A stitch.

Cyanosis

Skin bluish appearance - lack of oxygen in blood.

Synovitis

Inflammation of the membrane leaving a joint giving rise to pain and swelling.

Vascular Stasis

Lack of circulation.

Visceral Injuries

Injuries to abdominal organs as liver, Spleen, Bowel, etc.

Von Williebrands Disease

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

Weal

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

Wounds

Incised, lacerated, punctured contused.

Child Protection Agency Contact List

SOCIAL WORK

Paisley Area Team 0141 842 5151
Kelvin House
Rivercart Walk
Paisley

Renfrew Area Team 0141 886 5784
6/8 Manse Street
Renfrew
PA4 8QH

Johnstone Area Team 01505 342 300
Floorsburn House
Floors Street
Johnstone
PA5 8TL

www.renfrewshire.gov.uk

PRINCIPAL EDUCATIONAL PSYCHOLOGIST

Principal Psychologist
Education Psychological Services
Abbey House
Seedhill Road
Paisley
0141 840 3778

EDUCATION AND CULTURAL SERVICES MANAGER

Leisure & Cultural Services Manager
Education & Leisure Operations
4th Floor
South Building
Cotton Street
Paisley
0141 842 5699

STANDBY SOCIAL WORK SERVICE:

OUT OF HOURS

Out of Hours Standby Social Work Service
0800 811 505

POLICE

Police Family Protection Unit
Renfrew Police Office
Inchinnan Road
Renfrew
PA4 8ND
0141 532 6121

SCOTTISH CHILDREN'S REPORTER ADMINISTRATION

Authority Reporter

Scottish Children's Report Administration (SCRA)
10 Glen Lane
Paisley
PA3 2HU
0141 889 9171

NHS

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
0141 887 9111

Renfrewshire Community Health Partnership
Ross House
Hawkhead Road
Paisley
PA2 7BN
0141 842 7200

Local health visitor's details can be found by contacting your local doctors' surgery or health centre.

WOMEN'S AID

Womens Aid
Kilnside Road
Paisley
0141 561 7030

VICTIM SUPPORT

Victim support freephone
0845 6039 213

SENSORY IMPAIRMENT

Mile End Centre
30 Seedhill Road
Paisley
PA1 1SA

Deaf & Hearing Impaired 0141 847 4983 Text Phone 0141 848 7232
Visual Impairment 0141 847 4977

CRIMINAL INJURIES COMPENSATION

CICA
Tay House
300 Bath Street
Glasgow
G2 4LN
0141 331 2726
Help line 0800 358 3601

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