



WESTERN ISLES CHILD PROTECTION COMMITTEE

INTER-AGENCY PROCEDURES



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WESTERN ISLES CHILD PROTECTION COMMITTEE

FOREWORD

These revised multi-agency Child Protection Procedures have been produced by the Western Isles Child Protection Committee.

The Committee provides a forum for senior managers and professionals from Education and Children's Services, Police, Health, Scottish Children's Reporter Administration, Procurator Fiscal Service, Children's Panel, Housing, Voluntary Sector and others concerned with protecting children, to meet together and to achieve the task of developing, monitoring and reviewing child protection policies and practice throughout the Western Isles.

Purpose of the procedures

These revised procedures set out the common standards which are required for inter-agency child protection work in the Western Isles. It makes clear how agencies must work together to protect children and to improve outcomes for them. The procedures are informed by the outcomes of recent inspections of services to protect children and changes to national practice and guidance.

Who are the procedures for?

It is important to recognise that children cannot be protected by one agency working alone. These procedures are provided to ensure effective inter-agency communication and to provide a framework within which decisions can be made and implemented. However neither procedures nor guidance can replace professional judgement based on thorough assessment and critical analysis.

The committee recognises that child protection is the responsibility of everyone and many agencies must co-operate to achieve this. This means that close working relationships must exist between the statutory and voluntary agencies and different professionals who share a common aim in preventing abuse.

In January 2010 HMIE published a positive report following an inspection of services to protect children in the Western Isles. This included services provided by Health, Police, Comhairle nan Eilean Siar and the Children's Reporter.

The report highlighted particular strengths that make a difference to families:

- Services working well together to help keep children safe, especially in the early years;
- The prompt response by staff, volunteers and communities to child protection concerns;
- Not having to travel out of local communities (including rural areas) to access services to help keep children safe.

The report also highlighted the following areas for improvement and work is now in progress to take these improvements forward:

- Increase the effectiveness of approaches to meeting the needs of children affected by domestic abuse;
- Ensure that information and decisions about children in need of protection are systematically recorded, reviewed and analysed to reduce risk;
- Strengthen arrangements to ensure the longer term needs of children are met.

As outlined in the Framework for Standards in child protection and in the Children's Charter, children have the right to be protected and to be safe from harm from others.

The welfare of children is paramount.



Andrew Girvan
Interim Chair
Western Isles Child Protection Committee

WESTERN ISLES CHILD PROTECTION COMMITTEE

INTRODUCTION

Children have a right not to be abused or neglected and to be protected from abuse and neglect.

The abuse or neglect of children makes special demands on the staff of many agencies and professions in the process of recognition, investigation and assessment of allegations of child abuse/neglect.

Those involved in Child Protection and the welfare of children will continue to make difficult, finely balanced judgements about the nature and degree of risk to children. Whilst the process of assessment and evaluation itself can be anxiety provoking and distressing for all involved, the guiding principle must remain that all are required to act in the best interests of the child. For guidance and regulation to be effective in child protection, agencies must work together in a collaborative and co-operative way.

This is clearly illustrated within the concept of 'Getting it Right For Every Child' where agencies are expected to see themselves responsible for welfare so as to ensure a wider protective well-being network around children.

While all agencies have a role to play in protecting children, it must be clearly understood by all agencies and individual professionals that statutory responsibility for investigation rests solely with the Police and the Children & Families Service; the Police to investigate any possible criminal offence, Children & Families Service to protect the child. The main emphasis of the Police is on investigation. The main emphasis of Children & Families Service is on protection, although in practice it is appropriate for these roles to overlap.

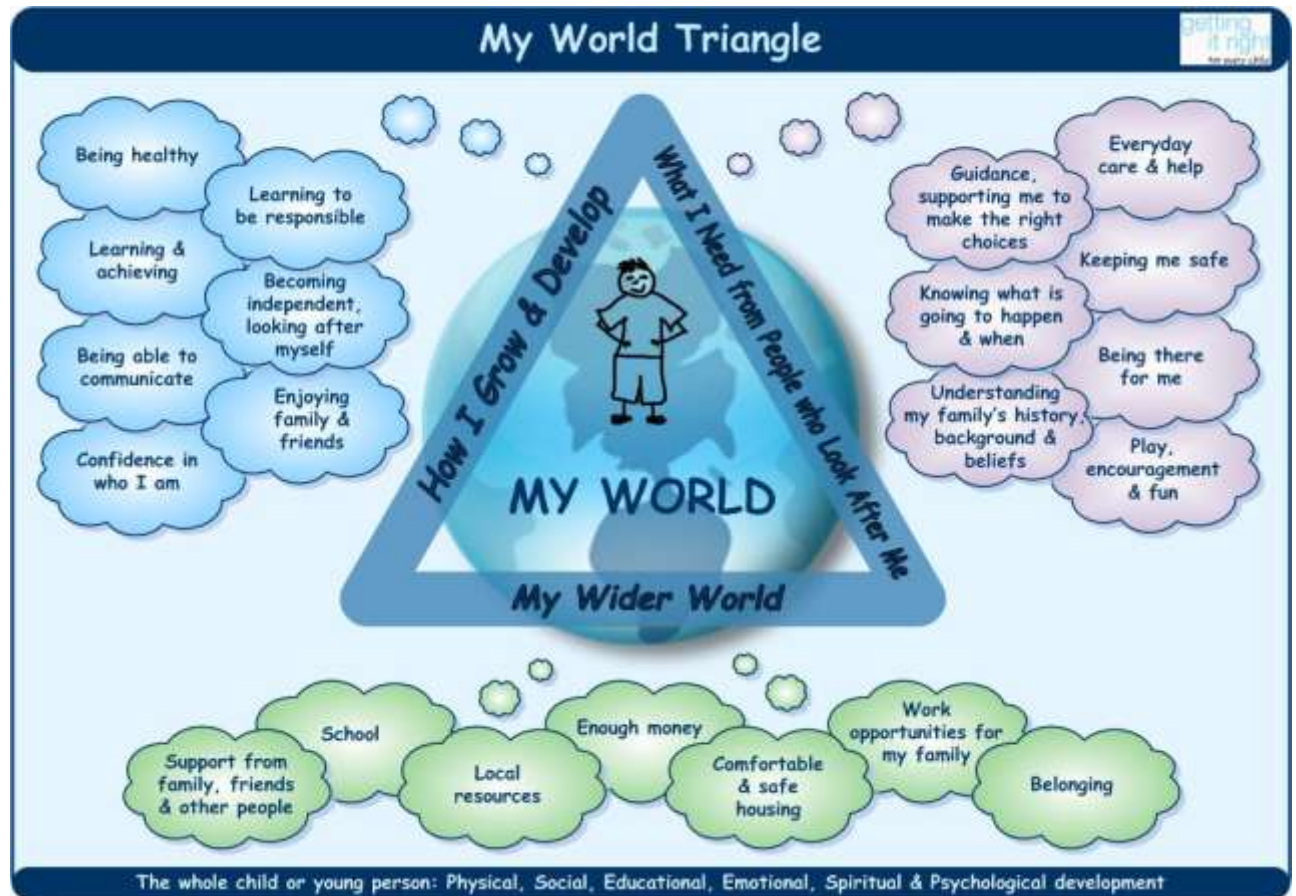
Child Protection is a public concern and not the sole responsibility of any one agency. Agencies do however have a duty to promote policies and practices, which are child centred. The basic values and principles for all policies and practices relating to the care of children are set down in the U.N. Convention on the Rights of the Child which was adopted by the British Government on 16 December 1991.

The Western Isles Child Protection Committee affirms its commitment to the three principal rights of children:

1. Non-Discrimination - All the rights in the Convention apply to all children equally, irrespective of race, gender, religion, language, disability, opinion or family background. (Article 2)
2. Best Interests - When adults or organisations make decisions, which affect children, they must always think first about what would be best for the child. (Article 3)
3. The Child's View - Children have the right to say what they think about anything which affects them. When the court or other professional agency make decisions which affect children they must listen to what children want and feel. (Article 12)

GIRFEC is a Scottish Government initiative. GIRFEC is a way of working that builds on research and practice evidence to help practitioners focus on what makes a positive difference for children and young people. GIRFEC should thread through all existing policy, practice, strategy and legislation affecting children, young people and families.

The diagram below illustrates the indicators of well-being which are being promoted within the GIRFEC Child approach.



These revised procedures have been reviewed through inter-agency discussion and agreement. They are designed to help professionals as they work together to protect children from abuse/neglect. The procedures will be available in PDF format on Comhairle nan Eilean Siar's website at <http://www.cne-siar.gov.uk/childprotectioncommittee/index.asp>

The procedures are intended to complement and clarify multi-agency roles and responsibilities and to complement the procedures and guidelines of individual agencies.

The procedures will be reviewed periodically in light of national guidance and new legislation.

1 WHAT IS CHILD ABUSE/NEGLECT? DEFINITIONS AND INDICATORS

1.1 INTRODUCTION

1.1.1 All children are entitled to proper care and protection.
Children may need protection when:

- Their basic needs such as food and warmth are neglected.
- They may be at risk through avoidable acts of commission or omission on the part of parents, siblings, relatives, or carers, or any other individual responsible for the child.
(Protecting Children – A Shared Responsibility: Guidance in Inter-Agency Co-operation, June 1998)

The following define an act or omission, which is abusive or presents current or future risk:

- Where there is demonstrable damage or harm to the child or a prediction of harm to the child;
- Where the injury or neglect to the child may have been avoidable through action by an individual responsible for that child;
- Where the potential harm or risk is linked to the action or inaction of an individual responsible for the child.

The above statement represents a very general definition of what constitutes an abusive act against a child which, by being very general, may be helpful because it facilitates an open mind and sensitivity to a range of abusive acts against children.

'Child protection' is when a child requires protection from 'child abuse' or 'child neglect'. For a child to require protection, it is not required that child abuse or neglect has taken place, but rather a risk assessment has identified a significant *likelihood* or *risk* of abuse or neglect. Equally, in instances where a child may have been abused or neglected but the risk of future abuse has not been identified, the child and their family may require support and recovery services but not a response under child protection measures.

These procedures will apply to children up to the age sixteen years. However Child Protection Procedures can apply to young adults up to eighteen years of age if they are subject to a supervision order, or are being looked after by the Local Authority as stated in the Children (Scotland) Act 1995 (section 93(2)(b)). In certain circumstances, such as children affected by disability or other vulnerabilities, the upper age limit for protection of abuse may be extended to 18 years.

1.2 DEFINITION OF PARENT/CARER

Parents and Relevant Persons

A parent is defined as any person who has parental rights and responsibilities in relation to a child. A parent has in relation to his child the responsibility to safeguard and promote the child's health, development and welfare: provide, in a manner appropriate to the stage of development of the child, direction and guidance. If the child is not living with the parent, to maintain personal relations and direct contact with the child on a regular basis and to act as the child's legal representative.

(Section1(1), Children (Scotland) Act 1995).

A mother has full parental rights and responsibilities. A father has parental responsibilities and rights if he is or was married to the mother (at the time of the child's conception or subsequently) or if the birth of the child is registered after 4 May 2006 and he is registered as the father of the child on the child's birth certificate. A father may also acquire parental responsibilities or rights under the Children (Scotland) Act 1995 by entering into a formal agreement with the mother, or by making an application to the courts.

A relevant person within the Children's Hearing System is defined as any person who has parental responsibilities or rights in relation to a child, or any person who ordinarily has charge of, or control over, a child (for example, stable carers for the child).

Relevant persons have extensive rights within the Children's Hearing system, including the right to attend Children's Hearings, receive all relevant documentation, and challenge decisions taken within those proceedings.

1.3 SIGNIFICANT HARM

Some children are in need because they are suffering or likely to suffer significant harm. The children (Scotland) Act 1995 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether or not they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm. Whilst the Act does not provide a definition for 'significant harm', it is acknowledged that significant harm can be as a result of a 'one off' incident, a series of 'minor' incidents or as a result of an accumulation of concerns over a period of time.

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 or welfare
- The context of the 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 views.

The following are however the recommended categories and should be read in conjunction with the general definition of abuse/neglect. It should be borne in mind that in practice there can be overlap and interaction between categories, and that child abuse/neglect, as experienced by an individual child, may not always fit neatly into one category.

2 CATEGORIES OF ABUSE/NEGLECT

2.1 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 injury may only involve one incident or be a series of incidents involving bruising, fractures, scratches, burns or scalds; deliberate poisoning; attempted drowning or smothering; fabricated illness; serious risk of actual injuries resulting from parental lifestyle prior to birth, for instance, substance abuse (drug or alcohol); physical chastisement deemed to be unreasonable.

2.2 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, 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.

2.2.1 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; actual or threatened coercion.

2.2.2 Underage pregnancies may also be indicative of sexual abuse and will be mentioned in more detail within the text. Sexual abuse would also include activities such as incest, rape, sodomy or intercourse with children; lewd and libidinous practices or behaviour towards children; homosexual practices towards children; indecent assault of children; taking indecent photographs of children; encouraging children to become prostitutes; children witnessing sexual behaviour; exposing children to pornographic materials.

Under-age sexual activity and under-age pregnancy requires special mention within these Procedures.

Whilst every case of under age sexual activity or under age pregnancy does not constitute an automatic referral in terms of Child Protection Procedures, it must be recognised that children involved in sexual activity under the legal age of consent, are entitled to the protection offered in terms of these Procedures and the law itself.

In cases where allegations of under-age sexual activity or pregnancy are received, a very careful assessment must be made, bearing in mind these Procedures, as to whether or not that child is at risk or in moral danger through an inappropriate sexual relationship. Where this is found to be the case, there will be a duty to refer the matter to the Police and Children & Families Service Department.

2.2.3 The Sexual Offences (Scotland) Act 2005 is aimed at improving the protection of children and young people from those who would wish to cause them sexual harm or exploit them for sexual purposes. Child grooming involves activities deliberately undertaken with the aim of befriending and establishing an emotional connection with a child, in order to lower the child's inhibitions in preparation for sexual abuse. This includes psychological manipulation with the intention of gaining the child's trust and may include the trust of parents or others responsible for the child's well-being.

Child grooming may be perpetrated by persons in positions of trust, whether in a professional or voluntary environment. Any concerns or suspicions surrounding such activities should be immediately referred (section 3).

2.3 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.

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

2.4 EMOTIONAL ABUSE

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

This may include situations where, as a result of persistent behaviour by the parents or carers, children are rejected, denigrated or scapegoated. Other examples could include:

- Inappropriate punishment
- Denial of opportunities for exploration, play and socialising appropriate to age and stage of development
- Encouraging to engage in anti-social behaviour
- Put in a state of fear or extreme anxiety by the use of threats or practices designed to intimidate
- Isolated from normal social experiences, preventing the forming of friendships

While in isolation the above may not be indicative of emotional abuse, it is important to be alert to situations where a number of these factors exist.

Children, and in particular infants who are regularly left on their own for long periods and/or those whose care arrangements are chaotic, loose and ad-hoc may also come into this category.

- Domestic Abuse
- Substance (drug or alcohol) Misuse

Sustained or repeated abuse of this type can, in the longer term, influence intellectual and personality development and educational attainment.

Domestic abuse can also constitute emotional abuse. Domestic abuse inevitably has a direct and indirect effect on the health and development of children within a household. This may come from actual physical assaults, the emotional effect of witnessing violent behaviour or manipulation and control of the child by one or other of those involved in the domestic abuse.

2.5 PHYSICAL NEGLECT

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

Physical neglect may also include a failure to secure appropriate medical treatment for the child, or when an adult carer persistently pursues, or allows the child to follow, a lifestyle inappropriate to the child's developmental needs or which jeopardises the child's health.

2.6 DOMESTIC ABUSE

The potential presence of domestic abuse should always be considered in any child abuse investigation. Agencies becoming aware of domestic abuse within households where children live must refer concerns to either Children & Families Service or Police.

Domestic abuse is the mental, physical and/or sexual abuse by a partner or ex-partner. Domestic abuse is often serious and sustained and can be life threatening.

Domestic abuse is not an isolated incident. It is usually a pattern of controlling behaviour which gets worse over time. Controlling behaviour includes telling someone what they can do, who they can see, how they can spend their time and undermining their self-confidence and self-esteem. Physical violence and threats may be used to maintain control.

Definition

People use the words 'domestic abuse' and 'domestic violence' interchangeably. In the National Strategy to Address Domestic Abuse in Scotland, the Scottish Government defines domestic abuse as follows:

"Domestic abuse (as gender-based abuse) can be perpetrated by partners or ex-partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family and friends)."

What does it involve?

Domestic abuse can include physical, mental and sexual abuse.

- **Physical abuse** can include slapping, punching, strangling, using weapons, scalding, burning.
- **Mental abuse** can include humiliation and degradation, threats against the woman or her children, keeping her short of money and isolating her from friends and family.
- **Sexual abuse** can include being forced to take part in sex acts, being sexually assaulted with objects and being raped.
- Whatever form it takes, domestic abuse is rarely a one-off incident. More usually it's a pattern of abusive and controlling behaviour through which the abuser seeks power over their victim. There is evidence that domestic abuse escalates in frequency and intensity over time, and may increase at specific points in life (such as, for example, during pregnancy and following the birth of a child) or at particular times (such as separation or divorce). At its most extreme, victims may be murdered by their partner.

Witnessing the abuse of their parent or guardian is emotional abuse of children and there are links between domestic abuse and all forms of child abuse.

2.7 CHILDREN OF SUBSTANCE MISUSING PARENTS

Health professionals or any other agency should notify Social Work Children & Families Service if they “anticipate there may be risk after birth, for a child still in utero, even if this means breaching the confidentiality owed either to mother or father” (*Caleb Ness Inquiry report, 2003*). A pre-birth child protection case conference will be convened where the risks to an unborn child may be such as to indicate the need to develop a child protection plan before birth.

An assessment of risk should be put in place when it is known that substance misuse is featuring in the lives of parents, to the extent that dependent, chaotic or heavy use may be inhibiting responsible childcare. Factors which require to be considered include: -

- Physical and/or mental health problems.
- Financial problems and breakdown in family support networks.
- The child’s physical safety when substance misuse is taking place, given the possibility of other substance misusers visiting the home.
- Impact of the parent’s substance (drug or alcohol) misuse on the child’s emotional and psychological well-being, development, education and emotional development.
- Consideration the possibility of illegal activities, such as dealing in drugs, taking place within the child’s home.
- Safety issues involving, for example, alcohol, drugs, syringes etc.

Refer to Children Affected by Parental Drug or Alcohol Related Problems Inter-Agency Guidelines and Framework for Reducing Harm: <http://www.cne-siar.gov.uk/childprotectioncommittee/publications.asp>

2.8 INTERNET & MOBILE TECHNOLOGY

Computers, mobile phones and the Internet are now widely used in society. They are being used not only to procure and store images of a paedophilic nature, but Internet chat rooms and social network websites are used as a way of securing a first point of contact with a child. As a result professionals must be aware of the range of risk this can present. See also section 2.2 – Sexual Abuse.

2.9 FABRICATED OR INDUCED ILLNESS

Fabricated or induced illness is difficult to identify because the fabrications are usually by a parent or carer and are usually denied, often intricate and believable. This form of abuse can cause children to undergo unnecessary investigations and treatments including surgery.

If fabricated or induced illness is suspected, child protection procedures should be instigated. Please refer to 3.2.

3

REFERRAL

3.1 WHAT SHOULD YOU DO IF YOU SUSPECT OR REPORT THAT A CHILD IS BEING ABUSED, OR IS AT RISK OF BEING ABUSED OR NEGLECTED?

3.1.1 All staff in statutory and other professional organisations, and in voluntary agencies involved with children, should be sufficiently knowledgeable and aware so as to be able to recognise signs that a child may be subjected to abuse or neglect.

3.1.2 Any report or allegation of child abuse must be treated seriously from the outset. If there are concerns about a child, these concerns need to be thoroughly investigated in order to protect the child. A full investigation can be carried out only by drawing together information from all relevant sources to enable the whole picture to be considered.

3.1.3 The key message for all people who have professional contact with children is: If you have any doubt about the safety or well-being of a child you must in the first instance accurately record your concerns. This includes all factual information relevant to these concerns. Your line manager or the designated member of staff within your organisation with overall responsibility for child protection should be notified without delay. The concerns should be timeously referred to the Children's Services Department, or the Police, who have a statutory responsibility for investigation and who have access to further professional guidance. Children & Families Service and Police have staff available 24 hours a day to discuss any child protection matter.

3.1.4 It is recognised that agencies should have their own internal procedures for reporting and consultation, **however any such procedures should not compromise an immediate response.**

3.1.5 **Concerns and allegations relating to Young People aged 16-18 Years**

For young people aged 16-18 years of age it is important that there is consistency in the approach between child protection and adult support and protection processes. In such cases reference should be made to the process outlined in the Adult Support and Protection (Scotland) Act 2007 Western Isles Procedures.

3.1.6 If you do not report your suspicions then no enquiry can be made into them. The direct result may be that the child or some other child continues to suffer unnecessarily either because of further abuse/neglect which could have been prevented or by not receiving the help and counselling needed to cope with any abuse/neglect that has already happened.

3.1.7 Whilst there is a need for formal processes to be in place for dealing with actual/suspected cases of abuse/neglect, it should be stressed that there is scope for a degree of informality in terms of discussing with Children & Families Service/Police any concerns that someone may have regarding a child. However, should the necessary course of action following such an informal discussion be that a formal investigation takes place then this will be proceeded with.

3.1.8 Children have a right not to be abused or neglected and to be protected from abuse/neglect.

3.1.9 **SHARING INFORMATION WITHOUT CONSENT**

If a child may be at risk of harm this will override a professional or agency requirement to keep information confidential. Professionals have a responsibility to act to make sure that a child whose safety or welfare may be at risk is protected from harm.

Many professionals are concerned that sharing information about families may lead to legal challenge under Human Rights legislation. The requirement to act in a child's best interests, as required by the Children (Scotland) Act 1995, supersedes the right to family life requirement in the Human Rights Act; the duties defined in the Children (Scotland) Act take primacy.

3.1.10 **Sharing information**

Personal information about children and families given to professional agencies is confidential and should be disclosed only for the purposes of protecting children. Nevertheless the need to ensure proper protection for children requires that agencies share information promptly and effectively when necessary. Ethical and statutory codes for each agency identify those circumstances in which information held by one professional group may be shared with others to protect a child. Agencies should not disclose information given in confidence for any other purpose without consulting the person who provided it.

When a child is being looked after away from home in residential or foster care, his or her carers must be given full information about the child's background and any previous experience of abuse or neglect, including any history of sexual abuse or sexualised behaviour. Carers need to have sufficient information about any allegations of abuse to help them understand how the child may feel and behave, and to cope confidently with after-effects of trauma. Local authorities should draw upon carers' skills and experience in observing and assessing children. If a child in their care alleges abuse, carers should remain receptive to what the child says, or how he or she behaves, without detailed questioning of the child which might prejudice subsequent child protection inquiries

Refer to Flowchart on Appendix 1

3.2 **IMMEDIATE RESPONSE TO REFERRAL - ALL AGENCIES**

This section describes the immediate actions, which will be taken by the agency receiving the referral. See appendix 1 – Child Protection Investigation Process Flowchart. When a member of the public makes a referral the Duty Social Worker/Team Leader will ensure that form CPR1 is completed and recorded on the Carefirst system.

3.2.1 Any referral indicating child abuse/neglect must be given priority over all other work. The member of staff noting the initial referral should ensure that all relevant information is recorded and immediate submission of **Form CPR1** (Appendix 4). It should be borne in mind that persons making referrals frequently wish to remain anonymous. CPR 1 to be faxed immediately to relevant Team Leader, Children & Families Service. All referrals indicating child abuse or neglect must be given priority over all other work.

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

3.3 INITIAL RISK ASSESSMENT AND INTER-AGENCY REFERRAL DISCUSSION

When either Children & Families Service or Police receives a referral the designated member of staff within the receiving agency should immediately advise their counterpart within the other agency that a referral has been received and arrange for an inter-agency referral discussion to be convened. This may be conducted over the telephone, although where possible should be face to face.

The Inter-Agency Referral discussion should consider the need for:

- Immediate legal measures to protect the child – child protection order/exclusion order;
- further information to be obtained and from whom;
- further assessment of risk factors to the child and other related children;
- a joint Police/Children & Families Service investigation;
- an initial Children & Families Service enquiry, the outcome of which must be discussed fully with the Police immediately after;
- an initial Police enquiry. The outcome of which must be discussed fully with the Team Leader immediately after;
- medical examination/assessment;
- establishing who holds parental rights and responsibilities for the child;
- the provision of immediate support to child and family;
- ensure in cases where the child is Looked After that parents are notified.

3.3.1 The decisions taken following the Inter-agency discussion must be clearly recorded by the Team Leader, Children & Families Service, on Form CPR6 identifying the actions to be taken, by whom, and within specified timescales. This must be undertaken as soon as practicable and not later than three working days after the discussion/meeting and distribute to relevant agencies as well as recorded onto the Carefirst system.

3.3.2 Depending on the nature of the case further planning discussions may be required following the initial discussion but in the event of a joint or single agency investigation a further discussion meeting should be convened in order to:

- Review the factual information received to date and identifying any information required that is outstanding;
- Review the outcome of any investigations that may have taken place as a result of the initial planning discussion;
- Review the need for any further action;
- Consider the need for consultation with Procurator Fiscal or Authority Reporter if this has not already taken place;
- Consider the need to convene an Initial Child Protection Case Conference.

Any decisions taken at subsequent planning meetings must be recorded on Form CPR6, as noted in paragraph 3.3.1 above.

At all stages following a referral being received, ongoing consideration must be given to the needs and welfare of the child, including their need to be accommodated outwith the family home or any care needs that may arise in the event of a parent or carer having to be removed from the household. Parents should be kept fully informed throughout the process unless there are circumstances which prohibit this. If parents are not to be informed of any aspect of an investigation then the reasons for this must be clearly recorded.

Refer to Flowchart on Appendix 1

Where an investigation is to take place the interviewing personnel should discuss beforehand the process to be followed and consider the following tasks:

- Obtain background information to include description of home/family circumstances, family relationships, attitudes and responses;
- Arrange suitable venues for interview;
- Interview of the source of referral where practicable and any other relevant witnesses;
- Seek parental co-operation (where appropriate);
- Note carefully and record the child's condition and any observed injuries;
- Joint interview of the child concerned: plans for interview process must take into account the need for Interpreters, should the child's first language not be English, any special arrangements required in respect of a child with disabilities (communication aids, specialist involvement, suitability of interview environment);
- Ensure support is made available for any vulnerable adults who are being interviewed.

3.3.3 "Investigative Interview" is a formal planned interview with a child carried out by staff from Police and Social Work who are competent to conduct the interview so as to gain the child's account of events (if any) which require investigation.

3.3.4 At least one of the joint investigation team must be trained and will have completed approved Joint Investigation Training (JIIT).

3.3.5 **Comhairle Nan Eilean Siar Emergency Social Work Out of Hours Service**

This service has been established to provide, among its objectives, protection of vulnerable children, young people and adults out with normal working hours. The service will also, when required, provide an out of hours response when a child or young person is at immediate risk of significant harm. This includes providing staff to participate in joint investigative interviews.

Refer to Comhairle Nan Eilean Siar Emergency Social Work 'Out of Hours' Service Policy and Procedures.

3.4 **MEDICAL EXAMINATION**

Any proposal to hold a medical examination should be discussed jointly by the Police, Children's Services Department and Health Professionals.

Refer to Flowchart on Appendix 1A

A specially trained doctor who may be a Police Surgeon and/or a paediatrician should carry out the examination.

Purpose of Examination

- To establish what treatment the child may need.
- To secure any ongoing medical care (including mental health), monitoring and treatment the child may require.
- To provide information which may or may not support a diagnosis of child abuse in conjunction with other assessments made, so that agencies can initiate further enquiries if appropriate.
- To provide information or evidence, if appropriate, to sustain criminal proceedings and care plans.

Types of Examination:

Paediatric / Forensic Examination (Non Sexual Abuse Cases)

These are carried out locally by a Police Surgeon(s) and/or Paediatrician in suspected physical abuse, physical neglect and non-organic failure to thrive cases.

Examination in Sexual Abuse Cases

These are joint Paediatric/Forensic examination in cases of suspected sexual abuse. These may be carried out on the mainland in a special child friendly facility with video-colposcopy available.

Medical Assessment

These are carried out locally by the Lead Clinician Child Protection, Consultant Paediatrician or GP when initial assessment suggests a full assessment of general health status and needs would be beneficial or if requested by the Child Protection Planning Meeting or discussion.

Facilities for Medical Examination.

Examination should take place in an appropriate child friendly facility, not in a Police station. Every effort should be made so that the child is subjected to only one examination. There should be close liaison between Health, Police and Children's Services to avoid the need for repeated examinations.

Who to Contact

Northern Constabulary will contact the Lead Clinician Child Protection, on-call Police Surgeon or Paediatrician, as appropriate, who will arrange the timing and location of any assessment.

3.4.1

- The Age of Legal Capacity (Scotland) Act 1991 allows a person under the age of sixteen years to consent on their own behalf to any surgical, medical or dental procedure or treatment, when in the opinion of the attending medical practitioner the person is capable of understanding the nature and possible consequences of the procedure or treatment. The Social Worker should in such circumstances ensure that the child is given a full and clear explanation of the reasons for the examination and possible consequences.
- It is the responsibility of the examining Medical Doctor to ensure consent is obtained.
- Consent should be sought from both parent and child but in the event of a parent refusing consent, a child (who has understanding) may give consent. Medical examination can then proceed. A child who is deemed able to consent can also withhold consent at any time throughout a medical examination.

- If consents are refused, the investigating officer should immediately inform the Procurator Fiscal, Reporter and Senior Managers of Police and Children & Families Service. A Child Assessment Order may be sought to allow a medical examination to proceed but this will not be sought if the child is able to consent but withholds consent.

3.4.2 The child should be encouraged to express a view as to who should attend the medical examination with them and wherever possible this view should be accommodated. The exception would be when this is not deemed to be in the child's best interest, for example if the person chosen is suspected of being an abuser, and this may prejudice an investigation. Consideration should also be given to the gender of the examiner where appropriate.

The result of the medical examination may be communicated back to the parent(s) and child if deemed appropriate by the investigating agencies.

3.5 EMERGENCY PROTECTION

3.5.1 Throughout the investigation the Team Leader (Children & Families Service) and Designated Officer (Police) should consult with the Social Worker and the Police Officer who are carrying out the investigation to discuss and re-assess the information and to conclude whether the abuse/neglect may have occurred and to decide on what child protection measures require to be taken. Consideration must be given to:

- The immediate protection of the child. Where the perpetrator is no longer a member of the household, e.g. in Police custody, it may be possible to leave the child in the family. This decision should be taken in the best interests of the child. If there is reason to believe that the child is suffering, or will suffer significant harm if not removed, or if access to a child is refused and there are grounds for suspecting abuse, a decision must be taken urgently about whether the child should remain at home or be removed by obtaining a Child Protection Order or Emergency Protection Authorisation under Section 61 of the Children (Scotland) Act 1995. **See Section 4**
- The decision on whether to make application for a Child Protection Order/Emergency Protection Authorisation rests with the Team Leader or other senior member of staff, in consultation with other agencies. The Team Leader is responsible for informing their Line Manager at the earliest opportunity. Out of Hours staff should contact a senior member of staff in order to seek authority for obtaining a Child Protection Order/Emergency Protection Authorisation.
- Seeking the assistance of the Police with the removal of the child under Section 61 of the Children (Scotland) Act 1995.
- Assessment of risk to staff members engaged in any investigation.

3.5.2 In the absence of consent by the child who is capable of withholding consent, neither a Child Protection Order nor Child Assessment Order confers the automatic right to have a child medically examined by a Medical Practitioner. However where a young child who is the subject of an Assessment Order is unable to consent a medical examination may be carried out without the consent of a parent or carer.

3.5.3 Following the investigation the Social Worker should:

- Complete the child protection referral form.
- In the event of a Child Protection Case Conference being convened, prepare an Initial Report form CPR 2(1) and attend the Case Conference.

3.5.4 Good practice would suggest that the initial Child Protection Case Conference should be attended by both the investigating Social Worker and family Social Worker (where different).

3.6 CASES COMING TO THE NOTICE OF OTHER CHILDREN'S SERVICES DEPARTMENT STAFF

All other Children & Families Service Department staff who are concerned that a child may be abused/neglected, or at risk, will immediately inform their Line Manager or in absence a senior manager.

The Line/Senior Manager must then inform the Team Leader immediately.

The Line/Senior Manager is responsible for ensuring that the child protection referral form is completed at the time and sent to the Team Leader.

3.7 ALLEGATIONS OF ABUSE AGAINST CARERS

3.7.1 Carers looking after children away from home may be:

- foster carers, including local authority, agency and private foster carers;
- residential workers, including those in local authority and private residential units;
- residential school staff, including LEA and independent sector schools;
- medical and nursing staff in residential schools and health settings.

Children living away from home are particularly vulnerable to abuse and neglect as highlighted by the report Lost in Care. It is also recognised that carers who are caring for other people's children can be particularly vulnerable to allegations. The nature of foster caring can be inherently stressful for all concerned and children from troubled backgrounds can have difficulty in adjusting to alternative family life.¹

¹ Lost in care, report of the tribunal of inquiry into the abuse of children in care in the former county council areas of Gwynedd and Clwyd since 1974

The Honourable Sir Ronald Waterhouse(Chairman), Margaret Clough, Morris le Fleming DL

16 February 2000

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3.7.2 As with all families there may be a large range of concerns or complaints, which necessitate investigation and intervention. Where children that are looked after away from home are subject to a child protection investigation the Head of Children's Services/Chief Social Work Officer will be notified immediately.

3.8 ALLEGATIONS OF ABUSE OF CHILDREN IN RESIDENTIAL CARE

3.8.1 All children, wherever or whatever their circumstances, have a right to protection from abusive situations. Any information that a child living in residential care has been, is, or may be at risk of abuse/neglect should be reported in line with the internal guidance relating to the residential establishment. It is necessary that the Head of Children's Services/Chief Social Work Officer be notified immediately. Any such allegation will be investigated in a similar way to an allegation relating to abuse of a child living in the community. The Head of Children's Services/Chief Social Work Officer will be immediately notified of any such allegation.

3.9 CHILDREN WITH A DISABILITY OR SPECIAL NEEDS

3.9.1 Children with a disability or special needs can be particularly vulnerable. Concerns regarding suspected abuse of a child with a disability should be reported in the usual way. However, detection of abuse of a child with a disability can present particular difficulties and challenges to the normal investigative process. At an early stage the Team Leader or senior member of Children & Families Service staff must give consideration to involving the child's GP and any other appropriate specialist with knowledge of the disability or special need.

3.10 ETHNIC, RELIGIOUS AND CULTURAL MINORITIES

3.10.1 The Children (Scotland) Act 1995 requires that when providing services and making significant decisions to safeguard and promote children's welfare, a local Authority will have regard, as far as is practicable, to each child's religious persuasion, racial origin and cultural and linguistic background.

3.11 ALLEGATIONS AGAINST AGENCY EMPLOYEES

3.11.1 When an allegation is made against a member of staff employed by a statutory authority or voluntary agency the paramount consideration will be the welfare of the child and these procedures will apply, irrespective of the status of the employee.

3.11.2 Any allegation against a member of staff must be reported immediately by the receiving agency to the Lead Officer within the appropriate agency. See also Whistle Blowing 3.12

3.11.3 Each agency will have relevant internal disciplinary procedures which must be adhered to.

3.11.4 The Police must always be consulted before interviewing of a member staff alleged to have abused a child.

3.12 WHISTLE BLOWING

All Staff should be aware of their own agencies Whistle Blowing and internal complaints procedure so that they can have confidence in reporting any concerns they have with regard to their agencies handling of cases of children who are or may be at risk, or where children may not be receiving the protection and support that they need due to resource difficulties.

3.13 INVESTIGATING CASES OF ABUSE/NEGLECT REGARDING CHILDREN LOOKED AFTER IN A MAINLAND PLACEMENT

3.13.1 When an allegation of abuse/neglect of a child Looked After by Comhairle nan Eilean Siar and accommodated in a mainland placement comes to the attention of the Children & Families Service, it is the responsibility of the Children & Families Service/Police personnel in that Authority to investigate such allegations in accordance with their relevant Child Protection Procedures. The Designated Officer in Police and Children & Families Service should discuss any allegation coming to their attention and refer the matter on to their counterparts in the relevant Authority where the child is accommodated. The Team Leader must notify the Care Commission and the Chief Social Work Officer.

3.14 CASES COMING TO THE NOTICE OF EMPLOYEES OR INDIVIDUALS/AGENCIES CONTRACTED BY NHS WESTERN ISLES

SHARING INFORMATION ABOUT CHILDREN AT RISK OF ABUSE OR NEGLECT – A GUIDE TO GOOD PRACTICE FOR NHS STAFF

All staff have a responsibility to act to make sure that all children are protected from harm. Your responsibility to children is not limited to responding to requests for information from other professionals or agencies. All NHS staff are responsible for acting on concerns about a child - **even if the child is not your patient**

If there is reasonable concern that a child may be at risk of significant harm this will always override a professional agency requirement to keep information confidential.

Staff caring for adults should always ask whether there are dependent children at home who may be endangered by the adult's condition. This includes sharing information prior to the birth of a child to ensure protective plans are in place from the moment of birth.

If staff are concerned that action is not being taken on information they have given, they should discuss this with the child protection lead member of staff.

Staff should involve parents or parents-to-be in decisions about the disclosure of information, unless this would increase the risk to the child, parents or staff.

When any professional or agency approaches another to ask for information they should explain:

- What information they need
- Why they need it
- What they will do with the information
- Who else needs to be informed if concerns about the child persist?

If a professional or agency is asked to provide information, they should never refuse solely on the grounds that all their information is confidential.

They should consider:

- What information the service user has already given permission to use
- Any perceived risk to a child which would warrant breaching confidentiality
- Any relevant information on risk to the child, which would allow another agency to offer appropriate help and services or take action to reduce risk to the child
- Whether to ask advice from their line manager, Child Protection staff or information from Caldicott Guardians

Staff should record details of any information which has been shared, and with whom (or why sharing was refused) as they may have to justify their reasons at a later date

Staff should also keep clear, legible and up-to-date records of their contact with parents and children including:

- Details of information held and any decision on information being shared
- The assessment, care plan and any changes as a result of reviews
- The date on which information is shared.

Always seek advice if you are unsure

Never refuse to provide information without considering the risks of not sharing

3.14.1

GENERAL PRACTITIONERS

General Practitioners who have concerns that a child with whom they have contact is in need of protection from abuse or neglect should discuss this with a Social Worker or Police at an early stage.

Refer to Appendix 2 (Page 47) Children & Families Service/Police contact details.

- Respond to concerns and take any allegation, especially by a child, seriously
- Treat any acute injuries.
- Liaise promptly with Children & Families Service.
- Liaise closely with other members of the Primary Health Care Team.
- Consider whether the child needs to be immediately removed to a Place of Safety. On occasion it may be appropriate for hospital admission. This may avoid confrontation and allow further assessment. If admission is refused by the parents authorisation to remove a child to a Place of Safety may be obtained by Children & Families Service and the Police.
- Make detailed medical notes of the examination and any discussions with the parents and other professionals. Such notes may be called in evidence before a Court and parents may have access to them.

- Share concerns with colleagues where appropriate.
- Attend any case conferences, especially the first. The Primary Health Care Team often has unique information to offer. If unable to attend send a written report or speak directly to the Conference Chairperson.
- Keep the Keyworker informed about any subsequent worries you may have about the family.

3.15 CONSULTANT MEDICAL/DENTAL STAFF EMPLOYED BY NHS WESTERN ISLES

- When a Consultant Medical/Dental practitioner/CADO suspects that a child has been abused/neglected, he/she must report these concerns to the Children & Families Service and must also inform the child's General Practitioner.
- A full report of the incident must be prepared and all details must be recorded.
- Any Consultant who has concerns about abuse/neglect must provide a report on the child and must attend the initial Case Conference or provide a report to the Chair of the Conference.
- When a Consultant Medical/Dental practitioner/CADO is informed by junior medical/dental staff of a case of suspected child abuse/neglect, he/she should consider the situation and follow the above procedures. The Consultant/CADO must arrange for a report to be prepared by the examining doctor/dentist, detailing the incident. Where possible the reporting doctor /dentist and/or the Consultant/CADO must attend the initial Case Conference or provide a written report to the Chair of the Conference.
- In all situations where a Medical/Dental Consultant has concerns about a child he/she must discuss these with the Team Leader, Children, Children & Families Service.

3.15.1 ALL OTHER MEDICAL/DENTAL STAFF EMPLOYED BY OR WORKING WITHIN NHS WESTERN ISLES

- When any other member of medical staff suspects that a child may have been abused/neglected he/she must report the matter to the consultant who is their line manager or to the Consultant on call. In the case of dental staff, the CADO should be informed.
- The reporting doctor/dentist must prepare a full report on the incident with details recorded. He/she must also be available to attend the initial Case Conference or submit a report to the Case Conference Chair.

3.16 ALL OTHER NHS WESTERN ISLES EMPLOYEES

- 3.16.1 When any other member of staff (any profession in hospital or community) suspects that a child may have been abused/neglected, he/she must report these concerns to his/her Line manager. The reporting member of staff should prepare a report of the incident and record details.

3.16.2 Line managers who receive a report of this nature should contact the Team Leader, Children & Families Service to discuss the incident. The reporting line manager should record this discussion and ensure that the member of staff initiating the action prepares a detailed report.

3.16.3 The member of staff who has reported the incident and his/her line manager must attend the initial Case Conference or submit a report to the Chair of the Case Conference.

3.17 INDEPENDENT PRACTITIONERS (INCLUDING OPTICIANS, DENTISTS, PHARMACISTS AND PODIATRISTS)

3.17.1 When an independent practitioner suspects that a child may have been abused/neglected or receives a report from a member of staff expressing concerns of this nature, he/she is advised to contact the Team Leader, Children & Families Service.

3.17.2 This contact should be recorded and the member of staff from whom the initial report was received should be required to prepare a detailed report of the incident.

3.17.3 Either or both individuals may be requested to attend the initial Case Conference or to submit a report to the Chair of the Case Conference.

3.18 ALL NHS WESTERN ISLES EMPLOYEES, CONTRACTED STAFF/AGENCIES INDEPENDENT PRACTITIONERS.

Further advice is available from the following Senior Managers:

- Senior Nurse Child protection
- Lead Clinician Child Protection

3.19 CASES COMING TO THE NOTICE OF EDUCATION STAFF

Note this section refers to all education establishments including all schools, pre school providers and others working with children within an education context. It is incumbent on all head teachers and other establishment managers to identify a Child Protection Co-ordinator and a system of deputies to ensure a continuity role of availability.

The School and other establishment Child Protection Co-ordinators have specific responsibilities detailed in these and other procedures.

3.19.1 Any member of staff who has any concerns about a child must immediately advise the Child Protection Co-ordinator.

3.19.2 The Child Protection Co-ordinator must immediately inform the Children & Families Department of any suspicion of abuse or neglect (see section 3.1 & 3.2).

3.19.3 The Child Protection Co-ordinator must ensure that form CPR1 is completed and forwarded to the Children & Families Department. Copies of this form must be retained in the PPR and sent to the Head of Education and Resources.

3.19.4 In addition when advised by an investigative agency that information is being gathered about an individual child or a child whose sibling or other relation who attends their establishment, the Child Protection Co-ordinator will collate all relevant information and pass this to the investigative agency

- 3.19.5 For all circumstances referred to above the Child Protection Co-ordinator will act as the contact point for any referral discussion and represent their establishment at any post investigative discussion.
- 3.19.6 If a Child Protection Case Conference is recommended or subsequently called, the Child Protection Co-ordinator must ensure reports are submitted timously and that the establishment is appropriately represented at the meeting.
- 3.19.7 If a child's name is placed on the Child Protection Register, the Child Protect Co-ordinator must ensure the establishment is represented on the Core Group.
- 3.19.8 If for any reason the establishment cannot implement any part of a Child Protection Plan whether pre or post registration the Child Protection Co-ordinator must immediately inform the Head of Education and Resources.
- 3.19.9 It should be noted that there can arise situations where it is suspected that a child has been, is being or is at risk of being abused/neglected on the part of an employee in the Council's service or other persons associated with school or club activities. No matter how sensitive the inquiring into such circumstances may seem, it is the duty of all to report any suspicions or concerns by means of the above procedures.

3.20 CASES COMING TO THE ATTENTION OF HOUSING AND AGENCIES IN THE VOLUNTARY SECTOR

Any member of staff or volunteer in any club/organisation or agency who suspects that a child with whom they have contact has been, is being or is likely to be abused/neglected should follow their own internal procedures for dealing with Child Protection matters and, in accordance with these Procedures, refer the matter on to the Police/Children & Families Service.

3.21 PROCEDURES FOLLOWING THE COMPLETION OF AN INVESTIGATION

- 3.21.1 Once a Police/Children & Families Service or Joint Investigation has been completed there will be a debrief meeting between all of the agencies involved in order to share information and consider the need for a child protection case conference. This will ensure an understanding by all of the action taken. The meeting must be attended by the staff directly involved in the investigation and the proceedings will be formally noted. Any issues highlighted or lack of consensus will be highlighted at this stage. Referring agencies will be informed in writing of the outcome of the referral.
- 3.21.2 Parents of children who have been the subject of an investigation will be informed in writing of the outcome of the investigation as will the children if they are able to understand the nature of such matters.
- 3.21.3 Support will be offered to children and parents who have been the subject of investigation. In the event of any children or parents having to attend court as a witness to give evidence against an alleged perpetrator special measures as provided for in the Vulnerable Witnesses (Scotland) Act 2004 will be put in place to address their interests.

4 AUTHORISATION TO REMOVE A CHILD TO A PLACE OF SAFETY

4.1 RELEVANT LEGISLATION

Anyone may apply at any time to a Sheriff for a Child Protection Order but normally this is undertaken by a Local Authority. Where resistance to the child's removal is likely from the family, the Order may authorise the removal of the child (Section 57 (4)) however, in these circumstances a Social Worker cannot act on their own. In an emergency the Police are able to take a child to a Place of Safety without reference to a Justice of the Peace or Sheriff, providing the legal grounds are met under Section 61 (5) of the Children (Scotland) Act 1995. These are the same grounds that exist for a Child Protection Order but in circumstances where it is not practicable for an application to be made to a Sheriff/Honorary Sheriff for a Child Protection Order, and it is necessary to remove the child in order to protect the child from significant harm, a child may seek refuge in a Place of Safety and having done so may be detained in the same manner as where an Authorisation has been obtained.

4.2 EMERGENCY PROTECTION MEASURES - SECTION 61

A Child Protection Order will be considered when it is necessary to remove a child from their home surroundings as a matter of urgency and where all other options to protect the child have been explored and exhausted.

4.2.1 This Section may only be used where a Sheriff/Honorary Sheriff is not available or is not able to consider an application for a Child Protection Order. Any person may apply to a Justice of the Peace for an emergency authorisation under Section 61 of the Children (Scotland) Act 1995, provided that the conditions set out for the making of a Child Protection Order are satisfied. An authorisation under Section 61 may require a person to produce the child to the applicant and may prevent a person from removing a child from a Place of Safety. An authorisation under Section 61, if implemented, remains in force for twenty-four hours from the time of being granted. This time frame allows other necessary enquiries to be made and/or application for an alternative intervention to be made, as appropriate.

4.2.2 Place of Safety is a children's home or a foster home in normal circumstances but it can be a Police Station, Hospital, Surgery or other suitable place where the occupier is willing temporarily to receive a child. The child's home may not be considered as a Place of Safety. The decision as to what constitutes the appropriate Place of Safety rests with the Children & Families Service or with the Police.

4.2.3 If the Authority Reporter considers that the conditions for the granting of an authorisation, as noted above, are not satisfied, or that it is no longer in the best interests of the child that he should be kept under the Authorisation Order, the child shall not be kept in the Place of Safety, or be prevented from being removed from any place under Section 61.

4.2.4 The authorisation ceases to have an effect if an application for a Child Protection Order in respect of the child is disposed of within twenty-four hours, or if the authorisation has not been implemented within twelve hours.

4.3 SPECIAL CIRCUMSTANCES

4.3.1 In the Western Isles the availability of a Sheriff/Honorary Sheriff varies from area to area. In Lewis and Harris there is availability and therefore at no time should an application for a Section 61 Authorisation be made by a Social Worker, but if the legal grounds exist an application for a Child Protection Order may be made.

- 4.3.2 In Uist the availability of the Sheriff is infrequent and no Honorary Sheriffs are available for the purpose of applying for a Child Protection Order. Therefore, if the legal grounds exist, and the Sheriff is not on the Island, an application for a Section 61 Authorisation may be made to a Justice of the Peace but consideration must be given to applying for a Child Protection Order via Stornoway before the Authorisation ceases to have effect, rather than applying for a second Section 61 Authorisation.
- 4.3.3 In Barra there is no direct access to either a Sheriff or an Honorary Sheriff who can deal with Child Protection Order applications. Therefore, if the legal grounds exist, an application for a Section 61 Authorisation can be made to a Justice of the Peace but again consideration must be given to applying for a Child Protection Order via Stornoway before the Authorisation ceases to have effect rather than applying for a second Section 61 Authorisation.

ALL CASES WILL BE REFERRED TO CNES EDUCATION AND CHILDREN'S SERVICES FOR ADVICE.

4.4 CHILD PROTECTION ORDER - SECTION 57, CHILDREN (SCOTLAND) ACT 1995

- 4.4.1 Any person may apply to the Sheriff for a Child Protection Order if he/she has reasonable grounds to believe that a child is being so treated (or neglected) that the child is suffering significant harm, or that the child will suffer such harm if not removed to and kept in a Place of Safety, or if the child does not remain in the place where he is then being accommodated. It is also a condition that the Order must be necessary to protect the child from such harm or further harm. A Local Authority may apply for a Child Protection Order under those grounds and also where the authority is making enquiries to allow them to decide whether the authority should take any action to safeguard the welfare of the child and those enquiries are being frustrated by access to the child being unreasonably denied. The Local Authority must have reasonable cause to believe that such access is urgently required.
- 4.4.2 A Child Protection Order may require any person to produce a child to Officers of the Local Authority, to authorise the removal of the child to a Place of Safety, prevent the removal of the child from that Place of Safety, and may provide that the location of a Place of Safety should not be disclosed to any person specified in the Order. Notice of the making of the Order must be given immediately by the Local Authority to the Authority Reporter.
- 4.4.3 There is a further provision that anything done by the Local Authority in connection with the Child Protection Order must only be what it reasonably believes to be necessary to safeguard or promote the welfare of the child. The Order may provide direction to the Local Authority as to contact between the child and their parents, other persons with parental responsibilities and any other specified person(s).
- 4.4.4 If no attempt has been made within twenty-four hours to implement a Child Protection Order it ceases to have effect.
- 4.4.5 Any interested party may apply to the Sheriff to set aside or vary a Child Protection Order, and such an application must be determined within three working days of the original order being made. At such a Hearing, the Sheriff must hear the parties to the application, including the Local Authority, and, the Authority Reporter, if the Authority Reporter wishes to make representations.

4.5 AUTHORISATION TO REMOVE A CHILD FOR THE PURPOSE OF ASSESSMENT

4.5.1 Child Assessment Order - Section 55

The Local Authority can apply to the Sheriff for a Child Assessment Order under Section 55 of the Children (Scotland) Act 1995. This allows an Assessment to be undertaken where consent from parents has been withheld. This could entail a full emotional/physical/developmental assessment taking place or purely a medical examination taking place. This is designed for use in those cases where the degree of urgency is not considered so great as to suggest the need for a Child Protection Order, but where there is concern about the child's safety or welfare and all attempts to assess the child on a voluntary basis have failed, and professionals lack sufficient information to decide on what action is needed to protect the child.

4.6 AUTHORISATION TO EXCLUDE AN ADULT FROM A CHILD'S HOME

4.6.1 Exclusion Order - Section 76

The Local Authority can also apply to the Sheriff for an Exclusion Order under Section 76 of the Children (Scotland) Act 1995. In some cases it is deemed the best course of action to remove an adult who may be posing a risk of abuse/neglect from the family home rather than removing the child. This section of the Act allows this course of action to be taken.

It is a requirement in making an application for an Exclusion Order, to identify a person who is capable of taking responsibility for the care of the child (and any other family member ordinarily resident in the family home and requiring care) who will be in the family home and is willing to provide the care required in absence of the excluded person.

Whilst the Order is in place it has the effect of suspending the named person's right of occupancy (if any) to the family home in question. It also prevents the person from entering the home except with the express permission of the Local Authority, which applied for the Order.

4.7 CHILDREN REQUIRING COMPULSORY MEASURES OF SUPERVISION

4.7.1 The question of whether a child requires compulsory measures of supervision arises if at least one of the undernoted conditions apply as set out in Section 52 (2) of the Children (Scotland) Act 1995. The child:

- a. Is beyond the control of any relevant person;
- b. Is falling into bad associations or is exposed to moral danger;
- c. Is likely: -
 - To suffer unnecessarily; or
 - Be impaired seriously in his health or development due to lack of parental care;
- d. Is a child in respect of whom any of the offences mentioned in Schedule 1 of the Criminal Procedure (Scotland) Act 1995 (offences against children to which special provisions apply) has been committed;

- e. Is, or is likely to become, a member of the same household as a child in respect of whom any of the offences referred to in paragraph (d) above has been committed;
- f. Is, or is likely to become, a member of the same household as a person who has committed any of the offences referred to in paragraph (d) above;
- g. Is, or is likely to become, a member of the same household as a person in respect of whom an offence under Sections 1 to 3 of the Criminal Law (Consolidation) (Scotland) Act 1995 (incest and intercourse with a child by step-parent or person in position of trust) has been committed by a member of that household;
- h. Has failed to attend school regularly without reasonable excuse;
- i. Has committed an offence;
- j. Has misused alcohol or any drug, whether or not a controlled drug within the meaning of the Misuse of Drugs Act 1971;
- k. Has misused a volatile substance by deliberately inhaling its vapour, other than for medicinal purposes;
- l. Is being provided with accommodation by a Local Authority under Section 25 of the Children (Scotland) Act 1995, or is the subject of a parental responsibilities order obtained under Section 86, of this Act and, in either case, his behaviour is such that special measures are necessary for his adequate supervision in his interest or the interest of others.

4.7.2

The Authority Reporter will consider any information coming to his/her attention which may lead him/her to believe that a child may be in need of compulsory measures of supervision and as such he/she can request reports/information from any relevant sources to assist him/her in deciding how best to proceed with the information to hand. A Children's Hearing considers cases, which the Authority Reporter proceeds with, and it is the duty of the Children's Hearing to decide whether compulsory measures of supervision are in the child's best interests, necessary and appropriate.

5 CASE CONFERENCES

5.1 There are four types of Case Conference:

- Initial Child Protection Conference;
- Child Protection Review Conference;
- Transfer Child Protection Conference;
- Pre-birth Child Protection Conference.

5.1.1 The responsibility to convene a case conference rests with the Children and Families Service based on information obtained at inter-agency planning meetings/discussions. The decision to convene a Case Conference is normally taken at an inter-agency planning meeting. Designated Officers from other agencies may request a Case Conference through the Team Leader (Children & Families Service). If a decision is made not to hold a Case Conference at the request of another agency the reasons should be put in writing to that agency. The Initial Case Conference should be held within 10 working days of the point when initial investigations have been completed. In the event of any delay the reasons will be recorded in the case files. When a Case Conference is held outwith the 10 days the reasons for this are clearly recorded in the minutes of the Case Conference.

5.1.2 The Case Conference has a central position in the inter-agency procedures on Child Protection. The Conference enables multi-disciplinary assessment and action in Child Protection and as such is crucial to good childcare practice.

5.1.3 In some instances a Pre-Birth Initial Case Conference will take place which will be conducted in the same way and have the same purpose as the Initial Case Conference here outlined. It should be noted that a child cannot be formally placed on the Child Protection Register prior to birth.

5.2 PURPOSE

5.2.1 The purpose of the Child Protection Case conference is:

- To objectively analyse, in an interagency setting, all the concerns and the information which has been obtained from the child protection investigation. This will include any ongoing initial assessment, core assessment and previous knowledge of the family;
- To make judgements about the likelihood of a child, or any other connected children, suffering significant harm in the future i.e. the level of continuing risk;
- To decide what future action is needed to safeguard the child and siblings and promote their welfare and how to take this forward with intended outcomes. This may include the need for the child's name to be placed on the child protection register with a child protection plan put in place;
- To consider referral to the Reporter.

5.3 OBJECTIVES

5.3.1 In addition to the above the Case Conference must ensure that the following areas are covered:

- In the event of registration identify a Lead Professional and form a Core Group.
- Recommendations to all agencies on what action needs to be taken. This will form what is called the Multi-Agency Child Protection Plan.
- The planned contact each agency will have with the child and their family.
- Arrange the dates of reviews.
- Circulation of Minutes.

5.3.2 Every effort, within reason, should be made to ensure that there is agreement in the Case Conference as to its recommendations. Where any agency considers it necessary to subsequently take independent action because of its particular statutory duties, then the agency must advise this in writing to the Team Leader (Children & Families Service) who will consult with colleagues in terms of the Child Protection Plan.

5.4 PROFESSIONAL ATTENDANCE

5.4.1 The participants of the Case Conference will be determined by the Team Leader (Children & Families Service) following the inter-agency planning meetings/discussions. Case Conferences will normally involve:

- The Chairperson who will be acting on behalf of the Head of Children's Services/Chief Social Work Officer. The Children & Families Service and should have no first line management responsibility for Children & Families Service staff involved in the case.
- The Team Leader (Children & Families Service).
- The Police.
- The Social Worker concerned with the case.
- The child's family Doctor.
- Any other relevant medical practitioner involved e.g. Paediatrician or child Psychiatrist.
- The Health Visitor/Public Health Nurse for Schools and where appropriate the Senior Nurse Child Protection.
- The Head Teacher or appropriate representative from the child's and sibling's school (if there are children of school age in the family) e.g. Guidance staff, nursery teacher.
- Authority Reporter.

Other professionals who may be asked to attend include:

- Other relevant Health Professionals e.g. CAMHS Team, Midwives, Allied Health Professionals (AHP's) and Community Nursing Staff.
- The Procurator Fiscal.
- Voluntary Sector Representatives.
- Where an agency is not being represented at a Review Case Conference a written report will be submitted on Form CPR 5 at least two working days prior to the Conference.

5.4.2 Requests for attendance of foster carers etc. should be made to the Team Leader prior to the Case Conference. The participation of students from any of the professions should be encouraged but it should be emphasised that attendance is for observation only.

All persons invited to a Child Protection Case Conference should understand the purpose and the contribution required to the decision of Case Conference.

5.5 PARENT PARTICIPATION

5.5.1 Parents will be invited to attend Initial Case Conferences. If not attending parents may submit in writing to the Team Leader any matter which they would wish to be considered. Assistance will be provided if possible to ensure childcare arrangements are in place when required, to allow parents to attend. Parents have the right to have a representative present with them. Parents will be provided with an information leaflet outlining the purpose and processes of the Case Conference.

5.5.4 Parents/carers will be informed in writing by the Team Leader of the decisions and recommendations of the Case Conference within five working days of the Case Conference and will receive a copy of the Minute of the Case Conference. Fathers who have no parental responsibilities/rights will, depending on circumstances, be informed of the outcome of a Case Conference. Parents, if not present, must be informed by the Social Worker verbally, if possible on the day of the Case Conference, of the decisions/recommendations and the consequences of these, within five working days

5.6 CHILD PARTICIPATION

Children, where relevant and appropriate and in their best interests, should also attend Initial Case Conferences, and are also entitled to representation.

Any decision to withhold information from the child rests with the Chairperson of the Case Conference and should only be made when it is in the best interests of the child.

5.7 INVESTIGATING CASES OF ABUSE/NEGLECT BY CHILDREN/YOUNG PEOPLE

When abuse/neglect of a child is alleged to have been carried out by another child or young person, the Child Protection Procedures should also be followed by Police/Children & Families Service and consideration should be given to the needs and welfare of the child victim and the offender separately. In the event of a Case Conference being convened following on from an Investigation, a separate Case Conference will be convened for the offender to discuss his/her needs, any risk he/she may continue to pose to other children/young people and any risk to the young offender from other adults.

5.8 QUORUM

A quorum is established when a minimum of two statutory agencies (local Authority noted as one agency) are represented. If the Conference is not quorate the chair will decide, based on the information available, whether it is appropriate to continue (see Section 8).

5.9 PROTECTED PERIOD

5.9.1 Any agency represented may ask the chairperson prior to the Case Conference for a protected period immediately prior to the main Case Conference during which time professionals may share information which they cannot share with parents. The parents should be advised by the Chair that information has been shared during a protected period, but not the contents of the information shared.

5.9.2 Protected periods should only be used in exceptional circumstances. A separate Minute of a protected period will be taken and the reason for holding such a meeting will be clearly recorded.

5.10 PROTOCOL

5.10.1 Role of Chairperson

The role of the chair is to:

- ensure that the family members, including the child where applicable, are met in advance and are clear on the purpose and processes involved.
- consider any request for excluding any family members from attending the conference, either in part or in whole.
- consider any request for a protected period, and ensure that the reason for any agreement to a protected period is clearly recorded and included in the case conferences minute. Any protected period will be minuted.
- complete all relevant sections of the chairperson's checklist and ensure that the completed checklist is included in the case file.
- ensure that actions from the case conference are circulated within one working day, and that the completed, signed minute is circulated within ten working days.

Where invitees fail to attend or make provision for delivery of relevant information, fail to submit reports or fail to participate fully in decision making, the chair should report the circumstances to the appropriate line manager in their agency.

All participants should send any information and views to the chair normally in writing. Written reports will be shared with the parents and child as appropriate prior to commencement of the Child Protection Case Conference.

Clear and where ever possible consensual decisions should be made about registration and de-registration or where appropriate de-registration, however the final decision rests with the chairperson of the Case Conference.

5.10.2 The Lead Officers of agencies unable or unwilling to fulfil Case Conference recommendations or who later change their view on the recommendations should inform the Team Leader (Education & Children's Services) in writing of any subsequent variations of policy or practice which significantly affect the Case Conference recommendations. Under such circumstances it may be considered appropriate to re-convene the Case Conference.

5.10.3 All those participating in a Case Conference should take every care to distinguish clearly between fact, observations, allegation and opinion.

5.11 REGISTRATION (cross reference Section 8)

5.11.1 The threshold for registration is reached when a Case Conference decides that there is likelihood of future significant harm to the child or children and there is deemed to be a need for a Multi-Agency Child Protection Plan.

Factors which need to be taken into account in making decisions about registration or continuing registration include:

- The degree of professional confidence in the information that abuse/neglect has occurred and is likely to be repeated or that the child is placed at risk, for instance, because the household contains a known abuser.
- The seriousness of the abuse/neglect, particularly in terms of the harm to the child.
- The level of risk to the future safety and welfare of the child.

5.11.2 The decision to register a child's name will be made following a discussion of the issues. Each representative will be asked to summarise their views on the matter of registration, however the final decision will rest with the Chairperson. Any dissent will be recorded in the Minute.

5.11.3 If a parent/child disagrees with any decision of the Case Conference, this can be discussed with the Chairperson afterwards. If a parent/child wishes to make a formal complaint because of the decision of the Case Conference a copy of the Local Authority Children & Families Service Complaints Procedure will be given to them.

5.12 LEAD PROFESSIONAL

A lead professional must be nominated in respect of every child on the Western Isles Child Protection Register. The lead professional must always be a Social Worker. The identity of the lead professional should be known to all those attending the Initial Case Conference at which the child was registered.

Responsibilities of the lead professional in addition to professional responsibilities will include:

- Ensuring that all professionals, who have responsibility for or are in contact with the child, are aware that the child is on the Child Protection Register and are aware of the content of the Child Protection Plan.
- Ensuring that a comprehensive family assessment is completed. This will form the basis of the Child Protection Plan.
- Ensuring that the Child Protection Plan is implemented in a co-ordinated and focused manner.
- Being the focal point of communication regarding the Child Protection Plan.
- Ensuring the involvement of the family in implementation of the Child Protection Plan.

- To ensure a child on the child protection register is seen by a named professional at a frequency as agreed by the core group and recorded on the child's plan. Agencies to work together to ensure the most effective pattern.

5.13 INTER-AGENCY CHILD PROTECTION PLAN

Every child on the Child Protection Register must, by definition, be the subject of a formal Child Protection Plan. These plans are multi disciplinary in nature and consequently each agency is expected to participate in any aspect which requires their involvement. The specific objective of a Child Protection Plan is to:

- Ensure the future protection of the child by working to reduce the likelihood of risk of abuse or neglect;
- Monitor the child's development and the family's progress;
- Plan to meet the child's assessed immediate and long term needs

Every Protection Plan will have three main elements. These are:

- Specific requirements and expectations of parents and child in matters such as medical checks, access by Social Workers, school attendance, family mediation centre attendance, etc;
- Therapeutic goals, overall plans for case management, contact with relevant persons where appropriate;
- Clear definitions of who carries out specific tasks, with timescales where appropriate.

5.14 CORE GROUP

The Core group will meet with the lead professional and the family within three working days following the case conference, and will formulate the inter-agency CP plan. The core group will review this on a monthly basis or more frequently if required. A record will be made of the core group review and circulated to those professionals involved with the family.

- Agree the detailed plan of how risk will be reduced, parenting improved, and the health and welfare of the child promoted.
- Agree the focus of the work to be carried out.
- Agree how information about assessment and progress will be shared.
- Agree timescales for work to be completed and set a date by which all relevant information is submitted to the lead professional in preparation for the Review Case Conference.

6 REVIEW CASE CONFERENCE

6.1 PURPOSE

It is vital that every child whose name is entered on the Child Protection Register has their situation reviewed regularly to consider:

- The protection of the child.
- The developments since the last Case Conference.
- The management of the case.
- The multi-agency Protection Plan for the child and family.
- The need for continued registration.
- Setting a date for subsequent review if applicable.

6.2 FREQUENCY

An initial review must be held within three months of the initial case conference and subsequently must be held at least every six months. A review may also be held at any time within these timescales at the request of any agency when it is considered that any significant change has occurred. A review must also take place if any changes affect the multi-agency care plan.

If a review cannot precede any changes, it must be held immediately afterwards. Parents and child, depending on age and capability, should be advised by the Social Worker that the case will be reviewed regularly and advised regarding the purpose and objectives of the review.

6.3 ATTENDANCE

There should be continuity in the Case Conference membership and review membership. Those agencies participating in the Initial Case Conference and who continue to have involvement, would be expected to attend the review.

6.4 PARENTAL & CHILD PARTICIPATION

The same standards apply as in initial case conference.

6.5 CASE PLANNING

The purpose of the Review Case Conference is to maintain the multi-agency, multi-disciplinary plan for the protection of the child. The lead professional is responsible for the overall protection plan for the child and for the co-ordination of services to the child and family. The Children & Families Service will identify the contributions which individual agencies will make to the care plan. Each participating agency is responsible for ensuring it fulfils responsibilities to the care plan.

Review Case Conference recommendations will reflect the agencies' statutory duties. The overall plan will be recorded in the minute of the case review together with recommendations to constituent agencies and arrangements for further reviewing of the plan.

6.6 DE-REGISTRATION

6.6.1 One of the main purposes of the Review Case Conference is to consider whether the child is still at significant risk of abuse/neglect. De-Registration by a Review Case Conference should only occur when an objective assessment shows that the risk of abuse/neglect has been eliminated or reduced to an acceptable level.

Factors to be considered include:

- The earlier information or concerns that led to registration are no longer valid or are interpreted differently as the result of monitoring over time.
- There were earlier concerns, but there is now evidence that the childcare environment has improved and risks to the child have been reduced to an acceptable level.
- The child has been adopted or a Permanence Order obtained or the child is otherwise Looked After in a situation where protection is reliably afforded, and the child is unlikely to be returning home in the near future.
- The child remains at home and the person responsible for the abuse/neglect no longer has access to the child.
- The child has reached the age of sixteen years, or the age and stage of maturity of the child has reduced the particular risk to that child to an acceptable level.
- The child is otherwise protected and continued registration serves no further benefit to the child's welfare.
- The child has transferred to another Local Authority area and has been assessed by a case conference by that Authority.
- There is no longer a need for an Inter-Agency Protection Plan.

6.6.2 The decision to de-register a child's name will be made following a discussion of the issues. Each agency representative will be asked to summarise their views on the matter of de-registration, however the final decision will rest with the Chairperson. Any dissent will be recorded in the Minute.

ADMINISTRATION

The Children & Families Service, in liaison with the Chairperson, is responsible for ensuring arrangements are put in place to organise a Review Case Conferences. The Children & Families Service Team Leader is also responsible for ensuring that Minutes are recorded and distributed. The Minutes should be despatched within five working days to all agency representatives invited to the conference, whether they attended or not.

Parents/carers should receive a copy of the Minute including decisions and recommendations, within five working days of the Initial/Review Case Conference sent by the Team Leader/Chairperson in addition to the Social Worker informing the parents verbally.

The decision page from the Child Protection Case Conference is distributed to agencies within 1 day of the meeting.

If the Child Protection Case Conference is referring to the Authority Reporter, the referral letter along with decision page and reports should be submitted within one working day. Child Protection Case Conference reports will be attached to the minute of the meeting.

7.1

AGENCY RESPONSIBILITY

Agreements reached at the Case Conference must be recorded clearly, together with any dissent which may have occurred on major issues. Professional representatives should ensure that any matter of dissent, which remains unresolved, should be raised as a matter of urgency with the Lead Officer within their agency.

The Case Conference Chairperson should ensure that parents/carers, and where appropriate the child, fully understands the relevance of registration.

Lead Officers in each individual agency have a responsibility to ensure that they are represented at all Case Conferences.

In order to allow the Conference Chairperson to prepare and assimilate information, written reports must be received from agencies at least two working days prior to the Conference.

Any request to amend a matter of significance to the Minute can be forwarded to the Chairperson at any stage. However, any amendment of a minor nature to the Minute will be carried out at the subsequent Review Conference

8 THE WESTERN ISLES CHILD PROTECTION REGISTER

8.1 PURPOSE

The function of the Register is an administrative system for alerting workers to the fact that there is sufficient professional concern about a child to warrant an inter-agency CP plan. The plans for these children are reviewed at monthly core group meetings and review case conferences.

8.2 INFORMATION HELD

The following minimum information about a registered child should be recorded:

- a. child's full name, known aliases, known address, gender, date of birth, age at registration;
- b. religious persuasion, race, cultural and linguistic background;
- c. date of first registration and date of next review case conference;
- d. legal status of the child, and any Court Orders or supervision requirements in force;
- e. full names (including maiden name), known aliases, and addresses of parents or others caring for the child, the name and address of any other adult member of the household, together with information on their relationship to the child, and the name of any parent or person with parental responsibilities living outwith the child's household;
- f. full name(s), date(s) of birth and gender(s) of any other children in the household;
- g. name, address, telephone number of the child's General Practitioner;
- h. reason for referral, and whether child abuse or neglect has been substantiated; if appropriate, nature and circumstances of injury and by whom inflicted;
- i. agencies involved and when informed;
- j. note of inquiries to the Register;
- k. whether the child has any disability and any special needs, e.g. for assistance with communication;
- l. The name, contact address and telephone number of the key worker for the child.

8.3 ACCESS TO THE REGISTER

The Register is maintained by the Children & Families Service on behalf of the Child Protection Committee. Access to the Register is by direct contact with Keeper or Deputy Keeper of the Register. Access to information is restricted to professionals who have 'a need to know'.

Those professionals are usually as follows:

- Health Professionals involved with the child
- Social Worker
- Supervisory Police Officer

- Head Teacher/Senior Education/Guidance staff
- Procurator Fiscal
- Authority Reporter

A record will be maintained in the register of all enquiries and the reason for them.

Enquirers will receive the information through a strict callback system in order to maintain security and confidentiality.

8.4 TRANSFER OF CHILDREN WHO ARE ON THE CHILD PROTECTION REGISTER

When a child moves outwith the Western Isles the Keeper must inform the Registered Keeper in the area to which the child has gone. It will be the responsibility of the Children & Families Service Team Leader to pass on the full case file including any Child Protection Plan, to the new area. It would be appropriate for a representative to attend the Transfer Case Conference in the new area. The name of the child should be removed from the Western Isles Child Protection Register once accepted in the new area and the case file must be fully updated prior to being forwarded.

It should be made clear that it is expected the receiving Local Authority should conduct a Child Protection Case Conference. Children should not be removed from the Western Isles Child Protection Register until a formal transfer process has been completed.

Notification of a child on another Local Authority Child Protection Register moving to the Western Isles will be followed by a Transfer Child Protection Case Conference.

When notification of a child on another Local Authority Child Protection Register is received following a child moving to the Western Isles a CPCC will be convened within 3 weeks. The Children & Families Service team leader will notify relevant agency child protection leads.

8.5 TRANSFER OF CHILDREN WHO ARE NOT ON THE CHILD PROTECTION REGISTER BUT NOTIFIED AS BEING AT RISK

Following notification of children at risk moving into the Western Isles an inter-agency planning discussion must be convened by the Team Leader (Children & Families Service) giving consideration to the need for an initial Child Protection Case Conference. Consideration will be given to having a representative from the previous area attending the Initial or Transfer Case Conference and full transfer of the case file to be requested by the Team Leader, Education & Children's Services.

KEEPER OF THE WESTERN ISLES CHILD PROTECTION REGISTER

Keeper	Head of Children & Families Service Children & Families Service Comhairle nan Eilean Siar	Tel no: 01851 703773 Fax no: 01851 709532
Depute-Keeper	Children's Services Manager Children & Families Service Comhairle nan Eilean Siar	Tel no: 01851 703773 Fax no: 01851 709532

Out of Hours Contact Number (Faire): 01851 701702

CRIMINAL INJURIES COMPENSATION FOR VICTIMS OF CHILD ABUSE

The Criminal Injuries Compensation Scheme was first introduced in 1964. It provided ex-gratia payments to compensate victims of violent crime and was administered by the Criminal Injuries Compensation Board. This Scheme has undergone a number of changes since its introduction. Compensation for victims of family violence became payable for incidents occurring on or after 1 October 1979 and the Scheme was further revised on 1 February 1990.

A new scheme administered by the Criminal Injuries Compensation Authority (C.I.C.A.) was introduced on 1 April 1994. This new Scheme - known as "The Tariff Scheme" - is based on a tariff scale of awards which were grouped together into twenty-five bands of comparable severity. A number of changes have been introduced under the new scheme, e.g. the eligibility rules change slightly and the time limit for making applications is reduced from three years to one year.

Local Authorities have a "duty of reasonable care" towards any child with whom they are involved. This clearly would include all children whose cases are considered by Child Protection Case Conferences.

The duty includes the taking of steps to protect and increase the child's estate. There is likely to be Children & Families Service involvement with most, if not all, of the known or suspected victims of child abuse/neglect. Part of the duty of reasonable care the Children & Families Service has, is to advise victims and their parents/carers of the existence and relevance of the C.I.C.A. and give them guidance about how a claim to the C.I.C.A. is made and, where appropriate, to make and pursue claims on behalf of the children looked after by the Authority.

Team Leaders (Children & Families Service) are responsible for considering the relevance of an application to the C.I.C.A. for every eligible child being worked with by a member of their team.

Note This may include some children not placed on the Child Protection Register because the abuse was carried out by a stranger or by someone who no longer has contact with the child leading to the conclusion that the child is not "at risk".

CHILD PROTECTION COMMITTEES

The Child Protection Committees is the primary strategic planning mechanism for inter-agency Child Protection work in each area. In undertaking this function it will work together effectively with other planning structures whose activities affect the protection of children, within and between agencies. It is essential that it link closely to integrated Children & Families Service planning and Community Planning.

In 2005 the Scottish Executive published national guidance for Child Protection Committees based on the following two documents:

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

This guidance provides a two-tier model, which has been adopted by the Western Isles Child Protection Committee.

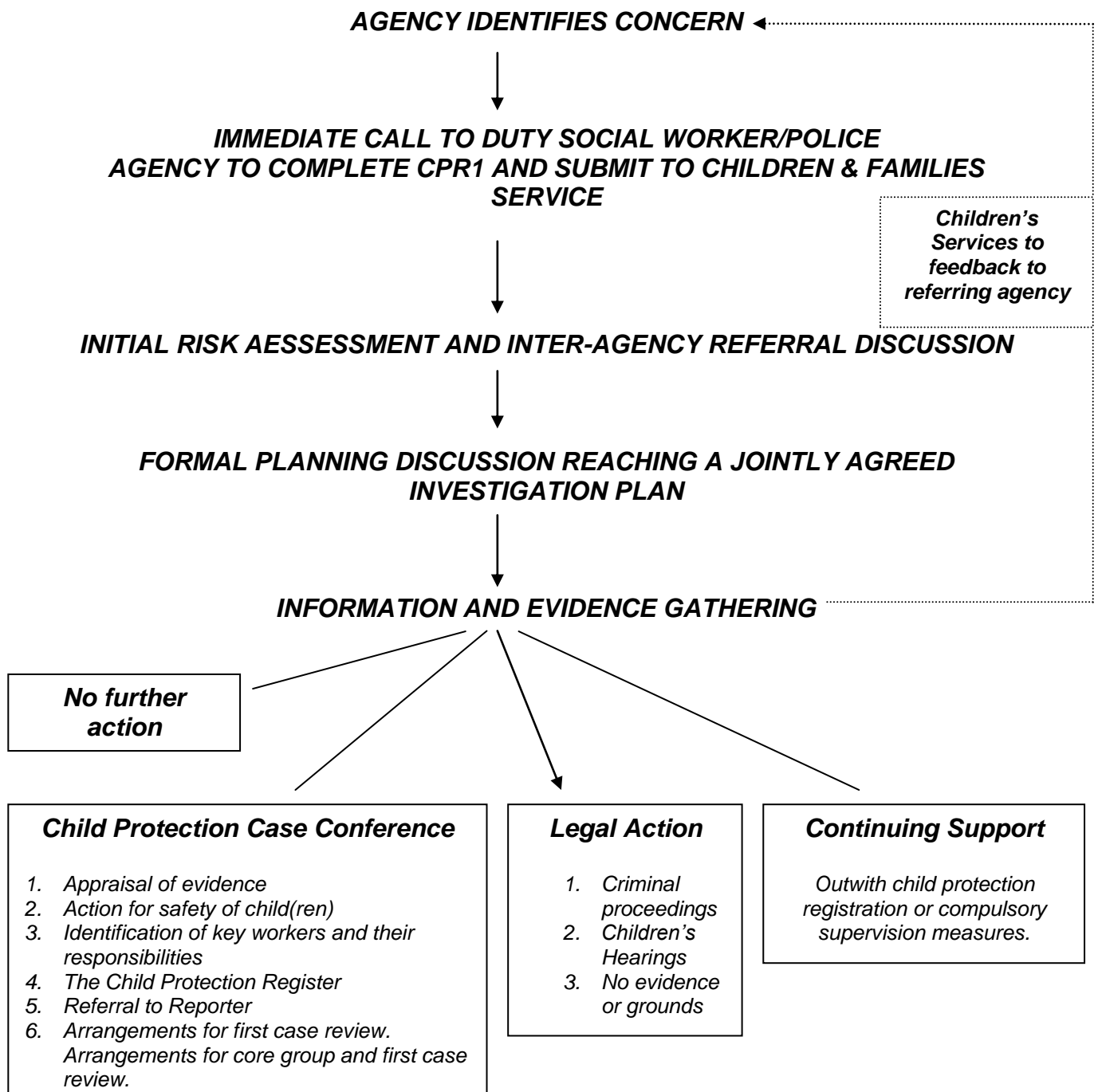
The guidance states that Child Protection Committees must:

- Be led and owned by all Agencies;
- Be clearly mandated with delegated authority for action; and
- Undertake a range of core functions and activities – with flexibility for local conditions

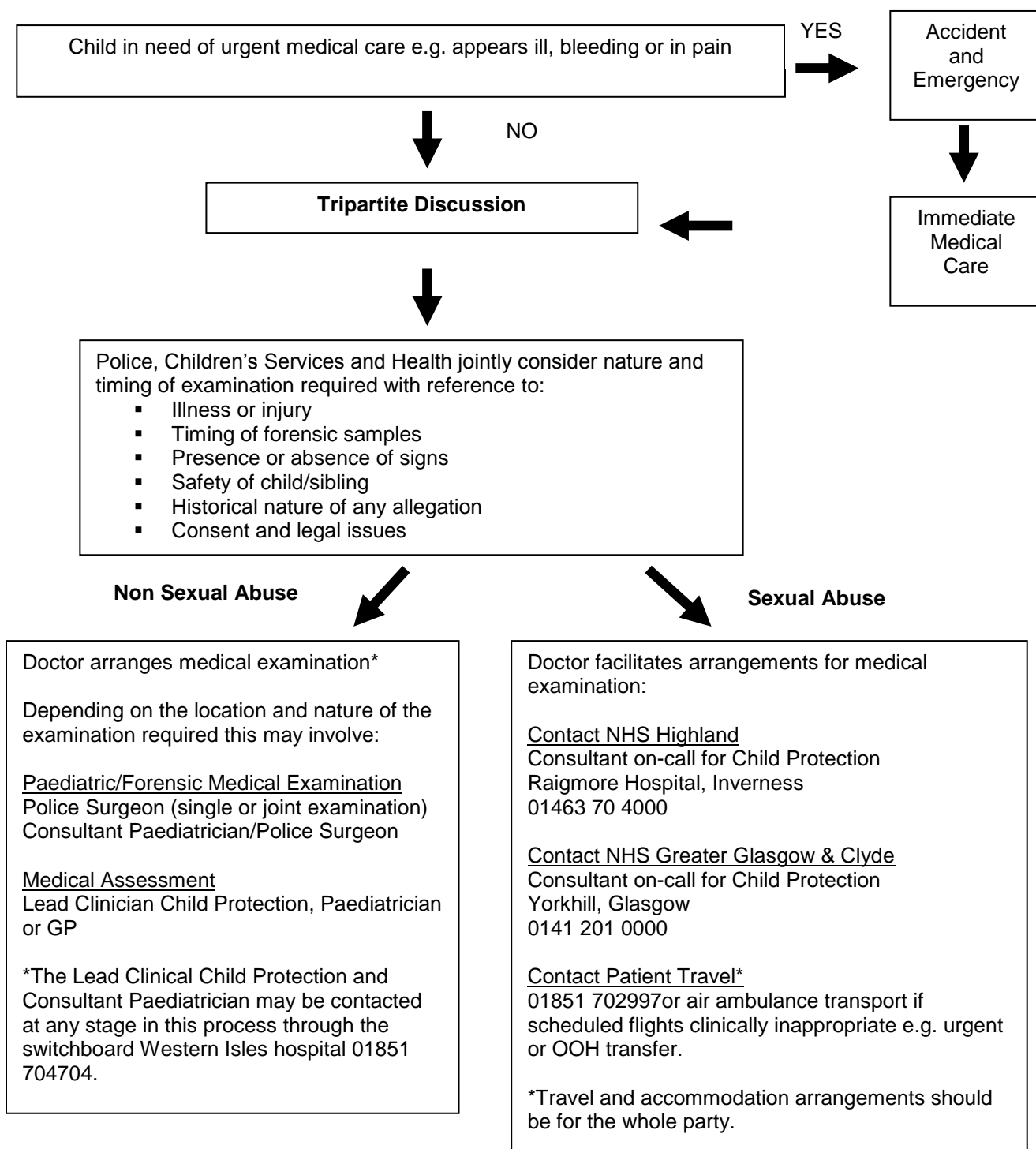
The principal function of the Child Protection Committee is to co-ordinate the policies and practices of local agencies concerned with child abuse/neglect and to develop services, which will protect children from abuse/neglect. In particular its remit is as follows:

- To ensure that local inter-agency guidelines on procedures are followed in individual cases and are produced, maintained and regularly reviewed.
- To promote good inter-disciplinary practice in preventing and dealing with the causes and the effects of child abuse/neglect.
- To address significant issues of inter-agency working highlighted by national reports and inquiries.
- To review arrangements for providing expert advice and inter-agency liaison.
- To monitor and review information about the operation of the Child Protection Register.
- To identify inter-agency training needs and to take a leading role in developing and promoting inter-disciplinary training programmes.

CHILD PROTECTION INVESTIGATION PROCESS FLOWCHART



PROCEDURE FOR ARRANGING MEDICAL EXAMINATION IN CASES OF ALLEGED CHILD ABUSE



ADDITIONAL INFORMATION AND CONTACT ADDRESSES

Area	Agency	Designated Officer	Address & Telephone No
Lewis & Harris	Comhairle nan Eilean Siar Children & Families Service	Team Leader Children & Families Service	Children & Families Service Comhairle nan Eilean Siar Sandwick Road STORNOWAY Tel: (01851) 703773 Fax: (01851) 701381
Out of Hours Contact Number (Faire) (Lewis and Harris): 01851 701702			
Uist & Barra	Balivanich Children & Families Service	Team Leader Children & Families Service	Children & Families Service Comhairle nan Eilean Siar Balivanich BENBECULA Tel: (01870) 602425 Fax: (01870) 602332
Out of Hours Contact Number (Faire) (Uist and Barra): 01851 701702			
Western Isles	Northern Constabulary	Area Commander Area Inspector	Police Station Church Street STORNOWAY Tel: (01851) 702222 Fax: (01851) 705434
Western Isles	NHS Western Isles	Lead Clinician Child Protection Senior Nurse Child Protection	Western Isles NHS Board 37 South Beach Street STORNOWAY Tel: (01851) 702997 or 704704
	Scottish Children's Reporter Administration	Authority Reporter	10 Harbour View Cromwell Quay STORNOWAY Tel: (01851) 706317 Fax: (01851) 702189
Out of Hours contact with Authority Reporter can be made through Out of Hours Social Worker via Faire: 01851 701381			
Area	Agency	Designated Officer	Address & Telephone No
Western Isles	Procurator Fiscal Service.	Procurator Fiscal	Procurator Fiscal's Office Sheriff Court Buildings Lewis Street STORNOWAY Tel: (01851) 703439

REVISED STRUCTURE OF CHIEF OFFICER GROUP AND THE CHILD PROTECTION COMMITTEE

CHIEF OFFICER GROUP FOR CHILD PROTECTION (Quarterly Meetings)

CHAIR:

1. Chief Executive, Comhairle Nan Eilean Siar
2. Director of Education & Children's Services, Comhairle Nan Eilean Siar
3. Director of Social & Community Services, Comhairle Nan Eilean Siar
4. Head of Children's Services, Comhairle Nan Eilean Siar
5. Chief Social Work Officer, Comhairle Nan Eilean Siar
6. Chief Executive, NHS Western Isles
7. Chief Inspector, Northern Constabulary
8. Authority Reporter, Scottish Children's Reporter Administration
9. Procurator Fiscal

Child Protection Committee Chair*
Inter Agency CP Development Officer *
Administrative Assistant *

** Support/Present Papers (Operational Role)*

CHILD PROTECTION COMMITTEE (Quarterly Meetings)

CHAIR:

1. Police Inspector, Northern Constabulary
2. Head of Children's Services, Comhairle Nan Eilean Siar
3. Head of Education & Resources, Comhairle Nan Eilean Siar
4. Children's Services Manager, Comhairle Nan Eilean Siar
5. Early Years Services Manager, Comhairle Nan Eilean Siar
6. Head of Leisure & Learning, Comhairle Nan Eilean Siar
7. Rep of Criminal Justice Services, Comhairle Nan Eilean Siar
8. Rep of Housing Strategy & Development, Comhairle Nan Eilean Siar
9. Child Health Commissioner, NHS Western Isles
10. Nurse Director/Chief Operating Officer, NHS Western Isles
11. Senior Nurse Child Protection, NHS Western Isles
12. GP Representative
13. Authority Reporter, Scottish Children's Reporter Administration
14. Procurator Fiscal
15. Chair, Western Isles Children's Panel
16. Western Isles Project Manager, Action For Children
17. Voluntary Sector Representative
18. Members of the COGCP for Child Protection, *ex officio*

Legal Services, Comhairle Nan Eilean Siar *
Inter Agency CP Development Officer *
Administrative Assistant *

** Support/Present Papers (Operational Role)*

STRUCTURE OF CHILDREN & FAMILIES SERVICE



COMHAIRLE NAN EILEAN SIAR - EDUCATION & CHILDREN'S SERVICES DEPARTMENT

CHILD PROTECTION REFERRAL FOR ALL AGENCIES

To be completed by the referrer immediately following a telephone referral and submitted to the Team Leader, Children & Families Service (please refer to Appendix 2 for contact numbers) in respect of children suspected of being abused and or neglected. A copy should, at the same time, be sent to your own agency Line Manager.

Completion of this form must be preceded by a telephone call to the Team Leader (Children & Families Service) or duty Social Worker who will be responsible for forwarding to the Team Leader for action.

Name(s) of child(ren)	D.O.B.	Address
Nature of referral/description of circumstances		

Submitted by:	Date:
Designation:	
Agency:	

The CPR 1 form must be recorded on the Carefirst system within 2 working days.

STRICTLY CONFIDENTIAL

COMHAIRLE NAN EILEAN SIAR – EDUCATION & CHILDREN'S SERVICES DEPARTMENT

INITIAL REPORT FOR CHILD PROTECTION CASE CONFERENCE

Name(s) of Child(ren) Referred	D.O.B.	Present Address
Other Children in Household	Age/D.O.B.	Tel No: Relationship to Child
Names of Parents/Carers/Guardians	Address (if different from above)	
Other Adults in the Household		
Name of G.P.	Address	
Other Agencies Involved	Address	
Schools/Nurseries Attended		
Any Previous Child Protection Referral to Children & Families Service		Yes/No
Current Children & Families Service Involvement		Yes/No

DETAILS OF PRESENTING REFERRAL

(Give brief account of family's social circumstances, alleged incident, current Children & Families Service involvement from time of referral and action taken).

Social Worker

Signature

Team Leader

Signature

Date

STRICTLY CONFIDENTIAL

COMHAIRLE NAN EILEAN SIAR – EDUCATION & CHILDREN'S SERVICES DEPARTMENT

CHILD PROTECTION CASE CONFERENCE MINUTE			
Date	Time	Venue	
<p style="text-align: center;">Child(ren)'s Name</p> <p style="text-align: center;">D.O.B.</p> <p style="text-align: center;">Current Address</p>			
<p>Chairperson</p> <p>Previous Case Conference(s) Held On</p>			
Family/Household Details(s)			
Name & Address (if different from above)	Age	Relationship	Occupation

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Attending Case Conference Name	Designation	Agency
Invited but Unable to Attend Name	Designation	Agency
Brief Account of Circumstances Leading to Case Conference		
Child's views (if known)		

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Record of Discussion



STRICTLY CONFIDENTIAL

Decision	Action to be Taken By						
<p>Was Child Referred to the Children's Reporter Yes • *No • Was Child Registered Yes • *No • Name of Child Registered Category for Registration</p>							
<p>Key Worker</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: center;">Name</th> <th style="width: 35%; text-align: center;">Designation</th> <th style="width: 30%; text-align: center;">Agency</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </tbody> </table>		Name	Designation	Agency			
Name	Designation	Agency					
<p>Date of Next Conference</p>							
<p>Signed Designation</p>							
<p>Date</p>							
<p>If you disagree with any aspect of this Minute please contact the Chairman <u>within 7 days</u> of receiving it. Otherwise, the Chairman will assume that the Minute is accepted as correct.</p>							

***RECORD OF DECISION**

If decision is not unanimous please record details of dissenting members.

STRICTLY CONFIDENTIAL

COMHAIRLE NAN EILEAN SIAR – EDUCATION & CHILDREN'S SERVICES DEPARTMENT

FOR THE USE OF CHILDREN & FAMILIES SERVICE

REVIEW REPORT FOR CHILD PROTECTION CASE CONFERENCE

Name(s) of Child(ren)	D.O.B.	Present Address
Parents/Carers Name and Address	Tel No: Home Address (if different from above)	
Legal Status of Child(ren)	Date of Registration: Date of previous Case Conference	

RECOMMENDATIONS OF LAST REVIEW

	Action Taken
1	
2.	
3	
4	

SIGNIFICANT CHANGES SINCE LAST CASE CONFERENCE

SOCIAL WORK DEPARTMENT INVOLVEMENT/LEVEL OF CONTACT

INVOLVEMENT OF OTHER AGENCIES AND LEVEL OF CONTACT

AREAS OF CONCERN

**FUTURE PLANS FOR CHILD INCLUDING RECOMMENDATIONS TO REVIEW CASE CONFERENCE.
THE CHILD'S VIEW MUST BE INCLUDED**

Signed

Countersigned

Social Worker

Team Leader

Date

Date

STRICTLY CONFIDENTIAL

COMHAIRLE NAN EILEAN SIAR – EDUCATION & CHILDREN'S SERVICES DEPARTMENT

FOR THE USE OF OTHER AGENCIES INVOLVED

REVIEW REPORT FOR CHILD PROTECTION CASE CONFERENCE

Name(s) of Child(ren)	D.O.B.	Present Address
Parents/Carers Name	Present Address	

CONTACT WITH FAMILY SINCE LAST REVIEW DETAILING SIGNIFICANT CHANGES OR DIFFICULTIES

AREAS OF CONTINUING CONCERN

PROPOSED ACTION TO REDUCE IDENTIFIED CONCERNS

RECOMMENDATIONS

KEY AGENCY CONTACT LIAISON PERSON

Signed

Agency

Date

CHILD PROTECTION MULTI-AGENCY MINUTE OF MEETING AND ACTION POINTS

Name of Meeting:	
Date of Meeting:	
Time:	
Venue:	
Subject(s) of Meeting:	
Purpose of Meeting:	
Present:	
Apologies:	
Invited but not Present:	
Date of Review Meeting:	
Signed by Chair:	
Date:	

Item No.	Issue Discussed	Points to Note	Action Required	By Whom	By When	Review
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						