



protection committee  orkney

## **Orkney Inter-agency Core Child Protection Guidance**

**Orkney Child Protection Committee**

**Working Together to  
Protect Children in Orkney**

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# 1 Introduction

The aim of this guidance is to outline the multi-agency arrangements for the protection of all children in Orkney. Getting it right for every child (*GIRFEC*) provides a common approach for all Scottish children's services and the national guidance for child protection committees requires each child protection committee (CPC) to develop local guidance using the *GIRFEC* approach.

The main purpose of this *Core Child Protection Guidance* is to ensure that regardless of who a child comes into contact with, there will be a consistent approach to responding to concerns and the taking of appropriate action. All agencies are expected to take action when there are concerns that a child may be at risk of significant harm and ensure that these concerns receive an appropriate response. In acting to protect children, all efforts should be made to avoid causing undue distress or adding unnecessarily to any harm that may already have been suffered.

Everyone who works with, or comes into contact with children, has a role to play in protecting them. That role will range from identifying and sharing concerns about a child to making an active contribution to risk assessment, decision-making and planning processes. Everyone therefore needs to be alert to signs that a child may be experiencing significant harm and recognise that they have a responsibility to take appropriate action. These guidelines provide guidance on the actions that should be taken when there are concerns about a child.

Every agency that works with children or their families, including services that work primarily with adults, must take responsibility for the safety and wellbeing of children by responding to concerns and sharing relevant information. All staff should be familiar with and follow their own organisation's child protection guidance and be aware of children who may be in need of protection.

In most agencies, there should be a nominated senior staff member who is responsible for providing advice and guidance on how to respond to concerns about the welfare and protection of children and young people.

## **2 Supporting and Protecting Children in Orkney**

### **2.1 Core Child Protection Guidance**

This *Core Child Protection Guidance* should be read and applied alongside the *Orkney GIRFEC Guide* and the *National Guidance for Child Protection in Scotland (2010)*.

This *Core Child Protection Guidance* is compatible with the principles of the European Convention on Human Rights and the Human Rights Act 1998. The Guidance also complies with the UN Convention on the Rights of the Child 1989, recognising that all children have the right to be cared for and protected from harm and abuse, and to grow up in a safe environment in which their rights are respected and their needs met.

The legal duty to investigate child care concerns derives from the *Police (Scotland) Act 1967*, the *Social Work (Scotland) Act 1968* and the *Children (Scotland) Act 1995*.

### **2.2 Equality and diversity**

This *Core Child Protection Guidance* is compatible with the equality and diversity principles and duties set out within the Equality Act 2010. Child protection services in Orkney therefore, must ensure that they are fair, consistent and reliable, with all the people involved being enabled to participate by being listened to, respected and included. There should be no discrimination on the grounds of race, disability, gender, age, sexual orientation, religion or belief, gender reassignment or on the basis of pregnancy and maternity.

Account will be taken of diversity and equality issues. For example, adults with a learning disability or people from minority ethnic communities, including the traveller community, will have their specific communication needs assessed and supported, with a flexible approach being implemented by staff to promote and support engagement, participation and inclusion.

### **2.3 The GIRFEC approach**

The GIRFEC approach in Scotland has initiated a shift towards early intervention in order to create a supportive environment, identifying additional support which may be required as early as possible. It recognises that all children have the right to be protected from significant harm and to grow up in a safe environment in which their rights are respected and their needs met. Children should get the help they need, when they need it, and their welfare should always be the paramount consideration.

Every child in Orkney should have a Named Person either from Primary Health Care or from Education, according to their age. The Named Person will remain associated with the child, even if additional intervention is required. When two or more agencies need to work together to provide help to a child there will be a nominated Lead Professional to co-ordinate this support (see the *Orkney GIRFEC Guide* and the Flow Chart below for further information).

When a child becomes the subject of a child protection investigation a social worker will take on the role of being the Lead Professional for the child. This worker will remain the Lead Professional if the child's name is placed on the Child Protection Register and will coordinate the Child's Protection Plan.

The Named Person or Lead Professional, under the wider GIRFEC approach, should remain involved in the planning and decision making processes, and may resume their previous responsibilities at the completion of the child protection process or when the child's name is removed from the Child Protection Register.



### **3 THE CHILD PROTECTION PROCESS**

The Orkney child protection process can be divided into a number of stages:

- When a concern is raised about a child;
- Immediate responses;
- Initial information-gathering, decision making and planning;
- The investigation / assessment and medical examinations;
- Information sharing on the level of risk to a child;
- Initial and Review Child Protection Case Conferences;
- The Child Protection Core Group and the Child's Protection Plan.

#### **3.1 Timescales**

The *National Guidance for Child Protection in Scotland (2010)* includes prescribed timescales for child protection processes. These are presented as national standards and should therefore be adhered to when following this guidance. The key timescales are:

- a An Initial Child Protection Case Conference should be held as soon as possible and no later than 21 calendar days from the notification of concern being received.
- b Participants should receive a copy of the agreed Child's Protection Plan within five calendar days of the Initial Child Protection Case Conference.
- c The Initial Child Protection Core Group meeting should be held within 15 calendar days of the Initial Child Protection Case Conference.
- d Where a Child Protection Core Group identifies a need to make significant changes to the Child's Protection Plan, the Child Protection Case Conference chair should be notified within three calendar days.
- e Participants should receive a record of the meeting within 15 calendar days of a Child Protection Case Conference.
- f The first Review Child Protection Case Conference should be held within three months of the Initial Child Protection Case Conference. Thereafter, reviews should take place every six months or earlier if circumstances change.

### **3.2 When a concern is raised about a child**

A notification of concern about a child must be taken seriously. Concerns about actual or potentially significant harm to a child may arise over a period of time or in response to a particular incident. They may be the result of direct observation by a professional, a disclosure made by a child or a third party or from concerns raised anonymously. Concerns should be shared with the designated social work manager, who has a duty to collate information and lead an initial assessment concerning the child. This initial assessment will inform the planning and decision making processes. It should be set out in writing and become a formal record of the specific child concerns.

The following situations are likely to require a child protection response:

- A child is left alone who, because of age or circumstances, is likely to suffer harm. This will include situations where, although present, adults are not able to provide adequate care and protection.
- A child is believed to be suffering harm through physical or emotional neglect. This will often follow a period where guidance and support has been offered without any significant change or improvement taking place for the child.
- A child has serious, unexplained injuries necessitating medical attention, particularly an unexplained injury to a baby or younger child.
- A child has an injury which is not consistent with the explanation offered or their stage of development.
- A child has a number of unexplained injuries which, when considered collectively, give grounds for concern.
- There has been an allegation of sexual abuse or sexual exploitation.
- There are grounds for concern relating to forced marriage or child trafficking.

### **3.3 Children affected by domestic abuse**

Children living with domestic abuse are at risk of harm, both as a result of witnessing the abuse and being harmed themselves. Domestic abuse can profoundly disrupt a child's environment, undermining their stability and damaging their physical, mental and emotional health. When undertaking

assessment it is crucial that practitioners recognise that domestic abuse affects both adults and children.

### **3.4 Children with a disability or additional support needs**

Children with disabilities or additional support needs can be living in situations where they are more vulnerable to the impact of harm and neglect. These children are more likely to be dependent on support for communication, mobility, manual handling, intimate care, feeding and/or invasive procedures. There may be increased parental stress, multiple carers and care in different settings (including residential). There may also be a reluctance among adults, including practitioners, to believe that these children are being harmed.

Children with disabilities or additional support needs may be targeted for abuse. Where a child has a disability, the type and severity of disability should be recorded, along with the implications for the child's support and communication needs, and arrangements made to ensure that these are met throughout the investigation and assessment process.

### **3.5 Children affected by parental alcohol and drug misuse**

Parental alcohol and drug misuse can result in sustained abuse, neglect, disruption, social isolation and stigma. Poor parenting can impede child development through poor attachment and the long-term effects of maltreatment. All practitioners working with alcohol and/or drug-misusing parents/carers need to know and understand the potential impact of that misuse on children, both in terms of the impact on the care environment and of direct exposure to alcohol and/or drug misuse, and should consider what information about children in the household needs to be shared with the Named Person or Lead Professional.

### **3.6 Young adults (16 - 18)**

Legal measures to protect children are generally only available for children under the age of 16. The statutory framework governing adult protection establishes specific criteria for identifying an adult at risk. Young people at risk of harm will not automatically fit these criteria when they reach the age of 16 and services should ensure there is routine consideration of their 'risk' status. Clear

arrangements for assessment and transition should be made so that plans are put in place in good time and any necessary legal steps can be pursued. The *Adult Support and Protection in Orkney – Policy and Procedures*, should be referred to for further guidance.

### **3.7 Immediate responses**

The main priority at all stages of the child protection process is the safety of the child. If a child is assessed as being in immediate danger then this should be reported directly to the police without delay. Similarly, where a child requires immediate medical assistance, this should be sought as a matter of urgency from an appropriate health professional. Any immediate risk of harm must be considered at the outset and throughout the course of all subsequent actions.

Social work, police and health are responsible for considering, at every stage, whether a child is at risk of harm. Ongoing consideration must be given as to what action is required to protect the child, based on an ongoing assessment of the risk of harm to the child. This action should not be delayed pending the receipt of additional information, as the need to gather comprehensive information must always be balanced against the need to take immediate protective action.

Throughout the child protection process social work and other relevant agencies must consider the effectiveness of all protective measures. A record must be kept of how the safety of the child is being ensured and of the actions being taken to protect the child. In such circumstances, serious consideration must be given to potential risks to other children in the same household, as well as those who are likely to become members of that household.

There will be situations where parents may be willing to make alternative arrangements for their child until concerns about the child's welfare and safety are clarified. In these situations, social work and police should help assess whether there are safe and suitable adults among the child's extended family or friends who could help look after them until further enquiries are completed. Appropriate checks should be undertaken of alternative carers. There will be

other situations where the risk of significant harm, or the possibility of the parents or carers removing the child without notice, will make it necessary for agencies to take immediate action to protect the child. An application for a Child Protection Order should be considered under these circumstances (see Key Definitions).

### **3.8 Initial information gathering, decision making and planning**

All child protection concerns require a period of initial information gathering. This can be convened as a multi-agency meeting or achieved through effective communication between those who know the child and others who have relevant information. No action should be taken or decision made without being confident that all the necessary information has been collated, unless a child has been assessed as being at risk of immediate harm.

Information gathering should involve all relevant services, including police, education, third sector agencies, criminal justice services and other adult services, with agency records being checked for current and previous involvement. The Designated Child Protection Adviser in NHS Orkney should be contacted at the earliest possible stage. Relevant medical histories relating to the child, their parents and other carers should also be checked.

It is critical that relevant services are contacted for information which may impact on the child protection investigation, such as any learning difficulties or developmental delays the child may have, the need for alternative forms of communication and significant parental mental health, disabilities or substance misuse issues.

This information gathering stage should be led, coordinated and collated by a designated social work manager, except where there is an allegation against a member of staff employed by any of the constituent agencies of the Child Protection Committee (CPC), or a foster carer, where the process should be led by a Service Manager (see sections below concerning allegations against staff and foster carers).

The initial information gathering stage should also consider the risks to other children within the same household, or other households of which an alleged perpetrator is a member. A record of this type of wider assessment and decision making must be made at every stage of the child protection process.

Relevant family members should also be kept informed, unless this would be counter-productive to the enquiry process. They should be provided with the contact details of the lead workers and their relevant line managers.

### **3.9 The decision to investigate and to plan an investigation / assessment**

The decision to investigate a concern, or coordinate an integrated risk assessment, must be made in partnership between the designated agency lead professionals. Social work and police have a clear statutory role in deciding whether a child protection investigation should take place but other lead agencies should help to inform this decision. Before decisions can be taken it is essential that all relevant agencies are engaged in the planning process. The lead agencies have different responsibilities to fulfil and these activities must be planned together. A designated health professional should be included to ensure that relevant health information is available to inform the investigative process and to advise on the appropriate type of medical intervention or examination required.

### **3.10 Pre-birth Case Conferences**

A Pre-birth Child Protection Case Conference should be arranged if there appears to be a risk of harm to an unborn child when they are born (see *National Guidance for Child Protection in Scotland (2010)* for guidance on Pre-birth Case Conferences).

### **3.11 Proceeding directly to a Child Protection Case Conference**

Where there is sufficient information about a child and their family, a decision can be made at this early stage to go directly to a Child Protection Case Conference. This will normally happen when a child has previously been on a Child Protection Register or where an assessment has been made concerning the accumulated concerns regarding the child and their parents/carers.

### **3.12 Return to a single or multi agency system for support**

Concerns about a child's safety and welfare will not always lead to a child protection enquiry. After gathering information a decision could be made that another response is more appropriate; for example, offering advice and assistance to the family. The initial process may highlight significant unmet needs and these should always be considered. The child should, in these circumstances, be considered under the *Orkney GIRFEC Guide*, with information being passed to the child's Named Person or Lead Professional.

### **3.13 The investigation / assessment and medical examinations**

The purpose of an investigation is to establish the facts in order to inform an assessment of risk and the need for any further protective action. A core team of professionals should be established and a Lead Professional Social Worker should be identified. If there is uncertainty about the immediate safety of the child concerned they should be seen by a social worker as soon as possible, to assess the immediate safety of the child. During a joint investigation, agencies such as social work, police and health should carry out their respective tasks in a coordinated way. Investigations should not preclude any agencies or individuals; for example, educational staff may be involved in supporting the child during an investigation. Adult services may also be involved in helping to identify key risk and vulnerability factors concerning parents and other relevant carers.

### **3.14 Investigative interviews**

Joint investigative interviews conducted by police and social work should consider the following points:

- The age and development of the child.
- Whether the child has any special needs, such as an interpreter or special communication aids.
- The gender balance between the investigating workers.
- The roles of the investigating workers, including a clear decision as to who is leading the interview.
- The timing and the location of the interview.

The main purposes of an investigative interview are:

- To hear the child's account of the circumstances that led to the concern.
- To gather information to inform decision making as to whether the child, or any other child, is in need of protective measures.
- To establish whether a crime has been committed.
- To provide evidence which might be used in civil or criminal proceedings.

Specific guidance on conducting joint investigations can be found in the Scottish Government's *Guidance on Interviewing Child Witnesses in Scotland*.

### **3.15 Health assessments and medical examinations**

An assessment of the child's health is an essential part of every child protection investigation. The assessment should include information on the child's health and their family's medical history, which should help to determine what further action is required. A health assessment has five main purposes:

- To ensure that the child receives ongoing health care monitoring and treatment as required.
- To establish whether any immediate treatment or further medical investigations are needed.
- To provide information that may, when taken in conjunction with other assessments, support a diagnosis of harm to the child, which can be used to lead and direct further investigations.
- To provide information or evidence which will inform, if appropriate, civil or criminal proceedings or care plans.
- To reassure the child and the family as far as possible that no long-term physical damage or health risk has occurred.

In some cases, information gathered from health history or previous medical examinations may be sufficient, together with other supporting evidence, for example, eyewitness corroboration, to enable a sound health assessment to be concluded without a further examination. If a medical examination is required, initial information from the child protection investigation should be made available, as far as possible, to the doctor responsible for the medical

examination of the child. The examining doctor should be provided with information about the cause for concern, the known background of the family, other relevant adults and any previous instances of abuse or neglect.

The number of examinations to which a child is subjected must be kept to a minimum. Careful planning of the medical component of the examination by experienced medical staff should help to facilitate this. The designated social work manager should take responsibility for organising the medical assessment, confirming the timing and venue for the medical examination. In some cases, information gathered from an earlier medical assessment may be sufficient, together with other supportive evidence, for example, corroboration of the incident from an eyewitness, to enable a conclusion to be reached regarding the allegation. In such cases, there will be no need for a further examination. Photographic evidence may be obtained by the police as part of their investigative procedures, but the examining doctors should assist by ensuring that all injuries are recorded.

Where information is unclear or uncertain, a comprehensive medical assessment may be undertaken to determine the need for a specialist paediatric or joint paediatric / forensic examination. Where it is clear that a forensic opinion will be required, for example, where there is an allegation or observation of serious physical assault or injury or a disclosure of sexual abuse, the forensic examination should also include a comprehensive medical assessment. This type of assessment will be provided by NHS Grampian and will normally take place in Aberdeen.

### **3.16 Specialist paediatric or joint paediatric / forensic examinations**

A specialist paediatric or joint paediatric / forensic examination may need to be carried out if:

- The child urgently requires more specialist assessment or treatment at a paediatric department; for example, if they have a head injury or suspected fractures.
- The account of the injuries provided by the carer does not provide an acceptable explanation of the child's condition.

- The result of the initial assessment is inconclusive and a specialist's opinion is needed to establish the diagnosis.
- There is a lack of corroboration of the allegation. In the absence of a clear statement from another child or adult witness, a forensic examination, including the taking of photographs, may be necessary to support legal processes to protect the child and/or criminal proceedings against a perpetrator.
- The child's condition; for example, repeated episodes of unexplained bruising, requires further investigation.
- In cases of suspected child sexual abuse, the medical examination must be carried out by medical practitioners with specialist skills and equipment.

The decision as to whether a joint paediatric / forensic examination or an examination by a single paediatric examiner is appropriate should be made in discussion with social work, police and relevant health staff. Where there is a lack of consensus, this should be resolved by seeking the advice of the Consultant Paediatrician for Child Protection in NHS Grampian.

A specialist paediatric examination should provide a comprehensive assessment of the child; establishing the need for immediate treatment and ongoing health care as well as providing a high standard of forensic evidence to support future possible criminal or care proceedings. It is important that the medical staff also offer reassurance and advice to the child. The examination is intended to encompass both the child's need for medical care and the legal requirement for evidence in a single examination.

A joint paediatric / forensic examination combines a comprehensive medical assessment with the need for corroboration of forensic findings. The paediatrician is responsible for assessing the child's health and development and ensuring that appropriate arrangements are made for further medical investigation, treatment and follow-up. The forensic physician (also known as the forensic medical examiner, child medical examiner or police casualty surgeon) is responsible for the forensic element of the examination and will fulfil the legal requirements in terms of, for example, preserving the chain of evidence.

### **3.17 Timing of medical examinations**

The type of medical examination, the venue and the timing should be fully discussed with police and social work. Social work should ensure that the child and their parents/carers are fully informed of the arrangements and the likely timescale of the investigation as soon as possible. The timing of the medical should be agreed jointly by the medical examiners with other key agencies. It may not be in the child's best interests to rush an examination; it may be more appropriate to wait until the child has had time to rest and prepare. This may also allow more information to become available.

In the majority of cases which arise during working hours, a comprehensive medical assessment will be carried out locally and quickly by a doctor who knows the child and family and is competent to carry out such an assessment. If an assessment cannot be arranged through local contacts, a paediatrician responsible for child protection should be contacted. In cases of alleged sexual abuse the child must be referred to the Consultant Paediatrician for Child Protection in NHS Grampian.

Consent is required for medical treatment and examination of a child. Parental consent should be sought if the parents have parental rights and responsibilities and the child is under 16, unless this is clearly contrary to the safety and best interests of the child, for example, in urgent circumstances. The Age of Legal Capacity (Scotland) Act, 1991, however, allows that a child under the age 16 can consent to any medical procedure or practice if, in the opinion of the attending qualified medical practitioner, the child is capable of understanding the possible consequences of the proposed examination or procedure. A child who is judged as having sufficient capacity to consent can withhold their consent to any part of the medical examination. Clear notes should be taken of which parts of the process have been consented to and by whom.

In order to ensure that children and their families give properly informed consent to medical examinations, the examining doctor, assisted if necessary by a social worker or police officer, should provide information about every aspect of the procedure and how the results may be used. Where a medical examination is

believed to be necessary for the purposes of obtaining evidence in criminal proceedings but the parents/carers refuse their consent, the Procurator Fiscal may consider obtaining a warrant for this purpose. However, where a child who has legal capacity to consent declines to give it, the Procurator Fiscal will not seek a warrant.

If social work believe that a medical examination is required to find out whether concerns about a child's safety or welfare are justified, and the child's parents refuse consent, then they may apply to a Sheriff for a Child Assessment Order or a Child Protection Order with a condition of medical examination. A child subject to a Child Protection or Assessment Order may still withhold their consent to examination or assessment if they are deemed to have legal capacity.

### **3.18 Information sharing on the level of risk to a child**

Throughout the investigative process the Lead Professional Social Worker, key contacts for the agencies involved and the designated managers should meet and at a minimum should maintain regular contact about developments. At the end of the investigative process there should be a brief formal meeting of the lead investigators and the designated managers to assess the level of risk of harm regarding the child or children concerned. A record of this meeting, which includes their joint risk assessment, must be made and circulated within three working days. Where it is recognised that there is a risk of significant harm to any child, the Lead Professional Social Worker will make immediate arrangements for an Initial Child Protection Case Conference to take place.

### **3.19 Allegations against staff**

A child concern referral which includes an allegation against a member of staff employed by a constituent agency of the CPC, must be coordinated by a Service Manager who is not the line manager of the member of staff. If the child concern referral is recognised as requiring a child protection response, then the process within this guidance will take precedence over other procedures. The safety and welfare of the child or children concerned will be the paramount consideration at all stages of planning and decision making. When the referral alleges that a member of staff may have harmed a child, this must be managed alongside the

employing agency's disciplinary procedures and any criminal investigation process being undertaken by the police. The member of staff should be informed that an allegation has been made and the relevant agency should ensure that the staff member is kept informed and supported throughout the process of any subsequent investigation. Professionals involved in the investigation and assessment should not be members of the same team or immediate colleagues of the member of staff.

Following the initial information gathering stage the nominated Service Manager will evaluate all information available and coordinate an appropriate response. This should be supported by advice from the relevant agency's personnel department and a Head of Service or Senior Manager, who should be kept informed at all stages of any subsequent investigation. A formal record must be kept of key information and of all stages of the investigative process. This must be signed by the Service Manager and circulated within five working days of the completion of the investigation to all parties who have been involved in the investigative process.

The possible outcomes following the investigation include:

- No further action. The Service Manager will chair a formal meeting to conclude the investigation. All relevant regulatory agencies will be informed of the outcome as required.
- Disciplinary or supervisory action is required. The employing agency should be advised of the outcome of the investigation and be led by their disciplinary and supervisory procedures.

### **3.20 Allegations against foster carers**

A child concern referral which involves an allegation against a foster carer must be coordinated by a Service Manager. There are particular considerations in relation to allegations against foster carers which must be considered. The Orkney Health and Care Fostering Service must be consulted throughout the investigation. (See *National Guidance for Child Protection in Scotland (2010)* for guidance on children who are looked after away from home).

## **4 Child Protection Case Conferences, Core Groups and the Child's Child Protection Plan**

### **4.1 The Initial Child Protection Case Conference**

The Initial Child Protection Case Conference should be held as soon as possible and no later than 21 calendar days from the notification of concern being received. Where possible, participants should be given a minimum of five days' notice of the decision to convene such a meeting.

The prime purpose of an Initial Child Protection Case Conference is to consider whether the child is at risk of significant harm and to decide what is required to reduce the level of risk to the child. It also ensures that an initial multi-agency risk assessment is formulated and a decision is made as to whether the child's name should be placed on the Child Protection Register. The Child Protection Register is a nationally recognised administrative system that identifies a significant level of risk and the requirement for multi agency protective action. It does not have any legal status.

Where a child's name is placed on the Child Protection Register, those attending the Case Conference are responsible for developing and agreeing an initial Child's Protection Plan and identifying the members of the Child Protection Core Group, which will be responsible for implementing, monitoring and reviewing the Plan. If a multi-agency GIRFEC Child's Plan is already in place this should be used to inform the Child's Protection Plan, which will develop a clear emphasis on identifying and reducing the level of risk of significant harm to the child.

### **4.2 The Child Protection Case Conference chair**

Child Protection Case Conferences should be chaired by a Social Work Service Manager. The chair's role is:

- to agree who to invite, who should not be invited and who should be excluded in discussion with the Lead Professional Social Worker;
- to meet in advance with the child's parents/carers to explain the nature of the meeting and possible outcomes;

- to ensure that the views of the child and their parents/carers are taken into account;
- to facilitate information sharing and analysis;
- to identify the risks and the protective factors in the child's life;
- to facilitate the decision making process;
- to determine the final decision in cases where there is disagreement;
- where a child's name is placed on the Child Protection Register, to identify the issues that will help shape the initial Child's Protection Plan;
- to facilitate the identification of Core Group members;
- to agree a date for the first Review Child Protection Case Conference.

### **4.3 Child Protection Case Conference participants**

Professionals who attend an Initial Child Protection Case Conference are there to represent their agency and to share information to help ensure that all risks are identified and addressed. They have a responsibility to share and to clarify the information they are presenting. The number of people involved in a Child Protection Case Conference should be limited to those with a need to know or those who have a relevant contribution to make. All persons invited to a Child Protection Case Conference need to understand its purpose, functions and the relevance of their particular contribution.

The parents/carers and the child concerned have a right to be informed about the purpose and sequence of events in advance of a Child Protection Case Conference in order to minimise anxiety and to encourage their full contribution. This includes providing information about the purpose of the Case Conference, encouraging their participation and emphasising that the information shared and discussed will be kept confidential.

Prior to a Case Conference parents/carers will receive relevant information and a letter of invitation. This will include an appointment to meet in advance with the chair, who will outline the process and provide copies of reports to be tabled at the Case Conference. In exceptional circumstances, the chair may determine that a parent/carer should not be invited to or be excluded from attending a Case Conference. This could be for example, where bail conditions preclude contact or

where there are concerns that they present a significant risk to others attending, including the child. The reasons for such a decision should be clearly recorded within the Case Conference records. The views of any absent parent/carer should still be obtained and shared at the meeting. The chair should clarify who will notify them of the outcome and the timescale for carrying this out. This should also be recorded in the Case Conference records.

Parents/carers can bring someone to support them when they attend the Case Conference. This may be a friend or another family member or an advocacy worker. This person is there solely to support the parent/carer and has no other role within the meeting.

There may be occasions when it is appropriate to invite foster carers, home carers, childminders, volunteers or others working with the child or family to the Case Conference. The professionals most closely involved with these people should brief them beforehand. This should include providing information about the purpose of the meeting and their contribution, the need to keep information confidential and advice about the primacy of the child's interests over that of their parents/carers.

Consideration should be given to inviting a child to their Case Conference. It can be difficult for a child to attend, and the child's age and the emotional impact of attending must be carefully considered. A child who wants to attend should be supported beforehand and helped to participate in a meaningful way. Thought should be given as to how to make the meeting as child friendly as possible, including providing an advocate for the child. It is crucial that the child's views are obtained and presented during the Case Conference, regardless of whether or not they are present. Where the child has a disability, consideration should be given as to whether they need additional support to express their views.

#### **4.4 Provision of reports for Case Conferences**

Reports should be produced and coordinated to ensure that relevant information is effectively shared with Case Conference participants and to support good decision making. Where possible, a composite report should be produced by the

Lead Professional Social Worker, which collates relevant information and includes a chronology of key concerns and significant events. Reports should include information pertaining to significant adults in the child's life and provide a clear analysis of risks, vulnerabilities and protective factors.

#### **4.5 A record of the Child Protection Case Conference**

Records are an integral and essential part of the meeting and should be taken by a suitably trained administrator. The formal record should be approved by the chair before being circulated to the participants within 15 calendar days of the Case Conference. To avoid any unnecessary delay in actions and tasks identified, the chair will sign a letter outlining the key decisions and this should be circulated to all relevant parties within five calendar days.

The Case Conference formal records should include details of:

- those invited, attendees and absentees;
- reasons for non-attendance of the child and their parents/carers;
- reports received;
- a summary of the information shared;
- the risks and protective factors identified;
- the views of the child and their parents/carers;
- the decisions, reasons for the decisions and a note of any dissent;
- the outline of the initial Child's Protection Plan agreed at the meeting;
- membership of the Child Protection Core Group;
- date of the Review Case Conference.

#### **4.6 Restricted access information**

Restricted access information is information that, by its nature, cannot be shared freely with the child and their parent/carer. The information may be shared with other participants at the Case Conference at the discretion of the chair. Such information may not be shared with any other person without the explicit permission of the provider. Restricted information includes:

- sub judice information that forms part of legal proceedings and which could compromise those proceedings;
- information from a third party that could identify them if shared;

- information about an individual that may not be known to others, even close family members, such as medical history and criminal intelligence reports;
- information which if shared, could place an individual at risk, such as a home address or school which is unknown to an ex-partner.

#### **4.7 Reaching decisions within a Case Conference**

Responsibility for the decision to place a child's name on the Child Protection Register lies with the Case Conference as a whole. The best decisions of the Case Conference are likely to be those which are consensual or where the balance of agreement is clear. The lead person for each agency should state the agency's position as to whether or not to place the child's name on the Child Protection Register. Where there is no clear consensus the chair will make the final decision.

The Children's Reporter, who is invited to attend Initial Child Protection Case Conferences, may provide information and advice to the Case Conference but is not involved in decision making.

#### **4.8 Referral to the Children's Reporter**

Consideration needs to be given to whether compulsory measures of care are required. Compulsory measures are more often required when the parents/carers or the child are unable or unwilling to engage with professionals sufficiently to address the risks and needs of the child, or where concerns about a child's welfare or behaviour cannot be addressed on a voluntary basis.

A referral to the Children's Reporter, or additional information, should be sent when:

- it is agreed that compulsory measures may be required;
- a child is already subject to a Supervision Requirement;
- a child's name has been placed on the Orkney Child Protection Register.

#### **4.9 Challenging decisions or the process**

The arrangements for challenging the decisions or the process of the Case Conference are as follows:

- Where a member of staff from a constituent agency wishes to raise an issue about the process or a decision they should make representation through their line management to the chair of the Case Conference.
- Parents/carers who wish to challenge the decisions of a Case Conference should be supported to write to the chair of the Case Conference.
- Children should also be supported to write to the chair of the Case Conference if they want to challenge a decision.
- If any of the above parties are not satisfied by the response received from the chair they can write to the Chief Social Worker Officer and request a review of the process and/or the decision.

#### **4.10 Review Child Protection Case Conferences**

The purpose of a Review Child Protection Case Conference is to review the decision to place a child's name on the Child Protection Register or to reconvene if there are significant changes in the child or family's circumstances. The participants will review the progress of the Child's Protection Plan, consider new information available and decide whether the child's name should remain on the Child Protection Register.

The first Review Child Protection Case Conference should be held within three months of the Initial Child Protection Case Conference. Thereafter, reviews should take place six monthly, or earlier if circumstances change.

Where a child is no longer considered to be at risk of significant harm, the child's name will be removed from the Child Protection Register by a Review Child Protection Case Conference.

#### **4.11 The Child Protection Core Group**

Where a child's name has been placed on the Child Protection Register because of actual or potential risk of significant harm, the Child Protection Core Group should meet within 15 calendar days of the Case Conference. The group is made

up of identified individuals, including the Lead Professional Social Worker, the child, their parents/carers and others who have a role to play in implementing and reviewing the Child's Protection Plan.

The Child Protection Core Group is responsible for:

- ensuring that there is an ongoing assessment of the needs of and risks to the child who is the subject of the Child's Protection Plan;
- implementing, monitoring and reviewing the Child's Protection Plan so that the focus remains on improving outcomes for the child. This will include evaluating the impact of work done and changes within the family in order to decide whether the risks have increased or decreased;
- maintaining effective communication between all the agencies involved with the child and their parents/carers;
- activating contingency plans promptly when progress is not made or circumstances deteriorate;
- reporting to a Review Child Protection Case Conference on progress; and
- referring any significant changes in the Child's Protection Plan, including non-engagement of the family, to the chair of the Child Protection Case Conference within three calendar days.

The involvement of the child will depend on their age and development, and the emotional impact of attending the Core Group. Children who do attend must be supported to participate in a meaningful way. It is crucial that the child's views are obtained, presented and considered during the meeting. The group should provide a less formal way for children and their parents/carers to interact with professionals.

#### **4.12 The Child's Protection Plan**

The Child's Protection Plan should:

- Focus on immediate and short-term risks, as well as longer-term risks, to the child.
- Reflect the child's wider emotional, social and developmental needs.
- Set out in detail what is required to reduce risks and meet needs.

- State who is expected to take actions forward, including the child and their parents/carers, with clear timescales being agreed.
- Identify services and resources required to bring about the agreed changes.
- Establish the process of monitoring and reviewing the plan.

Responsibility is shared within the Child's Protection Plan, with each person involved being clearly identified and their role and responsibilities clearly set out. To preserve continuity for the child and their parents/carers, arrangements should be made to cover absence due to sickness or holidays of key professionals. The Child's Protection Plan should have specific cover arrangements built in to make sure that work continues to protect the child.

All interventions should be proportionate and clearly linked to a desired outcome for the child. Progress can only be meaningfully measured if the action or activity has a positive impact on the child. The GIRFEC Well Being Indicators can be used to help assess and measure progress (see *Orkney GIRFEC Guide*).

## **5 Key Definitions**

This section defines the key terms used within the *Child Protection Guidance* so that consistent definitions and a shared understanding of these different terms can be agreed. (See *National Guidance for Child Protection in Scotland 2010*).

### **5.1 Designated managers**

In Orkney the lead child protection professionals are:

- Social Work – Designated Team Managers and Service Manager(s)
- Health – Designated Child Protection Advisor
- Northern Constabulary – Officers of Inspector rank and Officers who have undertaken recognised child protection designated persons training
- Primary Schools – the head teacher
- Secondary Schools – the head teacher or a depute head teacher with responsibility for pupil welfare.

### **5.2 Child protection**

Child protection means protecting a child from abuse or neglect. Abuse or neglect need not have taken place; it is sufficient for a risk assessment to have identified a risk of significant harm from abuse or neglect.

### **5.3 Child abuse and neglect**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting or by failing to act to prevent significant harm to the child. Children may be abused within their family or in an institutional setting, by those who are known to them or, more rarely, by a stranger.

### **5.4 Risk in a child protection context**

Understanding the concept of risk is critical to child protection. In the context of this guidance, risk is the likelihood or probability of a particular outcome given the presence of factors in a child or young person's life. Only where there is a risk of harm or neglect to a child would a response under these child protection guidelines be required.

## **5.5 Significant harm**

Child protection is closely linked to the risk of intentional or unintentional harm. Significant harm is a complex matter and subject to professional judgement based on a multi-agency assessment of the circumstances of the child and their family. Where there are concerns about abuse or neglect, these must be shared with the relevant agencies to decide whether the harm is actual or likely to be significant. Significant harm can result from a specific incident, a series of incidents or an accumulation of concerns over a period of time.

## **5.6 A child**

This guidance can include children and young people up to the age of 18. The term 'child' in Scotland generally means a person below the age of 16, although other legislation and related conventions define a child as a person under the age of 18. This guidance can be extended to apply to a young person if:

- they are a 'looked after child' and are below the age of 18;
- they are below the age of 18, have been assessed as having a level of vulnerability and are at risk of significant harm and would benefit from being offered support and protection under this guidance. The protective interventions which can be provided will however depend on the circumstances and legislation relevant to the young person's situation and age.

## **5.7 A parent**

A parent is defined as someone who is the genetic or adoptive mother or father of the child. The birth 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 was 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 and rights under the Children (Scotland) Act, 1995, by entering into a formal agreement with the mother or by making an application to the courts.

## **5.8 A carer and relevant persons**

A carer is someone other than a parent who has rights and responsibilities for looking after a child. Relevant persons have extensive rights within the Children's Hearings System, including the right to attend a Children's Hearing and to receive all relevant documentation, and the right to challenge decisions taken within these proceedings.

## **5.9 The Orkney Child Protection Register**

Orkney Islands Council maintains a register of every child in its area who is considered to be at risk of significant harm and for whom a multi-agency Child's Protection Plan is in place. The child's name and details are entered onto the register and professional staff from constituent agencies of the Orkney Child Protection Committee can check whether a child is on the register. The register has no legal status but provides an administrative system for alerting practitioners that there is sufficient professional concern about a child to warrant a Child's Protection Plan.

## **5.10 Removing a child from the Orkney Child Protection Register**

Removal of a child's name from the register should not lead to a reduction or withdrawal of services or support to the child and family by any or all of the agencies. The risk of harm to the child may have receded, but the child may continue to require a range of support. This will form part of the single planning process for the child. At the point of de-registration, consideration should be given as to whether a Lead Professional should be appointed and, if so, arrangements made for the transfer to be agreed. The Child's Protection Plan will, following de-registration, become or return to being the Child's Plan (see *Orkney GIRFEC Guide*).

## **6 The Children's Hearings System**

The Children's Hearings System is the care and justice system for Scotland's children. It is a unique system which upholds the welfare and rights of children, while ensuring that targeted assistance is provided to those in need of compulsory measures to ensure their care, protection and appropriate behaviour.

Children's Reporters are independent officials who act as gatekeepers to the Hearings System in each local authority on behalf of the Scottish Children's Reporter Administration (SCRA). Children's Reporters receive referrals from a number of sources. These may come from multi-agency meetings, when those most closely involved with a child believe that compulsory intervention may be required to meet their needs. The Reporter investigates each referral to decide whether the child should be brought before a Children's Hearing. Their investigation focuses on:

- whether there is evidence to establish a formal ground for referral to a Children's Hearing, and if so
- whether the child requires compulsory measures of intervention, in the form of a Supervision Requirement, with or without conditions.

Compulsory measures are required when the parents/carers or the child are unable or unwilling to sufficiently engage with services to address the risks and needs of the child, or where concerns about a child's welfare or behaviour cannot be addressed on a voluntary basis. If the Reporter decides that there is evidence to establish a formal ground for referral and that compulsory measures are necessary the child will be referred to a Children's Hearing.

The Children's Hearing makes the final decision about whether compulsory measures are required. The Hearing has a wide range of powers in the form of conditions attached to a Supervision Requirement if appropriate. Decisions can range from a placement at home through to a condition placing the child in secure accommodation. The aim is to ensure that the child is protected with the minimum of necessary intervention and that decisions are made in their best interests.

## **7 Emergency Child Protection Measures**

The Children (Scotland) Act, 1995, includes provisions for protecting children from harm or establishing whether they need protection from harm.

These include:

- A Child Assessment Order
- A Child Protection Order
- An Exclusion Order.

**Any practitioner considering applying for any order should consult Orkney Islands Council Legal Services.**

A local authority can apply to a Sheriff for a Child Assessment Order (S.55). This order allows the local authority to carry out an assessment of the child's health or development or the way a child has been treated, which will inform the decision about whether to take action to protect the child. A Child Assessment Order is designed for cases where the situation is not urgent but where there is concern about a child's safety or welfare.

Any person may apply for a Child Protection Order under S.57 (1). This order can be granted if there are good reasons to believe that a child is suffering significant harm or will suffer such harm if he or she is not removed to a place of safety. A Child Protection Order should only be applied for and used when it is necessary to protect a child from immediate significant harm. It authorises (but does not require) the child to be removed to a place of safety or can prevent the child from being removed from where he or she is being accommodated.

In addition, the local authority can also apply for a Child Protection Order under S.57 (2). The order will be granted if there are good reasons to suspect that a child is suffering or will suffer significant harm, or where the local authority is making enquiries to allow it to decide whether it should take any action to protect the welfare of the child and these enquiries are being hampered by people

unreasonably denying access to the child and the local authority has reasonable cause to believe that access is urgent.

This order is limited in duration, and can only be extended by a Children's Hearing taking place on the second working day after its implementation. The Sheriff may make orders concerning who can have contact with the child and may give directions to a person with parental rights and responsibilities concerning how these rights should be exercised. This can include the need for the child to have medical or psychiatric examinations, assessments or treatments.

An Exclusion Order (S.76 to S.80) may be granted by a Sheriff if a local authority applies to exclude a named individual from the family home in an attempt to separate a child from an alleged abuser. A Sheriff may substitute a Child Protection Order when an Exclusion Order is applied for, depending on the conditions, but not vice versa. An Exclusion Order will be granted if the child has suffered, is suffering or is likely to suffer significant harm as a result of the behaviour of the person named in the order.

A police officer may remove a child to a place of safety for a very limited time without authorisation if the conditions for making a Child Protection Order would have been met and it is not practical or possible to apply to a Sheriff for a Child Protection Order.

## 8 Local Contact Information

Orkney Health and Care Social Work Services	01856 873535
Orkney Health and Care Out of Hours Social Work Duty Service	01856 888000
Northern Constabulary – Kirkwall Police Station	01856 872241
Orkney Health and Care NHS Orkney	01856 888000
Women’s Aid Orkney	01856 877900
Orkney Islands Council Education and Leisure Services	01856 873535
The Children’s Reporter	03002 001399

### Checking the Child Protection Register

Orkney Islands Council has the prime responsibility for maintaining a central register of all children, including unborn children, in the area who are the subject of an inter-agency Child’s Protection Plan.

Checking the Child Protection Register is critical to ensure whether a child has been assessed as being at risk of significant harm and that there is level of risk that justifies an inter-agency Child’s Protection Plan.

Any practitioner or manager from a constituent agency of the Orkney Child Protection Committee can check whether a child is on the register by contacting the social work office on 01856 873535.

Outside normal office hours, this check should be made with the Orkney Health and Care Social Work Out of Hours Team, on 01856 888000.