

# **Blueprint for the Processing of Children's Hearings Cases**

**Inter-agency Code of Practice  
and National Standards**

**Second Edition  
2001**



SCOTTISH EXECUTIVE

**Working together for Scotland's Children**

## **THE TIME INTERVALS WORKING GROUP**

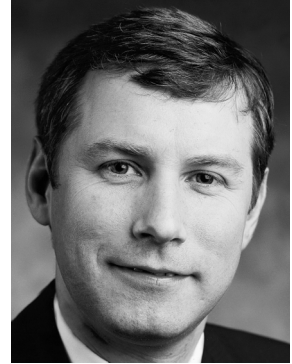
*The Blueprint was developed by the Time Intervals Working Group, a multi-agency group set up in 1997 at the request of Scottish Office Minister Sam Galbraith and chaired by Sally Kuenssberg, Chairman of the Scottish Children's Reporter Administration. A list of participating agencies and members of the group between 1997 and 2000 appears inside the back cover.*

*The group's initial report, Just In Time (1997) identified ways of reducing delays in children's hearings cases and recommended the introduction of national standards covering timescales and other aspects of the service being delivered to children and families. The second phase of the group's work explored ways of implementing the Just In Time recommendations and developed the inter-agency code of practice and the national standards and targets included in the first edition of the Blueprint launched in April 1999. Local Authority Review Groups set up to promote implementation of the Blueprint reported back to the Time Intervals Working Group on progress during the year to March 2000.*

*As planned, this second version of the Blueprint has been amended in the light of the first year's experience. It also incorporates recommendations from a multi-disciplinary group of health professionals and members of the Time Intervals Working Group who met during the year 1999-2000 to explore ways of achieving more effective liaison between the children's hearings system and the National Health Service in Scotland.*

*Members of the Time Intervals Working Group are grateful to the many individuals and agencies who contributed information, ideas and comments at all stages of its work.*

*Responsibility for overseeing implementation of and compliance with the Blueprint and national standards has now been taken over by a National Monitoring Committee set up by the Children's Hearings Representative Group.*



## MINISTERIAL FOREWORD

Our objective is to ensure that all children get the best possible start in life. As public authorities we must give timely and appropriate assistance to children and families in difficulties. This requires inter-agency co-operation between professionals at both local and national levels.

The Time Intervals Working Group was set up in 1997 to report on the processing of cases through the children's hearings system. Following wide consultation, the first Blueprint, containing a Code of Practice and associated standards and targets, was published in March 1999. The objective was to identify and minimise areas of inconsistency, duplication and unnecessary delay at key points within the system, so that children at risk have their needs addressed effectively at an early stage.

The Time Intervals Working Group, following consultation, has reviewed the standards further in the light of experience and following the development of protocols between Scottish Children's Reporter Administration and a range of agencies. This Blueprint incorporates these changes which come into effect in April.

I am grateful to all those involved both nationally and locally in the Local Authority Review Groups for their commitment to taking forward this work. The tasks are challenging and we will monitor how well the standards are being observed nationally. I encourage all those affected by the Blueprint to consider how best they can be achieved to improve services to children.

NICOL STEPHEN MSP  
Deputy Minister for Education, Europe and External Affairs.

March 2001



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## **NOTES FOR USERS OF THE BLUEPRINT**

### **Working days**

With the exception of Standard 1, where an explanation for the variance is offered, all time standards and targets in the Blueprint are stated in 'working days'. This is the most meaningful unit of measurement for the majority of agencies involved in the processing of children's cases.

The term 'working day' is used as defined in section 93 of the Children (Scotland) Act 1995:

'every day except –  
Saturday and Sunday;  
December 25<sup>th</sup> and 26<sup>th</sup>;  
January 1<sup>st</sup> and 2<sup>nd</sup>.'

It is likely that the national statistics published by SCRA relating to total times taken at the 4 key stages between incident and disposal will continue to be stated in calendar days, which have more significance for children and families.

### **Data sources**

Wherever possible, the Blueprint identifies the most appropriate agency to supply the data on which measurement of performance against the national standards will be based. Existing standards 1, 3, 4, 6, 7, 8 and 12 were monitored at national level during 1999-2000.

It is the responsibility of the individual agencies named to establish mechanisms to monitor the remaining standards in accordance with the requirements of the Local Authority Review Groups and the National Monitoring Committee.

In standards 9 and 15, decisions remain to be taken about which local authority agency this should be.

### **Icons**

The coloured icons which appear beside each standard illustrate how working towards the standards will contribute to the achievement of a number of national objectives for the processing of cases within the hearings system (see chart on page 13).



## INTRODUCTION

### 1. The Children's Hearings System

The children's hearings system is Scotland's distinctive way of administering care and justice for children and young people up to the age of 16 (or in some cases 18). It operates according to a number of key principles originally enshrined in the Social Work (Scotland) Act 1968, which were redefined and re-emphasised by the Children (Scotland) Act 1995. These key principles are:

- the interests of the child are paramount
- children who have offended and children in need of care and protection are dealt with in the same system
- children and parents are involved in the process
- the views of children must be taken into account
- inter-agency co-operation and partnership
- intervention only when legally justified, necessary and to the required level.

These principles also take account of the United Nations Convention on the Rights of the Child ratified by the UK Government in 1991. Following implementation of the Human Rights Act 1998 in October 2000, the children's hearings system is also required to operate in accordance with the European Convention on Human Rights.

### 2. Aims of the Children's Hearings System

The children's hearings system aims to achieve beneficial change in the lives of children in trouble and troubled children. If this primary aim is achieved, the whole community will benefit: children will be better protected and there will be reduced levels of offending and truancy.

This document is presented as a 'Blueprint' for case processing and focuses on improving the *process* in order to deliver a high quality service to children and families. The Time Intervals Working Group (TIWG) also identified a separate and urgent need to develop ways of evaluating the hearings system in terms of the *outcomes* it achieves for children.

### 3. Pre-requisites for the Delivery of High Quality Service

Delivery of an effective high quality service requires a process which:

- minimises delay 
- fosters effective communication with children and families 
- encourages participation by children 
- maximises inter-agency co-operation 
- provides facilities that meet the needs of all service users. 

These icons appear in the Blueprint document to illustrate how each standard contributes towards the achievement of the relevant objective(s).

The standards in the Blueprint refer mainly to timescales. As they are progressively achieved and reductions in delay result, children and families will benefit from earlier action. The aim is to reduce unconstructive delay, identified in the *Just In Time* report<sup>1</sup> as 'dead time', but the emphasis on timescales must not take precedence over careful assessment of each individual case at each stage. It is intended that more qualitative objectives should be incorporated into the Blueprint as soon as possible.

#### **4. Roles and Responsibilities**

A highly complex network of relationships exists between the agencies involved at different stages of the process from initial referral to the implementation of supervision requirements. Individual agencies operate according to their own objectives, codes of practice and priorities. However, inter-agency co-operation is essential to achieve the best possible service to children, families and communities.

#### **5. Accountability**

All the relevant agencies have contributed to the development of a series of carefully set standards and performance targets which will provide the children's hearings system with a framework for self-evaluation, public scrutiny and accountability.

#### **6. Blueprint for Action**

The Blueprint sets out an inter-agency code of practice backed up by a number of integrated standards and targets designed to promote improvement.

It makes clear how the improvement in quality and efficiency at practical operating level can contribute to the objectives identified in paragraph 3 above. The code of practice included for each stage of case processing is intended to address the problems and inefficiencies identified in the 1997 *Just In Time* report.<sup>1</sup> The Blueprint also sets out a series of standards and targets at points in the process where improvement will make most difference.

The Blueprint aims to:

- establish an agreed basis for what individual agencies can expect of each other
- define standards which service users have a right to expect
- provide a basis for accountability through inclusion of measurable targets
- propose a workable system for monitoring, reporting and review.

The chart on page 13 illustrates the integrated scheme of objectives, standards, targets and monitoring mechanisms.

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<sup>1</sup> The *Just In Time* report identifying ways of reducing delay in children's hearings cases was produced by the Time Intervals Working Group and presented to The Scottish Office in December 1997.

As originally planned, this second edition of the Blueprint has been updated in the light of comments from practitioners who reported on their experience during the year April 1999-March 2000.

A new standard 12 has been introduced covering the timescale for provision of reports for children's hearings by child and adolescent mental health professionals.

## **7. Inter-Agency Code of Practice**

The Blueprint is based on a step-by-step analysis of actions undertaken by all agencies at the four key stages in the processing of children's cases:

- incident to receipt of referral by the reporter
- receipt of referral to reporter's decision
- reporter's decision to initial hearing
- initial hearing to disposal.

The general statements codify existing good practice but leave scope for agencies to reach agreements on detailed procedures that take account of local needs and conditions.

## **8. National Standards and Targets**

The hearings system operates within a framework of statutory time limits for the processing of children's cases (see Appendix 1) and compliance with these must be a priority for all agencies.

National standards covering the process of the hearings system were agreed in 1999 after wide-ranging consultation with the agencies concerned. They define the level of service expected across Scotland at key points in the process.

A uniform format was developed for each of the standards consisting of:

- the objective (e.g. reduction of delay)
- the standard: the level of performance which will contribute to achievement of the objective (e.g. written notification of the outcome of a hearing within 5 working days of the hearing)
- the target: the frequency with which the standard is expected to be achieved (e.g. 80%)
- the data source: the records that will provide information about performance by different agencies (e.g. SCRA case statistics).

In 1999 the percentage targets to allow performance to be monitored were set taking various factors into account, including comments received as part of the consultation process.

The TIWG recognised that the formal setting of standards was a new development and agencies would need time to develop procedures for monitoring and assessment to effect improvements. Variations across the country inevitably meant that some agencies and areas would have more difficulty than others in meeting the national standards and targets in the initial years.

At the start, no comprehensive data existed at local or national level to provide information on current practice. Initial targets were therefore set at levels which representatives of the agencies on the TIWG considered achievable within the parameters of existing good practice. The TIWG undertook to review the targets after the first year of the new system's operation.

The Blueprint framework recognises that 100% targets may not be achievable or even desirable in respect of every standard. The targets therefore allow sufficient flexibility to take account of the varied and complex nature of individual cases within the system.

## **9. Initial Action Points**

As well as introducing the code of practice, standards and targets, the 1999 version of the Blueprint specified key initial actions (highlighted within shaded boxes) which agencies needed to take in order to ensure effective implementation. Many of these reflected the *Just in Time* report recommendations. Timescales were included for reporting back to the TIWG on the action taken. During the year 1999-2000 significant progress was made on the vast majority of these and the 'initial action' sections have therefore been omitted from the second edition. The table included on pages 28 and 29 shows the progress made and highlights the issues which remain to be addressed.

## **10. Monitoring of Performance**

Ongoing monitoring is an essential step towards achieving improvement. Implementation of the Blueprint will produce results only if all agencies individually and co-operatively monitor their performance against the standards and targets, assess critically and constructively how working practices can be improved, and give effect to the necessary changes.

The main aim is to encourage continuous improvement through self-evaluation, mutual support and open communication, avoiding a culture of blame. While comparison of performance in different agencies and in different parts of Scotland may be instructive and help identify areas of good or poor practice, a 'league table' mentality would be divisive and demotivating.

The purpose of monitoring is:

- to assess how far agencies, whether individually or collectively, are working in accordance with the code of practice outlined in the Blueprint
- to consider good quality information and statistics indicating the level of performance against the national standards and targets
- to identify problems and seek solutions in co-operation with others as necessary
- to report as required to inform other groups of experience gained and to allow a national picture to be compiled.

### Data collection and sharing of information

The Blueprint identifies the most appropriate source(s) of data to measure performance against the national standards. In some cases, this data is already being collected by the relevant agencies. New information systems currently being developed will gradually take account of the additional requirements and ease the burden of data collection.

Wherever possible, statistical information should be produced by the agency best equipped to do so and shared with others to avoid duplication of effort. This does not mean, however, that the data provider will be responsible for overseeing the levels of service being achieved by other agencies.

### Levels of monitoring

- Individual agencies:

Individual agencies remain responsible for maintaining management systems which allow them to track and evaluate their own activity and level of service provision. They should continue to operate their own internal reporting mechanisms.

- Local Authority Review Groups:

During the year 1999-2000, all local authorities established review groups to monitor compliance with the Blueprint code of practice and national standards. Members of these groups should continue to identify what local factors have influenced performance and consider collectively what action can be taken locally to overcome difficulties in achieving or improving on the targets set. All Local Authority Review Groups should report annually in a standard format (see Appendix 2) to the National Monitoring Committee .

- National Monitoring Committee:

A national inter-agency monitoring committee set up by the Children's Hearings Representative Group will collate the reports from the Local Authority Review Groups and evaluate how far the national objectives for case processing are being achieved. The National Monitoring Committee should report annually to the Minister in the Scottish Executive with responsibility for the children's hearings system.

### Framework for monitoring

The key operational level for monitoring is the Local Authority Review Group. Local authorities have discretion to decide which forum best meets their own needs provided that all agencies involved in the processing of children's hearings cases are represented on the local groups. Critically, representatives on the groups must have the authority and status to ensure that effective monitoring systems are established locally and to take executive decisions on behalf of their agencies to improve performance.

The following agencies are currently represented on Local Authority Review Groups, though not all of them are core members of all groups:

Social Work, Education, Children's Panel, Police, Scottish Children's Reporter Administration, Procurator Fiscal, Scottish Court Service, National Health Service.

Other agencies included in some places are local authority Legal Services, Housing, Leisure and Parks and Neighbourhood Resources Departments, safeguarders, a Children's Rights Officer, NCH Action for Children and other representatives of the voluntary sector.

## **11. Review of the Blueprint after year 1**

Annual reports on the year April 1999-March 2000 were received from all 32 Local Authority Review Groups and the TIWG reviewed the code of practice, standards and targets in the light of this first year's experience. Members concluded that significant progress had been made towards compliance with the code of practice, in particular through the introduction of a series of protocols and agreements covering the referral of children and provision of reports to the reporter by different agencies. These appear as Appendices to this second edition of the Blueprint. A new introductory section, 'Framework for Implementation of the Blueprint' (page 14), relates to inter-agency communication and reporting mechanisms. Several of these are intended to promote more effective communication between health professionals and other agencies within the hearings system.

It was also decided that the monitoring data available up to the end of March 2000 did not provide a sufficiently robust basis on which to alter the initial standards and targets. Monitoring systems already established and new ones coming on stream will gradually provide more comprehensive and reliable information for further review by the National Monitoring Committee after the second year. Thereafter the percentage targets may be adjusted annually to promote year on year improvements, but a three year cycle should be adopted for more comprehensive and systematic updating of the Blueprint.

## **12. Distribution of the Blueprint**

In its first year the Blueprint gained recognition among practitioners as a foundation for more effective inter-agency co-operation. One of its perceived strengths is that it encourages a national code of practice while maintaining a local perspective.

To ensure that it is used as a basis for practice by all agencies, copies of the second edition must be distributed to all who need to use it, especially to those members of staff who are responsible for its practical implementation. This will include wide distribution among health professionals.

**The initial content of the Blueprint was subject of extensive consultation across the country and practitioners have made considerable progress towards implementation since April 1999. This second edition incorporates changes made in the light of the first year's experience.**

**It remains widely accepted that the code of practice and national standards will lay the foundations for significant and continuing improvement in time taken to process cases and in the quality of service offered to children and families within the hearings system.**

**NATIONAL OBJECTIVES**

**Minimum delay**



Code of Practice

Standards

Targets

**Communication with families**



Code of Practice

Standards

Targets

**Participation by children**



Code of Practice

Standards

Targets

**Inter agency co-operation**



Code of Practice

Standards

Targets

**Customer care**



Code of Practice

Standards

Targets

**MONITORING**

- 1. National level
- 2. Local level
- 3. Individual agency level

**BLUEPRINT FOR CASE PROCESSING**

## **FRAMEWORK FOR IMPLEMENTATION OF THE BLUEPRINT**

### **CODE OF PRACTICE - Inter-agency communication and reporting mechanisms**

- F1 Copies of the Blueprint and relevant Referral Protocols (see Appendices 3A-3E) will be distributed to all agencies and individuals at national and local level who are expected to use them as the basis for their practice.
- F2 A multi-agency Review Group will meet regularly within each local authority area to promote and monitor compliance with the Blueprint code of practice and national standards.
- F3 The Local Authority Review Groups will invite representation at the appropriate level from all agencies involved in the processing of children's hearings cases, including social work, education, the children's panel, police, Scottish Children's Reporter Administration, Scottish Court Service, National Health Service.
- F4 The Local Authority Review Groups will also maintain effective liaison as required with other relevant agencies (e.g. the Procurator Fiscal service, safeguarders) who do not routinely participate in meetings.
- F5 Each Local Authority Review Group will produce and disseminate a list of contact names to facilitate communication among the different agencies.
- F6 Health Boards will ensure appropriate NHS representation on the Local Authority Review Groups and the establishment of mechanisms to enable the health representatives to transmit information to and from the relevant professional groups.
- F7 The designated individuals within each Health Board and Trust who carry overall responsibility for child protection services will ensure that mechanisms exist for communication with the relevant Authority Reporters.
- F8 Health Boards and Trusts will also identify appropriate individuals to liaise about children referred to the reporter on 'non-child protection' grounds.
- F9 Health Boards and Trusts should make particular efforts to raise awareness of children's issues among health professionals working only or mainly with adults.
- F10 The Local Authority Review Groups will report regularly to a National Monitoring Committee on their compliance with the Blueprint code of practice and national standards.
- F11 The National Monitoring Committee will report annually to the Minister in the Scottish Executive Education Department responsible for oversight of the children's hearings system.



## STAGE 1: INCIDENT TO RECEIPT OF REFERRAL BY THE REPORTER

***The legal framework:***

***Under sections 52 and 53 of the Children (Scotland) Act 1995, any child in respect of whom specified grounds exist may be referred to the reporter by any agency or individual to whom it appears that the child may be in need of compulsory measures of supervision.***

### **CODE OF PRACTICE - Criteria for referral**

- 1.1 Following consultation with other agencies, SCRA will issue up-to-date guidance on referral criteria and on what information is needed when a child is referred to the reporter.
- 1.2 Each agency will implement mechanisms to promote compliance with guidance on criteria for the referral of a child to the reporter.
- 1.3 In given circumstances and in keeping with the agreed joint policy (see Appendix 3B) the police will consider issuing a warning instead of referring a child to the reporter.
- 1.4 Agencies will operate a system that allows for prompt and direct referral to the reporter.

### **CODE OF PRACTICE - The referral process**

- 1.5 Each agency will have clear arrangements in place for the referral of a child to the reporter.
- 1.6 Any decision to refer a child to the reporter will be implemented with the minimum of delay.
- 1.7 Agencies' internal administrative systems will minimise delays in the referral process.
- 1.8 The police will report incidents to the reporter with the minimum of delay.
- 1.9 Police reports will be in the nationally agreed format (see Appendix 3A).
- 1.10 In jointly reported cases the police will operate procedures to ensure simultaneous delivery of referrals to the procurator fiscal and the reporter.
- 1.11 Procurators fiscal and reporters will liaise regularly at local and national level to ensure co-operation over children's cases.
- 1.12 Education departments will operate clear and consistent policies that allow schools to refer children directly to the reporter.

- 1.13 In child protection cases the minutes of case conferences will record explicitly whether or not a decision has been taken to refer a child to the reporter and any decision to refer a child to the reporter will be implemented by the named person with the minimum of delay.
- 1.14 Any individual or agency who may decide to refer a child to the reporter contrary to a child protection case conference decision should inform the case responsible social worker.
- 1.15 Health Boards and Trusts will ensure that SCRA guidance about referral criteria and the legal framework (see Appendix 3E) is disseminated to all relevant health professionals through both managerial and professional structures.
- 1.16 Police and education departments will make referrals to the reporter as and when they arise rather than in periodic batches.

### **STANDARD 1**



- OBJECTIVE** - **The police will deliver reports on alleged offences by children to the reporter with the minimum of delay.**
- STANDARD** - **Reports will be delivered to the reporter within 14 calendar days\* of caution and charge.**
- TARGET** - **80% of reports will be delivered within 14 calendar days\*.**

**Data source:** *Police statistics*

\* *Note:* *Calendar days are used in this standard as the unit of measurement which is most meaningful in the context of police shift patterns and practice.*

### **STANDARD 2**



- OBJECTIVE** - **Referral of a child to the reporter from a child protection case conference, together with supporting data, will be made by the nominated person as soon as possible.**
- STANDARD** - **Referrals will be made within 5 working days of the case conference.**
- TARGET** - **100 % of referrals will be made within 5 working days of the case conference.**

**Data source:** *Social work department statistics*

## STAGE 2: RECEIPT OF REFERRAL TO REPORTER'S DECISION

***The legal framework:***

***During this stage, under section 56 of the Children (Scotland) Act 1995, the reporter investigates the referral and decides one of the following:-***

- ***not to proceed further with the referral;***
- ***to refer the child to the local authority for voluntary measures;***
- ***to refer the child to a hearing.***

### **CODE OF PRACTICE - Report Requests**

- 2.1 In keeping with SCRA guidance on the level of investigation required on receipt of a referral, reporters will request reports from agencies where essential for effective decision making.
- 2.2 Guidance agreed between SCRA and ADSW will distinguish between the range and extent of information expected of Initial Enquiry Reports (IERs), Initial Assessment Reports (IARs) and Social Background Reports (SBRs).
- 2.3 SCRA will issue clear guidance to staff on the recording of information acquired by telephone and on the status of such information.

### **CODE OF PRACTICE - Timescales for the return of reports**

- 2.4 In every request to another agency for a report or information the reporter will specify a date for the return of the report or information.
- 2.5 Report providers will give early notice to the reporter of any reasons why a report cannot be submitted on time.
- 2.6 Individual agencies will take responsibility for complying with agreed timescales and monitoring of delays.
- 2.7 Education services will have in place systems for the provision of written information to the reporter throughout the year.
- 2.8 In accordance with the nationally agreed protocol (see Appendix 4E) health services will have in place clear arrangements for the provision of reports about children to the reporter.

### **STANDARD 3**



- OBJECTIVE** - Social work departments will submit reports on time.
- STANDARD** - All reports will be submitted within 20 working days\* of the date of the request.
- TARGET** - 75 % of reports will be submitted within 20 working days\* of the date of the request.

**Data source:** SCRA statistics

*\*Note:* For measurement of this standard, day 1 of the 20 working day period will be taken as the working day after the initial report request.

### **CODE OF PRACTICE - The views of children**

2.9 Social work departments will ensure that the views of children are sought and included in social background reports/reports for hearings.

### **CODE OF PRACTICE - The reporter's Decision**

2.10 The reporter will make a decision about a referral with the minimum of delay.

### **STANDARD 4**



- OBJECTIVE** - The reporter will make a decision about a referral with the minimum of delay.
- STANDARD** - The reporter will make a decision about a referral within 10 weeks (50 working days) of receipt.
- TARGET** - 60% of decisions will be made within 10 weeks (50 working days) of receipt of a referral.

**Data source:** SCRA statistics

### **STANDARD 5**



- OBJECTIVE** - Children and families will be informed of the reporter's decision on a referral as soon as possible.
- STANDARD** - The reporter will inform the child and family of the outcome of a referral within 5 working days of making a decision.
- TARGET** - In 60% of cases the reporter will inform the child and family of a decision on a referral within 5 working days.

**Data source:** SCRA statistics

## STAGE 3: REPORTER'S DECISION TO INITIAL HEARING

*The legal framework:*

*A child will be referred to a children's hearing in terms of section 65 of the Children (Scotland) Act 1995, where the reporter is satisfied that compulsory measures of supervision are necessary for the child and that evidence exists to establish at least one of the grounds of referral specified at section 52(2).*

### CODE OF PRACTICE - The scheduling of hearings

- 3.1 The reporter will take account of family circumstances and commitments when arranging a children's hearing.

### CODE OF PRACTICE - Notice of hearings

- 3.2 The reporter will give as much notice as possible of a hearing date to all those expected to attend.
- 3.3 Reporters will provide children with written information about children's hearings.
- 3.4 Social work departments will ensure that children and families are given sufficient information in advance of their hearing to enable them to participate fully in the process.
- 3.5 Each agency will inform the reporter of changes of address or other family circumstances that may become known to them in advance of a hearing.

### STANDARD 6



- OBJECTIVE** - Delay will be minimised between the reporter's decision that a hearing is necessary and the hearing taking place.
- STANDARD** - Hearings will be scheduled to take place within a maximum of 20 working days of the reporter's decision.
- TARGET** - 90% of hearings will be scheduled to take place within a maximum of 20 working days of the reporter's decision.

**Data source:** SCRA statistics

## STAGE 4: INITIAL HEARING TO DISPOSAL

***The legal framework:***

***In terms of Section 69 of the Children (Scotland) Act 1995, a children's hearing must consider the grounds for referral and the information available to them before deciding one of the following:-***

- ***to continue the case to a subsequent hearing***
- ***to discharge the referral***
- ***to make a supervision requirement.***

### CODE OF PRACTICE - Accommodation for hearings

4.1 SCRA will provide accommodation for hearings that complies with its stated property standards.

#### **STANDARD 7**



**OBJECTIVE** - **Accommodation and facilities for families attending hearings should meet appropriate standards.**

**STANDARD** - **Children's hearings will be held in accommodation which meets SCRA's minimum property standards.**

**TARGET** - **70% of children's hearings will be held in accommodation which meets SCRA's minimum property standards.**

**Data source:** **SCRA property records**

### CODE OF PRACTICE - Punctuality of Hearings

4.2 In the course of hearings sessions panel members and others will take account of the impact of delay on families in attendance at the hearings centre who are kept waiting beyond their scheduled time.

4.3 When hearings sessions are running behind schedule, SCRA staff will keep families informed of how long delays are likely to last.

### CODE OF PRACTICE - Avoidance of Unnecessary Continuations

4.4 Whenever possible, the initial hearing will be provided with sufficient relevant information to allow full consideration of the case.

4.5 Agencies will ensure that they provide appropriate representation to allow full discussion of the case.

- 4.6 Education departments will provide a service for attendance at hearings outwith school term where considered necessary by the reporter.
- 4.7 The social work department will be represented at all hearings by the caseworker or appropriate substitute.
- 4.8 In making recommendations for disposal, social workers will provide as much detail as possible about relevant options, including residential placements.
- 4.9 Whenever possible, the reporter will schedule a date for a continued hearing at the end of the current hearing.

## **STANDARD 8**



- OBJECTIVE** - **The number of hearings that are continued will be kept to a minimum.**
- STANDARD** - **All relevant people, information and resources will be available to hearings to ensure that continuations are kept to a minimum.**
- TARGET** - **75% of hearings will proceed to disposal.**

***Data source:*** ***SCRA statistics***

## **CODE OF PRACTICE - Safeguarders**

- 4.10 In stating their reasons for appointing a safeguarder, panel members will specify as clearly as possible those aspects of the case that they wish the safeguarder to investigate.
- 4.11 A date for submission of the safeguarder's report will be specified on appointment and should only be extended if the interests of the child so require.
- 4.12 Local authorities will operate procedures to ensure that safeguarders are allocated to cases with a minimum of delay.
- 4.13 Reporters will ensure that safeguarders receive case papers with the minimum of delay.
- 4.14 Reporters will provide safeguarders with a list of relevant contact addresses and, where available, telephone numbers.
- 4.15 Local authorities will review their safeguarders' panel regularly to ensure that adequate numbers of safeguarders are available to meet demand.
- 4.16 Safeguarders will submit their reports with the minimum of delay.
- 4.17 Safeguarders should attend children's hearings to facilitate full discussion of children's cases.

**STANDARD 9** 

**OBJECTIVE** - The appointment of a safeguarder by a children's hearing will be implemented without delay.

**STANDARD** - A named safeguarder will be allocated to a case and the reporter notified within 2 working days of the hearing.

**TARGET** - 95% of appointments will be implemented within 2 working days of the hearing.

**Data source:** *To be decided following local agreements on allocation arrangements.*

**STANDARD 10**  

**OBJECTIVE** - Safeguarders will receive case papers with the minimum of delay.

**STANDARD** - The reporter will send case papers to the safeguarder within 3 working days of the reporter being advised of the allocation of the case.

**TARGET** - 95% of case papers will be sent to the safeguarder by the reporter within 3 working days of the reporter being advised of the allocation of the case.

**Data source:** *SCRA statistics*

**STANDARD 11**  

**OBJECTIVE** - Safeguarders will submit their reports with the minimum of delay.

**STANDARD** - Safeguarders' reports will be submitted within 20 working days of the issue of case papers.

**TARGET** - 90% of reports by safeguarders will be submitted within 20 working days of the issue of case papers.

**Data source:** *SCRA statistics*



## **CODE OF PRACTICE - Reports from mental health professionals**

- 4.18 In the planning and resourcing of children's services, Health Boards and Trusts will take account of the role of all health professionals, but particularly those working in child and adolescent mental health services, in producing reports for the reporter and for children's hearings.
- 4.19 SCRA and Children's Panel Training Organisers will ensure that reporters and panel members receive training on the appropriateness of requesting reports from child and adolescent mental health professionals as a contribution to their decision making.

## **STANDARD 12 (new in 2001)**



- OBJECTIVE** - **Child and adolescent mental health professionals will submit reports for children's hearings with the minimum of delay.**
- STANDARD** - **Child and adolescent mental health professionals will submit reports within 8 weeks (40 working days) of the date of the request by a children's hearing.**
- TARGET** - **75% of reports for children's hearings by child and adolescent mental health professionals in each Health Board area will be submitted within 8 weeks (40 working days) of the date of the request by the hearing.**

***Data source:*** ***SCRA statistics***

## **CODE OF PRACTICE - Cases Referred for Proof**

- 4.20 When a case is referred for proof reporters will provide families with appropriate written information about going to court, obtaining legal advice and, where appropriate, applying for legal aid.
- 4.21 Liaison will take place between reporters and the Scottish Court Service to avoid delay in the scheduling of children's cases.
- 4.22 The reporter will give all those having a right or required to attend a proof hearing as much notice as possible of the court date.
- 4.23 Efforts will be made to avoid court adjournments and to ensure that cases go ahead on the scheduled date.

**STANDARD 13**



- OBJECTIVE** - To ensure that proof applications proceed at the first hearing.
- STANDARD** - All relevant people, information and resources will be available to ensure that adjournments are kept to a minimum.
- TARGET** - The number of cases, ready to proceed, adjourned because of lack of court time, should not exceed 5% of hearings set down.

**Data source:** *Scottish Court Service statistics*

**CODE OF PRACTICE** - Disposals

4.24 Written notification of the outcome of a hearing, together with a copy of the reasons for the decision, will be sent to the child and family with the minimum of delay.

4.25 Supervision requirements will be implemented with the minimum of delay.

**STANDARD 14**



- OBJECTIVE** - Written notification of the outcome of a hearing will be sent to the child and family without delay.
- STANDARD** - The child and family will be sent written notification of the outcome of a hearing within 5 working days of the hearing.
- TARGET** - 60% of notifications will be sent within 5 working days of the hearing.

**Data Source:** *SCRA statistics*

**STANDARD 15**



- OBJECTIVE** - The local authority will give effect to\* supervision requirements without delay.
- STANDARD** - The local authority will give effect to\* supervision requirements with no condition of residence within 15 working days of date of issue by the children's hearing.
- TARGET** - 100% of supervision requirements with no condition of residence will be given effect\* within 15 working days of issue by the children's hearing.

**Data Source:** *Local authority records – provider to be decided.*

*\*Note: For the purposes of this standard, 'to give effect to' a supervision requirement will be taken to mean that within the 15 working day timescale:*

- a social worker has been allocated to the case
- at least one visit to the child/family has taken place as the first step in the programme of work with the child.

## NATIONAL STANDARDS

### STANDARD 1

OBJECTIVE The police will deliver reports on alleged offences by children to the reporter with the minimum of delay.

STANDARD Reports will be delivered to the reporter within 14 calendar days\* of caution and charge.

TARGET 80% of reports will be delivered within 14 calendar days\*.

Data source: Police statistics

\* Note: Calendar days are used in this standard as the unit of measurement which is most meaningful in the context of police shift patterns and practice.

### STANDARD 2

OBJECTIVE Referral of a child to the reporter from a child protection case conference, together with supporting data, will be made by the nominated person as soon as possible.

STANDARD Referrals will be made within 5 working days of the child protection case conference.

TARGET 100 % of referrals will be made within 5 working days of the child protection case conference.

Data source: Social work department statistics

### STANDARD 3

OBJECTIVE Social work departments will submit reports on time.

STANDARD All reports will be submitted within 20 working days\* of the date of the request.

TARGET 75 % of reports will be submitted within 20 working days\* of the date of the request.

Data source: SCRA statistics

\*Note: For measurement of this standard, day 1 of the 20 working day period will be taken as the working day after the initial report request.

### STANDARD 4

OBJECTIVE The reporter will make a decision about a referral with the minimum of delay.

STANDARD The reporter will make a decision about a referral within 10 weeks (50 working days) of receipt.

TARGET 60% of decisions will be made within 10 weeks (50 working days) of receipt of a referral.

Data source: SCRA statistics

### STANDARD 5

OBJECTIVE Children and families will be informed of the reporter's decision on a referral as soon as possible.

STANDARD The reporter will inform the child and family of the outcome of a referral within 5 working days of making a decision.

TARGET In 60% of cases the reporter will inform the child and family of a decision on a referral within 5 working days.

Data source: SCRA statistics

**STANDARD 6**

OBJECTIVE	Delay will be minimised between the reporter's decision that a hearing is necessary and the hearing taking place.
STANDARD	Hearings will be scheduled to take place within a maximum of 20 working days of the reporter's decision.
TARGET	90 % of hearings will be scheduled to take place within a maximum of 20 working days of the reporter's decision.

*Data source:* SCRA statistics

**STANDARD 7**

OBJECTIVE	Accommodation and facilities for families attending hearings should meet appropriate standards.
STANDARD	Children's hearings will be held in accommodation which meets SCRA's minimum property standards.
TARGET	70% of children's hearings will be held in accommodation which meets SCRA's minimum property standards.

*Data source:* SCRA property records

**STANDARD 8**

OBJECTIVE	The number of hearings that are continued will be kept to a minimum.
STANDARD	All relevant people, information and resources will be available to hearings to ensure that continuations are kept to a minimum.
TARGET	75% of hearings will proceed to disposal.

*Data source:* SCRA statistics

**STANDARD 9**

OBJECTIVE	The appointment of a safeguarder by a children's hearing will be implemented without delay.
STANDARD	A named safeguarder will be allocated to a case and the reporter notified within 2 working days of the hearing.
TARGET	95% of appointments will be implemented within 2 working days of the hearing.

*Data source:* To be decided following local agreements on allocation arrangements.

**STANDARD 10**

OBJECTIVE	Safeguarders will receive case papers with the minimum of delay.
STANDARD	The reporter will send case papers to the safeguarder within 3 working days of the reporter being advised of the allocation of the case.
TARGET	95% of case papers will be sent to the safeguarder by the reporter within 3 working days of the reporter being advised of the allocation of the case.

*Data source:* SCRA statistics

**STANDARD 11**

OBJECTIVE	Safeguarders will submit their reports with the minimum of delay.
STANDARD	Safeguarders' reports will be submitted within 20 working days of the issue of case papers.
TARGET	90% of reports by safeguarders will be submitted within 20 working days of the issue of case papers.

*Data source:* SCRA statistics

## **STANDARD 12**

OBJECTIVE	Child and adolescent mental health professionals will submit reports for children's hearings with the minimum of delay.
STANDARD	Child and adolescent mental health professionals will submit reports within 8 weeks (40 working days) of the date of the request by a children's hearing.
TARGET	75% of reports for children's hearings by child and adolescent mental health professionals in each Health Board area will be submitted within 8 weeks (40 working days) of the date of the request by the hearing.

*Data source:* SCRA statistics

## **STANDARD 13**

OBJECTIVE	To ensure that proof applications proceed at the first hearing.
STANDARD	All relevant people, information and resources will be available to ensure that adjournments are kept to a minimum.
TARGET	The number of cases, ready to proceed, adjourned because of lack of court time, should not exceed 5% of hearings set down.

*Data source:* Scottish Court Service statistics

## **STANDARD 14**

OBJECTIVE	Written notification of the outcome of a hearing will be sent to the child and family without delay.
STANDARD	The child and family will be sent written notification of the outcome of a hearing within 5 working days of the hearing.
TARGET	60 % of notifications will be sent within 5 working days of the hearing.

*Data Source:* SCRA statistics

## **STANDARD 15**

OBJECTIVE	The local authority will give effect to* supervision requirements without delay.
STANDARD	The local authority will give effect to* supervision requirements with no condition of residence within 15 working days of date of issue by the children's hearing.
TARGET	100% of supervision requirements with no condition of residence will be given effect* within 15 working days of issue by the children's hearing.

*Data Source* Local authority records – provider to be decided.

*\*Note:* For the purposes of this standard, 'to give effect to' a supervision requirement will be taken to mean that within the 15 working day timescale:

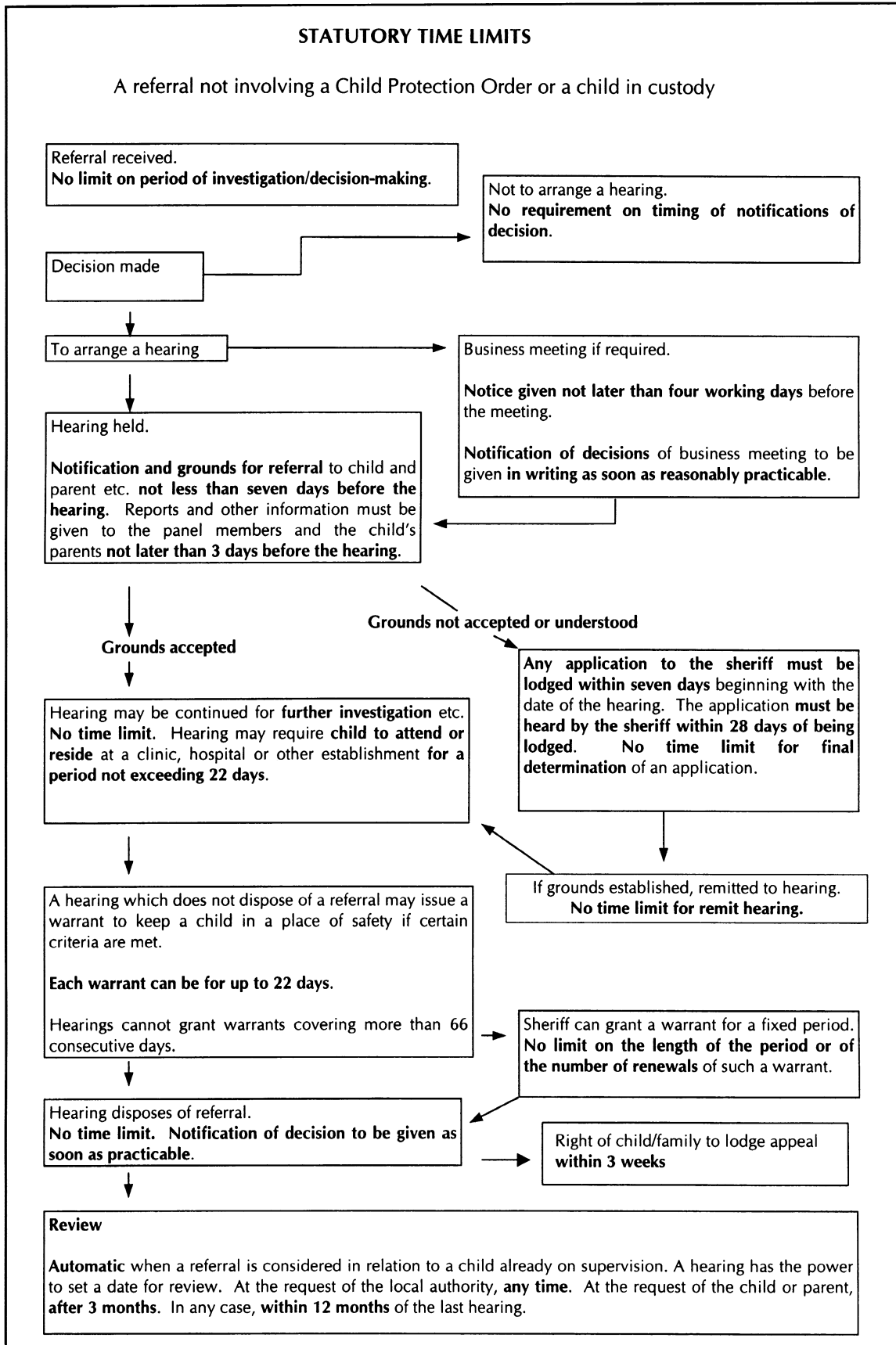
- a social worker has been allocated to the case
- at least one visit to the child/family has taken place as the first step in the programme of work with the child.

## INITIAL ACTION POINTS ACHIEVED AND WORK STILL TO BE DONE

The following table summarises the list of initial actions required by all agencies to prepare the ground for effective implementation of the Blueprint, as specified in the 1999 edition. It notes the action points achieved and those still outstanding (marked \*\*\*) which should be brought to the attention of the appropriate agencies by the National Monitoring Committee.

Stage	Action required	Agency	Report date
1(a)	Guidance to all agencies on referral criteria	SCRA	National protocols agreed with ADSW, ADES, NHS. Time required to implement.
1(b)	Agencies agree internal mechanisms to comply with SCRA guidance on referral (see 1(a) above)	All	Ongoing – dependent on 1(a).
1(c)	Agreement to joint policy to promote the use of police warnings	ACPOS/ SCRA	Achieved.
1(d)	Agreement to standard format for police reports to the reporter	ACPOS/ SCRA	Protocol for offence reports agreed. Implementation ongoing. <b>Agreement on 'non-offence' referrals still to be reached***.</b>
1(e)	Guidance to agency staff for the referral of a child to the reporter.	Social Work/ Education/ Health	<b>Dissemination of Education &amp; NHS protocols awaited***.</b>
1(f)	Adoption of administrative systems to ensure timely referral	Social Work/ Education/ Health	Ongoing.
1(g)	Clear guidance and policy on the direct referral of children to the reporter	Education	As 1(e).
1(h)	Format of case conference minutes to highlight the conference's decision to refer (or not) a child to the reporter	Social Work	Achieved.
1(i)	Adoption of procedures to ensure that a decision by a case conference to refer a child to the reporter is implemented without delay.	Social Work	Achieved.
1(j)	Consultation with health professionals to agree arrangements which will promote effective liaison with reporters and other partner agencies	TIWG/NHS	Working group s recommendations incorporated into Blueprint 2. Protocol agreed
2(a)	Guidance on the level of investigation required on receipt of a referral.	SCRA	Achieved.
2(b)	Guidance on the difference between IIRs and SBRs, on the content of each and on the criteria for requesting either one	SCRA in consultation with ADSW & CPCG	Achieved.
2(c)	Report and information request forms to be introduced	SCRA	Achieved.
2(d)	Guidance to staff on the recording of, and status of, information acquired by telephone	SCRA	<b>Awaited***.</b>
2(e)	Guidance to reporters concerning the stating of return dates for reports	SCRA	Achieved.

2(f)	Guidance to reporters on what constitutes a late report	SCRA	Achieved.
2(g)	Reporters to negotiate with relevant agencies local protocols for the handling of late reports	SCRA & all reporting agencies	Achieved.
2(h)	Agreement to system for provision of written information to reporters during school holidays.	Education/ SCRA	<b>Still to be reached at national level.***</b>
2(i)	Clarification of arrangements for provision of health reports	SCRA/ NHS (see 1(j))	<b>To follow distribution of Protocol - see 1(j) above.</b>
2(j)	Arrangements for the views of children to be sought and included in reports (to be included in guidance issued under 2(b))	SWD/SCRA	Achieved.
4(a)	Policy on standards for hearings accommodation	SCRA	Achieved
4(b)	Agreement on arrangements for the attendance of appropriate staff at hearings outwith school terms	SCRA/ Education	<b>Still to be reached***.</b>
4(c)	Establishment of system to ensures representation by the case worker, or an appropriate substitute, at all hearings	Social Work	Ongoing.
4(d)	System to ensure adequate numbers of safeguarders to meet demand	Local Authorities	No problems reported.
4(e)	Agreement on mechanisms to minimise delay in the allocation of safeguarders and the delivery of case papers	SCRA/Local Authorities	No problems reported.
4(f)	Mechanism to provide clear procedures and accountability for safeguarder appointments (links with 4(g) below)	Local Authorities	See 4(g) below.
4(g)	National agreement on mechanisms for monitoring the operation of safeguarders	Scottish Executive/ Local Authorities/ Scottish Safeguarders Association	National working group convened and research project underway. <b>Outcomes awaited***.</b>
4(h)	Production of information leaflets about going to court.	SCRA in consultation with SLAB & SCS	<b>Still to come***.</b>
4(i)	Agreement on mechanisms to reduce adjournments of children's cases at court	TIWG/ SCRA/SCS/ Sheriffs Principal/ Sheriffs Association/ Law Society	Standard 12 (now 13) agreed. Few apparent problems with court time. <b>Further work needed on other causes of adjournments***.</b>
4(j)	Guidance emphasising the need to give effect to supervision requirements without delay	Local Authorities	Ongoing.

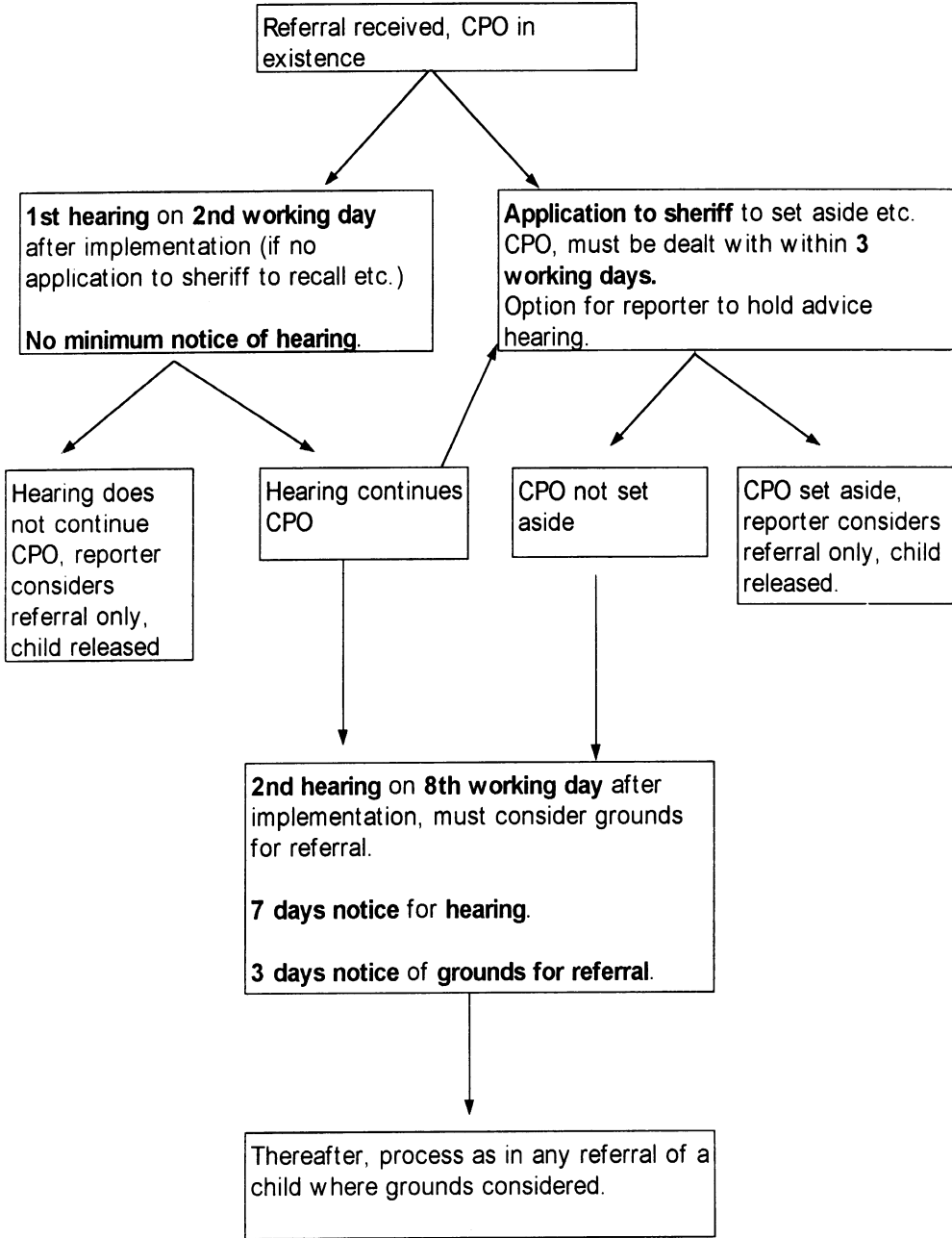




**STATUTORY TIME LIMITS**

**CHILDREN REMOVED FROM HOME**

A referral of a child subject to a child protection order, on the assumption that the reporter does not liberate the child from the CPO or decide not to arrange a hearing on the referral.



LOCAL AUTHORITY REVIEW GROUP ANNUAL REPORT (EXAMPLE 2001- 2002)

*Please complete this form and return to Tom McNamara, SEED, by 3 May 2002.  
The information will be used to compile the TIMG's report to the Children's Hearings Representative Group, on implementation of the Blueprint for the Processing of Children's Hearings Cases during the year April 2000 - March 2001.  
If you require more space to comment on any of the questions, please continue on another sheet.*

Authority ..... Contact Person .....

**Please check that the marked agencies are still represented on your Local Authority Review Group:**

Social Work Department	Education Department
Children's Panel	Police
SCRA	Crown Office
Scottish Court Service	National Health Service
Other (please specify)	

**Part 1 – Blueprint National Code of Practice**

1.1 How far has the processing of children's cases in your authority during the past year complied with the Blueprint Code of Practice? *(Please circle.)*

Totally            To a large extent            To some extent            Very little

---

1.2 Have any agencies encountered problems in relation to any clauses in the Blueprint Code of Practice? *(Please specify the problems encountered and identify reasons if possible.)*

---

1.3 What action is being taken to overcome these problems?

---

1.4 Are there any additions/changes to the Code of Practice which you would like be considered if the Blueprint is to be updated? *(Please specify.)*

**Part 2 – National Standards and Targets**

2.1 The following table will indicate how far the national targets have been met in your authority area. Please provide any information you can relating to the other standards/targets.

Standard	Lead agency	Data source	Total Number	Target	% achieved
1 Referrals	Police	Police		80%	
2 Case confs	SWD	SWD		100%	
3 SWD reports	SWD	SCRA		75%	
4 Rep decisions	SCRA	SCRA		60%	
5 Info to families	SCRA	SCRA		60%	
6 Dec to hearing	SCRA	SCRA		90%	
7 Accom.	SCRA	SCRA		70%	
8 Hearings cont'd	Inter-agency	SCRA		75%	
9 Safeg appts	Local authority	TBC		95%	
10 Safeg papers	SCRA	SCRA		95%	
11 Safeg reports	Safeguarders	SCRA		90%	
12 Health Reports	Health Board	SCRA		75%	
13 Adjournments	Interagency	SCS		Below 5%	
14 Notify families	SCRA	SCRA		60%	
15 SR implem'td	Local authority	L/A		100%	

2.2 Have any particular problems been identified in relation to any of the standards/targets? (*Please specify.*)

2.3 If so, what action can be taken to help overcome these problems?

2.4 Are there any changes to the national standards or targets which you would like to be considered if the Blueprint is updated?

2.5 Do you have any general comments on the operation of this system?

Signed.....

*Review Group Contact Person*

.....

*Local Authority Chief Executive*

Date .....

## PROTOCOL FOR POLICE REPORTS TO THE REPORTER TO THE CHILDREN'S PANEL

**The following principles for the submission of referrals to the Reporter to the Children's Panel have been agreed between the Scottish Children's Reporter Administration (SCRA), and the Association of Chief Police Officers in Scotland (ACPOS).**

The ACPOS supports the concept of speedier justice for young people in Scotland and will undertake to submit police reports to the Reporter to the Children's Panel within 14 days of the offender being cautioned and charged. The ACPOS agreed to a target of 80% being set for the submission of police reports within that timescale.

Police reports will contain the following information required by SCRA:

- Name, date of birth and address of offender.
- Details of charge(s).
- Summary of evidence to support charge(s).
- List of witnesses.
- Background information.

It is acknowledged that there are different reporting methods in operation at present throughout Scotland. In some areas abbreviated forms of police reports have been accepted by Reporters in the interest of speedier justice. Whilst this agreement does not alter such arrangements, there is an understanding that these arrangements may require to change to provide greater uniformity as the Integrated Scottish Criminal Justice System develops.

*Agreed for implementation from 1 September 1999.*

## PROTOCOL FOR POLICE RECORDED WARNING SYSTEM FOR JUVENILE OFFENDERS

It is a fundamental policing principle that in upholding the law police officers may exercise their discretion. The Police Recorded Warning System for Juvenile Offenders maintains that principle, but draws a distinction between an informal warning where no further action is taken, and a formal warning which is part of a more structured system agreed by the Association of Chief Police Officers in Scotland and the Scottish Children's Reporter Administration and which applies certain criteria in relation to juvenile offenders. This document therefore deals only with formal warnings under the Police Recorded Warning System for Juvenile Offenders and is applicable throughout Scotland.

It is recognised that most first time offenders do not go on to re-offend. Diversionary procedures might therefore exclude 'first time offenders' from referral, under strictly controlled criteria. This will not only benefit the child but will allow stretched resources to be more appropriately concentrated on individuals who have embarked upon repeating offending patterns. It is widely accepted that the police are empowered to warn individuals who commit minor offences. This, however, has to be balanced with the need to ensure that the Reporter is alerted to all instances where a child is considered to be at risk or in moral danger.

As an alternative to mandatory referral to the Reporter, it is not only desirable but necessary that the police should be able to warn first time offenders, who pass appropriate filters, if the system of justice for young people is to act on the basis of need and not deed when considering the best interest of the child.

The Scottish Police Service therefore adopts a 'child centred' approach in dealing with juvenile offenders and will operate flexible procedures, which treat children as individuals and not 'cases' while recognising the rights of parents. The needs of the child offender will at all times be a primary consideration with less emphasis on the deed unless the offence is of a particularly serious nature.

Subject to a child meeting certain criteria, and early telephone contact having been made by the police officer in charge of the case with the local Reporter, then a police warning may be administered. The purpose of contact with the Reporter is to allow the Reporter the opportunity to check whether the child or his family is known and whether a referral might be more appropriate. This in any event would not preclude the police from administering a warning. The following are the criteria referred to above:

- Minor crime offence.
- No previous offending or referral.
- No welfare concerns.
- Child admits the offence.
- Parents accept admission.
- Parents consent to warning.

Police officers administering warnings should address the following issues with the child and parents:

- Child to take responsibility for own actions.
- Impact of actions on the victim.
- Impact of actions on community described as a 'very uncomfortable process'.

The effect of a recorded warning system is that a large number of juvenile offenders previously referred to the Reporter to the Children's Panel are no longer referred in this process, allowing the Reporter Service to divert more precious time and resources to the cases most in need.

When juveniles are warned in this manner a crime report is still to be submitted to record the crime and in addition details of the warning should be recorded for future reference.

In order to contribute to the concept of speedier justice for juveniles, recorded police warnings should take place within 14 days of the offender having been cautioned and charged.

*Agreed for implementation from 1 September 1999*

## REFERRALS TO THE CHILDREN'S REPORTER FROM SOCIAL WORK PROTOCOL

### 1. PURPOSE OF PROTOCOL AND GENERAL PRINCIPLES

- 1.1 This Protocol is applicable to all referrals to the Children's Reporter irrespective of the initial nature of the concern and it is designed to ensure that everyone is clear about the legal and practice principles, which apply when considering referrals to the Children's Reporter. It provides a framework within which existing good practice can be further developed. Good practice requires the careful exercise of professional skill and judgement. No protocol can cover every possible eventuality nor prescribe action in every particular case. All those with responsibility in this area will continue to operate within a procedural framework and to enjoy the necessary level of confidence to exercise judgement about the most appropriate response in specific circumstances.
- 1.2 Ensuring the swift and well-informed referral of vulnerable children who require compulsory support, guidance, protection and control is the overriding consideration. By applying the same principles in a consistent manner, everyone involved in responding to children's needs is helping the system to treat vulnerable and needy children fairly, promptly and effectively.
- 1.3 The decision to refer a child to the Children's Reporter is a significant step with potentially far reaching consequences for the child and his/her family/carers. The Scottish Children's Reporter Administration and Social Work have developed this guidance following extensive consultation throughout both agencies to ensure that children and young persons are speedily referred where circumstances require the Reporter to consider whether or not compulsory measures of supervision are required. This protocol's application includes any child who is already subject to a supervision requirement.
- 1.4 The introduction of this protocol complies with point 1.1 of the Inter-Agency Code of Practice contained in the "*Blueprint for the Processing of Children's Hearing Cases*" which was adopted nationally on 1<sup>st</sup> April 1999. The Blueprint was developed by the Time Intervals Working Group, set up in the early part of 1997 by Mr Sam Galbraith, (from May 1999 Minister for Children and Education in the new Scottish Executive). The protocol aims to contribute to the reduction of inconsistent practice and lengthy delays in the processing of children's cases identified by the working group.

### 2. PREVENTIVE SERVICE AND BEST PRACTICE – GENERAL PRINCIPLES

- 2.1 Social Work and partner agencies should attempt to provide sufficient support at an early stage to reduce the need for consideration of compulsory intervention in families' lives by way of referral to the Reporter. Where a family however, is unable to care appropriately for their child, Social Work requires to consider prompt referral to the Reporter. While all allegations of child abuse or neglect should be taken seriously, it is recognised that informal resolution by Social Work of minor issues where a child/children are not considered to be at serious risk may well be the most appropriate action to take and referral to the Reporter, in such circumstances, may not be necessary.
- 2.2 In keeping with the Children (Scotland) Act 1995, a number of general principles should be applied when decisions are being taken:-
- The child's welfare shall be the paramount consideration when deciding whether or not to refer a child to the Reporter.

- Local authorities and partner agencies are required to take into account the views of children and families and to work in partnership with them.
- Intervention should only take place where necessary to promote the child's welfare.
- Local authorities have a statutory duty to safeguard and promote the welfare of children and, so far as it is consistent with that duty, promote the upbringing of such children by their families.

2.3 It is of critical importance that practitioners balance the need for intervention to be made only when appropriate and the basic principle which requires that children and families are listened to and their views taken into account.

### **3. STATUTORY FRAMEWORK – CRITERIA FOR REFERRAL**

3.1 Where a local authority receives information, which suggests that compulsory measures of supervision **may** be necessary, the local authority must inquire into the matter unless satisfied that such inquiries are unnecessary. Where a local authority does not believe that compulsory measures of care are necessary it does not need to refer the child to the Reporter.

3.2 The question of whether compulsory measures of supervision are necessary in respect of a child arises if at least one of the following conditions mentioned in Section 52 of the Children (Scotland) Act 1995 appears to be satisfied, namely that 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 –
  - (i) to suffer unnecessarily; or
  - (ii) be impaired seriously in his health or development, due to lack of parental care;
- (d) is a child in respect of whom any of the offences mentioned in Schedule 1 to 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 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 interests of others.

- 3.3 When considering whether or not to make a referral to the Children's Reporter, Social Workers must not take into consideration whether they believe there to be sufficient evidence for grounds for referral to be established. Considerations relating to the sufficiency of evidence and standard of proof are exclusively a matter for the Reporter. Social Work staff must refer children who they assess may be in need of compulsory measures of supervision.

#### **4. PROCEDURE FOR REFERRAL TO THE REPORTER AND PROVISION OF RELEVANT INFORMATION**

- 4.1 There are different statutory provisions relating to referral of a child to the Reporter. The law recognises 3 distinct providers of such information viz:-

- the Local Authority
- the Police
- any other person

- 4.2 It is essential that sufficient information is supplied to the Reporter at the time the referral is made to enable the Reporter to make a speedy and informed assessment of the situation.

- 4.3 Social Work may find it helpful to consult with the Reporter prior to making a referral.

- 4.4 Before a referral is made, the Social Worker should, wherever possible, carry out the undernoted tasks –

- interview the child/children if appropriate and other children of the household
- Interview the parents/carers
- Interview other persons who may have relevant information

- 4.5 Social Work and partner agencies should issue clear guidance about referral procedures to their respective staff and, where relevant, to outside agencies.

- 4.6 To ensure prompt attention, referrals should be made as and when they arise rather than in periodic batches.

- 4.7 The referral should be signed and dated by the author.

#### **5. INFORMATION TO ACCOMPANY REFERRALS**

##### **5.1 Factual Background Information**

The undernoted bullet points have general application to all children referred to a Reporter irrespective of whether this is by way of a Child Protection Order or Child Assessment Order. As additional responsibilities attach to Social Work in situations where a Child Protection or Child Assessment Order has been granted these additional responsibilities are covered in paragraph 6 of this Protocol.



All referrals to the Reporter must contain –

- Full name, address (present and normal home address), and date of birth of the child/children being referred.
- Any special requirements of the child or family e.g. religion, disability, ethnic origin, language etc.
- Details of all other children in the household, with a clear indication of whether the social worker also intends to refer them.
- Full names and address of parents and marital status.
- Full names and address of any other relevant persons.
- Full names of adult members of household.
- A clear indication of whether the child is subject to any orders or legal requirements including details of any restrictions upon contact.
- Current whereabouts of child/children/parents.
- Whether family previously known and if so a summary of any previous knowledge. It may be that the Scottish Office's *Looking After Children in Scotland: Good Parenting; Good Outcomes* materials, where in use, will include such information. Where such materials are in use relevant aspects of this material may be copied and included as part of the referral; Social Work staff frequently find themselves in situations where they are compiling multiple reports on an individual for a variety of purposes; namely the Authority Reporter, the Child Protection system and the Care Planning and Review process for accommodated children. Efforts should be made to minimise this documentation and avoid duplication e.g. if additional information is already contained in a relevant report, such as a case conference minute, it should be appended by way of a supplementary report.

#### 5.2 Information relating to the Referral:

- Summarise the reasons for referral to the Reporter.
- Give a factual account of the referral and the names and address of all parties involved e.g. how, when and by whom the incident was discovered.

#### 5.3 Additional Information

- In some cases, the Reporter may decide that additional information is required, which may include further interviewing of witnesses and the securing of actual verbatim statements. In such circumstances, he/she may then request that the Police interview identified witnesses or he/she may do so himself/herself. Social Workers will not however be asked to obtain verbatim statements.

### **6. CHILD PROTECTION ORDER OR CHILD ASSESSMENT ORDERS**

- 6.1 If such an order is obtained the Social Worker must notify the Reporter of this by telephone as soon as possible and this must be confirmed in writing within **one** working day. A copy of the order together with a copy of the application including details and supporting evidence produced by the applicant must be sent within **one** working day of the granting of the order. Any additional oral evidence heard by the sheriff should be summarised and should accompany the copy order and copy application. Any material change in circumstances since the granting of the order should also be included.

In addition to the information detailed within paragraph 5.1 referrals of this type to the Reporter must contain the following information:-

- Was the child medically examined?
- Were any medical tests carried out (for example, blood test, skeletal survey)? If so, what was the result, if known at this stage? Who were the Doctors and/or Paediatricians who carried out these tests/surveys/ examinations? Attach any written reports from Doctors, if available.
- Were photographs taken of the injuries or the circumstances in the household where the incident happened?
- Were the Police involved? If so, were any charges made?
- Indicate whether the child or any child in the household is listed on the Child Protection Register.

## **7. TIMESCALES and REFERRALS FROM CASE CONFERENCES**

- 7.1 Social Work are, as a result of the recommendations contained in the *Blueprint for the Processing of Children's Cases* (1999), obliged to produce case conference minutes in a format that highlights the conference's decision to refer (or not) a child to the Reporter, and where a decision is made by a case conference to refer a child to the Reporter, this must be implemented within **five** working days of the conference by a person nominated by the chair of the conference. Where other agencies have provided reports for consideration by case conferences, copies of such reports, with the authors' consent, should accompany the referral to the Reporter. All other referrals must be made within **ten** days of the Social Work's decision to refer. In urgent circumstances the referral should be made immediately.

## **8. REPORTER'S DECISIONS**

- 8.1 Having considered the information received and following further investigation, the Reporter shall make one of the following decisions:-
- that a hearing does not require to be arranged i.e. that it is not necessary to proceed further with the referral
  - to refer the child to the relevant local authority to make arrangements for advice, guidance and assistance
  - to refer the child to a hearing

**IF FURTHER GUIDANCE IS REQUIRED, PLEASE CONTACT THE RELEVANT  
AUTHORITY REPORTER.**

*Agreed between SCRA and ADSW, June 1999.*

## REFERRALS TO THE CHILDREN'S REPORTER FROM EDUCATION PROTOCOL

### 1. PURPOSE OF PROTOCOL AND GENERAL PRINCIPLES

- 1.1 This Protocol is applicable to all referrals to the Children's Reporter irrespective of the initial nature of the concern and it is designed to ensure that everyone is clear about the legal and practice principles which apply when considering referrals to the Children's Reporter. It provides a framework within which existing good practice can be further developed. Good practice requires the careful exercise of professional skill and judgement. No protocol can cover every possible eventuality nor prescribe action in every particular case. All those with responsibility in this area will continue to operate within a procedural framework and to enjoy the necessary level of confidence to exercise judgement about the most appropriate response in specific circumstances.
- 1.2 Ensuring the swift and well-informed referral of vulnerable children who require compulsory support, guidance, protection and control is the overriding consideration. By applying the same principles in a consistent manner, everyone involved in responding to children's needs is helping the system to treat vulnerable and needy children fairly, promptly and effectively.
- 1.3 The decision to refer a child to the Children's Reporter is a significant step with potentially far reaching consequences for the child and his/her family/carers. The Scottish Children's Reporter Administration and The Association of Directors of Education have developed this guidance following extensive consultation throughout both agencies to ensure that children and young persons are speedily referred where circumstances require the Reporter to consider whether or not compulsory measures of supervision are required. This protocol's application includes any child who is already subject to a supervision requirement.
- 1.4 The introduction of this protocol complies with point 1.1 of the Inter-Agency Code of Practice contained in the *Blueprint for the Processing of Children's Hearing Cases* which was adopted nationally on 1<sup>st</sup> April 1999. The Blueprint was developed by the Time Intervals Working Group, set up in the early part of 1997 by Mr Sam Galbraith (from May 1999 Minister for Children and Education in the new Scottish Executive). The protocol aims to contribute to the reduction of inconsistent practice and lengthy delays in the processing of children's cases identified by the working group.

### 2. PREVENTIVE SERVICE AND BEST PRACTICE – GENERAL PRINCIPLES

- 2.1 Education and partner agencies should attempt to provide sufficient support at an early stage to reduce the need for consideration of compulsory intervention in families' lives by way of referral to the Reporter. However, where a family is unable to care appropriately for their child, or where a child's failure to attend school raises the question that the child may be in need of compulsory measures, Education requires to consider prompt referral to the Reporter. Where, for example, there are significant concerns about the safety of a child or a child is considered to be at risk of injuring himself/herself or others, early referral to the Reporter is appropriate. Education staff require to exercise discretion in distinguishing between children in relation to whom there are serious concerns of such a nature and situations which present minor issues where children are not thought to be at serious risk.
- 2.2 While all allegations of a child being in difficulties should be taken seriously, it is recognised that informal resolution by an appropriate agency of minor issues where a child/children are not considered to be at serious risk may well be the most appropriate action to take and referral to the Reporter, in such circumstances, may not be necessary.

A referral to other appropriate resources in or outwith the local authority may be a sufficient response and this is a matter for the responsible exercise of professional discretion on a case by case basis.

- 2.3 In keeping with the Children (Scotland) Act 1995, a number of general principles should be applied when decisions are being taken:-
- The child's welfare shall be the paramount consideration when deciding whether or not to refer a child to the Reporter.
  - Local authorities and partner agencies are required to take into account the views of children and families and to work in partnership with them.
  - Intervention should only take place where necessary to promote the child's welfare.
  - Local Authorities have a statutory duty to safeguard and promote the welfare of children and, so far as it is consistent with that duty, promote the upbringing of such children by their families.
- 2.4 It is of critical importance that practitioners balance the need for intervention to be made only when appropriate and the basic principle which requires that children and families are listened to and their views taken into account.

### **3. STATUTORY FRAMEWORK – CRITERIA FOR REFERRAL**

- 3.1 Where a local authority receives information which suggests that compulsory measures of supervision may be necessary, the local authority must inquire into the matter unless satisfied that such inquiries are unnecessary. Where a local authority does not believe that compulsory measures of care are necessary it does not need to refer the child to the Reporter. If it appears that compulsory measures may be required, they shall give such information as they have been able to discover about the child to the Reporter.
- 3.2 The question of whether compulsory measures of supervision are necessary in respect of a child arises if at least one of the following conditions mentioned in Section 52 of the Children (Scotland) Act 1995 appears to be satisfied, namely that 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 –
    - (i) to suffer unnecessarily; or
    - (ii) be impaired seriously in his health or development, due to lack of parental care;
  - (d) is a child in respect of whom any of the offences mentioned in Schedule 1 to 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 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 interests of others.

3.3 When considering whether or not to make a referral to the Children's Reporter, Education staff must not take into consideration whether they believe there is sufficient evidence for grounds for referral to be established. Considerations relating to the sufficiency of evidence and standard of proof are exclusively a matter for the Reporter. Staff must refer children who they assess may be in need of compulsory measures of supervision.

#### **4. PROCEDURE FOR REFERRAL TO THE REPORTER AND PROVISION OF RELEVANT INFORMATION**

4.1 There are different statutory provisions relating to referral of a child to the Reporter. The law recognises 3 distinct providers of such information viz:-

- the Local Authority
- the Police
- any other person

4.2 It is essential that sufficient information is supplied to the Reporter at the time the referral is made to enable the Reporter to make a speedy and informed assessment of the situation.

4.3 Education may find it helpful to consult with Social Work and the Reporter prior to making a referral.

4.4 Education and partner agencies should issue clear guidance about referral procedures to their respective staff and, where relevant, to outside agencies.

4.5 To ensure prompt attention, referrals should be made as and when they arise rather than in periodic batches.

4.6 The referral should be signed and dated by the author.

#### **5. INFORMATION TO ACCOMPANY REFERRALS**

##### **5.1 Factual Background Information**

The undernoted bullet points have general application to all children referred to a Reporter irrespective of the nature of the concern.

All referrals to the Reporter must contain –

- Full name, address (present and normal home address), and date of birth of the child/children being referred.
- Any special requirements of the child or family e.g. religion, disability, ethnic origin, language etc.
- Details of all other children in the household, if relevant, with a clear indication of whether they too are being referred.
- Full names and addresses of parents and marital status, if known.
- Full names and address of any other relevant persons, if known.
- Full names of adult members of household, if known.
- A clear indication of whether the child is subject to any orders or legal requirements including details of any restrictions upon contact if known.
- Current whereabouts of child/children/parents if known.
- Whether family previously known and if so a summary of any previous relevant information

**5.2 Information relating to the Referral:**

- Summarise the reasons for referral to the Reporter.
- Give a factual account of the referral and the names and address of all parties involved e.g. how, when and by whom the incident was discovered.

**5.3 Additional Information**

- In some cases, the Reporter may decide that additional information is required, which may include further interviewing of witnesses and the securing of actual verbatim statements. In such circumstances, he/she may then request that the Police or Social Work interview identified witnesses or he/she may do so himself/herself. Education staff will not however be asked to obtain further information in this way.

**6. REPORTER'S DECISIONS**

6.1 Having considered the information received and following further investigation, the Reporter shall make one of the following decisions:-

- that a hearing does not require to be arranged, i.e. that it is not necessary to proceed further with the referral
- to refer the child to the relevant local authority to make arrangements for advice, guidance and assistance
- to refer the child to a hearing

**IF FURTHER GUIDANCE IS REQUIRED, PLEASE CONTACT THE RELEVANT  
AUTHORITY REPORTER.**

## REFERRALS TO THE CHILDREN'S REPORTER BY HEALTH PROFESSIONALS

### PROTOCOL

#### INTRODUCTION

This protocol is one of a series issued by the Scottish Children's Reporter Administration to Social Work and Education departments, Police and health professionals following consultation at national level with the agencies concerned. The sections on best practice principles and the statutory framework are common to all the documents but other parts have been customised to take account of particular issues relevant to each professional group.

The protocols complement the *Blueprint for the Processing of Children's Hearings Cases* which was adopted nationally on 1 April 1999. The Blueprint was developed by the Time Intervals Working Group, set up in 1997 by Sam Galbraith, (from May 1999 Minister for Children and Education in the new Scottish Executive) to identify ways of reducing delays and improving the service delivered to children and families. The Blueprint sets out an inter-agency code of practice and a series of integrated national standards and targets designed to increase consistency and promote improvement.

The second edition of the Blueprint, prepared in autumn 2000, incorporates recommendations from a multi-disciplinary group of health professionals and members of the Time Intervals Working Group who explored ways of achieving more effective liaison between the Children's Hearings System and the National Health Service in Scotland. It also includes a new standard covering the provision of reports by child and adolescent mental health professionals.

The protocol for referrals to the reporter by health professionals aims to clarify the referral process and establish clearer lines of communication between health professionals and children's reporters. Both these documents should be circulated to all whose practice brings them into contact with the children's hearings system.

Both the Blueprint and this protocol for health professionals should be read in conjunction with the Scottish Executive Health Department Guidance for Health Professions in Scotland (2000) which supplements the 1998 Scottish Office guidelines *Protecting Children - A Shared Responsibility*.

*Agreed by TIWG/NHS Working Group, February 2000, for distribution with this edition of Blueprint.*

**1. PURPOSE OF PROTOCOL**

- 1.1 This Protocol is applicable to all referrals to the Children's Reporter irrespective of the initial nature of the concern. It is designed to ensure that all those making referrals are clear about the legal and practice principles which apply when considering referrals to the Children's Reporter. It provides a framework within which existing good practice can be further developed. Good practice requires the careful exercise of professional skill and judgement. No protocol can cover every possible eventuality nor prescribe action in every particular case. All those with responsibility in this area will continue to operate within a procedural framework and to enjoy the necessary level of confidence to exercise judgement about the most appropriate response in specific circumstances.
- 1.2 Ensuring the swift and well-informed referral of vulnerable children who require compulsory support, guidance, protection and control is the overriding consideration. By applying the same principles in a consistent manner, everyone involved in responding to children's needs is helping the system to treat vulnerable and needy children fairly, promptly and effectively.
- 1.3 The decision to refer a child to the Children's Reporter is a significant step with potentially far-reaching consequences for the child and his/her family/carers. The Scottish Children's Reporter Administration has developed this guidance in consultation with partner agencies to ensure that children and young persons are speedily referred where circumstances require the Reporter to consider whether or not compulsory measures of supervision are required. This Protocol's application includes any child who is already subject to a supervision requirement.

**2. PREVENTIVE SERVICE AND BEST PRACTICE – GENERAL PRINCIPLES**

- 2.1 All agencies should endeavour to provide sufficient help at an early stage to reduce the need for compulsory intervention in families' lives by way of referral to the Reporter.
- 2.2 In keeping with the Children (Scotland) Act 1995, a number of general principles should be applied when decisions are being taken :-
  - The child's welfare shall be the paramount consideration when deciding whether or not to refer a child to the Reporter.
  - Agencies are required to take into account the views of children and families and to work in partnership with them.
  - Intervention should take place only where necessary to promote the child's welfare.
  - Local authorities have a statutory duty to safeguard and promote the welfare of children and, so far as it is consistent with that duty, promote the upbringing of such children by their families.
- 2.3 It is of critical importance that practitioners balance the need for intervention to be made only when appropriate and the basic principle which requires that children and families are listened to and their views taken into account.



### 3. STATUTORY FRAMEWORK – CRITERIA FOR REFERRAL

- 3.1 The question of whether compulsory measures of supervision are necessary in respect of a child arises if at least one of the following conditions mentioned in Section 52 of the Children (Scotland) Act 1995 appears to be satisfied, namely that 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 –
    - (i) to suffer unnecessarily; or
    - (ii) be impaired seriously in his health or development, due to a lack of parental care;
  - (d) is a child in respect of whom any of the offences mentioned in Schedule 1 to the Criminal Procedure (Scotland) Act 1995 has been committed.  
 (*Note:* These are offences against children to which special provisions apply. Among the most common of these are sexual offences against children, assault, neglect and abandonment.)
  - (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 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 interests of others.
- 3.2 Most referrals by health professionals are likely to arise from concerns relating to child care and protection. They should also consider referral of children on other grounds (e.g. school related issues or misuse of drugs, alcohol or volatile substances).
- 3.3 When making a referral to the Children’s Reporter, agencies or individuals must **not** take into consideration whether they believe there to be sufficient evidence for grounds for referral to be established. Considerations relating to sufficiency of evidence and standard of proof are exclusively a matter for the Reporter.

Agencies must refer children who they assess may be in need of compulsory measures of supervision. In terms of the Children (Scotland) Act 1995, "supervision" in this context may include measures taken for the protection, guidance, treatment or control of the child.

#### **4. PROCEDURE FOR REFERRAL TO THE REPORTER AND PROVISION OF RELEVANT INFORMATION**

4.1 There are different statutory provisions relating to referral of a child to the Reporter. The law recognises 3 distinct providers of such information:-

- the local authority
- the police
- any other person (including health professionals)

4.2 Where a health professional has reasonable cause to believe that compulsory measures of protection, guidance, treatment or control may be necessary, he/she should refer the child to the Reporter.

4.3 It is essential that sufficient information is supplied at the time the referral is made to enable the Reporter to make a speedy and informed assessment of the situation.

4.4 Agencies/individuals are encouraged to consult with the Reporter, by telephone if appropriate, before making a referral.

4.5 Referrals initially made by telephone should be followed up in writing.

4.6 All agencies should issue clear guidance about referral procedures to their staff and, where relevant, to outside agencies.

4.7 Each referral should be dated and signed by the author.

#### **5. INFORMATION TO ACCOMPANY REFERRALS**

5.1 Factual background information:

All referrals to the Reporter should contain the following information (if known):-

- Full name, address (present and normal home address), and date of birth of the child/children being referred.
- Any special requirements of the child or family, e.g. religion, disability, ethnic origin, language etc.
- Details of all other children in the household, with a clear indication of whether the agency also intends to refer them.
- Full names and address of parents/carers.
- Name of child's General Practitioner and Health Visitor
- A clear indication of whether the child is subject to any orders or legal requirements including details of any restrictions on contact.
- Whether or not the referral has been discussed with the family.
- Whether or not the child is attending child and adolescent mental health services.

5.2 Information relating to the referral:

- A summary of the reason(s) for referral to the Reporter.
- A factual account of the circumstances relating to the referral and the names and addresses of all parties involved, e.g. how, when and by whom the incident was discovered.
- Health professionals may find themselves in situations where they are compiling multiple reports on an individual for a variety of purposes, e.g. for the Authority Reporter, the child protection system and the care planning and review process for accommodated children. Efforts should be made to minimise this documentation and avoid such duplication.

**6. CHILD PROTECTION ORDERS**

6.1 Following the granting of a Child Protection Order by a sheriff, a copy of the order together with a copy of the application, including details and supporting evidence produced by the applicant, must be sent to the Reporter within one working day of the granting of the order. A summary of any additional evidence heard by the sheriff should accompany the copy order and the copy application.

6.2 In addition to the information detailed within paragraph 5.1, referrals of this type to the Reporter should contain answers to the following questions:

- Was the child medically examined?
- Were any medical tests carried out (e.g. blood tests, skeletal survey)? If so, what was the result (if known at this stage?)
- Who were the clinicians who carried out these tests/surveys/ examinations?
- Any written reports from clinicians should be attached if available.
- Were photographs taken of the injuries or the circumstances in the household where the incident happened?
- Were the Police involved? If so, were any charges made?
- Is the child or any child in the household listed in the Child Protection Register?

**7. FURTHER INVESTIGATION**

7.1 When requesting reports following an initial referral, the Reporter will endeavour to make clear the range and extent of information required.

7.2 When requesting such reports, Reporters will seek to clarify, as far as possible, whether they are likely to be treated as:-

- information relating to the child's welfare (which would be given to a hearing, if arranged);
- possible evidence of a ground for referral (which would not)
- both.

- 7.3 It is recognised that those providing such reports may be subject to requirements of patient confidentiality. Any information which would normally be treated as confidential for this reason can only be disclosed if the patient/child consents, or if the requirement of confidentiality is superseded by a direction from a court or by a recognised higher duty such as the prevention of child abuse or neglect.

## **8. CONFIDENTIALITY**

- 8.1 The right of the child to confidentiality is qualified and not absolute. A medical professional owes a duty of care in relation to confidentiality. Where there is a conflict between the duty owed to the child and that owed to the parent (e.g. where posing a threat to the child or where breaching the child's confidentiality), the best interests of the child should prevail. This applies to the situation where a health professional considers initiating a referral to the Reporter, when it is for the individual professional to decide which agency should be the recipient of the information. The same principle applies when health professionals are requested to provide reports.
- 8.2 SCRA's policy on confidentiality requires that all personal casework information relating to children and families which is in the possession of the Reporter shall remain confidential.
- 8.3 This policy recognises five exceptions to the general principle. Casework information can be communicated:-
- Where persons are required or entitled by law to receive information
  - Where it is necessary for the purposes of the Reporter's investigation, the Reporter may provide such information as is necessary to permit the undertaking of that investigation
  - Where release is permitted or required by Court Order
  - Where the information is related to court process arising from Children's Hearing business and the enquirer is a legal agent of the family or other agreed person and the provision of the information will assist and not hinder the resolution of disputed matters
  - To members of the medical profession, when they are carrying out their duties and they seek information relevant to health responsibilities

## **9. REFERRALS FROM CHILD PROTECTION CASE CONFERENCES**

- 9.1 In compliance with the Code of Practice in the *Blueprint for the Processing of Children's Hearings Cases*, child protection case conference minutes must record explicitly whether or not a decision has been taken to refer a child to the Reporter. Where a decision has been taken to refer a child, the national standard requires this to be implemented by a named person within 5 working days of the case conference.
- 9.2 Where other agencies have provided reports for consideration by case conferences, copies of such reports, with the author's consent, should accompany the referral to the Reporter.

**10. THE REPORTER'S DECISION**

10.1 Having considered the information received and following further investigation, the Reporter will make one of the following decisions:

- not to proceed further with the referral
- to refer the child to the relevant local authority to make arrangements for advice, guidance and assistance
- to refer the child to a hearing.

10.2 The Principal Reporter and the Scottish Children's Reporter Administration must act within their statutory powers and, if found to be acting outwith these powers, have no protection against an action for damages.

10.3 Reporters have no general duty to disclose or power to authorise the release of personal casework information.

10.4 To promote the effective operation of health agencies, however, Reporters will inform health professionals who have made referrals or provided reports of:-

- a decision not to proceed further with a referral
- a decision to refer the child to the local authority for voluntary measures.
- the outcome of any hearing.

**IF FURTHER GUIDANCE IS REQUIRED, PLEASE CONTACT THE RELEVANT  
AUTHORITY REPORTER.**

*Agreed by TIWG/NHS Working Group, February 2000, for distribution with this edition of Blueprint.*

## **THE TIME INTERVALS WORKING GROUP**

The following people attended meetings of the group at different stages between August 1997 and June 2000 as representatives of their respective agencies:

### Association of Chief Police Officers in Scotland

Mike Currie, Deputy Chief Constable, Central Scotland Police  
Sam Muir, Superintendent, Central Scotland Police

### Association of Directors of Education Scotland

Evelyn Boyce, Head of Schools Management, Falkirk Council

### Association of Directors of Social Work

Harriet Dempster, Head of Children's Services, Dundee City Council  
Fred McBride, Head of Social Work Children's Services, Stirling Council

### Children's Panel Chairmen's Group

Derek McGregor, Dumfries and Galloway Children's Panel  
Penny Simpson, Aberdeen City Children's Panel

### Crown Office

Douglas Brown, Senior Assistant Procurator Fiscal, Glasgow

### National Health Service Health Board General Managers Group

Evelyn Gardiner, Deputy Area General Manager, Tayside Health Board

### Scottish Children's Reporter Administration

Margaret Cox, Assistant Principal Reporter  
Gillian Crompton, Practice Development Reporter  
Sally Kuenssberg, Chairman  
Averil Lockhart, Regional Administrative Assistant, North Scotland  
Stuart Lynch, Authority Reporter, Fife  
Norman Macleod, Assistant Principal Reporter, Practice  
Norma Ritchie, Authority Reporter, Perth and Kinross (Project Co-ordinator)  
Gill Short, Service Development Reporter

### Scottish Court Service

Clifford Binning, Eric Cumming, Aileen Currie

### Scottish Executive Education Department

Gerald McHugh, Young People and Looked After Children Division



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