

CHILD PROTECTION GUIDANCE

The referral process

- All allegations of abuse or neglect, including anonymous referrals, should be taken seriously.
- Professionals should consider all cases with an open mind.
- All referrals involving allegations of abuse warrant a carefully considered and a measured response.
- Health professionals must be alert to the possibility of abuse of children in families they already know; cases of emotional abuse or physical neglect may not be easy to recognise at the point of referral.
- When a concern relating to the welfare of a child or young person is raised, whether this is a clear allegation of physical or sexual abuse or a more general concern about the possibility of neglect or emotional abuse, professionals must share information with other agencies involved with the child/young person (police, social work and education) before deciding what further action to take.
- No one agency can make this assessment without full information and consultation with others.
- The local authority social work service has the statutory duty to protect children and young people, in partnership with other agencies.

What should I do if I am concerned that a child or young person is “At Risk”?

- **If you have concerns that a young person is at risk, information should be shared with the Young Persons team via the NaSH internal referral system.**
- Listen carefully and record accurately details of the history and clinical findings (with diagrams) if it is appropriate to perform an examination or you are shown injuries. If a child/ young person is suspected of having been sexually abused, a medical examination can be arranged with the specialist child protection service at Royal Hospital for Children (for cases of abuse/ assault occurring greater than 7 days from the disclosure). NB if it is an acute sexual assault within the last 7 days and the young person is 13 or older a referral to The Archway can be made (see Archway protocol).
- Tell the young person that you believe him/her and reassure them that what has happened is not their fault.
- Emphasise the seriousness of the situation and the need for it to stop (or for it to be prevented).
- Explain that it is in the interests of their safety and protection that you should share your concerns, and that you would like their consent to do so. Assure them that you will only share information on a need to know basis. It may require several consultations with the young person in order to facilitate agreement of disclosure to relevant services.

However if there is immediate on going risk to the child/ young person then there should not be any delay in sharing information with the appropriate agencies in the event the child/young person does not consent to it.

- Consult the young person at every stage if possible and explain what you are doing, to what extent their information has been shared and what is likely to happen. The client should remain in control of the situation wherever possible and be part of decisions made about them.
- If you think the case requires urgent input, discuss with either the most senior person on duty at the clinic, or the relevant Consultant on-call.
- If further advice on the situation is required urgently, the case can be discussed with the duty Child Protection Advisor at the Child Protection Unit.
- If there is doubt regarding a situation it is important to consider that other agencies may have additional information which when brought together may indicate a much more serious and definite level of concern. This information may be available from the GP, health visitor etc (The Child Protection Unit may be able to assist you with contact details for other health professionals).
- If there is a concern of child protection the next step is to make a referral to Social Care Direct or Duty social work if out of hours
- Referral will be made by the Young persons Team (except in urgent situations) and will be made by telephone in the first instance then followed up by completing the 'Referral of Notification of concerns about a child to Social Work Services' form. The full referral procedure and electronic versions of this form can be found on the Child Protection unit website – <http://www.nhsggc.org.uk/about-us/professional-support-sites/child-protection-unit/> . A copy of the referral form will be sent to the Child Protection unit.
- If the situation is concerning stranger abuse (i.e. out with the family), it is the Police (Family Protection unit) who should be contacted initially (although social work may also be involved).

The young person may not perceive that you are acting in their best interests and you may feel uncomfortable when that young person is angry/ upset.

However, it is important to remember that if information is not dealt with properly and not passed on appropriately then we may be colluding with an abusive situation.

Child Protection Unit

- Provides a range of services, including Nurse Advisor advice and support, 24 hour medical advice line (see below) guidelines, policies and procedures, training.

Royal Hospital for Children Child Protection Medical Team

- A dedicated team of trained medical professionals at Royal Hospital for Children who can undertake appropriate examination and management of alleged sexual abuse cases for those 12 years and under.

- They are based at clinic 14 of the RHC and opening hours are 9-5pm daily. Outwith these hours, contact RHC switchboard and ask for the on-call paediatrician for child protection.

Archway

- A dedicated 24 hour service sexual assault referral centre for acute rape and sexual assault occurring within 7 days prior to referral for people aged 13 years and over – see protocol.

Family Protection Units

- Have been set up in each police division. Each unit is specifically set up to deal with sensitive crimes such as sexual assault, domestic and child abuse.

Child Protection Contacts

Position	Contact Details			
Dedicated Consultant Paediatrician for Child Protection	Via RHC switchboard: 0141 201 0000			
Archway SARC	The Archway, Sandyford Place, G3 7NB. 0141 211 8175			
Child Protection Unit	Child Protection Unit Ground Floor Office Block Queen Elizabeth University Hospital 1345 Govan Road Glasgow G51 4TF Telephone: 0141 451 6605			
Sandyford Child Protection Lead	Doctor Fiona Fergie 01412118610/8613 Nurse Beverley Wilson-Brown 0141 211 8613			
Family Protection Units	North Glasgow East Dumbartonshire Saracen Police Office 0141 532 3966/3967	Dumbartonshire Clydebank Police Office 0141 532 3358/3314	East Glasgow Baird Street/Saracen Police Office 0141 532 3966/3967	South Glasgow + East Renfrewshire Aitkenhead Police Office 0141 532 5003/4985
	Hamilton, Cambuslang & East Kilbride Cambuslang	Motherwell Police Office 01698 483095	Central and West Glasgow Stewart Street Police Office	Renfrew, Paisley & Greenock Renfrew Police Office

	Blantyre Police Office 01698 202536		0141 532 3004/3031	0141 532 6121/6160
	Ayrshire & Kilmarnock Ayr Police Office - 01563 505135/505092			
Social Care Direct	Phone 0141 287 0555 Out of hours: 0800 811505			
Oncall FP/GUM Consultant	Sandyford Consultants can be contacted through their mobile /pager listed on the oncall rota OR via QEUH Switchboard 0141-201-1000			
Childline Scotland	0800 11 11 (For Children) 0800 800 5000 (For adults with concerns)			
Strathclyde Rape Crisis Centre	PO Box 53, Glasgow G1 1WE 0141 552 3200			

Concerns about clients who are also caring for children

All of us may work with clients who have responsibility for children. Any member of the team who has reasonable grounds to believe that any child is at risk of physical, sexual and emotional abuse has a duty to ensure that contact with the appropriate social work team is made either directly if immediate risk is suspected or through the young people's team.

In such circumstances, there may be an immediate risk to the welfare of the child, in which case referral can be made to the Social care direct or standby after hours after a discussion with the young people's team or the consultant on call.

In many cases, the family will already be known to social work services, and in such circumstances the concerns will be discussed with the relevant social worker as soon as possible. If such a discussion is to take place, staff will discuss their concerns with the parent/guardian, and inform them of the intention to discuss with social work. If such information was considered to place a child at further risk, then discussion with the social worker can take place without informing the parent/guardian.