

## SCRA response to the GMC's consultation

### Background

The Children's Hearings System is Scotland's distinct system of child protection and youth justice. Among its fundamental principles are:

- That children who offend and children who are in need of care and protection are dealt with in the same system
- That the welfare of the child remains at the centre of all decision making

SCRA operates the Reporter service which sits at the heart of the system. SCRA employs Children's Reporters who are located throughout Scotland, working in every local authority area in close partnership with other professionals such as social work, education, the police, the health service and the courts system.

Children can be referred to the Reporter from a number of sources and for a variety of reasons. The Reporter investigates each referral to decide if compulsory measures of supervision are needed to protect the child and/or address their behaviour. If these measures are necessary, and if evidence is available to support one or more of the grounds for referral, the child is then referred to a Children's Hearing.

Each Hearing is made up of three Panel Members, who are all trained volunteers from the local community. The Hearing makes a decision about whether the child needs compulsory supervision and if so, makes an order called a Supervision Requirement which will most commonly provide that the child should be supervised at home by a social worker. In other cases, a child could be required to live away from home, for example, with foster carers, in a local authority home or in a residential school. It is the statutory responsibility of local authorities to implement Supervision Requirements.

SCRA's vision is that vulnerable children and young people in Scotland are safe, protected and offered positive futures. We will seek to achieve this by adhering to the following key values:

- The voice of the child must be heard.
- Our hopes and dreams for the children of Scotland are what unite us.
- Children and young people's experiences and opinions guide us.
- We are approachable and open.
- We bring the best of the past with us into the future to meet new challenges.

### General Response

SCRA welcomes the opportunity to comment on the GMC's consultation on the draft child protection guidance. Doctors and other health professionals have a vital role to play in child protection and may often be in the best position to identify potential risks to children at an early stage. Clearly the issues raised in

our response are specifically in relation to the Scottish context and in particular, the interface between doctors and the Children's Hearings System.

While we recognise the desirability of having consistent guidance for all doctors, it is important to note that child protection processes in Scotland are significantly different in some respects to those in England and Wales. The guidance does briefly reference this at a couple of points, but we consider that in order to best equip doctors in Scotland with the information they need, a separate section on Scottish processes would be beneficial. The better that doctors understand the broader context in which they operate, the more effectively they will be able to fulfil their role in protecting vulnerable children.

SCRA has a section on its website entitled information for professionals. We would like to see a link to this section added into the guidance at some appropriate point.

[http://www.scra.gov.uk/children\\_s\\_hearings\\_system/information\\_for\\_professionals.cfm](http://www.scra.gov.uk/children_s_hearings_system/information_for_professionals.cfm)

In addition to a general understanding of the Hearings System, there are two particular issues that may not be completely covered by the guidance as it stands.

### **Provision of information to the Reporter**

Following a referral, the Reporter is required to investigate with a view to determining whether compulsory measures of supervision are necessary. They may request information from a number of sources including social work, education and the police. While there is no specific duty on health professionals to provide information to the Reporter, it can be of enormous value to the investigative process. While the draft guidance covers information sharing, there are circumstances where the Reporter may request an expert report on a child. This may not strictly come within the scope of the information sharing section as it requires additional work and analysis by the doctor but it can be vital in enabling the Reporter to make a good and timely decision on whether the child needs compulsory measures of supervision. We would like to see this section drafted so as to encourage medical professionals to provide such reports quickly where requested.

### **Attendance at a Children's Hearing**

When the grounds for referral have been either accepted or established, the Hearing can proceed. The set-up is relatively informal (compared to a court) and the child is encouraged to participate as much as possible. The social worker will usually be present and the Hearing may wish to involve other professionals who can contribute to their ability to make an informed decision in the child's best interests. Some doctors are very willing to attend Hearings and can make a substantial contribution to proceedings, but others can be reluctant, perhaps due to time and work pressures or not knowing exactly what is expected of them. Again, some link within the guidance on what to expect and why the contribution of a medical professional might be requested would be helpful. The unique nature of the Children's Hearing means that it does not clearly fit into either of the two explicit categories currently in the guidance – it is less formal than a court and the attendance of doctors cannot be compelled, but is still a legal tribunal with the power to make decisions that must be implemented by local authorities, so calling it a meeting is not strictly accurate either.

### **Other issues**

Finally, we suggest that the section headed "Rules and legislation" should include reference to the Children (Scotland) Act 1995 as current relevant law, but note that many of its provisions will be replaced by the forthcoming Children's Hearings (Scotland) Act 2011, which comes into force in autumn 2012.

## **Conclusion**

In summary, we welcome the publication of the guidance by the GMC and the opportunity to comment. While we consider the vast majority of the content to be appropriate and useful, we believe that it is important to recognise the different Scottish context and hope that the guidance will be able to direct doctors towards more information on the Children's Hearings System.



We would be happy to work with the GMC Scotland if it was felt that more specific information on the Children's Hearings System would be helpful for doctors working in Scotland.

**SCRA**  
**October 2011**

