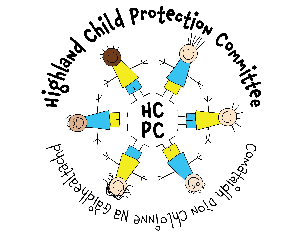
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**COVID 19 – Interim Changes to Highland Child Protection Guidance**

The Scottish Government update to National Child Protection Guidance supports interim changes to local arrangements for child protection practice. Following this document some small amendments have been agreed to Child Protection Guidance in Highland. These will be in place during the COVID-19 pandemic and reviewed regularly. The Interim Guidance should be considered alongside the [Highland Child Protection Guidance](https://hcpc.scot/resources/) and can be accessed [here](https://hcpc.scot/resources/).

The rights of children do not alter during this pandemic, and nor do professional responsibilities in relation to child protection. The protection of children must continue to be prioritised during this period and staff should be supported to use professional judgement to ensure the safety of all.

**General Advice**

The most effective protection of children continues to involve early support within the family, before further action or intervention is needed. Parents and carers should be clear about how they can get advice or raise concerns in relation to their children, especially if the customary named person or point of contact is not available.

All practitioners should be reminded of the Highland Practice Guidance and Child Protection Guidance available on [www.hcpc.scot](http://www.hcpc.scot). Parents/carers should be encouraged to discuss concerns and/or seek advice initially from education/health staff where appropriate. All parents should have a named contact for their child/young person as well as a general number to contact within health/education if they are unable to contact their named person. In addition, the Child Protection Committee (CPC) will regularly update the CPC website to provide further sources of local and national support along with numbers to contact where children are considered to be at immediate or significant risk of harm.

Education have developed Safeguarding Guidance for ensuring contact is maintained with children and young people, particularly where there are identified vulnerabilities, where children are subject to compulsory measures and those on the child protection register. This will be available to Education staff through the [School Hub](https://highlandcouncil1.sharepoint.com/sites/SchoolHub).

During this interim period, consideration should be given to alternative methods of professional contact with children or families wherever possible, particularly where children and families are self- isolating or shielding. This should be based on professional judgement seeking advice from managers where required. All decisions should be recorded. The Child’s Plan should clearly outline who will have contact with the child/young person, how often and for what purpose. Staff should always seek to ensure the health and wellbeing of child/young person, family members and themselves. Where direct visits are required, and no family members are experiencing symptoms of COVID-19, social distancing should be observed with a minimum of 2 metres between the practitioner and family members. [Health Protection Scotland Guidance](https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/) provides current advice in relation to visiting individuals and families including use of personal protective equipment.

Whilst there may be some changes to staffing arrangements and work bases during this period, all services are contactable. Further information and contact details in relation to child protection is available [here](https://hcpc.scot/professionals/).

**Information Sharing**

Local protocols for sharing information and raising child protection concerns remain the same. Where a child or young person is at risk of significant harm from abuse or neglect, then Police (if the danger is immediate) or Social Work should be alerted without delay.

Agencies should ensure that managers and practitioners should be advised immediately if there are to be any changes to internal arrangements for sharing or recording of information during this period.

**Interagency Referral Discussions**

The Interagency Referral Discussion (IRD) process in Highland currently works by email/tele-conferencing and process will continue using existing systems in Highland. Full procedure can be found [here.](https://hcpc.scot/wp-content/uploads/2020/03/IRD-Process.pdf) Where interim changes to staffing arrangements within Police Scotland, Health and Social Care occur, managers should ensure key staff are available to cover IRD arrangements and all necessary staff are briefed so they know what arrangements are in place.

**Investigation and Assessment**

When, following Inter-agency Referral Discussion a child protection investigation is required, the child’s immediate circumstances and needs must be ascertained. Direct contact with the child and an understanding of their living environment remains essential. Professional judgement and discussion between relevant services should take place (where appropriate). Support and advice from managers should also be made available. Staff should ensure the health and wellbeing of child/young person, family and themselves is considered. All decisions to be recorded.

There is no change to the arrangements for Joint Paediatric/Forensic Medical Examinations of children and young people. Further advice and information for paediatric services is available [here](https://www.rcpch.ac.uk/resources/covid-19-guidance-paediatric-services#child-protection-looked-after-children-and-vulnerable-children-processes-in-scotland).

Discussions will take place between Police and Social Work to ensure safe practice in conducting Joint Interviews. This should include consideration in relation to safety of staff and children/young people, immediate need and location. Consideration must also be given to social distancing and the emotional impact this may have on the child/young person.

Any changes to arrangements for Joint Investigative Interviews will be agreed by Police Scotland and Highland Council Health and Social Care with supporting advice from Highland Council Legal Services.

Please note: Following the Coronavirus Act 2020, the Scottish Government has produced [Statutory Guidance for Local Authorities](https://hcpc.scot/wp-content/uploads/2020/04/Social-Care-Assessment.pdf) in relation to social care assessments. Child protection and wider children’s services information can be found in Section 2.3.4.

**Initial Child Protection Planning Meetings/Child Protection Planning Meetings (ICPPM/CPPM)**

In the current circumstances, it will not be possible for child protection planning meetings to take place with relevant parties meeting in the same venue at the same time.

There will be no face to face meetings until further notice. Highland will be using teleconferencing/ telephone/Skype. In recognising the limitations of technology in some areas in Highland in particular, we are likely to find that not all professionals, families are able to participate fully.

In line with Highland Child Protection Guidance, this may result in meetings not being quorate. To avoid family members and professionals being left uncertain/at risk because of delay in decision making regarding registration, contingency processes have been put in place.

It remains critical, that:

* Decision-making about child protection planning is informed by relevant stakeholders, including the child and family.
* The lead professional continues to co-ordinate the assessment and plan, and ensures actions are followed though, and communicated effectively with all members of the team around the child.

Where it is anticipated, either due to IT/ communication issues or because of a lack of availability of partners to the plan due staffing issues related to COVID-19, and there is assessment of risk and an Initial Child Protection Planning meeting has been called, the lead professional will coordinate the plan through discussion with all relevant partners and incorporate the main carers views as per practice. They will send the plan out seeking professional views at this point re registration/non-registration prior to bringing to a ‘virtual’ meeting for ratification - this may mean that the meeting consists of only Lead Professional, Chair, minute taker, and one other key professional. NB: Wherever possible the Main Carer MUST be included in the ICPPM.

This is to ensure we have an interim process to substantiate whether the criteria for Child Protection is met, and to ensure that whatever the outcome the plan going forward from the meeting highlights and has agreed actions to address risk, including family capacity and willingness/unwillingness to work with agencies constructively. The question of whether compulsory measures are required will be considered/agreed routinely as per guidance.

Where child is registered, Core Groups (virtual) will continue to be convened as per guidance (first core group to be convened within 14 calendar days) with Lead Professional and Main Carer, and at least one other key professional. Core Groups should take place at monthly intervals and actions recorded. Formal CPPM Review will be set for 3 months as per guidance.

Where staffing levels allow, Highland will continue to minute ICPPMs/CPPMs. However, in the event of significant reduced levels of clerical/admin staffing the Chair will be responsible for completing a record of the discussions/decisions which will be shared to all partners to the plan In the event of staffing levels becoming significantly diminished, decisions regarding child protection registration may have to be taken by managers or senior officers from Health/Social Work/Education/Police. This is outlined in the COVID-19 update to the National Child Protection guidance. In Highland this would include Children’s Service Managers/Principle Officer (Social Care), Child Protection Advisors (Health), PPU Senior Officers from Police Scotland, Head Teachers/ASN Managers from Education)

**Direct/Face-to-face Contact**

Discussions with managers or supervisors will help identify which visits are required based on level of risk identified. Where possible, contact should occur via video link in line with Highland Council guidance or by telephone ensuring the safety of children, young people and staff at all times. Further guidance in relation to the use of these applications for contact purposes will be made available shortly at [www.hcpc.scot](http://www.hcpc.scot).

During this interim period, consideration should be given to alternative methods of professional contact with children or families wherever possible, particularly where children and families are self- isolating or shielding. Public health guidance on shielding states that other household members do not need to shield. In the event of a child living in a home where an adult is shielding, practitioners should be able to see the child. If a shielding child needs to be seen, medical advice should be sought.

If a child or family member is in self-isolation, practitioners should ascertain if the individual has symptoms prior to direct contact. It may become necessary to defer some home visits and alternative arrangements can be put in place, such as telephone and email contact or the use of appropriate applications on mobile devices.

However, it will be necessary for social workers and/or other practitioners to see children and other family members on a sufficiently regular basis, and it will continue to be important to have direct contact when there are concerns about injuries or other immediate harm. In all cases, public health guidance should be followed. Decisions should be based on professional judgement seeking advice from managers where required. All decisions should be recorded. The Child’s Plan should clearly outline who will have contact with the child/young person, how often and for what purpose. Staff should always seek to ensure the health and wellbeing of child/young person, family members and themselves. Where direct visits are required, contact should be made by telephone initially to ensure no family members are experiencing symptoms of COVID-19 and/or if any member of the family is shielding. If visits are undertaken, social distancing should be observed with a minimum of 2 metres between the practitioner and family members. [Health Protection Scotland Guidance](https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/) provides current advice in relation to visiting individuals and families including use of personal protective equipment.

All visits/contacts including the method used should be clearly recorded. Where it has not been possible to complete a visit face to face and practitioners are concerned that the child’s wellbeing has been checked and is satisfactory, escalate your concerns as appropriate within your agency.

During this interim period, where children are on the Child Protection Register, a minimum of weekly contact is advised, and the child must be seen at the door, within a household or via ICT at least fortnightly. If this is not possible, reasons should be discussed with the Children’s Service Manager and recorded accordingly.

**Child’s Plan and other records**

Given that there will be more diverse approaches to communications and decision-making processes at this time with the likelihood of further changes as Covid-19 progresses, it is essential that the lead professional maintains an accurate and up to date child protection plan within the child’s plan, and a clear chronology of all processes and key decisions. The current child’s plan should always be available to the team around the child.

All practitioners should ensure effective record keeping, including their own engagement in these processes, and with children and families. Lead Professionals should ensure that Child’s Plans are kept up to date along with information on Care First.

It is vital all records are kept updated and accessible to the service in case of staff absences.

**Care and Risk Management (CARM)**

Care and Risk Management processes are set out in the [CARM Protocol](https://hcpc.scot/wp-content/uploads/2019/12/CARM-protocol-Highland-October-2019-CPC.docx) agreed through Highland Child Protection Committee to support young people who present a risk of serious harm through sexual offending and/or violence.

Referrals to the Care and Risk Management process remain as previous. CARM meetings will take place virtually during this time. This will ensure assessment and planning processes remain in place to manage risk accordingly. Where face-to-face contact is required, this should be agreed with a Manager and appropriate public health guidance followed. All plans should be recorded, and information updated on Care First as per guidance.

**Timescales**

Highland will continue to work within the specified timescales unless staffing levels make this no longer possible. In these circumstances, agreement to extend timescales should be sought from Children’s Service Manager/Principle Officer (Social Care)/Head of Service (Operations)/Chief Social Work Officer as appropriate.

**Escalation**

Child Protection Committees should ensure that means are in place for any member of the team around the child to escalate concerns, if they believe that actions are not being progressed in accordance with the child’s best interests, and they feel that this has not been properly considered in the child planning process.

Escalation procedures remain as per Highland Child Protection Guidance and Highland Practice Guidance. In the event of escalation process not being possible due to absence, staff should seek the next level of management support available:

* Children’s Service Manager/Principle Officer (Social Care)
* Head of Children’s Services (Operational)/Chief Social Work Officer
* Executive Chief Officer (Health and Social Care)

**Child Assessment Orders and Child Protection Orders**

The Coronavirus (Scotland) Act 2020 makes additional provisions in relation to Child Assessment Orders and Child Protection Orders. Full details can be found from Page 3 of the [Act](https://www.chip-partnership.co.uk/wp-content/uploads/2020/04/Coronavirus-Scotland-Act-2020.pdf). Advice should be sought from Highland Council Legal Services and/or the Principal Reporter as appropriate.

**Compulsory Supervision Orders, Secure Care and Place of Safety Placements**

The Coronavirus (Scotland) Act 2020 provides additional flexibility in processes for determining compulsory supervision orders, secure care and place of safety placements. This is detailed from Page 5 of the [Act](file:///C:\Users\Donnamu\Documents\The%20Coronavirus%20(Scotland)%20Act%202020%20provides%20additional%20flexibility%20in%20processes%20for).

NB: Supplementary information is currently being drafted for Social Workers.

**Scottish Children’s Reporter Administration (SCRA) and Children’s Hearings**

Only those hearings required for the urgent and immediate protection of a child/young person are taking place. All non-essential hearings have been cancelled and will be rescheduled later where necessary.

Children’s hearings cannot take place in a hearings centre or other location under the current Government direction, so for at least the next 4 weeks there will not be any hearings taking place in our Hearing Centres.

SCRA are now operating hearings remotely using V-Scene technology. Until technology is fully functioning interim arrangements are being made to protect children by maintaining the legal status quo. Currently this involves scheduling virtual hearings with three Panel Members only, supported by the Reporter.

SCRA will make arrangements locally to enable the participation of some professionals, e.g. Social Workers, children’s advocacy, legal representatives and Safeguarders, and how these professionals support the participation of families and children.

SCRA are developing infrastructure that will allow a number of participants to take part in a virtual hearing including the participation of children and families and will work with partners to promote and facilitate this.

**Please note, this document will be updated regularly and you should ensure you are working with the current guidance. The latest version and date can be found in the Header of this document.**

**If there are any corrections to be made, or you become aware of additional issues for consideration, please contact** [**Donna.Munro@highland.gov.uk**](mailto:Donna.Munro@highland.gov.uk) **and copy your email to** [**CP.Training@highland.gov.uk**](mailto:CP.Training@highland.gov.uk)

**Version 3: Thursday 16th April 2020 updated to include:**

Page 3: Link added to Scottish Government Statutory Guidance for Local Authorities in relation to Social Care Assessments

**Version 4: Friday 17th April 2020 updated to include:**

Page 2: There are no changes to Joint Paediatric/Forensic Medical Examinations of children and young people.

Page 3: Link added for paediatric services

Page 3: Inserted:

It remains critical, that:

* Decision-making about child protection planning is informed by relevant stakeholders, including the child and family.
* The lead professional continues to co-ordinate the assessment and plan, and ensures actions are followed though, and communicated effectively with all members of the team around the child.

Page 4 and 5: Insert - Engagement with children and families who are self-isolating or shielding a child or carer

Page 6: Insert - Child assessment and Child protection orders

Page 7: Compulsory supervision orders, secure care and place of safety placements