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**COVID 19 – Supplementary 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/).

**Policy context**

The supplementary guidance on child protection should be read alongside associated national information that has been published in response to the outbreak. This includes guidance on ‘Social Work & Social Care - safe and ethical practice during the pandemic’.

**Child Protection during the Covid-19 outbreak**

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. Child protection is part of a continuum of collaborative responsibilities upon agencies working with children, which commences pre-birth. It requires good professional judgement, based on assessment and evidence, informed by the perspectives of the team around the child, including the child and family.

There are additional pressures across maternity and children’s services as a consequence of the Covid-19 outbreak. The impact of the pandemic and the consequent restrictions are likely to impact on children, families and services for some time. Temporary local and national restrictions will be put in place as and when necessary in line with Scotland’s Strategic Framework.

It is therefore necessary to continue to consider how we streamline service delivery and management processes, without compromising our actions to protect children.

The vulnerability of some children will have increased because of the additional pressures placed on families and communities by the Covid-19 outbreak. Some children could be at risk of harm and neglect, where that would not otherwise have been the case. Children may have been exposed to more risks online. We should also be alert to signs that individuals or groups are using the current crisis as an opportunity for the criminal or sexual exploitation of children. The restrictions set out in the Strategic Framework, while necessary for local and national outbreak control, can contribute to the incidence and impact of coercive control and domestic abuse as described below.

**Domestic Abuse**

The pandemic has accentuated risks for many women and children experiencing or recovering from domestic abuse and other forms of gender-based violence. Interrelating factors can include: movement restrictions; reduced access to professional and social support; financial dependencies deepened by the economic impact of Covid-19; and the intensification of coercive control by perpetrators. In this context contact arrangements for children whose parents are separated can be exploited as part of a pattern of abusive control.

Agencies and practitioners working with children and families should maintain and develop their awareness of the dynamics of coercive control, ensure that they prioritise the needs of the non-offending parent and her children, continue to apply the approach outlined in ‘Equally Safe: Scotland's strategy to eradicate violence against women’, and continue to take appropriate measures to ensure the protection of women and their children. Agencies and practitioners should seek to work closely with their local specialist services (e.g. Women’s Aid) and engage with their local violence against women partnership.

The [Coronavirus (COVID-19) Supplementary National Violence Against Women (VAWG) Guidance](https://www.cosla.gov.uk/__data/assets/pdf_file/0030/19668/COVID-19-Supplementary-VAW-Guidance-Sept-2020.pdf) details the breadth of additional risks and lists potential mitigating actions in the short, medium and long term.

**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 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/).

**Self-care, support and supervision of staff**

The support and supervision of practitioners is always important, but it is particularly so in these challenging times.

All practitioners involved in child protection should ensure that whatever the urgency of each situation, they follow guidance on protecting their own health and that of service users.

Management support and direction may encourage innovative adaptations. At the same time, we should continue to ensure systems of accountability for practice are in place; alongside appropriate supervision and support for the wellbeing of staff.

**Named person or point of contact**

The most effective protection of children continues to involve early support within the family, before urgent action is needed. The ongoing support of a named person or first point of contact will be more important than ever. 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.

**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 experience and needs must be ascertained. Direct contact with the child and an understanding of their living environment remains essential. Guidance on safe and ethical contact for social workers outlines how this can be managed safely.

Where the IRD leads to a decision to undertake a medical examination, health colleagues should continue to ensure that this is carried out in a clinically appropriate time scale.

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).

Where they are required, Joint Investigative Interviews should continue to be visually recorded and undertaken by Police and Social Work together. Consideration must be given to physical distancing and the emotional impact this may have. Further advice and guidance from Police Scotland is available [here](https://hcpc.scot/wp-content/uploads/2021/04/Interim-Guidance-VRI-of-Children-during-Coronavirus-Pandemic.docx).

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.

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 through, and communicated effectively with all members of the team around the child.

There will be no face to face meetings until further notice. Highland will be using teleconferencing/ telephone/MS Teams. 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.

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. The lead professional will send the plan out seeking professionals’ 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 the 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/Principal 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 or by telephone ensuring the safety of children, young people and staff at all times.

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, contact should be made by telephone initially to ensure no family members are experiencing symptoms of COVID-19. 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.

Services may access PPE at the local Health & Social Care Partnership Hub. In addition, services registered with the Care Inspectorate can contact the triage centre at 0300 303 3020.

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.

**Engagement with children and families who are self-isolating**

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. It will continue to be important to have direct contact when there are sufficient concerns about injuries or other immediate harm. In all cases, public health guidance should be followed.

**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/2021/04/V2-CARM-protocol-Highland-Feb-2021-.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/Principal Officer (Social Care)/Lead Officer Children and Families Social Work/Head of Social Work/Chief Social Work Officer as appropriate.

Timescales for many formal processes, including reporting to a Children’s Hearing, can be more easily achieved by the streamlining of requirements on agencies to provide multiple reports and focus on the submission of concise, relevant and up to date information, which can be achieved with the child’s plan.

SCRA are arranging Hearings when delay would be likely to cause significant detriment to the welfare of the child or young person or when the Hearing is necessary to meet a legal timescale or prevent an order from lapsing. Generally, other hearings are being arranged when it is practicable to do so. Hearings may be arranged with attendance in person, remote attendance by video link or a mix of the two. Children’s Hearings Scotland has issued detailed guidance for Panel Members which contains helpful information about remote hearings and how they will be conducted, which will be of use to practitioners who attend hearings and support families to take part. There is also information on the SCRA website about virtual hearings, and the return to physical hearings.

**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/Principal Officer (Social Care)
* Lead Officer Children and Families Social Work
* Head of Social Work Services/Chief Social Work Officer
* Executive Chief Officer (Health and Social Care)

**Child Protection Register**

Local authorities are responsible for maintaining a Child Protection Register for those children who are the subject of an inter-agency child protection plan. This must be kept accurate and up to date.

The decision to place a child’s name on the register should be taken following careful consideration of the facts and circumstances. In the current situation, with due preparation and support for family participants, it has proven feasible and effective to hold virtual child protection planning meetings.

This more flexible process should not allow any widening of the criteria for child protection registration, which continues to be that there are reasonable grounds to believe that a child has suffered or will suffer significant harm from abuse or neglect, and that a child protection plan is needed to protect and support the child.

There should always be a good reason for a child to continue on the register. The review process and timescale can be considered at the point of registration. De-registration should occur when a child no longer requires a child protection plan. Means should be identified to ensure that the de-registration process continues to take place timeously.

**Adult Support and Protection**

Supplementary guidance has been published regarding adult support and protection. Effective liaison and effective decision making remains essential, where there is involvement of practitioners from both children’s and adult services; and in planning for transitions.

**Conclusion**

These are unprecedented times. Child-centred teamwork; collaboration with families; support for professional judgement; and ethical practice are all more critical than ever in helping to keep Highland’s children safe.

This supplementary guidance will remain under review. Updates will be provided in consultation with stakeholders, as necessary during the pandemic.

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