

## Social Work Child Protection Procedures



Reference no: P0318-PROC-001  
Version: 1.0 | Live  
Document date: 19 April 2021

1	Introduction.....	7
1.1	Professional Judgement .....	7
1.2	Identifying and Managing Risk.....	7
1.3	Involving Children and Families.....	8
1.4	Family Members and Carers.....	9
1.5	Strength Based Practice .....	9
1.6	Trauma-informed Practice .....	10
1.7	Who is a Child?.....	10
1.8	Young Person’s Support and Protection Procedure .....	10
1.9	Responsibilities for Child Protection Work.....	11
1.10	Social Workers.....	12
1.11	Team Managers.....	13
1.12	Admin Support Managers .....	14
1.13	Responsibilities of all Social Work staff .....	14
2	Child Protection Process .....	15
3	Initial Referral.....	16
3.1	Child Protection Referrals.....	16
3.2	Anonymous Referrals .....	17
3.3	Initial Enquires – Duty Social Work.....	17
3.4	Duty Social Work Contact No .....	18
3.5	Seeking Health Information .....	18
3.6	Alerts to the Child Protection Register .....	18
3.7	Responding to Referrals and Inter-agency Referral Discussions.....	19
3.8	Decisions to Initiate Child Protection Procedures .....	20
3.9	Consideration of a Single or Joint Investigation .....	20
3.10	The Team Manager will Record.....	21
3.11	Single Agency Social Work Investigation.....	21
3.12	Planning the Investigation.....	21
3.13	Decision Made for Joint Investigation .....	21
3.14	Multi-agency Planning Meeting.....	22
3.15	Parents or Carers .....	22
3.16	Allegations Against Staff Members, Kinship or Foster Carers .....	23
3.17	Prevent Procedures .....	23
3.18	Feedback to Referrers .....	23
3.19	Medical Examinations.....	24
3.20	Physical Injury or Severe Neglect:.....	24
4	Preparation for Joint Investigative Interviews .....	26
4.1	Pre-interview Briefing.....	26
4.2	Child Consent .....	27
4.3	Other Children .....	28
4.4	Sharing Information with the Family.....	28
4.5	Debriefing Staff.....	28

4.6	Child Protection Discussions – Planning Meetings .....	29
4.7	Undertaking Joint Investigative Interviews .....	29
4.8	Debrief .....	29
4.9	Conclusion of Investigation .....	29
4.10	Outcomes of Investigations .....	30
4.11	Feedback to the referrer .....	30
5	Assessing Risk and Child Protection Investigation Report .....	32
5.1	Outcomes of the Investigation .....	32
6	Initial Child Protection Conference .....	34
6.1	Decision for a Child Protection Conference .....	34
6.2	Core Members .....	34
6.3	Invited Members .....	34
6.4	Support & Preparation for the Child and Family in the Conference .....	35
6.5	Child’s and Parent’s Views .....	35
6.6	Purposes .....	36
6.7	Agenda .....	36
6.8	Responsibilities of the Chair .....	37
6.9	Co-ordination of Reports .....	37
6.10	Process of Meetings .....	37
6.11	Guidance on Purposes and Registration .....	38
6.12	Participation and Views .....	38
6.13	Quorate Conferences .....	38
6.14	Exclusions .....	38
6.15	Reasons for Exclusion .....	38
6.16	Managing Exclusions .....	39
6.17	Responsibilities of Attendees .....	39
6.18	Power Imbalance .....	42
6.19	Minutes of Child Protection Meetings .....	42
6.20	Consensus .....	43
6.21	Dissent .....	43
6.22	Complaints .....	43
6.23	Appeals of Registration Decisions .....	44
6.24	Accuracy of Minutes .....	44
6.25	Amendments to Minutes .....	45
6.26	Actions from Minutes .....	45
6.27	Sharing Minutes .....	45
6.28	Minutes in Criminal Procedures .....	45
6.29	Minutes for Children and Families .....	45
6.30	Information on the Register .....	46
7	Placing a Child’s Name on the Child Protection Register .....	47
7.1	Primary Areas of Registration .....	47
7.2	Initial Visit by Social Worker .....	47
7.3	Visiting Children and Families .....	48

7.4	The Child Protection Plan .....	49
7.5	Core Groups .....	49
7.6	Effective Teamwork .....	49
7.7	Core Group Schedules .....	50
7.8	Membership and Chair .....	50
7.9	Core Group Tasks .....	50
7.10	Engagement with Families.....	50
7.11	Core Group Minutes .....	50
7.12	Support After Child Protection De-registration.....	51
7.13	Inability to Implement the Child Protection Plan.....	51
7.14	Reviewing Risk Reduction: .....	51
7.15	When a Child is on the Child Protection Register .....	52
8	Responsibilities of the Social Worker.....	53
8.1	Leading.....	53
8.2	Co-ordination Role.....	53
8.3	Recording .....	54
8.4	Seeing the Child .....	54
8.5	Views of the Child.....	54
8.6	Significant Events and Assessment.....	54
8.7	Permanence Planning .....	55
8.8	Prolonged Registration .....	55
8.9	Supervision and Reflection .....	55
8.10	Personal Development: .....	56
8.11	Quality Assurance.....	56
8.12	Threats and Intimidation to Staff.....	56
8.13	Whistleblowing.....	57
9	Responsibilities of the Team Manager.....	58
9.1	Leadership and Managerial Overview .....	58
9.2	As Team Manager you will Chair the Core Group .....	58
9.3	Staff Support and Supervision .....	58
9.4	Threats and Intimidation to Staff.....	59
9.5	Codes of Practice .....	60
9.6	Whistleblowing.....	60
9.7	Quality Assurance.....	61
9.8	Cover and Change Management.....	61
9.9	Prolonged Registration .....	61
9.10	Supervision and Reflection .....	61
9.11	Personal Development .....	62
10	Responsibilities of the Service Manager.....	63
10.1	Procedural Adherence.....	63
10.2	Staff and Practice Development: .....	63
10.3	Conference Chair.....	63
10.4	Support and Challenge .....	64

10.5	Service Gaps .....	64
10.6	Prolonged Registration .....	64
10.7	Threats and Intimidation to Staff .....	64
10.8	Whistleblowing .....	64
11	Review Child Protection Conferences .....	66
11.1	Requests for Reviews .....	66
11.2	Participants in Reviews .....	66
11.3	Management of Reviews .....	66
12	Removal of Child's Name from the Child Protection Register .....	68
12.1	Integrated Assessments .....	68
12.2	Child's Plan .....	68
13	Wider Processes and Challenges .....	69
13.1	Child Protection Allocation .....	69
13.2	Record Keeping and Information Management .....	69
13.3	Quality Assurance .....	69
13.4	Internal Transfers and Case Closures .....	70
13.5	Registered Children Missing .....	71
13.6	Child Missing in Another Area .....	72
13.7	Registered Child Going on Holiday .....	72
13.8	Criminal Injuries .....	73
13.9	Negligence .....	73
13.10	Specific Indicators of Risk .....	73
13.11	Non-engaging Families, Non-compliance & Resistant Families .....	74
13.12	Professional Support and Challenge .....	75
13.13	Eyes Wide Open .....	75
13.14	Island, Rural and Isolated Communities .....	76
13.15	Dual-relationships .....	77
13.16	Confidentiality of Case Files .....	77
13.17	Remote Working .....	77
13.18	Sharing the Challenge .....	78
14	Unborn Babies at Risk – Pre-birth Process .....	79
14.1	Additional Support Pathway for Pregnant Women .....	79
14.2	Pre-birth Process .....	79
14.3	Pre-birth Risk Assessment .....	80
14.4	Need for Unborn Child to be Accommodated .....	80
14.5	Late Referrals .....	80
14.6	Pre-Birth Child Protection Conferences .....	81
14.7	Purposes of Conference .....	81
14.8	Outcomes of Conferences .....	81
15	Registered Children moving across Local Authority boundaries – Transfer Child Protection Conferences .....	83
15.1	Notifications by the Originating Team .....	83

15.2 Action by the Originating Authority.....	84
15.3 Reduced Risk .....	84
15.4 Review Child Protection Conference .....	84
15.5 Case Management .....	84
16 Useful Links .....	86
17 Forms and Checklists .....	88
17.1 Social Work File Recording Self Evaluation Checklist .....	88
17.2 Child Protection Violent Incident Monitoring Form .....	89
Appendix 1: Child Protection – Information Sharing General Principles .....	90
Appendix 2: Attendance at Child Protection Conferences .....	93
Appendix 3: Equal Protection for Children .....	100
Background .....	100
National Implementation of Equal Protection .....	100
Local Implementation - Orkney .....	101
Responding to Presenting Circumstances .....	102
Appendix 4: The United Nations Convention on the Rights of the Child .....	103
Appendix 5: Supplementary National Child Protection Guidance for Chief Officers, Chief Social Work Officers and Child Protection Committees .....	104
Purpose .....	104
Policy context .....	104
Child Protection during the Covid-19 outbreak .....	104
Domestic Abuse.....	105
Self-care, support, and supervision of staff.....	106
Enhancements to processes .....	106
Adult Support and Protection .....	110
Conclusion .....	110
18 Version history .....	111

## 1 Introduction

---

These Child Protection Procedures are for all staff working in Orkney Social Work Services. Staff members are expected to know about these Procedures and how to access them. They detail professional responsibilities for specific staff groups and managers.

*“Procedures and guidance cannot in themselves protect children; a competent, skilled and confident workforce, together with a vigilant public, can. ... Guidance enables managers and practitioners to apply their skills collectively and effectively and to develop a shared understanding of their common objective – to support and protect children, particularly those who are most vulnerable”<sup>1</sup>*

These procedures provide a framework for professional practice and outline necessary actions in Child Protection work. They aim to ensure staff are clear about what is expected of them. They provide clarity on who does what, in what order, when.

### 1.1 Professional Judgement

Professional judgement is integral to professional practice and each child’s circumstances must be considered individually. However, it is necessary that deviations from these procedures are justified and recorded.

Child welfare is the paramount consideration in decision making. When it is deemed necessary to formally investigate a child protection allegation the aim is to conduct investigations which are sensitive, thorough and have the protection and wellbeing of children and young people at their core.

These procedures contain the Child Protection process for social work staff. For further information in relation to the multi-agency response to child protection it is essential that staff working with children, young people and families are familiar with the content of:

- The [‘National Guidance for Child Protection in Scotland’](#) Scottish Government 2014
- The [National Risk Assessment Framework to support the Assessment of Children and Young People](#) Scottish Government 2012

### 1.2 Identifying and Managing Risk

Working with risk is at the heart of Child Protection work. Staff must have the training, tools, and confidence to apply their professional judgement in a highly uncertain, complex, and rapidly changing environment. Identifying concerns which require a Child Protection Procedural approach in a timely fashion is central to effective action to support children.

For this reason, the importance of good, accurate risk assessment within Child Protection cannot be overstated. Decisions on intervention, supports offered or compulsory measures required to immediately protect the child are dependent on professional analysis of accurate

---

<sup>1</sup> Paragraph 2 National Guidance for Child Protection in Scotland 2014



and relevant information, and decision making. Failure to properly identify risk can lead to serious, and even fatal, outcomes for children. The [National Risk Framework to Support the Assessment of Children and Young People \(2012\)](#) aims to support and assist practitioners at all levels, in every agency, in these tasks.

Risk is a part of daily life and can be positive as well as negative. In these Child Protection Procedures, risk is the **likelihood** or **probability** of a particular outcome given the presence of adverse factors in a child's life. From a Child Protection perspective, it is the risk of 'significant harm' that is central: where concerns are raised about the potential significant harm to a child, they should be considered **Child Protection** concerns.

There are no absolute criteria for judging what constitutes significant harm: sometimes, it can be a single traumatic event, such as a violent assault or poisoning; often, it is a combination of significant events which can interrupt, change or damage the child's physical and psychological development. The challenge for practitioners is identifying which children require protective measures.

When considering the immediate needs of a child or young person once a concern about their possible safety is raised, it is essential that practitioners consider the following questions.

- Is this child or young person at immediate risk?
- What is placing this child at immediate risk?
- What needs to happen to remove this risk now?

The GIRFEC approach stresses the importance of understanding risks and needs within a framework of the child's whole world and wellbeing. Every child needs to be healthy, achieving, nurtured, active, respected, included, responsible and, above all, **safe**. When assessing a child all staff should therefore be alert to the potential risk factors in their life.

The GIRFEC 'practice model' presents a series of tools which are integral to the use of risk assessment: Wellbeing Indicators; My World Triangle; and the Resilience Matrix. In some cases where a risk assessment is being undertaken, a Child's Plan may already be in place and this should be used and added to, paying particular attention to any new areas which may result in adverse outcomes for a child or young person.

In undertaking risk assessments, it may be decided that Child Protection Procedures are required to provide a multi-agency Child Protection Plan which helps reduce risk and ensures the child has access to every available support and resource to help keep them safe.

### 1.3 Involving Children and Families

Children should be helped to understand how Child Protection Procedures work, how they can be involved and how they can contribute to decisions about their future. This can be supported by accessing advocacy services. Depending on the age and maturity of the child



or young person, they will often have a clear perception of what needs to be done to ensure their own safety and wellbeing.

Children should be listened to at every stage of the process and given appropriate information about the decisions being made. Suggestions for improvements from children, young people and families who have been through the child protection system should be sought. When a child has additional support needs, is deaf or hard of hearing, has a disability or English is not their first language, advice and support may be required to ensure they are fully involved in the process.

Careful consideration must be given to the needs of the child. They may have been groomed or controlled by explicit or implicit threats and violence. They may fear reprisals if they tell about their experiences. In some instances, a child or young person may be too distressed to speak to investigating officers or may believe they are complicit in the abuse.

Not all referrals about children will require a Child Protection Investigation. This will depend on the nature of the concerns, the information provided and the risk assessment. In some instances, families can be provided with support at an early stage to ensure “early support and assistance” at the time of need, which may prevent escalation further on.

The best interests of the child must be the top priority in all decisions and actions that affect children (Article 3 of the United Nations Convention on the Rights of the Child).

#### **1.4 Family Members and Carers**

When undertaking Child Protection Investigations, the need to develop a co-operative working relationship should be given special attention. Working in partnership with parents and carers can be difficult to achieve at the point of investigation as they may feel under intense scrutiny and suspicion. Parents and carers should be treated with respect and unless it is likely to compromise the investigation, given as much information as possible about the processes and outcomes.

#### **1.5 Strength Based Practice**

Parents and carers should feel confident staff are being open and honest with them and in turn, feel confident about providing vital information about the child, themselves, and their circumstances. Working in partnership with one or more family members is likely to have long-term beneficial outcomes for the child and staff must take account of a family's strengths as well as its weaknesses. Practitioners should ensure that the parents or carers understand that the first consideration is making sure the child is safe.

Concerns about a child or young person's safety can arise from a series of events or various pieces of information. When added together this may indicate the child may be at risk. For example, neglect or emotional abuse are often the result of a series of events that impact on the child's or young person's physical and emotional care.

## 1.6 Trauma-informed Practice

Through the National Trauma Training Programme, the shared ambition of the Scottish Government, COSLA and partners is to develop a trauma-informed and trauma-responsive workforce across Scotland. The aim of this work is to ensure we deliver services in ways which prevent further harm or re-traumatisation for those who have experienced psychological trauma or adversity at any stage in their lives and support their unique recovery journey.

## 1.7 Who is a Child?

A child can be defined differently in different legal contexts, for example, the Children (Scotland) Act 1995, defines a child in relation to the powers and duties of the Local Authority. Context is critical for those aged between 16 and 18 years. A young person between 16 and 18 years, subject to compulsory measures of supervision, can be viewed as a child. Young people over the age of 16 years may still require help and support to protect them.

Although there may be some variation in law on the legal definitions of the age of a child the priority is to ensure a vulnerable young person who is, or may be, at risk of significant harm is offered support and protection. The individual young person's circumstances and age will by default dictate what legal measures can be applied. For example, the Adult Support and Protection (Scotland) Act 2007 may be applied to young people over 16 years where the criteria are met.

It is essential Child Protection Committees and Adult Protection Committees (Public Protection Committees) work together to protect children and young people at key transition points, for example, transition from children to adult services.

In Orkney Islands Council, for the purpose of these Child Protection Procedures, the definition of a 'child' has been extended to include any young person up to and including the age of 18 years who is a school pupil. However, if the concern relates to a young person over the age of 16 years who is in need of protection and neither definition of 'a child' as described above applies, then consideration must be given by Adult Social Work Services to evoking the legislative powers and duties of the Local Authority under the Adult Support and Protection (Scotland) Act 2007.

It is important to sustain and build on existing relationships wherever possible and this should be recognised in determining the best course of action to ensure effective support and protection.



Good Practice Note: A discussion is always required between adult and child protection services to agree the appropriate course of action

## 1.8 Young Person's Support and Protection Procedure

Young people who do not meet the criteria for Adult Support and Protection or Child Protection Registration should be considered under the Young Person's Support and Protection Procedure.

Vulnerable young people aged 16 -18 who may be at risk of significant harm must have their situation assessed and responded to and should not fall in any gap between child and adult services. The Children and Young People Act (Scotland) 2014 is clear that all young people up to the age of 18 should have access to a Named Person if the young person requires advice and assistance.

Young people aged 16-18 at school can access support from a named person. The role of the named person is to be a clear point of contact. They may offer direct advice or support but will also advise on how to access specialised advice and support if that is more appropriate. Those not at school can access the same service by contacting the Education Service directly. For any young person who was Looked After on their 16th birthday and is entitled to a Through Care and After Care Service, that service will provide a Named Person as the point of contact.

For young people aged 16 to 18 identified as being at risk of significant harm a Child Protection Referral should be made to Children and Families Social Work. Provisions under the Adult Support and Protection (Scotland) Act 2007 should be considered in safeguarding them, for example, a Banning Order. Staff should seek advice from the Duty Social Worker who can consult with Orkney Islands Council's legal services, as required.

### 1.9 Responsibilities for Child Protection Work

Before a decision can be taken as to whether a Child Protection Investigation is required, it is essential **all relevant services** are engaged. It is critical that:

- Social Work staff always confer with **Police Officers** when they believe a response under Child Protection Procedures may be required, ensuring the Police are in a position to consider carefully their role in investigating any crimes against children;
- **Health Services** are always centrally involved at this stage to ensure key health information informs whether an investigation is required; and
- Information-gathering involves **all other key services** as appropriate, including **Education Services**, Third Sector and Adult Social Work Services.

Social Workers and Team Managers (titles may change from time to time, for example, Operational Manager, Team Leader) receiving and assessing childcare and Child Protection Referrals, should follow these Child Protection Procedures and Orkney Multi-agency Child Protection Guidelines.

People making referrals to Social Work Services, do not necessarily know the difference between childcare concerns and Child Protection Referrals. It is the role and responsibility of the Team Manager to determine which course of action to follow on receipt of information, from identified risks and the need to ensure the child is safe.

Team Managers have a role and responsibility to ensure all systems to protect vulnerable children and adults, including the Duty System are:

- Working effectively;

- Function within the context of professional decision making;
- Gaps and performance issues are identified and addressed; and
- Issues which they cannot rectify themselves are brought to the attention of the Service Manager and or Head of Service.

Team Managers have a responsibility for ensuring their staff have access to these Child Protection Procedures, the Multi-agency Child Protection Guidelines and can evidence:

- ✓ Their staff have seen them; and
- ✓ Have reflected upon their roles and responsibilities within them.

As Team Manager you are responsible for *managerial oversight* and joint decision making, in conjunction with the Social Worker, of Child Protection Referrals and in determining the difference between “childcare concerns” and Child Protection Referrals. The final decision making responsibility rests with the Team Manager.

As Team Manager you have responsibility for ensuring your staff have “[support and challenge](#)” in all their work. Particularly in Child Protection and the Duty System, clear direction, and clarity of roles within initial enquiries and investigations, and for ensuring the work is clearly recorded on the Social Work Information System within the approved processes.

Social Workers have a role and responsibility for receiving referrals and concerns, initially assessing the information and gathering additional information required for a discussion with the Team Manager on the next steps to be taken, always with the safety of the child or young person as the main focus.

From a Duty System perspective, as Team Manager you have responsibility for the Vulnerable Persons Database, managerial oversight and joint decision making.

As Team Manager you have a role and responsibility for setting out expectations to Social Workers and (Support Staff as appropriate to their role, experience, and skills as required), regarding:

- Follow up actions;
- Specific tasks;
- Recording;
- Information sharing and information management;
- Reviewing initial actions; and
- Determining further actions as required.

considering the presenting information, all available information and context, the need for further investigation and the decision to initiate an Inter-agency Referral Discussion.

### 1.10 Social Workers

As Social Worker, for an IRD or a Child Protection Investigation to be undertaken or considered, you need to have identified:

1. Significant harm or significant risk.
2. Parental responsibility.
3. A strong link between the above two.

This 3-point assessment helps determine if Child Protection Procedures should be followed, or if other actions and support should be provided. As Social Worker you have a role and responsibility for initially assessing the presenting circumstances and information about the child as part of your Social Worker role for the investigation of whether a child may need compulsory measures of care.

As the Social Worker undertaking investigations of whether a child may need compulsory measures of care, and if Child Protection measures may be required as part of their assessment, you have a role and responsibilities for:

- Ensuring absolute priority is given to Child Protection work;
- Joint decision making of Child Protection Referrals and in determining the difference between “childcare concerns” and Child Protection Referrals;
- Familiarising yourself with current National Guidance for Child Protection in Scotland, Orkney Multi-agency Child Protection Guidelines and these Child Protection Procedures;
- Ensuring you are familiar with the required standards of practice and the resources available; and
- Ensuring Child Protection Investigations are carried out within Procedural timescales, and the required paperwork is completed, and recorded on the Social Work Information System.

As Social Worker, on completion of initial assessment of presenting information, you should confer with the Team Manager on your recommended action.

### 1.11 Team Managers

As Team Manager with responsibilities for the support and supervision of Qualified Social Workers undertaking duties for the investigation of whether a child may be in need of compulsory measures of care, and if Child Protection measures may be required as part of their assessment, you have a role and responsibilities for:

- Managerial *oversight* and joint decision making of Child Protection Referrals and in determining the difference between “childcare concerns” and Child Protection Referrals;
- Familiarising yourself with current National Guidance for Child Protection in Scotland, Orkney Multi-agency Child Protection Guidelines and these Child Protection Procedures;
- Familiarising yourself with all emails and correspondence outlining roles and responsibilities from the CSWO and Senior Managers;
- Ensuring absolute priority is given to Child Protection work;

- Ensuring all Social Workers under your supervision are familiar with the Orkney Multi-agency Child Protection Guidelines, and these Child Protection Procedures;
- Ensuring you are familiar with the required standards of practice and the resources available;
- Ensuring Child Protection Investigations are carried out within Procedural timescales and the required paperwork is completed and recorded on the Social Work Information System; and
- Managerial oversight of the Child Protection and Duty System, and practice.

### 1.12 Admin Support Managers

In conjunction with the Service Manager, Admin Support Managers have a role and responsibility for:

- Ensuring Admin Support Staff have the necessary knowledge and skills to carry out their responsibilities for Child Protection work; and
- Identifying gaps within Admin Support and bringing them to the attention of Senior Management.

### 1.13 Responsibilities of all Social Work staff

All Social Work staff have a responsibility to respond to the needs of children who may be vulnerable or at risk of abuse. All staff must work in close collaboration with their colleagues in the Children and Families Service to protect children who may be at risk of abuse and neglect which is a priority.

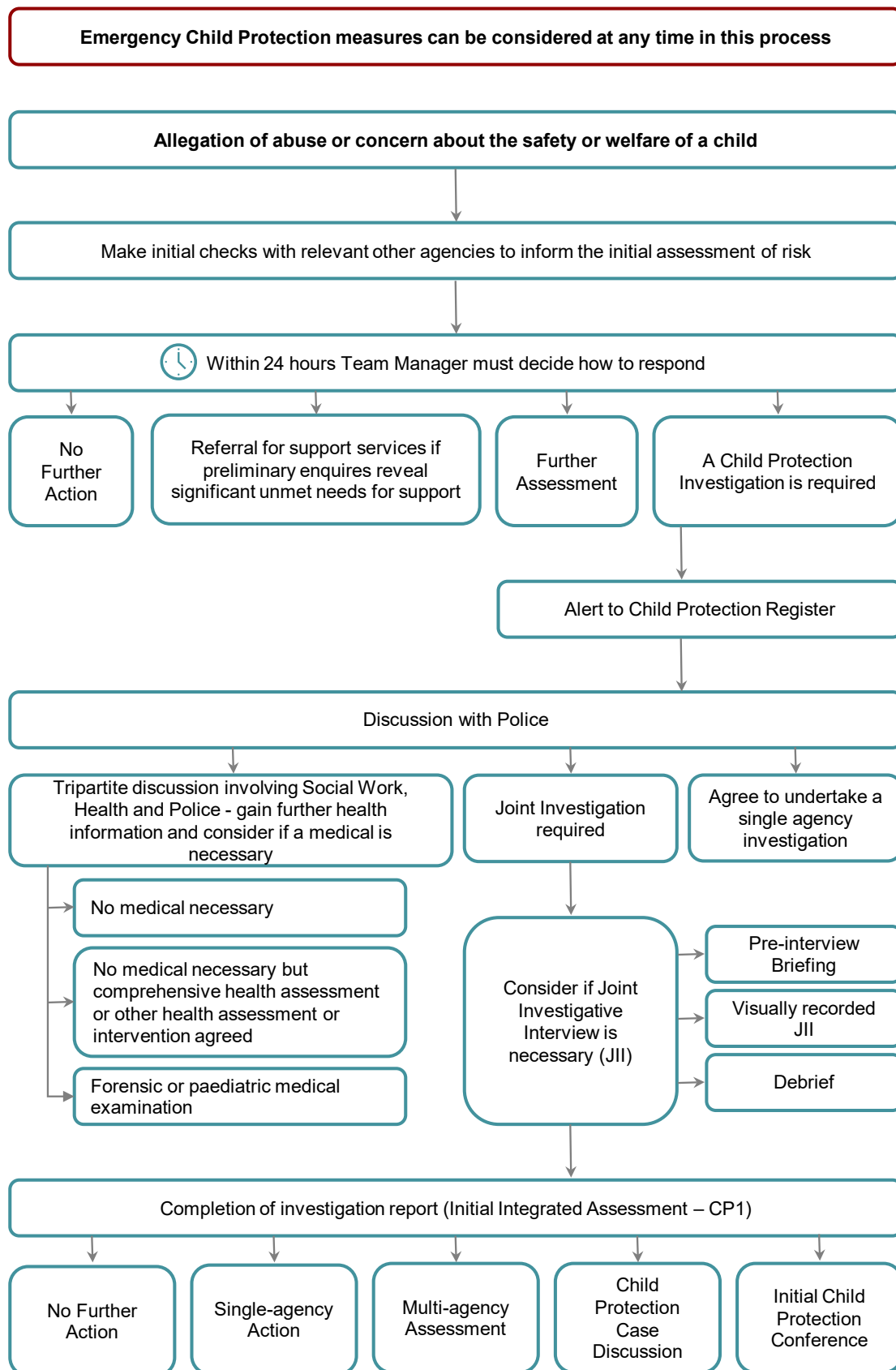
All Social Work staff must report any actual, suspicion, or risk of abuse or neglect, to the Children and Families team or to the child's allocated Social Worker.



Where the child is at immediate risk of significant harm and there is a need for emergency action to protect the child, the Police should be contacted



## 2 Child Protection Process



## 3 Initial Referral

---

### 3.1 Child Protection Referrals.

Child Protection Referrals must be dealt with as an immediate priority and initial enquiries made. As Social Worker managing the referral you should gather as much of the following information as possible from the referrer, and write it down, along with the date, time, and method of referral.

This list is not exhaustive and includes:

#### Core Information:

- Referrer's name, contact details and involvement with the family;
- The child's full name, age, date of birth (DOB), address;
- If the child is in imminent danger; and
- The nature of the concerns.

#### The Child and Family:

- The child's brothers, sisters, parents or carers;
- Who saw the child last, when, and where;
- If the child has any disabilities or special needs;
- If the parents are aware of the concerns and if so, their reaction; and
- Safety factors e.g. family, friends or support staff and immediate care arrangements.

#### Identified Risks and Perpetrator:

- Details of the alleged perpetrator if known;
- Details of specific incidents – dates, times, visible injuries;
- Previous concerns about this child or other children in the household; and
- Information indicating an adult may be at risk.

#### Other Parties and Wider Information:

- The name, age and address of any other person known to have information on the possible abuse;
- The identity of any witnesses and where to contact them;
- Other agencies involved e.g. health visitor, teacher, school nurse;
- Named Person or a Child's Plan co-ordinated by a Lead Professional; and
- Cultural or religious factors.

As Social Worker receiving the referral you will help the referrer describe what has been observed or heard and what sense they have made of the information. You should seek to differentiate "fact from opinion" and determine if there are any other children at risk, noting their names, DOB and address. You will ensure:

- The information is recorded on the Social Work Information System;
- All Social Work "records checks" are completed including Maiden name/ known as, DOB and address check;

- The Child Protection Investigation and Registration tab (once in PARIS);
- Initial assessment of the presenting information;
- Identification of other information required e.g. health, education, criminal records;
- Consultation with your Line Manager; and
- Identification of further action to ensure the safety of the child, including the need for an Inter-agency Referral Discussion.

As Social Worker you should seek written confirmation from the referrer of the details of the concerns but do not delay further enquiries or action while awaiting confirmation. You must record carefully and accurately the information regarding allegations or suspicions of abuse.

Where a Child Protection concern arises in Orkney's Outer Isles, interim arrangements may be required with direct involvement of colleagues located on-Island.

When concerns arise or increase for a child who already has Social Work involvement, these must be shared with the child's Social Worker or Duty Social Worker immediately.

As Social Worker (including Duty Social Worker), you will consult the Team Manager, who will decide, on the basis of the information received, if there is a need to urgently protect the child or young person by calling the Police or seeking advice from the Council's Legal Services about the requirement to apply for a Child Protection Order.

### 3.2 Anonymous Referrals

Members of the public may make a referral anonymously and they should be advised this may cause difficulties in establishing if a child is at risk.

As Social Worker, you will discuss the referral with your Team Manager **immediately**. If your manager is not available speak to the Duty Manager or any other manager.

As Team Manager, for any referral, it is your responsibility to ensure the child is allocated and initial assessment of risk begins. If you determine a response under Child Protection Procedures is required, you will contact the Inter-agency Referral Discussion (IRD) Sergeant based at Police Scotland Divisional Child Abuse Investigation Unit (DCAIU) in Inverness. This may already have happened if an IRD was held previously so you should check the history and ensure decisions are being actioned accordingly.

### 3.3 Initial Enquires – Duty Social Work

Duty Social Workers will receive information on children in need, childcare concerns, Child Protection Referrals, and requests for involvement. As Duty Social Worker you will deal with Child Protection Referrals as a priority over all other work and these referrals will be the subject of an **immediate assessment**.

As Team Manager, in the Children and Families Social Work Team, you will consult with the Duty Social Worker and provide operational management overview of all Child Protection Referrals and concerns, to ensure the Child Protection Referral process and required follow up actions are a priority.

### 3.4 Duty Social Work Contact No



**Duty Social Work Services:** based at the Council Offices in Kirkwall  
Available 9am to 5pm Monday to Friday on 01856 873535.

Out-with these hours the Duty Out of Hours Service can be contacted by phoning the Balfour Hospital Switchboard on 01856 888 000.

Concerns about a child may be referred to Social Work Services directly or, indirectly via other agencies e.g. Police, Education or Health. The concern may be shared verbally or in writing. Social Work Services will gather information, make an initial assessment, and determine whether a child protection response is needed.

Ideally the Duty Social Worker will receive first-hand information directly from the individual who received the information or recognised the risk. If the referral is from a partner agency, the Line Manager or their Child Protection Lead may make the referral.

As Social Worker co-ordinating these initial enquiries you will approach other agencies with requests for information e.g. Police, Education, Health or Housing Services. You should make clear the purpose of the request and record the response.

### 3.5 Seeking Health Information

For health information, contact health professionals already involved with the family. Where this is unknown contact the Lead Nurse Public Protection on 01856 888 000 (Available Monday to Friday 9am to 5pm).

### 3.6 Alerts to the Child Protection Register

Where a child has or may have been abused, as Social Worker you should check the Child Protection Register to see if the child or their brothers and sisters are on the Child Protection Register. You should take a note of the time, date, and outcome of this check. You should then complete the Orkney Child Protection Alert form.

If a crisis is likely to occur out with normal working hours as Social Worker you should advise the Team Manager and place an Alert with the Out of Hours Service using the appropriate form.

The Out of Hours Service and local Child Protection Register must be notified when an alert is no longer required.

### 3.7 Responding to Referrals and Inter-agency Referral Discussions



#### Child Protection Referrals must be responded to within 24 hours

As Team Manager you must decide how to respond to referrals, **that day or within 24 hours**. There is a range of possible decisions:

- ✓ No further action;
- ✓ Family support if preliminary enquiries identify significant unmet need;
- ✓ A referral to the Children's Reporter;
- ✓ A Child Protection Investigation; or
- ✓ Further assessment.

As Team Manager you **must** advise the Service Manager a referral has been received which may require a Child Protection Investigation.

As Duty or investigating Social Worker, you will gather information to inform an initial risk assessment and the need for an Inter-agency Referral Discussion (IRD). In conjunction with the Team Manager, you will decide if the information received falls into the category of a childcare concern or a Child Protection Referral. You will identify if it is:

- A new concern about a child already known;
- A new referral; or
- An accumulation of concerns.

As Duty or investigating Social Worker you will decide on its initial status, act accordingly and consult with your Team Manager.

As Team Manager, where you have decided a Child Protection Investigation may be required, you will initiate an IRD. You will contact the IRD Sergeant and together you will agree the timescales for subsequent actions which will be informed by the initial risk assessment which should address the safety of the child or young person and any risk to others.

An IRD is the start of the formal inter-agency process which allows information to be gathered and shared to inform decision making on whether or not a child or unborn child is in need of protection or may be exposed to current or future risk. IRDs are tripartite discussions with the Police, Health and Social Work about concerns which have been presented, and what immediate actions and processes are required to address these concerns. Other services not involved in IRDs should be consulted as required.

The IRD involving Social Work, Police and Health should consider:

- Whether or not a health examination or assessment is required and what it is likely to achieve?
- What type of examination is required?

- Who should conduct the examination?
- Where it should be conducted?
- When it should be conducted?
- What arrangements will be put in place to facilitate the examination being undertaken?
- The child's views?

Generally Social Work and Police will carry out a Joint Investigation in circumstances where there is familial responsibility, for significant harm or significant risk of harm, or current Social Work involvement with the child and family.

On occasion the need to investigate timeously can dictate the need for a Single Agency Investigation. Practice would dictate that this would be *the exception* rather than the rule. The reasons for conducting Single Agency Investigations and the rationale should be recorded by the Team Managers making the decision.

Further details are in the [Inter-agency Procedure: Inter-agency Referral Discussions \(IRDs\)](#).

### 3.8 Decisions to Initiate Child Protection Procedures

If as Team Manager you decide with the IRD Sergeant the referral should be progressed by both your agencies under Child Protection Procedures, you must take the following action.

Where a Joint Investigative Interview (JII) is required, as Team Manager, in discussion with the IRD Sergeant, you will identify an investigating Social Worker and Police Officer respectively, who are JII trained, who will be included in the JII Briefing Meeting.

A Joint Investigative Interview (JII) is a formal, planned interview with a child, carried out by staff trained and competent to conduct it, for the purposes of eliciting the child's account of events, if any, which require investigation.

As Team Manager with the IRD Sergeant, you should call an Inter-agency Child Protection Planning meeting to support the investigation, in the circumstances outlined below in 3.14 or if you jointly assess it would benefit a particular child or young person.

### 3.9 Consideration of a Single or Joint Investigation

**Day 1 or within 24 hours** of receipt of a referral:

#### Discussion with the Police:

As Team Manager, having contacted the Police IRD Sergeant to discuss the referral, you will reach a joint decision for a Joint Investigation or exceptionally, a Single Agency Investigation by either the Police or Social Work.

#### The Purpose of a Joint Investigation is to:

- Elicit the child's account of events, if any, which require investigation;
- Establish the facts regarding a potential crime or offence against a child;
- Gather and share information to inform the assessment of risk and need; and
- Identify the requirement for protective action.



### 3.10 The Team Manager will Record

- The salient points of the discussion;
- Relevant information;
- Decision making and rationale; and
- Risks and protective actions required.

Within a Joint Investigation, partners will have at times, different responsibilities to fulfil but associated activities should be planned together. This could include JIIs Interviews, forensic medical examinations, health assessments and identifying information required to share about the child and family.

Timing of actions should be agreed. This will be determined by balancing the welfare needs of the child with the needs of any criminal investigation. These needs often coincide but where they are in conflict, the **welfare of the child** should be of paramount consideration.

At every stage of the investigation Social Workers and Team Managers must consider whether the child is in imminent danger and if emergency measures are needed to protect the child from harm.

### 3.11 Single Agency Social Work Investigation

Where it has been agreed between the Team Manager and the Police, in exceptional circumstances, that Social Work will proceed without the Police, as Team Manager you will brief two appropriately experienced Social Workers. At least one of whom must have completed the relevant Child Protection Training.

As Team Manager you will co-ordinate the investigation and any action required by Social Work to protect the child or young person.

### 3.12 Planning the Investigation

As Team Manager you will meet with the investigating Social Workers to plan the investigation, and based on the information available, brief the Social Workers on:

- With whom they need to discuss matters;
- Where and when this should take place;
- Who should be present; and
- Other factors to be addressed such as communication methods, disability, race culture, ethnicity.

### 3.13 Decision Made for Joint Investigation

As Team Manager with the IRD Sargent you will agree:

- Who will be responsible for co-ordinating the Joint Investigation;
- Whether there is a need for a full Multi-agency Planning Meeting (for example, in complex cases);
- Whether a JII is required and whether it should be visually recorded;

- Who should undertake the Joint Briefing meeting between Social Work and Police pre-interview;
- Who is responsible for conducting the JII;
- Who is responsible for the De-briefing;
- Decisions on how to proceed with supportive and protective interventions to protect the child and the practicalities for the child; and
- Actions for other children in the family as required.

As Team Manager you will update the Service Manager on progress of the investigation.

### 3.14 Multi-agency Planning Meeting

Where it has been decided by the Team Manager and IRD Sergeant there is a need for a Multi-agency Planning Meeting to consider:

- Information which suggests organised sexual exploitation or other forms of serious exploitation of children or young people;
- More than one adult involved in sexual abuse;
- Information suggesting a family may take flight with the child to avoid investigation;
- Multi-faceted aspects of child abuse including high degrees of complexity; or
- A pregnant woman may take flight to avoid involvement with the helping agencies.

A Multi-agency Planning Meeting (see section 4.6) can be convened to share information, including Police intelligence, and plan how to gather further information and evidence without the involvement of the suspected perpetrators or family, depending on the assessment of risk.

The investigation of complex child abuse may require specialist skills. Investigating team members need expertise in conducting investigations, child protection processes and they should be committed to working closely together. It may be necessary to involve agencies trusted by the child or other witnesses, or to obtain specialist advice and support from agencies with particular knowledge of the issues.

Investigating “organised child abuse” and supporting children can be stressful and require a long-term commitment of staff and resources. Inter-agency guidelines should reflect local arrangements to provide support, de-briefing or counselling.

### 3.15 Parents or Carers

As part of the Multi-agency Planning Meeting decision making process, a decision will be made about the stage at which parents or carers should be informed of the concern. It is important to inform parents or carers as early as possible unless there are substantial reasons to believe that to do so would place the child at greater risk or seriously prejudice further inquiries.

#### Parental Consent will be Sought Unless:

- ✓ The child can give their own consent (Age of Legal Capacity Act 1991); or
- ✓ To do so would seriously impede the Criminal Investigation; or

- ✓ The process would place the child at greater risk.

The Police Officer in conjunction with the investigating Social Worker will:

- ✓ Arrange for the parent or carer to be informed of a referral alleging abuse; and
- ✓ Where possible, obtain their agreement for interviews.

The Lead Professional (usually the Social Worker) must update the family on progress of the investigation.

### 3.16 Allegations Against Staff Members, Kinship or Foster Carers

As Social Worker, where allegations are made against a member of staff in any agency, you must **immediately** consult with the Team Manager.

As Team Manager, you will consult with your Service Manager or Head of Service to ensure Human Resources for the agency is informed. In very serious instances, which may include the person's work role being directly involved with children and young people, decisions may need to be made in respect of suspending the staff member until an investigation can be carried out.

As Team Manager, you must inform HR Services of the outcome of any Child Protection Investigation so they can consider what **support arrangements** are required for the employee and the implications of the allegation for their service.

As Social Worker, where allegations are made against Kinship or Foster Carers you must **immediately** inform the Team Manager responsible for these services.

### 3.17 Prevent Procedures

As Team Manager, in conjunction with the Duty Social Worker, where a Child Protection Referral has been received due to concerns about radicalisation under Prevent Counter Terrorism Responsibilities:

- You must ensure the Single Point of Contact for Prevent is informed;
- Prevent Procedures are followed; and
- You must consider the need for an Inter-agency Professionals Meeting.
- Please see [Orkney Islands Council's PREVENT duty](#)

### 3.18 Feedback to Referrers

Feedback must be provided to referrers by all agencies who receive a Child Protection Referral or concern about a child or young person.

As investigating Social Worker, in conjunction with the Team Manager, you will inform the person, who made the referral, of the outcome within **7 working days** of receipt of the referral. You will record it on the referral tab in the Social Work Information System.

Where the referral was initiated by a member of the public, wherever possible, you must ensure they are informed in writing or verbally (if no address) of the outcome of the

enquiries, without breaching confidentiality, to reassure them appropriate action has been taken.

As Team Manager, you shall ensure a copy of the letter is placed on record or the verbal feedback provided is recorded.

The nature of the feedback must be recorded on the Social Work Information System.

### 3.19 Medical Examinations

The need for a medical examination should be discussed at the IRD and at any further time within the investigation process.

The types of medical examination or assessments which should be considered include:

- Medical examination to determine the level of injury and need for forensic or paediatric examination;
- Forensic or paediatric examination; or
- Comprehensive health assessment conducted by a paediatrician which may identify the need to involve a range of specialist health services i.e. paediatric follow up, psychological assessment, dentist.

The purposes of medical examinations are to:

- ✓ Ensure the child's condition is medically assessed and treatment given as required;
- ✓ Reassure the child on their personal health and wellbeing;
- ✓ Obtain assessment on possible indications of abuse;
- ✓ Ensure injuries, signs of neglect or abuse are noted for evidential purposes; and
- ✓ Secure forensic evidence.



The child's welfare is the paramount concern and the gathering of evidence must not become an additional source of stress in the child's life

A thorough assessment of the child's health needs is an essential element in joint investigations. Although it may not provide evidence that a child has been physically abused or neglected, a comprehensive assessment of a child and family's medical history, and the child's health can assist planning and management of any investigations and inform the multi-agency risk assessment. This assessment, alongside information from the Police, Social Work and other services involved, can help determine if further investigation is necessary.

The need for forensic evidence to be obtained is secondary to the need for medical treatment of a child.

### 3.20 Physical Injury or Severe Neglect:

If the referral concerns physical injury or severe neglect a medical examination should be arranged, if possible, the **same day**. In cases of any alleged sexual abuse, which is reported to have occurred within the previous **7 days**, a medical examination should be

considered, as a matter of urgency. This is to protect the health of the child, secure and preserve evidence. Where a medical examination is required but not immediately, this can be arranged to suit the child, family and relevant professionals

The Paediatrician identified to undertake the medical examination will make the final decision on the examination taking place after consultation with the Public Protection Lead Nurse, Social Worker or Team Manager and IRD Sergeant.

A discussion of the findings will take place immediately following the examination with the investigating officers.



Consideration must also be given to the need for any other connected children in the household to be medically examined.

The Social Work role in medical examinations is to:

- Assist in planning the arrangements for the child to attend the medical examination;
- Be advised of the findings immediately following the examination; and
- Receive a report on the medical examination which will contain a clear and full report of the findings, including the doctor's interpretation and conclusions.

Medical reports of joint forensic examinations should be given to the Police, Reporter, and Social Worker within **5 working days** of the examination.

If a decision is taken for a child to be medically examined by the Child Protection Paediatrician in NHS Grampian and the Forensic Physician, Social Work is responsible for arranging travel and accommodation (if necessary) for the child, family member and support staff member (normally a Social Worker).

This is booked through the Council's travel team, [travel@orkney.gov.uk](mailto:travel@orkney.gov.uk) or in an emergency call extension 2164. If out of hours, contact 'Corporate Travel Management' directly on 01274 760 650 (24 hours, 7 days a week) and quote the reference 873535.

If a Child Protection Order is being sought, a medical report should be provided to support the application.

## 4 Preparation for Joint Investigative Interviews

---

To undertake a JII a social worker must have completed the current Joint Investigative Interview Training (JIIT), and be familiar with [‘Guidance on Joint Investigative Interviewing of Child Witnesses in Scotland’ 2011](#). Wherever possible, the Team Manager should be JII Manager trained.

### 4.1 Pre-interview Briefing

The Social Work Team Manager and IRD Sergeant should decide when a Pre-interview Briefing should be undertaken. The Social Work Team Manager will agree with the police which agency will undertake this Briefing. This meeting will take place preferably face to face or in exceptional circumstances over MS Teams or other interactive system. It should happen prior to the interview.

The safety and wellbeing of the child are paramount. Where possible, consideration should be given to the child’s views on where and when the interview should take place. This could happen when seeking their consent to be interviewed. As part of this process, it is worth noting that the introduction of the United Nations Convention on the Rights of the Child (UNCRC) into the law in Scotland provides both preventative methods for protecting child rights, as well as strong accountability measures.

The purpose of the Pre-interview Briefing is to ensure those undertaking the interview are fully aware the circumstances (including those leading up to the investigation) and issues, and to agree the:

- Actions to be taken;
- Roles to be undertaken during the investigation; and
- Support required for the interviewers.

#### **The Pre-interview Briefing should:**

- Agree who will undertake the interviews; and
- Plan flexible roles for the interviewers.

#### **It will agree what action is needed immediately to:**

- Protect the child; and
- Provide interim services or support while enquiries continue.

#### **It will share available information and agree:**

- Timing and location of interviews;
- Plans to record the interview; and
- If it is in the child’s best interest to seek interview consent from the parents, if not, record why.

The Pre-interview Briefing will plan how the investigation should be managed, including the need for medical examination and treatment, and decide who is to be interviewed taking account of:



- The views of the child;
- Who needs to be present with the child; and
- The implications for brothers and sisters - each child separately.

**The Pre-interview Briefing will discuss when the Police will interview the parents including:**

- By whom;
- When;
- Where; and
- Purpose.

JlIs will usually be visually recorded. If this is not deemed appropriate due to circumstances this must be agreed between the Social Work Team Manager and the Police Public Protection Unit Supervisor (titles may vary). All relevant circumstances must be considered in planning the most appropriate place for the interview to be undertaken. As above, consideration must be given to the need for Video Recorded Interviewing (VRI).

VRI equipment is installed at a child friendly environment in Aurrida House, Kirkwall and access can be arranged by the Police. Venues used for visual recording must comply with national guidance to ensure the recording can be used in later proceedings. Venues need to be comfortable and safe for children in which to speak and suitable for recording equipment.

Mobile recording equipment is also available for use where a decision is taken at the IRD that the joint interview be held nearer to the child's location. This may include more remote and outer isles of Orkney. However, due to issues of confidentiality and Police and Social Work visibility in small communities the preferred location is Aurrida House. The Interviewing Team will aim to minimise emotional impact or stress to the child and provide a comfortable and safe environment for an engaging interview.

## **4.2 Child Consent**

In ensuring a children's rights approach is undertaken, the child's permission for interview and medical examination should be sought and their views recorded. As part of this process, again it is worth noting that the introduction of the United Nations Convention on the Rights of the Child (UNCRC) into the law in Scotland provides both preventative methods for protecting child rights, as well as strong accountability measures.

The best interests of the child must be the top priority in all decisions and actions that affect children (Article 3 of UNCRC).

Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously (Article 12 of UNCRC).

Every child must be free to express their thoughts and opinions and to access all kinds of information, if it is within the law, as is the case for all citizens (Article 13 of UNCRC).

Where the child is too young or does not have capacity to consider consent, a decision on who will contact the parents and obtain consent for interviewing the child, visual recording, and medical examination, should be made.

Where a child is unable to consider and or provide consent for interview or medical examination, and their parents are refusing to give consent, legal advice should be sought from the Council and or Police Scotland.

Where interview and or medical examination is proceeding, consideration must be given to the child's level of development, any disability or any language issues, and what arrangements might be needed to offer the child an interview in their language of choice.

### **4.3 Other Children**

Consider the needs and safety of other children who may be affected e.g. brothers and sister or other children in contact with the adults presenting the risk and whether to extend the investigation to include any of these children.

If it is appropriate to interview the child, consideration must be given to their:

- Age and stage of development;
- Physical or learning impairments;
- Health or mental health issues;
- Cognitive abilities;
- Linguistic abilities;
- Race, culture, ethnicity and religion;
- First language;
- Gender and sexuality;
- Overall sexual educational, knowledge and experience; and
- Current emotional state.

### **4.4 Sharing Information with the Family**

The Investigating Team in conjunction with their Managers will:

- ✓ Determine what information will be shared with the child and family members, unless such information sharing may place a child at risk of significant harm or jeopardise Police investigations into any possible offence; and
- ✓ Confirm to whom the Investigating Team will report, frequency and how progress will be reviewed.

### **4.5 Debriefing Staff**

All decisions reached at the Briefing meeting and the basis for those decisions should be clearly recorded and agreed by the parties to the meeting. Copies of these records must be maintained on the child's file.

If there is a disagreement on the appropriate response to a referral, resolutions should be sought from senior managers as soon as possible.

#### 4.6 Child Protection Discussions – Planning Meetings

Complex cases involve multiple victims or perpetrators and or instances of sexual abuse, and they require a Child Protection Discussion at the initial referral stage to share information and discuss how best to proceed. This meeting will be chaired by the Social Work Team Manager.

This meeting should plan the management of the investigation and co-ordinate information gathering.

In some Child Protection Investigations, the need to protect the child means immediate action is required and there may be no time or need to co-ordinate any form of planning meeting. In these situations, the Team Manager and IRD Sergeant or relevant Public Protection Unit Police Supervisor may decide to move directly to a Pre-interview Briefing with Social Work and Police staff.

During the assessment, parents should be asked if they wish to have an advocate and the family must be informed of their right to seek legal advice, which should be recorded.

#### 4.7 Undertaking Joint Investigative Interviews

The Joint Investigative Interview (JII) has two distinct elements:

- (a) Consideration of the care and welfare of the child; and
- (b) Establishment of evidence.

The main components of the JII are to:

- ✓ Learn the child's account of the circumstances which prompted the enquiry;
- ✓ Gather information to inform decision making on whether the child in question; or any other child, requires protection; and
- ✓ Establish if a crime has been committed.

#### 4.8 Debrief

As Social Work Team Manager you will have discussed how this will be undertaken at the investigation planning discussion. As Team Manager you will ensure there are appropriate arrangements in place for the Social Worker. It is preferable for the debriefing to be undertaken face to face, where possible, involving the police and social worker together. As with the Briefing meeting, the Debriefing meeting decisions should be recorded, signed and stored by both agencies, and the outcome of the enquiry recorded in each of the agency's appropriate information systems. All pertinent records should be kept, for example, hand-written notes.

#### 4.9 Conclusion of Investigation

At the conclusion of the investigation the investigation team must consider what they have and what further actions are required

From a Social Work perspective, as Social Worker and as Team Manager, you must consider the outcomes of the investigation completed to date and consider if more information is required.

#### 4.10 Outcomes of Investigations

Following the Child Protection Investigation, as Team Manager you will decide what action is necessary to protect the child and decide upon one or more of the following courses of action:

- No further action;
- Single agency action (e.g. social work support services);
- Multi-agency assessment;
- Child Protection Discussion;
- Initial Child Protection Conference;
- Emergency actions to protect the child if at imminent risk of significant harm; and
- Referral to the Children's Reporter.

All decisions and rationales should be clearly recorded and signed by those making them.

#### 4.11 Feedback to the referrer

Once the outcome of the Child Protection Investigation is known feedback on the outcome should be provided to the referrer if this is a partner agency. If the referral has been received from a member of the public, this feedback should be in a manner consistent with respecting the confidentiality of the child and the family. See section 3.18 above which outlines the requirement to provide feedback (within 7 days of having received the referral) which does not breach confidentiality.

The provision of further feedback, once the outcome of the Child Protection Investigation is known, to a:

- Member of the public;
- Family member;
- Friend;
- Neighbour; or
- An anonymous referrer,

will depend on whether they have remained in contact and the nature of their relationship in the life of the child and family. The confidentiality of the child and family will remain an important consideration as will the continuing safety and wellbeing of the child.

As Social Worker involved in the Child Protection Investigation or as Social Worker for the child and family, you should consult with the Team Manager to agree the precise nature of feedback to be provided. Where there is any conflict of opinion or debate about the action to be taken the Team Manager should consult with the Service Manager.

The overarching consideration is the safety and wellbeing of the child and we must seek to ensure the public has full confidence we are always acting appropriately when receiving information, a child may be experiencing significant harm or at risk.

## 5 Assessing Risk and Child Protection Investigation Report

---

All relevant information gathered during the investigation will be recorded in the Child Protection Initial Investigation Report (CP1). One report per family group will be written. The report should be brief with focused analysis of the strengths and risks including:

- Details of the initial referral;
- Reasons for initial assessment of risk;
- Children involved in the investigation and relevant details, including where possible a genogram and ecomap;
- Details of other agencies involved in supporting the child and family;
- Health information and details of any medical examinations undertaken;
- The process of investigation;
- Family background including Chronology of Significant Events;
- Initial assessment of risks for each child based on the 'My world triangle';
- Risks, Vulnerabilities, Protection and Resilience for each child, noting any risk assessment tools used;
- Views of child, parents or carers;
- A conclusion stating level of risk and recommendation of further action required to protect the child;
- If a Child Protection Conference is necessary to ensure their safety and wellbeing in the future;
- The need for compulsory measures of supervision by referral to the Children's Reporter;
- A protection plan for the child which should be SMART and outcome focused; and
- A contingency plan.

Assessment is a dynamic process which continues beyond the investigation. All information gained should contribute to and form an integral part of continuing assessment including risk assessments.

### 5.1 Outcomes of the Investigation

Following the Child Protection Investigation, as Social Worker you will make a recommendation on the action necessary to protect the child and decide upon one or more of the following courses of action:

- ✓ Emergency actions to protect the child if at imminent risk of significant harm;
- ✓ No further action;
- ✓ Single agency action (e.g. Social Work support services);
- ✓ Multi-agency assessment;
- ✓ Initial Child Protection Conference or Planning Meeting; and
- ✓ Referral to the Children's Reporter.

All decisions and rationales should be recorded and signed by those making them.

**Day 5-8:** CP1 Report to be approved, counter-signed and dated by the Team Manager.

**By day 10:** CP1 Report to be submitted to the Service Manager for approval of recommendation. Service Manager decides if a Child Protection Conference is necessary.



## 6 Initial Child Protection Conference

---

There are 4 types of Child Protection Conferences: Initial; Pre-birth; Review; and Transfer. There is provision for Child Protection Planning Meetings to help plan a Child Protection Investigation, in circumstances where holding a Conference, before additional information is gathered, might increase the risk to the child.

### 6.1 Decision for a Child Protection Conference

**Day 10-15:** Setting the date for Initial Child Protection Conference.

The Child Protection administrator in consultation with the Service Manager will arrange a date, time, and venue for the Conference within **21 days** of the notification of concern.

As Service Manager if you decide to convene an Initial Child Protection Conference out with this timescale you must record the reasons in the child's file. Where possible the timing of the Conference should take account of the availability of other agencies and family members. The number of people involved in a Child Protection Conference should be limited to those with a need to know or those who have a relevant contribution to make.

**Day 12- 15:** Invitation List

As Social Worker you will confirm with child protection admin staff who should attend the Initial Child Protection Conference and provide secure email addresses for attendees to receive invitations and minutes.

### 6.2 Core Members

Members of staff from agencies with a duty to attend (Health, Education, Police, Local Authority) should send a substitute if they are unavoidably unable to do so. If a substitute cannot be arranged, they must send a full report to the Social Worker and Chair which will be shared at the Conference which may include the family.

### 6.3 Invited Members

- ✓ Members who are invited as and when required, or where indicated, e.g. Criminal Justice Social Workers working with the family or a Community Paediatrician when a child has undergone a medical examination;
- ✓ The child and if applicable, their advocate or representative; and
- ✓ Parents, carers, and family members, including all those with parental responsibility and their advocate or representative.

Please see 'Appendix Two: Attendance at Child Protection Conferences' for a summary of roles of participants.

## 6.4 Support & Preparation for the Child and Family in the Conference

### How can we prepare a child for a Child Protection Conference?

- Does the child know the purpose of the meeting and what may be discussed?
- Would the child like to see the room?
- Does the child know who will be attending and why they will be there?
- If the child will not know some of those attending can they see a photograph of them before the meeting so that they can easily identify people?
- Could the child do a seating plan for the meeting, who would the child like to sit next to them, who will sit directly across from them?
- Do they want to attend all or part, or just provide their views to the meeting?
- Who would they like to support them in the meeting and help them share their views, social worker, teacher?
- Does the child want to use a hand signal to show how they are feeling?

**Day 12 - 15:** Notification of Initial Child Protection Conference to be sent. Where secure email systems are in place this can be done electronically. The CP1 Report will be sent to attendees at this point or at least **3 working days** prior to the meeting. The Social Worker must go through the CP1 with the child, where appropriate, and parents or carers prior to the Initial Child Protection Conference.

## 6.5 Child's and Parent's Views

Prior to **Day 21**.

As Social Worker you or another appropriate support person should assist the child, parents, or carers to give their views in the most appropriate way. The child's, parent's or carer's views must be considered in reaching decisions.

They should be given Child Protection leaflets and have these explained so they know what will happen at the Initial Child Protection Conference and possible outcomes.

As Social Worker, you should consider different ways of helping the child and family express their views during the Conference. Including having an advocate or representative to support them through the process.

Specific support may be required, for example, an interpreter if the family's first language is not English.

As Social Worker you shall advise the Chair of support requirements before the Conference, for example:

- Sign or language communicators;
- Separate attendance by family members; or
- Staggered attendance, for example, separated or feuding parents.

## Child's Views

What is in your "gaining children's views" tool bag?

- Standard forms?
- Child drawing a picture?
- Child writing a letter or piece for the Conference. See: <https://www.childline.org.uk/info-advice/bullying-abuse-safety/getting-help/asking-adult-help/#Writesomeonealetter>
- Video podcast?
- 3 houses tool? See: <http://www.socialworkerstoolbox.com/the-three-houses-template/>
- Games?

**Day 21:** or Prior to Initial Child Protection Conference:

As Service Manager you will meet the child and parents or carers in advance of the meeting, whenever possible, to: ensure they understand who will be there; what will happen; how they can contribute to the meeting; check they have understood the reports; and know the recommendation. This is in addition to the requirement for the Social Worker to prepare the parents and child for attendance.

## 6.6 Purposes

The purposes of the Initial Child Protection Conference are to:

- ✓ Objectively analyse with partners the information from the investigation; the strengths; risk factors; previous knowledge of the family; and assessment;
- ✓ Make decisions on the likelihood of a child or any other connected children experiencing significant harm in the future i.e. the level of continuing risk;
- ✓ Decide what future actions are needed to safeguard the child and promote their welfare;
- ✓ Decide if the child's name should be placed on the Child Protection Register or if a Family Support Plan is required;
- ✓ Decide the category of Registration to focus the actions required to reduce risk;
- ✓ Outline the multi-agency Child Protection Plan (the Outline Plan) if placing the child's name on the Child Protection Register; and
- ✓ Identify Core Group members and date of first meeting, if placing the child's name on the Register.

## 6.7 Agenda

The Initial Child Protection Conference will ensure:

- ✓ Participants are invited to read the laminated cards setting out the purposes of the meeting;
- ✓ The purposes of the Conference are achieved;
- ✓ Introductions, apologies, confidentiality, agency roles with the family;
- ✓ Circulation of reports (if unavoidably not sent prior to the meeting);
- ✓ Sharing of details of events leading to the Conference;

- ✓ Sharing information from the investigation and any assessments to date including, strengths and risk factors;
- ✓ Concise information from all agencies, including the nature of past and present involvement with the family;
- ✓ Summary by Chair of main information;
- ✓ Encouragement of views from the child and family (at regular points throughout the meeting);
- ✓ Consideration of risks to any other children in the household;
- ✓ Consideration of the need for a comprehensive health assessment or examination;
- ✓ Consideration of the risks of harm if the child remains at home, and explicit consideration of whether emergency measures are required to protect the child;
- ✓ Plans for risk management;
- ✓ A decision on the need for a referral to the Children's Reporter and the reasons;
- ✓ If a claim for Criminal Injuries Compensation should be made;
- ✓ Consideration of the need for legal advice;
- ✓ A decision on whether to place the child's name on the Child Protection Register and the category of Registration; and
- ✓ Core Group members and date of first meeting, if placing the child's name on the Register.

## 6.8 Responsibilities of the Chair

Child Protection Conferences will be Chaired by the Service Manager who will set the agenda and ensure:

## 6.9 Co-ordination of Reports

Reports should be produced and co-ordinated to ensure relevant information is effectively shared with Conference participants in support of effective decision making. Where possible, composite reports should be produced (within the CP1 compiled by the Social Worker), in advance of the Conference with the Social Worker collating information and all relevant participants, particularly the child and family, contributing.

## 6.10 Process of Meetings

The Social Worker will be asked to present the circumstances leading to the Child Protection Investigation including the risk of significant harm, and the needs of the child.

The Chair will ensure each participant provides a summary of involvement with the child and family. The Chair or Social Worker will update the meeting with any other information provided from people not present.

At the end of the Child Protection Conference the Chair will ask each agency for their recommendation and reason for it in relation to Child Protection Registration including the category of Registration. A decision will be taken by the Chair as to whether the child's name will be placed on the Child Protection Register and the Category of Registration.

### **6.11 Guidance on Purposes and Registration**

The Chair will briefly remind the Conference of the purposes of the meeting including decisions on Child Protection Registration and the Registration categories.

### **6.12 Participation and Views**

The child is supported to make a positive contribution; and the child, parents or carers are involved.

The child's, parent's or carer's views are properly represented and considered.

### **6.13 Quorate Conferences**

To be quorate there should be a minimum of three agencies or professional groupings present before a Conference can proceed. However, exceptional circumstances may arise where only two agencies or professional groupings are present.

In these circumstances, the Chair has discretion to proceed if satisfied all essential information is available, particularly from key agencies. There should never be a single agency Child Protection Conference.

All professionals and agencies invited should submit a written report, if unavoidably unable to attend.

Where a Conference does not have the minimum of three agencies it should not ordinarily take place. Whether or not it does take place the Chair must ensure:

- ✓ An interim single agency Child Protection Plan is produced; and
- ✓ Another Conference date is set immediately.

### **6.14 Exclusions**

Parents or carers should be invited to attend, in part or in whole, the Initial Child Protection Conference. There must be specific reasons for children and their parent or carer not being invited and the reasons why must be recorded.

When children or parents are not invited they should be informed and given reasons.

The Social Worker should discuss the exclusion of parents or carers with the Chair at the invitation stage or as soon as the requirement is known and confirm at least 24 hours before the Conference.

The Social Worker should discuss any initial concerns regarding potential exclusions with their Team Manager who shall provide professional reflection and overview.

The decision to exclude someone from all or part of the Conference rests with the Chair.

### **6.15 Reasons for Exclusion**

Reasons for excluding someone from all or part of a Conference include (this list is not exhaustive):

- There is a strong risk of violence or intimidation at or following the Conference;
- The Police, Procurator Fiscal (if criminal proceedings have begun) are concerned by an alleged perpetrator's attendance;
- Confidential information regarding another person needs to be discussed;
- The Police need to provide information which is sub judice;
- There are serious concerns about the wellbeing of the family member should they attend;
- Someone is under the influence of drugs or alcohol to the extent their participation in the Conference would be disruptive;
- A parent or adult has a bail legal restriction order which cannot temporarily be suspended; or
- It is not in the child's best interest for them to attend i.e. alleged perpetrator.

### 6.16 Managing Exclusions

Where someone has been excluded, the Chair will record their reasons in the child's file and the exclusion should only be for as long as necessary. Other means of getting the views of the excluded family member, and reporting the outcome of the Conference to them, should be offered.

Any professional can request the exclusion of a parent from the Conference. The request must be made to the Conference chair at the earliest opportunity with the rationale. The Chair should discuss the request with the relevant agency manager before coming to a decision about whether to exclude.

Where a parent has been excluded from the Initial Child Protection Conference the Chair must make arrangements for someone to meet with them to ensure the decisions of the Conference are explained to them, preferably within **24 hours** of the decisions being made.

After the Conference, the Chair should offer to meet with the child to explain the decisions of the Conference. If a child is unhappy about Conference decisions they should be given support and advised how they can make a complaint, if they wish.

### 6.17 Responsibilities of Attendees

Successful Conferences depend on skilful Chairs, and a membership which is well prepared and understands its roles and responsibilities. The role of the Chair can be challenging at times and the membership should ensure they are supportive, open, honest, and participatory.

Conferences have very specific purposes and are not for prolonged debate and argument; settling historic issues; or philosophical debate. Attendees must understand the important role they have in achieving the Conference purposes and take personal responsibility for their attendance and contribution.

Members should ensure they share all relevant information with the Social Worker or Chair in advance of the Conference. Information received late or close to the Conference date should be passed on as soon as possible for the attention of the Chair.

Where “professional challenge” is required, this should be undertaken appropriately in a polite and reflective manner. Attendees should refer to [Orkney’s Self-evaluation and Continual Improvement Approach](#).

Members should prepare in advance of the Conference by:

- ✓ Prioritising their attendance including cover arrangements where attendance is not possible, for example, attendance at Court or Jury Duty;
- ✓ Familiarising themselves with the facts as they know them;
- ✓ Reflecting on their knowledge of the child and family;
- ✓ Checking their agency’s record of involvement;
- ✓ Checking the Chronology of Significant events;
- ✓ Having clear focus on the needs and safety of the child;
- ✓ Anticipating what support and actions are required to minimise future harm and risk;
- ✓ Familiarising themselves with the purposes of Registration and its Categories; and
- ✓ Thinking about their recommendation to the Chair on the questions of Child Protection Registration and the Categories of Registration.

Members should ensure their verbal and written contributions to Conferences are:

- ✓ Child centred;
- ✓ Clear and unambiguous;
- ✓ Evidence based;
- ✓ Respectful and accurate; and
- ✓ In plain English.

Members should differentiate “fact” from “professional opinion” and ensure their focus is on the health, safety, and wellbeing of the “child at the centre” of the process.

Child Protection Registration can only be undertaken where there is evidence of significant harm or risk of significant harm and strong parental responsibility. Child Protection Registration is *not a punishment* and should not be viewed as a *negative* process.

Registration is aimed at identifying and reducing risks for children and young people at the most significant risk of harm, in a familial context, within the community. They are deemed to be the most “at risk” given they are remaining in the community (children who have been accommodated have been removed from their families and as such are no longer at risk).

Child Protection Registration aims to ensure Registered children and young people:

- Are known well by all relevant helping agencies;
- Are accorded the “*highest priority*” status by all helping agencies;
- Have their needs robustly reviewed, evaluated and met;



- Access all resources needed within the multi-agency Child Protection Plan; and
- Have a multi-agency process in place to reduce risks.

## 6.18 Power Imbalance

Children and families attending Conferences are at significant disadvantage to other attendees; there is a power imbalance and they can often feel they are “being judged”. Many are not familiar with the workings of multi-agency meetings, protocols and business processes and every step should be taken to ensure they are helped to feel comfortable, welcome, and respected.

Parents, like all of us, have different life experiences, skills, abilities, characteristics, capabilities, and personalities. Members must have empathy, understanding, humanity, warmth, and professionalism in their interactions and in placing the needs of the child “at the centre” of the Child Protection process.

Research informs that adverse childhood experiences can impact on a person’s whole life and parents of children subject of the Child Protection process may have experienced trauma in their lives. The aim is to protect the child not to punish the parent.

Members should note the power imbalance and reflect on the most effective means with which they can personally help minimise it through the ways in which they contribute to the meeting, present their information and views. Attendees must try to see themselves in the position of being the child or family subject of the Child Protection process and ask themselves “what is the best way of protecting the child”.

## 6.19 Minutes of Child Protection Meetings

All Child Protection Conferences, Initial and Review, should have a trained administrator to take notes and produce minutes of the meetings. The minute taker should have no other role in the Conference, no involvement in the case and should have undergone training in taking Child Protection minutes;

- ✓ The Child Protection Register should be updated and emailed to the distribution list immediately after the Child Protection Conference;
- ✓ Decisions from all meetings will be emailed within **24 Hours**; and
- ✓ Full minutes will be distributed within **15 working days** of the Conference.

Minutes should be marked ‘Confidential’, ‘For the attention of’ and watermarked to distinguish exactly who they are for, such as Professional Copy, Carer Copy, Parent Copy. Minutes will include:

- Who was invited, attendees, start and end times and those receiving copies of the minutes;
- Review of actions from the previous meeting (if a Review) shown as “met” or “carried forward” (with explanation of why) to the updated Child Protection Plan;
- The essential facts of the child’s circumstances;
- A summary of the discussions which accurately reflects contributions made and distinguishes between fact and opinion;
- Views of children, parents or carers;

- Analysis of risk to the child;
- All decisions with rationales and recommendations, including responsibilities and timescales, and the decision on Child Protection Registration;
- Reasons for decision to refer or not refer to the Children's Reporter;
- Identification of people responsible for the Child Protection Plan;
- Identification of Social Worker and Social Work Team Manager;
- The Outline or revised Child Protection Plan enabling everyone to be clear about their tasks;
- Unresolved dissent from the conclusions, decision or recommendations of the Conference;
- Appeals on Registration or complaints;
- Core Group membership and date of first meeting; and
- Date of Review Child Protection Conference.

The Chair will manage the Conference to ensure its purposes are met, seeking to minimise disruptions and interference with the process wherever necessary.

### 6.20 Consensus

The Chair should seek consensus for decisions and recommendations, particularly the decision on Registration, but in the end, the decision rests with the Chair.

The membership is asked to give their *recommendation* and rationale on Registration and the category of Registration. The Chair should;

- Take all views into account;
- Make the decision; and
- Explain the rationale.

The membership is expected to support all decisions.

### 6.21 Dissent

Individuals may seek clarification on the Registration decision from the Chair and brief discussion may ensue. If, after discussion, an individual believes the decision may not reduce the risks for the child, or the decision is unwarranted, they should record their dissent and rationale.

The Chair may seek to have the dissent discussed further, after the Conference, to see if agreement can be reached. If this is not possible, the dissent will be formally recorded in the minute.

Equally an individual expressing dissent may seek opportunity to have a fuller discussion with the Chair to explore their concerns further.

### 6.22 Complaints

Individuals who have concern about any part of the Child Protection process, including the nature of Conferences, should seek to have this addressed at the earliest point of

identification. If this is about the process of the Conference the Chair should seek to address it at the time.

Where the matter cannot be resolved at the time and requires a formal complaint, the Social Work Complaints Procedure should be evoked, and the person should be advised of the process.

### 6.23 Appeals of Registration Decisions

If the child, parents, or carers do not agree with the decision of Child Protection Registration they may appeal in writing to the Head of Children and Families Services within **21 days** of the Conference. The Head of Children and Families Services will ensure the decision is reviewed and will advise the family of the outcome within **28 days** from receipt of appeal.

The Registration decision from Conference will remain in place throughout the appeal process until a conclusion is reached. There is no appeal beyond that to the Head of Children and Families Services.

### 6.24 Accuracy of Minutes.

The minute of the Conference is intended to be an accurate reflection and record of the overall discussion, recommendations, decisions, and dissent, if unresolved. It should record:

- ✓ What happened to the child;
- ✓ Identified risks and strengths;
- ✓ The views of the child and family;
- ✓ The evidence presented to support contributions; and
- ✓ The rationale for recommendations and decisions.

Minutes of Conferences are not intended to be verbatim, word for word, accounts of Conferences and are not designed to record statements by individuals, although there may be exceptions as judged by the Chair. Participants should be aware that minutes may be relied upon in future court proceedings, to provide background information or the context for making decisions.

Minutes should be of a professional standard of presentation, format, accessibility and in plain English. They should be reflective of the ethos of the Care Based Language paper entitled "[Telling the Child's Story](#)", July 2020 and any similarly updated reference papers.

Minutes should be accessible and easily understood by attendees including children and families.

The Chair and Minute Taker will jointly sign the minute as an accurate record of the Conference before distribution. The overall responsibility for the accuracy of the minute rests with the Chair.

### 6.25 Amendments to Minutes

On receipt of the minute, Conference attendees should review content. If something is inaccurate, incomplete or the meaning is unclear or ambiguous, and all or any of which could significantly be open to misinterpretation or inaccuracy, they should send their comments to the Chair within **10 working days** of receiving the minute. The process should be confined to the specific matter and is not an invitation to correct grammar or typing errors.

Any agreed changes should be recorded by the Chair as an addendum to the minute.

This process should be in exceptional circumstances and is not intended to create a “membership led” minute, which is impractical and time consuming.

### 6.26 Actions from Minutes

Participants who receive the minute but had not attended the Conference, should ensure any actions for them or their agency are carried out to the full unless there are good reasons for not doing so which should be brought to the attention of the Chair immediately. If participants have moved jobs before receiving minutes they should undertake the above duty where practicable and ensure their previous agency or office is fully advised of requirements.

### 6.27 Sharing Minutes

Minutes are confidential and should not be passed by professionals to third parties without the consent of the Chair except where transfer is made to another office of the same agency. Minutes and other records associated with the Child Protection Registration process should be retained by the agencies receiving them in accordance with their record retention policies.

### 6.28 Minutes in Criminal Procedures

Where Child Protection cases proceed to criminal proceedings, the Police may reveal the minutes to the Sheriff in accordance with current criminal procedures.

### 6.29 Minutes for Children and Families

Parents who attend or were invited will receive a copy of the minute but no information from the protected period (exclusions and specifically managed periods within the Conference) may be shared. Where parents do not attend an outline of the decisions and action points will be shared with them at the earliest opportunity.

If language translation is required a revised copy of both the decisions and minute can be provided on request or as identified.

The decision to send minutes or not should be made by the Chair of the Conference after consultation with the relevant Social Work Manager and the Police. Reasons for a decision not to send minutes to relevant family members should be carefully recorded in the minute.

The child will be supported to understand the minute (unless they are too young) by the Social Worker and will be given a copy of the minute.

Families receiving minutes should be reminded by the Social Worker of the need to keep them in a safe place, given the details of the family and the sensitivity of content.

### **6.30 Information on the Register**

If the family is receiving the minute of the Initial Child Protection Conference this covers the requirement to inform them in writing that their child's name has been placed on the Child Protection Register. If they are not to receive the minute of the Initial Child Protection Conference they must be informed in writing by the Conference Chair of the decisions, what information will be held on the Child Protection Register and who can have access to this information.

As allocated Social Worker, you should ensure the child and family understands, what information will be held on the Child Protection Register and who can have access to this information. For example, Social Workers undertaking duties within Out of Hours Social Work and the Police when investigating domestic abuse or child protection matters. See section 7.2 below.

## 7 Placing a Child's Name on the Child Protection Register

---

While according to the National Guidance on Child Protection 2014, it is no longer necessary to identify a category of Registration relating to the primary type of abuse and neglect, when placing a child's name on the Child Protection Register, these Procedures require the identification of the primary type of abuse.

### 7.1 Primary Areas of Registration

The Primary Areas are Neglect and Abuse and the categories of Registration are:

- Neglect;
- Sexual Abuse;
- Physical Abuse including Physical Harm;
- Emotional Abuse;
- Parental Mental Health; and
- Parental Substance Misuse including Alcohol.

The decision to Register means the child's name and details are entered on the Register, as well as recording the areas of concern identified. The Social Worker, when visiting the family after the Initial Child Protection Conference, must inform the child's parents or carers, and child, where they have sufficient age and understanding, about the information held on the Child Protection Register and who has access to it.

The act of Child Protection Registration itself confers no protection or legal status of a child. Registration must always be accompanied by a **Child Protection Plan**.

### 7.2 Initial Visit by Social Worker

Where the child's name is placed on the Register, there should be a visit by the Social Worker no later than **5 days** from the Conference. This is required for seeing the child within the family and for ensuring the child and parents understand:

- ✓ The information about them held on the Register and who has access to it;
- ✓ What happened at the Conference;
- ✓ The implications for them of Child Protection Registration e.g. Social Worker, Health Visitor home visiting arrangements; and arrangements for family holidays;
- ✓ The implications of all other recommendations and decisions taken at the Conference, for example, a referral to the Children's Reporter; and
- ✓ For listening to them and recording their views.

Parents should be embraced as partners in seeking to reduce the risks to the child and in aiming constructively to have the child's name removed from the Register **as quickly as possible** – by means of reduced risk, rendering the need for a multi-agency Child Protection Plan no longer necessary. As allocated Social Worker, you should ensure the parents or carers understand what is expected of them in the Child Protection Plan.



This is best achieved by partnership working, clarity of goals and expectations, and measuring outcomes. Professional “support and challenge” applies - the safety and wellbeing of the child is paramount.

### 7.3 Visiting Children and Families

The Social Worker should have, as minimal, **weekly contact** with the child and their parents or carers, preferably in the family home. This reflects the priority accorded children on the Child Protection Register and their need to be seen regularly to ensure their development, health and protection is properly supported.

Specific contact and visiting arrangements will be made during any time when direct, face to face, contact is not possible, for example, *health pandemics*. These arrangements will be informed at the time by Scottish Government Guidance and local arrangements for implementation.

All work with the child and family should be carefully considered and planned. Home visits should include a mixture of *announced* and *unannounced* visits. Any variation should be stipulated in the Child Protection Plan along with the rationale and signed off by the Service Manager.

Children will also be seen out with the family home, as required, to achieve identified outcomes and to advance the work required to reach outcomes. For example, wider assessment of parental care in another setting or family member’s home.

The Core Group (see section 7.5) must know the visiting pattern and role of each member within the Child Protection Plan, co-ordinate support, maintain overview and avoid duplication. Research informs parents believe they are not told what is expected of them in Child Protection so the Child Protection Plan must be explicit on the roles of each member and the parents.

When a child’s name is placed on the Child Protection Register the Initial Child Protection Conference should:

- Specify who should convene, Chair and record (usually the Social Work Team Manager,) the Core Group and date of first meeting (within **15 days** of Conference);
- Specify the frequency of meetings;
- Identify the members;
- Outline the framework of the inter-agency Child Protection Plan;
- Set out the need for the Child Protection Plan to be a written working agreement between the parties;
- Specify requirements made of the parents and child e.g. school or nursery attendance, facilitation of health checks, contact with a Social Worker; Substance Misuse Support Worker; Health Visitor; Community Psychiatric Nurse; attendance at support groups;
- Set clear objectives, definitions and agreement of who does what and timescales;

- Stipulate the form of assessment needed to assess risks (is there parental resistance and disguised-compliance) and set out an agreed timescale;
- In urgent circumstances, determine steps to be implemented immediately post Registration; and
- Set out the circumstances when they should return to a Review Child Protection Conference e.g. further abuse or risks have occurred or non-compliance with the Child Protection Plan.

#### 7.4 The Child Protection Plan

Every child on the Child Protection Register must have a multi-agency Child Protection Plan. The plan should be outcome focused and a SMART (specific, measurable, achievable, realistic, and timely).

The Outline Plan will be agreed at the Initial Child Protection Conference and will be distributed within **5 calendar days**. A detailed Child Protection Plan will be produced by the Core Group. If the Core Group identifies the need to make significant changes to the Initial Child Protection Plan (Outline Plan), they should notify the Chair within **3 calendar days** of identifying the changes.

#### 7.5 Core Groups

The Child Protection Core Group is a small group of multi-agency staff with close involvement with the child and family. They meet regularly with the parents, and where appropriate the child, to review, progress and arrangements for implementing the detailed Child Protection Plan.

The Core Group acts in the same way as the “Team Around the Child” in the context of Getting it Right. The child is placed at the centre of all decision making and their needs, particularly their safety, are paramount. The Core Group, like the Team Around the Child, must act collectively to ensure needs are met and risks are reduced.

The Team Manager will coordinate inter-agency support for the family, to manage and reduce the risk to the child and to achieve the outcomes identified in the Child Protection Plan. The Team Manager is responsible for organising and Chairing Core Group meetings, ensuring professional focus, and effective plans to support families and reduce risk.

#### 7.6 Effective Teamwork

Multi-agency support, collaboration, and information sharing are essential for *effective team working* to help reduce risks and keep the child safe. Each member of the team has *personal* and *collective* responsibility for placing the child “firmly at the centre of all decision making” and are encouraged to engage in:

- ✓ Personal leadership;
- ✓ Reflective practice;
- ✓ Evidence based practice;
- ✓ Self-evaluation; and
- ✓ Support and professional challenge.

## 7.7 Core Group Schedules

The initial Core Group meeting should be held within **15 calendar days** of the Initial Child Protection Conference and every **4 weeks** thereafter.

## 7.8 Membership and Chair

As Social Work Team Manager you Chair Core Group meetings. Membership is decided at the time of Registration and includes:

- The Social Worker;
- Relevant family members; and
- Professionals and carers who have direct contact with the family.

Parents, and where appropriate children, should be encouraged to attend Core Group meetings. Where they are unable or unwilling to attend, their views should be recorded within the minutes of the meetings.

## 7.9 Core Group Tasks

Tasks of the Core Group include:

- Agreement of objectives and timescales (first meeting);
- Development and expansion of the Outline Child Protection Plan;
- Deciding the steps, by whom, to complete the assessment of needs and risks;
- Assisting the Social Worker in preparing the assessment of needs and risk;
- Planning and implementing inter-agency work in accordance with Conference recommendations;
- Evaluating progress against the objectives in the Child Protection Plan, refining as necessary (is there parental resistance and disguised-compliance); and
- The provision of written reports for the Child Protection Review Conference outlining work undertaken by family members and professionals and the degree of success, measured against the objectives, of positive outcomes for the child.

## 7.10 Engagement with Families

It is the responsibility of the Core Group to ensure parents, and children where appropriate, are fully engaged in the implementation of the Child Protection Plan and are assisted to understand the expectations and objectives of each agency involved. Core Group members must act collectively and individually in an environment of professional support and challenge.

## 7.11 Core Group Minutes

All Core Group meetings should be recorded, including notes on actions agreed and decisions taken to inform the Review Conference and the updated Child Protection Plan

The Child Protection Plan and minutes of the meeting should be distributed to Core Group members within **5 working days** of the meeting.

### 7.12 Support After Child Protection De-registration

Where the risks have been removed or significantly reduced and the Core Group is recommending removal of the child's name from the Child Protection Register, it must have a Support Plan in place for the attention of the Review Child Protection Conference. This plan must identify the continued support and assistance required to address any welfare or support needs of the child and family.

Research informs there can be significant gaps in service provision following deregistration with high levels of vulnerability for children if services are removed abruptly. The recommendation for deregistration must, therefore, be based on **evidence of progress** and continued proportionate support.

### 7.13 Inability to Implement the Child Protection Plan

If for any reason the Core Group is unable to implement the Child Protection Plan, the Chair of the Child Protection Conference should be informed **immediately**. Where there are difficulties in progressing the Child Protection Plan, for example, parental resistance or disguised-compliance, consideration should be given to any adjustments necessary to ensure progress.

Where necessary a review of the Core Group membership may need to be considered. Consideration should be given by the Conference Chair and the Social Work Team Manager on whether there is a need for an early Review Child Protection Conference.

Any necessary protective action to secure the safety and wellbeing of any child at risk of significant harm must not be delayed because a Core Group meeting is pending or imminent.

Quarterly Review Child Protection Conferences are set to review progress and ensure the risks to the child are being reduced. Where risks are not being reduced then consideration should be given to alternative action to protect the child.

### 7.14 Reviewing Risk Reduction:

Core Groups are tasked with implementing the Child Protection Plan and where necessary, ensuring the Conference Chair is advised of specific developments or challenges.

The Chair of the Initial Child Protection Conference or Service Manager should routinely review the length of time a child remains on the Child Protection Register and consider what actions are required to reduce risk. Children should not remain on the Child Protection Register for long periods of time as, on one level, this means the child is continuing to live under significant risk.

Where a child remains on the Child Protection Register **beyond 2** Review Child Protection Conferences, (**9 months from point of Registration**) the Chair or Service Manager should conduct a review and seek independent evaluation of progress and risk as required.

### 7.15 When a Child is on the Child Protection Register

The aim of Child Protection Registration is to reduce identified risks to the child's safety and wellbeing through:

- Placing the needs of the child firmly at the centre of decision making;
- Multi-agency team work;
- Positive actions;
- Family support;
- Prioritisation of services; and
- Effective reviewing.

Children are not expected to remain on the Child Protection Register for long periods of time – risks should be reduced as quickly as possible.

Everyone involved in the Child Protection Plan should ensure the needs of the child are firmly at the centre of all decision making and their “safety and wellbeing” is paramount.

## 8 Responsibilities of the Social Worker

---

As allocated Social Worker you have a key role in undertaking the work outlined in the Child Protection Plan and for the multi-agency co-ordination of the Child Protection Plan in conjunction with the Team Manager.

You will ensure parents are clear about what is expected of them and hold them to account by “support and challenge” for actions, for which they are responsible, in the Child Protection Plan.

You will identify all immediate and extended family members and record their contact details and addresses for use in any emergency care requirements or alternative future care arrangements. This includes compiling a Family Ecomap.

All children and young people require a stable and permanent family life if they are to grow and develop into adults who are: successful learners; confident individuals; effective contributors and responsible citizens. All children need the best possible start in life and they should be prepared to succeed in life by the adults who care for them which should form part of your assessment as allocated Social Worker.

The child’s need for permanent care and security is a central focus in child protection and permanence work. As allocated Social Worker you have a crucial role in ensuring a focus on the child’s needs for care, protection, and permanence. This applies to all children and young people no matter how the allocation process has come about or the family circumstances. As allocated Social Worker you have a responsibility to maintain this focus.

### 8.1 Leading

You have an important role in ensuring the safety and wellbeing of the child and in working effectively with multi-agency partners to ensure the objectives of the Child Protection Plan are achieved.

You will help ensure everyone involved in the Child Protection Plan places the needs of the child “firmly at the centre of all decision making” and the child’s “safety and wellbeing” is paramount.

In conjunction with the Team Manager, you will develop written Child Protection Plans consistent with the recommendations of the Conference. You will review and regularly evaluate the effectiveness of these plans.

### 8.2 Co-ordination Role

As Social Worker you will have regular contact with all other relevant Support Workers (titles may vary e.g. Family Support Worker, Family Support Assistant) within Social Work Services, the Core Group and other agencies involved.

You will ensure arrangements are agreed for passing information between partners for effective co-ordination of the Child Protection Plan with a focus on supporting the family and reducing risks.

The Core Group must know the visiting pattern and role of each member within the Child Protection Plan, to co-ordinate support, maintain overview and avoid duplication.

### 8.3 Recording

You will record all contact within procedural timescales on the child's file on the Social Work Information System including:

- Contact with the child and family; and
- Multi-agency partners.

You will ensure records are up to date, within **24 hours** of visits or contact, in the child's file on the Social Work Information System and sign them off on a **weekly basis**. You will pass the file (physical or electronic) to the Team Manager on a **fortnightly basis** for them to sign off and pass to the Service Manager.

### 8.4 Seeing the Child

All work with the child and family should be carefully considered and planned. Home visits should include a mixture of announced and unannounced visits. Any variation should be stipulated in the Child Protection Plan along with the rationale and signed off by the Team Manager and Service Manager.

As Social Worker you should have, a minimum, of **weekly contact** with the child and their parents or carers, mainly in the family home to ensure the child's development, health and protection is being properly supported.

You will see the child out with the family home, as required, to achieve identified outcomes and to advance the work required to reach outcomes. For example, wider assessment of parental care in another setting or family member's home.

### 8.5 Views of the Child

You will regularly record the views of the child and family checking back with them that their views have been accurately heard and understood.

Specific contact and visiting arrangements will be made during any time when direct, face to face, contact is not possible, for example, health pandemics. These arrangements will be informed by Scottish Government Guidance and local arrangements for implementation.

You will immediately notify and discuss any difficulty in seeing the child with the Team Manager or Service Manager.

You will advise the Team Manager of any developments in the child's circumstance, particularly those which may result in increased risk to the child.

### 8.6 Significant Events and Assessment

As Social Worker you will co-ordinate the compilation of a multi-agency Integrated Assessment, consistent with current Practice Guidance, of the child's needs subject of your regular review.



You will co-ordinate the compilation of a multi-agency Chronology of Significant Events with analysis of the findings consistent with current Practice Guidance.

If any significant changes occur e.g. the arrival of a new partner living in the family, a major change in the plan, parental resistance, or disguised compliance, you must immediately advise the Team Manager or the Service Manager.

### 8.7 Permanence Planning

To ensure that children and young people are kept safe and protected from avoidable harm, the provision of permanent care is placed on a continuum with child protection as the top priority of the service.

Where the risks are not being reduced or are increasing and there is need to consider alternative care arrangements for the child, you must consider the need for permanence planning and discuss this with your Team Manager.

Children, young people, and their families, should be involved in the permanence planning process and the needs of the child or young person should be central to all decision making. This means we must communicate effectively with families and children, carefully plan how we communicate, and consider the best means of inter-personal engagement. The need to safeguard and promote the welfare of the child throughout the child's life is the paramount consideration. At all times, consideration should be given to the child's ethnic, religious and cultural background in considering permanent plans for the future.

### 8.8 Prolonged Registration

Where a child remains on the Child Protection Register **beyond 2** Review Child Protection Conferences, (**9 months from point of Registration**) you should have a reflective professional discussion with the Team Manager to evaluate the continued risks to the child and what alternative actions may be necessary to reduce risk, which must be recorded.

Questions to consider will include:

- ✓ Why are the risks not reducing;
- ✓ What other or additional actions may help;
- ✓ What is the evidence telling you;
- ✓ What is the Core Group saying;
- ✓ What is the quality of care for the child;
- ✓ Is there “disguised compliance”, “confirmation bias” or “over optimism”;
- ✓ Would a professional “critical friend” help; and
- ✓ Should alternatives be considered.

### 8.9 Supervision and Reflection

You will prepare for, and make yourself available to the Team Manager or nominated Officer, to receive regular supervision, minimal every **4 weeks**, including the following elements:

- Case management arrangements;
- Reflective practice discussion;
- Training and development needs;
- The evidence to support assessments, recommendations and actions; and
- Personal safety and the management of difficult circumstances including stress.

### 8.10 Personal Development:

You will keep abreast of research and developments in Child Protection work and reflect current Social Work practice in this area.

### 8.11 Quality Assurance

You will check the quality of your own file recording, professional presentation, and content, recognising it will be submitted for countersigning by the Team Manager not less than **fortnightly**. You will ensure any specific instructions given to you have been entered into the case recording. A checklist can be found in section 17.1.

### 8.12 Threats and Intimidation to Staff

As Social Worker, you have a responsibility to make it clear to people receiving Social Services that violence, threats or abuse are not acceptable. Specific threats and violence from families should be:

- Recorded in the child's file on the Social Work Information System;
- Included in the Chronology of Significant Events;
- Updated in the Risk Assessment; and
- You should complete the Incident Monitoring Form at section 17.2.

As allocated Social Worker, if you or any other staff member has been subject of threats, intimidation or violence from the child's parents, carers extended family or friends, you must report this **immediately** to the Team Manager or Service Manager in their absence.

The Team Manager will ensure you are properly supported and consider with you what actions are required to ensure your safety and wellbeing in carrying out your work.

As allocated Social Worker, where it has been brought to your attention that a member of the Core Group or any other person, for example, an employee within the Third Sector or other Public Service, has been subject of threats, intimidation or violence from the child's family, you must gather relevant information on the matter including any direct input from the employee themselves to inform your discussion with your Team Manager.

You must ensure all examples of threats, intimidation, and violence are recorded including outcomes for personnel purposes and ensure this is reflected in the child's case file on the Social Work Information System, ensuring any required confidentiality to protect the employee. Where necessary, following discussion with your Team Manager, you can consult with the Local Authority's Legal Services regarding data safety and control in the recording practice.

As an employee, you have a personal right as a citizen to report to the Police, all threats, intimidation, and violence, in carrying out your work. If you wish help and assistance in reporting it to the Police, the Team Manager can support you or they can report it on your behalf. The Team Manager and Service Manager have responsibilities as employers to consider reporting such matters to the Police which they will discuss and decide upon when such matters have been reported to them.

In situations where threats, intimidation or violence are persistent, or one-off examples are sufficiently concerning, the Team Manager and Service Manager may consult with Legal Services to consider an application for an interdict or other legal recourse to prevent the person continuing their behaviour. Where such a meeting is held, its decisions and outcomes must be recorded and the Social Worker or employee must be advised of its outcome and decisions.

Where, for any reason as allocated Social Worker, you do not feel properly supported or safe in carrying out your duties in the face of threats, intimidation, or violence, you should report this to the Chief Social Work Officer.

### 8.13 Whistleblowing

Where, for any reason, you as Social Worker, believe working practices are inappropriate or unsafe you must report this to the Team Manager **immediately**. If you are unsatisfied with the response or continue to believe working practices are inappropriate or unsafe you have access to the Chief Social Work Officer who has a responsibility to see you and hear your concerns.

Where, for any reason, you remain unsatisfied with the responses from the people with whom you have raised concerns and you believe working practices remain inappropriate or unsafe you should consider "[whistleblowing](#)".

- Within any part of the above process, you should keep notes of:
- The concerns you have identified.
- The evidence you have gathered.
- The people with whom you have spoken including dates and times.
- The responses and advice you were given.

## 9 Responsibilities of the Team Manager

---

As Team Manager you have a key role in ensuring the work is undertaken in the Child Protection Plan and for the multi-agency co-ordination of the Plan in conjunction with the Social Worker.

You have an important role in ensuring the safety and wellbeing of the child and in working effectively with your multi-agency partners to ensure the objectives of the Child Protection Plan are achieved.

Where you find non-adherence to Procedures you will take appropriate action, in all the circumstances, to immediately achieve compliance with procedural requirements.

Where the risks are not being reduced or are increasing and there is need to consider alternative care arrangements for the child, you must consider the need for **permanence planning** and discuss this with the allocated Social Worker.

### 9.1 Leadership and Managerial Overview

As Team Manager, you have a leadership and managerial role in ensuring everyone involved in the Child Protection Plan places the needs of the child “firmly at the centre” of all decision making and the child’s “safety and wellbeing” is paramount.

### 9.2 As Team Manager you will Chair the Core Group

You will assist the Social Worker to develop written Child Protection Plans consistent with the recommendations of the Conference and review and regularly evaluate effectiveness.

You will have managerial oversight of the multi-agency Integrated Assessment of the child’s needs and Chronology of Significant Events, ensuring the Social Worker evidences regular review and analysis of findings. You will quality assure these documents against current Guidance for Chronologies and provide direction and feedback to the Social Worker.

You will ensure the child is seen by the Social Worker at a frequency commensurate with the needs of the child – **minimum weekly** for a child on the Child Protection Register.

As Team Manager you will ensure the Social Worker is gathering the child’s views and they are appropriately recorded in the child’s file on the Social Work Information System.

If the child is unable or unwilling to express their views, the reason for this must be clearly recorded in the child’s file.

### 9.3 Staff Support and Supervision

As Team Manager you will provide appropriate supervision, “support and challenge” to the Social Worker at a frequency required to address individual needs and not less than every **4 weeks**. Supervision will include:

- Case management arrangements;

- Reflective practice e.g. is there resistance, disguised-compliance or “over optimism”, if so, is the Social Worker contributing to it, see Non-engaging Families, section 13.11;
- Training and development needs;
- Critical examination of the evidence to support assessments, recommendations, and actions; and
- Reviewing personal safety and management of difficult circumstances including stress, possibly related to parental resistance or disguised-compliance, or for any other reason.

You will ensure the allocated Social Worker and other staff members involved in the child Protection Plan are given clear information, direction and guidance about their roles, responsibilities, relevant legislation, and the policies and procedures they must follow in their work.

#### 9.4 Threats and Intimidation to Staff

Where it is known by you that the allocated Social Worker or any other staff member has been subject of threats and intimidation from the child’s parents, carers extended family or friends, you will ensure they are properly supported and consider what actions are required to ensure their safety and wellbeing in carrying out their work.

Specific threats and violence from families should be recorded in the child’s file on the Social Work Information System, should be included in the Chronology of Significant Events and the allocated Social Worker should complete the Incident Monitoring Form for your review and action.

Where an incident relates to a member of the Core Group or any other person, for example, an employee within the Third Sector or other Public Service, you must gather relevant information on the matter including any direct input from the employee themselves and discuss this with the person’s Line Manager or organisation.

You must ensure all examples of threats, intimidation, and violence are recorded for personnel purposes including outcomes and ensure this is reflected in the child’s case file on the Social Work Information System, ensuring any required confidentiality to protect the employee. Where necessary, you or the allocated Social Worker should consult with the Local Authority’s Legal Services regarding data safety and control within the recording practice.

As a Social Services employer, in role of Team Manager, you have a responsibility to make it clear to the people served by the provision of Social Services that violence, threats or abuse are not acceptable. You must support all employees for whom you are responsible, who experience trauma or violence in their work.

As Team Manager, you should bring information about violence, threats or abuse to employees carrying out their work to the Service Manager **immediately** from the point at which you were made aware.

Employees have a personal right as citizens to report to the Police threats, intimidation, and violence, in carrying out their work. As an employer and in role as Team Manager, you must consider reporting threats, intimidation, and violence towards your staff, to the Police and ensure any employee who wishes the matter reported to the Police is supported to do so or has this done on their behalf.

The actions you take to support the Social Worker or any team member for whom you have responsibility must be recorded with specific “actions and outcomes”.

In situations where threats, intimidation or violence are persistent, or one-off examples are sufficiently concerning, you should discuss with the Service Manager having a meeting with Legal Services to consider an application for an interdict or any other legal recourse to prevent the person continuing with such behaviour. Where such a meeting is held, its decisions and outcomes must be recorded and the Social Worker or employee must be advised of its outcome and decisions.

### 9.5 Codes of Practice

The Local Authority has a duty to care for employees and is subject of the [Scottish Social Services Council’s Codes of Practice for Social Services Workers and Employers](#).

Employers are responsible for making sure they meet the required standards and support their workers to meet the standards set out in the Code for Social Service Workers. As Team Manager you have a responsibility and role to ensure compliance and review of these standards. These standards are important in how Social Services staff deliver services including child protection which the Care Inspectorate considers during inspection of services.

### 9.6 Whistleblowing

It is your responsibility as Team Manager, in conjunction with the Service Manager, to ensure working conditions and practices are safe, lawful, and sufficiently resourced for effective functioning and service delivery.

Where, for any reason, you as Team Manager believe working practices are inappropriate or unsafe and you have taken all steps possible within your power, scope, and remit, to rectify matters, you must report this to the Service Manager **immediately**. If you are unsatisfied with the response or continue to believe working practices are inappropriate or unsafe you have access to the Chief Social Work Officer who has a responsibility to see you and hear your concerns.

If you are unsatisfied with the response or continue to believe working practices are inappropriate or unsafe you should consider “[whistleblowing](#)”.

Within any part of the above process, you should keep notes of:

- The concerns you have identified.
- The evidence you have gathered.



- The corrective actions you have taken.
- The people with whom you have spoken including dates and times.
- The responses and advice you were given.

### 9.7 Quality Assurance

As Team Manager you will check the file recording and countersign not less than **fortnightly**. You will ensure any specific instructions given to staff members involved have been entered into the case recording and have been carried out appropriately or are in progress. Your countersignature is your endorsement of the management of the case. You will present the file to the Service Manager for countersignature not less than **monthly**.

You will ensure the Social Worker is following procedural requirements for their records being up to date, within **24 hours** of visits or contact, on the child's file on the Social Work Information System and they have signed them off on a **weekly basis**.

### 9.8 Cover and Change Management

As Team Manager, you will arrange appropriate cover for the Child Protection Plan if the Social Worker is absent from work and record these arrangements in the child's file on the Social Work Information System.

As Team Manager you will inform the Service Manager of significant changes e.g. change of address, so the Child Protection Register is kept up to date and the Service Manager is kept fully informed of all the important circumstances of the child.

### 9.9 Prolonged Registration

Where a child remains on the Child Protection Register **beyond 2** Review Child Protection Conferences, (**9 months from point of Registration**) you should have a reflective professional discussion with the Social Worker to evaluate the continued risks to the child and what alternative actions may be necessary to reduce risk, which must be recorded.

You will consult with the Chair or Service Manager who may seek independent evaluation of progress and risk.

### 9.10 Supervision and Reflection

You will prepare for, and make yourself available to, the Service Manager or nominated Officer, to receive regular supervision including the following elements:

- Case management arrangements;
- Reflective practice discussion on all aspects of Child Protection work;
- Training and development needs;
- The evidence to support assessments, recommendations and actions; and
- Personal safety and the management of difficult circumstances including stress which may include personal circumstances, work-load or underlying health issues.



### **9.11 Personal Development**

You will keep abreast of research and developments in Child Protection work and reflect current Social Work and Management practice in this area.

## 10 Responsibilities of the Service Manager

---

As Service Manager you have *accountable* responsibility for the leadership and management of the strategic (as directed by the Head of Service) and operational running of the Children and Families Service including the Child Protection and Duty Systems.

You have an accountable role in ensuring everyone involved in Child Protection work places the needs of the child “firmly at the centre” of all decision making and the child’s “safety and wellbeing” is paramount.

### 10.1 Procedural Adherence

You will ensure these Child Protection Procedures are followed by staff in the service.

You will ensure, in conjunction with the Team Manager and other relevant staff, that all Child Protection Referrals are accorded the highest priority.

You will ensure Team Managers and Social Workers have adequate time and support to provide an effective service and have access to all available resources.

As Service Manager you will be familiar with all relevant Procedures and Guidelines for Child Protection work within the service including the:

- Resources available;
- Expected professional standards of practice;
- Quality assurance systems; and
- Self-evaluation and continual improvement approach.

As Service Manager you will check the file recording and countersign as frequently as you deem necessary but not less than **monthly**. You will ensure any specific instructions given to staff members involved have been entered into the case recording. Your countersignature is your endorsement of the management of the case.

Where you find non-adherence to procedures you will take appropriate action, in all of the circumstances, to immediately achieve compliance with procedural requirements.

### 10.2 Staff and Practice Development:

You will have general oversight of the professional work including the administrative work undertaken by staff and their learning and development needs in Child Protection. You will take action to ensure staff groups have the necessary knowledge and skills to carry out their responsibilities and are aware of the priority accorded to Child Protection work.

### 10.3 Conference Chair

You will Chair Child Protection Conferences and undertake the responsibilities outlined in section 6.8 above for the Role of the Chair.

#### 10.4 Support and Challenge

You will provide appropriate supervision, “support and challenge” to the Team Manger including reviewing:

- Case management arrangements;
- Reflective practice; and
- Training and development needs.

You will consult on specific children as required and review Child Protection Registration periods to ensure risks are being reduced and alternatives are considered where there are prolonged periods of Registration as per below.

#### 10.5 Service Gaps

You will periodically review the nature and level of resources required for an effective Child Protection System and inform the Head of Service of any shortfalls in resources which cannot be addressed by any other means.

You will arrange appropriate cover for the Child Protection and Duty Systems if the Team Manager is absent from work.

#### 10.6 Prolonged Registration

Where a child remains on the Child Protection Register **beyond 2** Review Child Protection Conferences, (**9 months from point of Registration**) you should have a reflective professional discussion with the Team Manager and any other relevant people to evaluate the continued risks to the child and consider what alternative actions may be necessary to reduce risk, which must be recorded.

#### 10.7 Threats and Intimidation to Staff

In situations where threats, intimidation or violence are persistent, or one off examples are sufficiently concerning, you should discuss with the Team Manager the need for a meeting with Legal Services to consider an application for an interdict, or any other required legal recourse, to prevent the person continuing with such behaviour.

Where such a meeting is held, its actions and outcomes must be recorded, and the Social Worker or employee must be advised of its outcome and decisions.

As Service Manager you must report all instances of threats, intimidation, or violence to staff, to the Head of Service and maintain managerial overview and responsibility for appropriate actions being effective in protecting the employee.

#### 10.8 Whistleblowing

It is your responsibility as Service Manager to ensure working conditions and practices are safe, lawful, and sufficiently resourced for effective functioning and service delivery.

Where, for any reason, you as Service Manager, believe working practices are inappropriate or unsafe and you have taken all steps possible within your power, scope,

and remit, to rectify matters, you must report this to the Head of Service and or the Chief Social Work Officer, if they are different people, **immediately**.

If you are unsatisfied with the response, agreed actions have been ineffective, or you continue to believe working practices are inappropriate or unsafe and the solutions are beyond your authority, you should consider "[whistleblowing](#)".

Within any part of the above process, you should keep notes of:

- The concerns you have identified.
- The evidence you have gathered.
- The corrective actions you have taken.
- The people with whom you have spoken including dates and times.
- The responses and advice you were given.

## 11 Review Child Protection Conferences

---

A Review Child Protection Conference will be held within **3 months** of the child's name being placed on the Child Protection Register. Thereafter, reviews should take place **three-monthly**, or earlier if circumstances change.

The Chair of the Review Child Protection Conference should consider bringing forward the review date where:

- The circumstances suggest need for early deregistration and the Core Group has evidence that risks have been satisfactorily reduced such that deregistration may be considered;
- There has been a further incident of serious harm or risk and it has not been possible to implement a significant part of the Child Protection Plan; and
- A significant change has implications, or will have implications, for the safety of the child or another child in the household.

### 11.1 Requests for Reviews.

The Chair must consider convening a Review Child Protection Conference at the request of any agency.

The Chair must consider convening a Review Child Protection Conference at the request of a Registered child, young person, or parent of a Registered child.

If the Chair decides it is not appropriate to convene a Review Child Protection Conference they must give the reason for this in writing to the person who made the request.

### 11.2 Participants in Reviews

Participants in the Review Child Protection Conference should include all members of the Core Group, including family members, the child (where appropriate), and any other relevant agencies such as those present at the Initial Child Protection Conference (see section 6).

### 11.3 Management of Reviews

The responsibilities for the Chairing and management of Review Child Protection Conferences are the same as those for Initial Child Protection Conferences outlined in section 6.8 above.

Review Child Protection Conferences will:

- Review the safety, health and development of the child against intended outcomes set out in the Child Protection Plan to ensure the child continues to be safe;
- Assess future risk and decide either that the child continues to be at risk of significant harm and should be made subject to a further Child Protection Plan, or the risk is sufficiently reduced to merit deregistration and their present plan should be changed to a support plan as per section 12 on deregistration;
- Consider if the Child Protection Plan should continue as is or be changed;

- Identify any significant event, which has occurred or is envisaged in the life of the child, which might affect the Child Protection Plan;
- Reconsider the membership of the Core Group; and
- Consider if the child's name should remain on the Child Protection Register or the Category for Registration be changed.

## 12 Removal of Child's Name from the Child Protection Register

---

In all cases the decision to remove a child's name from the Child Protection Register can only be made at a Review Child Protection Conference. The reasons for removal of the name from the Register must be based on evidence that risk has been removed or significantly reduced.

The removal of a child's name from the Child Protection Register should not in itself lead to a sudden or significant reduction or withdrawal in services or support to the child and family by any or all agencies involved.

### 12.1 Integrated Assessments

Following a Core Group's recommendation to remove a child's name from the Child Protection Register, the Review Child Protection Conference should agree the child's care plan to address any welfare or support needs. This may require the multi-agency Integrated Assessment to be updated. Following removal of the child's name from the Child Protection Register the Social Worker should discuss with the parents and the child what services may be required.

### 12.2 Child's Plan

This applies during the transition stage between the formal Child Protection process moving into the Getting it Right process from the Core Group to the Team Around the Child.

The Review Child Protection Conference will finalise the Child Protection de-registration Support Plan (the Child's Plan). A further Core Group (Team Around the Child) will be held **6 weeks** following Child Protection de-registration to consider the Support Plan (Child's Plan) and the continuing Social Worker (Lead Professional) role.



## 13 Wider Processes and Challenges

---

### 13.1 Child Protection Allocation

As Team Manager you must ensure all Child Protection Investigations have a suitably trained and experienced Social Worker for the Child Protection Investigation and all children and young people on the Child Protection Register have an allocated Qualified Social Worker. If for any reason this presents a challenge, for example, due to staff shortages you must consult with the Service Manager.

Where necessary, in emergency situations, Qualified Social Workers from across the Social Work Service will be expected to undertake Child Protection work. The Service Manager and Team Manager will ensure required support, guidance and direction will be provided.

### 13.2 Record Keeping and Information Management

Recording is a crucial and routine Social Work practice which requires careful thought and time. Recording involves:

- Writing down work undertaken;
- Noting progress towards positive outcomes;
- The views of the child and family;
- Analysis and assessment;
- Life histories; and
- A Chronology of Significant Events with analysis of findings.

Your recording should be succinct, proportionate, in plain English, fluent, and reflective of Care Based Language. It should be presented in date order and evidence based.

### 13.3 Quality Assurance

Team Managers should implement Case File Auditing and “[Self-evaluation](#)” Processes (for Social Workers) as agreed and implemented within the service, to ensure standards are being met and data is being properly captured on the Social Work Information System for effective management and planning purposes.

Team Managers must have a clear understanding of, and managerial responsibility for:

- All children, young people and families supported by the service based on accurate inputting of information on the Social Work Information System; and
- Reports from the system, to assist with key business processes for workload management, allocation, closures, and assessments of risk for cases pending allocation.

Team Managers must seek appropriate business and activity data from the Social Work Information System, and other information as required, to manage the service and ensure children and young people are kept safe within the provision of personalised Children & Families Social Work Services (working effectively with partners) with reference to all appropriate National and Local Guidelines and Procedures.

Team Managers must oversee the appropriate use of, and information management of the Social Work Information System, and ensure their Social Workers, Social Work Assistants and Family Support Workers are:

- ✓ Clear on their responsibilities for recording on the Social Work Information System and recording timescales;
- ✓ Receiving appropriate training, support and updated Procedures, Operating Processes, and Guidelines for the Social Work Information System; and
- ✓ All personal information on families for whom they have professional Social Work responsibilities, is accurate, up to date, and verified, including Legal Status, Dates of Birth, Addresses, Family Composition, Involvements, Addresses, Category of Involvement, Child Plans & Assessments, SCRA Non- Disclosures, recording of visits, telephone calls, and all other contact and recording activity.

### 13.4 Internal Transfers and Case Closures

As Team Manager you have a role and responsibility for ensuring all cases (Child Protection is accorded the highest priority) are properly managed and recorded on the Social Work Information System by all staff responsible for the allocated management of the child, young person and family.

Where a transfer of a child whose name is on the Child Protection Register is subject of internal transfer (same standards as external transfer) from one Social Worker to another, as Team Manager you shall ensure the case is fit for transfer and has the following:

- A Transfer Summary by the allocated Social Worker highlighting the key and current issues;
- Progress since the time of Registration;
- Ecomap and contact details of suitable adults in the wider family who may be able to provide alternative care if required;
- An up to date Chronology; and
- A self-audit form of the case file by the allocated Social Worker.

Where a recommended Case Closure, for a child previously on the Child Protection Register (**or any child**) is presented, you shall ensure the reasons for recommended closure are clearly recorded on the child's file on the Social Work Information System including the provision of a **Closing Summary**.

You will ensure the following requirements have been undertaken to your satisfaction (bearing in mind you may not have been the Team Manager responsible for management of the case and fortnightly countersigning of the file previously):

- ✓ All identified or required work has been completed;
- ✓ There are no other work areas requiring continued involvement of the Service or allocated Social Worker, Social Work Assistant or Family Support Worker;

- ✓ The Child's Assessment and Plan have been completed and there are no areas requiring further support;
- ✓ The overall levels of Case Recording meet Service Standards; and
- ✓ Activity levels and decision making are consistent with the risks, supports, tasks and actions to meet identified need.

On satisfactory scrutiny and review of the above, and provided you agree with the proposed Case Closure, you can close the case.

Where you identify practice issues and evidence indicating the previously Registered Child Protection case management did not follow procedural requirements, you must refer the matter to the Service Manager **immediately**.

If you identify that previous practice leaves questions about the safety of a child or you believe that not all risks were properly identified or managed, you must refer the matter to the Service Manager **immediately**.

### 13.5 Registered Children Missing

If it becomes known to any professional or any other person that a child's whereabouts, whose name is on the Child Protection Register, is unknown they should notify the allocated Social Worker or Team Manager **immediately**.

It is the responsibility of the Child Protection Registering authority (Social Work, Police, Education and Health) in conjunction with other partner agencies involved, to make all attempts to locate and trace the child.

As Social Worker you will:

- ✓ Identify the circumstances of the child going missing;
- ✓ Notify the appropriate Children and Families, Team Manager and Police immediately to try to locate the child;
- ✓ Notify the relevant Service Manager (Chair of the Child Protection Conference); and
- ✓ Where appropriate, seek legal advice.

As Social Worker, in conjunction with the Team Manager, you will work with the Police Public Protection Unit to ensure there is no duplication of effort and all enquiries are co-ordinated and documented. You will ensure:

- The Service Manager and the Keeper of the Register are informed; and
- The Core Group and other involved partners are informed.

In the case of a school aged child or child attending a nursery setting, consideration must be given to following the appropriate Children Missing from Education process, over which you shall confer with the Education Service member of the Core Group.

The NHS has a Missing Family alert system in place '[Guidance for Health Professionals: Missing Family Alert](#)' (NHS Scotland 2014) in order to help track missing families. The

Public Protection Lead Nurse (titles may vary) in the area where the child normally lives and was Registered should be asked to circulate the missing child's details in accordance with the Missing Family Alert Procedures. The outcome should be communicated to the Social Worker.

The Keeper of the Register, in conjunction with the Service Manager, will decide whether notification to all Child Protection Register Keepers is required. Discussion and agreed action must be noted in the child's file on the Social Work Information System.

If agreed, the Keeper of the Register must alert all Register Keepers in:

- ❖ Scotland; England; Ireland; Northern Ireland and Wales.

If the child is believed to have moved abroad to reside, the Service Manager must discuss and agree with the Keeper of the Register how to process alerts. Children and Families Across Borders can offer guidance (<http://cfab.org.uk/services>).

### 13.6 Child Missing in Another Area

When a missing person alert is received from out with the authority, the Keeper of the Register will ensure this information is passed to the appropriate Social Work Team Manager and relevant professionals in the area. The Team Manager must ensure appropriate checks are made on the Social Work Information System and act in a co-operative and facilitating manner.

### 13.7 Registered Child Going on Holiday

If a child on Orkney Child Protection Register is being taken on holiday by their family to stay with friends or relatives it is the responsibility of the Social Worker to assess the risk posed to the child. This will include notification to and discussion with the Core Group for shared ownership and risk, and collective responsibility.

The risk assessment will include consideration of the following:

- The timing and duration of the holiday;
- Previous history of family flight;
- Information suggesting there are ulterior motives for taking the child out with the Local Authority; and
- The holiday arrangements e.g. staying with extended family or package holiday; and
- Information on people if staying with extended family or friends including the need for checks with the Local Authority, Health Service and Police (via local Police and Health Service, Core Group Members, or appropriate colleagues).

Where checks are required, the child's family and the friend or extended family, about whom information is being sought, should be made aware of the reasons for this and which agencies are being contacted. Consent should be sought before any checks are made.

As Social Worker you will confer with the Team Manager (or Service Manager in their absence). The Team Manager will notify the Service Manager.

Where the holiday arrangements are considered appropriate, the Social Worker in conjunction with the Team Manager, will make a request to place the child's name on the Child Protection Register of the locality of the holiday destination, as a "Temporary Registration".

The Social Worker will notify the locality Social Work Team of the holiday destination and share relevant and pertinent information to ensure any required weekly visits by that office have meaning and purpose.

### 13.8 Criminal Injuries

Children who have suffered significant harm either within or out with the family because of abuse may be eligible for Criminal Injuries Compensation. Other children or adults who have a relationship with the child may also be eligible for compensation if they are *secondary* victims.

Applications for a claim should be made within two years of the date of the crime but the time limit can be waived in any case if the Criminal Injuries Compensations Board think that it is reasonable or it is in the interests of justice to do so.

Social Workers and other professionals should be aware of the scheme and should consider if a child may be eligible. They should ensure applications are progressed timeously. Team Managers must maintain managerial overview (see Negligence below).

The need for application to the Criminal Injuries Compensation Scheme should be a standing item at Initial or Review Child Protection Conferences. The Chair of any Child Protection Conference should check this matter has been addressed and its state of progress (see Negligence below).

It is the responsibility of the Chair to ensure the reasons are recorded within the minutes as to why the decision was reached on whether to proceed with the application.

### 13.9 Negligence

Scrutiny must be applied to the above to ensure the child is properly compensated for damages. The Local Authority can be held liable if it fails to make a claim. Action may also be taken against the Local Authority if it accepts an inadequate offer of compensation for the child.

### 13.10 Specific Indicators of Risk

The National Guidance for Child Protection in Scotland 2014 contains detailed information in relation to the specific [indicators of risk](#). These include:

- Domestic abuse;
- Parental problematic alcohol and drug use;
- Increased risk due to disability;
- Non-engaging families;
- Children and young people experiencing or affected by mental health problems;

- Children and young people who display harmful or problematic sexual behaviour;
- Female genital mutilation;
- Honour-based violence and forced marriage;
- Fabricated or induced illness; and
- Sudden unexpected death of infants and children.

### 13.11 Non-engaging Families, Non-compliance & Resistant Families

Parental Resistance and Risk is an important component of the [National Risk Assessment Framework 2012](#), Calder, McKinnon and Sneddon. With Scotland has published [Resistance, a complex challenge for practice](#), Lindsey Robb 2014.

Evidence shows<sup>2</sup> some adults will deliberately evade practitioner interventions aimed at protecting a child. In many cases of child abuse and neglect, this is a clear and deliberate strategy adopted by one or more of the adults with responsibility for the care of a child. The nature of Child Protection work can result in parents or carers behaving in a negative and hostile way towards practitioners (see section on Violence and Intimidation).

The terms “non-engagement” and “non-compliance” are used to describe behaviour and attitudes, such as:

- Failure to enable necessary contact (for example, missing appointments) or refusing to allow access to the child or to the home;
- Active non-compliance with the actions set out in the Child’s Plan (or Child Protection Plan contained therein);
- Disguised non-compliance, where the parent or carer appears to co-operate without carrying out actions or enabling them to be effective; and
- Threats of violence or other intimidation towards practitioners.

It is recognised resistance is a complex, challenging, and integral aspect of work with children and families. Social Workers and other practitioners need to **actively reflect** on what the resistance is, why it exists and how it manifests in different cases. They need support to reflect on how they may be contributing to resistance and or how it may be impacting on them.

Social Workers and other professionals should follow their professional instincts and where they have a “feeling something is not quite right”, they should follow their instincts and:

- ✓ Reflect on why they are feeling this way;
- ✓ Explore the issues;
- ✓ Ask questions and be curious;
- ✓ Speak to their Team Manager, mentor or trusted colleague;
- ✓ Review their work to date; and

---

<sup>2</sup> A Child in Trust, London Borough of Brent (1985); Report into the death of Rikki Neave, Cambridgeshire (1997); Lord Laming, The Victoria Climbié Inquiry (2003); and Inspection into the Care and Protection of Children in Eilean Siar, SWIA (2005).



- ✓ Examine the “evidence” of progress.

### 13.12 Professional Support and Challenge

Effective communication and relationship building are important skills and practitioners need opportunities to develop them including their ability to undertake “professional support and challenge”.

Practitioners should be supported to “accept” and “make” professional challenge which should be encouraged organisationally. There should be a strong organisational culture of professional support and challenge from Management to Practitioners and from Practitioners to Management and between all operational and managerial structural tiers.

Professional challenge should be embraced and embedded as an effective **mantra** in developing professional culture and practice which seeks to improve performance and outcomes for children, young people, and families.

The ability of practitioners to accept professional challenge maturely will help them develop professional resilience. Team Managers and all Managers should seek to develop this in their reflective supervision practice.

### 13.13 Eyes Wide Open

Models of intervention which encourage practitioners to consider the parent’s or carer’s perspective, identify their strengths, and those which help to involve them are useful.

Practice using an “authoritative negotiated” approach which honestly and openly acknowledges which factors are influencing resistance, focuses on the harm to the child, and formulates an action plan, is recommended.

An “eyes wide open approach” is required so that practitioners are alert to the possibility some parents are aware that what they are doing is harmful and they will try to hide this from professionals.

Supervision and support are essential for practitioners faced with challenges such as the impact of fear of threats, *inadvertent* “collusion” with families and risk of “over optimism” cases.

Disguised compliance, being able to determine who is capable of change and involving men in assessments can be challenging areas of practice.

Social Work Managers, and practitioners themselves, must identify which practitioners require additional training and support in these areas of challenging work, and ensure this is addressed. Team Managers should consider Social Worker “mentoring and buddying” arrangements which can help address the sense of isolation which can be experienced when working with disguised compliance, aggressive men, and women, and resistant families.



Team Managers and Social Workers should keep up to date with current research and practice guidance in these areas and promote reflective and open discussion for learning and development purposes. For example, this may be a focus for a discreet Team Around the Child reflective practice session. This may include external facilitation or consultation.

### **13.14 Island, Rural and Isolated Communities**

Balancing strategic planning and operational delivery is a challenge generally and is intensified in rural and island settings, particularly when faced with the staffing challenges regularly experienced by small Local Authorities located on islands or in rural communities. To deliver high quality Social Work and Social Care services to the local community Local Authorities need to recruit and retain; capable, strong, resilient, professional, suitably qualified staff.

The unique circumstances of island and rural communities present associated challenges with recruitment from within their local communities due, amongst other things, to:

- Small populations from which to recruit;
- Other competing career choices; and
- Dual-relationships.

For example, suitable candidates, with the required qualifications and experience, are often located out with Orkney requiring additional time to find suitable accommodation in Orkney to allow people to relocate. Various logistical challenges can result in offers of employment falling through all of which present particular and additional barriers to Social Work Managers in seeking to establish and maintain “continuity of service” and “consistency of helping relationships” with children, young people and families in most need of support. This must be openly acknowledged.

Island, rural and isolated communities pose specific operational challenges in Child Protection Work including:

- Accessibility, travelability, and connectivity;
- Maintaining confidentiality;
- Dual-relationships; and
- Remote working.

The challenges of accessibility, travelability, and connectivity require Social Work Services to work effectively with other services within remote communities to share resources, local knowledge, and build on existing trusting relationships including with those in the Third Sector. Close working with school staff in remote islands can be effective in providing support for children and young people based on trusting relationships and established provision.

Confidentiality for the child and family must be maintained in the same way as for all children and families wherever they may live. This means extra care and attention must be

paid to the dynamics within small and isolated communities which should be noted and recorded.

### 13.15 Dual-relationships

Dual-relationships in the context of Child Protection refers to Social Workers also being close neighbours, members of the same clubs, social organisations, wider community and family groupings, school communities, community councils, and direct and extended family members, as the people they are employed to serve. Issues can present in the form of professional boundaries, ethical considerations, barriers to family and professional roles, remote working, and conflicts of interest.

### 13.16 Confidentiality of Case Files

Where, for example, individuals who work for the Local Authority or NHS Orkney, known to Social Work Services are being supported, Social Workers and Team Managers must ensure their case files on the Social Work Information System are accessible only to those undertaking direct work with the family.

The Social Worker, in conjunction with the Team Manager, must alert the Admin Manager to this and ensure the case file is “locked” for general access except for those staff identified who require day to day access to undertake their duties including recording their work as per section 13.2 above on recording.

The challenges of dual-relationships in rural settings are unavoidable and the smaller the setting the more likely the challenge. These challenges can impact on the personal lives of Social Workers and Social Care staff, as well as all staff working in Local Authorities and Health Care settings, and they present an additional dynamic in Social Work and Social Care operations, including recruitment and retention of staff.

### 13.17 Remote Working

Social Workers, staff and professionals working remotely or in isolation will require **additional support** and **consultation** for these very reasons. Team Managers must ensure there are effective arrangements in place to ensure:

- Clear and concise communication systems, methods and plans;
- Strong joint working arrangements with all partners pulling their weight;
- Shared risk and responsibilities for the safety and wellbeing of children (Core Groups);
- Partners understanding their individual roles and shared responsibilities; and
- Seeing and maintaining contact with children and young people at risk of significant harm.

From an organisational perspective, successful management of demand, amongst other things, depends on the development of preventative and community-led approaches to ensure support is received in the right way, at the right time, thus reducing the demand for

urgent and high-intensity support later. Changing service delivery models often brings anxiety for our communities and we must ensure effective communication of the:

- Changes required and why;
- Benefits sought; and
- To reassure our people we are continuing to meet their needs with a greater focus on their strengths, family and community supports.

Children and young people who have experienced “significant harm” or are “at risk of significant harm” within a familial context with parental responsibility, must be afforded the same professional practice standards for Child Protection Investigations and Child Protection measures, where required, as children living anywhere else in Orkney.

### **13.18 Sharing the Challenge**

Where Team Managers are experiencing challenges with such arrangements and provision, and there are no other means of addressing the issues, this must be brought to the attention of the Service Manager as soon as it becomes known. The Service Manager, having considered all the circumstances, shall bring this to the attention of the Head of Service.

## 14 Unborn Babies at Risk – Pre-birth Process

---

A pregnancy may be considered high-risk if one or more of the following circumstances exist within the household:

- Substance abuse;
- Alcohol misuse;
- Learning disability;
- Domestic abuse;
- Serious mental health issues;
- Previous history of child abuse or neglect; or
- Any other adversity which may impact negatively on the parent's capacity to care and prepare for a new baby.

### 14.1 Additional Support Pathway for Pregnant Women

Risks for an unborn baby should reflect the interests of both mother and child. The range of complex non-medical factors which impact on the potential risks to the unborn child e.g.:

- The mother's self-esteem;
- Educational attainment;
- Mental health;
- Culture;
- Housing;
- Lack of social support; and
- Drug and alcohol use.

As well as the various perspectives from which vulnerability may be seen, they add further layers to the assessment process, therefore, pregnant women with complex social factors may need additional support.

For further details see:

- [A Pathway of Care for Vulnerable Families \(0-3\) Scottish Government \(2011\)](#)
- [Additional Support Pathway for Women with Vulnerabilities](#)

### 14.2 Pre-birth Process

If as Social Worker, you become aware a pregnant woman should be considered a high-risk pregnancy, contact the Public Protection Lead Nurse to ensure they are alerted to her circumstances.

Circumstances may be identified in Team Around the Child meetings or referrals may be received from partners indicating high-risk pregnancy. In all situations there should be discussions led by the Team Manager with partners to decide who is best placed to act as Lead Agency. This decision should be based on who:

- Has the most meaningful and productive relationship with the woman;
- Is best placed to support the pregnancy and address the issues identified; and

- Is most likely to maximise the benefits of the support being provided.

If the decision is made that Social Work will act as the Lead Agency a referral will be created on the Social Work Information System which will generate dates for the completion of the assessment based on the estimated date of delivery.

Where there are serious concerns regarding the likelihood of serious harm or neglect for an unborn baby then a Pre-birth Risk Assessment should be completed by the allocated Social Worker in consultation with health and other appropriate services involved or with a support role to offer.

### 14.3 Pre-birth Risk Assessment

As Social Worker you will discuss with the Team Manager if the referral is a Child Protection high-risk pregnancy or a vulnerable pregnancy requiring support. If the decision is to proceed through the Child Protection Process you will:

- Place an Alert on the Child Protection Register **that day**;
- Trigger a Pre-birth Risk Assessment due for completion in time to allow appropriate planning for possible alternative care on the birth of the baby as deemed necessary;
- Begin a Pre-birth Risk Assessment and Support Plan for during the pregnancy based on agreed outcomes;
- Submit the Assessment to the Team Manager for signing off; and
- Submit the Assessment to the Service Manager for a decision on an Initial Child Protection Conference for the unborn child in advance of the birth.

As Team Manager you will maintain managerial overview of the timelines of the above Social Worker and Multi-agency Team actions, and ensure appropriate support plans are in place prior to the birth of the baby.

### 14.4 Need for Unborn Child to be Accommodated

At the earliest point of identification of possible need for the unborn child to be accommodated on birth, the Team Manager and or Social Worker will alert the Service Manager to ensure that plans are put in place immediately should they be required. The lack of completion of the Pre-birth Assessment is not a reason for this alert not happening. The alert should be given immediately when possible need for accommodation has been identified. The permanence needs of the unborn baby must be considered at all times.

### 14.5 Late Referrals

If a high-risk pregnancy is referred to Social Work on the last day of **week 25** of the pregnancy or after, this will be deemed as a late referral.

The Pre-birth Assessment report for a late referred pregnancy must be completed within **12 working days** of receipt of the referral. The Multi-agency Team must be alerted as soon as possible and made aware of this timescale.

As Social Worker you will submit the Pre-birth Assessment to the Team Manager on the day of completion, no later than a day after the maximum 12 working days, at latest, (**day 13 from start**).

As Team Manager you will countersign the Pre-birth Assessment and submit it to the Service Manager for decision making no later than the day after you receive it, at latest, (**day 14 from start**).

#### 14.6 Pre-Birth Child Protection Conferences

Ideally Pre-birth Child Protection Conference should take place no later than **28 weeks of the pregnancy** but this is dependent on timely identification and notification of concern to Social Work Services. The Pre-birth Child Protection Conference must be held within **21 calendar days** of the initial concerns being raised (National Guidance for Child Protection in Scotland, 2014, Scottish Government).

#### 14.7 Purposes of Conference

The purposes of the Conference are to ensure:

- ✓ Support is in place for mother and child up to and after birth;
- ✓ The safety of the unborn baby is paramount;
- ✓ An Initial Child Protection Plan in advance of the birth; and
- ✓ Partners are clear on the process to be followed if the child may need accommodated after birth.

The Pre-birth Child Protection Conference will consider and decide upon:

- If it is safe for the baby to go home at birth;
- The need to apply for a Child Protection Order at birth;
- Child Protection Registration; and
- A discharge planning meeting for handover to community services following birth.

Where a Child Protection Plan is required it should set out, in detail, the risks, needs and who will undertake the actions identified.

A contingency plan should be agreed for any significant changes in circumstances including non-compliance with the Child Protection Plan.

As with the complex circumstances outlined in section 6.14 above, there may be occasion for a Child Protection Planning Meeting which does not include the mother, for example, if it is likely to increase the risk to the unborn baby including any risk the mother will take flight.

#### 14.8 Outcomes of Conferences

If a Pre-birth Child Protection Conference decides there is a need to remove the child at birth or on discharge from hospital the Social Worker and Team Manager may require legal advice to consider the possible options available including a Child Protection Order.

In other circumstances, it may be possible for the child to be accommodated on a voluntary basis in which case a working agreement between relevant Children's Services, family members and other parties e.g. Maternity staff, should be drawn up.

As Social Worker, Team Manager and Chair of the Pre-birth Child Protection Conference or Child Protection Planning Meeting it should be noted that:

- ❖ Near Me consultations will be arranged for involvement with Grampian colleagues (for example Child Protection Midwife, Substance Misuse Midwife) as needed at 32 and 36 weeks to support planning individualised care; and
- ❖ If a pregnant woman receiving care in Orkney moves to another Health Board area and concerns about risks to the unborn child have been raised, staff from NHS Orkney should contact Maternity Services in the new area directly to transfer care and they must inform other agencies involved in the care.

The Chair of the Pre-birth Child Protection Conference or Child Protection Planning Meeting should seek confirmation on the above from the NHS Orkney staff in attendance at the meeting or the Lead Nurse Public Protection.

As Social Worker you should confer with the Lead Nurse Public Protection if the above, for any reason, was not confirmed in the Pre-birth Child Protection Conference or Child Protection Planning Meeting.

If concerns are raised about an unborn child and the woman is missing with no known address, consideration should be given to raising a Missing Family Alert (NHS Scotland 2014) by contacting the Designated Officer for Health for NHS Orkney or the Lead Nurse Public Protection.



## 15 Registered Children moving across Local Authority boundaries – Transfer Child Protection Conferences

---

A Transfer Child Protection Conference is a multi-agency Child Protection meeting which considers the arrangements to transfer cases of children who are on the Child Protection Register when a family moves from one Local Authority area to another. A child's name cannot be removed from the Child Protection Register at a Transfer Child Protection Conference; this can only be done at a Review Child Protection Conference.

When a child who is on the Child Protection Register moves to a known address (either suddenly or on a planned basis) in another Local Authority area, whether permanently or temporarily, consideration must be given to the impact on the continuing risk of significant harm and the need for ongoing management of the case. In every case, it is the responsibility of the Team Manager from the originating authority (the Local Authority area where the child was initially placed on the Child Protection Register) to consider the circumstances of the move and what action is required.

### 15.1 Notifications by the Originating Team

The actions to be undertaken by the Team Manager from the originating area will include:

- **Notification** of the circumstances and changes to a Team Manager (titles may vary Senior Social Worker, Team Leader or equivalent) in the receiving area (the Local Authority area into which the child has moved).

This will be done initially by telephone and followed up in writing either by secure mail or email. There will be initial discussion regarding how the change may have affected the continuing risk of significant harm.

- **Notification** to the Keeper of the Child Protection Register for the receiving authority.

This will be done following the established procedure for passing Alerts. As an interim measure it is expected that the Keeper of the Child Protection Register in the receiving authority will record the circumstances as a temporary Registration.

- **Notification** to the Keeper of the Child Protection Register for the originating authority.

This will be done following the established procedure for passing Alerts (standard form).

- **Notification** to the person in charge of the Standby Service (Out of Hours Service) covering the originating and receiving authority.

This will be done following the established procedure for passing Alerts (standard form).

- **Notification** (where the child is subject to a supervision requirement or proceedings through, the Children's Hearing), the Authority Reporter covering the originating area.

This will usually be done by a conversation between the Team Manager from the originating authority and the Reporter for the originating authority, followed up in writing.

### 15.2 Action by the Originating Authority

The Team Manager of the originating authority should consider if a Review Child Protection Conference or a Transfer Child Protection Conference is required and interim arrangements for continued management of the case. Continued management can be carried on solely by the originating authority or with support from the receiving authority.

### 15.3 Reduced Risk

Where the risk of significant harm is believed to have reduced because of the move, arrangements should be taken forward in early course to convene a Review Child Protection Conference to consider the need for continued Registration.

### 15.4 Review Child Protection Conference

Arrangements for this meeting will be the responsibility of the originating authority – Team Manager or Service Manager. An invitation to this meeting will go to a Social Work Manager and other relevant agencies from the receiving authority including Health and Education. The Team Manager arranging the invitation list should have dialogue regarding this with their equivalent in the receiving authority.

The meeting is to be held where possible within **14 calendar days** and no later than **21 calendar days** of the originating authority becoming aware of the move to another area.

### 15.5 Case Management

Responsibility for the continued management of the case lies with the originating authority. If the Review Conference determines that de-registration can take place, then notification of this is to be passed to the respective Keepers of the Register in the originating and receiving authorities and Stand-by Services as per the above Notifications.

If the decision is to de-register then the Local Authority area where the child is now residing will assume responsibility for addressing any care and welfare issues in line with local arrangements.

Where risk of significant harm remains, a Transfer Child Protection Conference must be held. It is the responsibility of a Team Manager from the receiving authority to make arrangements for convening and Chairing the Transfer Review. This should be held, where possible, within **14 calendar days** and no later than **21 calendar days** of notification that the child has moved into the area and the level of risk of significant harm remains unchanged or has escalated.

The Team Manager from the receiving authority will liaise with their equivalent from the originating authority. They will share information on the case and arrange for transfer of relevant case information including copies of:

- ✓ The Child Protection Plan;
- ✓ The most recent assessment;
- ✓ An up to date Chronology;
- ✓ A copy of the most recent Review Child Protection Conference minute, and
- ✓ The Initial Assessment report and Child Protection Investigation report (CP1) which resulted in Registration.

These documents should be sent as soon as possible by secure email. Paper copies of the original Social Work case records (or electronic versions if preferred by the receiving authority). The child's file should be sent in due course, by secure means, with a copy retained by the originating authority.

The Team Managers (or equivalent) will agree arrangements for continued management of the case until the Transfer Conference is held. At the Transfer Conference the receiving authority will assume responsibility for management of the case. In the event of any disagreement or dispute, this should be referred **immediately** to the respective Service Managers (Line Managers) for review and consensus to be reached.

NB. A child's name cannot be removed from the register at a Transfer Child Protection Conference, this can only be done at a Review Child Protection Conference.

## 16 Useful Links

Links are listed in order of first appearance and not repeated.

National guidance for child protection in Scotland Available from: <a href="https://www.gov.scot/publications/national-guidance-child-protection-scotland/pages/0/">https://www.gov.scot/publications/national-guidance-child-protection-scotland/pages/0/</a>
National Risk Framework to Support the Assessment of Children and Young People Available from: <a href="https://www.gov.scot/publications/national-risk-framework-support-assessment-children-young-people/">https://www.gov.scot/publications/national-risk-framework-support-assessment-children-young-people/</a>
Children's Services Partnership; Self-Evaluation and Continuous Improvement Approach Available from related downloads section: <a href="https://www.orkney.gov.uk/Service-Directory/S/child-protection.htm">https://www.orkney.gov.uk/Service-Directory/S/child-protection.htm</a>
Inter-agency Procedure: Inter-agency Referral Discussions (IRDs) Available from related downloads section: <a href="https://www.orkney.gov.uk/Service-Directory/S/child-protection.htm">https://www.orkney.gov.uk/Service-Directory/S/child-protection.htm</a>
Orkney Islands Council's PREVENT duty Available from: <a href="https://www.orkney.gov.uk/Council/E/prevent.htm">https://www.orkney.gov.uk/Council/E/prevent.htm</a>
Guidance on Joint Investigative Interviewing of Child Witnesses in Scotland Available from: <a href="https://www.gov.scot/publications/guidance-joint-investigative-interviewing-child-witnesses-scotland/">https://www.gov.scot/publications/guidance-joint-investigative-interviewing-child-witnesses-scotland/</a>
Childline, Asking an Adult for Help. Available from: <a href="https://www.childline.org.uk/info-advice/bullying-abuse-safety/getting-help/asking-adult-help/#Writesomeonealetter">https://www.childline.org.uk/info-advice/bullying-abuse-safety/getting-help/asking-adult-help/#Writesomeonealetter</a>
3 houses or safety house tools (Signs of Safety) <a href="http://www.socialworkerstoolbox.com/the-three-houses-template/">http://www.socialworkerstoolbox.com/the-three-houses-template/</a>
"Telling the Child's Story", July 2020 Available from related downloads section: <a href="https://www.orkney.gov.uk/Service-Directory/S/child-protection.htm">https://www.orkney.gov.uk/Service-Directory/S/child-protection.htm</a>
Orkney Islands Council Whistleblowing Policy and Procedure April 2019. Available from related downloads section: <a href="https://www.orkney.gov.uk/Service-Directory/S/employee-information.htm">https://www.orkney.gov.uk/Service-Directory/S/employee-information.htm</a>
Scottish Social Services Council's Codes of Practice for Social Services Workers and Employers. Available from: <a href="https://www.sssc.uk.com/the-scottish-social-services-council/sssc-codes-of-practice/">https://www.sssc.uk.com/the-scottish-social-services-council/sssc-codes-of-practice/</a>

<p>Guidance for Health Professionals: Missing Family Alert Including Pregnant Women at Risk of Absconding (NHS Scotland 2014) Available from related downloads section: <a href="https://www.orkney.gov.uk/Service-Directory/S/child-protection.htm">https://www.orkney.gov.uk/Service-Directory/S/child-protection.htm</a></p>
<p>Children and Families Across Borders (CFAB) <a href="http://cfab.org.uk/services">http://cfab.org.uk/services</a></p>
<p>National guidance for child protection in Scotland, Indicators of Risk: Available from: <a href="https://www.gov.scot/publications/national-guidance-child-protection-scotland/pages/12/">https://www.gov.scot/publications/national-guidance-child-protection-scotland/pages/12/</a></p>
<p>National Risk Framework to Support the Assessment of Children and Young People. Available from: <a href="https://www.gov.scot/publications/national-risk-framework-support-assessment-children-young-people/">https://www.gov.scot/publications/national-risk-framework-support-assessment-children-young-people/</a></p>
<p>Resistance, a complex challenge for practice, by Lindsey Robb, March 2014. Available from related downloads section: <a href="https://www.orkney.gov.uk/Service-Directory/S/child-protection.htm">https://www.orkney.gov.uk/Service-Directory/S/child-protection.htm</a></p>
<p>A Pathway of Care for Vulnerable Families (0-3). Scottish Government Publication Guidance. Available from: <a href="https://www.gov.scot/publications/pathway-care-vulnerable-families-0-3/">https://www.gov.scot/publications/pathway-care-vulnerable-families-0-3/</a></p>
<p>Additional Support Pathway for Women with Vulnerabilities Available from related downloads: <a href="https://www.orkney.gov.uk/Service-Directory/S/child-protection.htm">https://www.orkney.gov.uk/Service-Directory/S/child-protection.htm</a></p>
<p>Physical punishment and discipline of children: how the law is changing. Available from: <a href="https://www.gov.scot/publications/physical-punishment-and-discipline-of-children-how-the-law-is-changing/">https://www.gov.scot/publications/physical-punishment-and-discipline-of-children-how-the-law-is-changing/</a></p>
<p>The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill Information available from: <a href="https://www.gov.scot/policies/human-rights/childrens-rights/">https://www.gov.scot/policies/human-rights/childrens-rights/</a></p>
<p>A summary of the UN Convention on the Rights of the Child. Available from: <a href="https://downloads.unicef.org.uk/wp-content/uploads/2019/10/UNCRC_summary-1_1.pdf">https://downloads.unicef.org.uk/wp-content/uploads/2019/10/UNCRC_summary-1_1.pdf</a></p>
<p>Coronavirus (COVID-19): local protection levels Available from: <a href="https://www.gov.scot/publications/coronavirus-covid-19-protection-levels/">https://www.gov.scot/publications/coronavirus-covid-19-protection-levels/</a></p>
<p>Coronavirus (COVID 19): guidance on changes to social care assessments Available from: <a href="https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-changes-to-social-care-assessments/pages/12/">Coronavirus (COVID 19): guidance on changes to social care assessments - gov.scot (www.gov.scot)</a></p>

## 17 Forms and Checklists

### 17.1 Social Work File Recording Self Evaluation Checklist

<input checked="" type="checkbox"/>	Children's views are clear and evident
<input checked="" type="checkbox"/>	Parent's views are clear and evident
<input checked="" type="checkbox"/>	Child Protection Plan is easily accessible
<input checked="" type="checkbox"/>	Risk assessment up to date
<input checked="" type="checkbox"/>	Chronology up to date
<input checked="" type="checkbox"/>	Family Ecomap included
<input checked="" type="checkbox"/>	All Child Protection reports are on file
<input checked="" type="checkbox"/>	All Core Group minutes on file
<input checked="" type="checkbox"/>	All significant events have been recorded
<input checked="" type="checkbox"/>	Child has been seen weekly, at least, or within required frequency
<input checked="" type="checkbox"/>	Visits include announced and un-announced
<input checked="" type="checkbox"/>	Contact with multi-agency partners is recorded
<input checked="" type="checkbox"/>	Recording done within procedure timescale
<input checked="" type="checkbox"/>	Recording is in plain English
<input checked="" type="checkbox"/>	Recording is reflective of Care Based Language

Remember the child is at the centre of what we do.

## 17.2 Child Protection Violent Incident Monitoring Form

Children and Families Service:	
Location of incident:	
Date incident occurred:	
Time incident occurred:	
Time incident reported:	
Name(s) of service user(s) involved:	
PARIS ID number:	
Name(s) of OIC staff involved:	
Name(s) of Public involved:	
Witnesses:	

Description of Incident (threat, assault, aggressive behaviour):
Circumstances leading up to the incident (if known):
Details of the incident:

Action taken by Team Manager (Tick all boxes that apply)			
Violent Incident Report Completed	<input type="checkbox"/>	Directorate informed	<input type="checkbox"/>
Main carer informed	<input type="checkbox"/>	Care Inspectorate informed	<input type="checkbox"/>
Service Manager informed	<input type="checkbox"/>	Debrief carried out	<input type="checkbox"/>
Risk Assessment updated	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>

Further action required (service user or staff member):
Monitoring and review arrangements:

Name of staff member who reported the incident:	
Signed: <input type="text"/>	Date: <input type="text"/>

Name of Team Manager who responded to the incident:	
Manager's Comments:	
Signed: <input type="text"/>	Date: <input type="text"/>



## Appendix 1: Child Protection – Information Sharing General Principles

---

There are many examples from the findings of Significant Case Reviews, including those in Orkney, and tragically National Inquiries into the deaths of children, as far back as the death of Maria Colwell in **1973**, where a failure to “share information” between people in services involved in supporting these children, had contributed to the failure of these services to protect the child from continued abuse.

Tragically, amongst many other things, the findings of the Public Inquiry into the death of Maria Colwell found “communication and co-ordination” within and between the agencies involved had been “unsatisfactory”.

- ✓ Safety of the Child.

The safety and welfare of a child are of central importance when making decisions to lawfully share information with or about them.

Children have a right to express their views and have them considered when decisions are made about what should happen to them.

The reasons why information needs to be shared and actions taken should be communicated openly and honestly with children and, where appropriate, their families.

- ✓ Consent and Non-consent.

Information will normally be shared with the consent of the child (depending on age and maturity). However, where there are reasons to believe that seeking consent would increase the risk to a child or others, or prejudice any subsequent investigation, information may need to be shared without consent.

At all times, information shared should be limited to those who need to know it and be:

- ✓ Relevant;
- ✓ Necessary; and
- ✓ Proportionate to the circumstances of the child.

When gathering information about possible risks to a child, information should be sought from all relevant sources, including services which may be involved with other family members.

Relevant historical information should also be considered.

- ✓ Recording Information Sharing and Non-sharing.

When information is shared, a record should be made of when it was shared, with whom, for what purpose, in what form and whether it was disclosed with or without consent. In most cases this will be self-evident by means of reports being received within the Child

Protection System or by the Social Worker's recording of their work in the child's file on the Social Work Information System.

Similarly, any decision not to share information should be recorded, or challenged where required.

Within these Child Protection Procedures clear guidance is given on information sharing which includes:

- The process of Child Protection Investigations;
- Gathering and sharing information and reports in Child Protection Conferences;
- Compiling Risk Assessments and Chronologies of Significant Events; and
- The need to ensure adults who are at risk of significant harm have appropriate action taken to protect them including sharing information with, for example, the Police.

Sharing information about adults who may pose a risk to children or young people is critically important in ensuring children are protected and this must be done where information is received indicating a child may be at risk of significant harm.

- ✓ Disputes over Information Sharing.

Where Social Workers identify information, necessary for the protection of children and young people, is not being shared they must tell their Team Manager **immediately**.

Where the Team Manager has been unable to negotiate the nature of the information or its sharing, this must be brought to the attention of the Service Manager **immediately**.

If the Service Manager is unable to resolve the matter this should be referred to the Head of Service **immediately**.

Where it emerges later, that information necessary for the protection of children and young people, had not been shared this must be brought immediately to the Team Manager or the Line Manager of the individual who received the information. A similar process should follow in respect of information which had not been shared at the time, for example:

- The Team Manager will confer with their counterpart in the agency which is believed not to have shared the information at the time;
- Where the Team Manager has been unable to receive a satisfactory explanation or response, they shall refer the matter to the Service Manager or Head of Service in their absence;
- Where the Team Manager has received a response, they shall refer the matter to the Service Manager; and
- The Service Manager, in all circumstances, will bring the matter to the attention of the Head of Service for consideration of necessary action to ensure similar circumstances do not occur again and there is appropriate learning and development.

This may include the need for consideration of a Learning Review or Significant Case Review, depending on all the circumstances, and consultation with the Chief Officer and Independent Chair of the Public Protection Committee.

In all circumstances, it will involve sharing the information with the Chief Officer and other parties as determined by the Chief Officer and the Chief Social Work Officer. Where the Head of Service is the Chief Social Work Officer, they shall undertake these deliberations under the office of Chief Social Work Officer.

- ✓ Whistleblowing Policy.

All staff within the organisation should be made aware of the [Whistleblowing Policy](#) and wherever they believe that Child Protection Information Sharing has been:

- ✓ Hampered or not processed properly as outlined within these Child Protection Procedures;
- ✓ The above Dispute Resolution process has not been followed; and
- ✓ Having raised the matter with their Line Manager, they have not received feedback or are not satisfied action has been taken, they shall consider evoking the Whistleblowing Policy.

## Appendix 2: Attendance at Child Protection Conferences

### Core Members

- ✓ Members of staff from all agencies who have a duty to attend Pre-birth, Initial and or Review Conferences, and if not in attendance, have a responsibility to have a substitute attend on their behalf: or if not possible to do so, to send a full report to the Social Worker and Chair which will be shared at the meeting.

### Invited Members

- ✓ Members who are invited as and when required, or where indicated, e.g. a Criminal Justice Worker where they are working with either or both parents, or a Community Paediatrician when a child has undergone a medical examination.

Participants attending are representing their service and share information to ensure that risks can be identified and addressed. They have a responsibility to share information and clarify other information shared as necessary. Participants need to be actively involved in the discussion and decision making of the Conference, including offering a view as to whether the child’s name should be placed on the child protection register.

The table below summarises the roles of participants in Child Protection Conferences. It is not an exhaustive list and includes examples of the range and scope of tasks to be undertaken by Social Work Staff.

Role	Purpose	Meeting Type
Service Manager (Chair)	<ul style="list-style-type: none"> <li>• Chair Conferences;</li> <li>• Set the Agenda;</li> <li>• Meet with parents or carers and child to explain the nature of the meeting and possible outcomes;</li> <li>• Facilitate information-sharing and analysis;</li> <li>• Ensure information from those not present is shared;</li> <li>• Identify the risks and protective factors;</li> <li>• Ensure the parents or carers and child’s views are taken into account;</li> <li>• Facilitate the identification of risks, needs and protective factors;</li> <li>• Facilitate decision making;</li> <li>• Make the decision on Registration where there is disagreement;</li> <li>• Reach decisions that will help keep the child safe;</li> </ul>	Pre-birth Initial Review Conferences

Role	Purpose	Meeting Type
	<p>Objectively analyse with partners the information from the investigation and the Conference.</p> <p>Where the child is Registered:</p> <ul style="list-style-type: none"> <li>• Ensure an Outline Child Protection Plan (to be developed at the first core group meeting) is produced;</li> <li>• Identify the Lead Professional;</li> <li>• Advise parents or carers about local dispute resolution processes;</li> <li>• Identify Core Group and date of first meeting;</li> <li>• Agree review dates;</li> <li>• Challenge any delays in action being taken by staff or agencies;</li> <li>• Manage and record exclusions;</li> <li>• Ensure the accuracy of the minute.</li> </ul>	
Child	<ul style="list-style-type: none"> <li>• Have their views heard (Chair and all);</li> <li>• Consider if it is appropriate for the child to attend (Chair); and</li> <li>• If child not attending:                             <ul style="list-style-type: none"> <li>○ Reason to be recorded;</li> <li>○ What means will be used for the Conference to hear the views of the child;</li> <li>○ Consider need for an advocate for the child.</li> </ul> </li> </ul>	
Parent or carer	<ul style="list-style-type: none"> <li>• Engage in the Child Protection discussion;</li> <li>• Give views on the assessment of risks and needs;</li> <li>• Highlight the key strengths and support for their child;</li> <li>• Views on engagement in the Child Protection process;</li> <li>• Views on outcomes to be achieved;</li> </ul>	

Role	Purpose	Meeting Type
	<ul style="list-style-type: none"> <li>Roles in the development of a plan for their child.</li> </ul>	
<p>Extended family members, friends who plays key role in family support</p>	<ul style="list-style-type: none"> <li>Engage in the Child Protection discussion;</li> <li>Give views on the assessment of risks and needs;</li> <li>Highlight the key strengths and support for the child;</li> <li>Views on engagement in the Child Protection process;</li> <li>Views on outcomes to be achieved; and</li> <li>Roles in developing a plan for the child.</li> </ul>	
<p>Social Worker</p>	<ul style="list-style-type: none"> <li>Talk to key points of Child Protection Investigation and initial assessment of risks and needs;</li> <li>Highlight from the initial assessment the risk, vulnerability, resilience, and protective factors;</li> <li>Reason, if child is not invited or present at the Conference;</li> <li>Summary of work completed to date and areas of support required; and</li> <li>Level of further assessment needed.</li> </ul>	<p>Pre-birth Initial Core Groups Review Conferences</p>
<p>Team Manager</p>	<ul style="list-style-type: none"> <li>Provide professional judgement in decision making;</li> <li>If Registration decided, Chair Core Group meetings;</li> <li>Oversee and drive the key tasks to be developed into the Child Protection Plan; and</li> <li>Manage and oversee Child Protection Procedures and practice.</li> </ul>	<p>Pre-birth Initial Core Groups Review Conferences</p>
<p>Family Support Worker or Family Support Assistant (specific worker who is working with the mother and child)</p>	<ul style="list-style-type: none"> <li>Speak to their role and reason for involvement;</li> <li>Highlight positive developments in their work;</li> <li>Contribute to risk identification;</li> </ul>	<p>Pre-birth Initial Core Groups Review Conferences</p>

Role	Purpose	Meeting Type
	<ul style="list-style-type: none"> <li>Highlight any concerning factors such as lack of access or unwillingness to engage in agreed tasks.</li> </ul>	
Allocated named Midwife (e.g., hospital or community midwife)	<ul style="list-style-type: none"> <li>Speak to their role and involvement;</li> <li>Share levels of family engagement;</li> <li>Outline progress of pregnancy;</li> <li>Nature of support and work planned.</li> </ul>	Pre-birth Initial Core Groups Review Conferences
Named Nurse (Health Visitor) if child under 5 years	<ul style="list-style-type: none"> <li>Speak to their role, past and present involvement;</li> <li>Share levels of family engagement;</li> <li>Child's development;</li> <li>Assessed parenting skills and areas requiring support; and</li> <li>Work completed, level of support and work planned.</li> </ul>	Pre-birth Initial Core Groups Review Conferences
School Nurse, if school aged children in the family	<ul style="list-style-type: none"> <li>Speak to their role, past and present involvement;</li> <li>Child's development and educational attainment or progress;</li> <li>Share levels of family engagement;</li> <li>Individual work completed or planned with the child.</li> </ul>	Pre-birth Initial Core Groups Review Conferences
GP	<ul style="list-style-type: none"> <li>Share involvement with the family;</li> <li>Provide relevant health information; and</li> <li>Interpret the significance and the potential impact of the health issues on the child.</li> </ul>	Pre-birth Initial Review Conferences
Police Scotland	<ul style="list-style-type: none"> <li>Share Police Scotland information in relation to previous domestic incidents, offending behaviour, and any relevant intelligence in relation to the child, parents, or carers.</li> </ul>	Pre-birth Initial Review Conferences
Early Years Representative	<ul style="list-style-type: none"> <li>Share extent of involvement;</li> <li>Brief description of the child, their level of attendance, development, and progress in the establishment;</li> <li>Engagement with parents; and</li> </ul>	Pre-birth Initial Core Groups Review Conferences



Role	Purpose	Meeting Type
	<ul style="list-style-type: none"> <li>The plans in place for the child.</li> </ul>	
Primary School Head Teacher, or Secondary School Depute Head Teacher	<ul style="list-style-type: none"> <li>Brief description of child, their level of attendance;</li> <li>Educational and social development, and progress in the establishment; and</li> <li>Level of engagement with parents.</li> </ul>	Pre-birth Initial Core Groups Review Conferences
Social Work Addiction Worker  Core Member if addiction issues identified	<ul style="list-style-type: none"> <li>Details of reasons for involvement;</li> <li>Role in assessment and initial findings;</li> <li>Level of engagement with their service; and</li> <li>Contribute to risk assessment for child.</li> </ul>	Pre-birth Initial Core Groups Review Conferences
NHS Addiction Worker (where parental substance misuse is indicated)  Core Member if addiction issues identified	<ul style="list-style-type: none"> <li>Details of the addictions support the parent is receiving, frequency of support and individual work being undertaken as part of this support;</li> <li>Information on drug tests undertaken, if so, for what purpose, findings;</li> <li>Prescriptions they are receiving;</li> <li>Impact this is likely to have on the adult, and their ability to parent;</li> <li>The relapse plan; and</li> <li>The indicators to which multi-agency staff should be alert to identify relapse.</li> </ul>	Pre-birth Initial Core Groups Review Conferences
Specialist support service for parents where involved in: <ul style="list-style-type: none"> <li>✓ Mental health</li> <li>✓ Learning disability</li> <li>✓ Criminal Justice</li> </ul> Core Member if addiction issues identified	<ul style="list-style-type: none"> <li>Role and reason for involvement;</li> <li>Level of support provided to the individual;</li> <li>Impact that this has, or is likely to have on their ability to parent and protect their child; and</li> <li>Considerations as to how the care plan can be developed to provide appropriate supports to the child.</li> </ul>	Pre-birth Initial Core Groups Review Conferences

Role	Purpose	Meeting Type
<b>Other invited People</b>		
Legal Services	<ul style="list-style-type: none"> <li>Advice, such as when a Child Protection Order may be considered.</li> </ul>	Pre-birth Initial Review Conferences
Reporter to the Children's Hearing	<ul style="list-style-type: none"> <li>Can be an observer, cannot be involved in decision making; and</li> <li>Gathers information for a child who has been or may be referred to the Reporter.</li> </ul>	Pre-birth Initial
Consultant Paediatrician (Child Protection)	<ul style="list-style-type: none"> <li>When a specialist health assessment or medical examination has been undertaken then an invitation should be sent to the Consultant who undertook the examination who can speak to the findings of the assessment; and</li> <li>When a medical opinion would be beneficial.</li> </ul>	Initial & Review
Community Paediatrician/ specialist medical service	<ul style="list-style-type: none"> <li>Speak to reason for involvement, level of contact and engagement with service;</li> <li>Impact on child; and</li> <li>Supports required because of the medical concern.</li> </ul>	Initial & Review
Fostering, Kinship and Adoption team	<ul style="list-style-type: none"> <li>When child is being considered for accommodation; and</li> <li>To gather information and provide advice and guidance in planning.</li> </ul>	Initial & Review
Intensive Support team	<ul style="list-style-type: none"> <li>Where intensive support is being considered;</li> <li>Advice regarding support which could be offered; and</li> <li>If actively involved with the child, the Support Worker would be core member.</li> </ul>	Initial & Review
Housing	Information in relation to tenancy: <ul style="list-style-type: none"> <li>Occupancy;</li> <li>Condition;</li> <li>Complaints;</li> </ul>	Initial & Review

Role	Purpose	Meeting Type
	<ul style="list-style-type: none"><li>• People known to attend the house; and</li><li>• Arrears.</li></ul>	

## Appendix 3: Equal Protection for Children

---

### Background

In 2015 the report, *Equally Protected?*, provided a review of the evidence commissioned by NSPCC Scotland, Children 1st, Barnardo's Scotland and the Children and Young People's Commissioner, Scotland, which highlighted the negative consequences of physical punishment, including increased levels of aggression and antisocial behaviour from children and a strong detrimental effect on children's emotional and mental health.

On 3 October 2019, the Children (Equal Protection from Assault) (Scotland) Act, 2019 was passed by the Scottish Parliament, and became law on 7 November 2020 meaning children in Scotland now have the same protection against assault as adults.

While Scots law protects adults from all forms of physical violence, the Criminal Justice (Scotland) Act, 2003 had provided a defence of justifiable assault of a child, which could be exercised where it was claimed a violent act against a child was for the purpose of physical punishment, often referred to as the use of reasonable physical chastisement. The application of justifiable assault threshold was often challenging for professionals and was counterintuitive to the values and principles of children's human rights.

The Children (Equal Protection from Assault) (Scotland) Act, 2019 has legislated for the removal of any such statutory defences from Scots Law. This law is a positive step forward for children's rights in Scotland. Children now have the same right as adults not to be assaulted and Scotland was the first country in the UK to pass such legislation. The impact of similar legislation in other countries has been positive and these countries have usually seen a decrease in the use of physical violence against children and an increase in child wellbeing.

### National Implementation of Equal Protection

The Children (Equal Protection from Assault) (Scotland) Act become law on 7 November 2020 and the Scottish Government guidance is: <https://www.gov.scot/publications/physical-punishment-and-discipline-of-children-how-the-law-is-changing/>

The Scottish Government Expert Reference Group on Equal Protection had 4 key implementation tasks:

- Public Awareness Raising;
- Information to Organisations;
- Guidance and Training for Practitioners; and
- Data & Monitoring.

Training was developed for Police Scotland following the completion of the Lord Advocate's guidelines. A resilience matrix was developed for all attending Police Officers where an allegation of child assault has been made. It is envisaged that the responding Officer will review 6 key yes or no questions and if the current situation concludes that the child's

circumstances warrant more than 2 of the questions to be answered yes, this will result in an automatic referral to the Public Protection Unit for further investigation and possible notification to the Crown Office and Procurator Fiscal Service or Scottish Children's Reporter Administration (SCRA).

### Local Implementation - Orkney

The approach, if and when staff hear or see a parent smacking a child, is to engage with them in a participative manner to explore the factors, pressures or cultural ideals which resulted in the incident taking place and to offer advice and alternative approaches as appropriate.

As part of that conversation a clear message that smacking is against the law can be given. However, the priority should be to de-escalate conflict to help the parents avoid repeating their behaviour and to improve the relationship they have with their child.

The aim is not to criminalise or alienate parents who may have smacked their children but to support understanding of the change in the law and help parents find positive ways to support their children.

If Social Work staff think a child is at risk of significant harm, they should always follow these Child Protection Procedures and the processes noted above for making referrals, responding to them, and Child Protection investigations as required.

Where they can, staff should support and assist parents to:

- Understand the new law and not to smack;
- Develop other approaches to parenting and discipline; and
- Deal with any incident within the single agency early intervention support mechanisms within Getting it Right for Every Child.

Members of the public and partner agency staff should be advised that if they are unsure as to the best response, they should seek advice from Children and Families Social Work Services or the NHS Orkney Lead Nurse Public Protection.

The implementation of Equal Protection for children and young people offers children in Scotland the same human rights and lawful protection from violence adults are afforded. Just as it is unlawful to hit an adult, it is welcomed that it is no longer lawful for parents or carers to hit a child. This is more than a ban on smacking.

Evidence demonstrates that hitting children damages their health and wellbeing and that violence does not work as a strategy for improving a child's behaviour or the parent and child's relationship. The changes in law should not require any fundamental change in practice for children's services given the implementation of Getting it Right for Every Child.

However, we need to appreciate the introduction of the new law takes place at a point where parents may be facing huge COVID-19 pressures, the impact of economic hardship and the possibility of further lockdown restrictions. Additionally, we need to appreciate the

crucial role Education and Health Services will have in making the first point of contact and having discussions and observations with children and their parents.

There was uncertainty over how effective the information and marketing strategy had been in the advertised Government message and how well parents would become aware of a change in the law.

While the change in legislation for children is fully welcomed and embraced, the timing of it during the current COVID-19 pandemic may cause challenges for children's services initial responses to concerns of which Social Workers should be aware.

### **Responding to Presenting Circumstances**

Social Workers, in responding to any of the above circumstances or in being presented with concerns, from parents; members of the public; colleagues in partner agencies; including the Third Sector and Private Sector, should refer to this guidance and confer with the Team Manager or Service Manager in their absence.

## Appendix 4: The United Nations Convention on the Rights of the Child

---

Scotland is the first country in the UK to directly incorporate the United Nations Convention on the Rights of the Child (UNCRC) into domestic law. The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act was passed by the Scottish Parliament on 16 March 2021 and is expected to take effect in October 2021. Details can be found on the Scottish Government [website](#).

The Act means that public authorities must act in accordance with UNCRC requirements and gives children, young people, and their representatives the power to go to court to enforce their rights. The Scottish Government believes it will transform the life chances of children and young people and ensure that Scotland is the best place in the world to grow up.

The UNCRC has 54 articles and a summary of them can be found [here](#). Many of them relate to children's basic rights regarding protection, health, and education. Some are about the key principles which drive these Child Protection Procedures especially:

- The best interests of the child must be a top priority in all decisions and actions that affect children (Article 3);
- Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously (Article 12); and
- Every child must be free to express their thoughts and opinions and to access all kinds of information, as long as it is within the law (Article 13).

It is the responsibility of all adults working with children and young people to help ensure every child in Orkney learns about their rights, and what they can do if they believe any of their rights are not being recognised or respected.



## Appendix 5: Supplementary National Child Protection Guidance for Chief Officers, Chief Social Work Officers and Child Protection Committees

---

### Purpose

This document provides supplementary guidance on child protection during the Covid-19 outbreak. It is provided for Chief Officers, professional leaders in children's services and Child Protection Committees, who should ensure it is taken account of within local partnerships.

### Policy context

This update follows the implementation (2 November 2020) of an overarching strategic approach to outbreak management as outlined in 'Scotland's Strategic Framework'. The Framework provides for flexibility in local and national response and sets out expectations within 5 levels of public health protection. These 'tiers' define what can and cannot be done in the areas in which you live, work and travel. Each Local Authority area of Scotland will be assigned to a COVID protection level. This information is available at <https://www.gov.scot/publications/coronavirus-covid-19-protection-levels/>

The supplementary guidance on Child Protection should be read alongside associated information 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

Child Protection is part of a continuum of collaborative responsibilities upon agencies working with children, which commences pre-birth. It requires sound 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 because 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 (s14).

Local Child Protection Committees are taking action to ensure that children are protected. This should involve all the key agencies and include consideration of any necessary enhancements to local processes, and the communication of these changes to the workforce and wider community. ADES and Social Work Scotland provide examples of these communications.

It may be that Child Protection Committees (including Public Protection Committees) should consider and adopt streamlined governance mechanisms to support continuing effective decision making during the pandemic.

Chief Officers should continue to ensure that contingency plans are in place, should any key personnel be absent from work or otherwise unable to fulfil their responsibilities.

Chief Officers' collective leadership and collaborative decision making remain fundamental to prompt, safe and functional adaptation. Any changes to assessment and planning processes and the way services work together must be agreed and understood by all parties, considering the consequences for partner services.

It will not be helpful for example, if one service routinely responds to risk by increasing referrals to a partner service, without consideration of the impact.

All Chief Officers should continue to ensure that child protection services are adequately resourced. Within the increasing demands anticipated in coming months, the protection of children remains an overriding priority.

### **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. Interacting causes 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 details the breadth of additional risks and lists potential mitigating actions in the short, medium, and long term.

### **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.

### **Enhancements to processes**

Local Child Protection Committees should consider and communicate necessary enhancements to local practice and procedures. This guidance provides advice regarding the enhancements that may be necessary.

#### **a. 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.

#### **b. Information Sharing**

The local protocols for sharing information and raising child protection concerns should not change. Where any person becomes aware of the risk of significant harm to a child from abuse or neglect, then Police (if the danger is imminent) or Social Work should be alerted without delay.

#### **c. Inter-agency referral discussion**

An Inter-agency Referral Discussion (IRD) should continue to be the formal starting point for the process of information sharing, assessment, analysis, and decision making following a reported concern about abuse or neglect of a child. The decision to convene an IRD can be made by Police, Health or Social Work.

The IRD does not need to involve face-to-face meetings, and e-IRD, secure email, telephone discussion and tele-conferencing are all appropriate. Key practitioners in Police, Social Work and Health must be involved, and information should be sought from other agencies, including appropriate staff from schools or the Education Service.

As ever, where there is the likelihood of immediate risk or significant harm to a child, intervention should not be delayed pending receipt of information. Agencies should take necessary immediate action.

#### **d. 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.

If considered appropriate and if there is a need to act and provide services as promptly as possible, assessments can be undertaken using the partial assessment format. This is enabled by the Coronavirus Act 2020 and described in the guidance: [Coronavirus \(COVID 19\): Changes to Social Care Assessments](#).

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.

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.

#### **e. Child assessment and Child protection orders**

The Coronavirus (Scotland) Act 2020 makes changes to the provisions for Child Assessment and Child Protection Orders. These are detailed in the guidance on the Act.

#### **f. 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 and place of safety placements. This is detailed in the guidance on the Act.

#### **g. Child Protection Planning Meetings**

In the current circumstances, it will not often be possible for child protection planning meetings (or Child Protection Conferences) to take place with all of the relevant parties meeting in the same venue at the same time. Instead, Child Protection Committees should consider other ways for such meetings to be held, using tele-conferences or new technology.

Where planning meetings have to be limited to core participants, other members of the team around the child should continue to be included in decision making processes, for example through telephone contact or secure email, and a record of this should be

maintained. Children, parents and carers should have a choice about how or whether they participate, which could include by teleconference, email or a recorded message.

It remains critical, that:

Decision making about Child Protection planning is informed by relevant stakeholders, including the child and family.

The Social Worker 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.

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.

#### **h. Timescales**

While the national guidance includes timescales for child protection processes, account should be taken of the unprecedented challenges at this time, and there can be flexibility based on risk and circumstances, taking account of the need for prompt action to protect children.

Aspects of the organisation of Children's Hearings, including facilitating remote attendance, are addressed in the Coronavirus (Scotland) Act 2020 and detailed in the guidance on the Act.

Many timescales are determined by the period between meetings. Ongoing, high quality liaison between practitioners, that is documented and where the key aspects are included in an updated child's plan, will lessen the need to keep to strict timescales for meetings.

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.

## **i. 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 often proven feasible and effective to hold virtual child protection planning meetings. There are situations in which this decision has had to be made through multi-agency consensus rather than a meeting. This might happen at IRD or subsequently by agreement of locally identified managers in Health, Police and Social Work. In such cases, these managers should take account of the views of the team around the child, medical and other specialist advice, and the particular perspectives of the child and family. The reasons for the decision should be documented in child's plans and agency records.

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.

## **j. Keeping children safe**

A child protection plan must set out the actions required to reduce risk for any child considered to be at risk of significant harm. It is these actions that protect the child.

It is recognised that practitioners will already be responding to the particular challenges of the Covid-19 outbreak, taking account of the child and family circumstances. For example, this might include: how parents with a drug dependency and/or mental health difficulties are accessing medication and support to maintain stability; ensuring updated safety plans are in place for women experiencing domestic abuse; being clear about how parents with a learning disability are receiving advice and consistent support to protect their children in these circumstances; and help for families experiencing poverty to access fresh food for their children.

As part of any child protection plan, the lead professional and/or others must always have sufficiently regular direct contact with the child and family. The guidance for social workers on home visits and direct contact interviews with service usersii recognises the need for home visits and direct contact, to provide support, prevent significant harm and/or to fulfil a statutory duty. This guidance sets out the requirements for risk assessment; hand hygiene



before and after arrival at a visit; physical distancing; use of fluid-resistant masks; appropriate use of additional PPE if circumstances require; and training of staff in relation to all infection control measures.

Access to PPE. 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.

Practice guidance has been issued for staff in residential child care settings; and on coronavirus testing for children being moved between or to new care placements ii .

### **k. 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.

### **l. Child's Plan and other records**

The pandemic has led to diversification and adaptation in communication and decision making. Further innovation is likely. In this context it is imperative that the lead professional maintains an accurate, updated child protection plan within the child's plan. This should include a chronology.

The current child's plan should always be available to the team around the child.

All other practitioners should also ensure effective record keeping, including their own engagement in these processes, and with children and families.

### **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 Scotland's children safe.

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



## 18 Version history

Document status				
Version	Status	Date	Amended by	Reason / overview
0.0.A	Draft	16 October 2020	GO	Initial draft
0.0.B	Draft	29 January 2021	JL	First complete draft version
0.0.C	Draft	1 February 2021	AJR	Formatting changes
0.0.D	Draft	8 February 2021	JL	Section out for consultation, passed for formatting.
0.0.E	Draft	1 March 2021	AJR / GO	Formatting changes complete and <b>Issued for Immediate Use</b> , training and further consultation.
0.0.F	Draft	11 March 2021	AJR / GO	Addressing remaining consultation holds.
0.0.G	Draft	30 March 2021	JL	Review and update including addition of UNCRC, threats and intimidation to staff and addition of forms and checklist section.
0.0.H	Draft	13 April 2021	AJR / GO	Addressing remaining holds. Issued to CSWO for final checks.
1.0	Live	19 April 2021	JL	Issued for Continued Use.