

Coronavirus (COVID-19):

Supplementary National Child Protection Guidance for Chief Officers, Chief Social Work Officers and Child Protection Committees

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Version Published	Current paragraph	Summary of Changes
30/3/2020		
16/4/2020	26 28 30 31 37 49-50	Social care assessments Arrangements for Joint Paediatric/Forensic Medical Examinations Child Assessment and Child Protection orders Compulsory supervision orders, secure care and place of safety placements Aspects of the organisation of Children's Hearings Engagement with children and families who are self-isolating or shielding a child or carer Updated references
1/6/2020	13-15 40 25 & 47 48 54	Domestic abuse Operation of Children's Hearings Guidance for social workers on home visits and direct contact interviews with service users Guidance for staff in residential child care, and on coronavirus testing for children being moved between or to new care placements Guidance regarding adult support and protection Updated references
31/8/2020	4 - 6 38-40 49	Updated to acknowledge the relaxation of restrictions, and the need for planning for local lockdowns. Updated arrangements regarding the organisation of Children's Hearings. Paragraph removed, as the guidance on shielding has been paused.

Coronavirus (COVID-19): Supplementary guidance for Chief Officers, Chief Social Work Officers and Child Protection Committees regarding Child Protection

Purpose

1. This document provides supplementary guidance on child protection measures in relation to 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.
2. This supplementary guidance should be read alongside associated information that has been published in response to the outbreakⁱ. It may be updated as the pandemic develops.

Child Protection during the Covid-19 outbreak

3. Child protection is part of a continuum of collaborative responsibilities upon agencies working with children, which commences pre-birth. It requires good professional judgement, based on assessment and evidence, informed by the perspectives of the team around the child, including the child and family.
4. It is clear that there are additional pressures across maternity and children's services as a consequence of the Covid-19 outbreak. While lockdown restrictions are being relaxed as part of Scotland's route map, some restrictions remain in place, and there is the continuing likelihood of local lockdowns. Further, the impact of the pandemic and the consequent restrictions are likely to impact on children, families and services for some time.
5. It is therefore necessary to continue to consider how we streamline service delivery and management processes, without compromising our actions to protect children. This includes the need for local planning, to take account of the possibility of future local lockdowns.
6. It is likely that the vulnerability of some children will have increased because of the additional pressures placed on families and communities by the Covid-19 outbreak. This may mean that 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.
7. Further, lockdown can create circumstances where instances of domestic abuse and coercive control may increase in frequency.
8. Local Child Protection Committees are taking action to ensure that children are protected. This should involve all of 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 communicationsⁱⁱ.
9. It may be that CPCs should consider and adopt streamlined governance mechanisms to support continuing effective decision making during the pandemic.

10. Chief Officers should also ensure that contingency plans are in place, should any key personnel be absent from work or otherwise unable to fulfil their responsibilities.
11. Critically, Chief Officers should evidence collective leadership in the current situation, making collaborative decisions when there may be an impact on partner services, and operating to agreed processes, thresholds and assessments of risk. 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.
12. All Chief Officers should ensure that child protection services continue to be adequately resourced. Although agencies will face many increasing demands in coming months, the protection of children has to remain an overriding priority.

Domestic Abuse

13. The restrictions on movement because of the pandemic create new risks to women and children experiencing or recovering from domestic abuse and other forms of gender based violence. As set out in additional guidance issued during the outbreak^v, these include the perception that specialist and statutory services are not operating or doing so with a reduced reach, so there is no-where to turn for support; the lack of physical access to normal social networks; barriers caused through dependence on telephone and online communications (e.g. fears around privacy); financial dependencies exacerbated by economic impacts of the pandemic; and increased access by perpetrators to women, children and young people either through them being locked down together or through the efforts of perpetrators to exert control through the lens of the pandemic.
14. In the context of the previous statement, abusive behaviours may be perpetrated through the exploitation of contact arrangements for children where the mother and her children are living apart from the offending parent.
15. 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'^{iv}, 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.

Self-care, support and supervision of staff

16. The support and supervision of practitioners is always important, but it is particularly so in these challenging times.
17. 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.
18. It is recognised that management support and direction may need to include new and innovative approaches, but we should ensure that:
 - Agencies continue to take measures to ensure accountability for staff practice.
 - Practice in individual case work, continues to be monitored and reflected on.
 - The wellbeing of staff is a constant feature of local management processes.

Enhancements to processes

19. As stated above, 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
20. 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
21. 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
22. 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.
23. 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.
24. 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
25. 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 for social workersⁱ sets out how this can be managed safely.
26. If considered appropriate and if there is good reason in order to take action and access services promptly, assessments can be undertaken using the partial assessment format that is enabled by the Coronavirus Act 2020 and described in the guidance: Coronavirus (COVID 19): Changes to Social Care Assessmentsⁱ.
27. Where the IRD leads to a decision to undertake a medical examination, health colleagues should ensure that this is carried out in a clinically appropriate time scale.

28. There is no change to the arrangements for Joint Paediatric/Forensic Medical Examinations of children and young people.

29. 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 social distancing and the emotional impact this may have.

e. Child assessment and Child protection orders

30. 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 Act¹.

f. Compulsory supervision orders, secure care and place of safety placements

31. The Coronavirus (Scotland) Act 2020 provides additional flexibility in processes for determining compulsory supervision orders, secure care and place of safety placements. This is detailed in the guidance on the Act¹.

g. Child Protection Planning Meetings

32. In the current circumstances, it will not often be possible for child protection planning meetings (or case 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.

33. 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.

34. It remains critical, that:

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

35. 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

36. 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.

37. 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 Act¹.

38. 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.
39. 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.
40. 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 guidanceⁱ 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

41. 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.
42. 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, this decision may require 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.
43. 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.
44. 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

45. A child protection plan must set out the actions required to reduce risk for any child who is considered to be at risk of significant harm. It is these actions that protect the child.
46. 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.

47. 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 usersⁱ recognises the need for home visits and direct contact, to provide support, prevent significant harm and/or to fulfil a statutory duty.
48. Practice guidance has been issued for staff in residential child care settingsⁱ. There is also advice on coronavirus testing for children being moved between or to new care placements^v.

k. Engagement with children and families who are self-isolating

49. 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.
50. However, it will be necessary for social workers and/or other practitioners to see children and other family members on a sufficiently regular basis, and it will continue to be important to have direct contact when there are sufficient concerns about injuries or other immediate harm. In all cases, public health guidance should be followedⁱⁱⁱ.

l. Child's Plan and other records

51. Given that there will be more diverse approaches to communications and decision making processes at this time with the likelihood of further changes as Covid-19 progresses, it is essential that the lead professional maintains an accurate and up to date child protection plan within the child's plan, and a clear chronology of all processes and key decisions.
52. The current child's plan should always be available to the team around the child.
53. 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

54. Supplementary guidance has been published regarding adult support and protectionⁱ. As ever, it remains important to ensure good liaison and effective decision making, where there is involvement of practitioners from both children's and adult services, and in planning for transitions.

Conclusion

55. These are unprecedented times, but good professional judgement and good practice will help keep Scotland's children safe.

56. This supplementary guidance will remain under review, and through consultation with stakeholders, updated guidance will be provided if necessary as the current situation develops.

References

The Scottish Government is providing updated guidance for all agencies and services at: <https://www.gov.scot/collections/coronavirus-covid-19-guidance/>

Specific information is detailed below.

i

- Business Continuity and Service Prioritisation, Chief Social Work Adviser 18.03.20
<https://socialworkscotland.org/wp-content/uploads/2020/03/OCSWA-letter-to-Chief-Social-Work-Officers-18-March-2020.pdf>
- Coronavirus (COVID-19): adult support and protection guidance
<https://www.gov.scot/publications/coronavirus-covid-19-adult-support-and-protection-guidance/>
- Coronavirus (COVID 19): changes to social care assessments 8.04.20
<https://www.gov.scot/publications/coronavirus-covid-19-changes-social-care-assessments/>
- Coronavirus (COVID-19): residential childcare 23.04.20
<https://www.gov.scot/publications/coronavirus-covid-19-residential-childcare/>
- Coronavirus (COVID-19): safe and ethical social work practice 23.04.20
<https://www.gov.scot/publications/coronavirus-covid-19-social-worker-guidance-on-safe-contact/>
- Coronavirus (Scotland) Act 2020 – Guidance on looked-after children and children’s hearings provisions
<https://www.chip-partnership.co.uk/wp-content/uploads/2020/04/Coronavirus-Scotland-Act-2020.pdf>
- Children’s Hearings Scotland guidance on the operation of effective children’s hearings 28.04.20
<http://www.chscotland.gov.uk/our-publications/practice/2020/04/coronavirus-practice-guide/>
- Guidance to education authorities, schools and early learning and childcare services on provision of support to vulnerable children and young people 26.03.20
Issued as a letter to local authorities and also: <https://www.gov.scot/publications/coronavirus---school-and-elc-closures-guidance-on-critical-childcare-provision-for-key-workers/>
- Guidance for paediatric services 27.03.20
<https://www.rcpch.ac.uk/resources/covid-19-guidance-paediatric-services#child-protection-looked-after-children-and-vulnerable-children-processes-in-scotland>
- National Clinical Guidance for Nurses, Midwives and AHPs, Community Health Staff 07.04.20
<https://www.gov.scot/publications/coronavirus-covid-19-nursing-and-community-health-staff-guidance/>
- Statement on Coronavirus and the Children’s Hearings System from CHS and SCRA.
<http://www.chscotland.gov.uk/recent-news/2020/03/statement-on-coronavirus-and-the-childrens-hearings-system/>

ii

- ADES provide examples on the organisation’s website, which is accessible to Directors of Education and Children’s Services
Social Work Scotland examples from CSWOs are at: <https://socialworkscotland.org/latest-updates-on-covid-19/>

iii

- Public Health Information and Guidance for Social or Community Care & Residential Settings
<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-information-and-guidance-for-social-community-and-residential-care-settings/>
Services can access PPE at their local Health & Social Care Partnership Hub. In addition, services registered with the Care Inspectorate can contact the triage centre on 0300 303 3020 (Additional guidance on home visits is being published by Social Work Scotland)

iv

- Coronavirus (COVID-19) Supplementary National Violence against Women Guidance
https://www.cosla.gov.uk/_data/assets/pdf_file/0023/17762/COVID-19-Supplementary-VAW-Guidance-FINAL.pdf
- Equally Safe: Scotland's strategy to eradicate violence against women
<https://www.gov.scot/publications/equally-safe-scotlands-strategy-prevent-eradicate-violence-against-women-girls/>
- The Safe & Together and Scottish Domestic Abuse & Forced Marriage websites provide updated advice and information:
<https://safeandtogetherinstitute.com/evidence-resources/covid-19-case-planning/>
<https://sdafmh.org.uk/>

v

- Coronavirus testing for children being moved between or to new care placements: joint letter from CSWA and Director for COVID-19 Testing
<https://socialworkscotland.org/wp-content/uploads/2020/05/Covid-19-testing-and-care-placements-Letter-to-CSWOs-and-directors-of-public-health.pdf>