



COVID-19

Interim

**PRACTICE GUIDANCE FOR CHILD
PROTECTION**

East and Midlothian

27th March 2020

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1.0 Child Protection IRD Prioritisation

1.1 Guidance for Triage of IRD

COVID-19 has necessitated requirement to consider thresholds and apply professional judgement in applying a risk assessed approach to initiating Interagency Referral Discussions (IRD). This is of particular relevance in out-of hours situations where Health colleagues are performing On Call facility but not on duty, in this period of exceptional demand.

The following is not intended to be an exhaustive list but forms the basis of typical situations for consideration in decision making.

The priorities for IRDs are outlined below:

High Priority

- Children under 5yrs with injury
- Acute sexual assault (with injury or requirement for evidence) or where there is ongoing risk of contact with accused.
- Children with disability, particularly those who are non-verbal and have injury.
- LAAC allegations against carer/possible placement breakdown.
- Children already on CPR with new/increased concerns.
- Children under 10yr in single parent home where concern relates to care/protection e.g. substance misuse by primary carer.
- Forced Marriage

Medium Priority

- Domestic abuse where there is a previous pattern of concern, new information and increased concern due to self-isolation/lockdown measures.
- Anything where a protective adult is living in the home.

Low Priority

- Any historical allegations.
- LAAC away from home.

- Historic CSA unless perpetrator has continued contact with the child
- Domestic violence where child not present
- Request by PF to revisit a case
- Potential FGM (because of travel restrictions) if the concern is out of the UK, If the concern is that it would be performed in the UK it would be a high priority.

Midlothian Child Protection Case Conferences

Where possible a child protection case conference via teleconferencing will be undertaken. The decision to proceed in this manner will be made by the Midlothian social work team, in consultation with Health and Police to ensure staff availability. They will follow the current Lothian Child Protection Interagency Procedures

However, the IRD will not be closed until this teleconference has taken place and agreement in respect to the need for registration.

If this cannot take place the Interim Guidance will be used.

East Lothian are using the IRD guidance below to consider registration.

2.1 IRD/Initial Child Protection Case Conference (ICPCC)

In East Lothian and in Midlothian where they have not been able to teleconference under the current Child Protection Procedures these Interim Guidelines will be used.

The Initial IRD will continue to focus on the immediate investigation and child safety planning.

There will however now be an additional discussion via IRD to undertake consideration of Child Protection Registration (CPR). Where an IRD has been started out of hours this will be forwarded on to day services to make a decision in respect of registration.

IRDs as an interim measure will replace Pre-Birth and ICPCCs and can agree Registration for a period of 3 months

- The three core agencies will explore information, assessments and chronologies from all appropriate sources in detail to enable informed decisions to be made regarding registration. **This will be done by teleconferencing if such facilities and personnel are available.** If not it will be done by **phone contact between all three agencies.**
- Where feasible, Social Work, will seek views of the child and family to ensure this is fully considered in decision-making.

- The IRD will make a recommendation for registration and this will be reviewed and ratified by a service manager in Children's Services.
- The decision will be recorded on E-IRD and will replace the ICPC Minute. The decision will also be stored on MOSAIC (Within Mosaic IRD), where frontline practitioners can access it.

The IRD participants are responsible for:

- Developing and agreeing the Child Protection Plan and in cases of Domestic Abuse incorporating the Principle of Safe and Together.
- Identifying a Lead Professional (in extreme circumstances this may not be a social worker).
- Deciding whether or not to place a child's name on the Child Protection Register.
- Considering whether or not there is a need for Compulsory Measures of Supervision and a referral will be made to the Children's Reporter.
- Recording the date the Child Protection Plan was agreed and circulated and recording an agreed 3 month CPCC review date.
- Agree and record the Date of first Core Group. This is likely to be by phone or video conference.
- Core Groups will be conducted by telephone, the Child Protection Plan updated by Social Work and circulated to the core group.
- IRO's shall review the Child Protection Plan to provide an independent scrutiny
- RCPCCs already scheduled will move to the review protocol detailed below.
- Health will inform Child Protection Administration if the Child's name is to be placed on the Child Protection Register

2.2 Review Child Protection Case Conference (RCPCC)

Continued Registration – Unanimous

- Reports are submitted as normal to Reviewing Officer (IRO).
- Ensure views of family are fully represented.
- IRO reviews by telephone with all professionals and if unanimous
- recommendations for continued registration, this decision will be made.
- Once the IRO's have spoken with other professionals, this will be followed up via email confirming their recommendations and rationale for decision, then the information can be added to the child's file on MOSAIC
- IRO informs family of outcome by phone

De-registration – Unanimous

- Reports are submitted as normal to IRO.
- Ensure views of family are fully represented.
- IRO reviews with all professionals by phone and if unanimous recommendations for de-registration is agreed they will ensure that a suitable and sustainable (in current circumstances) child's plan is developed.
- Once the IRO's have spoken with other professionals, this will be followed up via email confirming their recommendations and why they have made the decision. This aims to prevent any uncertainty and achieve clarity, then the information can be added to the child's file on MOSAIC
- Child's name is removed from the register.
- IRO informs family of outcome.

Dissent on Registration

- Reports are submitted as normal to IRO.
- Ensure views of family are fully represented.
- IRO reviews with all professionals and if there is dissent, registration is continued for 3 months or until a RCPCC meeting can be scheduled if earlier.
- Once the IRO's have spoken with other professionals, this will be followed up via email confirming their recommendations and why they have made the decision. This aims to prevent any uncertainty and achieve clarity, then the information can be added to the child's file on MOSAIC
- IRO informs family of outcome.

3.0 Criteria for Home Visiting during COVID-19

Home visits will still continue if there are specific child protection issues and/or where children are on the Child Protection Register. These are being reviewed continuously:

Consideration of the need for a home visit will be taken in a considered way at various steps in the child protection process:

1. When a child protection referral has been received
2. At the point of the IRD
3. When a Case Conference has been undertaken under the interim processes
4. At Review Case Conference
5. At any time there are trigger points to suggest a child is at significant risk of harm

Social Work will assess and balance the risk of exposure to Covid19 with the risk to the child in discussion with police and relevant health professional.

Author's name	Trish Pattison	Date	27/3/20
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