



## COVID-19 CHILD PROTECTION PLAN

The Scottish Government update to National Child Protection Guidance supports interim changes to local arrangements for child protection practice. A summary of these changes can be found [here](#) (enter link). This document aims to highlight key issues for the constituent partners of the Child Protection Committee. It outlines changes to practice during the COVID-19 pandemic along with contingency plans and further actions to be undertaken to support the safety and wellbeing of children, young people and families.

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

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**1. Role of the Named Person and Universal Services**

Theme/Responsibility	Plans in Place - Mitigation and Contingency	Further Action Required/ Risks to be Noted	Cross Reference
<b>1.1 Single Point of Contact for Children and Families</b>			
The most effective protection of children continues to involve early support within the family, before further action or intervention is needed. Parents and carers should be clear about how they can get advice or raise concerns in relation to their children, especially if the customary named person or point of contact is not available.	Parents/carers should be encouraged to discuss initial concerns and/or seek advice from their existing education/health contacts where appropriate and available. All parents should have a named contact for their child/young person as well as a general number to contact within health/education if they are unable to contact their named person. CPC should regularly highlight Help & Advice section of CPC website using social media and all available sources with details of support services and numbers to contact where children are considered to be at immediate or significant risk of harm.	All practitioners should be reminded of the Highland Practice Guidance and Child Protection Guidelines available on <a href="http://www.hcpc.scot">www.hcpc.scot</a>	Highland Practice Guidance/Safeguarding in Education Document
<b>1.2 Information Sharing</b>			
Local protocols for sharing information and raising child protection concerns remain the same.  Where a child or young person is at risk of significant harm from abuse or neglect, then Police (if the danger is immediate) or Social Work should be alerted without delay.	All practitioners to be reminded of child protection guidelines and information sharing process – new guidance now available on <a href="http://www.hcpc.scot">www.hcpc.scot</a> with links from NHS Highland and Highland Council websites.  Named Person mailbox is still in use and checked daily by Highland Council Business Support Services.	Promotion of <a href="http://www.hcpc.scot">www.hcpc.scot</a> through partner agencies and social media as a single point of reference for child protection during this period.	Highland Child Protection Guidelines

<b>1.3 Safeguarding in Education</b>			
Education have developed Safeguarding guidelines for ensuring contact is maintained with children and young people, particularly where there are identified vulnerabilities, where children are subject to compulsory measures and those on the child protection register.	As per guidelines, regular contact between education staff and vulnerable children and young people is required (weekly minimum). Protocol includes consideration of risk to vulnerable children and young people where contact cannot be made. Education staff will work with Practice Lead (Schools) to identify any concerns at the earliest possible stage and respond in line with normal processes outlined in the Highland Practice Guidance/Highland Child Protection Guidelines.		Safeguarding in Education guidelines
<b>1.4 Antenatal and Postnatal Support</b>			
Proposed Antenatal and Postnatal visiting schedule from Royal College Midwives and Royal College Obstetricians and Gynaecologists page 6-7 outlines antenatal and postnatal visit requirements with minimum recommended number of contacts being three: at Day 1, Day 5 and Day 10.	Prioritise face to face visiting for women with: <ul style="list-style-type: none"> <li>Known psycho-social vulnerabilities</li> <li>Operative birth</li> <li>Premature/low birthweight baby</li> <li>Other medical or neonatal complexities</li> </ul>	Staffing levels may be depleted making it difficult for all visits to be undertaken. However, identified vulnerable groups must be prioritised to ensure baby and mother is seen.	Maternity Services
<b>1.5 Health Visiting Service</b>			
Health Visitors remain a key contact for preschool children and families. During this period, essential visits only to take place: 11-14 days then 6-8 weeks. Further reviews can be carried out by telephone where appropriate. Any follow up visits should be discussed and agreed with Practice Lead (Early	Handover from Midwife to Health Visitor should still take place Contact with families where possible should be carried out by telephone or video links means (Skype/FaceTime etc) Essential visits should be undertaken using the 'Risk assessing home visiting' guidance provided to health staff.	Staffing levels may be depleted making it difficult for all visits to be undertaken. However, identified vulnerable groups must be prioritised to ensure baby and mother is seen.	Health and Social Care Contingency Plans  Risk Assessing Home Visiting – S Russel 30/3/20

Years), Child Protection Advisor and/or Children's Service Manager using professional judgement.	Concerns should be discussed and escalated as per Highland Child Protection Guidelines		
<b>1.6 Family Nurse Partnership (FNP)</b>			
FNP have set up a shared drive containing a guide for staff to ensure they are clear of their roles, managing within COVID-19, contingency plans and essential duties.	Contact with all clients will be maintained Essential visits only and all ongoing contacts via video/telephone etc. will be recorded. Shared templates of all caseloads highlighting specific vulnerabilities. Family Nurse visits office daily to pick up any telephone messages and attend to any office tasks. Nurses have weekly supervision via video link to discuss case loads and risk management.	Manual records are held so continued access to office base is required.	Business Continuity Plan – Family Nurse Partnership
<b>1.7 Child Protection Priorities in Health</b>			
Whilst COVID-19 is likely to place unprecedented demands on Health services across Highland, it is important that children and young people continue to be cared for and to enjoy the same right to life, survival and development and protection from all forms of abuse and harm as much as possible, as they did prior to the coronavirus outbreak.	Child protection advice will continue to be available 24/7. The child protection nurse advisors will provide this, along with the child protection paediatrician on call and overnight, the paediatrician on call for Raigmore. Health involvement in the Interagency Referral Discussion must be continued.  Children and young people attending hospital and who have an allocated social worker should result in notification to the relevant family team. This will mainly affect the emergency department at all hospitals and the Children's Unit. Risk of having no automatic electronic system to flag children is that we	CPAs to remind hospital staff re: process for reporting concerns.  During this period, it is essential that hospital child concern forms are copied to Child Protection Advisors - CPAdvisors@highland.gov.uk and they ensure family teams aware. Children's Unit to liaise with CPAs regarding any new admissions or concerns.	SBAR: NHS Highland Child Protection Priorities during COVID-19

	<p>rely on staff to highlight concerns. Pressure of work may cause difficulties with this.</p> <p>Extended medical service in Raigmore to include evenings and weekends, with separate consultant on call for child protection. This will free general paediatricians to focus on treating non-child protection matters.</p>	Reminder to hospital staff to be vigilant and report any concerns using forms available.	
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## 2. Child Protection Processes

Theme/Responsibility	Plans in Place - Mitigation and Contingency	Further Action Required/ Risks to be Noted	Cross Reference
<b>2.1 Interagency Referral Discussion (IRD)</b>			
IRD process in Highland currently works by email/tele-conferencing and process will continue using existing systems in Highland.	Staff being homebased/staff sickness means back-up systems need to be in place within Police, Family Teams and Child Protection Advisor (Health) Team to cover IRDs. Access to information systems is vital to collate all known information about child/young person.	Agencies and teams to ensure systems are in place to cover IRD processes and staff are aware of the <a href="#">IRD process</a> .	Highland Child Protection Guidelines – Interagency Referral Discussion protocol
<b>2.2 Investigation and Assessment</b>			
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.	Professional judgement and discussion with Practice Lead/Children's Service Manager where appropriate. Staff should ensure the health and wellbeing of child/young person, family and themselves is considered. All decisions to be recorded on Care First.	Children's Service Managers to update Contingency plans regularly and send updates to: <a href="mailto:Jacquelyn.jennett@highland.gov.uk">Jacquelyn.jennett@highland.gov.uk</a> copied to <a href="mailto:Sharon.bailey@highland.gov.uk">Sharon.bailey@highland.gov.uk</a>	Area Contingency Plans

Professional judgement is required about what forms of listening and engagement must be direct and in-person, and what can be done indirectly. There will be ways to minimise direct contact with all involved. However, there will also be times where visiting is essential.	Each area has submitted a contingency plan which outlines key priorities and plans for essential visits to take place. Where visiting is required as part of an assessment public health advice on social distancing, shielding or personal protective equipment must be followed. Further advice is available at: <a href="https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/">https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/</a>	Staff are encouraged to be creative in their engagement with children and families. The use of tools such as Viewpoint provides online methods to seek the views of children and young people. Staff will be supported to identify essential visits and work within public health guidelines. Non-essential visits will not take place during this period but contact with children, young people and families will be maintained.	
Where an 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.  There should be no change to the local arrangements for Joint Paediatric/Forensic Medical Examinations of children and young people at this time. Further guidance will be provided to clinicians through the regional child protection Managed Clinical Networks.	There is a risk that as staff shortages worsen, two doctor examinations for children may reduce to a single doctor, or no forensic physician to take DNA samples. Contingency plan for paediatricians has been drawn up locally and agreed within the Managed Clinical Network for Child Protection. This supports paediatricians to take forensic samples but may require additional training of CPAs and other willing nursing staff to up skill to provide corroboration of evidence.	Training required for CPAs and other appropriate staff to support forensic processes.	SBAR NHS Highland
<b>2.3 Joint Investigative Interviews</b>			
Where they are required, Joint Investigative Interviews should continue to be visually recorded and undertaken by Police and Social Work together.	Discussions to take place between Police and Social Work to ensure safe practice in conducting VRIs. This should include	Any changes to arrangements for Joint Investigative Interviews to be agreed by Police Scotland and Highland Council Health and Social	Highland Child Protection Guidelines

Consideration must be given to social distancing and the emotional impact this may have.	consideration for staff and children/young people, immediate need and location.	Care with supporting advice from Highland Council Legal Services	
<b>2.4 Child Protection Planning Meetings (CPPM)</b>			
<p>In the current circumstances, it will not be possible for child protection planning meetings to take place with relevant parties meeting in the same venue at the same time.</p> <p>There will be no face to face ICPPM, CPPM meetings until further notice. Highland will be using teleconferencing/ telephone/Skype.</p>	<p>In recognising the limitations of technology in some areas in Highland in particular, we are likely to find that not all professionals, families are able to participate fully.</p> <p>In line with Highland Child Protection Guidelines, this may result in meetings not being quorate. To avoid family members and professionals being left uncertain/at risk and with long delays, contingency processes have been put in place.</p> <p>Where there is assessment of risk and an Initial Child Protection Planning meeting has been called, the lead professional will coordinate the plan through discussion with all relevant partners, and incorporate the main carers views as per practice, and will send the plan out seeking professionals views at this point re registration/non registration prior to bringing to a 'virtual' meeting for ratification - this may mean that the meeting consists of only Lead Professional, Chair, minute taker, and one other key professional.</p> <p>Where child is registered, Core Groups (virtual) will continue to be convened as per</p>	<p>Where staffing levels allow, Highland will continue to minute CPPMs. However, in the event of reduced levels of staffing the Chair should ensure copies of all submissions are kept and a record of the decision for the child's file and practice records.</p> <p>In the event of staffing levels becoming significantly diminished, decisions regarding child protection registration may have to be taken by managers or senior officers from Health/Social Work/Education/Police. This is outlined in the COVID-19 update to the National Child Protection guidance. In Highland this would include Children's Service Managers/Principle Officer (Social Care), Child Protection Advisors (Health), PPU Senior Officers from Police Scotland, Head Teachers/ASN Managers from Education)</p>	Interim Child Protection Guidelines Update



	guidance (14 calendar days) with Lead Professional and Main Carer, and at least one other key professional. Review will be set for 3 months as per guidance. This will ensure we have an interim process to substantiate whether the criteria for Child Protection is met, and to ensure that whatever the outcome the plan going forward from the meeting highlights and has agreed actions to address risk, including family capacity and willingness/unwillingness to work with agencies constructively. The question of whether compulsory measures are required will be considered/agreed routinely as per guidance.		
Child Protection Committees should ensure that means are in place for any member of the team around the child to escalate concerns, if they believe that actions are not being progressed in accordance with the child's best interests, and they feel that this has not been properly considered in the child planning process.	Escalation procedures remain as per Highland Child Protection Guidelines and Highland Practice Guidance.	In the event of escalation process not being possible due to absence, staff should seek the next level of management support available: <ul style="list-style-type: none"> <li>• Children's Service Manager</li> <li>• Head of Children's Services (Operational)/Chief Social Work Officer</li> <li>• Executive Chief Officer (Health and Social Care)</li> </ul>	Highland Child Protection Guidelines
<b>2.5 Timescales</b>			
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	Highland will continue to work within the specified timescales unless staffing levels make this no longer possible. In these circumstances, agreement to extend timescales should be sought from Children's	Where staffing levels are significantly reduced, timescales may need to be reviewed.	Highland Child Protection Guidelines

<p>and circumstances, taking account of the need for prompt action to protect children. Many timescales are determined by the period between meetings.</p> <p>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.</p> <p>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 the child's plan.</p> <p>Only those Hearings required for the urgent and immediate protection of a child will take place during this period, and they will take place remotely. SCRA and Children's Hearings Scotland have issued a joint statement, including regarding contact directions in Compulsory Supervision Orders.</p>	<p>Service Manager/Principle Officer (Social Care)/Head of Children's Services (Operational)/Chief Social Work Officer as appropriate.</p> <p>In circumstances where timescales have not been achievable, this should be recorded.</p>		
<p>A child protection plan must set out the actions required to reduce risk for any child who is considered to be at risk of</p>	<p>No change to existing procedures.</p>		<p>Highland Child Protection Guidelines</p>

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.	<p>Child protection processes remain in place in relation to raising concerns, assessing risk and need particularly around domestic abuse, substance misuse and parental mental health. However, changes to service provision in response to COVID-19 may impact on assessment and planning processes.</p> <p>Women's Aid and RASASH are currently providing domestic abuse support for women and children across Highland.</p>	<p>CPC to liaise with Public Protection partners and other support services to ensure processes remain in place to support:</p> <ul style="list-style-type: none"> <li>• Parental access to substance misuse treatment and support services</li> <li>• Access to mental health support</li> <li>• Support for parents with learning disabilities</li> <li>• Help for families experiencing poverty</li> </ul> <p>Further details to follow</p>	
<b>2.6 Care and Risk Management (CARM) Process</b>			
Care and Risk Management processes are set out in the <a href="#">CARM Protocol</a> agreed through Highland Child Protection Committee to support young people who present a risk of serious harm through sexual offending and/or violence.	<p>Referrals to the Care and Risk Management process remain as previous. CARM meetings will take place virtually during this time. This will ensure assessment and planning processes remain in place to manage risk appropriately.</p> <p>Where a face-to-face contact is required, this should be agreed with a Manager and appropriate public health guidance followed.</p>		

	All plans should be recorded and information updated on Care First as per guidance.		
<b>2.7 Role of SCRA and Children's Hearings</b>			
<p>Only those hearings required for the urgent and immediate protection of a child/young person are taking place. All non-essential hearings have been cancelled and will be rescheduled at a later date where necessary.</p> <p>Children's hearings cannot take place in a hearings centre or other location under the current Government direction, so for at least the next 4 weeks there will not be any hearings taking place in our Hearing Centres.</p>	<p>SCRA are now operating hearings remotely using V-Scene technology. Until technology is fully functioning interim arrangements are being made to protect children by maintaining the legal status quo. Currently this involves scheduling virtual hearings with three Panel Members only, supported by the Reporter.</p> <p>By the week beginning 6th April SCRA hope to have plan in place that sets out locally how to enable the participation of some professionals, e.g. Social Workers, children's advocacy, legal representatives and Safeguarders, and how these professionals support the participation of families and children.</p> <p>SCRA are developing infrastructure that will allow a number of participants to take part in a virtual hearing including the participation of children and families and will work with partners to promote and facilitate this.</p>	This is a rapidly changing area that will require regular updates	SCRA
<b>2.8 Contact with Children and Essential Visits</b>			
As part of any child protection plan, the lead professional and/or others must always have sufficiently regular contact with the child and family. This should be	Given the current circumstances, explicit consideration should be given to who needs to have contact with the child or family, when and how often. For example,	Interim Child Protection Guidelines to be updated – During this period Social Work should have (at least) weekly contact with children and	

<p>informed by risk assessment and professional judgement, and the rationale for the level of contact should be documented.</p> <p>If a child or family member is in self-isolation or participating in shielding measures, 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 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. It may also be necessary to have face-to-face contact with others, such as members of the family. Further advice is available at:  <a href="https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/">https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/</a></p>	<p>temporary alternative education provision can continue to provide a safe environment for vulnerable children, including those at risk of harm.</p> <p>Discussion between Social Worker and Practice Lead/Children's Service Manager to identify which visits are essential based on level of risk identified. Where possible, contact should occur via video link (FaceTime/Skype/Zoom etc) or by telephone.</p> <p>Where essential visits are deemed necessary and no family members are experiencing symptoms of COVID-19, social distancing should be observed with a minimum of 2 metres between the Social Worker and family members. Social Worker should check that no-one in the house has signs of COVID-19 before proceeding to visit. Health hygiene measures of handwashing pre- and post- visit should be followed along with the use of alcohol hand gel where this is not possible. Personal Protective Equipment should also be used where appropriate.</p> <p>All placement visits must be logged on Care First with the method used clearly recorded. Where it has not been possible to complete a visit face to face and staff are concerned that the child's wellbeing has not been checked and satisfactory, concerns to be</p>	<p>young people on the Child Protection Register. Every second week the child or young person should be seen at the door, in the house or using ICT (FaceTime, Skype etc). Where this is not possible, reasons should be recorded on Care First and discussed with PL/CSM.</p> <p>NB: Care should be taken to ensure APPS are not able to share location information. Staff should seek advice if they are unsure about which APPS to use. A briefing note will be uploaded to <a href="http://www.hcpc.scot">www.hcpc.scot</a></p>	
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	escalated to Practice Lead (or if not available the Childrens Service Manager).		
<b>2.9 Child Protection Plans</b>			
Given that there will be more diverse approaches to communications and decision-making processes at this time with the likelihood of further changes as Covid-19 progresses, it is essential that the lead professional maintains an accurate and up to date child protection plan within the child's plan, and a clear chronology of all processes and key decisions. The current child's plan should always be available to the team around the child. All other practitioners should also ensure effective record keeping, including their own engagement in these processes, and with children and families.	Lead Professionals should ensure that Child's Plans are kept up to date along with information on Care First.  It is vital all records are kept updated and accessible to the service in case of staff absences.		Highland Child Protection Guidelines

### 3. Additional Social Work Services which may impact on child protection

Theme/Responsibility	Plans in Place - Mitigation and Contingency	Further Action Required/ Risks to be Noted	Cross Reference
<b>3.1 Out of Hours Social Work (OOH)</b>			
Out of Hours team is small with high levels of expertise in relation to child and adult protection, mental health and general social work processes. Reduction in staff available could cause major issues	OOH is an essential/key service and Highland Council will look to seek volunteers from within social work staff in adult and children's services who may assist on call commitment out of hours. Discussions taking	Staffing matrix completed in children's service and request made to NHS for similar support. Redeployment to OOH team may be required if team reduced in	OOH Contingency Plan

in terms of covering shifts and on call commitments.	place about enhancements for overtime hours.  Call divert operational to enable staff to work from home.	numbers and no volunteers available. No remote access to call-divert so would need resolved if office was no longer accessible.	
<b>3.2 Fostering and Adoption</b>			
<p>Providing the usual emotional and practical support for carers and adoptive parents will be challenging during this time, particularly in relation to placement breakdowns and preparing families for placement moves.</p> <p>Identifying suitable placements and moving children will require ongoing risk assessment for children/young people, families and staff.</p> <p>Children with life limiting/underlying health conditions will require additional precautions to be taken</p> <p>School closures may put extra pressure on families particularly where community activities are also unavailable to support children and families.</p>	<p>Offer telephone support initially</p> <p>Discuss with Team Manager/Resource Manager where any risks are identified</p> <p>If assessed as absolutely necessary arrange a home visit after checking that members of the household are well &amp; it is safe to do so, carry out social distancing as per the National guidelines and the necessary precautions to reduce risk of infections.</p> <p>Good communication between Fostering and Adoption Team and Family Teams is essential during this period so concerns are shared as soon as possible in order that risk can be managed</p> <p>Additional support offered to carers with regards to home schooling and possibility of 'day fostering' being considered.</p> <p>It may be necessary to fast track assessments of carers with appropriate skills who come forward to offer care for children in an emergency.</p>	<p>Staff, carers and/or children may become ill and emergency placement moves or additional support may be necessary.</p> <p>Emergency approvals may be required, and placement limits lifted for a period exceeding 28 days. Arrangements are in place for emergency approvals to be agreed by Agency Decision Maker.</p> <p>Referrals to Independent Foster Placements (IFPs) may be required &amp; out-with Highland Council area.</p> <p>Emergency procedures currently drafted including appropriate checks and balances (References, agency checks &amp; PVG).</p> <p>Legislation changes – practitioners/managers should seek support from Highland Council Legal Services if they are unsure about legal position.</p>	Fostering and Adoption Contingency Plan

<b>3.3 Kinship</b>			
Ensure kinship carers continue to receive support and that contact with child/young person is retained.	Make use of telephone/video calls to maintain contact with children and kinship carers. Kinship carers to be provided with helpline numbers should they require additional support. Emergency kinship care may also be required during this period.	Where children and families are placed out-with Highland and cannot be contacted, Social Work should make arrangements locally to request a welfare visit on behalf of Highland. Arrangements are in place for emergency approvals to be agreed by Agency Decision Maker. Legislation changes – practitioners/managers should seek support from Highland Council Legal Services if they are unsure about legal position.	
<b>3.4 Children in Residential Care</b>			
Whilst many young people in residential units will cope with lockdown arrangements, for others this will be difficult to understand or comply with. This can pose risks in relation to young people going missing for periods of time and/or risks to staff in residential settings. Staffing levels must be retained within residential units to manage some of these risks.	Heightened awareness about the risks of exploitation for young people who go missing for periods during lockdown Need to recognise and respond to risks to young people and staff within residential units. Enhanced support for staff required to ensure their safety and wellbeing is protected. Staff to be redeployed from other Council Services/High Life Highland to work in residential units and provide support for young people. LAC Health service to support young people where sickness is an issue	Young people may be supported to return home where possible and appropriate. Where young people become ill it may be necessary to find them a placement within the community rather than in the unit.	Residential Care Contingency Plan



	Education to link with care staff to ensure school work is provided and supported.		
<b>3.5 Children who are Looked After and Accommodated at home</b>			
During this period, this group are potentially more vulnerable due to long periods of time in the home with little outside support or alternative activities available.	<p>Given the current circumstances, explicit consideration should be given to who needs to have contact with the child or family, when and how often.</p> <p>Discussion between Social Worker and Practice Lead/Children's Service Manager to identify which visits are essential based on level of risk identified. Where possible, contact should occur via video link (FaceTime/Skype/Zoom etc) or by telephone. Children and young people should know how to contact their Lead Professional and who to contact if they are unable to reach them.</p> <p>Any visits must be logged on Care First with the method used clearly recorded. Where it has not been possible to complete a visit face to face and staff are concerned that the child's wellbeing has not been checked and satisfactory, concerns to be escalated to Practice Lead (or if not available the Childrens Service Manager).</p> <p>Health service to support vulnerable young people where sickness is an issue</p>		

	Education processes in place to ensure school work is provided and child/young person is supported.		
<b>3.6 Notification of Death of a Looked After Child</b>			
Local authorities have a duty to notify the Care Inspectorate of the death of a looked after child. The guidance on these regulations requires local authorities to submit a report and supporting documentation following notification of a death. The Care Inspectorate reviews the local authority's report to: <ul style="list-style-type: none"> <li>• examine the arrangements made for the child's welfare during the time they were looked after</li> <li>• assess whether action taken or not taken by the local authority may have contributed to the child's death</li> <li>• identify lessons that need to be drawn to the attention of the local authority that had responsibility for the child and/or other local authorities or statutory agencies.</li> </ul>	Procedures for notification of death of a looked after child or young person remain the same. This requirement also extends to young people receiving Through and Aftercare Services	Chief Social Work Officer/Head Of Operations (Social Work) to be notified of death immediately (same day).	<a href="https://www.careinspectorate.com/index.php/notifications">https://www.careinspectorate.com/index.php/notifications</a>
<b>3.7 Self Directed Support</b>			
It is recognised that some families are facing difficulties maintaining purchased services using direct payment with either deciding to stop personal assistants coming into the house or the community	Families can approach their worker to explore alternative spending options to provide support which will be assessed by the CSM locally. Employment of family	The SDS panel will resume duties of reviewing support packages from the end of this month.	

resources they purchased not operating during the lockdown.	<p>members, parents and guardians remains unlikely to be agreed.</p> <p>Direct payments agreed will continue with one proviso put in place temporarily.</p> <p>To prevent excessive build-up of finances in an SDS direct payment account, it has been decided to suspend direct payments for any account which has more than 2 months reserve. This will be reviewed regularly during the lockdown and payments will be reinstated once the account drops below the two-month level through agreed spending.</p> <p>Respite provision at Highland Council's centres continues to be available with day to day assessment of requirement and priority of need taking place. Families are advised to speak to their worker and or the centre which provides respite to discuss further.</p>		
<b>3.8 Criminal Justice</b>			
<p>The priority will be to manage the risk posed by the higher risk of harm offenders and the most vulnerable.</p> <p>Managers have been asked to identify these individuals and this will be kept under review. The intention is that these individuals will continue to be managed in accordance with National Standards, including face-to-face interviews although these should be kept to a minimum.</p>	<p><b>Caledonian Group</b> work suspended to allow core business to take place.</p> <p><b>MAPPA</b></p> <p>Due to the current situation with COVID-19 MAPPA Level 2 Reviews and/or Initial meetings in Highlands &amp; Islands will be conducted if possible through conference calls. Information sharing on a day-to-day basis should continue as normal and nothing in the proposed contingency arrangements is designed to alter this.</p>	<p>Agencies to be aware that programme is suspended for the time being – may need to be recorded/considered within assessment and planning processes for children.</p> <p>MAPPA – fortnightly bulletin to be sent to partners with process updates</p>	Criminal Justice Contingency Plan

<b>3.9 Mental Health Officers</b>			
Essential/statutory service provision only	Essential visits only to be undertaken. All other contacts to be made by telephone/video link methods No non-statutory visits can be undertaken to ensure capacity to respond to emergencies		Mental Health Officer Contingency Plan

#### 4. Ongoing Support for Children, Young People and Families

Theme/Responsibility	Plans in Place - Mitigation and Contingency	Further Action Required/ Risks to be Noted	Cross Reference
<b>4.1 Provision of welfare support</b>			
Provision of help and support for families identified as vulnerable and requiring assistance with food, deliveries etc.	Provision of vouchers for Free School Meals Support for vulnerable groups and families e.g. provision of food, deliveries etc through Humanitarian Aid Centres Provision of support for vulnerable children and children with additional support needs – to be established through Childcare Hubs Provision of Highland Council Helpline to support identification of vulnerable children, young people and families within communities		Welfare Group, Highland Council
<b>4.2 Provision of Throughcare and Aftercare Support</b>			
It is essential that communication with young people is maintained at this time. Who Cares? Scotland offer a range of 1-1 and group supports which all care experienced young people are encouraged to use.	The Highland Who Cares? Scotland team have contacted young people already known to them. Team can provide a range of one-to-one and group support, advice and guidance including access to financial support.  Referrals for service through:	Agencies working with care experienced young people who need support can contact Who Cares? directly to establish what can be provided.	

	<a href="https://www.whocaresscotland.org/get-involved/get-advocacy/">https://www.whocaresscotland.org/get-involved/get-advocacy/</a>  The Advocacy and Support team can also be contacted directly.  CHAMPS groups continue to provide support virtually through group activities, events and discussions. To discuss activities or to access group support for young people who are care experienced contact: <a href="mailto:lgraham@whocaresscotland.org">lgraham@whocaresscotland.org</a>		
<b>4.3 Intensive Support and Supervision Service</b>			
Action for Children – Intensive Support and Supervision Service	Action for Children are continuing to provide support to young people through the Intensive Support and Supervision Service until advised otherwise by Social Work or risk to project staff becomes too high.	Reduction in direct contact within Social Work may also impact on delivery of Action for Children's service. Risk to be continually monitored.	

## 5. Competent and Confident Workforce

Theme/Responsibility	Plans in Place - Mitigation and Contingency	Further Action Required/ Risks to be Noted	Cross Reference
<b>5.1 Provision of learning and development</b>			
Agencies need to ensure that staff are supported to carry out duties in a competent and confident manner.	In the current climate, staff may be redeployed into new roles at short notice. Agencies should ensure that where this involves contact with children and families, staff have access to advice and support as well as appropriate	CPC to ensure staff have access to online learning through Care and Learning Alliance e-modules	<a href="http://www.hcpc.scot">www.hcpc.scot</a>

	training opportunities to help them undertake their roles and responsibilities.	Child Protection Induction pack to be developed and made available on <a href="http://www.hcpc.scot">www.hcpc.scot</a> CPC to ensure resources, policies and guidance documents to support practice are available on <a href="http://www.hcpc.scot">www.hcpc.scot</a>	
<b>5.2 Provision of supervision and support</b>			
Staff are likely to be responding to challenges above and beyond their 'normal' workloads. In addition, staff may be redeployed into new roles which are challenging physically and/or emotionally. It is vital that all staff continue to receive support and supervision from agencies throughout this period.	All agencies have committed to continued support for staff including supervision via Skype, FaceTime etc or via telephone.	Managers are asked to ensure all staff know who to contact for advice and support with contingency plans if these are not available	

## 6. Child Protection Committee Core Business

Theme/Responsibility	Plans in Place - Mitigation and Contingency	Further Action Required/ Risks to be Noted	Cross Reference
<b>6.1 Initial and Significant Case Reviews</b>			
Whilst it is recognised this is a challenging time for services, the Child Protection Committee has a responsibility to ensure that child protection issues are responded to appropriately. Processes for undertaking initial and/or significant case	Any constituent agency of the Child Protection Committee can request an ICR is undertaken using the agreed process.	Mandated Sub-Group meetings to take place virtually. Initial findings may be gathered through electronic and paper records rather than direct	

reviews remain in place although it is acknowledged that timescales and processes may have to be extended.		conversations with staff and family members. Requests for ICR should go to: <a href="mailto:Donna.Munro@highland.gov.uk">Donna.Munro@highland.gov.uk</a> and <a href="mailto:Karen.Ralston@highland.gov.uk">Karen.Ralston@highland.gov.uk</a> with a copy being sent to: <a href="mailto:CP.Training@highland.gov.uk">CP.Training@highland.gov.uk</a>	
<b>6.2 Supporting Practice</b>			
The Child Protection Committee will ensure agencies are provided with procedures and guidelines required or arising as a result of COVID-19. This includes updated Child Protection Guidelines and monitoring and updating the COVID-19 Action Plan. In addition, the Child Protection Committee will continue to provide learning and development support for agencies during this period.	COVID-19 Action Plan developed – to be a live document Highland Child Protection Guidelines – Interim Measures – produced and available at <a href="http://www.hcpc.scot">www.hcpc.scot</a> Learning and Development Plan to be developed with associated learning materials made available through <a href="http://www.hcpc.scot">www.hcpc.scot</a> and the Care and Learning Alliance (CALA)	All agencies to make staff aware of updated and interim Child Protection Guidelines	
<b>6.3 Quality Assurance</b>			
There will be no formal audits undertaken during this period. However, the Child Protection Committee has a responsibility to ensure the quality of work undertaken meets the needs of children, young people and families. Agencies are required to ensure there are processes in place to maintain appropriate checks and balances in relation to child protection practice.	Managers/Supervisors to have overview of caseloads particularly those with identified risks and/or vulnerabilities – regular review of cases required Managers/Supervisors to ensure that all practice is recorded and where there is deviation from normal procedures, the reason for this is also recorded	Agencies are asked to ensure Managers/Supervisors are clear about roles and responsibilities for ensuring support/ supervision continues and accurate recording is paramount during this period	

6.4 Leadership			
The Public Protection Chief Officer Group will continue to meet throughout COVID-19 to consider issues relating to children, young people and families. Ultimately, Chief Officers will seek assurance from statutory agencies and the wider Committee that the safety and wellbeing of children and young people remains paramount. Practitioners must be supported to use professional judgement to carry out their roles and responsibilities in a safe manner for all.	<p>Child Protection Committees are required to keep Chief Officers updated about agency plans, contingency arrangements and any practice issues arising during COVID-19.</p> <p>This action plan will remain live and be updated regularly to reflect current practice issues relating to child protection.</p> <p>A detailed tracking table will be established to ensure outstanding tasks are undertaken to continue to provide clarity for services and agencies working with children, young people and families at this time.</p>	CPC Lead Officer to develop COVID-19 Action Tracking table detailing tasks to be undertaken, allocated staff and clear timescales. This will be monitored and reported to Chief Officers on a regular basis.	