



F/T: 0300 244 4000
E: dfmcse@gov.scot

Chief Executives of Local Authorities
Chief Executives of NHS Boards
Police Scotland Divisional Commanders
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Child Health Commissioners
Coalition of Care and Support Providers in Scotland
Care Inspectorate
Education Scotland
Health Improvement Scotland
Her Majesty's Inspectorate of Constabulary

Copy to: Key professional groups

31 March 2020

Dear Colleague

CORONAVIRUS (COVID-19) SUPPLEMENTARY NATIONAL CHILD PROTECTION GUIDANCE

We write at a time of great challenge, when leaders, managers and practitioners across children's services are dealing with unprecedented circumstances as a result of Covid-19. We want to thank you for your work in preparing and responding to the pandemic and very much value your leadership at this exceptional time.

We are likely to see a rise in child protection concerns and child protection caseloads due to the impacts of the pandemic on families and wider society. New stresses arising from Early Learning and Childcare, school and business closures, family confinement and isolation alongside physical and psychological health impacts, could be a trigger for abuse and neglect. High stress home environments will increase the likelihood of domestic abuse. We must also be alert to signs that individuals or groups are using the pandemic as an opportunity for criminal or sexual exploitation of children. This is occurring at a time when children will be less visible to a range of professionals who are normally engaged with them and when services and practitioners working with children are under acute pressure.

The rights of children do not alter during this pandemic, and nor do professional responsibilities in relation to child protection. We know that leaders responsible for the protection of children locally, have already made and continue to make, complex decisions about managing risk within the dynamic context of their evolving

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responses. The protection of children must continue to be prioritised during this period.

We attach Covid-19 guidance which supplements the National Guidance for Child Protection in Scotland 2014 and is intended to support the leadership already being demonstrated in this area. It has been developed in response to the issues identified by local partnerships and is provided for Chief Officers, professional leaders in children's services and Child Protection Committees, who should ensure it is taken account of within their partnerships.

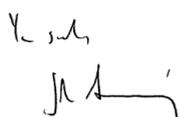
The guidance reflects that child protection is part of a continuum of collaborative responsibilities upon agencies working with children. This critical area continues to require good professional judgement, based on assessment and evidence, informed by the perspectives of the team around the child, including the child and family. The guidance provides advice about streamlining current processes to take account of current challenges without compromising actions to protect children, and notes the critical role of Chief Officers in demonstrating collective leadership in the current situation.

This guidance will be published on the Scottish Government website at <https://www.gov.scot/publications/coronavirus-covid-19-supplementary-national-child-protection-guidance>. It will be kept under review and updated as necessary as the pandemic develops in discussion with stakeholders. We would welcome continued dialogue with you, particularly in relation to further issues that may emerge, to assist us identify where additional actions or support may be needed. Please get in touch by email at Child_Protection@gov.scot

We know that a range of innovative practice is already emerging across local areas and professional networks are encouraged to share their developing approaches. Examples of local Covid-19 operational guidance are available on the Social Work Scotland website at <https://socialworkscotland.org/latest-updates-on-covid-19/> and the Covid-19 protection and safeguarding plans of a number of areas are also accessible to Directors of Education and Children's Services through the ADES website. We do not underestimate the scale of the challenge at the current time, and would like to reiterate that support is on offer from the Scottish Government and national agencies to local areas if needed.

Lastly, you will be aware that the Scottish Government had planned to launch a public consultation on updated National Child Protection Guidance next month. This is clearly now not possible, but we are still considering publishing the new draft guidance in coming weeks, in order to share thinking about best practice, and as a prelude to subsequent consultation.

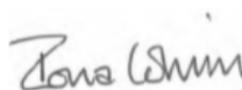
These are unprecedented times, but good professional judgement and good practice will help keep Scotland's children safe.



JOHN SWINNEY



Catherine Calderwood
Chief Medical Officer



Iona Colvin
Chief Social Work Adviser



Fiona McQueen
Chief Nursing Officer

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Version	Published	Summary of Changes
v 1.0	31/3/2020	
v 1.1	16/4/2020	<ul style="list-style-type: none"> • Paragraph 21: Social Care Assessments • Paragraph 24: Arrangements for Joint Paediatric/Forensic Medical Examinations • Paragraph 26: Child assessment and Child protection orders • Paragraph 27: Compulsory supervision orders, secure care and place of safety placements • Paragraph 33: Aspects of the organisation of Children's Hearings • Paragraph 45: Home visits • Paragraphs 46-48: Engagement with children and families who are self-isolating or shielding a child or carer • Updated references

Coronavirus (COVID-19): Supplementary National Child Protection Guidance for Chief Officers and Child Protection Committees

Purpose

1. This document provides supplementary guidance on child protection measures in relation to the current 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. It is therefore necessary to consider how we streamline service delivery and management processes, without compromising our actions to protect children.
5. It is also likely that the vulnerability of some children will increase 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. With people staying at home, we might expect increased incidence of domestic abuse. Children may be 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.
6. Local Child Protection Committees are already 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, as has already been undertaken in a number of partnerships. ADES and Social Work Scotland can provide examples of these communicationsⁱⁱ.
7. It may be that CPCs should consider and adopt streamlined governance mechanisms to support continuing effective decision making during the pandemic.
8. 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.
9. 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.

10. All Chief Officers should ensure that child protection services continue to be adequately resourced. Albeit agencies will face many increasing demands in coming months, the protection of children has to remain an overriding priority.

Self-care, support and supervision of staff

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

12. 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.

13. 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

14. 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

15. 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

16. 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

17. 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.

18. 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.

19. 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

20. 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.

21. 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 emergency legislation and described in the guidance: Coronavirus (COVID 19): Changes to Social Care Assessments¹.

22. 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. When direct contact is essential, public health advice on social distancing, shielding or personal protective equipment must be followed (see also sections below).

23. 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.

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

25. 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

26. 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

27. 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

28. 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.

29. 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.

30. 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.

31. 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

32. 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.

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

34. 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.

35. 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.

36. 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 Ordersⁱ.

i. Child Protection Register

37. 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.

38. 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.

39. 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.
40. 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

41. 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.
42. 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.
43. 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. This should be informed by risk assessment and professional judgement, and the rationale for the level of contact should be documented.
44. 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, schools and temporary alternative provision can continue to provide a safe environment for vulnerable children, including those at risk of harm.
45. In some situations, direct contact may be essential. When this entails a home visit, such visits should be risk assessed and planned in advance, taking account of public health guidanceⁱⁱⁱ.

k. Engagement with children and families who are self-isolating or shielding a child or carer

46. Public health guidance on shielding^{iv} states that other household members do not need to shield. In the event of a child living in a home where an adult is shielding, practitioners should be able to see the child. If a shielding child needs to be seen, medical advice should be sought.
47. 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.

48. 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.

I. Child's Plan and other records

49. 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.

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

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

Conclusion

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

53. 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): changes to social care assessments 8.04.20
<https://www.gov.scot/publications/coronavirus-covid-19-changes-social-care-assessments/>
- 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>
- 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.
See 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-or-community-care-and-residential-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

- <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-shielding>