



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

| Supplementary National Guidance  | Aberdeen City CPC response  |
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| <b>Purpose</b>   |   |
| <p>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.</p>   | <p>This document outlines how Aberdeen City CPC have already, or intend to, take account of the Supplementary National Child Protection Guidance</p>  |
| <p>2. This supplementary guidance should be read alongside associated information that has been published in response to the outbreak. It may be updated as the pandemic develops.</p>   | <p>Similarly, local information will continue to respond to emerging information</p>  |
| <b>Child Protection during the Covid-19 outbreak</b>   |   |
| <p>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.</p>  | <p>In place. No change for practice in Aberdeen City.</p>   |
| <p>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.</p>   | <p>In place. Streamlining service delivery and management processes is ongoing throughout agencies and services in Aberdeen City.</p>   |
| <p>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.</p> | <p>These concerns are shared in Aberdeen City particularly as children are not being seen in school, nursery or in community settings.</p> <p>We are mitigating these concerns in a range of ways, such as:</p> <ul style="list-style-type: none"> <li>• Public and targeted messaging</li> <li>• Prioritisation across agencies of children at risk of significant harm 7 commitment to child protection</li> <li>• RAG rating of vulnerability of every child in CSW- updated weekly</li> <li>• Collaboration of LAC Nurse and CSW</li> <li>• Education and CSW collaboration on identification of vulnerable learners</li> </ul> |

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|   | <ul style="list-style-type: none"> <li>• Use of Google classroom to maintain engagement and support of children</li> <li>• Monitoring for missing children</li> <li>• Gathering and review of data weekly to consider referral sources and themes</li> <li>• Targeted interventions</li> <li>• Hubs for vulnerable learners and those with complex health needs</li> <li>• Weekly meeting CSW and 3<sup>rd</sup> Sector to coordinate responses</li> <li>• Police direct approach to families at high risk of domestic abuse</li> </ul> <p>This is a developing and not definitive list.</p>  |
| <p>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 communications:ii.</p> | <p>Children’s Social Work has issued a Contingency Arrangements Briefing for child care and protection (updated on 03 04 20) and NHS Grampian has issued Public Protection Key Messages 24 03 20 and Revised Medical Pathways- see embedded documents below.</p> <p>Education colleagues have issued revised guidance to head teachers which is applicable more widely. The current version (Operational Guidance) is attached but it was agreed by the CPC on 06 04 20 that this should be revised for the broader multi agency audience and will be launched on Thursday 9 April.</p> <div style="text-align: center;">  <p>COVID 19 Public Protection Key Messages</p>  <p>Briefing Child Care and Protection Responses</p>  <p>CHILD PROTECTION MEDICAL COVID FLOWCHART</p>  <p>Operational Guidance for Practitioners</p> </div> <p>All up-to-date versions of these documents will be available on the aberdeengettingitright webpages so accessible to all agencies.</p> |
| <p>7. It may be that CPCs should consider and adopt streamlined governance mechanisms to support continuing effective decision making during the pandemic.</p>  | <p>The CPC agreed at its extraordinary meeting on 06 04 20, that the Chair and Vice Chair be enabled, where they deem it necessary, to agree any CPC issues without the need to call a CPC meeting during this crisis. In relation other emerging issues, the CPC will meet digitally on at least a monthly basis.</p>  |

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| <p>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.</p>  | <p>In place</p>   |
| <p>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.</p>   | <p>COG and CPC multi agency meetings to continue</p>  |
| <p>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.</p>   | <p>Resource issues to be flagged to COG where required</p>  |
| <p><b>Self-care, support and supervision of staff</b></p>  |   |
| <p>11. The support and supervision of practitioners is always important, but it is particularly so in these challenging times.</p>   | <p>In place</p>   |
| <p>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.</p>  | <p>In place<br/>To be reinforced by CPC and COG</p>   |
| <p>13. It is recognised that management support and direction may need to include new and innovative approaches, but we should ensure that:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Agencies continue to take measures to ensure accountability for staff practice.</li> <li><input type="checkbox"/> Practice in individual case work, continues to be monitored and reflected on.</li> <li><input type="checkbox"/> The wellbeing of staff is a constant feature of local management processes.</li> </ul> | <p>In place<br/>To be reinforced by CPC and COG</p> <ul style="list-style-type: none"> <li>• Agencies have confirmed the continuation of their Supervision procedures</li> <li>• Good on-going multi-agency communication</li> <li>• Monthly CPC meetings and emergency COG meetings</li> <li>• Weekly evaluation of children most at risk by agencies</li> </ul> |
| <p><b>Enhancements to processes</b></p>  |   |
| <p>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.</p>   | <p>See embedded documents at para 6 above. These were endorsed as applicable across the multi-agency partnership by the CPC at its meeting on 06 04 20. These, and any updates, will be available on the gettingitrightwebsite</p>  |
| <p>a. Named person or point of contact</p> <p>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</p>   | <p>In place:</p> <ul style="list-style-type: none"> <li>• ACC Crisis helpline</li> <li>• Psychological Resilience Hub</li> <li>• Grampian Hub</li> <li>• Virtual School helpline</li> <li>• Gettingitright website</li> </ul>   |

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| <p>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.</p>  | <ul style="list-style-type: none"> <li>• Usual CP contact numbers</li> <li>• Emergency Support Forum</li> <li>• Staged Intervention Framework</li> </ul>  <p>IC&amp;FS Staged Intervention Framework</p> |
| <p>b. Information Sharing</p> <p>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.</p>  | <p>In place. No change for practice in Aberdeen City.</p>   |
| <p>c. Inter-agency referral discussion</p> <p>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.</p> | <p>In place. No change for practice in Aberdeen City.</p>   |
| <p>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.</p>                    | <p>In place. No change for practice in Aberdeen City.</p>   |
| <p>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.</p>   | <p>In place. No change for practice in Aberdeen City.</p>   |
| <p>d. Investigation and assessment</p> <p>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.</p>   | <p>In place. No change for practice in Aberdeen City.</p>   |
| <p>21. 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</p>                       | <p>Risk assessment procedures re direct contact are in place across all agencies, with an emphasis on adherence to public health advice.</p> <p>To be reinforced by CPC and COG</p> <p>Current guidance embedded here</p>   |

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| <p>be followed (see also section on contact with families who are self-isolating).</p>  | <br>CNO CMO letter PPE guidance COVID-19 -            |
| <p>22. 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.</p>   | <p>In place. No change for practice in Aberdeen City.</p>  |
| <p>23. 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.</p>   | <p>In place. No change for practice in Aberdeen City.</p>  |
| <p>24. 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.</p>  | <p>In place.<br/>Contingency Arrangements Briefing (updated 03 04 20) refers</p>   |
| <p>e. Child Protection Planning Meetings</p> <p>25. 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.</p>   | <p>In place.<br/>Contingency Arrangements Briefing (updated 03 04 20) refers</p>   |
| <p>26. 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.</p>                    | <p>In place.<br/>Contingency Arrangements Briefing (updated 03 04 20) refers</p>   |
| <p>27. It remains critical, that:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Decision-making about child protection planning is informed by relevant stakeholders, including the child and family.</li> <li><input type="checkbox"/> The lead professional continues to co-ordinate the assessment and plan, and ensures actions are followed though, and communicated effectively with all members of the team around the child.</li> </ul> | <p>In place. No change for practice in Aberdeen City and reinforced in Contingency Arrangements Briefing (updated 03 04 20) refers</p> |
| <p>28. 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</p>   | <p>In place. No change for practice in Aberdeen City.<br/><br/>The SCR sub committee will continue to receive referrals.</p>           |

they feel that this has not been properly considered in the child planning process.

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| <p>f. Timescales</p> <p>29. 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.</p>  | <p>We aim to adhere to timescales and do not propose any change here. Noted that flexibility may be required as crisis continues.</p>   |
| <p>30. 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.</p>   | <p>In place.<br/>Contingency Arrangements Briefing (updated 03 04 20) refers</p>  |
| <p>31. 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>SCRA statement refers:</p>  <p>Joint Statement to<br/>ACs and LRMs for He:</p>  |
| <p>32. 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>SCRA statement refers:</p>  <p>Joint Statement to<br/>ACs and LRMs for He:</p>  |
| <p>g. Child Protection Register</p> <p>33. 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.</p>   | <p>In place. No change for practice in Aberdeen City.</p>   |
| <p>34. 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.</p> | <p>Proposals to review the IRD process were put to the extraordinary CPC on 06 04 20 and are in course of consideration by agencies. When finalised these will be inserted into a revised Contingency Arrangements Briefing</p> |
| <p>35. 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</p>   | <p>Agreed. The same child protection thresholds and standards apply.</p>  |

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| <p>suffered or will suffer significant harm from abuse or neglect, and that a child protection plan is needed to protect and support the child.</p>   |  |
| <p>36. 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.</p>  | <p>Adjustment made to the Contingency Briefing on 03 04 20 to take account of de-registration</p>  |
| <p>h. Keeping children safe</p> <p>37. 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.</p>  | <p>In place. No change for practice in Aberdeen City.</p>  |
| <p>38. 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> | <p>Agencies are anticipating and responding to emerging issues on continuous basis. Multi agency sharing of information electronically and through proposed monthly CPC meetings.</p>  |
| <p>39. 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.</p>  | <p>In place.<br/>Contingency Arrangements Briefing (updated 03 04 20) refers</p>   |
| <p>40. 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.</p>   | <p>Agencies are alert to the need to keep eyes on the most vulnerable. Learning hubs for the most vulnerable are in place. Health Visiting in child protection circumstances is to continue. Children's Social Work continue to make home visits in cases of acute concern. Other and creative ways of maintaining contact are utilised.</p> |
| <p>i. Engagement with children and families who are self-isolating or shielding a child or carer</p> <p>41. If a child or family member is in self-isolation or participating in shielding measures<sup>iii</sup>, practitioners should ascertain if the individual has symptoms prior to direct contact. It may become</p>   | <p>In place.<br/>Contingency Arrangements Briefing (updated 03 04 20) refers<br/>Public Protection Key Messages 24 03 20 refers</p>  |

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| 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.   |  |
| 42. 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. The document 'Covid-19: Information and Guidance for Social or Community Care & Residential Settings' sets out guidance for such engagement, including the use of Personal Protective Equipment (PPE) <sup>iv</sup> . | In place.<br>Contingency Arrangements Briefing (updated 03 04 20) refers<br>Public Protection Key Messages 24 03 20 refers   |
| j. Child's Plan and other records<br><br>43. 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.   | In place. No change for practice in Aberdeen City. However, this is reinforced in the Contingency Arrangements Briefing and in the multi-agency Operational Guidance for Practitioners. As staffing levels may be challenged, up-to-date recording is crucial. |
| 44. The current child's plan should always be available to the team around the child  | In place. No change for practice in Aberdeen City. The child's plan is shared with agencies and is always available through Lead Professional.   |
| 45. All other practitioners should also ensure effective record keeping, including their own engagement in these processes, and with children and families.   | In place. No change for practice in Aberdeen City.   |
| <b>Conclusion</b>   |  |
| 46. These are unprecedented times, but good professional judgement and good practice will help keep Scotland's children safe.   | Endorsed by Aberdeen City CPC and Chief Officer Group  |

Kymme Fraser, Service Manager, ACC  
03 April 2020  
Revised following extraordinary CPC on 06 April 2020