Coronavirus (COVID-19):

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

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

Purpose

1. This updated document provides supplementary guidance on child protection during the COVID-19 pandemic. It is provided for all involved in protecting children in Scotland and should be read in conjunction with the National Guidance for Child Protection in Scotland 2021. This version replaces the COVID-19 supplementary guidance last updated on 22 December 2020.

Context

2. The Scottish Government published Scotland's Strategic Framework update on 16 November 2021. This update reaffirms our overarching strategic intent:

   'to suppress the virus to a level consistent with alleviating its harms while we recover and rebuild for a better future'.

3. Current projections due to the emergence of the Omicron variant indicate that the workforces across Scotland are likely to be significantly impacted by the rising case numbers, increasing staff absence due to self-isolation and COVID-19 infections. This guidance should be considered in relation to the local context and alongside Test and Protect, Infection Prevention and Control and vaccination national guidance and the range of issue/sector specific guidance referenced at the end of this document.

4. Due to the increased periods of uncertainty, pressure and instability for some families, child protection has been emphasised as critical service delivery, alongside core health services such as mental health (perinatal and infant mental health), poverty, substance misuse, and breastfeeding.

5. The Director for Mental Wellbeing and Social Care's letter of 10 December to Chief Officers and Chief Executives provides guidance on self-isolation arrangements for social care staff, including the circumstances under which staff are exempted from the requirement to self-isolate. Social work frontline and front facing practitioners across adults, children's and justice services who are required to continue to undertake visits and provide support (including for example social work assistants/family support/residential childcare staff) are included within the wider

definition of health and social care staff and arrangements detailed in this letter.

Child protection during the pandemic

6. Child protection is part of a continuum of collaborative responsibilities upon agencies working with children, which begins pre-birth. 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. In all cases, these considerations should determine the level of support required to keep children, young people and their families' safe and well during this time.

7. Family confinement and isolation alongside physical and psychological health impacts expose some children and young people to increased risks at home and online. Children, young people and their families have less access to informal and formal supports, and safe spaces outside of households; stress in families is likely to increase with less relational supports, alongside challenges of dealing with financial pressures.

8. We have seen an increase in complexity of need in some families, and new need arising in families that would previously have managed well with limited support. We know that some children and young people rely upon the care and protection provided by early learning centres, schools and other educational settings. The loss of contact due to COVID-19 restrictions and periods of isolation can lead to increased vulnerability for some children and in the most serious of cases, direct harm.

9. COVID-19 has also accentuated risks for many women and children experiencing or recovering from domestic abuse and other forms of gender based violence. We have seen a rise in the proportion of children and young people being placed on the child protection register due to domestic abuse during the pandemic.

10. Chief Officer Groups oversee local public protection arrangements and the assessment and response to risk, vulnerability and protection across the 32 local partnership areas. Despite the unprecedented challenges during the early weeks of the pandemic, partnerships quickly adapted and re-prioritised local child protection processes. Practitioners adapted to different and flexible ways of working and continued to support children, young people and families in a range of ways, prioritising face to face visits using professional judgement, risk assessment and management protocols. A range of innovative practice has

developed with effective collaboration has across education, health, social work, policing and the third sector.

11. Local Child Protection Committees have continued to provide governance of local child protection responses, streamlining ways of working where required, and have supported local workforces in making the necessary changes and adaptations to local processes.

12. **The rights of children have not altered during the pandemic, nor have professional responsibilities in relation to child protection. Risk assessment is not static and the interaction of factors can shift and become more or less severe. This is likely to be amplified by the pandemic. The process of identifying and managing risk must therefore also be dynamic and responsive, taking account of both current and previous experience.**

13. **At a time of unprecedented pressures, clear ownership and accountability by Chief Officers continues to be required to ensure that protecting children at risk of harm remains a priority within and across agencies.**

14. Chief Officers' collective leadership and collaborative decision-making remain fundamental to prompt, safe and functional continued adaptation. Any changes to assessment and planning processes and the way services work together must be agreed and understood by all partners. Effective and inclusive communications and partnership working will assist in understanding the potential of increased referrals on services which may result through reduced risk tolerance levels.

15. Chief Officers should continue to ensure that contingency plans are in place to review adverse circumstances, associated impact and risk in relation to essential functioning of child protection arrangements across services, including levels of vacancies and absences of key personnel.

Domestic abuse

16. In communities across Scotland, women, children and young people experiencing violence against women and girls have faced heightened risks during the pandemic. Interacting causes include: movement restrictions; reduced access to professional and social support; financial dependencies deepened by the economic impact of COVID-19; and the intensification of coercive control by perpetrators. In this context contact arrangements for children

whose parents are separated can be exploited as part of a pattern of abusive control.

17. Agencies and practitioners working with children and families should maintain and develop their awareness of the dynamics of coercive control, ensure that they prioritise the needs of the non-offending parent and their children, continue to apply the approach outlined in Equally Safe: Scotland's Strategy to Prevent and Eradicate Violence Against Women and Girls and continue to take appropriate measures to ensure the protection of women and their children.

18. Agencies and practitioners should seek to work closely with their local specialist services (for example Women's Aid) and engage with their local violence against women partnership. The National Guidance for Child Protection in Scotland 2021 includes further advice and key practice considerations in relation to supporting and protecting children experiencing domestic abuse.

19. The Coronavirus (COVID-19) Supplementary National Violence Against Women (VAWG) Guidance provides guidance and potential mitigating actions.

Self-care, support and supervision of staff

20. Support and supervision for practitioners involved in child protection work, regardless of professional role, is critical but it is particularly so in these challenging times.

21. All practitioners involved in child protection should ensure that whatever the urgency of each situation, they follow guidance on protecting their own health.

22. While innovation is necessary and welcome, continued systems of accountability for practice must be in place; alongside appropriate supervision and support for the wellbeing of staff.

The role of early learning and childcare and schools

23. Early learning and childcare services and schools provide safe spaces for children and young people. Staff working in these services are often best placed to identify children and young people in need of support and/or protection. This role includes but is not limited to:

- Routinely following up on non-attendance or non-engagement with remote learning in liaison, where relevant, with social work/third sector staff.
- Sharing information, where relevant, with the police or social work when contact has not been possible or where concerns have increased.
- Regularly reviewing the support needs of children and young people with known vulnerabilities and ensuring that all staff are aware of the possibility of hidden harm.

24. Some children will already have known vulnerabilities and multi-agency care plans or Child Protection Plans in place. The impact of restrictions and isolation is highly likely to exacerbate existing vulnerabilities. The level of support required may increase as a result and should be considered as part of ongoing care planning.

25. Absences of children where there are known vulnerabilities should be closely monitored. Direct contact should be made when a child is absent from school. An assessment of the child's circumstances, involving other relevant agencies (such as social work) should be undertaken to establish if a home visit is required and if the child's care plan should be reviewed and updated.

26. New concerns may emerge about any child and all concerns about actual or risk of significant harm should be reported to police and/or social work immediately.

The role of health

27. All healthcare professionals have a role in protecting children and young people at risk (including unborn children) and all regulated staff in NHS Boards and services have professional duties to protect children and young people.

28. From the outset of the pandemic, community health services for children have been identified as essential services to provide universal and targeted care and protection for babies, children, young people and families.

29. On 18 November 2021, the Chief Nursing Officer and Director for Children and Families wrote to NHS Boards and partners highlighting the importance of universal and targeted health services for children and families. In this communication it was noted that, unlike other parts of the UK, Scotland has had the capacity for universal and targeted health services to continue to respond to need throughout the pandemic. These services are key

to protecting children from harm and mitigating increased vulnerabilities and risk.

30. Updated National clinical guidance for community health services published on 17 December 2021 sets out the critical role of health visitors, family nurses, school nurses, infant feeding teams and their wider support staff in providing care to all babies, young children and their families, proportionate to need, and for any deployment to be carefully considered.

31. While recognising the significant pressures across NHS services, the local clinical leadership of child protection must be protected to ensure that clinical and multi-agency staff and contractors have access to specialist advice and support during this period of heightened risk.

Adaptations and changes/areas where existing practice and processes should remain unchanged

32. A range of adaptations and changes have, and continue to be made, to ensure continuity of child protection processes. The following paragraphs set out guiding principles for service change and adaptation and note where existing practice and processes should remain in place.

a. Named person or point of contact

33. Early support within the family continues to be the most effective protection for children and young people. We have learned from previous lockdowns that children are significantly adversely affected across all social groups. The impact on children with complex needs can be increasingly profound, making them additionally vulnerable. Direct home contact will be essential in ensuring robust assessment at early stages in order to support children and their families as well as prevent an escalation in risk caused by lack of support when families are faced with such challenging times. The particular role of key health professionals including midwifery, health visiting and family and school nurses, as well as family support services, are essential services in supporting families and identifying risk and neglect.

34. The ongoing support of a named person or first point of contact is essential. 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. It is recognised that even in early intervention stages, an assessment will be required in order to ensure that the best method

of contact is made, there should not be an assumption that telephone or virtual contact is sufficient and instead methods of contact should be considered in the interests of the individual child or young person and the specific concern raised. This will require multi-agency informed assessment and professional judgement. Whilst the risk of infection should always be considered, the use of PPE and recommended infection control methods should be used to mitigate the risk to staff whilst ensuring that all children that need to be seen, can be seen, safely. Please refer to Infection Prevention and Control guidance and COVID-19 Safe and ethical social work guidance for further advice**.**

b. Information sharing

35. 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. The National Guidance for Child Protection in Scotland 2021 provides additional guidance on information sharing.

c. Inter-agency Referral Discussion

36. 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.

37. The IRD does not need to involve face-to-face meetings, and e-IRD, secure email, phone and online options 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.

38. 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

39. When, following an IRD, a child protection investigation is required, the child's immediate experience and needs must be ascertained. Direct contact with the child and an understanding of their living environment remains essential. Guidance on safe and

ethical contact for social workers outlines how this can be managed safely.

40. Where the IRD leads to a decision to undertake a medical examination, health colleagues should continue to ensure that this is carried out in a clinically and forensically appropriate time scale.

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

42. 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 physical distancing and the emotional impact this may have.

g. Child Protection Planning Meetings

43. The National Guidance for Child Protection in Scotland 2021 renamed Child Protection Case Conferences (CPCCs) as Child Protection Planning Meetings (CPPMs), allowing families to clearly understand the purpose of the meeting.

44. In the current circumstances it is essential that consideration is given to where a CPPM should take place. It will not often be possible for CPPMs to take place with all of the relevant parties meeting in the same venue at the same time. Technological solutions during lockdowns have allowed for teleconference solutions which should continue where appropriate. Situations that may not be appropriate may include domestic abuse situations, where there is a need to ensure perpetrators of abuse are not privy to victim information or where there is likely to be a high level of distress caused by particular discussion or significant decisions. It is also the case that some disabilities may prevent meaningful engagement that is not face to face. In such cases, consideration of ensuring only core participants are brought together is essential.

45. 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.

46. It remains critical, that:

- Decision-making about child protection planning is informed by relevant parties, 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.

47. Child Protection Committees should ensure that procedures 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

48. 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.

49. Many timescales are determined by the period between meetings. Ongoing, high quality liaison between practitioners, carefully documented and with key aspects included in an updated child's plan, will lessen the need to keep to strict timescales for meetings.

i. Child Protection Register

50. 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.

51. 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, with due preparation and support for family participants, it has often proven feasible and effective to hold virtual child protection planning meetings. There are situations in which this decision has had 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.

52. 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.

53. It may be the case that workforce pressures, COVID restrictions and increasing demand have an impact on meeting schedules. Review Child Protection Planning Meetings (RCPPM) remain essential. If the team around the child agrees a child protection plan is no longer needed, de-registration should occur. Local protocols should be in place to ensure that the de-registration processes continue to take place timeously. Any delay to this process should be communicated openly with the child, young person and family.

j. Children's Hearings

54. Following the announcement on Omicron related restrictions, the Children's Hearing Covid Recovery Group have been working to understand what this means for children's hearings. All partners are committed to ensuring the continued delivery and safety for all participating in children's hearings across Scotland.

55. In recent months with restrictions having eased, more Children's Hearings were being held face to face. However, in light of the new Omicron variant and taking into account advice from the Scottish Government over the festive period and early into the New Year, whilst some children's hearings might be held face to face, most children's hearings will be held virtually. Reporters are the first point of contact for guidance on local processes and contact details for local offices are available in the **contact us** section of the SCRA website. Further information is available on the SCRA website: COVID-19 – Children's Hearings update – December 2021 - SCRA

k. Child protection planning

56. A child protection plan must continue to set out the actions required to reduce risk for any child or young person who is considered to be at risk of significant harm. It is these actions that protect the children and young people.

57. Practitioners are already responding to the particular challenges of the pandemic, taking account of the child and family circumstances. This might include for example: 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.

58. As part of any child protection plan, the lead professional and/or others must always have sufficiently regular direct contact with the child and family. The guidance for social workers on home visits and direct contact interviews with service users recognises the need for home visits and direct contact, to provide support, prevent significant harm and/or to fulfil a statutory duty. This guidance sets out the requirements for risk assessment; hand hygiene before and after arrival at a visit; physical distancing; use of fluid-resistant masks; appropriate use of additional PPE if circumstances require; and training of staff in relation to all infection control measures.

59. It may be necessary to have direct contact with a child out with their home environment, such as within an early learning centre or school. Such visits should only be undertaken where there is an assessed need and discussions should take place with the relevant education authority prior to the visit to ensure all infection control measures are followed.

60. The pandemic has led to diversification and adaptation in communication and decision making. In this context it is imperative that the lead professional maintains an accurate, updated child protection plan within the child's plan.

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

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

<u>l. Engagement with children, young people and families who are self-isolating</u>

63. If a child, young person or family member is in self-isolation, practitioners should ascertain if the individual has symptoms prior

to direct contact. It may be possible 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. This decision should be made only when a risk assessment of the child or young person's circumstances is undertaken. Where there is a risk of significant harm, isolation should not prevent direct contact with the child or young person. Please refer to Infection Prevention and Control guidance and COVID-19 Safe and ethical social work guidance for further advice.

m. Transition between child and adult protection processes

64. For young adults aged 16 and 17, Adult Support and Protection procedures may continue to be appropriate. Links should be made with colleagues in Adult Social Work Services to determine the best way forward in these circumstances, considering whether Child or Adult Protection processes are more appropriate, and this should continue to be monitored. Each case will need to be considered individually. There should be robust systems in place for the sharing of information and any necessary transfer of responsibilities between agencies and services. It is important that transitional arrangements between child and adult protection services are in place, including co-operation between Adult Protection Committees and Child Protection Committees.

65. The Adult Support and Protection (Scotland) Act 2007 places a duty on councils to make inquiries about a person's (16+) well-being, property or financial affairs if it knows or believes that the person is an adult at risk of harm. Local authority adult protection contact details can be found on the Getting Help page of the Act Against Harm website.

66. There may also be areas of cross-over between child protection and adult protection information when dealing with families that may have both children and adults at risk. Information which originates as child protection information may ultimately trigger an adult protection investigation and vice versa. Although they may be investigated separately, a link between the two should be maintained.

Conclusion

67. We continue to live in unprecedented times. Child-centred teamwork, collaboration with families, support for professional judgement and ethical practice are all more critical than ever in helping to keep Scotland's children safe.

68. This supplementary guidance will remain under review. Updates will be provided in consultation with stakeholders, as necessary during the pandemic.

Associated guidance

National Guidance for Child Protection in Scotland 2021

Coronavirus: Scotland's Strategic Framework update

Coronavirus (COVID-19): Test and Protect

Covid 19 Health Protection Guidance: Infection Prevention and Control (IPC) Guidance and Resources

Coronavirus (COVID-19): Vaccination

Coronavirus (COVID-19): Safe and Ethical Social Work Practice

Equally Safe: Scotland's Strategy to Eradicate Violence Against Women

Coronavirus (COVID-19) Supplementary National Violence Against Women Guidance

Coronavirus (COVID-19): early learning and childcare services

Coronavirus (COVID-19): school age childcare services guidance

Coronavirus (COVID-19): childminder services guidance

Coronavirus (COVID-19): guidance on reducing the risks in schools

Coronavirus (COVID-19) Community Child Health Services – National Clinical Guidance

COVID-19 – Children's Hearings Update December 2021

Coronavirus (COVID-19): adult support and protection guidance

Coronavirus (COVID-19) Residential Child Care Guidance