

National Public Protection Leadership
Group Newsletter
March 2025



Welcome to the second e-update of the National Public Protection Leadership Group (the “NPPLG”). This update covers the fifth meeting of the NPPLG that was held on 26th February 2025. We, the NPPLG, will write out to you after each future meeting to share with you a summary of what we’ve discussed, decisions that we’ve taken, and updates on pieces of work that we are supporting or leading. We hope you find these updates helpful and welcome any feedback and suggestions regarding the content.

NPPLG Update from Chair, Angela Scott

From its inception, the NPPLG has been clear about its purpose – it’s here to help. Here to help tackle some of the tricky issues that we know local partners are wrestling with and here to help share learning. It is not an additional layer of accountability but instead a space for national and local partners to engage with each other to tackle shared problems and to share learning. And the NPPLG has also been clear that this is a partnership of equals – equality between those within government who shape the policy framework within which local public protection partnerships operate and those working at a local level to try and prevent, detect and respond to harm. I’m pleased with the progress we’ve made so far. A collegiate and respectful partnership is forming between national and local partners with a shared and equal commitment being demonstrated to our finalised NPPLG workplan, which I’m delighted has the support of local partners. Local partners are well represented on the group and some early direct engagement with some local Chief Officer Group’s has already started. We have begun to reach out to all pre-existing national groups which were operating, prior to the establishment of NPPLG, and offering to support, help and champion their work – using these connections, where we can – to build on opportunities to take a “once for all public protection” approach. I’m pleased with the commitment and connections made so far and grateful for all the support and encouragement received so far.

Summary of NPPLG discussions

At the 26th February 2025 meeting, several important discussions took place that are crucial for the ongoing initiatives and future direction of the National Public Protection Leadership Group. Key topics included the establishment of clear communication channels with Chief Officer Groups, the importance of continuous improvement, and the proactive identification of emerging risks. The discussions also highlighted the need for regular updates and collaborative sessions to ensure effective knowledge exchange and capacity building among practitioners and policy leaders.

National Chronologies Group

The NPPLG heard from the National Chronologies Working Group and colleagues working on the Pan-Lothian chronologies project. The presentation on the national context of Chronologies - including the work being undertaken from a Pan Lothian perspective highlighted the importance of collaborative work beyond single-area initiatives, with materials now available on both the ASPIre and Pan Lothian Knowledge Hubs. A technical infrastructure review was discussed, chaired by the

Scottish Government Digital Directorate. The review highlighted that collaboration with Microsoft and Hitachi helped identify key challenges and opportunities, and the cross-sector partnership of social work, education, and health professionals was praised. Separately, research undertaken by Iriss identified barriers and best practices for chronology systems, emphasising the role of leadership in improving practices. A "Leading Chronology Improvement" reflection and self-assessment tool was introduced ([Leading chronology improvement: Reflection and self-assessment tool | Iriss](#)), with ongoing pilots aiming for a refined version and an implementation guide next year. The National Chronologies Group has actively incorporated the Pan Lothian work (and key members); the Iriss work (and key members); and has membership from a wide range of practice and policy areas. The group is currently considering its own workstream priorities, which may include the Digital/Technical interface with chronologies. The NPPLG agreed to support and sponsor the work of the Chronologies subgroup, using a highlight report template to escalate good practices, challenges, and issues.

ASP Quality Improvement and Self-Evaluation

NPPLG members heard from the Care Inspectorate about the Adult Support and Protection Quality Improvement Framework and Self-Evaluation work. The presentation on the ASP Quality Improvement Framework highlighted the commissioning of the Adult Support and Protection Inspections Phase Two by the Scottish Government in July 2024, which combined traditional scrutiny with improvement-focused methodologies. A Quality Improvement Framework for Adult Support and Protection was published in October 2024 to assist multi-agency self-evaluation. Key insights included the need for improved evaluation tools due to the complexity of public protection cases such as self-harm, neglect, hoarding, and substance misuse. A programme of support for self-evaluation is underway, targeting complex cases where applying legal criteria is challenging. Collaboration across agencies is crucial for data analysis and workforce planning. The importance of using data for self-evaluation and improvement was emphasized, along with the role of the national adult support and protection minimum data set in driving curiosity and building a culture of learning.

COG Engagement

A paper was presented at the NPPLG meeting discussing how the NPPLG can engage with Chief Officer Groups (COGs). The main objectives are to promote innovative practices, address significant cases, enhance communication, encourage collaboration, support continuous improvement, identify emerging risks, and build relationships with COGs across Scotland.

Options for NPPLG to Engage with COGs:

- **Regular Meetings and Updates:** Schedule regular meetings to provide updates and foster open dialogue.
- **Communication Channels:** Establish dedicated channels like email lists, newsletters, and a shared digital platform.

- **Collaborative Sessions:** Organize workshops and training sessions focused on innovative practices and significant cases.
- **Case Studies:** Invite COGs to present case studies during NPPLG meetings to share experiences and solutions.

Options for COGs to Engage with NPPLG:

- **Proactive Communication:** Share updates on innovative practices and significant cases with NPPLG.
- **COG Workplan Sponsors:** Engage with workstreams by providing leadership and resources.
- **NPPLG Meetings:** Actively participate in NPPLG meetings and virtual visits.
- **Feedback:** Provide continuous feedback on NPPLG activities.
- **Collaborative Working:** Propose joint initiatives with NPPLG.

The NPPLG is keen to hear from COGs on how they would like to engage and welcomes suggestions to refine engagement strategies. Contact the NPPLG Secretariat at NPPLG@aberdeencity.gov.uk.

Briefing for General Practice on the New RCGP Safeguarding Standards and Resources

The following briefing for GPs on the new RCGP safeguarding standards and resources was shared with the NPPLG for information.

The Royal College of General Practitioners (RCGP) has launched new safeguarding standards and resources to support general practice in the UK. These standards cover the entire life course and all aspects of safeguarding in general practice, replacing previous standards and training requirements. The aim is to empower the general practice workforce to be confident and competent in safeguarding children and adults, ensuring victims and survivors of abuse receive compassionate and appropriate care.

Key updates include:

- Annual safeguarding updates for all staff, with focused learning and reflection for those requiring Level 3 training.
- New templates to support safeguarding learning.
- A comprehensive safeguarding toolkit available on the new safeguarding hub, featuring resources such as induction templates, guidance on child sexual abuse, transitional safeguarding, domestic abuse, mental capacity assessment, and more.
- Three new e-learning modules on core safeguarding in general practice, particularly useful for GP trainees and doctors new to the UK or general practice.

In addition to the above briefing, the below 7 minute briefings were shared with the NPPLG. These are focused on Adult and Child Protection and have been designed to provide a concise and focused update on the role of GPs, primary care and other health staff in these spaces. By including these updates, we want to ensure that all are aware of the latest developments and standards being implemented in general practice, fostering a sense of inclusivity and transparency.

Adult Support & Protection: Scotland

Where can I access learning tools and guidance?

[Adult Support and Protection \(Scotland\) Act 2007: guidance for General Practice - gov.scot \(www.gov.scot\)](#) provides information and detail to support practical application of the 2007 Act for GPs and staff in General Practice. The RCGP safeguarding hub ([Course: Safeguarding Hub | RCGP Learning](#)) is where you can access eLearning modules built around the five key areas of safeguarding knowledge. The introduction of the [NHS public protection accountability and assurance framework](#) was supported by the publication of the NHS Education for Scotland eLearning resources, available for all staff [Public Protection | Turas | Learn \(nhs.scot\)](#)

Health Leadership in ASP Local partnerships and ASP practice benefit where GPs, primary care and other health staff are represented on their Adult Protection Committee (APC)- [National Guidance for APCs](#). The [NHS public protection accountability and assurance framework](#) makes clear that all NHS employees, GP practices, and independent contracted practitioners have a responsibility to act when an adult is at risk of harm. The aim is to ensure greater consistency in what adults at risk of harm can expect in terms of support and protection from health services in all parts of Scotland.

Information Sharing As with Child Protection, there are some circumstances when a person is at risk where confidentiality is not the primary driver for information sharing decisions. When deciding to make a referral and/or what information to share to support inquiries, consider what you believe is relevant and proportionate to the specific concerns raised. The ASP Code of Practice makes clear that it is permissible to share information when the request arises from an ASP Section 4 inquiry. The [RCGP Safeguarding toolkit: Part 5 | RCGP Learning](#) sets out the key principles of information sharing and multi-agency working: 'UK law (including UK GDPR), GMC guidelines, ICO guidelines and the Caldicott principles do not prevent sharing of personal information for the purposes of safeguarding. You can find further information here: [Confidentiality: good practice in handling patient information - professional standards- GMC](#).

Why does it matter? The Adult Support and Protection (Scotland) Act (2007) (ASP) provides a legislative framework to support and protect adults who are unable to safeguard themselves, their property, rights, or other interests. ASP is everyone's business—reliant on effective multi-agency working. "GPs and general practice staff have distinct expertise and experience in providing whole person medical care whilst managing the complexity, uncertainty and risk associated with the continuous care they provide." General practice are one of the key multi-agency safeguarding partners who work together to prevent, and stop, abuse and neglect from happening. [RCGP safeguarding standards for general practice](#)

GPs, primary care and other health staff

What is the legal framework? When you have a concern for an adult, consider if they might meet the ASP criteria for support and protection under the ASP Act. You should know or believe the adult:

- Is unable to safeguard their own well-being, property, rights or other interests
- Is at risk of harm, and
- Because they are affected by disability, disorder, illness or infirmity are more vulnerable to being harmed

*Remember that the inability to safeguard is not the same as incapacity. Where you **know or believe** all 3 parts are met, you should make an ASP referral to your local council. Evidence is **not** required that all elements of the three-point criteria is met. Details can be found in the [ASP Code of Practice](#). Referral contacts can be found here: [Act Against Harm](#)

Cooperating with ASP While Councils have the lead role in ASP, effective intervention and protection of adults at risk requires cooperation and communication between agencies and professionals, contributing to a wider picture. You may have cause to refer people to the Council; to share information as part of an enquiry or risk assessment; to undertake a medical examination (S9) and respond to records requests (S10).

Section 10(7) defines health records as records relating to an individual's physical or mental health which have been made by or on behalf of a health professional in connection with the care of the individual. In the case of health records, the council officer is **empowered by the Act** to identify, take, or take copies of, medical records held by a service but, having obtained them, must ensure they are interpreted by a health professional. S49(2) provides that it is an offence to, without reasonable cause, prevent or obstruct any person from doing anything they are authorised or entitled to do under the Act.

What are my responsibilities?

- Sharing information as part of an inquiry – verbally or written - relating to adults at risk
- Participate in discussions and decision making
- Understand the wide range of risks involved for the patient and partake in any risk assessments
- Consider the needs and welfare of people (adults, children and young people) who may be vulnerable. Offer them help if you think they or their rights are being abused or denied.
- Act promptly on any concerns you have about a patient – or someone close to them – who may be at risk of abuse or neglect or is being abused or neglected." [GMC Good medical practice - professional standards](#)



National Adult Support & Protection Coordinator
supporting those protecting others

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Child Protection: Scotland

Where can I access learning tools and guidance?

The [National Guidance for Child Protection in Scotland](#) provides information and detail on the responsibilities of multi-agency partners in protecting children, including specific consideration of the role of GPs. The [RCGP safeguarding hub](#) provides eLearning modules on five key areas of safeguarding knowledge. Other specific learning materials for multi-agency partners can be found at [Child Protection Committees Scotland](#) via [CPCS publications](#) or by contacting your local child protection committee multi-agency training officer or child protection lead officer. The introduction of the [NHS public protection accountability assurance framework](#) was supported by the publication of the NHS Education for Scotland eLearning resources, available for all staff [Public Protection | Turas | Learn \(nhs.scot\)](#)

Health Leadership in Child Protection Local partnerships and child protection practice benefit when GPs, primary care and other health staff are represented on their [Child Protection Committee \(CPC\)](#). The [NHS public protection accountability assurance framework](#) makes it clear that all NHS employees, GP practices and independent contracted practitioners have a responsibility to act when a child is at risk of harm. The aim is to ensure greater consistency in what children at risk of harm can expect in terms of support and protection from health services in all parts of Scotland.

Information Sharing: necessary, lawful and proportionate Information sharing is an essential aspect of protecting children from harm. Concern about the presenting child or any other children may mean that maintaining patient confidentiality is not possible. When deciding to make a referral and/or what information to share (such as wider family information), consider what you believe is **relevant and proportionate to the specific concerns raised**. Further detail on the principles of information sharing can be found in the [National Guidance for Child Protection in Scotland](#) with further resources in the [Getting it right for every child practice guidance](#) and from the [ICO](#). The [RCGP Safeguarding Toolkit Part 4](#) sets out the key principles of information sharing and multi-agency working: "UK law (including UK GDPR), GMC guidelines, ICO guidelines and the Caldicott principles do not prevent sharing of personal information for the purposes of safeguarding. You can find further information here: [Confidentiality: good practice in handling patient information - professional standards- GMC](#)."

Why does it matter? Everyone has a role in protecting children from harm. The [National Guidance for Child Protection in Scotland](#) describes the responsibilities and expectations of all involved in protecting children. This non-statutory guidance outlines how statutory and nongovernment agencies should work together with parents, families and communities to prevent harm and protect children from abuse and neglect. "[General Practitioners and practice staff are well placed to detect early or developing concerns about children and families. Their roles encompass prevention, recognition and early response, and out of hours GP services](#)". General practice are one of the key multi-agency safeguarding partners who work together to prevent and stop abuse and neglect from happening [RCGP safeguarding standards for general practice](#)

GPs, primary care and other health staff

Identifying and Responding to Child Protection Concerns Any concern about possible harm to a child from abuse, neglect or exploitation should always be shared with police or social work without delay. Child protection procedures are initiated when police, social work or health determine that a child may have been significantly harmed or may be at risk of significant harm. Concerns about a risk of harm from abuse, neglect or exploitation may arise in a number of ways as detailed in the [National Guidance for Child Protection in Scotland](#). All concerns which may indicate risk of significant harm must lead to consideration of an interagency referral discussion (RD) with police, social work and health in order to jointly assess the risk of harm.

Cooperating with Child Protection Investigations Social work, police and health have the lead role in child protection investigations, effective intervention and protection of children at risk. This requires full cooperation and communication between all agencies and professionals. You may have cause to refer a child to police or social work, or to share information as part of any investigation or risk assessment. As part of the inter-agency referral discussion (RD) there may be a decision to undertake a health assessment and medical examination of the child by a specialist paediatrician. Further detail on the type of examination can be found in the [National Guidance for Child Protection in Scotland](#)

What are my responsibilities?

To share information— verbally or written— as part of an investigation relating to any children at risk of harm.
To participate in single and multiagency discussions and decisionmaking as required.
To understand the wide range of risks involved for any child who comes to the practice's attention and to collaborate in any assessment of risk. This could, for example, include considering whether information received about a parent could create risk to a child.
To consider the needs and welfare of children, young people (and adults) who may be vulnerable to risk, to help where they or their rights are being abused or denied.
To act promptly on any concerns about a patient or someone close to them— where there are indicators of risk of harm, abuse or neglect. [GMC Good medical practice - professional standards](#)



Matters raised by COG's with NPPLG

Homeschool 3MB

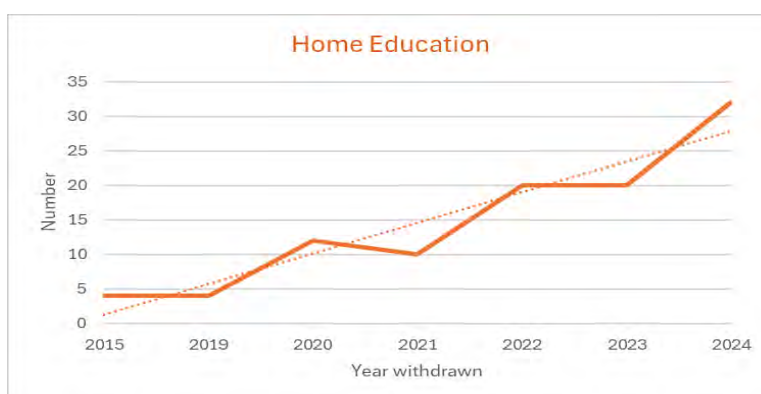
In this newsletter, we have included an example of a 3 Minute Brief (3MB) that was shared at the last meeting held on 26th February 2025 and will be discussed at the next meeting on the 29th April. The 3MB was submitted by the Aberdeen City Council Chief Officer Group. The 3MB provides a concise summary of key information, insights, and decisions required.. The 3MB approach serves as a valuable tool for quickly conveying important updates and facilitating effective communication among group members. By sharing this example, we aim to illustrate the format and content of a 3MB, encouraging its use for future meetings and communications with the NPPLG. You can find the 3MB template as an appendix to the Newsletter.

3 MINUTE BRIEF

What? (e.g. What is the current situation? What information is known, or unknown)

Since the COVID-19 Pandemic, there has been a significant increase in the number of parents and carers seeking consent to remove their child(ren) from the roll of a school and home educate them. The request can at times be attributed by parents to the neurodivergence of children and young people, stem from anxiety and also from a lack of trust in the school system.

This pattern of increased numbers of home educated children and young people is seen both locally and nationally. The Telegraph recently reported a 21% increase in the number of children being homeschooled in England, exact numbers for Scotland are unknown however local data evidences a rising trend.



Children who are home educated are often not known to or regularly seen by the universal services.

The recent case of Sara Sharif suggests that a lack of 'supervision' contributed to the decision of the parents to homeschool, and therefore exemplifies a potential risk to children. Knowledge of the risk has led to the UK Parliament exploring mechanisms available to improve visibility of those who are home educated. In the case of Sara Sharif, Sara had attended a local school prior to the family taking the decision to home educate. Of particular note is that there were historical safeguarding concerns on file for Sara from early childhood, which would have been known to local services.

Under Section 35 of the Education (Scotland) Act 1980, parents of a child who has been attending a public school must seek the local authority's consent before withdrawing their child from that school, and the authority must not unreasonably withhold consent. It should be noted that while consent is needed for withdrawal from school, consent is not needed to home educate in itself.

Consent is not needed in the following situations:

- The child has never attended a public school.
- The child has never attended a public school in that authority's area.
- The child is being withdrawn from an independent school.
- The child has finished primary education in one school but has not started secondary education in another.
- The school the child has been attending has closed.

There is no statutory duty upon parents to inform the local authority that they are home educating if they do not require consent. If a child has not been registered for primary school, there will be no alert to the school nursing service, therefore the child would not be offered routine health assessments and vaccinations.

Similar vulnerabilities exist for children of those who conceal pregnancy. Health Visiting is not a statutory service, and parents have the right to decline this service. Some people conceal pregnancy with no record of a child's birth, and these families are therefore never offered the service. Between pre-birth and a child turning 5, families are entitled to 11 home visits, three of which include the health visitor completing a formal review of the family and child's health. The frequency of visits helps health visitors build relationships with children and their parents and act as early as possible if any concerns are raised. If additional support is needed, health visitors provide a gateway to other services.

So What? (e.g. What does that mean? How can the situation be interpreted?)

Some children are not known to health and/or education professionals.

The Local Authority Education Services has a system in place in keeping with new [Home Education Guidance](#) and legislation. As a result, those who seek to withdraw from a public school require to make a request and meet with Education Officers to explore both why and how (see Appendix A) they intend to educate their child at home. Officers undertake a comprehensive search of the school data management system and liaise with colleagues in children's social work to help determine any risks to the child. Permission to home **educate is refused if risks are identified**, however there is an expectation that families are enabled to home educate.

Paragraphs 3.21 and 3.22 of the national guidance, released in January 2025, states:

'On receipt of a request from a parent to withdraw a child from school, local authorities should consider carefully whether there is any existing evidence in an authority's own records (including SEEMiS) or, where appropriate, from other services or agencies indicating that there may be good reason to refuse consent to withdraw the child from school. Previous irregular attendance is not of itself a sufficient reason for refusing consent to withdraw from school. Specific instances where such consent to withdraw a child from school may not be able to be granted immediately are:

- where a child has been referred to social work, police or health for child protection reasons, and the matter is being investigated;
- where a child is subject to a Child Protection Planning Meeting, has an Interim Safety Plan or a Child Protection Plan;
- where a child is subject to an Interim Compulsory Supervision Order, a Compulsory Supervision Order, or a Child Protection Order;
- where there is a history of domestic abuse in the family home;
- where a child is on the child protection register;
- where a child has been referred to the Children's Reporter on care and protection grounds, whether welfare or offence based, and the referral is being considered.

Consideration should also be made as to whether the above applies to any of the child's siblings or other children resident in the home. If the child is subject to any of the above, then consideration should be given to requesting a multi-agency meeting to discuss the request to home educate, and how this may be supported as part of the child's care plan'.

Those with permission granted, are invited to maintain contact with an Education Officer. Parents cannot be compelled to do so. Paragraph 4.10 of the updated guidance states:

'Although it is recognised that the learning environment can have a bearing on the effectiveness of learning, local authorities should be able to discuss and evaluate the parent/carer's educational provision by alternative means. Parents/carers might prefer to meet digitally or at a mutually agreed location or, for example, to write a report, provide samples of work, either in hard copy or electronically, or provide evidence in some other appropriate form'

Calendars of meetings are carefully planned and robustly implemented for those who maintain contact.

ACC has previously been challenged by Home Education charities who have classed what we're asking for as intrusive. There is no legal definition of what constitutes a "suitable and efficient education" and the legislation guides professionals to consider the individual circumstances of families and what may be appropriate to them. As a result, the only real ground for refusal is live/current CP concerns and it can prove challenging to evidence current risk to the child. Once permission to remove a child/YP has been given, the onus is on the Local Authority to offer support and assure ourselves that the ch/YP is receiving a suitable education, however parents don't have to engage with us if they choose not to.

If a child/young person is known to school nursing, then becomes home educated, they can continue to be supported at home if the parents choose to.

There will be children in the city who are currently home educated and not recorded on central Council systems. As a result, there will be children whose progress and wellbeing is not being checked on by the education authority.

Now What? (e.g. What can this lead to? What can happen next? What do we need to consider for the future?)

There is a risk that children are unknown to any universal services, which could impact on their healthy development, education and general wellbeing.

Given the tragic case of Sara Sharif, do we need to consider if anything further can be done to safeguard children and young people?

Decisions? (e.g. Are any decisions needed at this point? Or at a point in the future?)

Appendix A: Information gathered by the Education Authority to inform decisions around homeschooling

Name of Young Person		Name of Home Educator	
Current School		Date of Birth (dd/mm/yyyy)	Stage/ Class

Please provide an outline of the main reasons why you wish to educate your child/young person at home.
Please ask, and/or support, your child/young person to detail their views and opinions on receiving an education at home rather than at a school.
Please ask, and/or support your young person to list their current aspirations and goals.
Please describe what your aspirations/goals are for your child/young person.
Please confirm all persons with parental responsibilities/rights agree to your child/young person being educated at home.
Please list those who will be involved in educating your child/young person at home.
If your child/young person requires additional support, please provide details of these needs (diagnosed and non-diagnosed) and how you plan to support your child/young person with these in mind.
Please list resources and strategies you intend to plan for and use to educate your child/young person at home.
Please list subjects you will focus on to ensure your child/young person engages with a wide breadth of learning opportunities and experiences.
Please detail how will you ensure that your child/young person is progressing at a pace and level appropriate for them, and that learning is meaningful and relevant to them now, and to their future.

Please detail how you will include your child/young person with the choices and personalisation of learning experiences.
Please outline how you plan to measure progress and how this will impact future plans and learning
Please attach examples of plans and timetables you currently or may intend to use.
Please provide a summary of what opportunities your child/young person will have to participate in physical activity.
Please highlight what opportunities your child/young person will have to develop social skills and build relationships with peers and other adults.
Please ask and/or support your child/young person to detail aspirations they may have to access formal qualifications, further and/or higher education.

Upcoming Events

Scotland's Domestic Homicide and Suicide Review Model Event - Victoria Quay

The work to develop Scotland's national domestic homicide and suicide review model is continuing to progress and we are now at the stage of developing the statutory guidance which will support the operation of the legislation for how reviews will be undertaken. As part of the statutory development process we are keen to hear from stakeholders and will be holding an event on **Monday 19 May at our Victoria Quay office in Leith, Edinburgh from 10:00 to 16:00** to provide an update on the work to develop the model and to ensure stakeholders have an opportunity to feed into the development of the statutory guidance. Tickets are free but are limited so please only book if you plan to attend. [Scotland's Domestic Homicide and Suicide Review Model Tickets, Mon 19 May 2025 at 10:00 | Eventbrite](#).

Future Meetings

So far meetings have been held bi-monthly but will move to quarterly during 2025. Future meetings of the NPPLG have been scheduled for:

- Tuesday 29 April 2025
- Wednesday 23 July 2025
- Thursday 30 October 2025
- Tuesday 27 January 2026

Contact details

Your feedback regarding this e-update, or any other matter relating to the NPPLG, is very welcome. Please email the NPPLG Secretariat: NPPLG@aberdeencity.gov.uk. If you have a matter that you would like to escalate to the NPPLG, you can do so by either contacting one of the members, or by completing the 3 minute briefing templates at Appendix 1 and sending it to the Secretariat for consideration.

Appendix

National Public Protection Leadership Group

3 MINUTE BRIEF

What? (e.g. What is the current situation? What information is known, or unknown)

So What? (e.g. What does that mean? How can the situation be interpreted?)

Now What? (e.g. What can this lead to? What can happen next? What do we need to consider for the future?)

Decisions? (e.g. Are any decisions needed at this point? Or at a point in the future? Include options if appropriate)