

EAST AYRSHIRE CHILD PROTECTION COMMITTEE

PROCEDURE / PRACTICE GUIDANCE

MULTI-AGENCY ATTENDANCE AT CASE CONFERENCES

Date Initially Approved by CPC: 4 March 2014

Date Updated: March 2018

Date due to be reviewed: March 2020



PURPOSE OF PROCEDURE/PRACTICE GUIDANCE

- 1 To provide East Ayrshire Child Protection Committee (EACPC) and other relevant individuals with the revised arrangements in relation to multi- agency attendance at child protection case conferences and core group meetings, based on recent self evaluation activity involving practitioners.

CHILD PROTECTION CASE CONFERENCES (CPCC)

- 2 CPCCs are formal multi-agency meetings that enable services and agencies to share information, assessments and chronologies in circumstances where there are concerns or allegations of child abuse and neglect. CPCC's are a core feature of inter-agency co-operation to protect children and young people. Their primary purpose is to consider whether the child – including an unborn child – is at risk of significant harm and if so, consider the need for a multi-agency action plan and child protection registration to reduce the risk of significant harm, or to review an existing Child's Plan.
- 3 The function of all CPCCs is to share information in order to identify risks to the child collectively and the actions by which those risks can be reduced. Partnership and collaboration is crucial and **all** participants should maintain a child centred, outcome-focused approach:
 - ensuring that all relevant information held by the Named Person and each;
 - service or agency has been shared and analysed on an inter-agency basis;
 - assessing the degree of existing and likely future risk to the child;
 - considering the views of the child or young person;
 - considering the views of parents or carers;
 - identifying the child's needs and how these can be met by services and agencies;
 - developing and reviewing the Child Protection Plan;
 - identifying a Lead Professional;
 - deciding whether to place or retain a child's name on the Child Protection Register; and
 - considering whether there might be a need for Compulsory Measures of Supervision and whether a referral should be made to the Children's Reporter, if this has not already been done.

Source: National Guidance for Child Protection in Scotland, 2014, Scottish Government.

AGENCY REPRESENTATION

- 4 The number of people involved in a CPCC should be limited to those with a **need to know** or those who have a **relevant contribution to make**. All persons invited to a CPCC need to understand its purpose, functions and the relevance of their particular contribution. This may include a support person or advocate for the child and or family.
- 5 Child protection case conference participants need to include:
 - local authority social worker(s);
 - education staff where any of the children in the family are of school age or attending pre-five establishments;
 - NHS staff, health visitor/school nurse/GP as appropriate, depending on the child's age, and the children's paediatrician where applicable; and
 - police where there has been involvement with the child and/or parents/carers.

Source: National Guidance for Child Protection in Scotland, 2014, Scottish Government

- 6 Other participants might include other health practitioners (including mental health services), adult services, housing staff, addiction services, educational psychologists, relevant third sector organisations, representatives of the Procurator Fiscal and armed services staff where children of service personnel are involved, on occasion, the Reporter to the Children's Hearing may be invited to attend although their legal position means they can only act as an observer and cannot be involved in the decision-making.
- 7 Participants attending are there to represent their agency/service and share information to ensure that risks can be identified and addressed. They have a responsibility to share information and clarify other information shared as necessary. Participants must seek to be actively involved in the discussion and decision making of the conference.

ATTENDANCE AT CHILD PROTECTION CASE CONFERENCE

CORE MEMBERS

- 8 Professionals identified as core members of the child protection meeting have a **duty** to attend pre birth, initial and/ or review conferences. If they are unable to attend they have a **responsibility** to identify and brief a substitute who will attend on their behalf. In those situations where it is not possible to

either attend or send a substitute they **must** send a full report in advance of the meeting to the Lead professional and Chair. This report will be shared with those the meeting.

INVITED MEMBERS

- 9 Members who are invited on an “**as and when required basis**”, or where indicated, e.g. a criminal justice worker where they are working with either or both parents, or a community paediatrician when a child has undergone a medical examination are invited members of the child protection meeting. If they are unable to attend they have a **responsibility** to identify and brief a substitute who will attend on their behalf. In those situations where it is not possible to either attend or send a substitute they **must** send a full report in advance of the meeting to the Lead professional and Chair. This report will be shared with those at the meeting.

CHILD PROTECTION CORE GROUPS

- 10 The core group is a made up of a small group of inter-agency staff who have key involvement with the child and family. The core group meet on a regular basis (frequency will be dependent on risk but as a minimum once every 4 weeks) with the parents, and where appropriate the children, to formulate, implement and review the child protection plan.

ATTENDANCE OF KEY AGENCIES

- 11 Participants attending child protection meetings are representing their agency/service. It is their responsibility to share information to ensure that risks can be identified and addressed. They have a responsibility to share information and clarify other information shared as necessary. Participants need to be actively involved in the discussion and decision making of the conference, including a view as to whether the child’s name should be placed on the child protection register. **Appendix 1 outlines those who are likely to be core and invited members** to the child protection meeting. It is not an exhaustive list but contains examples of information that may be requested.

ROLE OF SPECIALIST PRESCRIBERS AND GPs

- 12 There is recognition that for some professionals, particularly specialist prescribers (addiction) and GPs that they may be unable to attend due to scheduled clinics. A Short Life Working Group who considered this in 2012 agreed that, in such circumstances a substitute such as the named nurse or addiction worker from Health would adopt a specific role in coordinating the information from the prescriber to the child protection meeting– paying particular attention to the prescription and the effects it has on the person and their parenting. They would also have a responsibility to feedback information from the conference to the prescriber which would then be followed up with a copy of the minute. The health visitor would have the same role with G.Ps.

ROLE OF CHILD PROTECTION ADVISOR (Health)

- 13 The role of the Child Protection Advisor from health is to offer professional advice and support to the named health professional, and to be involved in complex cases as and when requested by the named health professional. Whilst the Child Protection Advisor from health will be cc'd into invites, they are not a core member. The Child Protection Advisor will use their professional judgement on the need to attend child protection meetings.

REPORTS TO CASE CONFERENCES

- 14 Initial case conferences are frequently arranged within very short timescales, in other than exceptional cases, within 21 calendar days of the child protection referral being received. All reports for conferences will be distributed with the invite, where possible, 5 days prior to the conference;
- 15 Core and invited members must attend/send a substitute or submit a report along with apologies or they will be recorded as "non-attendance".
- 16 The paper submitted to EACPC outlining purpose and professional responsibilities at case conferences should be attached to the case conference invites and included in multi-agency training.
- 17 Core members have the responsibility for sharing information from the conference with key staff in their agency who need to know the information. e.g., addiction staff with prescriber, health visitor with G.P., family support worker with team manager/other team members involved with the child/family;
- 18 Decisions from case conference meetings will be emailed within 24 hours and full minutes will be distributed within 10 working days of the meeting.

Appendix 1

TYPE	ROLE	PURPOSE	MEETING TYPE
CORE			
	Social Work Service Manager (Chair)	TO: <ul style="list-style-type: none"> • chair the meeting; • meet with parents/carers and child in advance of the meeting to explain the nature of the meeting and possible outcomes; • if child not attending- <ul style="list-style-type: none"> ○ reason to be given why ○ what approach / tools will be used to ensure that the conferences hear the views of the child; • consideration of an independent advocate for the child; • facilitate information-sharing and analysis; • identify the risks and protective factors, taking account of strengths and capacity; • ensure that the parents/carers and child's views are taken into account; • facilitate decision-making; • determine the final decision in cases where there is disagreement; • where a child's name is placed on the register, outline key decisions / actions; • shape the initial Child Protection Plan with a focus on outcomes to be achieved (to be fully developed at the first core group meeting, with a focus on specific changes to be achieved; the resources to facilitate this and key indicators of progress / timelines); • identify / confirm the Lead Professional; • advise parents/carers about local dispute resolution processes; • facilitate the identification of risks, needs and protective factors; • facilitate the identification of a core group of staff responsible for 	<p>Child Protection Pre-birth case conference (CPPBCC);</p> <p>Initial Child Protection Case Conferences (ICPCC);</p> <p>Review child Protection Case Conferences (RCPCC).</p>

		<p>implementing and monitoring the Child Protection Plan;</p> <ul style="list-style-type: none"> • agree review dates; • challenge any delays in action being taken by staff or agencies; consider if the child has been invited to attend, or if it is appropriate for the child to attend; 	
	Child	<ul style="list-style-type: none"> • ensure that the child's views are heard; • allow the child to participate; • the child has an understanding of what the concerns are. 	ICPCC; RCPCC; Child Protection Core Group (CPCG).
	Parent / Carer	<ul style="list-style-type: none"> • participate fully in the child protection discussion; • give their views in relation to the assessment of risks and needs; • highlight their key strengths and the care they will provide for the child; • views on engagement in the child protection plan, what outcomes need to be achieved and development of a plan for the child; • commit to the child protection plan via a working agreement, with a focus on the action which they require to take / changes which they need to make to ensure that the safety, health and emotional well being of the child are secured; • contribute to contingency planning arrangements, which ensures the safety of the child. 	PBCPCC; ICPCC; CPCG; CPRCC.
	Social Worker (Lead Professional)	<ul style="list-style-type: none"> • present key information about the child protection investigation undertaken; • outline the multi-agency nature of the work undertaken to date, including tripartite health discussion / actions; • present initial assessment of risks and needs, including analysis; • highlight from this initial assessment the risk, vulnerability, resilience and protective factors; • advise the conference if further 	PBCPCC; ICPCC; CPCG; CPRCC.

		<p>assessment is needed, and if so, a recommended plan of work;</p> <ul style="list-style-type: none"> • based on the work completed to date, and consideration of the information at conference, provide a professional recommendation on the need for a child protection plan, including child protection registration; • outline the nature of any initial protection plan, with a focus on outcomes to be achieved; and areas for change identified; • advise conference of how the parents / carers have been prepared to participate / attend the care conference; • advise conference of arrangements made to ensure the participation of the child in the conference, and ensure that the conference hears the views of the child; (if child is not invited/present at the conference, the reasons should be outlined); 	
Core for pre-birth	Allocated Named Midwife (e.g., hospital or community midwife)	<ul style="list-style-type: none"> • outline their role and involvement (past and present involvement); • describe the levels of engagement with the family; • advise on the progress of the pregnancy; • summarise the level of support being provided; • advise of work undertaken; • advise of any specific concerns / risks identified. • advise of work planned. 	PBCPCC; ICPCC; CPCG; CPRCC.
	Named Person-Health Visitor, if child under 5 years	<ul style="list-style-type: none"> • outline their role and involvement (past and present involvement); • describe the levels of engagement with the child / family; • advise of the child's development; • assessed parenting skills; • summarise the level of support being provided; • advise of work undertaken; • advise of any specific concerns / risks identified; • advise of work planned. 	PBCPCC; ICPCC; CPCG; CPRCC.

	School Nurse (if school aged children in the family)	<ul style="list-style-type: none"> • outline their role and involvement (past and present involvement); • describe the levels of engagement with the child / family; • advise of child's development; • summarise the level of support being provided; • advise of any specific concerns / risks identified; • advise of work planned. 	PBCPCC; ICPCC; CPCG; CPRCC.
	Police Scotland	<ul style="list-style-type: none"> • share Police Scotland information in relation to previous domestic incidents, offending behaviour and any relevant intelligence in relation to the child, parents and carers. 	PBCPCC; ICPCC; CPCG; CPRCC.
	Early Years Representative	<ul style="list-style-type: none"> • advise of reason for involvement; • outline nature of service provided; • provide a pen picture of the child, highlighting strengths and needs; • describe the individual plan for the child, noting attendance, development and progress; • outline the nature of engagement with parents / family; • outline any family based work undertaken; • outline the work planned with the child / family. 	PBCPCC; ICPCC; CPCG; CPRCC.
	Named person – education such as Primary School Head Teacher, or Secondary School Depute Head Teacher, or East Ayrshire Support Team	<ul style="list-style-type: none"> • outline educational history – schools attended, reasons for changes etc; • nature of current educational provision; • provide a pen picture of the child, highlighting strengths and needs; • describe the individual plan for the child, noting attendance, development and progress; • outline the nature of engagement with parents / family; • outline the work planned with the child / family. 	PBCPCC; ICPCC; CPCG; CPRCC.
Core if addiction issues	Social Work Addiction Worker	<ul style="list-style-type: none"> • provide summary of when contact started, and historical contact; • outline reasons for involvement; 	PBCPCC; ICPCC; CPCG;

identified		<ul style="list-style-type: none"> describe role in the assessment and initial findings; advise of level of engagement by parents / family; advise of work undertaken to date; outline work planned, including outcomes to be achieved). 	CPRCC.
Core if addiction issues identified	NHS Addiction Worker (where parental substance misuse is indicated)	<ul style="list-style-type: none"> provide details of the addictions support that the parent is receiving, frequency of support and any individual work that is being undertaken as part of this support; advise if regular drug tests are undertaken, if so, for what purpose and findings? advise of prescription they are receiving; advise on the impact this is likely to have on: <ul style="list-style-type: none"> the adult; on their ability to parent. advise of what relapse plan is in place; advise what indicators should multi agency staff be alert to, to identify relapse. contribute to child protection plan, by outlining work planned, including outcomes to be achieved and specific changes required. 	PBCPCC; ICPCC; CPCG; CPRCC.
Core if mental health issues for either parent	Specialist support service for parents where involved: <ul style="list-style-type: none"> Mental health Learning disability Criminal justice 	<ul style="list-style-type: none"> advise of role and reason for involvement; advise of level of support provided to the person; impact that this has, or is likely to have on their ability to parent and protect their child; contribute to the child protection plan, with a focus on ensuring that the child is safe, healthy and that his / her emotional well being is secured; advise of changes to the adult's support plan to ensure that the child protection plan can be implemented. 	PBCPCC; ICPCC; CPCG; CPRCC.
	GP	<ul style="list-style-type: none"> advise of level of involvement with the family; 	PBCPCC; ICPCC;

		<ul style="list-style-type: none"> • provide relevant health information; • interpret the significance and the potential impact of the health issues on the child. 	CPCG; CPRCC.
Invited			
	Extended family member / friend who plays key role in family support	<ul style="list-style-type: none"> • participate fully in the child protection discussion; • give their views in relation to the assessment of risks and needs; • highlight the key strengths in the child's care arrangements, and outline the support they consider necessary for the child; • views on engagement in the child protection process, what outcomes need to be achieved and development of a plan for the child; • commit to the child protection plan, with a focus on the action which they will take to ensure that the child is safe, healthy and that emotional well being is secured; • contribute to contingency planning arrangements, which ensures the safety of the child. 	PBCPCC; ICPCC; CPCG; CPRCC.
	Family Support Worker or Family Support Assistant (specific worker who is working with the child / parents / family	<ul style="list-style-type: none"> • outline their role and reason for involvement, as agreed with the Lead Professional; • provide a summary of the work which they have been undertaking; • advise of progress against the key changes required (using key indicators and timescales set out by the Care Group); • highlight the strengths / positive developments in their work with the family; • highlight any concerning factors such as lack of access or unwillingness to engage in agreed tasks. 	PBCPCC; ICPCC; CPCG; CPRCC.
	Legal Services	<ul style="list-style-type: none"> • Provide advice, such as when a child protection order may be considered. 	PBCPCC; ICPCC; CPCG; CPRCC.
	Reporter to the Children's Hearing	<ul style="list-style-type: none"> • act as an observer, taking note of key information, but cannot be involved in 	PBCPCC; ICPCC;

		<ul style="list-style-type: none"> the decision-making; information gathering for a child who has been or may be referred. 	CPRCC.
•	Paediatrician (Child Protection)	<ul style="list-style-type: none"> advise conference of the outcome of a medical examination; advise conference if a medical opinion would be beneficial. <p>(Note: When a specialist health assessment or medical examination has been undertaken then an invitation should be sent to the consultant who undertook the examination who can speak to the findings of the assessment)</p>	ICPCC; CPRCC(only if on-going involvement).
	Community Paediatrician/ CAMHS Consultant	<ul style="list-style-type: none"> Speak to reason for involvement, level of contact and engagement with service; Impact on child; Supports required as a result of the medical concern 	ICPCC; RCPCC.
	Corporate Parenting Team (Adoption / Fostering)	<ul style="list-style-type: none"> When child is at risk of being accommodated, to gather information and provide advice and guidance in discussions. 	PBCPCC; ICPCC; RCPCC.
	Intensive Support Team	<ul style="list-style-type: none"> Where intensive support is being considered necessary. <ul style="list-style-type: none"> Advise of role and support that could be offered. If actively involved with the child then worker would be core member. 	PBCPCC; ICPCC; CPCG; CPRCC.
	Housing	<ul style="list-style-type: none"> Advise conference of information in relation to tenancy / tenancy support including: <ul style="list-style-type: none"> occupancy; support; condition; complaints; neighbourhood / relationship issues; arrears. 	PBCPCC; ICPCC; CPCG; CPRCC.
	Third Sector organisation who are supporting the child/family	<ul style="list-style-type: none"> outline their role and reason for involvement; provide a summary of the work which they have been undertaking; 	PBCPCC; ICPCC; CPCG; CPRCC.

		<ul style="list-style-type: none">• advise of progress against the key changes required;• highlight the strengths / positive developments in their work with the family;• highlight any concerning factors such as lack of access or unwillingness to engage in agreed tasks	
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