CELCIS' Response to the Scottish Government's Consultation on the Revision of the National Guidance for Child Protection in Scotland

CELCIS is Scotland's Centre for Excellence for Children's Care and Protection, based at the University of Strathclyde. We welcome the opportunity to respond to the Scottish Government's consultation on the revision of the National Guidance for Child Protection in Scotland. Our response is based on research evidence, practice experience and expertise offered through our long-standing, cross-organisational networks. These networks are made up of people across the workforce, including leaders working across the spectrum of children's services and other public services in support of children, as well as communities of lived experience.

CELCIS provide administrative support and professional advice through our co-ordinating role with Child Protection Committees Scotland and associated sub-groups. In collaboration with the Scottish Government and other key partners, we also lead and support key actions from the Child Protection Improvement Plan. We are a member of the Steering Group for this revised National Guidance on Child Protection in Scotland.

We welcome this revised comprehensive guidance, which offers a helpful shift in content and tone to further support the protection and wellbeing of children in Scotland. In this response, we have made suggestions designed to strengthen the ability of this Guidance to support practice aligned to the principles of 'Getting It Right For Every Child' (GIRFEC) and to uphold The Promise. In doing so, we particularly highlight and affirm the role of the education workforce in child protection. We do so, in order to ensure that the Guidance is able to lead the way in a renewed effort, understanding and recognition of all those engaged directly with the development and wellbeing of children and their valuable contribution to child protection responsibilities and responses.

We recognise the need to balance national consistency in approaches to child protection with local responses based on the needs of each individual child and their family, and welcome the balance struck in the Guidance. The learning and evidence from our work in local areas using Active Implementation and Quality Improvement approaches and connection with a wide range of networks of multi-agency practitioners is our basis for suggestions regarding the components required in the implementation of best practice to meet these needs. We offer this feedback in the spirit of further strengthening the Guidance to be best placed to make a difference to the lives of children. As the expanded content in this Guidance has resulted in a large document, we have also made suggestions of how to make this accessible to those who care for children as well as to children themselves.

Q1: Advice and Accessibility – This Guidance seeks to provide advice to local partnerships and agencies to inform the development of local guidance, and has been structured in sections that are intended to be standalone and accessible to practitioners seeking advice on particular aspects of practice.

a. **In your view, does the Guidance fulfil these objectives?**
   Yes, To Some Extent, No, Don't Know

b. If you do not think the Guidance fully fulfils these objectives, or if any sections are not sufficiently standalone please explain your view and suggest how improvements could be made

Children in need of care and protection require all of their needs to be considered holistically their own needs, the needs of their families, as well as their wider community and society. We welcome the comprehensive nature of the Guidance, as well as its intention to promote cultural change, including an essential focus on early intervention. Furthermore we welcome a recognition of the impact of structural factors, notably poverty.

The effort to be inclusive means that navigating the Guidance itself may be challenging for the workforce, perhaps even more so for those who do not work directly in the frontline services of Social Work, Education, Police and Health. Furthermore, there is a risk that the intention to promote cultural change could be lost in those sections that are, by necessity, more prescriptive than others. We recognise the need for clarity regarding procedures including Inter-agency Referral Discussions (IRD), Joint Investigative Interviews (JII), and Child Protection Planning Meetings (CPPM). However, a risk of placing detailed, procedural guidance alongside wider aspirational practice change is that some of the workforce may choose only to read specific sections as required, and therefore miss the key messages, which underpin strategic and practice responses. For example, a significant practice shift is in the move from Child Protection Case Conference (CPCC) to Child Protection Planning Meetings (CPPM). We suggest highlighting significant shifts in practice alongside their rationales earlier in the Guidance, and include an Executive Summary, which emphasises the wider cultural changes to which Scotland aspires.

While the primary purpose of this Guidance document is to provide guidance for single and multi-agency responses for those who have a responsibility to keep children and young people safe, in line with the expectations of The Promise, we would welcome plans to produce a version that children, young people and families can access to assist them to understand what they can expect from these agencies in these circumstances.

Some sections in 'Specific Areas of Concern' are highlighted in bold (i.e. 'Protection of Disabled Children' and 'Domestic Abuse') whereas others are not; we suggest that this should be consistent throughout the Guidance. In Part 3, boxes are provided in Blue, Amber and Green to denote guidance and themes and principles. Given that Part 3 is a large section, including a key to this on each page would be helpful to remind the reader of its purpose.

The use of hyperlinks in the Contents page at the beginning of the Guidance, and at the beginning of each part of the Guidance, is very helpful for navigating the Guidance. We would suggest that a uniform style and layout for the links at the beginning of each part is adopted, so that it is clear that these operate as hyperlinks. It may also be useful for the Guidance to be published in a form that can be accessed easily on a mobile telephone device including smart phones, so that the workforce could access guidance readily wherever they may be working and whenever they need to. We wondered whether there has been consideration of developing a digital mobile application for downloading on tablet devices and mobile telephones, to increase the accessibility of this Guidance.

Throughout our response we have highlighted the role of the education workforce in protecting children. To affirm and recognise the key role of the education workforce, we

would suggest that the 'Education' chapter be placed earlier in the Guidance, so as to strengthen awareness that the role of the education workforce in child protection is of equal importance to that of other agencies, and further, we suggest that education is explicitly named in all references to multi-agency work throughout the Guidance.

Q2: Legislative and Policy Development – This revised Guidance seeks to reflect legislative and policy developments since 2014 and include relevant learning from practice and research.

a. **Are you aware of any additional legislative or policy developments, research or practice that should be included?**
   Yes, To Some Extent, No, Don't Know
   If so please provide further details

We welcome the detailed and comprehensive description of relevant legislation and policy in this Guidance, as well as the practice, research and resources compiled in Appendix F. The following discussion expands on a suggestion that in some parts, information on legislation and policy could be presented more clearly to ensure that there is consistency in practice that upholds the best interests and welfare of children and young people, particularly so where legislative and policy landscapes are complex.

Definition of child

The section of the Guidance 'Definition of the child' (page 8) outlines the differing legislative frameworks by which a child is defined according to their age in Scotland. While the information highlighting the legal complexities is helpful, we would suggest that this information is framed by a clear, general presumption that a child is defined as a person under 18 years of age. This is in line with the United Nations Convention of the Rights of the Child (UNCRC), currently supported by the Children and Young People (Scotland) Act 2014 (the 2014 Act) as well as by GIRFEC principles, and soon to be incorporated into Scots Law through the UNCRC (Incorporation) (Scotland) Bill currently making its way through the Scottish Parliament.

We recognise that the Scottish legal system allows for some changes to legal status and capacity of a child according to their chronological age, but the State retains a responsibility to ensure that appropriate levels of protection are in place for all children under the age of 18, and so child protection mechanisms must be provided for children up to this age. The need to recognise and respond to a 16 or 17 year old in need of protection as 'a child first' is recognised in the Scottish Government's Child Protection Improvement Programme's (CPIP) 2017 Report.[1] The Scottish Government has recently consulted on the principle of raising the age of referral to the Children's Reporter to include all children under 18, initial analysis shows there is support for this principle.[2] This is especially important for children and young people who have experienced trauma and whose child development timeline is less likely to match the physical, psychosocial and emotional milestones and maturity akin to chronological developmental age ranges. A child rights framework, and specifically Article 5 of the UNCRC, supports meeting the

[1] Child Protection Improvement Programme (2017) Child Protection Improvement Programme Report

[2] Scottish Government (2020) Analysis of Consultation Responses for: Raising the Age of Referral to the Principal Reporter, Final Report

best interests of all children according to their developing capacity, in which increasing chronological independence does not mitigate a right to protection.[3]

We acknowledge there are circumstances in which different legislative frameworks can be used to further the best interests of an infant, child or young person, ranging from pre-birth support to Continuing Care duties (under Part 11 of the 2014 Act). We welcome wording on page 9 to reflect this, 'services will need to consider which legal framework best fits each person's needs and circumstances' but would suggest going further: in line with The Promise, there should be an emphasis in the wording that clarifies that the best interests of the infant, child or young person are always prioritised, as opposed to the legislative system, to ensure that responses to children are based on their needs and not dictated by the function and form of this system.

Transitions to Adult Support and Protection

The section 'Transitions to Adult Support and Protection' (page 65) outlines practice on the transition between child protection systems and adult support and protection. Ensuring that the wellbeing and needs of children and young people are met is particularly important when considering transitions from child services to adult care and protection services. A growing body of research on the concept of 'emerging adulthood' recognises a significant shift in the age at which young people mature into adult roles, which increasingly does not happen until mid to late-20s.[4] Trauma can have a profound impact on the developing brain and on a child's development.[5]

Systems and legislation based solely on chronological triggers to access (or exit) services may not reflect the reality of how the needs of individual young people evolve and emerge.[6] Some young people will be considered an adult by law, and only eligible for care from adult services (which may be less accessible or available to meet their needs), while their needs are such that they require the type of support offered by children's services. For children in need of care and protection, service interfaces require flexibility and input from both child and adult services, rather than just one of these services, to best meet the unique needs of each young person.

Reference in the Guidance to multi-dimensional aspect of transitions to adulthood, and recognition that aspects of transitions function as a 'handover' (page 9) is helpful, however we would strongly advise some caution around the use of language. Whilst in a practical sense it is true that transitions function as a 'handover' of support, we would recommend that language emphasises the importance of maintaining and supporting the relationships that matter to children and young people during these significant changes in their lives. Indeed these relationships, in meeting the needs of all children and young people, must always remain the highest priority, and are essential to Continuing Care provisions and the continuity of all other services for children and young people in need of care and protection until the age of 25.[7] The opportunity to revise this Guidance in ways that are framed by the importance of ensuring the best interests of children and young people are met is positive. There is an ethical responsibility which needs to take precedence over the challenges of navigating a complex and fragmented policy

[3] General Assembly of the United Nations (1989) Convention on the Rights of the Child Geneva: General Assembly of the United Nations, UN Committee on the Rights of the Child (2016) *General comment No. 20 (2016) on the implementation of the rights of the child during adolescence, Geneva: United Nations Committee on the Rights of the Child (*page 6)
[4] Mann-Feder, V and Goyette, M. eds. (2019) *Leaving Care and the Transition to Adulthood,* New York: OU Press
[5] Brennan, R., Bush, M., Trickey D., Levene, C. and Watson, J. (2019) *Adversity and Trauma Informed Practice, a short guide for professionals working on the frontline,* London: YoungMinds
[6] A Way Home Coalition (2019*) Youth Homelessness Prevention Pathway: Improving Care Leavers Housing Pathways.*
[7] McGhee, K. (2017) Staying Put and Continuing Care: The Implementation Challenge,

landscape. Later on in the Guidance there is recognition that the statutory framework for adult protection and support has different criteria for identifying an adult at risk, and that young people who have been supported up to the age of 16 (or even 18) might not fit these criteria (page 65), identifying that some children and young people in need of support and protection will not be able to access this from adult support and protection systems.

The needs of some young people aged over 16 and 18 can be addressed via Parts 9 (Corporate Parenting), 10 (Aftercare) and 11 (Continuing Care) of the 2014 Act. However, our understanding of anecdotal experience across networks of the workforce and young people gives evidence that practice implementation and access to appropriate support is highly inconsistent.[8]

Furthermore, many vulnerable children and young people who have needed the support of child protection systems will not meet necessary criteria to receive support via these provisions, and will not be supported by these safeguards beyond the age when child protection mechanisms end; the use of which can dwindle before a child reaches 16.[9] This can create great risk for children and young people who can be caught in a 'no-man's land' between child and adult services.[10] Many young people are still then left without adequate support and little or no legal recourse should their situation be unsafe.

Whilst we recognise that supporting young people over the age of 18 draws on legislation, policy and processes beyond just child protection, this Guidance would be well placed to support agencies understand the importance of supporting the welfare of all children up to the age of 18 in need of protection. It should also meet the needs of any young people transitioning into adult care and protection, and those who do not meet the criteria to do so.

We welcome the inclusion of the resources on child protection in transitional phases on page 254 of the Guidance. In order to support the workforce to best support children and young people until and over the age of 18, we would also recommend the addition of the following resources:

- 'A Way Home Scotland' Coalition (2019) Youth Homeless Prevention Pathway: Improving Care Leavers Housing Pathways

- Arnett J.J. (2000) Emerging adulthood, a theory of development from the late teens through the twenties. American Psychologist, 55(5) 469-480

- Arnett, J.J., Zukauskiene, R., and Sugimura, K. (2014) The new life stage of emerging adulthood at ages 18-29 years: implications for mental health. Lancet Psychiatry, 1(7), 569-576.

- CELCIS, Clan Child Law and Care Inspectorate (2020) Continuing Care and the Welfare Assessment: Practice Note

- Mann-Feder, V and Goyette, M. eds. (2019) Leaving Care and the Transition to Adulthood, New York: OU Press

[8] ibid.

[9] Scottish Children's Reporter Administration (2020) SCRA Statistical Analysis 2019 – 2020, Stirling: Scottish Children's Reporter Administration

[10] Stein, M. (2012) Young People Leaving Care: Supporting Pathways to Adulthood

- CELCIS (2017) The Children and Young People (Scotland) Act 2014 Part 9 (Corporate Parenting)

Further suggestions

We also suggest the following amendments to the Guidance:

- In Section 23 (page 10), the content on legislation around same sex parents only refers to female relationships. We would suggest that this be amended to include relevant content for same sex parents who are not female (including men and non-binary people).

- In Section 32 (page 12) 'Physical Abuse', we suggest that a reference is made to the Children (Equal Protection from Assault) (Scotland) Act 2019 and the changes this has brought about to remove the common law defence of 'reasonable chastisement'. It may be helpful to provide a hyperlink to the section 'Physical Abuse, Equal Protection, and restraint' later in the Guidance on page 149.

- In Section 72 (page 18), we suggest that 'Guidance Teacher' be replaced by 'Pastoral Care Teacher'.

We would also suggest that resources to support children who are living away from home in secure care are added to the Appendix F, including:

- The Secure Care Pathway and Standards Scotland (2020)

- Children and Young People's Centre for Justice (2018) ACEs, Places and Status: Results from the 2018 Scottish Secure Care Census

- Children and Young People's Centre for Justice (2017) Chief Social Work Officers and secure care

Q3: GIRFEC Practice Model – Our aim is to ensure that the Guidance is fully integrated with the language and core components of the 'Getting It Right For Every Child' (GIRFEC) Practice Model.

a. Do you think the revised National Guidance for child protection is integrated with the GIRFEC practice model?
Yes, To Some Extent, No, Don't Know
Please explain your answer

We welcome the consistent reference throughout the Guidance to the 'Getting It Right For Every Child' (GIRFEC) Practice Model, as well as the clarity in connecting this to a rights-based approach to child protection. The Guidance provides a clear articulation of the importance of the GIRFEC approach to protecting children, particularly in recognising that all children must receive the right help at the right time. This could be strengthened further by ensuring that alignment to GIRFEC principles, and how these principles will be implemented in practice is integrated throughout the Guidance. We would therefore caution against any separation out of GIRFEC guidance on child protection into distinct sections of the Guidance, or as a separate document. This could make guidance on GIRFEC less accessible to the workforce, including managers who only access specific sections of the Guidance relevant to their practice.

The further reference to the importance of ensuring the child's needs are at the centre of all support and decision-making processes across the continuum of their care and protection (page 14, paragraph 48) is helpful: early responses to the needs of children and their families are a core recommendation of The Promise.[11] We outline some of the generic challenges and barriers to implementing GIRFEC in practice throughout this response, including the barriers that can prevent universal services manage wellbeing concerns earlier; and how the numerous systems involved in multi-agency responses to a child's need can result in fragmented responses that do not best support the needs of each child.

The GIRFEC approach advocates a range of approaches to support a child consistently as their needs change, ensuring 'the right help at the right time' is available. To that end the reference in the Guidance for approaches to include 'a step up, step down in the intensity of provision without successive delays or fractures' (page 24, paragraph 118) is helpful. In practice however, there can often be a separation between the processes involved in a 'child protection' response and other support that children and their families may need, such as from universal services. Some agencies, such as social work departments may not be involved when support needs are first identified, as universal services support the needs of these children and families. This could include, for example, a member of school catering staff who holds a good relationship with a child and is able to recognise a support need before other members of the education or social work workforce become aware of this need.

This can have the effect of confirming an explicit or implicit message that support from social work is reserved for when a support need has become 'serious', meaning that there is no gradual progression from universal services, but an acute 'tipping point' when protective measures are enacted. Whilst this is necessary in the context of immediate (or risk of) significant harm, this can impose barriers to preventative, continuous and congruent support for a child and their family.

Aligning practice to GIRFEC principles requires addressing the hurdles to early support. There are a range of ongoing programmes to address the barriers and build the bridges for practice change in Scotland. The CELCIS partnership work Addressing Neglect and Enhancing Wellbeing (ANEW) uses an Active Implementation approach which offers learning with regard to the ingredients required to undertake complex change which may offer some insights into the cultural and practice shift required to fully implement GIRFEC. We recommend that the Guidance includes an explicit statement in relation to the role of GIRFEC and the Five Questions in good practice and early support. It would be important for this to be embedded throughout the Guidance as a key theme, including in an Executive Summary, which we believe is also necessary.

Part Two of the Guidance references the local coordination of CPCs. This section could be further strengthened by contextualising guidance on these and other multi-agency systems in children's experience of these systems. Whilst not all children who experience protective measures will be or become, 'looked after' (as defined in statute), those who do are often involved in a range of systems. For example, a child may have different designated chairpersons for their Child's Plan and their Child Protection Plan, as well as other duties from their Corporate Parents. Support for a child or family is experienced by them as fragmented into different systems and different people, which can be stressful and confusing. The same can be seen with variation in the understanding of 'thresholds' of need locally and across the different services that support a child and their family, resulting in either gaps or fragmentation of support.

[11] Independent Care Review (2020) The Promise (page 7)

Delineated responsibilities for different supports or different measurements of need have resulted in a delineated system.

The complexity of this legislative landscape and the processes involved in it, and the impact of this on children and their families, has been raised by the Independent Care Review as in need of radical reimagining.[12] Providing the right support requires significant energy from everyone involved, ranging from those in strategic governance to all levels of the workforce, and any other adult who interacts with children and families on a day-to-day basis. The role and function of CPCs as a recognised and established multi-agency strategic forum can have a pivotal influence on enacting this change, and may also require adaptation to enable a whole system approach that is solely for enacting protective measures. Whilst the Guidance cannot restructure this complex landscape, there is capacity to commit to the ambitions of The Promise, to anticipate and prepare for these changes, and to ensuring that the workforce, including practitioners, managers and local strategic leadership are confident in doing so; meeting the needs of a child before the demands of the many systems that they may interact with.

Named Person

We welcome the acknowledgement of plans in this Guidance to update GIRFEC Guidance on the Named Person role and function. The Guidance would be well placed to clarify messaging and correct misunderstandings around the National Practice Model. In our work across a range of networks across Scotland, there have been anecdotal perceptions that following the repeal of the Named Person Service in legislation, the Named Person role and function is no longer applicable. Ensuring clarity and support for the roles of named person and lead professionals (and the transition in between these) is crucial.

The Guidance would be strengthened by providing clear and assertive guidance on assignment of lead professionals and named person responsibilities when multiple agencies are co-located in the same setting, stating that if there is more than one professional working with a child, there must be a lead professional to co-ordinate support.

Participation

The messages around child participation, especially references to ensuring that a child's experience and needs influence decisions that affect them, rather than only their views, is most welcome. The GIRFEC Practice Model brought into focus how the child's views should be included in any assessment and planning. However, in practice this has often been interpreted to mean that children who are non-verbal, either due to their developmental stage or due to additional support needs, were unable to give a view, and this was recorded as such in reports. A change of terminology and emphasis to a 'child's experience' would better facilitate the workforce to seek to include a child's experience of their world, including understanding non-verbal communication such as disclosure through play.

This raises a need for further practice guidance for the workforce to enable them to engage in this way directly and meaningfully with all children - we cannot assume knowledge of this or professional training is sufficient. We welcome the forthcoming

[12] Independent Care Review (2020) The Rules

Practice Note on participation of the child and family and hope this will direct the workforce to examples of best practice in how to engage with children and understand their experiences and needs. There a need for this Guidance to ensure that assessments can facilitate the recording of all children's experiences and needs, including non-verbal or pre-verbal children. This will often require assessment by an adult with a trusting, pre-existing relationship and knowledge of a child. Including the experiences of all children will be especially relevant to children who have experienced trauma, including (but not limited to) Joint Investigative Interviews.

Parental Involvement

A core message of GIRFEC is a shared responsibility for meeting children's needs, any collaborative approach to support must include children's families.

Whilst this principle is outlined within the Guidance, we note that in practice, there may be barriers to doing so, especially where parental involvement conflicts with perceptions of parental accountability for harm to a child. These perceptions can be further entrenched where harm to a child is the subject of criminal proceedings. However, assessment in child protection is based on a balance of probabilities rather than a need to prove fault of parents.

We would recommend a clear and assertive framing of information on parental involvement for the workforce, with practice examples that acknowledge the challenges, complexity and skill involved in upholding GIRFEC principles to meet a child's needs. Additionally, the Guidance would be further strengthened by explicit reference to the need for supervision and support for all of the workforce, including both practical and emotional support that is trauma-informed and trauma-responsive (to protect against vicarious trauma), and signposting to resources that would support this. The Promise highlighted the need for Scotland to 'hold the hand of those who hold the hand of the child', [13] and support and supervision for the workforce must be understood as fundamental to supporting the needs of children.

Information Sharing

The reference to information sharing, clarifying for the workforce, including managers across agencies that information should be shared if there are concerns that a child may be at risk remains crucial. While the Guidance states that seeking advice on information sharing and recording decisions to do so, act as safeguards to the rights of children and parents around their information, privacy and protection, in practice there is currently a lack of certainty around the sharing of information when there are wellbeing concerns that do not clearly indicate a child is at risk when viewed as singular occurrences. We know that in such circumstances, the sharing of information can assist with the identification of neglect when seen as a series of occurrences over a period of time. Clarity on sharing of information in would therefore further strengthen this Guidance.

Q4: Practices and Processes – Part 3 seeks to accurately and proportionately describe the practice and processes critical in the protection of children.

a. **Are there any practices or processes that are not fully or clearly described in the guidance?**
   Yes, To Some Extent, No, Don't Know

b. **If so, please state which processes/practices are not fully or clearly described and suggest how the description could be improved.**

[13] Independent Care Review (2020) The Promise (page 100)

We welcome the shift in tone in Part 3 of the Guidance, which is more procedural in style, offering a significant level of detail that will support consistency in practice across Scotland. This will enable local areas to have confidence in their own procedures, though we recognise the challenge in balancing this with a need for local, contextual and individual flexibility that ensures that practice is always responsive to the needs of a child.

The Child Protection Investigation

All the content on core processes and elements of process is outlined in significant detail, with the exception of the Child Protection Investigation. This element of the process is referenced 10 times throughout the Guidance (in parts 1, 3 and 4), with specific content in the flow chart on page 128. However, this flowchart is the only place where elements of the process are defined, without any section describing the Child Protection Investigation or this element of the process. It would be helpful to add a sub-heading for the Child Protection Investigation within Part 3, or more explicitly describe this within the Inter-Agency Referral Discussion (IRD) section.

Education

We would suggest that the role of education within the processes and practices described throughout the Guidance is strengthened. The education workforce (including auxiliary staff) hold important relationships with children. In line with GIRFEC policy, those working in education may undertake the role of the 'named person' within a local context. In this or any other capacity, their role recognising and sharing concerns, decision-making and planning and the provision of support should be at the core of the Guidance.

We would also suggest that the section 'Local Authority Education Services' in Part 2 includes:

- Reference to education having a significant role in identifying protective support or resources (page 52, paragraph 110);

- A clear statement that education staff must not delay consulting the Child Protection Officer and raising their concerns through fear or anxiety about damaging a relationship with children and/or families (page 52, paragraph 111).

In Part 3, the clear, unambiguous statement on information sharing 'Concerns about possible harm to a child from abuse, neglect or exploitation should always be shared with Police or Social Work' at page 85 paragraph 1, is welcome. However, the section on information sharing in Part 1 is more ambiguous. Information on initiating the child protection process is of particular importance to universal services (including education) and third sector. While the process for decision-making at the IRD and the role of professional judgement in determining harm is clearly described, it may be useful to include some additional text at the start of this section on page 85 to guide practitioners faced with a decision about whether to make an initial referral or notification of potential child protection concerns. In this regard, some practice examples would be helpful. It would also be helpful to reinforce that concerns should be shared 'without delay' or 'at the earliest opportunity'.

Inter-Agency Referral Discussions

We welcome the inclusion of a distinct section on the principles of involving children and families in child protection processes within Part 3 of the Guidance.

We would recommend that there is more content and clarity given to ensure that the experiences, needs and 'voice' of children and families are integrated into the IRD process. While we recognise that an IRD should be initiated at the start of the process and that it may not be appropriate to gather the views and experiences of children and families directly at the commencement of an IRD, reference could be made to the importance of including the experiences, feelings and needs of children and families where these directly relate to the purpose of the IRD and are known or can be determined to from existing information. Procedures for IRDs should be strengthened by clearly outlining how a request can be made for an IRD by an agency that is not one of the three 'leads' designated in the Guidance, and the procedure for decision-making in this situation.

Child Protection Planning Meetings

The change in terminology from Child Protection Case Conference (CPCC) to Child Protection Planning Meeting (CCPM) is much clearer for parents and children. It should also be noted in this drafting that a CPPM was previously called a CPCC in the 2014 Guidance as well as the fact that within some local child protection procedures there will be references to planning meetings/case discussions which were convened in particular circumstances.

There is no mention of a role for Local Authority legal services within the Guidance and we would support a reference being added to highlight the value of involving legal services at an early stage in the process where legal measures such as a Child Protection Order are being considered.

Specific comments

- There is an error on the contents listed on page 82, as it is not consistent with the contents of the section. The contents on page 83 is correct.

- On page 85, 'Initiating Child Protection Procedures', we suggest changing the order of paragraphs 2 and 3 in the blue box so that examples of concerns that can lead to consideration of the use of child protection procedures are given before the content on the decision to initiate procedures.

- In paragraph three, bullet point 6 would be clearer if expanded slightly along the lines of 'Through ongoing contact with social work if the children are known to social work, or the review of a child's plan'.

- Paragraph 10 refers to other children affected by risk of harm or neglect, defining this as other children in the same household or family network. We suggest that this be widened to reference peer networks as per contextual safeguarding practice.

- Paragraph 12 states:

  > 'The statutory criteria for referral to the Reporter are: The child is in need of protection, guidance, treatment or control; and it might be necessary for a Compulsory Supervision Order to be made in relation to the child.'

  The Local Authority and the Police must refer a child when the criteria apply. This also applies in paragraph 34 where reference is made to 'early referral' to the Principal Reporter. We suggest more assertive language is used here, such as,

  > "Local Authority and Police must make a referral when they believe the criteria above have been met. In an emergency situation consideration

should be given to applying for a Child Protection Order if required to keep the child safe."

- Within paragraph 12 we believe a link to the CHIP Guidance on Referral to the Reporter should be referenced.

- Paragraph 14 on emotional stability may be an opportunity to reference the importance of maintaining important relationships including relationships with siblings in this context.

- In paragraphs 15 and 16 reference is made to convening an IRD where there are concerns of abuse or neglect. It may be relevant to add exploitation here to support the culture shift away from considering child protection processes as only being relevant in a familial context.

- Paragraph 44 suggests that CPCs may wish to consider integrating information on IRD into their reporting framework. Given the central importance of IRD and the anticipated improved consistency in IRD practice, this could be strengthened from 'may wish to' to 'should'.

- Paragraphs 83 and 84 describe Voluntary Accommodation. We believe the phrase 'When a child's parents or carers do not object' is not sufficient to ensure informed consent and promote best practice. We would like to see reference made to the importance of a clear explanation of voluntary accommodation and the potential for parents or carers to seek legal advice if they wish, as well as taking account of the views of the child (which we note is covered in paragraph 84).

- Paragraphs 86 – 88 describe Child Protection Orders. It would be helpful to include here the importance of providing a copy of the application, any supporting documentation and the CPO itself to the Reporter without delay.

- Paragraph 98 - on preparation and reporting for a second working day hearing is an opportunity to include an expectation around liaison with the reporter and swift provision of documents and other information.

- The section on interim safety plans between paragraphs 99 and 100 includes a statement that it is recommended that a child's version is produced. It would be helpful if guidance on the style or format for this was provided here or within the practice note on participation.

- The text box at paragraphs 131-133 is headed 'transfer of cases'. The terminology 'cases' and 'transfer' are not in line with best practice, and does not ensure that this guidance is future-proofed if these records are accessed by that child later in their life. An alternative may be 'When children and families move from one area to another'.

- Paragraph 136, bullet point 3 would be strengthened by amending this to 'ensuring that the parents/carers and child's views are heard and taken into account.'

- Paragraph 138 refers to parents being prepared for their involvement in a CPPM as part of discussion on who is required to make a CPPM quorate. This is an important part of the process and should be included as a stand-alone paragraph

with more detail on what is expected and who is responsible for doing this. This may be best placed above paragraph 137.

- Bullet point 2 of paragraph 137 makes reference to the opportunity for a parent/carer or child to bring a 'support person' with them to a CPPM. We are aware that in at least one local authority area, police checks are undertaken on individuals who attend as support persons and any information collected is shared with the chair of the CPCC (now CPPM). If this practice is recognised as common across Scotland then it may be helpful to reference this here.

- There is an error in Paragraph 141 with the omission of 'after' from the sentence 'They need sufficient time and support before and during and after the meeting to understand shared information, including concerns and decisions.'

- Between paragraphs 144 and 145 there is a section that covers sharing restricted access information within the CPPM. It would be helpful to include guidance not to include this information in Minutes or other documentation that is shared with the child or parent/carer.

- Page 123-125 is a box headed 'Child giving evidence in criminal and civil proceedings'. While this section covers children giving evidence, it also includes other aspects of inter-agency working where there are court proceedings. For example, the guidance in paragraph 6 in this box applies whether or not a child is giving evidence and this could be better reflected in the heading within the box. Within this section, we note the reference to hostile cross-examination of a child (paragraph 6) and note that this should never be acceptable.

- Regarding the flowchart on page 128, we are unsure of the rationale for 'Concerns about neglect or abuse of a child believed to be involved in serious harmful behaviour' going straight to a CPPM and not via IRD. We also note that this is the first place serious harmful behaviour is mentioned and it would be helpful to cross-refer to the section in part 4 'Serious harmful behaviour shown by children above and below age 12' where this term is defined.

Q5: Assessment Section - A new section of this National Guidance (Assessment part 2b) provides advice about child protection assessment practice.

a. Is this section sufficiently clear and does it cover all of the aspects you would expect?
Yes, To Some Extent, No, Don't Know

b. If No or To Some Extent, please suggest how this section could be improved

We welcome that the content on assessment is rooted in children's rights, including the 'Guiding Considerations' of 'rights, relationships and resilience' (paragraph 4, page 68). This will assist all those who work with children to ensure their rights are upheld. We also welcome the clear reference to The Promise and connection to GIRFEC principles, including the place of assessment in the continuum of support within GIRFEC practice, and specific reference to ecological and developmental frameworks within GIRFEC.

We recognise that there needs to be a careful balance between situating practice in nationally consistent approaches and frameworks, and the need for assessment to be

adapted to the individual circumstances of a child, in order to create a plan that meets their needs. The Guidance states that it is intended to be a frame of reference for local areas to develop local guidance, approaches and training, and that it is not intended to be overly prescriptive. For this reason, we suggest that within the examples of assessment practices given, there should be clear reference to other models of assessment practice. This would serve to clarify any misunderstanding that the model of assessment in the Guidance is the preferred model of assessment.

Assessment of significant harm must be made for each individual child in relation to their character, context, parental capacity and the consequences to the child's health or development.[14] Therefore, the assessment and support needs of each child will differ. We note that as drafted there is no fixed definition of Significant Harm within the Guidance for this reason, but would suggest that context and practice examples are offered to assist understandings of this variation. In addition, we would suggest reference is made to the National Risk Framework, which illustrates the complexities that arise when practitioners and managers assess needs and risks, so that assessments and any Child's Plan (for protection or otherwise) meets the individual needs of a child.

The Guidance states that 'each situation is distinctive. Standard solutions cannot be derived from procedures' directing attention to professional intuition and curiosity into children's experiences, qualifying this as 'located firmly within an agreed and approved framework and approach' (page 72). In practice, pressures and resource constraints (such as workload, lack of training and supervision and the effects these have on the emotional impact from work) can act as a barrier to this. This can lead to a desire for rigid guidance on assessment, resulting in replication of processes and approaches, and Plans that do not meet the needs of an individual child.

The Guidance highlights the value of supervision and consultation throughout, and assertive guidance on embedding supervision across all agencies can support assessment practices. We welcome the clear frames of reference for assessment, as these will support individualised assessments, however to use these, practitioners will require some familiarity with the concepts and references (such as learning from Significant Case Reviews and access to minimum datasets). We would suggest further detail and explanation of those to enable this information to be translated into local guidance and used in practice by all of the workforce, including practitioners and managers.

Trauma informed approaches to assessment

The references to trauma sensitivity and trauma informed approaches throughout this revised Guidance are welcomed, including the references and hyperlinks to resources including the National Trauma Training Programme and Scottish Knowledge and Skills Framework for Psychological Trauma and accompanying Trauma Training Plan (page 39). To further strengthen this, we would suggest that content on trauma is linked to every section. As some of the workforce may only access parts of the Guidance, it might be wise to have a primary section compiling all information on trauma, as well as inclusion of resources on trauma and child protection in Appendix F. We would also suggest including content which clarifies that 'trauma informed practice' is not the same as 'trauma responsive practice', which demonstrates not just awareness of trauma and its impact on a child and family but is a relational practice by the practitioner that in itself enables recovery for the child and family they engage with.

[14] Calder, M.C., McKinnon, M. and Sneddon, R. (2012) National Risk Framework to Support the Assessment of Children and Young People, Edinburgh, Scottish Government (page 8)

We welcome the references to trauma sensitivity and informed approaches to assessment in Part 2b, however we suggest that this content could be further strengthened with content specific to assessment. This could include, for example, how trauma can manifest in behaviours, and how perceptions and understandings of these behaviours will affect assessment.

We welcome the section 'Using GIRFEC components in assessment' (page 70), including examples of factors in children's behaviour that should be considered in assessment. This includes children who appear 'fine' when under significant stress (page 71). We would suggest that this be strengthened with further information to aid trauma informed practice, with guidance stating that all behaviour should be considered to be a form of communication, and that children who have experienced trauma should be able to access ongoing support at the time that is right for them, including those who appear 'fine' or resilient. The implementation of trauma informed practice in assessment could be further supported with reference to the role of shared multi-agency assessment practice development sessions in increasing trauma-informed assessments.

Development and Assessment

Similarly, we welcome reference to a developmental lens in assessment, as opposed to assessment based on chronological age. This is crucial for a trauma-informed approach to assessment. If the guidance on assessment is not intended to be prescriptive, practitioners and managers across agencies will require support to understand how to incorporate a developmental lens within assessment. Protective measures are often aimed to protect children from immediate harm, but we also know that harm has long-term impacts that may affect children as they grow older. Assessments should be able to plan protection from immediate harm as well as anticipate long-term impacts, and prepare provision of appropriate support services for when a child or young person is ready for these. This is particularly relevant for assessments and support of older children or young people over the age of 18 with developmental needs that differ from their chronological age. In answer to Question 2 of this response, we have highlighted the importance of support for all children and young people based on their needs and wellbeing, rather than legislative systems based on chronological age. Supporting a developmental lens in assessment practices, for example with assessments for trafficking and exploitation, will require further content in this Guidance, such as practice examples, exploration of bridges and barriers to practice, references to external guidance.

Q6: Description of child protection processes and procedure – This National Guidance covers the consideration, assessment, planning and actions that are required, when there are concerns that a child may be at risk of harm. It also provides direction where child protection procedures are initiated. This is when Police, Social Work or Health determine that a child may have been abused or may be at risk of significant harm and an Inter-agency Referral Discussion (IRD) will take place.

a. **Are the processes and procedures that lead to and follow IRD clearly described within the Guidance?**
   Yes, To Some Extent, No, Don't Know

b. **Please provide additional comments.**

The description on child protection processes and procedures in this Guidance, including those described for Inter-agency Referral Discussions, would be further strengthened by

citing Education as a core agency, alongside Health, throughout the child protection process. We are aware that in a number of geographic areas education services are a core and valued member of the IRD process for nursery and school-aged children. While this is not the case across the Scotland, we would like to see this practice supported within the Guidance.

We would make the following suggestions for the paragraphs from page 88 of the Guidance:

- Paragraph 15 states that an IRD should be undertaken as soon as reasonably practicable. As timescales for other processes are included in the Guidance, it would be strengthened if an indicative timescale was included.

- Paragraph 18 states that an IRD may be requested by any agency. It would be helpful to include examples of agencies e.g. education (if not considered a core agency), housing, and the third sector. Any core agency (currently social work, police or health) can initiate an IRD so where an IRD is requested by a non-core agency it is important to be clear about who holds decision-making responsibility to proceed to an IRD, and whether there will be a mechanism in place to challenge this decision.

- We welcome paragraph 19 regarding the recording of a single core IRD record, this would be strengthened by the use of a standard template across the country.

- Paragraph 19 gives information on an IRD record, and we suggest adding to this the inclusion of the time and date of the IRD, the reason for starting an IRD and consideration given to recording which partners attend the IRD.

- Paragraph 20 outlines a range of considerations to determine a child's capacity and development at the stage of IRD. These are important considerations as part of an investigation and, for example, in decision-making regarding processes such as Joint Investigative Interviews (JII), however, the range of factors listed would require assessment by qualified staff and such an assessment may not be realistic at the commencement of the IRD process.

- Paragraph 34 refers to an inter-agency child protection assessment whereas this is referred to as the child protection investigation in paragraph 35. We suggest ensuring that the language is around the definition and description of a child protection investigation within this section.

- Paragraph 35 states that a Senior manager, on review of available information, may insist that a CPPM is held but does not stipulate from which agencies this manager may be from. We would suggest this should be a senior manager from police, social work, health or education.

- Paragraph 39 gives guidance where there is a lack of consensus at an IRD. We would we would suggest that education be considered a core agency in this regard with senior managers from education consulted as part of the final decision-making process.

- Paragraph 57 (JII processes) states 'IRD participants must oversee and co-ordinate all stages of the child protection investigation'. This may be better placed within the IRD section.

- Paragraph 42 states "regular reviews of IRDs by senior representatives of core agencies." We would suggest more detail is provided about what would be involved, including the number of IRDs, the types of reasons for IRDs, the professional attendance at IRDs, the conversion rate to Investigation or CPPM.

- Paragraph 52 (JII processes) states that "The second interviewer would participate in the interview from a separate room". While we are aware that this is recommended practice within the current JII guidance, we know it is not common practice across Scotland and as such may lead to confusion for staff not directly involved in undertaking a JII.

- Paragraph 58 (JII processes) states that the interviewers will be identified at IRD. We do not consider this practical nor helpful in identifying the individuals best placed to undertake a specific JII and recommend this be an operational decision.

- Paragraph 119 states that CPPMs must consider whether a referral to the Principal Reporter is required if this has not already been done. We would suggest that if it is determined that no referral is necessary, then the reasons for this should be recorded.

- Paragraph 138 refers to the requirement for a CPPM to be quorate. Early Learning and Childcare are included in the expected minimum attendance but not education; we would suggest this be amended.

Timescales

- Paragraph 35 makes reference to a CPPM being held within 28 days. We suggest that this is clarified as 28 calendar days or 28 working days, Once specified, reference to calendar or working days should be included throughout the guidance, including in the following paragraphs:

    - Paragraph 117 (convening a CPPM);
    - Paragraph 123 (Core Groups meeting);
    - Paragraph 126 (Pre-birth CPPMs).

- Furthermore, we would suggest clarity on whether these start from the date of the IRD or the date a child protection investigation started. We would suggest that the 28 calendar/working days begin from the date of the IRD, to bring consistency to data recording. There is also inconsistency in the commencement of timescales for pre-birth CPPMs and other children, beginning from point of concern, or from the IRD or start of child protection investigation, and would suggest clarity and consistency on these.

- We suggest that timescales in Appendix D be amended based on the clarifications suggested above.

- There is also a need for consistency in the analysis and review of data relating to all/some of the timescales. Some of these are already part of the Minimum Dataset for CPCs, but we would suggest all of them be referred to in this Guidance, and the timescales data be collated and reviewed nationally (for example, on an annual basis).

- In paragraph 127 we note the change in guidance on timescales which now stipulates:

'Review CPPMs should be held within 6 months of the CPPM … Thereafter, reviews should take place six-monthly, or earlier if circumstances change'

This will be a significant change for some areas who have retained a 3-month timescale for review CPPMs believing this is best practice. The new guidance does not appear to allow flexibility for a routine 3 monthly review to respond to the needs of a child.

Additional Guidance and Minimum Standards

We have noted a number of areas where it may be helpful to link to or include additional guidance or minimum standards:

- Training and supervision for staff participating in IRD processes
- Checking agency records for relevant information as part of IRD
- Quality assurance of IRDs and JIIs
- Recording of proportionate, co-ordinated support agreed where it is agreed that a CPPM is not required.

Q7: Integration of health guidance – We have integrated previously separate guidance for health practitioners into the revised Guidance and more clearly defined the key role of health in protecting children at risk of harm from abuse or neglect.

Do you have any comments on specific aspects for health practitioners?

We welcome the integration of health guidance into this revised Guidance. The clear and unambiguous inclusion of health staff as a full partner in decision-making regarding IRD and related processes is crucial for a multi-agency response and we would suggest the following amendments and additions to further strengthen and clarify this in the guidance:

Part 2

The placement of paragraphs 85 and 86 in section two (page 47) 'General Practitioners' under a banner of 'Emergency Care Health Services' (paragraph 83) and between 'Emergency Departments' and 'GP Out of Hours Services' and 'Scottish Ambulance Service'. We suggest it would be clearer for the paragraphs on 'General Practitioners' to be placed either before 'Health Visitors' or after 'School Nurses'.

The paragraphs 92-96 in part two 'Child Protection Medical Examinations' (page 49) do not sit intuitively as this is positioned between responsibilities of NHS24 and responsibilities of Community Pharmacists. We suggest that the contents of this section are either boxed at the end of the section or incorporated with the section in part three on medical assessments and examinations.

Part 3

The terms 'medical assessment' and 'medical examination' are used interchangeably in some places throughout Part 3. We understand that the term 'examination' should refer to the physical examination of a child by a medical practitioner. A medical examination contributes to a medical or health assessment, which is an analysis of the findings from examination alongside other health information. There should be clear definitions of the distinction between the terms used and consistency in use throughout the Guidance, and these definitions should be included in the 'Glossary of Terms' (page 208).

Paragraph 63 includes reference to medical examinations being undertaken by 'a single paediatrician, two paediatricians, or jointly with a paediatrician and a forensic physician (Joint Paediatric Forensic Examination ((JPFE))'. This goes on to state that the type of medical examination is decided by a paediatrician and informed by an IRD or multi-agency discussion. However, no criteria or rationale for making this decision is given in the drafting. We believe that, wherever possible, it is in the child's best interests that the examination is undertaken by a paediatrician. Paediatricians have the expertise to engage well with the child, while limiting the number of people present at an examination would be preferable. If there are procedural reasons why this is not acceptable in some circumstances then those should be explicit.

Paragraph 65 refers only to carer rather than parent or carer which is used elsewhere so we think this should be changed.

Paragraph 68 identifies the information that should be provided in advance to the examining doctor. It is important to include in the guidance that for future evidential purposes, a careful record should be made of what information is handed over/conveyed verbally to the examining doctor and by whom.

Paragraph 69 notes that that 'Social Work services or the Police should ensure that the child and parent(s) (and/or any other trusted adult accompanying the child) have the opportunity to hear about what is happening, why and where so that they have an opportunity to ask questions and gain reassurance.' The role of the examining doctor to engage the child and explain what is being done should also be highlighted.

Given the level of detail contained within Part 3 of the Guidance, it may be helpful to provide some additional guidance within paragraph 70 as to how to ensure child-friendly surroundings.

The section on consent for medical examinations on page 98 (paragraphs 71-74) is clear and is welcomed. It would add further clarity to include guidance for circumstances where two parents have parental rights, but one parent or carer consents to a medical examination on behalf of a child or infant who is too young to consent for themselves, but another refuses consent. Additionally, circumstances where a carer or carers are not able to give consent, as they do not have parental rights, which may be the case for some kinship carers. We would also suggest that the flow and clarity of the section would be improved if the sentence at the start of paragraph 74 – 'However, where a child who has legal capacity to consent declines to do so, the Procurator Fiscal will not seek a warrant' were moved to the end of paragraph 73. Paragraph 73 should be explicit that, while the police or social work can assist, it is the responsibility of the examining paediatrician to ensure informed consent and *not rely on information from other professionals that this has been obtained.*

Paragraph 79 may be clearer if this read 'Local arrangements must be in place for medical examinations out of hours, where these differ from daytime/weekday arrangements *to ensure the opportunity to collect forensic trace evidence is not lost.'*

Q8: Neglect – The draft National Guidance defines 'neglect' as child abuse, where it:

> **"Consists in persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. There can also be single instances of**

neglectful behaviour that cause significant harm. Neglect can arise in the context of systemic stresses such as poverty and is an indicator of support needs."

a. **Do you agree with this definition?**
   Yes, To Some Extent, No, Don't Know

b. **Please provide additional comments.**

The definition of neglect in the Guidance offers a good description of neglect in the context of child protection. It also provides an example of one of the contributing factors that can lead to neglect: poverty. This will help to increase an understanding of this as an indicator that children and families may need additional support. This definition will assist practitioners to carry out appropriate assessment, informing support plans that can better meet the needs of a child and their family.

The pervasive impact of neglect often begins from the earliest point where the needs of a child are not being met. To fully align with GIRFEC, the Guidance should highlight the critical role of universal services and communities in identifying neglect at the earliest opportunity. This should include all of the education workforce (including ancillary staff) who hold important relationships with children, as well as health, police, the third sector, adult services, housing services and community safety. Multi-agency working is vital to ensure a collaborative and proportionate approach to support for children.

The definition of neglect here is the same as that in Appendix A (page 208) of the Guidance, however this does not appear in the 'Definitions' section of Part 1 (page 13). This could be confusing for the workforce whose first point of reference may be the 'Definitions' section. This should be included. We suggest the last sentence of the definition, 'Neglect can arise in the context of systemic stresses such as poverty and is an indicator of support needs' be used as the opening sentence. This would help the workforce to be conscious of the systemic stresses that affect parent(s), and to consider how to offer appropriate support to minimise these stressors, which would be in alignment with the message from The Promise (page 87).

Evidence shows that there is a clear social gradient in the rates of children subject to formal child welfare interventions (such as child protection registration or becoming looked after). Children in the most deprived 10% of small neighbourhoods are 20 times more likely to be subject to such interventions than those living in the least deprived areas.[15] Whilst we know that children from families living in poverty are more vulnerable to experiencing neglect, this is not the sole factor in the occurrence of child abuse and neglect, [16] and guidance should be clear that neglect can and does occur in families who are not living in poverty, and in affluent families, and that recognising it (and its impact) can be a significant challenge.[17]

The definition should also make clear reference to the impact of trauma, not only upon the child subject to child protection concerns, but also the life experiences of the parent(s), whose own early life trauma experiences may impact their ability to adequately meet their child's needs. [18]

[15] Bywaters, P et al., (2017) Identifying and Understanding Inequalities in Child Welfare Intervention Rates: comparative studies in four UK countries. Briefing Paper 4: Scotland
[16] Bywaters, P. et al (2016) The relationship between poverty, child abuse and neglect: an evidence review. Joseph Rowntree Foundation, page p4
[17] Bernard, C. (2017) *An Exploration of How Social Workers Engage Neglectful Parents from Affluent Backgrounds in the Child Protection System*. London: Goldsmiths
[18] Hartas, D. (2019) *Assessing the Foundational Studies on Adverse Childhood Experiences*. Social Policy and Society, 1-9.

We welcome reference to the specific impacts of neglect on very young children as well as older children in the 'Definitions' section (page 14). Neglect in older children may go unseen or may manifest in behaviours seen by adults as 'challenging'. While such behaviours might initially elicit some response from agencies, without fully understanding and addressing the underpinning impacts of neglect, any support will fall short. We would welcome the inclusion in the Guidance of a more comprehensive outline of cause, effect and impact of neglect throughout a child's lifecycle (including the neglect of older children) to assist pFractitioners to consider immediate and long term impacts of failure to recognise and respond to neglect.

Q9: Neglect – Recognising that it is a complex area we also include some discussion about whether neglect should be defined as abuse where it is "a consequence of systemic stresses such as poverty."

a. Do you agree with this approach?
Yes, To Some Extent, No, Don't Know

It is critical that this Guidance draws attention to the systemic impact of poverty on neglectful actions, and a need for child-centred support to families that addresses these impacts. However we note that the word 'neglect' is referenced throughout the Guidance alongside abuse, this can lead to an over identification of neglect as a conscious abusive activity, and reduce consideration of neglect as a reflection of either emotional or practical parenting capacity, including (but not exclusively) related to poverty. We suggest decoupling abuse and neglect within the syntax of the Guidance, and instead a clear focus that all support must be child-centred, which incorporates family support. Again this would be in alignment with The Promise.

Whether neglect should be considered a form of abuse is a dilemma that has challenged the workforce across the spectrum of public services. Evidence has highlighted the challenges in responding and supporting parents to address neglect, which can often require skills and resources out with the sphere of influence of one specific agency. For public services to address the issue of neglect and enhance wellbeing, a proactive, relationship-based universal system is required, which can support families to be able to adapt their parenting style to reduce neglectful behaviours.[19] Such systemic changes will take time and focussed energy to embed.

We recognise that there will be circumstances where despite supportive measures to children and their families, children's needs remain unmet, and significant harm may occur irrespective of the causal factors, requiring a child protection response. The impact of persistent neglect (intentional or otherwise) causes life-long harm to a child's development, and a child's needs must be the paramount concern of all supports around them. We recognise that there is a risk of prioritising support to address the structural factors affecting children, or the support needs of a child's parents, over the needs of the child. Learning from Significant Case Reviews has demonstrated that this risk must be addressed. Child-centred practice must consider all of these factors to enable a child to stay within their family, if it is safe to do so, without mitigating protection of that child from significant harm.

To enable this complex and skilled practice, the workforce, including practitioners and managers will need support in identifying the right responses to the needs of a child and their family, and may also benefit from support in evidencing what actions have been

taken to support a child and their family. With full implementation of GIRFEC and progression of the implementation of The Promise, we would hope that the likelihood of neglect becoming a chronic issue will reduce over time; however a small number of children may still require this level of protection in the meantime.

CELCIS has supported practice developments within communities that aim to address incidents of neglect to consider a more comprehensive and whole system response with the aim of reducing incidents of neglect and improving outcomes for those families and children who need formal support. The ANEW (Addressing Neglect and Enhancing Wellbeing) partnership between CELCIS and a number of agencies in local areas has supported them to adopt and strengthen a community asset approach to addressing the issues of neglect. This experience highlights that there is a need to develop multi-agency approaches that offer a coherent understanding of what neglect is, how it can be identified and understand and assess the parent/carer's capacity to provide attentive care to their children. The ANEW partnership found that the characteristics of effective services to address child neglect and enhance wellbeing consist of:

- Relationship based services that are proactive and focused on universal services that can reach out to children and parents;
- Addressing long term support needs requires sustained commitment to the child and their family at a pace that is based upon their individual circumstances;
- Good working relationships and strong points of contact with a child and their parents;
- Consistency in service;
- Consideration of the wider ecology of children's lives;
- Incorporation of crisis planning into services;
- Resilience building.

Support offered through ANEW partnership teams use the GIRFEC indicators to ensure that the continuum of support and guidance is available to all children and families at the level they may require based upon the child (and family's) individual need. This 'Team Around The Child' approach supports and encourages cross-discipline working to address issues in a way that enables a common understanding of neglect in a localised context and in identifying how this should be addressed to meet the individual family's needs. Consequently, those who need support feel included and involved in developing the support plan in a way that feels right for them and their family, and use of GIRFEC principles and universal services means that support does not feel obviously different from the experience of other families within their locality. We would suggest that this evidence on characteristics of effective services, and the integration of these services with GIRFEC, is integrated into the Guidance on addressing neglect.

In Part 1 of the Guidance, Paragraph 41 – 44 (page 13) the descriptions of neglect provide basic indicators for the workforce to consider. Similarly Paragraph 65 (page 17) provides the formal definitions of neglect within the legislative context for securing a Child Protection Order. We recognise that Paragraph 65 refers to statute governing legal requirements to secure a CPO, and the language is guided by this

legislation, however we would urge further context be given to this language, with reconsideration of the tone in Paragraphs 41 – 44.

These paragraphs do not accurately reflect the sentiment of strengths-based, collaborative support work with vulnerable children and families; they appear to focus on the deficit concerns around neglect, and could divert the readers' attention from the factors that can influence or lead to neglectful behaviours by a parent. Similarly, this does not recognise the opportunity afforded to CPCs and Children's Services Planning Groups to consider and take action to address welfare inequalities using the GIRFEC approach, an approach that would be in alignment with The Promise.

The explanations outlined in Section 2 do not reflect the ethos of guidance and the intent to broaden the understanding of neglect. We strongly suggest that the guidance given on neglect and poverty here should include the steps to be taken to support families at a strategic level, such as by CPCs and Children's Services Planning Groups, and then what measures can be taken to address welfare inequalities at a practice level.

Neglect features as risk in many areas throughout the Guidance including in relation to parental mental health and substance and alcohol use. We would suggest that the guidance on approaches to neglect is integrated throughout Part 4. This should be aligned to GIRFEC principles, offering child-centred family support that includes universal services for children and adults, with collaborative, multi-agency working practices between these agencies. As was highlighted in The Promise (page 52), the support needs of children, and the support needs of adults in their families, must be considered holistically. For some families, wrap around and/or long term support will be necessary to ensure the wellbeing of children are met.

Q10: Pre-birth assessment and support – Part 4 of the National Guidance sets out the context in which action is required to keep an unborn baby safe. Part 3 sets out the processes for this.

a. **Do these parts of the guidance clearly and fully set out the context and processes?**
   Yes, To Some Extent, No, Don't Know

b. **If answering To Some Extent or No, please detail why.**

We welcome the approach in the Guidance that wherever possible practitioners should ensure that any support offered to parents where there are child protection concerns, is provided using a trauma-informed and rights-based approach. We suggest the Guidance could be strengthened here by adding a reference to the Children (Scotland) Act 1995, whereby parents should be supported to develop their understanding of and commitment to fulfil their parental responsibilities. This is the key test to enable them to be afforded the rights outlined within the Act.

We make the following suggestions to Part 4, to further strengthen the Guidance on pre-birth assessment and support:

- Paragraph 233 (page 170) focusses upon ensuring an empathetic response to the new parent. In addition to this, the workforce will need guidance to assist them in evaluating and responding to child protection concerns. We suggest that reference to perinatal and pregnancy history would assist in shaping support for both mother and unborn child and inform any risk assessment and planning.

- The section in Paragraph 224 could be strengthened by stating that practitioners should consider birth fathers and extended family members within any support plan developed, to mitigate the need for a newborn child to become looked after. This is aligned to the Children and Young People (Scotland) Act 2014 Guidance.

  We are unclear whether each CPC or Chief Officer has systems in place for pre-birth assessment and support as outlined in this section and would suggest that the tone be amended from 'will' to 'must' to assist in the implementation of this guidance.

- Paragraph 224 would be enhanced by reference to the commitments in the Guidance to support to pre-birth families so that children can be cared for by their parents where it is safe to do so, in line with the UNCRC and The Promise. Emphasis should be made to the purpose of initiating an IRD: this is to consider what support will be required to enable the child to remain in the care of his or her parent(s). Parents with learning disabilities should also be included in the descriptors of parents who may need additional support that require an IRD discussion as appropriate. We would recommend that A Pathway of Care for Vulnerable Families is included as hyperlink within this section.

- Regarding Paragraph 226, we know that there is widespread anecdotal evidence that the allocation of 'relevant services' can be dependent upon the locality within which a family lives. This would be in contrast to the intention of this Guidance to support a consistent approach to the protection of Scotland's children. If an IRD is being considered for a child or unborn baby, they will most likely not be in receipt of formal support from Children's Services at the time this is considered. As such, pre-birth children and support services should be explicitly included in future Children's Services Plans.

- Paragraph 227 could be strengthened by stating that a pre-birth assessment 'must' begin whenever pregnancy is confirmed, as opposed to 'should' be.

- We support the principle of multi-disciplinary, pre-birth assessment co-ordinated by a social worker, as outlined in Paragraph 228. Differing criteria for referral of concerns must be resolved; we would recommend that the Guidance suggests the consideration of co-location of professionals within a "hub" approach, which would greatly improve the service offered to vulnerable parents and children. This would require clear guidance on responsibilities, including of a lead professional, as has been outlined in Question 3. Similarly, a common recording, data analysis and notification system across agencies would better enable the right level of support from the right person to be in place when required.

- Guidance given in Paragraph 229 is addressed earlier in this section, and would imply a criticism of delay in referrals between agencies. We acknowledge that delays can cause uncertainty for soon-to-be parents. We suggest the Guidance states that consideration is given to ensuring that a more honest and open approach to engaging with parents and where appropriate, the wider familial network, be considered by all practitioners within each of the agencies involved.

- We acknowledge the range of individuals who may require support, as outlined in Paragraph 230. Any parent who finds themselves subject to procedures would require space for exploration and support. We suggest clear guidance that this offer should be available to all parents, which could reduce the potential for an adversarial relationship between parents and practitioners.

In addition, we suggest that the section is used to remind practitioners to operate from a 'trauma-informed' and 'trauma-responsive' approach when working with families, and, the development of easy-read documentation for those that need it. This would ensure accessibility and active involvement of parents in the planning for their unborn child, as aligned with The Promise (page 48).

- Paragraph 231 refers to description of procedure and expectations for pre-birth planning and post birth plans, as well as discharge planning in Part 3. We welcome the clarity of this part of the Guidance, and would suggest that further emphasis be placed on planning arrangements that will meet the needs of the newborn child. Where the assessment has identified there is no familial support available and the child will be accommodated, we suggest a change in language from 'foster carers can be engaged early' to '*must be* engaged early', and also suggest including 'including where appropriate dual approved carers'.

- We suggest that in Paragraph 232, concurrent planning should be expanded to include other options available to practitioners when focusing on the needs of a newborn child. This should also be strengthened to highlight that the focus at this point should be upon reducing delay and minimising developmental disruption for the baby.

- We suggest that Paragraph 233 be strengthened by highlighting the need to balance strength-based approaches with the management of risk.

- Family Group Decision Making (FGDM) is a systemic approach that cannot always respond to immediate need, emphasis on this approach alone could lead to practitioners not addressing the needs of a child and their family. Good outcomes are maximised by accessible, flexible supportive relationships between health professionals and parents. FGDM must be implemented across Scotland to support this.

- The Guidance refers to Family Nurse Partnership (FNP) as a post-birth resource. We would be concerned that some parents who face barriers in accessing services due to a lack of confidence, trust or awareness of these services, could experience further challenges to accessing this service, which can be compounded by the specific referral criterion for FNP. As a result, they may not be able to access an appropriate level of support to meet the needs of their child. Further reference to the role of the allocated midwife in establishing working relationships as a 'bridge' to improving access to other services for all parents would be of benefit in this section. Consideration of a model similar to that developed within the City of Edinburgh (Pre-birth team) may be a useful reference point for other areas of Scotland to consider.

- We suggest that discussion of the optimal routes to permanence in Paragraph 234 may be better placed elsewhere in the Guidance, for example Specific areas of Concern within Section 4. This section should clarify the range of routes to permanence as including: remaining within the family; kinship care; a permanence order and adoption.

- The reference to 'Biehal et al. 2019' could be included in Paragraph 232 as a signpost for practitioners when considering alternative care arrangements.

- We would also suggest that the final sentence of this paragraph cited here is used as the opening statement for this section on 'Pre Birth Assessment and support' (page 170) to assist practitioners to focus upon the purpose of pre-birth planning within a child protection context;

> "The first stage of Scottish research on permanence planning (Biehal et al 2019) underlines that the pre-birth period is critical in terms of assessment and decision-making."

Q11: Specific areas of concern (Part 4)

a. Do all sections of Part 4 of the National Guidance address the specific areas of concern appropriately?
Yes, To Some Extent, No, Don't Know

b. Please let us know any sections you do not think address the specific area of concern appropriately and suggest how these could be improved.

We welcome the comprehensive research based section on specific areas of concern. We would note that many areas will overlap for some children and families, and while it can be useful for some of the workforce to organise guidance into specific categories, this can make it more difficult for the workforce to read across areas and recognise how these overlap in the lives of children and families.

However harm to a child is caused, we have a duty to act to protect them, with actions that are both creative and specific to the needs of that child. We would suggest that it may be helpful to state explicitly in the introduction, that child-centred practices will mean that there will often be overlap between these areas of concern, and that there will be a need to read across sections.

We offer detailed comments on some of the specific areas of concern in the guidance below.

Poverty

We welcome reference to stigma in this section of the Guidance, but suggest that this should not detract from attempts to address poverty at a structural level. Assessments which highlight poverty as a risk factor should involve a compassionate and sensitive approach to support for children and families, according to the needs and contexts of their lives, [20] that offers tangible and practical help to ameliorate the immediate impacts of poverty in line with GIRFEC principles.

In addition to the reference to stigma, we would suggest a reference is made to the shame associated with poverty which marginalises those affected, and can manifest in a sense of disempowerment. Many services are developed with those who have choice, agency and the material means to access them. Literacy, mental health issues or learning difficulties should also be highlighted as an issue that may exacerbate experiences of poverty, and parents/carers should not be penalised for failing to attend meetings and appointments in this context; instead, those working with them across the workforce should fully explore what support parents/carers require to fulfil their responsibilities.

[20] Featherstone, B., Gupta, A., Morris, K., & White, S. (2018). *Protecting Children: A Social Model*. Policy Press.

The Guidance states "Poverty must never be a reason for removal from the family." While we welcome this explicit statement, we would be cautious as to whether this suggests there is evidence of this happening in current practice, and how poverty has been defined in this context. Significant harm is the measure for initiating child protection procedures through a multi-agency assessment, which may ultimately lead to a child protection order if the risk is deemed to be high. Guidance should support agencies to focus on the impacts and needs of the child regardless of how harm has occurred, offering family support and addressing systemic causes as part of this approach where relevant.

We fundamentally agree that poverty must be addressed at the earliest stage in line with GIRFEC policy; however, we note the complexity of the impacts of poverty on children, families, and the requirements of support offered by the workforce. Inter-generational poverty impacts on all domains of family circumstances such as shame, poor self-esteem, housing, health outcomes, alcohol and drug use, mental health, attachments and parenting skills, relationships, money for food and energy and potential exposure to trauma.[21] This section could be strengthened by exploring these issues further.

Local CPC's, Community Planning Partnerships, and Community Children's Services Planning Groups need to align their responses to eradicate child poverty in a local context. This should include building awareness of the impact of poverty on the day-to-day lives of families and the confidence and ability of staff in addressing this, such as working collaboratively across teams to enable benefit maximisation or to meet housing needs. Furthermore, there is a need for consistent training, support and reflective spaces to address unconscious bias in understanding a child's needs and experience to enable consistent practice with families living in poverty in comparison to affluent families.

Where services find it hard to engage

We welcome the change in tone of the language in this section. We suggest this could be strengthened with guidance on the need for careful consideration of potential stressors for family members during anxiety provoking meetings. This could include ways to mitigate conflict or resistance in CPPMs, such as attention to the practical environment of the meeting, by offering the family member a refreshment and inviting them to start the meeting on their terms and perspective, for example. This would offer more control for individuals who have a difficult relationship with those they feel are in authority. All of the workforce must strive to understand individual behaviours through a trauma-informed lens, considering what this means for their practice, and what must be approached differently. Many actions may unintentionally trigger unresolved trauma i.e. the language we use, our posture, the environment and an individual's undisclosed fears.

Paragraph 12 states 'Practitioners encounter hostility and aggression'. While supporting a family involves finding common ground to collaborate, it also involves helping them to take responsibility for their behaviours, especially where this impacts on their children. We can try to understand why individuals behave in the ways that they do, however this does not detract from their responsibility not to harm others. We recognise that this can be a complex practice for practitioners, but guidance should highlight that children must navigate this on a day-to-day basis. Practitioners will need to take this into account in

[21] Bywaters, P., Bunting, L., Davidson, G., Hanratty, J., Mason, W., McCartan, C. and Steils, N. (2016) *The relationship between poverty, child abuse and neglect: an evidence review.* York: Joseph Rowntree Foundation.

their assessments and must be supported by managers in supervision to determine how this might impact on their assessment, such as minimising issues or exaggerating them due to alarm or fear.[22]

Paragraph 10 refers to 'service users'. We would suggest this language is changed to 'individual family members' for consistency of language throughout the Guidance.

Paragraph 12 states 'collaboration may also involve some sort of structured coercion'. We suggest changing this to 'collaboration should involve honest and candid dialogue about the presenting risks and the parent/carers responsibility to address aspects of their parenting/behaviours, and clarity about contingency planning'.

Protection of disabled children

Paragraph 21 states 'Some children (and some adults) are affected by disabilities and developmental delays that have never been assessed or diagnosed.' We would note a concern that in some circumstances there may be confusion about the impact of trauma, unrecognised autism and Foetal Alcohol Spectrum Disorder. Agencies must strive to ensure that there is robust assessment of children's needs in order that they receive the right support, and where they cannot live with their birth family, are placed with the right carers to meet their needs.

Paragraph 23 states 'children with communication impairments, behavioural disorders, learning disabilities and sensory impairments may be additionally vulnerable to abuse and neglect.' We feel that this drafting should also extend to health care needs, for example, children with epilepsy have a one-hour time window for their anticonvulsant medication or they can become seriously ill. The same applies to children with asthma, cystic fibrosis or needing gastrostomy feeding; consistent parenting is required or this can lead to serious health issues, and many families may need long-term support to achieve this.

As Paragraph 27 refers to specialist practitioners, this should also specify health and education, and could be further strengthened with guidance around the use of chemical restraint, in which medication misused to sedate a child would be considered harmful on many levels, with a link to the section on use of restraint.

In Paragraph 28, we note the phrasing 'Some people may find it hard to believe that disabled children are at risk of abuse'. We understand that the intention behind this statement is to highlight that there is often a lack of awareness of the context in which disabled children may be abused but suggest this requires further clarity, as well as specific guidance on risks and practice challenges affecting the support of disabled children. It is crucial that risks to disabled children are identified correctly, where, for example, practitioners may tolerate practices which they would not for another child, such as a child being put to bed very early due to behaviours perceived to be difficult for the parent.

The Guidance must be clear that the workforce should seek assistance where they are not confident in understanding impairments and or communication methods and not rely on parents and carers in the context of assessing risk of harm.

In addition, we would recommend that the Guidance offers context and caution against the medicalisation of issues and a focus on the child's impairments in planning meetings,

[22] Tuck, V (2013) Resistant Parents and Child Protection: Knowledge Base, Pointers for Practice and Implications for Policy Child Abuse Review Vol. 22:5 –19.

to ensure that there is a sharp focus on what needs to change to reduce the current harm to a child.

We welcome Paragraph 30 on interacting factors, and feel that bullet point one could be strengthened by adding the child's dependence on medication as there can be wilful abuse of medication and accidental abuse of medication due to parental stress, mental health, parental alcohol and drug misuse or neglect.

Paragraph 39 gives information on assessment and data recording, with an example given 'when a child has a disability, the type and, if relevant, the severity of that disability should be recorded'. We agree that data on child disability needs to be improved but would suggest the Guidance be more specific on the meaning of 'type' and 'severity'. Precise definitions of these will enable consistent recording across Scotland. Information in Paragraph 21 is not sufficient to define 'disability' in this section. A clear definition, as with any definitions relating to type and severity, aligned with those contained in the Annual Statistical Return Guidance would enable consistent recording.

Parents with learning disabilities

This section could be strengthened with a reference to advocacy for parents subject to child protection processes in order that they can meaningfully participate in decision-making. Information should also be accessible for parents and additional time allowed for preparation for meetings and follow up meetings to discuss and explain the reasons for decisions afterwards.

Impact of mental health or health problems on children

Practitioners and others across the workforce may lack knowledge or understanding about how a mental illness impacts on parenting capacity, and will need to work in collaboration with adult mental health services to understand how this may manifest and what might exacerbate stress for the parent/carer. The Guidance should make this clear. Children and young people's views will also be important in appreciating what their day-to-day lives may be like and how best to support the family both individually and as a whole.

Children's mental health

The GIRFEC approach to wellbeing will be critical here, however, we are concerned about national equity in the provision of early help for children and young people experiencing mental health issues. This is particularly pertinent in the current context of COVID-19, with mental health a concern for many children and young people significantly impacted in a social and educational context. We note increased public funding for School Counselling but for some children and young people this provision may not be enough, or be the right approach. Support that offers a range of options may be helpful and would require long-term investment to ensure that children and young people get early help which address problems early, are preventative and avoid escalation to crisis and the need to access specialist services such as CAMHS.

Suicide

We suggest this section could be more clearly linked to the preceding sections on mental health, the lifelong impact of trauma and stating that parents and children may have an existing mental health concern and may also self-harm/have suicidal ideation. We suggest that it may also be helpful to make reference to the National Suicide Prevention Leadership Group and the Suicide Prevention Action Plan, as well as reference to the workforce accessing local training on Mental Health First Aid and safeTALK.

Responding to neglect and emotional abuse

We welcome the comprehensive section on responding to neglect and emotional abuse, we would suggest that the Guidance emphasises a sharp focus on multi-agency assessment that ensures older children and young people receive immediate and appropriate support. We would consider that agencies reflect on situations where concerns are raised about older children who have previously been unknown to services to seek any learning about past opportunities to offer help at an earlier stage.

Similarly to our comments on protecting disabled children we would again highlight that what is perceived to be neglectful for children who require assistance with medication and high levels of personal care may not be considered neglectful for other children, in that the impacts may be much more significant.

Use of Restraint

We recognise that any physical intervention with a child may pose a risk of harm, and welcome reference to use of restraint along with the issue of physical abuse and neglect, as well as awareness that this is not isolated to parents or carers and could relate to paid caregivers. As has been suggested in Question 2, we would suggest that the Guidance makes reference to the Children (Equal Protection from Assault) (Scotland) Act 2019 in this section.

The section refers to the context in which use of restraint may occur and emphasises that it must only be used when essential to protect a child or children and for the shortest time possible. We welcome this statement, aligned to recommendations of The Promise.[23] We suggest that the Guidance would be clearer if this section were termed 'Trauma responsive approaches in the use of restrictive practices' in order to attend to the risk of re-triggering trauma for children and young people experiencing use of physical, mechanical, chemical or psychological restraints (such as seclusion).

In order to communicate the seriousness of such an intervention (and the harm that may occur if careful consideration is not made), we suggest the following addition 'any practice is required to be legally and ethically justified', whereby an assessment of the probability of harm by intervening (or not) is considered.

Any action taken by anyone in respect of a child including a physical intervention should be recorded at the time of the event. Those responsible for the Child's Plan should be notified of any use of restrictive practices to consider the impact of these. It may be useful to specify that any paid caregiver physically intervening with a child should have training to both understand the risks of physical intervention and how to undertake such an interaction in a way that minimises trauma, and that this practice be regularly reviewed. We welcome the reference to ability to understand a child's communication needs, this suggests that knowledge of child development and attuned communication skills are required by the workforce.

Recommendations in The Promise include attention to the emotional temperament of the adults undertaking a restrictive intervention, which should be a key part of the assessment in any investigation of harm.[24] It is crucial that the workforce receives emotional and practical support to ensure children's needs are met by them. We suggest the Guidance stipulates a need for debrief and learning as part of the process of recording such an event.

[23] Independent Care Review (2020) The Promise (page 85)
[24] Independent Care Review (2020) The Promise (page 85)

GIRFEC-informed practice around restrictive practices would also include recording information in a child's plan about known patterns, new discoveries about triggers for children, an agreed safe approach requires to be to ensure that there is proactive rather than reactive approaches to children's distress or safety. This should include how children will experience safe touch from their caregivers so children are not in a position of seeking this out in alternative forms – but at their pace and request. There will always be some incidents of 'life or limb' interventions such as keeping children safe from immediate physical harm – however, this should be the exception rather than a form of standard practice.

Child Sexual Abuse

The addition of Paragraph 139, which gives information on children aged 16 and 17 who experience sexual offences is important. Children aged 16-17 can often face barriers to accessing support if they are the victim of sexual offences, and they may fall between child and adult systems of support. We welcome the clarity in the statement that a *child protection* response should be considered for all children aged 16 and 17 who experience sexual offences where they are at risk of significant harm. However, we would suggest that all children who have experienced sexual offences have experienced significant harm. The Guidance would be strengthened by specifying this, and could elaborate that consideration be made as to whether a child would benefit from a child protection response. We would also suggest the following change to the wording in this paragraph to include the underlined words 'where there is a concern about sexual abuse, sexual exploitation, sexual violence or trafficking'. This would avoid confusion as to whether a different response was required for 16-17 year olds being sexually abused in a familial, relationship of trust scenario, or from another form of sexual violence (such as from an intimate partner).

We would suggest that including a bold paragraph heading 'Children aged 16-17 who experience sexual offences' would provide clarity to everyone who supports children across the workforce, and improve understanding of risks, vulnerabilities and barriers to support for these children. This section could further clarify that child sexual exploitation is a form of sexual abuse, reference the gap in reporting of children aged 16-17 who experience familial sexual abuse,[25] and recognise that many people affected by CSA do not speak out for some time, if at all. The link between domestic abuse between young people (Paragraph 92, page 143), and sexual violence in these relationships could be highlighted, with reference to evidence from England pointing to disproportionate rates of domestic violence (including sexual violence) experienced by children and young people in comparison to adults.[26]

We recognise that further development of contextual safeguarding responses may be needed to support children who experience or are at risk of harm outside the family and therefore welcome Paragraph 148 (page 154) on 'Contextual Considerations'. We note that there is currently no reference to the development of the Barnahus standards in Scotland which would support future development of practice. We would also suggest that it might be helpful to consider inclusion of the Evaluation Report Stop to Listen in the reference section, which details learning from 4 local authority areas' pathfinder

[25] Warrington, C., Beckett, H., Ackerley, E., Allnock, D and Walker, M. (2017) *'Making noise: children's voices for positive change after sexual abuse'.* Luton: University of Bedfordshire/ Office of Children's Commissioner, (page 87)

[26] SafeLives (2017) *Safe Young Lives: Young People and domestic abuse*, Bristol: Safe Lives, (page 19)

projects aimed at developing and improving responses to child sexual abuse and exploitation in a Scottish context.

Indecent images of children

We recognise that assessing risk of harm in the context of indecent images of children is complex. However, we have some concern with the statement 'Some parents who have no criminal history who are arrested for downloading IIOC may have provided their children with positive parenting'. Of course, this may be partly true, however, we do not feel that this type of offence can or should be separated from parenting, both in terms of the impact on their children and family via the nature of this offence, given the distress this will bring and the potential ongoing risks in an emotional and sexual context. The risks and barriers individuals navigate in order to view indecent images of children requires clear motivation and so we feel the emphasis needs to shift in order to remain child-centred.

Moreover, the statement 'those convicted for viewing IIOC only are in general less likely to commit further sexual offences than other types of sexual offenders. When they do re-offend, it tends to be repeat viewing of IIOC', the inference drawn here is that this is less concerning than a contact offence. We would strongly suggest that we do not minimise the harm and distress caused by those viewing indecent images of children. This is not a victimless crime and for every image viewed, the child is again abused, thus creating demand for contact sexual offences to meet the demand for supply of images. In addition, there is a significant detrimental impact on the wellbeing of a child who becomes aware that their parent has committed this offence.

The focus on assisting practitioners and managers to assess risk of contact offences means that we risk failing to recognise the seriousness of these offences in and of themselves. The statement 'the consensus is that the majority of those charged with IIOC offenders present a low risk of contact sexual abuse to children', cannot be quantified as the true risk can never be truly known. They may have committed other internet related or, indeed, contact offences, but this may never have previously been detected. The difficulty children and adult survivors face in coming forward to speak out is well evidenced elsewhere in the Guidance.

General comments

- Where Paragraph 27, states 'Ritual abuse is sometimes associated with other organised abuse, including child prostitution', the term used should be 'the commercial sexual exploitation of children' rather than 'child prostitution'.

- We note that in the section on domestic abuse it states that this is a 'gendered crime' (page 142), but there are many other crimes described in this Guidance that should also be considered under a gendered analysis, for example CSA, CSE, indecent images of children, FGM, forced marriage and 'honour' based violence. It might be helpful, especially for local partnerships, to draw attention to the importance of a gendered analysis in their responses to the prevention of these crimes, as well as support and data analysis where they have occurred.

- The section 'Preventing repeat removal of children' (page 176) refers mainly to mothers; it would be helpful to make reference to fathers and their shared responsibilities. This should be seen in the context of early help and the support offered to parents to address concerns and to keep families together where possible. We would make a general suggestion to use the word 'parent' rather than mother or father throughout the Guidance. We also note that this section appears to be drawn from the parent's perspective rather than the child's, who may have

experienced one removal from parental care to live in a permanent safe family or who may have experienced repeat periods of protection, and would suggest that a child's experience be presented here.

- We would like to acknowledge that legislative developments due to the UK leaving the European Union may have an impact in a child protection context in Scotland. We suggest an additional section outlining these changes and any challenges in Part 4. We would particularly draw attention to mothers (including of newborn babies) or pregnant women/girls whose status may mean they have no right to reside and no recourse to public funds. Within this context there is an additional layer of complexity which agencies may have to navigate to ensure a sharp focus on the rights of the child where there are concerns about wellbeing and protection.

Q12: Implementation – The Scottish Government considers that Chief Officer Groups and local Child Protection Committees, supported by Child Protection Committees Scotland, the Scottish Government and a range of other partners, are the key fora for implementation of this Guidance.

a. Do you agree or disagree?
Strongly Agree, Agree, Disagree, Strongly Disagree, Don't Know

b. Please explain your answer.

We agree that Chief Officer Groups and Child Protection Committees will play a key role in reviewing local policy, practice and learning and development in response to this Guidance but would advise that this needs to extend further beyond the dissemination of key changes.

The Promise states: 'There must be strong leadership across all of Scotland's workforce that models and support the values and principles of the broader workforce. Values-based leadership must exist at all levels and in all settings.'[27]

Leadership will be critical in modelling the values underpinning the Guidance and driving forward the expectations of single and multi-agency responses to children who require protection along with meeting the needs of their families. The sharp focus on the principles of GIRFEC, use of the national practice model in assessment, and strengths-based approaches to support are all welcome.

One recommendation of The Promise was to change the understanding of risk in Scotland, to incorporate risk to children of not having healthy, loving relationships.[28] We cannot underestimate the complexity involved where concerns exist, to balance the rights of the child with a potential need for protection, as decisions will have long lasting impacts for the child and their family. The requirements to enact this proposed change exemplify the need for support of strategic leadership, including in this case, elected Members of the Scottish Parliament, which will be required to build capacity, confidence and ability of the workforce to further develop an already skilled approach to high quality risk assessment and planning.

Though the language and processes of GIRFEC offers a foundation for multi-agency working, we know there can be lack of clarity about professional roles and functions of partner agencies that can hamper multi-agency working. There is a need to offer

[27] Independent Care Review (2020) The Promise (page 99)
[28] Ibid. (page 8)

guidance and clarity for work across partner agencies to reduce the variability in the interpretation of training, policies and programmes. Moreover, it will be essential to consider the resource and investment required for local areas to develop, analyse and improve current policy and practice with the aim of making this a reality for children, young people and families.

We have learned that whilst practitioners generally feel confident and competent to respond to child protection concerns, they often feel less equipped to anticipate and respond to families' needs when concerns initially arise. Many of those who support children and families are struggling to meet the requirements of the plethora of policy and legislation that involves a change and/or an expansion of their professional roles, which is made even more challenging in the context of austerity and reduced levels of funding to local authorities.

In our complex change work at CELCIS, we have learned what has worked and what has not in establishing and carrying out improvements of significant scope and scale. We have shared some of the essential elements below based on learning from our multi-agency change projects (e.g. Addressing Neglect and Enhancing Wellbeing and the Permanence and Care Excellence Programme) that we know support complex change design and will be important for implementation:

- A commitment of capacity at a local level to develop a change team with the appropriate range of skills is critical to initiate and sustain change and improvement efforts. This is needed for mapping the local system, sharing evidence, engaging stakeholders at all levels (including communities with lived experience), identifying and addressing barriers and building readiness for change. In the context of the National Child Protection Guidance, this would include analysis of current implementation of GIRFEC, work to address welfare inequalities and child protection responses. Supporting change of this scale requires a team rather than a single person coordinating work, and cannot be layered onto existing responsibilities if it is to be effective. It must include meaningful design work with those who have experience of using these services.

- Local areas will require intentional, purposeful and structured external facilitation to explore how the system currently works, what particular aspects of this system need to change and to provide the supports for a staged based implementation plan that develops a new system that enables positive experiences for children and families.

- The workforce needs increased capacity, resources and support to respond to the needs of families in the way that will uphold the values underpinning the National Child Protection Guidance. The evidence is now clearer about the types of support required by our workforces to make change real, including this Guidance, access to training, coaching, supervision and greater clarity on professional roles and functions to reduce siloed working that can be a barrier to this support.

- The Promise notes that many of the services and supports families need do not currently exist. For GIRFEC implementation to be fully realised new services and functions will need to be developed to meet these aspirations, for example, of early support to families' and approaches to reduce poverty. These new functions must be predicated on best research and lived experience and cannot be 'layered on' or delivered within existing capacities, systems and resources. There will need to be particular emphasis on the role of strategic leadership, those who can make decisions related to the personnel, policy, and especially the funding for

improvement processes, as critical to building capacity for this change to take place.

- There remain misconceptions about the time and resource required to undertake change work at the scale required to benefit children and families. Assessing and developing the leadership capacity within the system is critical as a means of developing an understanding of what needs to be done, and how, and to support leaders to create the enabling contexts for change. This must include the decision-makers who can often be 'hidden' or not traditionally central to children's planning but who are pivotal to creating an empowering environment including those from legal, financial and human services.

For the principles of the National Child Protection Guidance to become fully embedded we must attend to these critical elements to ensure that the Guidance simply does not become rhetoric and without tangible improvements for children, young people and families.

Every child in need of care and protection requires an individual response to support their needs, but the landscape of this support is often fragmented. Even within local authority departments such as Social Work, different systems and members of the workforce coordinate distinct support and plans for an individual child. For example, initial responses and assessment in a child protection context may be undertaken by an initial response team and then passed to another team and social worker if the child is placed on the register. This may change again when the concerns and risk lessen. Fragmentation of support such as this will need to be addressed to ensure that the intentions and ethos of this guidance are carried out in practice.

We would point to learning on what has been successful in multi-agency partnerships formed via Child Protection Committees, and how these have overcome variations in governance and funding structures between agencies to ensure that babies, children and families get the right support when they most need it. In addition to Chief Officer Groups and local Child Protection Committees and the Scottish Government Collaborative partnerships, we would also highlight the role of Education, Health, Social Work Scotland, the Scottish Association for Social Work and the Care Inspectorate to enable the full implementation of this Guidance in practice, and to make a difference to the lives of children in Scotland.

Q13: COVID-19 – During the COVID-19 pandemic, it has been necessary to adapt practice to ensure continuity of child protection processes. Learning from the pandemic and examples of best practice will be incorporated into the National Guidance.

a. Are there adapted processes that you would like to see continued? Yes, To Some Extent, No, Don't Know

b. Please provide further information

We welcome the content throughout the Guidance on adaptations and approaches to child protection during the COVID-19 pandemic. The full impact of the changes to guidance, legislation and practice to children and their families is not yet known, and challenges may continue to emerge, or will arise in the long term from the impacts on children and families. Some positive practices have emerged, and the Guidance may be strengthened from further content on the learning and practice changes that should be sustained after the pandemic. The experiences of children and families will be critical to

learning about the benefits or otherwise of adapted practice during the COVID-19 pandemic. We offer some general observations from our work in local areas such as Addressing Neglect and Enhancing Wellbeing and within networks of practitioners.

Creativity and flexibility are required in how 'Team Around the Child' (TATC) meetings are planned and conducted so that they are inclusive and enable child and parent/carer participation. While multi-agency physical meetings are not possible, Named Persons/chairs need to consider virtual meetings or a combination of a meeting of key participants with other individuals/agencies calling in. Some local areas can provide learning about creative and adaptive practices that sustain the inclusive ethos to TATC meetings.

Virtual meetings have become necessary throughout the COVID-19 pandemic, especially for key planning and decision-making meetings. Going forward, learning from virtual meetings could become part of a toolkit to approaches to meet the individual needs of children and their families, offering a range of ways to communicate, enabling a collaborative and participatory approach for children and their families. However, discrepancies in access to technology (including permissions to access platforms), and the ability to use technology, for both the workforce and children and families, could negate these benefits. It has become clear that all children and families must be able to access technology and internet connection, as well as support to use these in order to meet their essential needs.

Some families have benefitted from attending less meetings during the COVID-19 pandemic. Agencies should consider how learning from these families can support development of strengths-based approaches going forward.

The workforce have reflected that the removal of barriers to a multi-agency approach has enabled them to respond quickly and effectively to the needs of children, including collecting data in a multi-agency context. For example, Chief Officers' groups and Child Protection Committees have met on a fortnightly basis to determine local need and responses. Working in close collaboration with the third sector meant that practical support could be offered quickly to children, young people and their families, bypassing procedures normally in place which may delay this. Further to this, procurement processes have been modified to meet the needs of children and families, and we would advocate that this is sustained going forward, in line with recommendations of The Promise.

Third sector partners have suggested that during the first lockdown in March 2020 there was increased availability of financial support for families. This enabled agencies to purchase items that helped address stress/trigger points in the family (e.g. a washing machine or tumble drier) and indirectly help with family relationships. This funding is no longer available to children and families who could benefit from support.

As the COVID-19 pandemic continues, we would suggest that there needs to be flexibility in timeframes for key processes and decision-making to take into account impact on work being progressed or participation at key planning/decision-making meetings.

Q14: Do you have any further comments on the National Guidance?

Data collection

It would be beneficial to have concise definitions of each of the 'Section 4: Specific Areas of Concern' and ensure these definitions are replicated in the Annual Statistical

Return/Data Guidance to enable more accurate data recording. There should be consideration of whether 'areas of concern' not currently recorded should start to be recorded and how this would be done. For example, the effects of poverty and how that is experienced by the child and the day-to-day experience of a child cared for by parents who have learning disabilities. What extra help do parents need to meet the care needs of the child?

There also needs to be consideration of whether neglect and emotional abuse should be grouped together or separated in the Guidance. These are recorded separately in the data return, and we have proposed separating these in the Guidance in Question 9.

We would recommend that the Guidance stipulates a greater consistency in what should be recorded for each key meeting or decision making point, for example at IRDs, Investigations, JIIs, Child Protection Medical Examinations and CPPMs. Many items cross-cut these forums including: time/date of meeting; age, gender, disability of the child; attendees; concerns/risk factors; agreed actions/next steps. There will inevitably be some data items that are specific to different meeting types but reinforcing the basic needs for recording should be included throughout the Guidance. We would also suggest adding a link to Paragraph 80 (Part 2, page 46) to the online information resource on the Minimum Dataset for Child Protection Committees.

We would suggest that Paragraph 185 (Part 2, page 64) be changed to the following to increase the clarity of the Guidance: 'Within this complex wider planning landscape, there is a need and value in co-ordinating different service reporting requirements. A more joined up, systemic approach to data collection, analysis, reporting and review will provide more holistic and informed understanding into local children's services, particularly if the views and experiences of children, young people, carers and families are also incorporated. Such a system-wide view of children's services will enable insight into local services' ability to anticipate and meet the national policy emphasis of providing early help to prevent escalating need and risk.'

Language

The Guidance may be further strengthened by a dedicated section on language, challenging the use of jargon and seeking to improve practice that places a child at the centre of their support and protection. This would be wholly in line with The Promise and the work of the national 'Each and Every Child Initiative' starting this year to reframe language on care and care experience.

Education

We would suggest that the role of education be more prominent throughout the Guidance, affirming and recognising the role of the education workforce (including auxiliary staff) who hold trusted relationships that matter to children. The education workforce routinely goes beyond expectations, and this guidance is well placed to strengthen and recognise their role in protecting and supporting children, including at the earliest stage of need. There would be a loss of opportunity (and risk) if the knowledge of education staff is not shared or recorded, and we therefore suggest reference is also made to approaches being undertaken to support the ability and confidence of the education workforce, such as through the Stop to Listen and Whole School Approach.

Other Comments:

- 'Protective factors' are frequently mentioned in the Guidance but without a specific section offering examples of what protective factors are or which protective factors may be in mind.

- In Paragraph 86 (Part 1, page 20) we would suggest that this drafting 'Local authorities will continue to be responsible for maintaining a child protection register for children in their areas' be extended to include 'and responsible for providing weekly information for the National Child Protection Register and the interim Vulnerable Persons Database.'

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