

ATTENDANCE AT A CHILD PROTECTION PLANNING MEETING POLICY

Author:	NHSL Public Protection Professional Lead
Responsible Lead Executive Director:	Executive Director of Nursing, Midwifery and allied Health Professionals
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CONSULTATION AND DISTRIBUTION RECORD	
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August 2004	Nurse Consultant Child Protection and Vulnerable Children Child Protection Advisors	November 2013	1.0
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1. INTRODUCTION

NHS Lanarkshire (NHSL) has developed a suite of Child Protection Policies that will support staff awareness and understanding of their role and responsibilities towards the care and protection of children and young people.

2. AIM, PURPOSE AND OUTCOMES

This policy aims to support and guide all NHSL staff who are requested to attend and contribute to a Child Protection Planning Meeting (CPPM) as outlined within the National Guidance for Child Protection in Scotland (2021).

3. SCOPE

3.1 Who is the Policy intended to Benefit or Affect?

- NHSL Employees
- Service Users
- Multi-Agency Partners

3.2 Who are the Stakeholders?

- NHSL Employees
- Service Users
- Multi-Agency Partners

4. PRINCIPAL CONTENT

This section provides information for NHSL staff in relation to Child Protection Planning Meeting (CPPM).

- 4.1: Purpose of a Child Protection Planning Meeting
- 4.2: Child Protection Planning Meeting objectives
- 4.3: Types of Child Protection Planning Meetings
- 4.4: Pre-Birth Child Protection Planning Meeting
- 4.5: Initial Child Protection Planning Meeting
- 4.6: Review Child Protection Planning Meeting
- 4.7: Transfer - Child Protection Planning Meeting

4.1 Purpose of Child Protection Planning Meeting

A core component of Getting It Right for Every Child (GIRFEC) and of the Children and Young People (Scotland) Act (2014) is the Child's Plan. Within the context of child protection activity, where this plan includes actions to address the risk of significant harm, it will incorporate a Child Protection Plan and any meeting to consider any plan is known as a Child Protection Planning Meeting.

A CPPM is a formal multi-agency meeting that enables services and agencies to share, relevant and proportionate information, assessments and chronologies to identify risks

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collectively and the actions by which those risks can be reduced, in circumstances where there are concerns of child abuse and / or neglect.

4.2 Child Protection Planning Meeting Objectives

To ensure that all relevant information which is held by the Named Person and each agency involved is shared and analysed on an inter-agency basis.

- To ensure there is a robust assessment of risk and plan in place for the unborn baby / child / young person.
- The views of the child / young person / parents / carers must be considered where appropriate and recorded with analysis of potential impact.
- To contribute to inter-agency decision making, regarding the child's name being placed, retained or removed from the Child Protection Register.
- To identify a Lead Professional (this will always be Social Work in cases of Child Protection) and also a Named Person within the Child's Plan.
- Ensure there is consideration of a referral to the Principal Reporter, where appropriate, if this has not already been done.

4.3 Types of Child Protection Planning Meetings

A Child Protection Planning Meeting will follow within 28 calendar days of the Notification of Child Protection Concern being raised unless there is an Inter-Agency Referral Discussion (IRD) decision that this is not required. There are four types of Child Protection Planning Meetings (CPPM).

4.4 Pre-Birth Child Protection Planning Meeting

The purpose of a Pre- Birth CPPM is to decide whether serious professional concerns exist about the likelihood of harm through abuse or neglect of an unborn or newly born baby. The participants need to prepare an inter-agency Child Protection Plan in advance of the child's birth and also give consideration of the following actions:

- Decisions in relation to safety of the child going home following birth.
- Consider if a Child Protection Order is required at birth and if so the appropriate risk management plan is recorded in maternity record.
- Decide if supervised access for parents / carers is required with consideration of a Parenting Assessment Capacity Team (PACT) assessment.
- Decide if the unborn baby's name is to be placed on the Child Protection Register.
- Agree post birth discharge planning arrangements.
- Ensure a clear contingency plan is in place to cover unexpected occurrences.

The Pre-birth CPPM should take place no later than 28 weeks of the pregnancy or in the case of a late Notification of Child Protection Concern as soon as possible but recommended within 28 calendar days of the concern being raised.

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4.5 Initial Child Protection Planning Meeting

The purpose of an Initial CPPM is to allow representatives from across services to share relevant information about a child for whom there are child protection concerns, jointly assess that information and the risk to the child and determine whether there is a likelihood of significant harm through abuse or neglect which needs to be addressed through an inter-agency Child Protection Plan. Where a Child Protection Plan is required, the child's name must be added to the child protection register.

4.6 Review Child Protection Planning Meeting

The purpose of a Review CPPM is to review the decision to place a child's name on the Child Protection Register or where there are significant changes in the child or family's circumstances. The participants will review the progress of the Child Protection Plan, consider all new information available and decide whether the child's name should remain on the Child Protection Register, or be removed.

The first Review CPPM should be held within six months of the Initial CPPM with the exception of reviews that follow a pre-birth CPPM, this may be held within three months of the previous CPPM. Thereafter, in exceptional circumstances reviews may be extended to six months with explicit agreement of the planning meeting attendees.

4.7 Transfer - Child Protection Planning Meeting

A Transfer CPPM considers arrangements within Social Work Departments to transfer cases when a family permanently moves to another area and specifically covers the transfer of information about a child where a Child Protection Plan is in place.

In addition, the case holder in health must assume responsibility for communicating details of the Child's Protection Plan to the receiving health professional. If the receiving health professional is not known, contact NHSL's Child Protection Team for assistance.

5. ROLES AND RESPONSIBILITIES

5.1 Attending a Child Protection Planning Meeting

As stated in the National Guidance Child Protection Scotland (2021), CPPM participants should include: social workers; education staff (where appropriate); health visitor /school nurse (as appropriate depending on child's age); family nurse, GP, child protection paediatrician where applicable and the police.

Other participants might include other health practitioners such as adult services/allied health professionals. In addition, invitations to representatives from housing and third sector organisations should be considered.

- A health professional invited to a CPPM must prioritise their attendance.
- In preparation for attending a CPPM the appropriate health professional must liaise with other health professionals who may hold relevant information to inform decision making and assessment of risk to the child.
- A health professional must be open and honest about their assessment and share relevant and proportionate information.

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- A health professional may wish to be accompanied by a more senior member of staff, Team Leader/Line Manager.
- A trainee/student involved with the family who wish to attend the CPPM must be accompanied by the case holder or a senior member of staff. Permission for their attendance must be sought in advance from the parent/child and the Chair.
- A health professional who is unable to attend the CPPM must identify a deputy to attend in their place prior to the CPPM. In addition, they should provide a single agency assessment/report and chronology to the Locality Social Work Manager/Fieldwork Manager.
- Participants should receive a copy of the approved Child Protection Plan within ten working days of the CPPM; it is the responsibility of those who attended to check for accuracy and highlight any amendments in writing to the Chair at the earliest opportunity.

5.2 Provision of Reports for a Child Protection Planning Meeting

- A health professional must submit a child protection report in advance of a CPPM to the Chair. Health visitors, school nurses, family nurses and midwives should submit a Single Agency Assessment (SAA) Part II and Chronology or agreed equivalent. It is recognised that a full comprehensive risk assessment may not be achievable within the timescales of the first CPPM, or the first Core Group. Therefore, it should be recognised that the early Child Protection Plan may need to be provisional until a fuller assessment can be undertaken. Adult services should provide a report relating to parental capacity where required.
- A health professional who requires advice or support in relation to completing an assessment/report should contact their line manager/Child Protection Advisor.
- If a health professional is unable to complete an assessment/report prior to CPPM they must raise this with their line manager.
- When safe to do so the health professional should share the contents of their assessment/report with the family where possible prior to CPPM.
- All health professional reports are confidential and only the Chair of the CPPM should be left in receipt of a hard copy (additional copies of the assessment/report should be collected at the end of the CPPM meeting and disposed of as per NHSL Confidential Waste Disposal Guidance).
- A copy of the health assessment/report should be stored in the child/adult record/electronic record within the Morse system and recorded within the chronology.
- A health professional should record outcomes of CPPM in both the child/pregnant woman's (in the case of an unborn baby) chronology and Child Protection Diary on Morse and equivalent on Badgernet (in case of an unborn baby).

5.3 Sharing Restricted Access Information at a CPPM

Some information may be discussed at a CPPM however, by its nature cannot be shared freely with the child, parent, carer or anyone supporting them. The Chair should be notified in advance in order that arrangements can be made for the family to join the CPPM later. Additionally, where domestic abuse is a factor, a request for parents to present separately is best practice and should be given consideration. This should be adhered to and health professionals should raise this if not being considered automatically by the Chair.

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5.4 Disagreement with decisions made at a CPPM – Dissent / Resolution and Escalation

Where a health professional disagrees with a decision made at a CPPM they should verbalise their formal dissent and local guidance for resolution and escalation arrangements should progress. The Chair of the CPPM will progress any dissent via the resolution and escalation process. The health professional dissent must be recorded in the minutes of the CPPM.

The health professional must inform their line manager and a Child Protection Advisor at the earliest opportunity of their dissent. In addition, the health professional must document the reason for dissent in the child/adult record/electronic record within the Morse system and record within the chronology.

5.5 Child Protection Core Group

A Child Protection Core Group is a group of identified individuals including the Lead Professional, the child and their parents/carers who have a crucial role to play in implementing and reviewing the Child Protection Plan. If a health professional is involved in the Child Protection Plan they must attend the Core Group meeting with a Child Protection Core Group Meeting Report, found within Health Visiting folder in files on Morse system, to evaluate progress of the Child Protection Plan. Health professionals unable to attend the Core Group meeting should seek to identify a deputy or provide a report to the Chair, and inform their line manager.

A Core Group will be agreed following registration of a child/young person. The initial Core Group meeting should be held within 15 calendar days of the initial CPPM.

The health professional should have an active contribution in developing the Child Protection Plan and should ensure that appropriate colleagues are aware of the tasks or actions required. If they should subsequently find themselves unable to fulfil the agreed plan, immediate guidance must be sought from their line manager, an NHSL Child Protection Advisor and also inform the social worker.

Data Protection

“NHS Lanarkshire takes care to ensure your personal information is only accessible to authorised people. Our staff has a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at www.nhslanarkshire.scot.nhs.uk or ask a member of staff for a copy of our Data Protection Notice.”

6. RESOURCE IMPLICATIONS

In order to carry out their duties, NHSL staff should be supported to prepare and attend CPPM's.

7. COMMUNICATION PLAN

- NHS Lanarkshire Policies within FirstPort
- National and Local Child Protection Policies within FirstPort
- Briefings to NHSL Employees via managers and staff briefings.

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8. QUALITY IMPROVEMENT – Monitoring and Review

This policy will be reviewed August 2026 and then at least every 3 years or as required.

9. EQUALITY IMPACT ASSESSMENT

This policy meets NHS Lanarkshire's EQIA



(tick box)

10. REFERENCES

- Data Protection Act (2018) Available at: <https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>
- Scottish Government (2014) Children and Young People (Scotland) Act 2014. Available at: <https://www.legislation.gov.uk/asp/2014/8/contents/enacted>
- Scottish Government (2021) National Guidance for Child Protection in Scotland. Available at: <https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021/>
- Scottish Government (2022) Getting it right for every child (GIRFEC). Available at: <https://www.gov.scot/policies/girfec/>