## Attendance at a Child Protection Case Conference

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<th>NHSL Child Protection Professional Lead</th>
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<tr>
<td>Responsible Lead Executive Director:</td>
<td>Executive Director of Nursing, Midwifery and allied Health Professionals</td>
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<tr>
<td>Endorsing Body:</td>
<td>NHS Lanarkshire Public Protection Group</td>
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<tr>
<td>Governance or Assurance Committee:</td>
<td>Healthcare Quality Assurance and Improvement Committee</td>
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<td>NHSL Head of Public Protection</td>
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<td><strong>Contributing Author / Authors:</strong></td>
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<td>➢ Child Protection Advisors</td>
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<td>➢ NHS Lanarkshire Public Protection Group</td>
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ii) Change Record

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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 Case Conference (CPCC) as outlined within the National Guidance for Child Protection in Scotland (2014).

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 Case Conference (CPCC).

4.1: Purpose of a Child Protection Case Conference
4.2: Child Protection Case Conference objectives
4.3: Types of Child Protection Case Conferences
4.4: Pre-Birth Child Protection Case Conference
4.5: Initial Child Protection Case Conference
4.6: Review Child Protection Case Conference
4.7: Transfer - Child Protection Case Conference

4.1 Purpose of Child Protection Case Conference

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 case conference.
A CPCC is a formal Multi-Agency meeting that enables services and agencies to share, relevant and proportionate information, assessments and chronologies to identify risks 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 Case Conference 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 need 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 Multi-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.
- To ensure there is consideration of a referral to the Children’s Reporter for Compulsory Measures of Supervision, where appropriate, if this has not already been done.

4.3 Types of Child Protection Case Conferences

A child protection conference should be convened as soon as practically possible and no later than 21 calendar days from Notification of Child Protection Concern (NOCPC) is received to Social Work. There are four types of Child Protection Case Conference (CPCC).

4.4 Pre-Birth Child Protection Case Conference

The purpose of a Pre-Birth (CPCC) is to decide whether serious professional concerns exist about the likelihood of harm through abuse or neglect of an unborn child when they are born. The participants need to prepare an inter-agency Child Protection Plan in advance of the child’s birth and also consideration of the following actions:

- Decision 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 if a post birth discharge planning meeting is required.
- Ensure a clear contingency plan is in place to cover unexpected Occurrences.
Attendance at a Child Protection Case Conference

The Pre-birth CPCC 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 always within 21 calendar days of the concern being raised.

4.5 Initial Child Protection Case Conference

The purpose of an Initial (CPCC) is to allow representatives from across services to share 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 that needs to be addressed through a multi-agency, Child Protection Plan.

4.6 Review Child Protection Case Conference

The purpose of a Review (CPCC) 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.

The first Review CPCC should be held within three months of the Initial CPCC. Thereafter, in exceptional circumstances reviews maybe extended to six monthly with explicit agreement of the conference.

4.7 Transfer - Child Protection Case Conference

A Transfer Child Protection Case Conference 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 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 Case Conference

As stated in the National Guidance Child Protection Scotland (2014), CPCC participants need to include: social workers; Education staff (where appropriate); Health Visitor /School nurse (as appropriate depending on child’s age); Family Nurse Partnership, GP, Child Protection Paediatrician where applicable and Police.

Other participants might include other health practitioners such as adult services/allied health professionals.

➢ A health professional invited to a CPCC must prioritise their attendance.
Attendance at a Child Protection Case Conference

- In preparation for attending a CPCC 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.
- 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 CPCC 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 CPCC should seek to identify a deputy to attend in their place. In addition they should provide an assessment/report to the Locality Social Work Manager/Fieldwork Manager and identified deputy prior to the CPCC.
- Minutes of the CPCC should be received within 15 calendar days; 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 Case Conference

- A health professional must submit a Child Protection report in advance of a CPCC to the Chair. Health visitors, school nurses, family nurses and midwives should submit a SAA Part II and Chronology or agreed equivalent. Adult services should provide a report relating to parental capacity.
- Where a health professional is unable to complete a SAA Part II / parental capacity/ agreed equivalent report they should provide a report using the NHSL Child Protection Confidential Report (available on First Port - Child Protection)
- 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 CPCC they must raise this with their line manager.
- The health professional should share the contents of their assessment/report with the family where possible prior to CPCC.
- All health professional reports are confidential and only the Chair of the CPCC should be left in receipt of a hard copy (additional copies of the assessment/report should be collected at the end of the CPCC 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 MiDIS system and recorded within the Chronology.
- Health Professionals should record outcomes of CPCC in both the child / unborn baby’s chronology and Child Protection Diary on MiDIS.

5.3 Sharing Restricted Access Information at a CPCC

Some information may be discussed at a CPCC 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 CPCC later.
5.4 Disagreement with decisions made at a CPCC – Dissent / Dispute Resolution

Where a health professional disagrees with a decision made at a CPCC they should verbalise their formal dissent. The Chair of the CPCC will progress any dissent via the dispute resolution process. The health professional dissent must be recorded in the minutes of the CPCC.

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 MiDIS system and recorded 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 core group report (MiDIS) 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.

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 CPCC.

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 CPCC’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

8. **QUALITY IMPROVEMENT – Monitoring and Review**

This policy will be reviewed in August 2022 and then at least every 3 years or as required.

9. **EQUALITY AND DIVERSITY IMPACT ASSESSMENT**

This policy meets NHS Lanarkshire’s EDIA

10. **REFERENCES**

- Child Protection Guidance for Health Professionals (2013)
- Children and Young People (Scotland) Act 2014
- Current Data Protection legislation Act (1998)
- Getting it Right for Every Child - Practice Guide (2014)
- Inter-agency Child Protection Procedures; West of Scotland Child Protection Consortium (2016)