



# **National Guidance** for Child Protection in Scotland 2021: Consultation Report

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## Ministerial Foreword



The revision of the National Guidance for Child Protection in Scotland has been a collaborative process, with a multi-agency Steering Group providing strategic oversight. Development has involved extensive engagement across a wide range of stakeholders and through a public consultation to ensure that full account is taken of developments and new thinking. I am delighted to share the report of this work which has been instrumental in the development of the revised guidance.

Draft Guidance, incorporating our understanding of best practice and ‘what works’ from various sources, including practitioner and stakeholder experience, inspections, research and learning from Significant Case Reviews was the subject of public consultation which took place between 21 October 2020 and 31 January 2021. A total of 159 consultation responses were received in addition to feedback from seven virtual stakeholder engagement events. The number and diversity of organisations and individuals that took the time to respond reflects a real sense of collective responsibility for children and young people’s wellbeing in Scotland and I am grateful to every one of those respondents.

The consultation and engagement events provided a wide range of suggestions for revision and improvement. Views have informed and shaped the final version and many suggestions will continue to inform the development of local procedures and processes and the delivery of wider strategic developments.

I would like to thank the Steering Group members for their strategic oversight and scrutiny, and the hundreds of stakeholder organisations and individuals who have engaged with the revision process and responded to the public consultation, particularly at a time of great challenge during the COVID-19 pandemic.

*Clare Haughey*

**Clare Haughey**  
**Minister for Children and Young People**

## Introduction

The Scottish Government worked collaboratively with stakeholders and partners from across education, social work, police, health, justice and the third sector to draft a significant revision of the National Guidance for Child Protection in Scotland, published in May 2014. A public consultation was carried out in order to seek views on the draft revised Guidance. This non-statutory national guidance describes the responsibilities and expectations for everyone involved in protecting children in Scotland. The Guidance sets out how agencies should work together with parents, families and communities to prevent and protect children from harm caused by abuse and neglect.

It aims to provide a national framework for services and local inter-agency forums such as Chief Officer Groups and Child Protection Committees to develop further in their local multi-agency protocols, training plans and procedures. The Guidance also aims to serve as a useful resource for practitioners on particular areas of practice and signposts where additional information can be found.

Craigforth, a social research company, has undertaken a full analysis of the public consultation on the revised National Guidance and seven accompanying engagement events with Child Protection Committees.

## The Consultation Process

The public consultation on the draft guidance opened on 21 October 2020 and closed on 31 January 2021. A total of 159 consultation responses were received from a wide range of organisations and individuals. Where respondents have given their permission, responses have been published on [Citizen Space](#). The number and diversity of respondents is a welcome sign that protecting children is increasingly seen as everyone's responsibility.

In addition to the main public consultation, seven virtual stakeholder engagement events were held during November and December 2020. These events were used to engage with Child Protection Committees and practitioners, with a facilitated discussion structured around the consultation questions.

The process of review and drafting of the revised National Guidance has involved extensive discussions with stakeholder groups and individuals prior to, during, and after the consultation to ensure that it takes full account of developments and new thinking. The revision has been an iterative and collaborative process.

## Overview of the Responses

All responses have been carefully considered in conjunction with the analysis report from Craigforth. The vast majority of the responses are very positive with a range of suggestions for revision and improvement.

We have engaged directly with some respondents to better understand their views and reflect these in the revised Guidance. We have also engaged with The Promise Scotland who have helped to ensure that work to deliver The Promise is well embedded throughout

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the Guidance and, in particular, that there is sufficient understanding of the impact of poverty throughout the document.

There are some suggestions for revision that are more appropriate for local processes and operational guidance and other suggestions and views which will inform delivery of wider strategic developments including implementation of The Promise and UNCRC.

The full Craigforth analysis report can be found at Annex A. The Scottish Government's response to the Consultation can be found at Annex B.

### Next Steps

The final Guidance will be published on the Scottish Government website in summer 2021. To ensure that the Guidance is accessible, useable, and can be updated, it will be published as HTML, as a PDF, and as a PageFlip document which will be searchable and mobile friendly. In addition, as a supporting resource, eighteen practice insights will also be published. These are reflections on practice which have been written by practitioners, service managers and academics. They provide additional detail and links to research on particular topics, and integrate either directly or indirectly the experience of children and families. The practice insights will be adapted and improved in response to evolving practice.

Published alongside the Guidance will be five impact assessments: Children's Rights and Wellbeing Impact Assessment; Equality Impact Assessment; Business and Regulatory Impact Assessment; Islands Communities Impact Assessment; Data Protection Impact Assessment.<sup>1</sup> These are initial assessments of the impact of the revised guidance informed by extensive engagement with over 150 public and third sector organisations and Scottish Government policy areas. The Scottish Government will continue to review and update these impact assessments where required during the implementation process. Any future iterations will reflect an increased understanding of the impact as the amount of data and research available continues to grow.

The consultation responses are also being used to inform the next, crucial stage of implementation. The National Guidance underpins local multi-agency child protection procedures, guidance and training which will require consideration as result of the revision. Local Child Protection Committees, supported by Child Protection Committees Scotland, the Scottish Government and a range of other partners will lead this work. The aim is that every child in Scotland should receive a consistent experience while allowing a degree of local variability in how those standards are implemented. Planning for adaptation and implementation will sit within the wider context of UNCRC, The Promise, GIRFEC and family support.

**Consultation on the revised National Guidance for Child Protection in Scotland:**  
[National guidance for child protection - revised: consultation - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/consultations/national-guidance-for-child-protection-revised/consultation-2021-01-20-2021-02-10/pages/10.aspx)

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<sup>1</sup> A Fairer Scotland Duty Assessment not required declaration will be published alongside the impact assessments

**Annex A: Craigforth Analysis Report**

Consultation on the revised  
National Guidance  
for Child Protection  
in Scotland 2020

**Analysis of responses to the consultation exercise**

May 2021

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## Executive Summary

This summary presents key themes from the independent analysis of responses to the Scottish Government's consultation on the National Guidance for Child Protection in Scotland. The consultation paper and the draft guidance are available at:

<https://www.gov.scot/publications/consultation-revised-national-guidance-child-protection-scotland-2020/>

## Consultation process

The consultation ran from 21 October 2020 and closed on 31 January 2021. In total, 159 consultation responses were received. The majority of responses (123 responses) were submitted by organisations, with the remaining 36 responses submitted by individual members of the public.

In addition to the main public consultation, seven virtual stakeholder engagement events were held during November and December 2020. These events were used to engage with Child Protection Committees and practitioners, with a facilitated discussion structured around the consultation questions.

## Key themes from the analysis

**Accessibility:** The guidance was described as comprehensive and thorough, but this inevitably means it is a long and relatively complex document. Online publication, including the use of hyperlinks, will help readers navigate the document and developing tailored/accessible versions for key groups – such as children and families – will be important.

**Audience for the guidance:** It was suggested that the guidance is likely to be a helpful source document for partnerships when shaping their local guidance. However, there was also a concern that the intended audience is not clear and that it is a mixture of strategic and operational guidance. Meeting the needs of a very wide audience was acknowledged as challenging, including because it may mean that the document cannot be too specific or prescriptive.

**Legislation and policy coverage:** Overall, it was felt that the legislation section provides a comprehensive framework of developing local practice and that the coverage of policy themes is robust and thorough. Themes which respondents thought could be given more prominence included The Promise, The United Nations Convention on the Rights of the Child (UNCRC), transitions to adult services and the role of Education Services. It was noted that the guidance, and in particular the coverage of policy and legislation, will need to be kept up to date in order to remain relevant and at its most useful.

**GIRFEC:** Respondents generally thought that the revised guidance is fully integrated with the language and core components of the Getting it right for every child (GIRFEC) practice model. It was suggested that the integration of GIRFEC emphasises that the support and protection of children is part of a continuum, allowing the 'right help at the right time', but that there could be greater clarity on the named person. It was noted that GIRFEC is due to be refreshed, and there were queries as to how this will impact on the guidance, both in



terms of the relative timelines for publication and how the revised GIRFEC will be included and reflected in the guidance.

**Practices and Processes:** The guidance seeks to accurately and proportionately describe the practice and processes critical to the protection of children. Many of the general comments acknowledged the prescriptive nature of the relevant sections of the guidance. Although some felt this will support consistency in practice across Scotland, there was also a concern that maintaining local flexibility, and reflecting the contextual differences in various areas, may be challenging.

There was an acknowledgment that child protection work can leave children and families feeling disempowered; ensuring they are at the centre is a challenge for all partners. The inclusion of a distinct section on the principles of involving children and families in child protection processes was therefore welcomed. However, it was felt that the guidance could do more to ensure that the experiences, needs and 'voice' of children and families are integrated into the Initial Referral Discussion (IRD) process in particular.

**Assessment Section:** A new section provides advice about child protection assessment practice. Many respondents welcomed the guidance on assessment, finding it comprehensive, clear and easy to understand. Some respondents commented that there could be greater clarity on incorporating the UNCRC into assessment in practice. It was also suggested that there should be reference to models of assessment practice other than those presented, to avoid those included in the guidance being seen as the preferred model.

The inclusion throughout the guidance of information on trauma-informed approaches was welcomed. However, it was noted that the trauma references could be more specific to assessment and could be strengthened.

**Description of child protection processes and procedure:** There was a concern that the IRD and Joint Investigative Interviewing processes set out are prescriptive and that this could present challenges for some local areas. A connected suggestion was that the potential for local variations should be acknowledged through the inclusion of a statement that Child Protection Committees, and their constituent members, will be accountable for the adoption (or not) of the processes.

The importance of relationships between practitioners and families, along with person-centred risk management that keeps children safe and promotes their wellbeing, was highlighted; it was suggested that this could be more clearly acknowledged within the guidance. It was also suggested that there could be greater emphasis on a strengths-based approach, as the biggest influence on the protection of children.

**Integration of health guidance:** The integration of health guidance into the revised child protection guidance was generally welcomed, including because the approach acknowledges the key role of health professionals, widens the audience for the guidance and supports multi-agency working. The recognition of health professionals as full partners in the IRD process was also welcomed. However, some respondents questioned whether incorporating the health guidance into the wider child protection guidance may make it

harder for health professionals to access the information they require, and which is most relevant to them.

**Neglect:** A broad and overarching theme highlighted by a number of respondents was that any definition and coverage of neglect should not infer the fault of parents and/or carers. Further comments included that it is vital that an intersectional lens is applied to any definition and where systemic stressors occur, neglect should not be defined as abuse. It was also noted that there are varying definitions of neglect across the guidance, but that a consistent definition/description would be preferable.

It was noted that the word 'neglect' is often referenced alongside abuse, and there was a concern that this could 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. The importance of focusing on harm, or risk of harm, experienced by the child, irrespective of the motive of the parents or carers and the associated stressors affecting the family, was also highlighted. However, it was acknowledged that the response within a child protection plan will vary depending on the contextual circumstances.

**Pre-birth assessment and support:** The inclusion of a section on pre-birth assessment and support was generally welcomed, although it was also suggested that there needs to be a clear focus on pre-birth support throughout the guidance. There was particular support for the focus on earlier intervention, including that a pre-birth meeting should be held as soon as possible. However, there was also a call for some flexibility to enable well-established, and positively inspected, local practices to continue.

A number of respondents addressed the timing and timescales of different aspects of practice, including in relation to IRDs. A general observation was that the timescales set out within this section require further consultation and clarification. Other comments included that the role of the father could be strengthened.

**Specific areas of concern:** Part 4 of the guidance covers specific forms of abuse and neglect, concerns and circumstances and signposts further resources. Part 4 was described as useful, helpful or accessible, and the comprehensive set of issues covered was welcomed. However, there was also a concern that there could be a risk that practitioners focus on the information in Part 4 and inadvertently overlook valuable information in earlier sections.

Further comments included that the section on protecting children with disabilities should be set more clearly within a children's rights framework, and that the section on domestic abuse should set out the principles of Safe and Together. This latter point echoed other comments that the coverage of domestic abuse is insufficient across the guidance. There was a particular concern that the principle of partnering with the non-abusive parent has not been embedded.

There were also suggestions for other specific concerns that should be included within Part 4 (or possibly elsewhere across the guidance). Transitions was a frequently raised issue, and it was suggested that Part 4 may be a suitable place to include a section with a specific focus on this issue. Groups that respondents suggested should be covered included young carers and children (in families) with no recourse to public funds.

**Implementation:** Many respondents agreed 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 the guidance. It was noted that a multi-agency approach will be pivotal to the successful implementation of the guidance. However, there was a concern that the guidance does not provide a clear outline or intention of the role of Scottish Government in respect of child protection. There was also a concern that the non-statutory status of the guidance could lead to variation in how agencies engage with it.

**COVID-19:** There were frequent reports that the COVID-19 pandemic has led to new ways of working and has accelerated changes to ways of meeting and communicating in particular. It will be important to consider which of those changes have been positive and led to more flexible and potentially efficient working. The consensus was that at least some of the practice changes – especially in relation to remote meetings – should continue post-pandemic.

Remote IRDs were generally reported to have been particularly successful, with increased attendance rates from across a range of key agencies. Children, young people, and families have often found online engagement to be less stressful and a preferred way of taking part. However, it is not right for everyone, and the needs of individuals will always need to be considered. Blended approaches are likely to be needed going forward.

## **Introduction**

This report presents an independent analysis of responses to the Scottish Government's consultation on the National Guidance for Child Protection in Scotland.

The consultation paper and the draft guidance are available at:

<https://www.gov.scot/publications/consultation-revised-national-guidance-child-protection-scotland-2020/>

## **Background and context**

The Scottish Government has been working with stakeholders and partners from across education, social work, health, justice and the third sector to revise Scotland's national guidance on child protection. The draft guidance being consulted on is a wholesale revision.

The current version of the guidance was published in May 2014, updating a comprehensive 2010 rewrite of a 1998 version. This non-statutory national guidance describes responsibilities and expectations for all involved in protecting children in Scotland. The guidance sets out how agencies should work together with parents, families and communities to prevent and protect children from harm caused by abuse and neglect.

It aims to provide a national framework for services and local inter-agency forums such as Chief Officer Groups and Child Protection Committees to develop further in their local multi-agency protocols, training plans and procedures. The guidance also aims to serve as a useful resource for practitioners on particular areas of practice and signposts where additional information can be found.

## **Consultation process**

The consultation ran from 21 October 2020 and closed on 31 January 2021.<sup>2</sup>

In addition to the main public consultation, seven virtual stakeholder engagement events were held during November and December 2020. These events were used to engage with Child Protection Committees and practitioners, with a facilitated discussion structured around the consultation questions.

Around 70 participants attended a Child Protection Committees Scotland (CPCScotland) event and around 145 participants attended one of the other six events. Many of those attending an event worked for an organisation that went on to submit a written response to the consultation.

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<sup>2</sup> The consultation was scheduled to close on 16 January 2021, but the consultation period was extended by 2 weeks to take account of the additional pressures placed on a number of organisations by the COVID-19 related restrictions.

## Profile of respondents

In total, 159 consultation responses were received. The majority of responses were received through the Scottish Government’s Citizen Space consultation hub. Others were received via email.

Respondents were asked to identify whether they were responding as an individual or on behalf of a group or organisation. Organisational respondents were then allocated to one of ten categories by the analysis team. A breakdown of the number of responses received by respondent type is set out in Table 1 below and a full list of organisational respondents can be found in Annex 1.

**Table 1: Respondents by type**

Type	Number
Organisations:	
Academic group or body	3
Child or public protection committee	24
Education body, including schools	8
Health body, including NHS	17
Local authority, including SW services	10
Multi agency partnership	5
Public body	11
Special interest group	2
SW representative body or group	3
Third sector	40
Total organisations	123
Individuals	36
All respondents	159

The majority of responses (123 responses or 77% of those received) were submitted by organisations, with the remaining responses (36 responses or 23% of those received) submitted by individual members of the public.

The responses from the 136 respondents who agreed to their response being published can be found on the Scottish Government’s website at: [Consultation on the revised National Guidance for Child Protection in Scotland - Scottish Government - Citizen Space](#)

## Analysis and reporting

A small number of respondents did not make their submission on the consultation questionnaire but submitted their comments in a statement-style format. This content was analysed qualitatively under the most directly relevant consultation question.

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The remainder of this report presents a question-by-question analysis of both the quantitative (closed) and qualitative (open) questions.

At the start of each question (where relevant) a short summary of the main themes discussed at the stakeholder engagement events is presented. These themes very much reflected those raised subsequently in the written consultation responses.

The analysis of the written consultation responses sets out the range of issues covered by respondents. Most of the issues set out in the report were raised by only one or a small number of respondents. If an issue was raised more frequently, this has been highlighted.

A number of the comments suggested additional themes or issues to be covered in the guidance. Please note that on occasions these issues may already be covered somewhere within the draft guidance.

In addition to the analysis of further comments, a technical appendix containing specific editing suggestions was also produced by the analysis team. The technical appendix has been supplied to the Scottish Government.

As with any public consultation exercise, it should be noted that those responding generally have a particular interest in the subject area and the views they express cannot be seen as representative of wider public opinion.

### Advice and Accessibility

**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

In your view, does the guidance fulfil these objectives?

#### Stakeholder Event Themes

The main themes raised at the stakeholder events were:

The guidance is comprehensive and thorough, but this inevitably means it is a long and relatively complex document.

Some parts of the document are more detailed and/or appear more prescriptive than others (in particular Part 3). This was welcomed by some, but not all.

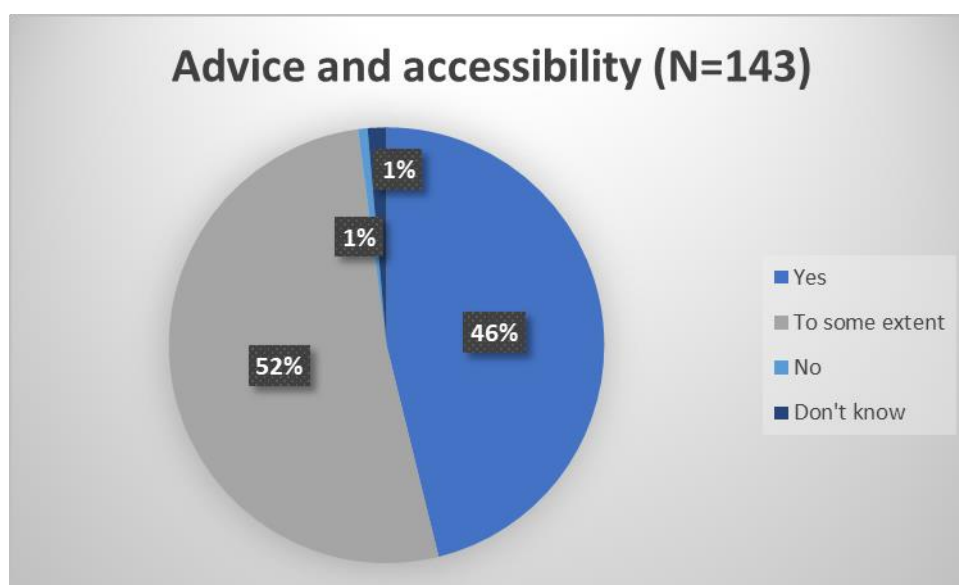
The addition of Part 4 was generally welcomed, although some felt it was not clear how it relates to other parts of the guidance.

The multi-agency focus and partnership working ethos could be more explicitly stated.

Online publication, including the use of hyperlinks, will help readers navigate the document.

Developing tailored/accessible versions for key groups – such as children and families – will be important.

A small majority of respondents (52% of those answering the question) thought that the guidance fulfils its advice and accessibility objectives to some extent.



Around 100 respondents made a further comment at Question 1.

## **Overall assessment**

In their initial comments, a number of respondents welcomed the revision of the guidance, sometimes also commenting that keeping a degree of consistency with the previous version, particularly in terms of overall structure, is helpful.

Very much reflecting the answers to the closed question, the overall balance of opinion was that guidance fulfils the objectives of providing information in structured, standalone sections which are accessible. It was described as well laid out, well-structure, well-written and easy to read.

A frequently made comment was that the guidance is comprehensive and detailed, and while this was welcomed, that it does inevitably mean it is also lengthy. Some respondents thought the guidance is too long, and that this will affect its accessibility and useability.

Other concerns raised about the length and complexity of the guidance included that:

- It will potentially be daunting for some practitioners and other stakeholders. This may apply especially to those who do not work directly in the frontline services of Social Work, Education, Police and Health.
- It could result in fewer practitioners reading and using the document.
- There may be a risk that some key elements become lost in the volume of material.

An associated concern, and one which spoke to some of the issues about policy and principles covered at Question 2, was that the intention to promote cultural change could be lost in those sections that are, by necessity, more prescriptive than others. It was suggested that significant shifts in practice, along with the reason behind these shifts, could be set out in the early stages of the guidance and an Executive Summary could emphasise the wider cultural changes to which Scotland aspires.

Also, in relation to the length and complexity, it was suggested that the current draft:

- Contains some irrelevant information. Examples given were that the section on the definition of a child also discusses adult protection and the coverage of the Children (Scotland) Act 1995 goes beyond the scope of the guidance.
- Contains unnecessary repetition. Further comments included that this is particularly the case in Parts 2 and 4. Repetition between Part 1 and Appendix A was also highlighted.
- Goes beyond guidance, weaving procedure with research and information, which affects its accessibility in some parts.
- At times reads like regulations associated with legislation.
- Blurs into procedural elements at times.

## **Audience for the guidance**

As noted in the question, the national guidance seeks to provide advice to local partnerships and agencies to inform the development of local guidance. It was suggested that local partnerships and agencies are likely to find it to be a helpful source document for shaping local guidance. Related comments included that:



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- The intended audience should be clearly specified at the very start of the publication.
- It would be helpful to suggest that local multiagency partnerships and organisations should be clear about their reasons should they decide not to follow the guidance.

However, not all respondents agreed with the focus on local partnerships and agencies, and it was suggested that the scope of the guidance should be expanded to take the needs of other organisations and the general public into account.

Other comments included that the intended audience for the guidance is not clear. It was suggested that it is currently presented as a mixture of strategic and operational guidance for partnerships, services, agencies and in parts for practitioners and managers respectively. Meeting the needs of a very wide audience was acknowledged as challenging, including because it may mean at times that the document cannot be too specific or prescriptive. This, in turn, was seen as highlighting the need for robust local implementation.

Respondents identified particular audiences or groups that may find the guidance helpful, sometimes also commenting on particular aspects that may be helpful to them:

- Newly qualified Social Workers may find the structure particularly helpful.
- Individual aspects are designed in a way that will assist and enable accessibility for all healthcare staff, partnerships and agencies.

However, it was also suggested that a particular weakness of the draft is that, unlike the 2010 and 2014 versions, it no longer provides a reference point for children, young people, families or their representatives or advocates. Suggestions for providing accessible materials for a range of audiences are covered further below.

### **Tone and language**

Some respondents commented on the tone of the guidance document, including with reference to the type of language used. The changes in language used relative to previous versions were welcomed, including as a way of supporting the development of increasingly relationship focused, strengths-based and inclusive practice. Support for what was described as a shift to a much more prescriptive tone was also welcomed.

Acknowledging the changes of tone and terminology at the start of the guidance was suggested, as was setting out the rationale for the changes. *Child Protection Case Conference* being replaced with *Child Protection Planning Meeting* was given as an example of the type of change that could helpfully be explained.

Other observations included that, although some sections are an easy read, some of the language used is complex, academic or overly complicated. There was a concern that the document may not be accessible to all partners and agencies due to the complex and, in some places, technical language used. It was suggested that a plain English review should be carried out.

There were also comments on the use of particular terms or phrases, which included that:

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- As discussed at Question 11, the use of the term 'disabled children' as opposed to 'children with disabilities', is outdated. However, it was also reported that the term disabled people has its roots in the disabled people's movement. Consulting relevant Disabled People's Organisations, as well as children and young people with learning/intellectual disabilities themselves, on the best language to be used was recommended.
- The term ICT is used in the document which could be confusing for practitioners as the term that is now used is digital literacy.

Finally, it was noted that the national guidance will (understandably) use terminology that does not always reflect local processes and procedures and that an element of 'translation' will be required, limiting its immediate application to practice.

### Structure and layout

General observations about the structure were that it is well structured and easy to navigate, including for practitioners who may be less familiar with an area of practice. Specifically, it was suggested that the standalone sections will support practitioners in seeking advice on particular aspects of practice.

However, there was also a view that using the sections as stand-alone relative to other sections of the guidance could present difficulties. In particular, it was thought that a thorough reading of the whole guidance would be required to understand key terminology, such as harm, significant harm and risk of significant harm and to inform a proper consideration of underpinning factors such as poverty, disability, trauma and discrimination.

More broadly, it was suggested that the guidance does not read as a stand-alone document in its own right, but instead reads as a follow on from the 2014 guidance. Further comments included that the draft text makes repeated reference to the 2014 guidance and at times assumes prior knowledge of existing guidance, policy and practice frameworks. The associated concern was that this has the potential to create inconsistencies in the development of local guidance and may make the new guidance less accessible to newly qualified practitioners or workers taking on new roles with added responsibility for child protection.

In relation to other aspects of the structure, elements which respondents thought worked particularly well included:

- Practitioners can clearly see the different issues and can navigate to their particular area of interest.
- The addition of visuals such as flowcharts.

Areas for possible improvement identified included:

- Making the guidance elements more prominent and easier to extract from the research and reference elements.
- Giving more attention to presenting information in a way that aids the learning and understanding of those using it.
- Including a better index and more comprehensive contents page.

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- Numbering paragraphs consecutively from the beginning to the end of the guidance document.
- Ensuring that the layout and formatting is consistent, for example in the use of headings, sub-headings and bullets, presentation of hyperlinks, accuracy and consistency of referencing and the use of bold text or text box shading.
- Colour coding of sections.
- More use of diagrams.
- Including a summary, highlighting the main points covered, at the end of each section.
- Links to resources opening in a second window rather than taking the reader out of the documents as at present.
- Including a search function.

Comments about different parts of the document (other than in relation to their specific content, which is covered at subsequent questions), included:

- The more procedural approach taken in Part 3, including relative to the previous version of the guidance, is broadly welcome. The possible advantages of the more procedural approach identified included supporting the development of local procedures and protocols. However, there was also a concern that Part 3, and the more procedural approach, may be overly prescriptive and potentially lead to confusion for staff if the guidance differs from local procedures.
- There is reference to the sections standing alone, however this does not seem to be the case for Part 4 - Specific Concerns. The purpose of this section and how it relates to practice is not clear.

### Publication approach

Amongst those who commented, there was broad agreement that the most effective way to publish the guidance would be online, including because it will mitigate the impact of the size of the document to some extent. Among the advantages of the online approach identified were that it will:

- Help with functionality and navigability, including through the use of navigation links and links to sources of information.
- Ensure that the guidance can be updated quickly should legislation change, or policy develop. This was seen as particularly important given the changes in legislation which are expected in the coming year, with reflecting these in the guidance providing a national approach making sure the workforce is aware of them.

Practical aspects highlighted as needing to be taken into account included:

- Providing the document on an app platform for ease of access, perhaps something similar to the SSSC app for adult protection.
- Ensuring the guidance is readily accessible from various IT platforms / devices.

However, it was also noted that consideration will need to be given to the needs of those who do not have online access.

In addition to commenting on the online publication, other points raised included that:

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- It will be important to ensure that this resource is widely available 24/7 and accessible to all staff working across the public, private and third sectors, some of whom may not always have easy and unrestricted access to web-based resources. There may be occasions when staff need to access and print off key sections / webpages; there should be a full print facility option, supported by very good search, indexing, referencing and navigation functionality.
- Availability of the guidance in word format is welcome as this makes the documents accessible with screen reading software and magnification.
- The guidance should be version controlled.
- A designated keeper of the resource should be clearly identified.

### Other ways to maximise accessibility

Respondents also suggested a range of ways in which they thought that the guidance could be made as accessible as possible. Reflecting some of the comments above regarding the audience for the guidance, these included developing a suite of supporting resources for different audiences, including for:

- Children and young people.
- Families, parents and carers.
- Those with lived experience.
- Chief Officer Groups.
- Frontline practitioners.
- Professional groups who have less direct experience of Child Protection processes.
- Sports bodies.

Suggestions relating to the type of resources that could be helpful included:

- An app.
- Easy read versions.
- Abbreviated versions or executive summaries.
- Briefings, specifically 7 minute briefings.

These suggestions sometimes came together around an app for use by frontline practitioners and an easy read version of the guidance for children and families.

It was also suggested that practitioners should be asked to test the planned practice notes to ensure they are clear.

In terms of language or translations, suggestions included that materials should be available in:

- Gaelic.
- British Sign Language.
- Braille, large print, and accessible electronic formats for the benefit of those with vision impairment.

Other comments addressed how the guidance could be promoted and shared, including how practitioners could be supported to become familiar with, and make good use of, the

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guidance. Suggestions were sometimes similar to those made at Question 12 (concerning implementation), and included:

- Having the guidance and associated information and links all in the one place online, for example housed within one website that is searchable by topic.
- Introducing the guidance through training sessions or conversation cafés.

### **Review and revision**

Both at Question 1 and elsewhere, a number of respondents highlighted the importance of the guidance being subject to regular review and revision.

In terms of the current draft and associated materials, it was suggested that:

- The guidance needs to be island-proofed. An Island Communities Impact Assessment being undertaken was welcomed. As highlighted at Question 11, it would be beneficial for the final document to more explicitly reference issues relating to remote and rural life, such as challenges associated with delivering the range of services and approaches suggested within the guidance.
- The document should be subject to an independent review and edit, to remove repetition, ensure plain English is used and rectify any grammatical or punctuation errors.

## Legislative and Policy Development

**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.

Are you aware of any additional legislative or policy developments, research or practice that should be included?

### Stakeholder Event Themes

The main themes raised at the stakeholder events were:

Overall, the coverage of policy themes is good and thorough.

The legislation section provides a comprehensive framework of developing local practice.

The Promise could be given more prominence, as could the UNCRC.

Other themes that could be given greater coverage within the guidance included: transitions, including transitions to adult services and the role of Education Services.

The guidance, and in particular the coverage of policy and legislation, will need to be kept up to date in order to remain relevant and at its most useful.

Around 100 respondents made a comment at Question 2. Please note, however, that the analysis presented here also draws on comments made at other questions.

General observations at Question 2, which often appeared to refer to Part 1 of the guidance in particular, included that it is comprehensive, detailed, easy to use and up-to-date. However, there was also a view that the draft guidance does not reflect contemporary policy and practice. Examples given included around progress in transforming services and around working in partnership with children, young people and families. Other issues which respondents thought should be given greater prominence are set out below.

Other general comments included that the Scottish Children's Reporter Administration's research on complexity in the Scottish legislative and policy landscape<sup>3</sup> could be referenced.

It was noted that there are a number of references to guidance which has been or will be updated. It was suggested that a summary of these, possibly in tabular form, would be helpful. It was also suggested that, to avoid the newly published guidance becoming

<sup>3</sup> <https://www.scra.gov.uk/wp-content/uploads/2018/03/Complexity-in-the-lives-of-looked-after-children-and-their-families.pdf>

quickly out of date, consideration should be given to how it will be regularly updated and how any changes will be communicated at both national and local level.

### **Policy coverage**

Although a number of the comments addressed the current content of the guidance, and Part 1 in particular, some respondents (as per Question 2), identified additional legislative or policy developments, research or practice that should be included.<sup>4</sup>

Specific policy themes that respondents felt are under-represented and/or should be given greater prominence included The Independent Care Review and The Promise. It was suggested that coverage of The Promise could be strengthened given that it will be a significant lens through which practice will develop in the coming decade.

One suggestion was that there should be a standalone section on The Promise and UNCRC. However, it was also suggested that substantive revision of the whole guidance is required and that these issues, along with a whole system approach to child protection, and other relevant international human rights standards, should be reflected across the guidance. These issues are covered further below in relation to the *Principles underpinning this guidance* section.

There was also a concern that some aspects of the legislation and policy development referencing may serve to undermine the importance of taking a whole system approach. It was seen as important to place a consistent emphasis on shared responsibility and supporting individual agencies in understanding and fulfilling their responsibilities. It was felt that one of the strengths of the 2014 guidance, the 'child protection is everyone's responsibility' narrative, appears to have been diluted in the revised guidance.

With reference to transitions, it was noted that the guidance outlines practice around the transition between child protection systems and adult support and protection (under Interface between child and adult protection), and it was suggested that ensuring that the wellbeing and needs of children and young people are met is particularly important when considering transitions from children's services to adult care and protection services. Related points included that the language used across the guidance should emphasise the importance of maintaining and supporting the relationships that matter to children and young people during these significant changes in their lives. The conclusion was that there is an opportunity to revise the guidance in ways that are framed by the importance of ensuring the best interests of children and young people are met.

Other areas of policy that respondents wanted to see covered or expanded upon included:

- Trauma-informed practice. An example of this is supervision not being robustly reflected throughout the document.

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<sup>4</sup> Please note that some of the policy suggestions, particularly in relation to groups who should be covered in the guidance, may be referenced at Question 11 (in relation to specific concerns). The focus of the analysis presented here is on the Introduction and Parts 1 and 2 of the guidance.

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- The role that communities play in preventing and protecting children from adversity and in helping children to cope when they have experienced early trauma.
- Effective inclusive communication with children and young people. There was a call for more focused and structured guidance on how practitioners from all services should approach identifying and responding to communication challenges and strengths.
- Barnahus, especially since Children 1st and partners are currently in the process of setting up a test, learn and develop Barnahus pilot and the stated intention of the Scottish Government is to develop Scottish Barnahus Standards and consider a nationwide approach to Barnahus in Scotland.
- The principles of the Safe and Together Model.
- Drug and alcohol use by children and young people, to assist practitioners to recognise and address these harms.
- Female Genital Mutilation (particularly around the ability to secure protection orders).
- The new Joint Investigative Interviewing (JII) model as an example of how our growing understanding of trauma is informing new developments in Scotland. The guidance should set out that trauma-informed principles are central to the Scottish Child Interview Model and are woven through this new model of practice.

In terms of how models of practice are currently presented, while it was seen as helpful to share examples of models, it was reported that this comes with a danger that the models or approaches featured may be seen as preferred. It was suggested that references to intervention programmes or models of practice should be detailed within the resource section alone, to avoid confusion in areas of Scotland that have chosen not to adopt a specific practice approach mentioned, and to avoid any impression that any model is being cited as a national recommendation.

Finally, it was also suggested that there is insufficient emphasis on the important role of the education sector throughout the document. The core contribution from designated officers from education, at all stages of investigation and assessment, should have greater prominence within the guidance. The importance of early years on child development and wellbeing was also highlighted and it was suggested that there should be a standalone section on early learning and childcare.

### Legislation

In terms of legislation which should be given greater prominence, or about which coverage could be expanded, suggestions included:

- That which emphasises the responsibilities of agencies to work jointly together to plan, develop and deliver services which contribute to the care and protection of children could feature more prominently.
- Given its significance, the Children (Equal Protection from Assault) (Scotland) Act 2019, including by providing additional guidance for staff. This theme is picked up again at Question 11.
- Details within the Children (Scotland) Acts.



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- The legislation allowing the use of Operation Encompass to support children experiencing Domestic Abuse.

A general comment was that it would be helpful to include references to the legislation relating to prevention orders, along with guidance on how they can be used to protect children, such as Sexual Offences Prevention Orders.

Suggestions for other legislation or regulation which should be referenced with the guidance included:

- Adult Support and Protection (*Scotland*) Act 2007.
- Children (Scotland) Act 2020, given the high numbers of proceedings in the civil courts involving families experiencing domestic abuse.
- Disclosure Scotland Act 2020.
- Domestic Abuse Bill (currently at Stage 1 at the Scottish Parliament), which will make provision for domestic abuse protection notices and orders.
- Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill, which has now been passed with amendments.
- Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016.
- Islands (Scotland) Act 2018 and how it will impact on implementation of the guidance.
- Mental Health (Scotland) Act 2015 should be noted as it is the update to Mental Health (Care and Treatment) (Scotland) Act 2003.
- The Duty of Candour Procedure (Scotland) Regulations 2018.
- Vulnerable Witnesses (Criminal Evidence) (Scotland) Act 2019.

General comments about the presentation of legislation within Appendix C included that it is currently just a list with links, but a summary of the legislation highlighting why it is relevant would be helpful. Other comments were that:

- It is not clear why some legislation and policy is included in the main text and others in appendices. Such detail is important to how the guidance is interpreted and treated by various stakeholders and may influence how various practitioners understand the legislative obligations they are under.
- Given the volume of legislation and policy relating to child protection, it might be useful to have a separate document which lists everything. This would maintain consistency throughout the document, making it more accessible to practitioners.
- If legislation is to be referenced, then this should be done in a manner that precisely reflects the section of the legislation being referred to.
- It would be helpful to set the legislation out in date order.
- When offering further detail on one piece of legislation, the content should be structured as is done in relation to the Children's Hearings (Scotland) Act 2011.
- Throughout the document there are references to forthcoming Bills / Acts and future implementation dates. It is assumed that once the legislation is enacted, these references will be updated accordingly, for example in relation to the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill.
- There is potential to include examples of good practice in the use of legislation to keep children safe e.g. use of trafficking legislation, coercive control in the context of domestic abuse and forced marriage protection orders.

## **Guidance, standards, practice notes or tools**

Suggestions for guidance, standards, practice notes or tools to be referenced included:

- Child Protection Service Delivery Standards, RCPCH and CPSIG. (2020).
- Common Core of Skills, Knowledge and Understanding and Values for the Children's Workforce in Scotland, Scottish Government, 2012.
- Continuing Care and the Welfare Assessment: Practice Note CELCIS, Clan Child Law and Care Inspectorate (2020).
- Decision making and consent, General Medical Council (2020).
- Domestic abuse: a good practice guide for social landlords, Association of Local Authority Chief Housing Officers, the Chartered Institute of Housing, the Scottish Federation of Housing Associations, Shelter Scotland and Scottish Women's Aid (2019).
- Giving Voice factsheets (various), Royal College of Speech and Language Therapists.
- Good practice service delivery standards for the management of children referred for child protection medical assessments, Royal College of Paediatrics and Child Health (2020).
- Guidance on Health Assessments for Looked After Children and Young People in Scotland, Scottish Government (2014).
- Health and Social Care Standards, Scottish Government (2017).
- National Framework for Child Protection Learning and Development in Scotland, Scottish Government (2012).
- National Risk Framework to Support the Assessment of Children and Young People, Scottish Government (2012).
- National Standards for Child Wellbeing and Protection in Sport, Scottish Government (2014).
- Principles of Inclusive Communication: An information and self-assessment tool for Public Authorities, Scottish Government (2011).
- Secure care: pathway and standards, Scottish Government (2020).
- Tayside Multi-Agency Practitioner's Guidance: Concern for Unborn Babies, Angus Child Protection Committee (CPC); Dundee City CPC and Perth and Kinross CPC (2020).

It was also suggested that the guidance should reflect the learning from agency caseload and caselaw information and complaints to various bodies, such as the Scottish Public Services Ombudsman.

## **Resources and references<sup>5</sup>**

Suggestions for additional resources and references to be included within the guidance and/or at Annex F) included:

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<sup>5</sup> Please note that the analysis team has sought to present references in a standard form to be accessible to the reader (title, author, date) rather than in standard academic referencing format. In some cases, it has been necessary to make judgements as to the document or resource to which respondents' comments referred. Sourcing the correct referencing (for example in relation to dates or authors/commissioning bodies) has also sometimes been difficult. We apologise for any errors made.

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- 2020 Vision: Hear Me, See Me, Support Me and Don't Forget Me paper, Carers Scotland Trust (2020).
- A Guide to Youth Justice in Scotland: policy, practice and legislation, Centre for Youth and Criminal Justice (2018).
- ACEs, Places and Status: Results from the 2018 Scottish Secure Care Census, Children and Young People's Centre for Justice (2018).
- Baby Brain: Neuroscience, policy-making and child protection. Critchley, A. *Scottish Affairs*, 29(4), 512-528 (2020).
- Can Scotland be Brave – Incorporating UNCRC Article 12 in practice, Margo Mackay and Rhona Matthews (2020).
- Chief Social Work Officers and secure care, Children and Young People's Centre for Justice (2017).
- Children looked after away from home aged five and under in Scotland: experiences, pathways and outcomes. Permanently Progressing? Cusworth, L., Biehal, N., Whincup, H., Grant, M. and Hennessy, A., University of Stirling (2019).
- Children's Rights and Inclusion Strategy, The Children's Hearings Scotland (2020).
- Contact Decisions in the Children's Hearings System, CELCIS, SCRA (2018).
- Decision Making by Health and Social Care Professionals to Protect an Unborn Baby: Systematic Narrative Review. Mc Elhinney H, Brian J. Taylor BJ and Sinclair M *Child Care in Practice* (2019).
- Emerging adulthood, a theory of development from the late teens through the twenties. *American Psychologist*, 55(5) 469-480, Arnett J.J. (2000).
- Ending Homelessness Together: High Level Action Plan, Scottish Government and COSLA (2018).
- Equally Protected research, Heilmann, A et al for NSPCC Scotland (2015).
- Infants born into care in Scotland: Initial findings, Scottish Centre for Administrative data Research (2020).
- Intercollegiate Document: Safeguarding Children and Young People: Roles and Competencies for Health Care Staff: 4th Edition, (January 2019).
- Leaving Care and the Transition to Adulthood, New York: OU Press Mann-Feder, V and Goyette, M. eds. (2019).
- Let's stop feeding the risk monster: Towards a social model of 'child protection', Brid Featherstone et al , *Families, Relationships and Societies* (2016).
- Look at Me: teens, sexting and risk report, internet matters and Youthworks (2020).
- Nursing 2030 vision, Scottish Government (2017).
- Polishing the Diamonds': Addressing Adverse Childhood Experiences in Scotland (2016).
- Poverty Safari: Understanding the Anger of Britain's Underclass, Darren McGarvey (2017).
- Pre-birth child protection. Critchley A, *Iriss Insight* 42. (2018).
- Protecting Children - A Social Model, Brid Featherstone et al, Policy Press (2018).
- Recognizing and Addressing Child Neglect in Affluent Families. Bernard, Claudia *A Child and Family Social Work*, 24(2), pp. 340-347 (2019).

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- Sexual exploitation of children involved in the Children’s Hearings System: A research report by the Scottish Children’s Reporter Administration and Barnardo’s Scotland (2020).
- The Children and Young People (Scotland) Act 2014 Part 9 (Corporate Parenting), CELCIS (2017).
- The judgment passed down by the Supreme Court of the United Kingdom against GIRFEC - The Christian Institute and others (Appellants) v The Lord Advocate (Respondent) (Scotland).
- The lion's den': Social workers' understandings of risk to infants, Ariane Critchley (2020).
- The new life stage of emerging adulthood at ages 18-29 years: implications for mental health. *Lancet Psychiatry*, 1(7), 569-576. Arnett, J.J., Zukauskienė, R., and Sugimura, K. (2014).
- The Student Carer Experience in Scotland report, Carers Trust Scotland (2020).
- Vulnerable Children in a Digital World, internet matters and Youthworks (2019).
- Vulnerable Young People and Their Experience of Online Risk, A El Asam (2018).
- Youth Homeless Prevention Pathway: Improving Care Leavers Housing Pathways, 'A Way Home Scotland' Coalition (2019).

### Comments on Introduction and Parts 1 and 2

There was a range of comments relating to elements of the Introduction, Part 1 or the earlier sections of Part 2 of the guidance. These are presented below according to the order of the guidance. Please note that comments relating to the latter sections of Part 2 (Part 2(B): Approach to Multi-agency assessment in Child Protection) are the focus of Question 5.

#### Introduction

General comments included that the Introduction should:

- Set out clear principles and themes which underpin the whole guidance. It was suggested that this could be done by combining existing sections, for example *Principles, Practice points at any time* and *Child protection themes*.
- Highlight the influence of key new developments, such as The Promise, which are the rationale for some of the changes relative to the 2014 version of the guidance.
- Include a more concise explanation of the shared responsibility for keeping children safe, and who is involved in this.

#### Purpose

It was suggested that there should be a clear statement at the start of the guidance that informs readers that it should not be regarded as a definitive reference document. This was connected to a concern that practitioners may think it is an exhaustive list and not 'think beyond' what is referenced in the document.

Principles underpinning this guidance

There was a concern that the starting point for this guidance remains the system as it currently exists, with an associated suggestion that the guidance needs to be more visionary, rather than referencing the changes that need to be made within the confines of the current status quo.

As noted above in relation to the policy context, there were concerns that the guidance does not reflect the principles that underpin The Promise and the UN Convention on the Rights of the Child (UNCRC). Anticipating that the UNCRC (Incorporation) (Scotland) Bill will be successful and receive Royal Assent in 2021, it was suggested that substantial guidance on incorporating the UNCRC into child protection processes is required and that a children's rights-based approach must be much more explicit across the document as a whole.

In addition to UNCRC, there was a call for the guidance to be underpinned by other relevant international human rights standards, in particular, the UN Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and the Council of Europe Convention on Preventing and Combatting Violence Against Women and Domestic Violence (known as the Istanbul Convention). It was suggested that there needs to be more systematic reference to the key principles of Equally Safe throughout, especially in relation to gender inequality and its intersection with domestic abuse, wider structural inequality in society, and violations of children's rights.

Also in terms of the overarching themes that respondents wanted the guidance to reflect, suggestions included:

- There should be an emphasis on services working in partnership with children and families. There are numerous examples across the document of missed opportunities to identify where a strengths-based, partnership approach with families sits alongside the described processes and procedures.
- The centrality of a whole system approach to child protection and the shared responsibilities detailed within (among others) the Children (Scotland) Act 1995, the Children's Hearing (Scotland) Act 2011, and 'It's Everyone's Job to make sure I'm alright'. The guidance needs to provide all partners with a common understanding and starting point, from which joint action to support families is organised and delivered.
- That while Social Work holds a key role in the system, relevant legislation stipulates that it is the 'local authority' that is responsible to support a 'child in need'. The guidance includes much more prescription and direction in respect of the Social Work role than it does for other professional roles involved in child protection. This emphasis on Social Work may have the unwelcome effect of diluting the inherent, core responsibilities of other agencies/professionals and diminishing their role in partnership working in the context of child protection concerns. This needs to be reviewed.

Other comments included that it would be helpful to set out why the guidance does not present Human Rights and Data Protection as overarching themes.

**Part 1 – The Context for Child Protection**

## Key Definitions and Concepts

### Definitions of 'child'

A number of comments addressed the definition of a child set out.

It was noted that this section outlines the differing legislative frameworks by which a child is defined according to their age in Scotland, and that these differences are reflected through the guidance.

Nevertheless, it was suggested that a clearer definition would be useful, connected to a concern that ambiguity may confuse some practitioners who are less familiar with the different legislative definitions. As legislation and policy in relation to 16 and 17-year olds remains a 'grey area', there was a call for this aspect to be considered further within the guidance, particularly in relation to information sharing, rights and relationships.

Another suggestion was that while the information highlighting the legal complexities is helpful, the information should be framed by a clear, general presumption that a child is defined as a person under 18 years of age. This was described as in line with the UNCRC, currently supported by the Children and Young People (Scotland) Act 2014 (the 2014 Act) as well as by Getting it right for every child (GIRFEC) principles, and soon to be incorporated into Scots Law through the UNCRC (Incorporation) (Scotland) Bill. It was also reported that:

- 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 2017 Report.<sup>6</sup>
- A children's rights framework, and specifically Article 5 of the UNCRC, supports meeting the best interests of all children according to their developing capacity, in which increasing chronological independence does not mitigate a right to protection.

Other comments included that it would be helpful to be clear that the child cannot be defined as such until born. Before birth it is the unborn child or foetus.

### Definitions of parents and carers

It was suggested that it may be helpful to consider the addition of reference to people giving birth in order to be inclusive.

It was also suggested that there should be references to a father's paternal rights and responsibilities, linked with being named on the birth certificate.

### What is child abuse and child neglect?

It was noted that the term "non-organic failure to thrive" is no longer used by health professionals and has been replaced by "faltering growth", which is now recognised as a more appropriate term.

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<sup>6</sup> <https://www.gov.scot/publications/child-protection-improvement-programme-report/>

What is child protection?

There was a concern that the definition of child protection is not set out within the framework of children's rights (a child's right to be safe from harm, for their parents to be supported, etc.), and it does not clearly outline The Promise's challenge to readdress the balance of risk to take account of the risk of a child being removed from their family.

The definition was described as process-driven rather than being clear that harm and adversity occur when families are under pressure, lack resources and are unable to access the support that enables them to meet their child's needs.

What is child abuse and child neglect?

There was a concern that the definition of child abuse and child neglect does not describe that abuse and neglect can occur online or be facilitated using technology. It was reported that young people with offline vulnerabilities are at greater risk of harm online than other young people and that multiple offline vulnerabilities combine to increase online risk.

It was suggested that professionals need to be adequately trained in online safety and that assessment tools need to adequately capture the full range of online harms.

What is harm and significant harm in a child protection context?

A concern was raised over the definition - or lack of definition - in relation to significant harm.

Reflecting a similar concern to that relating to the definition of child protection, it was noted that the definition of harm and significant harm does not reference external or structural factors and does not refer to families.

What is a named person, lead professional and child's plan?

As at Question 3 (in relation to GIRFEC), there was some comment on the references to a named person. One perspective was that it offers a positive reminder. An alternative view was that the named person should not be referenced in national guidance but that, if local areas wish to use this language, it can be incorporated in guidance at a local level.

Other comments included:

- Given that 'named person' is not a legal construct, it may be more helpful to outline the function being described to ensure that the guidance is applicable in areas which have not adopted the term.
- Support for the referring to a 'Child's Plan Planning Meeting', which was seen as accessible, family friendly and as helping promote participation. It was suggested that an explanation of the name change early in the document would be helpful.

**Information Sharing, Interagency Principles**

The section on information sharing was welcomed, and described as helpful, although there was a query as to whether this section would sit better in Part 3 of the guidance.

Queries raised, or requests for more detailed guidance, included:

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Clarity about young people aged 16-18 who may legally challenge their information sharing. It was reported that young people may not see themselves as in need of child protection measures and as legal adults in other contexts, the sharing of their information may be a challenge to their privacy rights.

More emphasis on all practitioners/professionals working with adults who are parent/carers needing to have an understanding of their role in relation to sharing information.

Further detail around how information is shared with universal services, including education.

Guidance on information sharing with the employers of those undertaking regulated work and/or working in the voluntary or third sector. This was connected to investigations when a child protection concern is raised, and the employer is dependent on receiving or seeking information from Disclosure Scotland.

Other suggestions included that it would be helpful to have a separate box outlining the guiding principles for sharing information in a child protection context.

### Professional judgement

There was a query in relation to how professional judgement and the General Data Protection Regulation (GDPR) line up, and which takes precedent, as both seem to be a legal duty.

### Duties to protect

It was suggested that the information on the Education (Additional Support for Learning) (Scotland) Act should highlight that the Act puts a proactive duty on local authorities to make arrangements to identify which children have additional support needs, and to identify their particular needs.

## **Part 2: Roles and Responsibilities for Child Protection**

General comments included that:

Part 2 does not refer to children or to families themselves. This was described as a significant omission, given the stated initial principles to work in partnership with families.

There should be clearer statements on the role of all key professionals in the child protection system, including individuals employed within Education Services, among others.

### **Single Agency Responsibilities for Child Protection**

There was a view that a more balanced approach to reflecting the single agency responsibilities would help to re-affirm the message that “It’s Everyone’s Job to Make Sure I’m Alright”. It was noted, for example, that for some of the single agency roles, the guidance consists of a fairly general description of the overall service provided, while for



others it is a detailed description of particular duties towards children in need of care and protection.

Reflecting the view (as below) that education should be given more prominence, it was suggested that this section could be rearranged according to the order of where most referrals come from or, if not, should at least be presented in alphabetical order so as not to imply some other hierarchy.

#### Child Protection Medical Examinations

It was suggested that the coverage will need to be updated to reflect the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill having now been passed with amendments.

It was also reported that some updates will be required to reflect ongoing developments to embed the Clinical Pathway into practice.

#### Local Authority Education Services

It was suggested that as education is the main source of child protection referrals, its place should be further up the section on single agency responsibilities.

It was noted that Local Authority Education Services in Scotland do not routinely have 'governors', therefore without context this could cause confusion.

#### Independent schools

Comments included that it is important to close the legal loophole pertaining to missing in education and a student leaving an independent school for home schooling.

#### Young Carers Services

It was suggested that the guidance should note that teachers, GPs, young carer services and other youth professionals are also well placed to identify young carers.

#### Third sector

It was suggested that the guidance should set out the role and potential of the third sector in more depth, including in terms of how statutory child protection agencies might collaborate with them to enable children to speak, to identify perpetrators, and thus help to protect children. It was suggested that examples could be given to assist statutory staff reading the guidance.

It was also suggested that this section should:

- Outline the experience, expertise and innovation offered by the third sector, including through specialised training and co-working.
- Not (as at present) focus on procedures and protocols on sharing with (or simply handing over) information to the statutory sector.

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The concern was that the current coverage gives an unacceptable impression to statutory staff in relation to working equally with, and learning from, relevant, skilled and experienced third sector organisations.

### **Sport organisations and clubs**

It was suggested that it is not easy to find the specific section on sport with the guidance, but also that within that section (or elsewhere):

- Some of the information could benefit from being updated, for example refreshing the links and placing more emphasis on the Standards for Child Wellbeing and Protection in Sport (2018).
- There should be information on the child protection risks that are most relevant to sport, for example those risks related to children in elite sport and the abuse of positions of trust.

### GIRFEC Practice Model

**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.

Do you think the revised National Guidance for child protection is integrated with the GIRFEC practice model?

#### Stakeholder Event Themes

The main themes raised at the stakeholder events were:

The revised National Guidance is aligned with GIRFEC and the GIRFEC principles appear to be embedded.

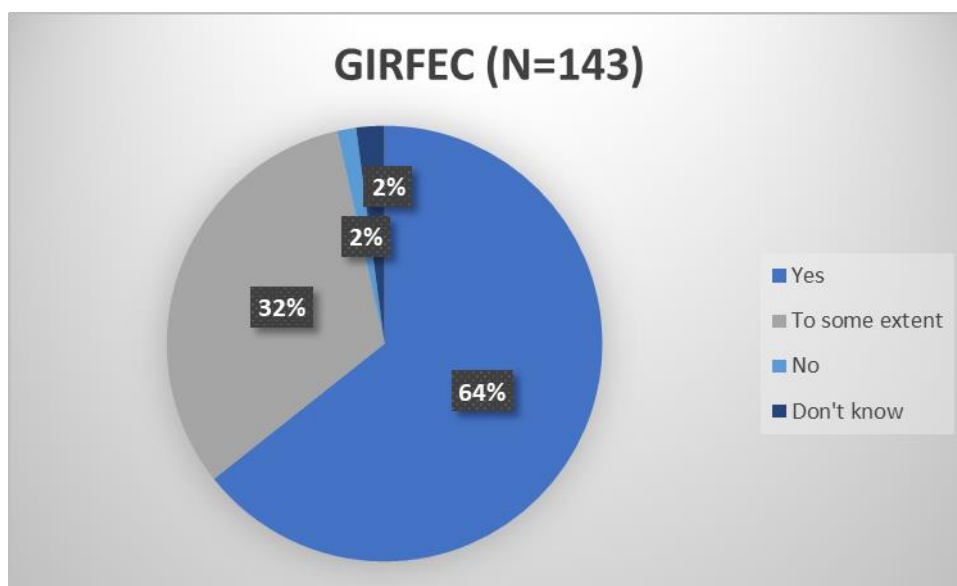
The role of universal services is expressed more clearly than previously.

GIRFEC is being refreshed, but the timing of the revised guidance means this has not been taken account of.

There could be greater clarity on the named person in the guidance.

The integration of GIRFEC emphasises that the support and protection of children is part of a continuum, allowing the 'right help at the right time'.

A majority of respondents (64% of those answering the question) thought that the guidance is integrated with the GIRFEC practice model.



Around 105 respondents made a further comment at Question 3.

## Overall observations

Some comments simply noted that the draft guidance is integrated with the GIRFEC national practice model. Other respondents gave more detail, with comments including:

- Support for the common use of language, tone, ethos and principles, as a result of incorporating GIRFEC.
- Acknowledgement that early identification of need is included in the guidance.
- Recognition of the linking of GIRFEC to child protection processes, assessments and plans, with child protection as part of a continuum of need/support helping agencies to identify and act on concerns at an early stage.
- Agreement that the guidance is centred on the child, giving priority to their voice.
- Appreciation of the emphasis on support for the participation of families in the child protection process.
- Agreement with the emphasis on a multi-agency approach, supported by useful descriptors in Part 2 of the guidance on the roles and responsibilities of the relevant organisations.
- Support for the links between GIRFEC and contextual safeguarding, although it was noted that it would be useful if there was more detail on the definition and application of contextual safeguarding.

Respondents also drew attention to helpful additions to the revised guidance. This included a welcome for the rights-based approach to child protection, in particular the emphasis on implementation of the UNCRC. The resilience matrix was acknowledged as a useful tool for practitioners when undertaking assessments. References to the 'my world triangle' were also seen as helpful.

There was acknowledgment that the SHANARRI well-being indicators feature in the draft guidance, although it was suggested that some aspects, such as the need for the child to be active, may have been given less prominence.

## Wider changes suggested

Some respondents observed that GIRFEC could be more explicit in some parts of the guidance. Connected suggestions included being clearer about the involvement of families or providing separate guidance specifically for families. It was also suggested that guidance on engaging young people with GIRFEC should be included within the guidance.

It was observed that some practitioners lack detailed knowledge of GIRFEC, and that the guidance should include some explanation; this would strengthen the links between GIRFEC and child protection. It was also suggested that more could be done to promote GIRFEC and trauma-informed care across all children's pathways, to ensure a consistent approach.

Very much in line with comments made (and covered at Question 2 above) about the principles that should underpin the guidance, there were a number of references to The Promise and the outcomes of the Independent Care Review. It was suggested that there is capacity for the child protection guidance to better anticipate the changes that will result from the implementation of the findings of the Review and for The Promise to be given a higher profile within the guidance.

## **National Guidance for Child Protection in Scotland 2021: Consultation Report**

It was noted that GIRFEC is due to be refreshed, and there were queries as to how this will impact on the guidance, both in terms of the relative timelines for publication and how the revised GIRFEC will be included and reflected in the guidance. It was suggested that there should be strong alignment between the two documents, including around legal and policy positions.

It was felt that the guidance could put more emphasis on 'it's everyone's job', to encourage awareness across all staff in services that support the children, with education and early years specifically mentioned.

The information on 'significant harm' was generally seen as helpful, although an alternative perspective was that the term could be confusing and potentially result in professionals being less likely to raise concerns if it was perceived to be a threshold to be met. A connected suggestion was that it would be helpful if the continuum of support, from universal services to significant harm, was illustrated.

The inclusion of advice on how to address harm below the significant harm threshold through single and multi-agency Child Plans, was welcomed.

### **Process-related comments**

There was also a range of specific suggestions for GIRFEC-related issues or themes that should be covered, or about which expanded coverage would be welcome. These included:

- How to identify whether concerns should be progressed under the child's wellbeing criteria or child protection.
- Detail on actions if there is an Initial Referral Discussion (IRD) process in place, but it becomes clear that child protection is not required.
- Guidance on the transfer of children with a Child's Plan if they move between local authorities.
- Expansion on the role of housing services in the management of risk and early intervention.
- More on education staff and their role in the welfare and protection of children.
- Acknowledging the role of speech and language therapists and other allied health professionals.
- Clarity on the processes for unaccompanied asylum seekers.

It was also suggested that the linkages between GIRFEC assessment and child protection processes could be clearer.

### **Group-related comments**

In terms of the guidance's coverage of groups of children or young people, it was suggested that there is an opportunity for the guidance to be reviewed from a gender and intersectional perspective. Other comments included:

- More information generally on professional responsibilities towards 16-17 year olds, including young people in transition and/or not in education would be

welcome. Specifically, clarity on when GIRFEC should be applied and when Adult Support and Protection legislation would be more appropriate.

- GIRFEC may not be as helpful for children with complex needs. It was suggested that other models, for example the mental health services Care Programme Approach, could be included in the guidance. It was also noted that it cannot not be assumed that all health services have a detailed understanding of GIRFEC assessments and processes, and that practitioners may require support from partners and stakeholders so that these can be utilised in clinical practice.
- In cases of domestic abuse, children's rights of participation are especially helpful in ensuring the child's voice is heard. It was noted that the guidance could place more emphasis on the input of children.

## **Terminology**

A number of respondents commented that they found the language and/or terminology relating to GIRFEC to be unclear or inconsistent. Further comments included that the use of jargon and acronyms should be avoided.

Respondents also commented on the language that should be used, including that:

- The inclusiveness of language is important; the guidance could better reflect the need for children to be central to decisions affecting them, whatever their needs or developmental stage.
- The use of specific phrases would be helpful, as these would assist local implementation of the guidance. 'The team around the child' and 'What is getting in the way of helping this family?' were given as examples.

In relation to specific phrases or language, comments included that:

- The change of terminology from Child Protection Case Conferences to Child Protection Planning Meetings was welcomed by some as being in line with GIRFEC, but was felt to be confusing by others. There was a connected concern that it has the potential to downplay the importance of the meetings.
- 'Chemistry of risk', and how it is applied in practice, could be better defined. Similarly, it was noted that the terms 'national practice model' and 'practice model' are both used and could be more clearly defined.

As at other questions, a number of comments were made about the use of 'named person', and there was a call for both clarity about, and consistency in, its use. Further comments included that:

- The Named Person Service has been repealed and is no longer a legal requirement.
- In relation to the role of a Midwife as 'named person', this is not currently a Midwife's function, and the Family Nurse should be mentioned as the 'named person'.
- More information could be included on the named person/lead professional role in instances where young people aged 16 and 17 years are at risk of specific harm, in particular when they are not in education.

## **Information sharing**

There were contrasting views on information sharing as it related to GIRFEC. For some respondents, the sections on information sharing provided clarification. Others found the guidance useful but commented that it could have been expanded and strengthened, for example, by including advice about information sharing when there are concerns around the child's wellbeing, rather than an 'at risk' situation.

It was also suggested that the guidance could reinforce the need for families and individuals to be included in decisions about information sharing, other than when to do so would be contrary to protecting the child's wellbeing.

## **Visual design**

Some respondents felt that the diagrams showing how GIRFEC fits into child protection guidance worked well. Others suggested that visuals, including the coloured illustrations, should be used so that the linkages between GIRFEC and child protection are clear from the beginning of the guidance, thereby helping to emphasise the continuum between the two.

### Practices and Processes

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

Are there any practices or processes that are not fully or clearly described in the guidance?

#### Stakeholder Event Themes

The main themes raised at the stakeholder events were:

The change of name from Child Protection Case Conference to Child Protection Planning Meeting was seen as more inclusive for the families and children, but the importance of the meeting must be retained.

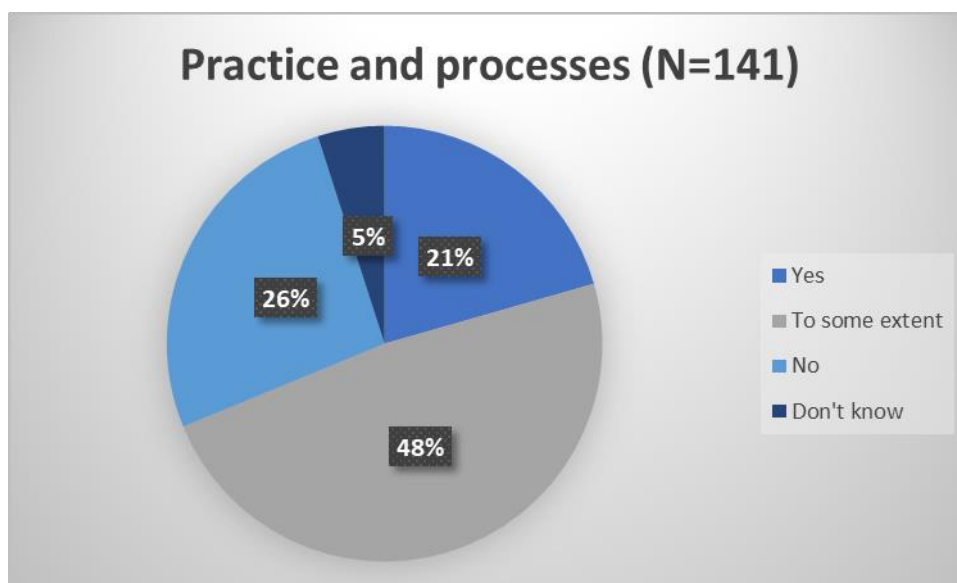
The previous 2014 guidance was stronger on transfer, including the timescales and expectations between local authorities.

The guidance on information sharing could be clearer, including what can be shared by health or education staff on 16 – 18 year olds.

Concerns were expressed about the realism of some timescales. For example, producing a written report on the Child Protection Planning Meeting within 5 days could be a struggle for some areas.

It was suggested that there could be reference to MARAC in this section.

The majority of respondents (74% of those answering the question - a combination of those answering 'yes' and 'to some extent' ) thought there are some practices any practices or processes that are not fully or clearly described in the guidance.





## **National Guidance for Child Protection in Scotland 2021: Consultation Report**

Around 95 respondents made a further comment at Question 4. Some of these respondents repeated comments made at earlier questions or gave views on other parts of the guidance. Those reflections are covered in the appropriate section of the analysis and are not repeated here.

Many of the general comments on Part 3 acknowledged the prescriptive nature of this section. The perceived advantages of this were that the guidance offers a level of detail that can support consistency in practice across Scotland. Some respondents felt this would give them confidence in local implementation. However, a more common observation was that, in being directive, the guidance would be challenging to implement as there is a need to maintain local flexibility, reflecting the contextual differences in various areas. The broad consensus was that local variations will have to be applied. It was suggested that the section be prefaced by a statement confirming that provision is made for local implementation.

Other observations included:

- Rural and remote areas should be given greater emphasis.
- The tone of Part 3 appears to be out of step with the rest of the guidance, most of which focuses on relationships and the space for professionals to be curious.
- Part 3 does not reflect the partnership approach with families which should be embedded across the guidance.
- It is not clear that the impact of, or learning from, The Promise has been reflected, for example in relation to risk or empowering families.
- Core processes are outlined, with the exception of the Child Protection Investigation, which is mentioned but requires more detail (perhaps in the IRD section).
- Guidance on Child Protection Case Discussions, which may be needed in complex cases, would be welcome.
- Good practice on transition planning and practice for vulnerable young people would be a useful addition.

The remainder of the comments were mostly focused on IRD, and the move from the Child Protection Case Conference (CPCC) to Child Protection Planning Meetings (CPPMs).

### **Inter-Agency Referral Discussions (IRD)**

The comments about IRDs often reflected some of the general comments made in relation to Part 3, in particular the extent to which prescriptive guidance is a help or a hindrance. Whilst some welcomed the consistency of approach, they also recognised the challenges this creates. On a local level it was anticipated that:

- Identification of the lead professional may be difficult, depending on the processes within Social Work for allocation of cases.
- Where local practice is to allocate specific discussion slots to carry out an IRD, it would be challenging to implement the process set out within the draft guidance.
- Some of the proposals may be less practical in rural settings where frontline staff are more likely to attend IRDs but would not have the authority to make decisions on behalf of their organisations.

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- In some areas, an IRD may be treated as a single event or a series of event up until a case conference. Moving to a standardised approach will be resource intensive on local services and timescales for standardisation would be helpful.

Suggestions for change or points about which clarification was sought included:

- Adding a clear statement about the purpose and intended outcome of an IRD.
- Clarifying when child protection referrals do not require an IRD.
- Setting out how Police, Health or Social Work can convene an IRD, including how to deal with any lack of consensus.
- Explaining how a non-lead professional (i.e. not Police, Health or Social Work) can request an IRD, and the procedure for decision making.
- Explaining how an IRD in a pre-birth referral is triggered.
- Giving examples of instances where concerns about a child do not meet the threshold for an IRD, whether on initial assessment or after a referral has been made to IRD.
- Confirming that an IRD can be held for a young person up to the age of 18 years.
- Clarifying who has responsibility for closing an IRD.

It was also suggested that it is not clear who writes the initial safety plan and agrees it and communicates with families. It is not included in the process flow chart, resulting in a lack of clarity about whether it is produced as part of the IRD.

### **Joint Investigative Interviews (JII)**

Much of the commentary on JIIs was very specific and detailed. Points included:

- The guidance should state that trauma-informed principles are central to the Scottish Child Interview Model and are woven through this new model.
- While the IRD and JII are intrinsically linked in practice, there are very different training requirements linked to each. Any practitioner involved in conducting JIIs must have undertaken specific training.
- Guidance on the approach taken in JIIs should explicitly refer to supporting the child during interview, not just before and after.
- Where a JII and a medical examination are indicated, the order of these should be agreed in accordance with what is in the best interests of the child. The JII does not always need to take place first.
- It should be clearer that the IRD determines the overarching strategy for the child protection investigation, within which the JII sits.

### **Involving children and families in the child protection process**

There was acknowledgment that child protection work can leave children and families feeling disempowered; ensuring they are at the centre is a challenge for all partners. The inclusion of a distinct section on the principles of involving children and families in child protection processes was therefore welcomed.

There were specific suggestions about how the guidance in Part 3 could be further improved. It was observed that the IRD section is formal, is weighted towards

professionals, and does not reflect the partnership approach with families described in the guidance principles. Some respondents commented that the language and tone conveyed a 'doing to' families message, rather than being focused on working alongside and learning from parents. It was felt that the guidance could do more to ensure that the experiences, needs and 'voice' of children and families are integrated into the IRD process, even if it may not always be appropriate to gather the views and experiences of children and families at the commencement of an IRD.

Other points included:

- The language of 'child protection' can be a barrier to a family's participation. The use of 'safeguarding' to promote collective responsibility was suggested, with meetings titled 'Safeguarding Planning Meetings'.
- The impact of neurodiversity for example autism, or learning disability, should be considered in practice and processes, including how to provide information in accessible formats.
- Communication with children who do not have English as a first language should be considered.
- Guidance should take account of the overlap in processes where children and young people are looked after and also considered at risk of significant harm. It was noted that when children and young people are on the Child Protection Register, and subsequently accommodated, there can be a period of time where both processes are running in parallel, and the number of meetings can be overwhelming for families.

Guidance on working with families who do not engage during child protection processes would be helpful; the assumption appears to be that they will engage.

### **Child Protection Planning Meetings (CPPM)**

Many of the comments on the section of the guidance covering CPPMs focused on the change in terminology from the previous Child Protection Case Conference. Whilst there was some acknowledgment that the name would be clearer for parents and children, and is positive in relation to GIRFEC and child centred assessment, some reservations were expressed. Comments included that:

- The rationale for changing the name should be made clear to avoid confusion amongst staff.
- The change of name may undermine the priority and seriousness of child protection interventions and the purpose of the Child Protection Case Conference. The wording 'Case Conference' is clearer and conveys more gravitas when other (less involved) professionals, such as mental health colleagues/GPs are being asked to attend.
- The abbreviation (CPPM) can mean different things to individuals or services, which could potentially lead to confusion.
- The implications for a Child Protection Case Discussion should be clarified.
- The Promise calls for a single Child's Plan, but this is not emphasised in the guidance. A Child's Plans arising from a CPPM was suggested as more appropriate.

## Evidence in criminal proceedings

In relation to evidence in criminal proceedings it was suggested that:

- Further guidance on supporting child witnesses and the role of child protection services where families are involved in civil proceedings would be welcome. A connected comment was that there appears to be an assumption that a child's testimony would be verbal, and guidance on the use of, for example, the child's drawings or writing to communicate their views to the Court would be helpful.
- The guidance could be clearer on the interface between child protection planning and the Children's Hearing system, in particular the role of compulsory measures of supervision in making sure that a child protection plan is effective, and the need for early discussion with the Children's Reporter when concerns arise.
- The coverage of referral to the Principal Reporter could be strengthened with specific reference to Scottish Children's Reporter Administration (SCRA) materials.

## Education Services

There were a number of comments reiterating the need for universal services, and in particular Education Services, to be given greater prominence in Part 3. It was felt that giving Education Services prominence would affirm the importance of a multi-agency approach. It would be particularly helpful in relation to IRD, where there currently appears to be a lack of formal involvement from education professionals.

The legal loophole that allows abusive parents to move children between independent schools and home schooling without any checks or visits was highlighted as an issue that needs to be addressed.

## Domestic Abuse

Very much reflecting themes raised at other questions, there were detailed comments about the coverage of domestic abuse. Key points included that:

- The section on domestic abuse is overly focused on the non-abusing parent, with insufficient attention on how perpetrators should be managed, as promoted by the Safe and Together model.
- Guidance is needed about whether children discussed at Multi-Agency Risk Assessment Conferences (MARAC) and offenders discussed under Multi-Agency Tasking and Coordination (MATAC) protocols, and in particular those not already known to statutory services, should automatically be discussed at an IRD.
- A clear definition of coercive control, and an expansion of the risk posed to children and young people, should be included. A recognition that perpetrators can seek to use child protection systems as a way to continue abuse should be acknowledged.
- Clear guidance is required regarding the need for separate meetings for parents where domestic abuse or sexual violence is a factor, including the resource implications on professionals' time.

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- A description of the national structure of the Domestic Abuse Investigation Unit, rape investigation units and public protection units across Scotland would be helpful.

### Strengths-based practice

Strengths-based approaches was another theme highlighted, including that it would be helpful to have the concept explained within the guidance document, as the terminology is not widely understood across all agencies. Other comments and suggestions included:

- The strengths-based approach should be reflected across the guidance as a way of working alongside families.
- Family Group Decision Making (FGDM) has been highlighted as a strengths-based approach. The guidance could be enhanced by clarifying the advantages of the approach and its application at various stages of the child protection process.
- The section on involving children and families is aligned to the principles of Signs of Safety. This could be further expanded to consider the principles of good practice and strengths-based approaches.
- Whilst the term 'Child Protection Case Conference' should be amended to reflect a strengths-based approach, the function of the conference is important, and it would be inappropriate to move straight into Child Protection planning without an initial discussion.

### Information sharing

In relation to information sharing, comments included that:

- The agency responsible for sharing information after an IRD should be set out.
- Information sharing approaches, especially as applying to 16-17 year olds, are not clear. Specifically, clarification is needed on seeking consent from 16-17 year olds when sharing information.
- Further information on how information can best be shared with families would be welcome. This should include instances when information should not be shared, for example if this may jeopardise a Police investigation.

### Timelines

The change to the timescale for holding an initial CPPM from within 21 calendar days to within 28 days following the start of a child protection investigation was welcomed as a more realistic timeframe for undertaking an investigation. However, it was suggested that the rationale for this change should be made explicit, including through reference to the importance of an interim safety plan. The inclusion of a section on interim safety planning was also seen as a positive addition, helping agencies be clear about their specific responsibilities and enabling a relation-based assessment of the family circumstances.

The suggestion that there should be a full report of the CPPM within 5 days was considered challenging. It was reported that this is more detailed than action notes or a minute, would require additional resources and may not be achievable in the prescribed timescale.

Other timescale-related observations were:

- The guidance states that there should be a Review CPPM within 6 months of the initial CPPM. It was suggested that this does not reflect the ethos of a strengths-based approach and that, whilst 6 months could be a minimum standard, the needs of the family should be taken into account.
- More clarity in the section on the transfer of cases between authorities would be helpful. The previous guidance stated a maximum of 21 days of notification, but there is no specific timeframe mentioned in the revised guidance. It was also suggested that references to transferring child protection cases within Scotland should also refer to all UK authorities.

Finally, the status of the timescales set out in the guidance was described as unclear; there was a query as to whether they are advisory or mandatory, and whether subject to external scrutiny and/or inspection?

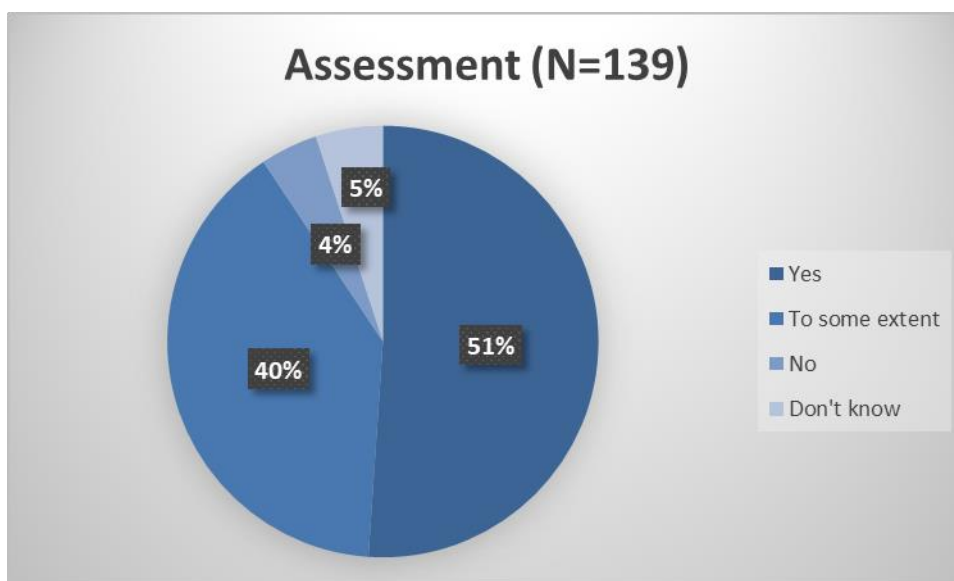
## Assessment Section

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

Is this section sufficiently clear and does it cover all of the aspects you would expect?

There were no particular issues raised at the stakeholder events.

A small majority of respondents (51% of those answering the question) thought the assessment section sufficiently clear and covers all of the aspects you would expect.



Around 80 respondents made a further comment at Question 5.

Many respondents welcomed the guidance on assessment, finding it comprehensive, clear and easy to understand. The focus on children’s rights, The Promise, and GIRFEC principles was welcomed. However, it was suggested that the GIRFEC section could reinforce the 5 key GIRFEC questions and include hyperlinks to the resilience matrix. Some respondents commented that there could be greater clarity on incorporating the UNCRC into assessment in practice.

As with other parts of the guidance, there were comments around the benefit of national frameworks set against the need to tailor responses to the individual child. Some respondents suggested that there should be reference to models of assessment practice other than those in the text, to avoid those included in the guidance being seen as the preferred model. Responses to Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls (VAWG) was given as one example. Where domestic abuse or any other form of VAWG may be a factor, the model of assessment should be sensitive to the patterns of coercive control that may pose additional safety risks to children and their non-abusive parents/carers.

Whilst this part of the guidance is a useful link to Part 3, it was suggested that the information in Part 2B could be incorporated into Part 3, as part of the journey of intervention, care and protection.

### **Assessment and Support**

Several respondents commented on aspects of the guidance that could be strengthened to support practitioners. These included:

- The Scottish Government's National Risk Framework to Support the Assessment of Children and Young People should be included.
- The role of partners that may have a more peripheral involvement with a child, but can still contribute towards the assessment, should be covered.
- Guidance on assessment and decision-making when deciding whether a concern should be a child protection case or an IRD would be helpful.
- References to motivational interviewing would be welcome.
- The disability toolkit to support the assessment of children with disabilities could be referenced.
- A more detailed explanation of key concepts and references would support the development of local guidance and practices. Significant case review and access to minimum datasets were given as examples.
- Significant harm must be assessed in each case, but there is no fixed definition of this term in the guidance; practice examples would be helpful for practitioners.

In respect of general support for the workforce, it was suggested that there should be specific reference to workforce wellbeing.

### **Trauma**

The inclusion throughout the guidance of information on trauma-informed approaches was welcomed. It was noted that the trauma references could be more specific to assessment and strengthened. For example, trauma-informed practice and disguised compliance should be included, as should the impact of trauma and intergenerational trauma. The impact of intergenerational trauma on parenting capacity and the ability to change was suggested as another area for inclusion.

Given the importance of the content on trauma, and because those using the guidance may access some but not all of it, it was suggested that there should be a dedicated section on trauma, with key resources in Appendix F.

### **Child Development and Assessment**

The reference to using a development lens in assessment, as opposed to having a focus on chronological age, was welcomed. However, it was noted that practitioners and managers would benefit from support in understanding how to implement this in practice, in particular when working with older children or young people over 18 years of age.

### **Capacity to change**

A number of respondents welcomed the section on capacity to change. It was suggested that tools used to assess capacity to change could be included. It was noted that there



could be more on the assessment of parenting capacity and a parent's ability to change within timescales linked to the needs of the child.

### **Strengths-based Approaches**

The inclusion of strengths-based approaches was seen as positive, although it was suggested there could be more detail on what this means in practice.

It was reported that a number of local authorities do not use Signs of Safety or FGDM. It was felt that the guidance should be clearer on whether it is suggesting that Signs of Safety should be adopted where it is not already in place. It was also suggested that it is not clear where Signs of Safety and FGDM fit into the assessment process.

### **Avoiding Common Pitfalls**

Respondents felt this section provides a useful reminder of areas that could be overlooked in assessments. It was suggested that it could include details of the 'Start Again Syndrome', as this approach may not necessarily benefit the child.

### **Neglect and poverty**

Some respondents observed that the guidance could provide more detail on neglect and poverty in relation to assessment. Others commented that assessment practice should take structural inequalities into account.

### **Domestic Abuse**

Comments from respondents on domestic abuse issues included highlighting the challenges when children move from one local authority area to another, if this happens before a child has been placed on the Child Protection Register. Assessment processes should consider how moves between local authorities can be managed, to ensure that children do not fall through the cracks.

It was suggested that expanded guidance on the use of the Domestic Abuse Stalking and Honour Based Violence Risk Indicator Checklist, and the Safe and Together assessment tools would be helpful. Further guidance on the assessment of young people who are harming others, or are being harmed in a relationship, and the link to child protection would also be beneficial.

### **Defensible decision-making**

Defensible decision-making should be included; it was suggested that the term 'professional judgment' does not sufficiently capture the need to record actions, and the reasons for taking them. There could also be more detail on professional curiosity and professional assertiveness.

### **Graded Care Profile**

There were some differing views on the inclusion of the Graded Care Profile. Some welcomed its inclusion or felt there should be a stronger focus on it, as one of the standardised tools that can be used in assessment. Others felt that if it remains relevant, more of an explanation should be provided.

## **Other comments**

Several other revisions were suggested, most of these focused on perceived omissions in the draft guidance:

- Pre-birth assessment could usefully be included or referred to in this section, or there could be a link to pre-birth assessment in Part 4 of the guidance.
- The chronology section could be stronger, including by presenting the benefits of chronology in child protection assessment and planning.
- Safe and Together should be included.
- Clearer strategies for working with resistant families was requested.
- A flowchart illustrating the process would be helpful, or moving the summary at the end of the section to the start could be considered.
- The roles of the named person and lead professional should be included.
- Guidance on the transfer of cases, including roles and responsibilities, would be a useful inclusion.
- Greater clarity is needed on the interface between adult and child protection.

## Description of child protection processes and procedure

**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.

Are the processes and procedures that lead to and follow IRD clearly described within the Guidance?

### Stakeholder Event Themes

The main themes raised at the stakeholder events were:

There was discussion about the age classification of a child and how the guidance should approach this in relation to IRDs.

Whether the intention is to have a national model for IRD?

It would be helpful to have more guidance on the 'pre-IRD' stages and notification of concern.

The named person references are confusing.

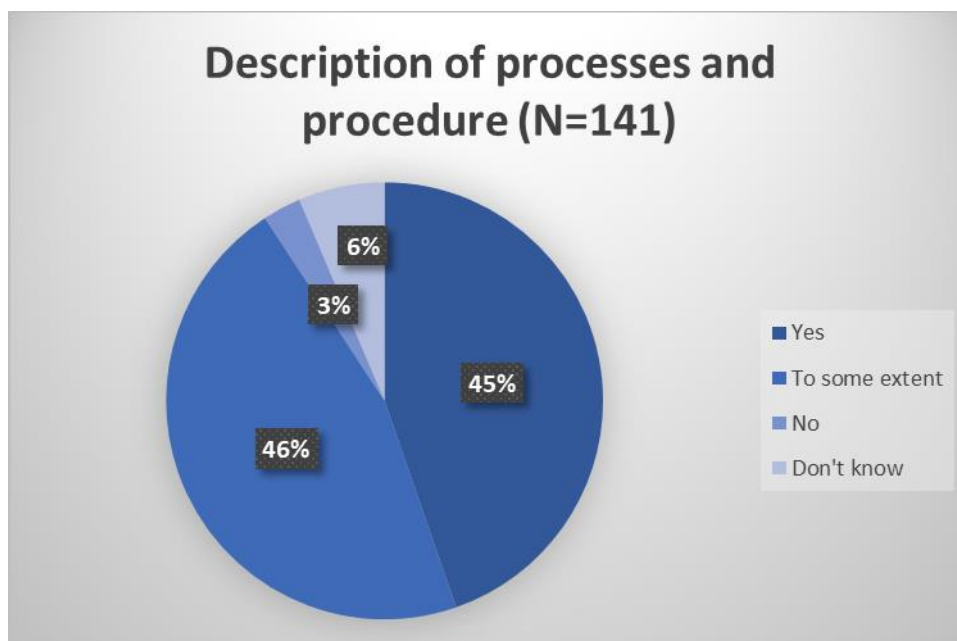
Third sector colleagues are currently excluded from IRDs but work closely with families.

Education services should be given a higher profile in the IRD process.

Cross-boundary issues can arise where local authorities have different processes.

Cross-border transfers can be complex due to the differences in Scottish and English legislation.

Respondents were relatively evenly divided between those who thought the processes and procedures that lead to and follow IRD are clearly described and those who thought this has been done to some extent (45% and 46% respectively).



Around 95 respondents made a further comment at Question 6.

The consensus was that the section is well-written and clear, and that the detailed description of processes is helpful. However, the resource implications of implementing the revised guidance were noted, and there was a query as to whether additional resources will be made available.

There was a concern that IRD, and JII processes, are very prescriptive and that this may be challenging for some areas. A connected suggestion was that local variations should be acknowledged through the inclusion of a statement that Child Protection Committees, and their constituent members, will be accountable for the adoption (or not) of the processes.

The importance of relationships between practitioners and families, along with person centred risk management that keeps children safe and promotes their wellbeing, was highlighted; it was suggested that this could be more clearly acknowledged within the guidance. It was also suggested that there could be greater emphasis on a strengths-based approach, as the biggest influence on the protection of children.

### Other sectors or participants

There were a number of comments about other sectors that should be covered, or given greater coverage, in relation to child protection processes or procedures. These included:

- Education: as referenced elsewhere, education, including early years, should be included as a core agency.
- Health: the role of health professionals in the IRD process could be strengthened. It was reported that health is already seen as a key partner in some local areas, with this including having processes in place to enable health colleagues to initiate an IRD.
- Third Sector: the guidance should emphasise the importance of third sector involvement in the planning and assessment stages for IRDs, not just at the stage of implementation. Third sector involvement in CPPMs should also be

strengthened; third sector service providers are often not invited to these meetings, even when they are commissioned to provide services to improve children's wellbeing.

Other observations sometimes related specifically to who should be involved in an IRD and included that:

- A more explicit and comprehensive identification of potential key IRD participants would be beneficial, including third sector agencies, as appropriate.
- Child and Adolescent Mental Health Services (CAMHS) representation at IRD could be helpful where they have current involvement with a child.
- Local young carers services are a point of contact where children are carers.
- It would be helpful if the guidance was more explicit about who can raise an IRD for an unborn child, whether it is the midwife or a family nurse or the paediatrics team?

## **CPPM**

Comments about CPPMs often raised queries, including that:

- Clarity on when cases may progress to a CPPM without an IRD would be welcome, including for example if a family is already being supported.
- It would be helpful to set out when a CPPM may not be appropriate. The guidance appears to suggest that all investigations will lead to a CPPM unless an IRD indicates otherwise.
- Further explanation is required on the relationship between the IRD, any investigation, and the CPPM, including more detail on the role of the Social Worker and the team around the child.

It was noted that the increase from 21 to 28 days for an investigation prior to a CPPM may create additional pressure for families and children, as the overall timescale is potentially lengthened.

Finally, it was suggested that interim safety plans prior to a CPPM should be referred to more consistently in the text (and included in any related flowcharts).

## **IRD-related comments or suggestions**

It was suggested that consideration be given to how the guidance, and new models such as the Scottish Child Interview Model, will be implemented in rural and remote areas as they have different contexts, and operating capacities, from urban settings.

Quality assurance and training related comments included:

- Quality assurance measures should be in place for IRDs and JIs, including self-evaluation and auditing of IRD cases. Those cases that do not go to IRD should also be evaluated
- There should be guidance on training and supervision for staff participating in IRD processes, including around core competencies.

Approach and process-related comments included:

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- The guidance on IRDs should define significant harm and also harm, as the terms appear to be used interchangeably.
- The section on JIIs should be written to take account of the new model of Scottish Child Interview Model.
- Cases of non-familial abuse can be a grey area of practice and require additional guidance, as there is a concern that IRD may be less likely for these cases.
- The IRD process could be clearer in relation to medical examination - some agencies delay further action until a medical has been completed. Specific guidance on mental health examinations was requested, to ensure comprehensive care for children.
- Advice on carrying out debrief sessions after IRDs would be useful in helping staff take account of the impact on wellbeing of themselves and other staff.

### 16-17-year-olds

It was suggested that further guidance is needed on child protection processes for 16-17 year olds, including in relation to information sharing arrangements. Other comments included that:

- There should be national agreement on the principles for IRDs and JIIs specifically for 16-17 year olds, including a framework for interviews. It was reported that IRDs for this group are more likely to be held later in the day and/or at weekends.
- There is a lack of detail on whether parents or carers should be invited to CPPMs. It is also unclear whether any information a young person provided can be shared with parents or carers if the young person does not give consent.
- Housing staff should be included in IRD guidance in relation to 16-17 year olds, as they are often supporting this vulnerable group.
- In some circumstances, the involvement of an Adult Protection practitioner may be beneficial. However, the IRD guidance does not fit into Adult Support and Protection (ASP) statutory processes, and does not support the transfer to ASP, if appropriate.

## Integration of health guidance

**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?

### Stakeholder Event Themes

The main themes raised at the stakeholder events were:

The integration of the health guidance into the revised child protection guidance was welcomed as it makes the role of health more obvious and supports multi-agency working.

The role of primary care could be given greater emphasis.

Clarification is needed on the 'named person', in particular the role of the Family Nurse.

The issue of consent requires more thought, including when it should be sought and whether or not it should be in writing.

Competencies, roles and responsibilities may be more useful than the list of job descriptions.

A total of 70 respondents commented at Question 7, with many confirming that the inclusion of the 'National Guidance for Child Protection in Scotland: Guidance for Health Professionals' (the 'Pink Book') was helpful. Associated points included that the new approach acknowledges the key role of health professionals, widens the audience for the guidance and supports multi-agency working. The recognition of health professionals as full partners in the IRD process was also welcomed.

However, some respondents questioned whether incorporating the health guidance into the wider child protection guidance may make it harder for health professionals to access the information they require, and which is most relevant to them. Others observed that the sections on health seemed to be an addition to the main document, disrupting the overall flow of the guidance.

### Roles and Responsibilities

Other comments addressed the roles and responsibilities of the various health professionals, as set out in the draft guidance. They included a number of areas in which respondents thought the coverage could be strengthened. These were in relation to the role of:

- CAMHS.
- Adult Health Services, to reflect the importance of partnership working between Children's Services and Adult Services staff.

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- General Practitioners (GPs), to reflect the leadership role they play in relation to child protection, in some areas.
- Allied health professionals (including physiotherapists and occupational therapists), due to the level of contact they have with children and young people.
- The Scottish Ambulance Service, in recognising and responding where children may be at risk.

It was also suggested that the Family Nurse Partnerships section should be updated following recent developments to the service.

It was noted that details of qualifications for health professionals are included in the guidance. There was a question about why this level of detail is necessary, especially since it is not included for non-health professionals.

In terms of how different health professionals may be involved in child protection processes, comments included that:

- The guidance could be clearer about who can undertake comprehensive medical examinations, for example if there is no specialist resource available nearby (rural and islands services were given as an example).
- A paediatrician would not normally be involved in the examination of a 16-17 year old where sexual assault was alleged, or where sexual abuse was disclosed.
- There should be guidance for GPs on information sharing where there are child protection concerns, including how this relates to patient confidentiality issues. This should also cover emergency situations involving young people aged 16 and 17, where GDPR issues may be raised at a later date.

### Terminology and definitions

There were comments about inconsistencies in the use of terminology and definitions within the draft guidance. They included that:

- The designations used in the guidance are not used consistently across all health boards and the guidance should use generic terms, where possible. For example, different health boards may use the title Lead Nurse, Nurse Consultant or Chief Nurse for Child Protection.
- The term 'health professionals' rather than 'medical professionals' should be used throughout, as the former includes dentists, allied health professionals and pharmacists.
- The use of 'health assessment' and 'medical examination' should be consistent in the guidance. Currently they seem to be used interchangeably but are two separate processes requiring their own guidance.
- The difference between 'comprehensive medical assessments' and 'forensic medical assessments' needs to be explained.

### Named person

As noted above, there was some confusion about the inclusion of midwives as a named person; it was noted that a recent directive makes it clear that health visitors should have this role from newborn onwards.



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It was also noted that the health visitor and family nurse practitioners' sections of the guidance do not reference their named-person responsibilities.

### **Joint Training**

A number of respondents favoured joint agency training to support implementation of the guidance. Specific suggestions for topics to be covered were:

- Awareness training on young carers for health professionals working with this group.
- Domestic abuse and coercive control.
- Training for health staff within a framework of support and development, including child protection training for all new clinicians.

### **Other suggestions**

A number of further suggestions were made regarding other aspects of policy or practice that should be covered in the guidance. These included:

- National policy on "Children Missing from Known Address".
- The process for raising a Missing Family Alert should be set out.
- Guidance on the discharge planning process.
- More advice on young carers, to increase awareness of their role and responsibilities.
- Clearer messaging about child protection being 'everyone's job', with the importance of professional curiosity emphasised to encourage health professionals to ask relevant questions.
- Details of the responsibilities for each agency.

## Neglect

**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.”

Do you agree with this definition?

**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.”

Do you agree with this approach?

### Stakeholder Event Themes

The main themes raised at the stakeholder events were:

Neglect is a very complex issue and hence is challenging to cover in guidance.

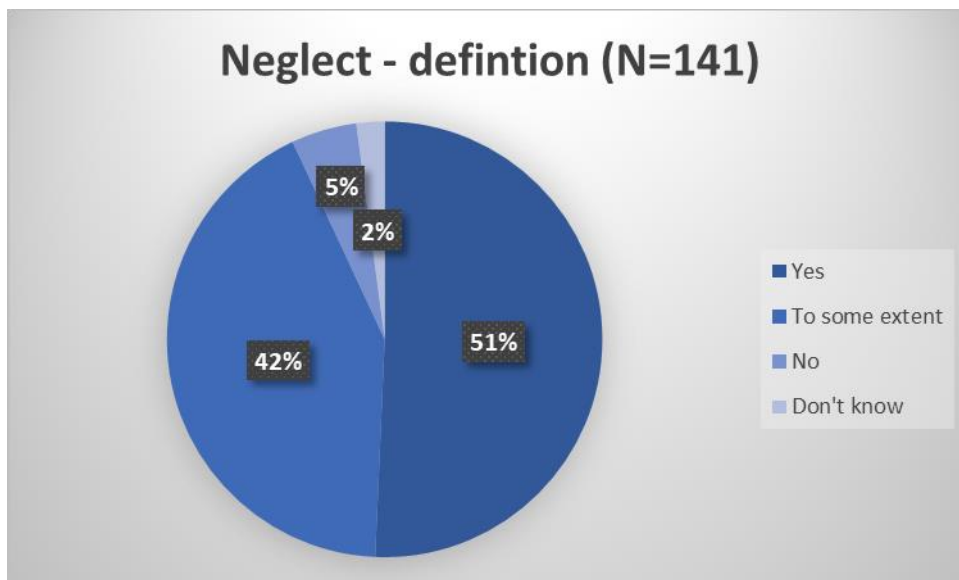
Overall, there was support for the specific coverage – some saw it as a focus – on poverty. However, there was also discussion as to whether linking poverty and neglect (in the definition) could be considered discriminatory?

It will be critical to avoid any stigmatisation of families in the coverage of poverty (and other systemic issues).

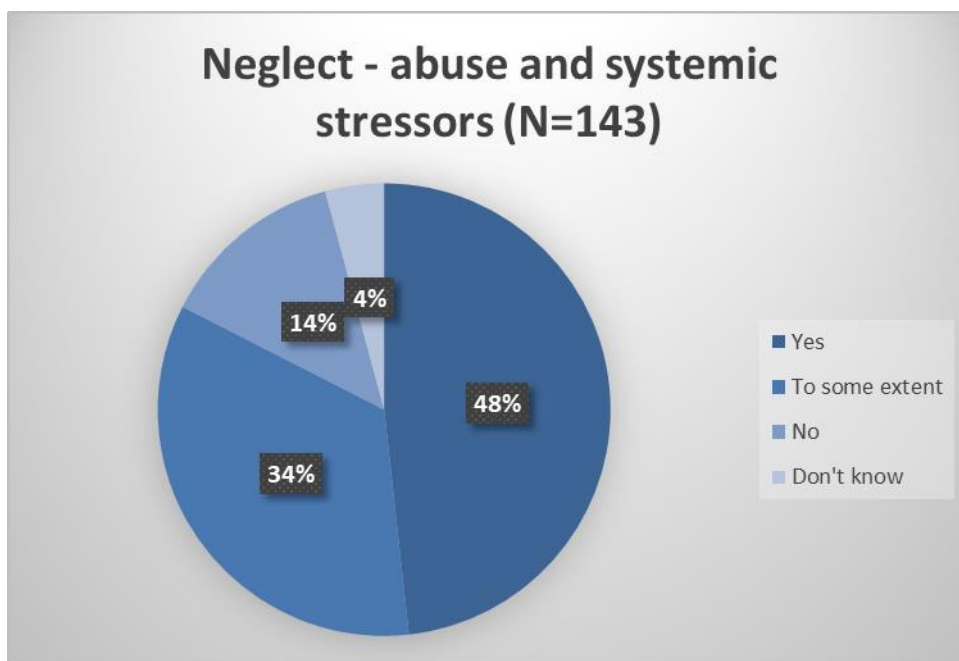
Different aspects of neglect could be covered - for example intentional or unintentional, direct or indirect, or emotional neglect.

If neglect is defined as being a persistent failure to meet the child's needs, then by definition, a single instance cannot be neglect. Perhaps there is a need to distinguish between chronic neglect and single episodes of neglectful behaviour?

A small majority of respondents (51% of those answering the question) agreed with the definition of neglect set out.



The largest proportion of respondents (48% of those answering the question) agreed with including some discussion about whether neglect should be defined as abuse where it is “a consequence of systemic stresses such as poverty.”



Around 120 respondents made a comment at either or both of Questions 8 and 9. There was some cross referencing between comments made and there were common themes raised across the two questions. A single analysis across the two questions is presented below.

General comments included simply that the definition is clear, concise, appropriate, or inclusive of aspects of significant harm.

A broad and overarching theme highlighted by a number of respondents was that any definition and coverage of neglect should not infer the fault of parents and/or carers. Further comments included that it is vital that an intersectional lens is applied to any definition and where systemic stressors occur, neglect should not be defined as abuse.

## Various 'definitions'

Many of the comments focused on there being varying definitions of neglect across the guidance. It was noted that the definition (as set out above) is found in Appendix A - Glossary of Terms, while in Part 1 there are four paragraphs defining neglect, and then neglect is defined again at the beginning of Part 4. The concern was that these definitions and references are inconsistent, including because:

- Part 1 does not reference that 'Neglect can arise in the context of systemic stresses such as poverty and is an indicator of support needs' (as above in Appendix A).
- The definition at the start of 'Part 4 - Responding to neglect and emotional abuse' is different again, referencing the criminal definition of neglect but not making reference to poverty as a systemic stressor.
- There is inconsistency across the three definitions in the inclusion or exclusion of unborn babies.

There was a view that practitioners are unlikely to look to Appendix A for the definition of neglect, but rather will use the paragraphs in Part 1 as a working definition.

Overall, the consensus was that the definition of neglect should be consistent throughout the document.

There were also occasional references to the 'definition' in Part 4 being the preferred definition, or to a preference for returning to the definition used in the 2014 guidance. Reasons given for preferring the 2014 definition included that it covers omission (elements of unconscious/un-insightful/unknowing neglect etc.) and commission (elements of conscious decision-making a parent takes which prioritises their own needs over their child's etc).

## Appendix A definition

Returning to the Appendix A definition (as set out in the question), it was described as clear or as offering a good description of neglect in the context of child protection. It was reported that the opening sentences of the Appendix A definition are consistent with the 'Working Together' definition and that this is welcome.

With reference to poverty, it was noted that the evidence for poverty as a contributory and causal factor in neglect is strong; those who commented generally supported its inclusion in the formal definition, although some respondents did not. One view was that 'Neglect can arise in the context of systemic stresses such as poverty and is an indicator of support needs' is not part of a definition but a contextual descriptor of possible cause. The connected suggestion was that, rather than make poverty stand out, a section on examples of systemic stressors should be added to the guidance. A specific concern about including poverty was that it does not account for neglect that happens within more affluent homes.

There were also comments about whether poverty should be the only systemic stressor provided as an example. The relationship between neglect and poverty, along with the wider debate about systemic stresses and neglect, is discussed further below.

Ways in which respondents thought the definition, including with its reference to poverty, is helpful included:

- By increasing understanding of poverty as an indicator that children and families may need additional support. It will assist practitioners to carry out appropriate assessment, informing support plans that can better meet the needs of a child and their family.
- The inclusion of 'single instances' within the definition.
- By acknowledging the context of 'systematic stresses'.

However, there were also queries or comments relating to aspects of the definition, including:

- Whether the terms 'persistent,' 'serious' and 'significant' are required as qualifying words within the definition?
- There is a degree of logical inconsistency; if neglect is defined as being a persistent failure to meet the child's needs, then by definition, a single instance cannot be neglect.
- When considering assessment of neglect, does it need to result in 'serious impairment'? Perhaps impairment is sufficient to be considered neglectful.
- If there is reference to 'adequate' to describe aspects of care, further explanation and guidance would be welcomed - either in the section or in a linked document.
- The concept of psychological needs is unclear and will be open to interpretation by different professionals. The distinction between psychological needs and emotional needs is also not clear, with the latter a much more familiar term used in Social Work. If the term psychological is to be used, then it needs to be clearly defined.

Also in relation to emotional abuse, whilst the acknowledgement of emotional abuse and neglect within the document was welcomed, there was a query as to why the guidance also appears to suggest the term should not be used (*'Descriptions in plain language are more useful than non-specific general terms like 'emotional abuse'. P.139*).

There was reference to the Welsh definition of neglect, that *Neglect means a failure to meet a person's basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person's well-being*. It was noted to bring in the element of wellbeing.

Suggestions as to how the Scottish definition could be adapted or changed included:

- It is important to define the stage at which neglect becomes a child protection concern. The definition could read: *'Neglect is a failure to meet a child's basic physical and/ or psychological needs. Neglect becomes a child protection concern when it has caused, or is likely to cause, significant harm to the child's health or development.'*
- Changing the current first sentence to read: *'Failure to meet a child's basic physical and/or psychological needs, likely to result in the impairment of the child's health or development.'*

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- Amend the last sentence to: *‘Neglect can arise in the context of systemic stresses such as poverty and can be an indicator of both support and protection needs.’*
- The definition should state that there are two types of neglect: cumulative and persistent neglect or significant single events.
- While understanding the reason for the inclusion of *‘single instances of neglectful behaviour’*, qualifying this statement to ensure it is not interpreted as a lower than intended ‘threshold’ of child protection intervention.
- The following clarification could be added: *‘There may be instances where a single instance of neglectful behaviour by a person in a position of responsibility has resulted in actual serious harm or significant risk of serious harm which would constitute a child protection concern. However, neglect often arises from a persistent (i.e. a continuous or intermittent pattern) failure to meet a child’s basic physical and/ or psychological needs which has caused, or is likely to cause significant harm to the child’s health or development.’*
- 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’* should be used as the opening sentence.
- In order to avoid discriminating against families in deprived communities facing poverty, it should be changed to clarify that it is in the “context” of poverty that certain actions would be considered neglect, rather than because of poverty.
- Consideration should be given to including examples - as per the Part 1 and Part 4 definitions.
- Further refinement of the definition should take cognisance of the impending changes to the Children and Young People’s (Scotland) Act 1937, section 12 and it would be helpful if the new definition reflected current legal thinking around whether there was sufficient evidence to prosecute or not, where neglect is identified.

It was also suggested that the language of the definition could be translated into ‘plain English’ for children, young people, and families to fully understand it.

In terms of elements that should be added to the definition, comments included:

- The impact of trauma, not only upon the child subject to child protection concerns, but also the life experiences of parents.
- Reference to non-organic failure to thrive (as per the 2010/2014 guidance).
- A reference to emotional need. Specifically, that ‘psychological’ should be replaced with ‘emotional’ to make the definition more user friendly. The intricacies of emotional neglect require further exploration.
- That neglect can be both wilful/intentional or non-intentional.
- That it can take place pre-birth. It was reported that neglect is a harm experienced by a high proportion of children and unborn babies on the Child Protection Register, and the plan to produce practice briefings linked to neglect, and to produce a national neglect framework and mapping resource to support the guidance, was welcomed.
- That neglect can also potentially be an issue for older children.
- That it happens within the online and digital environment.

There was a call for further clarity as to the intersection of this definition of neglect with legal and criminal definitions of ‘cruelty’ or ‘lack of parental care’. It was also noted that the criminal definition of neglect is later in the document but that it may be beneficial to have this definition sitting alongside the main definition. The term ‘wilful neglect’ not being used within the guidance was welcomed. However it was noted that this test is currently still relevant from a criminal perspective.

### **Current coverage of neglect**

General comments (either at Question 8 or 9) included that neglect needs a greater presence across the guidance, including through expansion of the section covering neglect in Part 4, through reference to examples to provide a framework for addressing neglect, and to operationalise strengths-based practice in partnership with families, or through grouping the neglect definition and practice information in one section.

It was noted that the word ‘neglect’ is often referenced alongside abuse, and there was a concern that this could 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.

Other concerns about the current framing of neglect included that the guidance needs careful revision to move away from blaming and shaming parents, especially when domestic abuse is involved. It was seen as important to highlight how coercive control and emotional abuse can play a role in the emergence of what might present as parental neglect.

There was a call for the discussion of neglect in cases involving domestic abuse be reframed to reflect the impact of the perpetrator’s actions on the parenting of the non-abusive parent. It would be useful to highlight the kinds of perpetrator behaviour that might draw scrutiny and, through further embedding of Safe and Together principles, the coverage of neglect needs to reflect the importance of partnering with the non-abusing parent.

The importance of focusing on harm or risk of harm experienced by the child, irrespective of the motive of the parents or carers and the associated stressors affecting the family, was also highlighted. However, it was acknowledged that the response within a child protection plan will vary depending on the contextual circumstances.

Other comments or queries about the current coverage of neglect within the guidance included that:

- Reflecting some of the issues raised in relation to the definition, it is helpful that the guidance provides insight into single incidents of neglect, and the impact that these can have overall on a child’s development. It underlines the importance of early action to support families.
- It is unclear why some health concerns (such as childhood obesity) are referenced with significant detail while others, such as multiple dental extractions and repeated attendances at Hospital Emergency Departments, are not.

### **Aspects requiring coverage or expanded coverage**

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In terms of elements that respondents wished to see given greater coverage across the guidance, it was suggested that a fuller discussion around 'significant risk of harm' may be helpful in supporting different agencies to agree on levels of concern and establish a consistent response when considering what support the individual child or family may require to minimise risk.

Respondents were also looking for further coverage on types of risk - physical, medical, educational and emotional, to provide greater clarity around the broad spectrum of concerns that can be encapsulated under the neglect heading. There was also reference to the many situational and factorial presentations of neglect, including the toxic trio of Parental Mental Health, Parental Substance Misuse and Domestic Abuse.

In addition to further coverage on types of risk, it was also suggested that coverage on the impact of neglect would be helpful. Specifically, the potential impact of neglect on physical, social and emotional health across the lifespan, reflecting the understanding of the impact of adverse childhood experiences (ACEs). There was also a call for further coverage of the cause, effect, and impact of neglect throughout a child's lifecycle, including the neglect of older children.

In terms of responses to neglect, comments included that the importance of early and preventative work to avoid circumstances of neglect should be given greater prominence, including the critical role of universal services and communities in identifying neglect at the earliest opportunity. It was suggested that this should reflect all of the Education workforce who hold important relationships with children, as well as Health, Police, the Third Sector, Adult Services, Housing Services and Community Safety. There was also reference to the potential of a 'Social Model of Child Protection'<sup>7</sup> and to the Graded Care Profile and the recent work by the NSPCC to update it.

Other aspects of neglect that respondents wished to see included or expanded upon within the guidance were:

- Young carers and caring roles, including that neglect is sometimes present in homes where a young person is taking on a caring role, but is often overlooked and assumed to go hand in hand with caring.
- Inappropriate nutrition as a form of neglect.
- Language development and neglect. For example, that language deprivation or language delay, however it may have been caused, can pose a significant barrier to a deaf or disabled child in their ability to disclose abuse or harm.

Reflecting both the importance of the coverage of neglect, and also the complexity of the issues, one suggestion was that it may be useful to link the guidance to more specialised information about neglect rather than add to an already very extensive document.

### **Relationship between poverty and neglect**

A common theme was that care needs to be taken in making connections between neglect and poverty, including that representing the link between poverty and neglect it is a difficult balance to strike. As noted above, some supported its inclusion within the definition,

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<sup>7</sup> Suggested references are presented at Question 2.



although it was noted that this must be covered in a way that does not stigmatise or blame people for being poor. It was suggested that it may be beneficial to include an explanation of what is meant by poverty and perhaps some operational information for practitioners.

There was concern that associating neglect with poverty begins to stigmatise families living in poverty and could create an erroneous assumption that where there is poverty there is neglect. It was reported that while poverty can be a contributing factor to a child experiencing neglectful care, there is no substantive evidence that poverty causes neglect. It was noted that:

- There are many children living in poverty who are not neglected.
- Neglected children may not be in poverty.

Although it was felt that the guidance is helpful in stating that neglect is not always linked to poverty, there was also a view that a broader narrative on the interplay that poverty has on neglect might aid understanding of when it should or should not be considered neglectful, or indeed abusive. It was noted that poverty is complicated by other issues which are more likely to be prevalent under such circumstances and that there is a broader explanation in Part 4. Tying this into earlier parts of the document might help strengthen the message.

It was seen as important to consider the complex interplay of factors which increase pressures on families, that it is critical that the 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. The importance of being clear on the distinction between neglect arising in the context of systemic stresses such as poverty, which is an indicator of support needs, and neglect as understood as being deliberate or wilful, was highlighted. This distinction was reported as being of particular significance to families where a parent has learning/intellectual disabilities, including because these parents are frequently excluded from employment opportunities.

It was also suggested that the guidance given on neglect and poverty, particularly in Part 2 of the guidance, should include the steps to be taken to support families at a strategic level, such as by Child Protection Committees and Children's Services Planning Groups, and then what measures can be taken to address welfare inequalities at a practice level.

Other suggestions included that:

- It would be helpful if the multi-faceted nature of problems that poverty can lead to were identified and framed using an ecological approach.
- The importance of not missing the neglect of children who are not classed as 'in poverty' was highlighted. The guidance's reference to affluence and neglect, and neglect in adolescents, as areas often overlooked was welcomed.

### **Considering systemic stresses**

While the increased focus on poverty was often welcomed, it was also noted that it is just one contextual factor and that there are many situations in which neglect can arise.

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However, while seeing through a wide lens in relation to how neglect interacts with systemic factors was welcomed, it was suggested that here may be many risk factors within any case and the guidance may benefit from providing further clarity on how to separate these out from systemic stresses. For example, it was suggested that practitioners will need to be able to separate and identify risk factors in order to determine whether neglect is the consequence of systemic stresses, or if they are the consequence of other risk factors such as domestic abuse, substance use, relationship issues between parent and child or parental attitudes such as resistance/ hostility/disguised non-compliance with services.

There was a concern that the identification of only systemic stresses as a risk factor could limit understanding of other risk factors that require to be considered during assessment. Further, it may be these other factors that change the threshold from support to child protection. To avoid stereotypical views of neglect being developed, practitioners also need to be aware that neglect can occur in the absence of apparent risk factors.

Other systemic stresses or structural inequalities which respondents identified included:

- Poor housing.
- Low income and unemployment.
- Fuel poverty.
- Food insecurity.
- Geographical location, including differences between urban and rural contexts.

There were also references to parental learning disability, language barriers, parental level of education, domestic abuse, parental alcohol and drug use and disability and ill health.

In terms of the guidance, it was seen as important to emphasise cumulative impact, with connected points made that the added impact of families' interaction with the state and a range of services also needs to be taken into account.

In terms of the appropriate policy responses, as presented through the guidance, suggestions included that the focus should be on supporting and empowering, seeking to support families from the outset and where systemic stressors occur, they should be tackled on all levels and appropriate support provided to help the whole family.

### Pre-birth assessment and support

**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.

Do these parts of the guidance clearly and fully set out the context and processes?

#### Stakeholder Event Themes

The main themes raised at the stakeholder events were:

The inclusion of the section on pre-birth assessment and support was welcomed. It was described as covering policy and practice well and as being sensitive to the needs of parents.

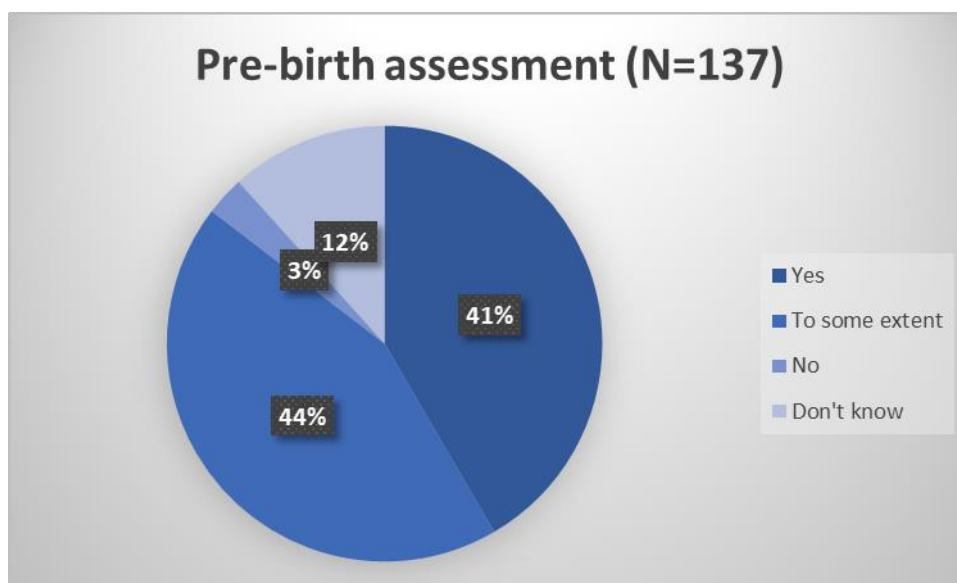
The guidance talks about parental behaviours but there is nothing about parental capacity; the focus on a strengths-based approach could be sharpened.

There was support for the focus on earlier intervention, including the suggestion that a pre-birth meeting should be held as soon as possible and not wait for the 28 weeks.

The role of the father could be strengthened.

Recent pathways work undertaken in Forth Valley and Tayside could be featured.

The largest proportion of respondents (44% of those answering the question) thought that the guidance clearly and fully sets out the context and action required to keep an unborn baby safe to some extent.



Around 80 respondents made a further comment at this question.

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A number of the comments addressed the interplay between the coverage of pre-birth assessment and support at Parts 3 and 4. While some respondents welcomed the focus on pre-birth assessment and support in Part 4, it was suggested that it also needs to be a clear focus of the child protection processes in Part 3 and throughout the guidance. Some of the comments also referred to Part 2(B) - Approach to Multi-agency assessment in child protection. (Part 2(B) is also the focus of Question 6 above).

Other comments about the structure of the pre-birth coverage within the guidance included that:

- The current coverage in Part 4 should be removed and integrated into Part 3 of the guidance, as part of a widely recognised continuing pathway of intervention, care and protection from pre-birth onwards and as part of a child's journey.
- The adoption of a pre-birth IRD is a significant new development in national guidance which is not currently common practice in many areas. However the first mention is in Part 4 of the document. If the intention is that a pre-birth IRD-process should be universally adopted, it should be referenced in Part 3 where IRD processes are discussed in detail.

Other comments referred to the current Part 3 or Part 4, or to what a combined section (taken from Parts 2(B), 3 and/or 4) should cover. Some respondents also noted that comments raised at Questions 4, 5 or 6 also applied to pre-birth assessment and support.

Specific comments on the current Part 4 included that the reference section is particularly useful.

### Current coverage of pre-birth IRDs

While some welcomed the flexibility they saw in the approach to pre-birth IRDs set out, others considered the approach to be overly prescriptive. There was a call for some flexibility to enable well-established, and positively inspected, local practices to continue. It was reported that pre-birth assessment is not a new development and we do not need to start at the beginning. The linked suggested was that the guidance needs to have confidence in current local child protection practice, such as current multi-agency screening of pre-birth cases which is separate from the IRD process. Respondents from local Child Protection Committees were amongst those noting that practice in their own area differs from that outlined in the guidance.

Concerns raised about the current framing of the guidance included that the guidance on the need for an IRD is too prescriptive and could result in women being escalated into services disproportionate to their need. Connected points included that:

- It gives the impression that when a Notification of Concern is received it is a foregone conclusion that a CPPM will be held. However, local experience is that a plan can sometimes be put in place to start to mitigate risks to the unborn baby, even before it is agreed whether or not to initiate a pre-birth assessment.
- There is little reference to support of the type that can divert expectant mothers away from child protection procedures.

- There is a danger that the guidance bureaucratises a process that currently works well and inadvertently may disrupt good practice, resulting in a punitive approach to pre-birth cases.

### **General approach to covering pre-birth assessment and support**

It was acknowledged that the issue around the legal status of child protection work with unborn babies remains highly problematic. It was suggested that the guidance could recognise this complexity and the disadvantage at which this effectively places birth parents - namely that very significant decisions are being reached about the care of the baby at a time when the family have no recourse to legal advice and representation.

In terms of the principles and approach that should underpin the coverage, comments included that it should:

- Highlight the importance of pre-planning and the promotion of relational practice with families. Amplify the importance of being alongside parents, sharing concerns and plans to minimise risk in advance of the baby's birth. Refer to commitments 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.
- Highlight the need to balance strengths-based approaches with the management of risk. Also, remind practitioners to operate from a trauma-informed and trauma-responsive approach when working with families.
- Make a clear link to the GIRFEC process. It was suggested that linking to the pending national GIRFEC practice guidance for unborn planning would be helpful.
- Give greater recognition to the midwifery role and make closer links to Health Guidance.
- Reference domestic abuse, including that during pregnancy risks around domestic abuse and coercive control can increase.

Particular issues or topics that respondents wanted to see covered included:

- A description of all the circumstances which would make an unborn baby and pregnant mother vulnerable.
- Keeping an unborn baby safe in the event the mother is a child – ensuring that the rights of the unborn child and the rights of a mother as a child are both considered.
- The potential of FGDM. It was reported that there is an abundance of practice evidence to support the effectiveness of FGDM during pre-birth assessment and support, and the guidance should reference where family plans, strengths, rights and resources can be applied to safe, appropriate plans and outcomes.
- The 3 point test for Adult Support and Protection.<sup>8</sup>
- The importance of perinatal mental health and the best way to respond to any needs quickly.

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<sup>8</sup> As per: *Adult Support and Protection revised Code of Practice, Scottish Government, 2014.*

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- The expectations that practitioners themselves can have by way of supervision and training.

It was also suggested that there could be wider exploration of current good practice.

### **Parents among those likely to need additional and sustained support**

Paragraph 230 of Part 4 identifies types of parents among those likely to need additional and sustained support. Related comments included that:

- Any parent who finds themselves subject to procedures would require space for exploration and support; it was suggested that the guidance should be clear that this offer should be available to all parents and that this could reduce the potential for an adversarial relationship between parents and practitioners.
- The guidance could recommend that intensive, therapeutic preventative family support, which is goal orientated and tailored to the specific needs of the family, should be provided.

Particular groups identified as possibly needing a tailored or specific approach included:

- Parents from island communities. It was reported that in island communities where it is anticipated that a birth will be complicated, or the newborn vulnerable, it is not uncommon for the expectant mother to be flown to Glasgow. This can further challenge planning and in particular timescales.
- Where an expectant mother is in custody.

It was also suggested that the consideration and assessment of parents with learning difficulties needs to be strengthened. It was suggested that this could be achieved by including the potential for utilising specialist disability parenting assessments.

### **Fathers and extended family**

A number of respondents commented on the importance of referencing the role of fathers and/or partners. It was suggested that they should be mentioned earlier, or given more prominence. Specifically, it was suggested that:

- There should be more explicit guidance in relation to the role of fathers in pre-birth assessments, with the protective and/or risk factors clearly and explicitly explored in the assessment.
- This would be best placed directly in the guidance rather than a practice briefing which may be lost if not always read alongside the relevant section in the guidance.

In addition to fathers, it was also suggested that guidance needs to cover the inclusion of extended family members and significant others in a vulnerable pregnant mother's life. It was suggested that recognising extended family members within any support plan developed, to mitigate the need for a newborn child to become looked after, is aligned to the Children and Young People (Scotland) Act 2014 Guidance.

### **Timescales, including for IRDs**

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A number of respondents addressed the timing and timescales of different aspects of practice, including in relation to IRDs. A general observation was that the timescales set out within this section require further consultation and clarification. An example given was that the guidance could be interpreted as suggesting that a pre-birth conference could be convened prior to an assessment being completed, but that this may undermine the relational practice approach that should be paramount.

There was a concern about the timescales (as specified in Appendix D of the guidance) for holding an Unborn Child CPPM being as soon as possible, or within 28 days of concern being raised and always within 28 weeks of gestation.

Comments included that the viability of pregnancy should be considered where a concern is raised very early in pregnancy. Where a pregnancy is viable, it was reported that assessments could start earlier, and the option to initiate pre-birth child protection processes at an earlier stage to allow for a longer assessment period should be made clearer. This was seen as particularly important in relation to assessing parenting capacity and capacity to change (a theme at Question 6 and returned to briefly below). Recently published local guidance across Forth Valley and Tayside was highlighted, and it was reported that the Forth Valley Vulnerable Pregnancy Pathway Guidance 2020 notes the need for pre-birth case conferences prior to the 28-week timescale.

It was reported that there may be occasions when the timescales set out in the guidance may not be realistic. Circumstances which were identified as having an impact on timescales included when the pregnancy is made known or disclosed.

There was also a concern that the 28-day timescale could have a negative impact on pre-birth assessments; informed assessments take time and operating under shorter timescales would give little scope for information gathering, meaningful engagement from family and the opportunity to explore areas of concern/risk or to adequately explore family and community supports. It could lead to inaccurate assessments and have a negative impact on the relationship with families that has been established by services.

Other comments included that:

- It would be helpful to cover what happens when the timescales for CPPM within 28 days of concern are not met, including in relation to escalation.
- Clarity on possible exceptions to the 28-day timescale would be helpful. However, another perspective was that no exceptions should be set out and the guidance should instead state that professionals must seek to intervene at the earliest point. It was suggested that where concerns are raised pre-birth, a discharge meeting or any formal child protection meeting taking place post-birth is a reflection of failure on the part of protective services.

### Convening an IRD

It was reported that an IRD may not be the appropriate response to concerns for an unborn child – a case discussion or pre-birth meeting is likely to be required. This would generally take place first and a possible outcome of this is an IRD. It was suggested that the guidance should take account of local health board arrangements for pre-birth Assessment.

Other comments focused on both who should trigger an IRD and the circumstances under which an IRD should be triggered. On the latter point, comments included that:

- Greater clarity about the types of concern that would trigger a pre-birth IRD would be helpful. It was acknowledged that the intention might be to cover this in an accompanying practice note.
- There is some inconsistency regarding the threshold at which child protection procedures should be followed with regard to an unborn baby. It suggests when there is risk of harm, whereas in relation to a child it is where there is a risk of significant harm. It is not clear whether this deliberately marks a lower threshold of concern for an unborn baby than for children and young people.
- The guidance could suggest considering co-location of professionals within a “hub” approach, which would greatly improve the service offered to vulnerable parents and children (related issues have been covered further at Question 3 in relation to GIRFEC).

In terms of who could or should convene an IRD, it was noted that the wider coverage of IRDs states that *‘the decision to convene an IRD can be made by Police, Health or Social Work, but an IRD may be requested by any agency’*. It was noted that an equivalent statement is missing from, but should be included in, the coverage of pre-birth IRDs in Part 4. In this context, the potential role of the Third Sector or Adult Services in early identification of pre-birth child protection concerns was highlighted.

There was a call for more specific guidance on responsibilities within Health to raise an IRD and who can make that decision, for example whether a midwife, family nurse or member of an NHS Child Protection Team?

However, it was also thought that as currently structured the guidance may imply the sole responsibility sits with maternity services. It was suggested that the guidance should describe exactly who can raise a concern about an unborn baby, which should be any practitioner or manager, with an opening message that any agency/practitioner can raise a concern for unborn baby, including any agency/practitioner working with a pregnant woman’s partner.

A number of comments specifically addressed pre-discharge meetings, with issues highlighted including that:

- The sections outlining the process for discharge meetings at hospital do not sufficiently emphasise the importance of working with families, and that the suggested approach may lead to stigmatisation of the parent and the baby, which with good relational practice should not be required.
- Where there is a need to have a post-birth hospital meeting involving members of the Core Group, consideration should be given to how best to do this to minimise the stigmatisation of the parents/family. The use of video based group discussions with professionals/family joining remotely should be considered, and the guidance should be amended to highlight this as practice to be considered where necessary.



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- Unpaid carers, including young carers, should be included in a pre-discharge meeting if discharge will result in the unpaid carer taking on additional caring responsibilities once the cared for person is home.

## Specific areas of concern

### Q11: Specific areas of concern (Part 4)

Do all sections of Part 4 of the National Guidance address the specific areas of concern appropriately?

### Stakeholder Event Themes

The main themes raised at the stakeholder events were:

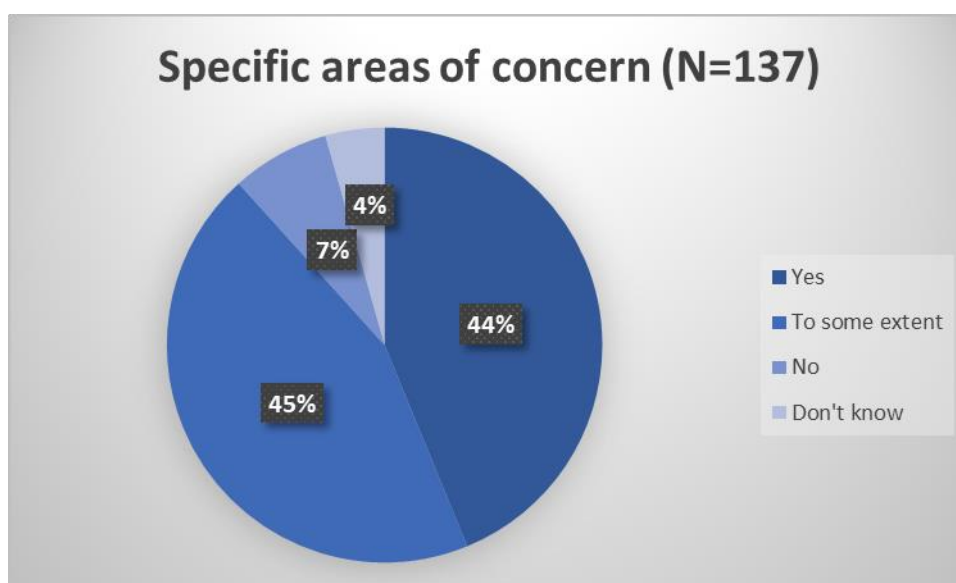
Participants were generally pleased to see the addition of Part 4, including as a good resource for practitioners and professionals working across a range of sectors.

However, there was a concern that if practitioners focus on Part 4 they will miss valuable information in earlier sections (especially Parts 2(B) and 3) on planning and procedures.

The coverage on domestic abuse could be enhanced, either in Part 4 or elsewhere across the guidance

The Children (Equal Protection from Assault) (Scotland) Act. 2019 could be covered.

The largest proportion of respondents (45% of those answering the question) thought that the guidance addresses the specific areas of concern appropriately to some extent.



Part 4: Specific areas of concern – provides guidance on specific forms of abuse and neglect, concerns and circumstances and signposts further resources. It covers pages 129-207 of the draft guidance.

The analysis below begins with some general comments made about Part 4 overall. It then considers points that specifically addressed one of the 38 sections in Part 4. These are

ordered according to that of the guidance. Please note that there were no specific comments on some of the sections.

Around 100 respondents made a comment at Question 11.

### **General comments**

There was an initial query as to why the guidance is now referring to 'concerns' rather than 'Specific Circumstances' or 'Indicators of Risk' as in the previous guidance; an explanation would be helpful. The use of language such as 'specific areas of concern' was described as not reflecting a human rights-based approach and as creating the potential for practitioners to believe that parents who represent protected characteristics or who experience situations of vulnerability should be of immediate 'concern' to Children and Families Social Work Services.

Part 4 was sometimes described as useful, helpful or accessible, and there was support for the comprehensive set of issues covered. Although there was some support for a research-based approach having been taken, others thought that while there is some helpful reference to key themes and research, there is insufficient attention to operationalised practice, and how to support practitioners to develop and sustain the competencies for strengths-based child protection practice.

An associated concern was, given that the broad range of issues covered has added significantly to the length of an already lengthy document, there could be a risk that practitioners may focus on the information in Part 4 in relation to a specific area of concern and inadvertently overlook valuable information in earlier sections.

It was suggested that some cross-referencing to Parts 2 and 3 may be required to highlight processes which can support children and young people affected by different issues. Specifically, there could be further linkage with other parts of the guidance, for example those relating ASP, GIRFEC, or Assessment. It was also suggested that highlighting that many families face multiple adversities would be helpful.

Further concerns raised included that elements of Part 4 are repetitive, or that there appears to be an imbalance in the detail provided between different policy areas with some seeming to be given more 'weight' than others; this could be interpreted by practitioners and managers as an unintended weighting of importance.

Other comments or suggestions on the overall layout or range of content included that:

- Whilst accepting that the guidance is not meant to be read sequentially, moving the current Part 4 to before the current Part 3 would help to conceptualise specific areas of concern before the initiating of child protection procedures.
- Some rationale for the order in which the topics are presented in Part 4, and how they are grouped, would be helpful. One suggestion was that the specific concerns should be presented in alphabetical order, based on a lead word (such as obesity). It was also reported that practitioners are very familiar with the term 'Trio of Risk' or 'Toxic Trio' and it was suggested that the order and structure could reflect these links.

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- Greater consistency in layout and structure would be helpful. Where the layout is clear in terms of definition, occurrence, impact and response it is easier to read and access. Consistent use of headings, subheadings, bullet points and bold text would further enhance navigation through each topic. The sections should be consistent in their use of underpinning evidence; at present some sections have statistics, references etc, and others do not.
- The graphics used are different to those in other parts of the guidance.
- Cross referencing each topic to legislation would be very helpful.
- There are several examples of outdated language being used, for example: reference to residential placements; children's units; or to Personal and Social Education as opposed to Personal, Social and Health Education.
- Any statistical information used will be out of date almost immediately.
- A number of direct quotes from the Independent Care Review have been used (with some repeated) but the guidance does not always explain the context or the implications for practice.
- Where there is reference to specific frameworks, there should also be a reference to 'or similar local processes'.
- Significant case reviews could be included within the reference lists.
- There should be reference to the NSPCC Learning Case Review Repository.
- It would benefit from the addition of a FAQs section.
- Some of the topics could be covered in practice briefings instead.

Other general observations or comments about Part 4 of the guidance related to trauma and included that it is important to highlight that issues often do not occur in isolation but are likely to add to the risk of harm for children and young people. It was suggested that the impact of trauma should also be acknowledged in relation to many specific circumstances.

Also in relation to trauma, the inclusion throughout the guidance of the need for trauma-informed practice was welcomed, although it was suggested that it could be moved nearer the beginning to help readers better understand what can lead children to needing protection and offer some useful context before readers become immersed in the processes. It was also suggested that some of the references to trauma-informed practice should be strengthened or that certain sections, such as those relating to mental health or disability, place an emphasis on diagnosis which fails to acknowledge that a lot of children being supported through the child protection process do not have a formal Mental Health diagnosis but demonstrate many behaviours linked to trauma.

As noted above, it was also reported that practitioners are very familiar with the term 'Toxic Trio' so including some discussion on the links between domestic abuse, mental ill health and parental alcohol and drug misuse, would be beneficial.

Other overarching comments or suggestions included that:

- It would be beneficial to have concise definitions of each of the 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.

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- The specific areas of concern could be further strengthened in a child protection context if there was greater prominence given to evidencing 'significant harm' against each concern. This would help frame and distinguish between wellbeing and child protection, which can be a challenge for universal services.
- There should be further emphasis on early intervention and preventative action for children and young people.
- The approach to the Age of Criminal Responsibility (Scotland) Act 2019 (ACRA) in the guidance appears disjointed and there might be a more coherent way of presenting it. Specifically, ACRA is introduced in general terms as part of the section on Children Who Display Harmful Sexual Behaviour, but it pertains to non-sexual offending so its current placing might be misleading. In addition, the key components of ACRA set out need to be revised.
- Strong emphasis should be placed on the need to ensure the views and experiences of children.
- Gathering gender-based issues into one section under this heading may help signal their importance to Chief Officer Groups and other stakeholders
- and enhance strategic responses at a local level.
- The guidance should consider the issues for rural and island communities, with more of an acknowledgement of the differences between rural and island communities and urban areas. One suggestion was to include rurality as a section within the guidance or as a linked practice note. This would give the opportunity to consider further the particular issues of rural poverty or of equitable service delivery.
- There is little or no reference to the Getting our Priorities Right (GOPR) Guidance, the National Framework for Child Protection Learning and Development in Scotland (2012), The National Risk Assessment Framework Model (2012), and the Common Core of Skills, Knowledge and Understanding and Values for The Children's Workforce in Scotland (2012).

### Current specific concerns

This section of the report sets out comments made about the specific concerns set out within the guidance and is ordered according to the guidance. There were some of the specific concerns about which no direct comments were made.

#### Poverty

An initial comment was that poverty needs to be more clearly defined under an all-encompassing definition, explaining the different kinds of poverty people experience in their day-to-day life. It was reported that there are 73 separate references to poverty throughout the guidance and these might be better grouped and linked together under the poverty section.

Comments often focused on issues that could be explored further and/or connections that could be made. It was suggested that the sometimes complicated relationship between poverty and neglect needs to be discussed and defined more clearly. There was also a

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concern that the section is very research-based and offers less in the way of guidance to assist practitioners to assess the impact of poverty on neglect.

Although there was support for reference to stigma in this section, it was also seen as important not to detract from the focus on attempts to address poverty at a structural level. In addition to reference to stigma, it was also suggested that reference could be made to:

- Shame associated with poverty which marginalises those affected.
- Literacy, mental health issues or learning difficulties as issues that may exacerbate experiences of poverty.

Other issues which respondents thought could be given greater coverage or explored further included:

- The complexity of the impacts of poverty, including intergenerational poverty, on children and families.
- The development of a Social Needs Screening Tool for use across health, education and social care to identify family stress issues which may be related to poverty and social disadvantage in families where a child protection concern has been raised.
- Referral pathways to ensure families potentially suffering from socio-economic disadvantage and stress are enabled to access mitigation and support.

Finally, while the explicit reference to poverty never being a reason for removal from the family was welcomed, an associated note of caution was whether this suggests there is evidence of this happening in current practice, and how poverty has been defined in this context. It was stressed that guidance should support agencies to focus on the impact on 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.

### Where services find it hard to engage

Aspects of this section that respondents particularly liked included the change in tone of the language and the emphasis on engagement as a dynamic process that is as much about what professionals bring to the process as the families themselves. It was suggested that the section could be strengthened further by:

- Giving some rationale for why the title of the section has been changed from non-engaging families. It is covered but could be made more explicit.
- Improving the flow of the section with headings to facilitate navigation and demonstrate a logical order.
- Developing the operationalisation of a strengths-based approach to working with families and engaging them in devising and implementing the child's plan.
- Adding guidance on the need for careful consideration of potential stressors for family members during anxiety provoking meetings.
- Addressing working with families with the resources to challenge, and addressing power imbalances created through families' robust articulation of rights, legislation and involvement of solicitors etc.

Protection of disabled children

One suggestion was that this section should be re-ordered and re-framed, setting the protection of children with disabilities within a children's rights framework, and a social model of disability. The use of the term 'disabled' rather than 'children affected by disability' was noted. 'Children with disabilities' was preferred, including because it better reflects that social model of disability.

Other comments focused on definitions and included that the definition of disability should be specific enough for practitioners to work with but not so broad as to include the variety of other vulnerabilities a child might be experiencing. One view was that the use of 'profound' and 'severe' within the definition is unhelpful, including because it is often hidden or undiagnosed disabilities that need child protection responses. It was argued that that the definition and language used in the 2014 guidance is more appropriate.

A slightly different perspective was that describing the more complex end of the needs spectrum may overlook other children with support needs. An example given was that children with developmental language disorder would not typically present as having complex needs but may still require robust collaboration with specialist services to understand their needs and develop personalised approaches to help them to participate effectively.

Other general comments included that:

- There must be greater emphasis to contextualising a child's impairment and/or disability and understanding its interrelationship with other vulnerabilities and experiences.
- The guidance should include a commitment to upholding the highest standards of wellbeing for disabled children, including not having a lower expectation of what 'thriving' would look like for them.

In terms of other aspects that need to be emphasised or covered further, suggestions included:

- There could be more emphasis on communication. Every child should have a voice, including deaf children or families and children or families with vision impairment or sight loss. For example, there is a need for accessible information to be provided in advance of any meeting and for the meeting location to be easily accessible. Consideration should be given to ensuring that the meeting is conducted in an inclusive way. 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.
- The Principles of Good Transitions should be referenced; transitions is an area where not enough is being done for care leavers and children with disabilities to support these young people in preparing for or making those transitions.
- The complex issue of child protection investigations involving a deaf child should be covered. Deaf children are a highly heterogeneous group whose language and communications needs are impacted by a range of factors. It is important

that those undertaking investigations involving deaf children be given additional training or that they seek specialist advice beforehand in order to determine how best to facilitate the deaf child's involvement.

- The guidance should caution against the medicalisation of issues and any focus on the child's impairments in planning meetings.
- Information and links to professional organisations that can provide specific support to families of disabled children and to parents with disabilities should be included.

#### Parents with learning disabilities

A general point was that the guidance could be strengthened to better reflect best practice around working with parents with learning disabilities or learning needs. This section could be further improved by emphasising the need to get support right for parents with learning disabilities and learning needs in the first instance, from pre-birth onwards.

Other suggestions included that this section should:

- Emphasise that parents will often need ongoing practical and meaningful support from an early stage.
- Highlight the importance of liaising with Community Learning Disability Teams to ensure parents are properly assessed and supported. This will help ensure assessment and support is pitched at a level that parents with learning disabilities can fully understand and engage with.
- Include a reference to advocacy for parents subject to child protection processes. It was also suggested that information should be accessible for parents and additional time allowed for preparation for meetings.

#### Impact of mental health or health problems on children

A general observation was that this section appears to lack clarity and impact in comparison with sections on other specific areas of concern.

Suggestions included that this section should:

- Provide more on the involvement / partnership working with Adult Mental Health Services, including by making clear that practitioners and others across the workforce may lack knowledge or understanding about how a mental illness impacts on parenting capacity.
- Cover perinatal mental health and the specific considerations and interventions that might be required when this is a concern.
- Offer further guidance around parental mental health and substance misuse. It was noted that there is no reference to Getting Our Priorities Right.
- There were also suggestions for topics that could helpfully be covered in practice notes, including:
- The issue of disabled children potentially acting harmfully to others. It was noted that this is a difficult and sensitive issue that needs to be elaborated on and be framed within a collaborative approach of supporting families rather than removing siblings, as families may be deterred from seeking support due to worries about the implications of doing so.



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- Children and young people with Profound and Multiple Learning Disabilities (PMLD). This is important because there is a need for all stakeholders involved in child protection to have a working understanding of children with PMLD and particularly how a child communicates. There have also been situations where a psychiatrist working with a parent has seen or suspects potential neglect and/or abuse/neglect of a child when working with their parent. They lacked the ability to assess parental capacity. Formalising how such situations are resolved would be a positive step.

### Children and young people experiencing mental health problems

It was suggested that 'mental and emotional wellbeing', 'mental health problems', 'mental illness' appear to be used interchangeably and that a clearer definition or agreement of what each term means would be beneficial. It was also suggested that the definition of suicide needs unpicking, but without referring to deliberate self-harm, which while still used does generate some debate.

It was noted that the guidance does discuss some of the risk factors associated with mental health, but it was suggested that it could also refer to groups who may be at risk, such as deaf and disabled children.

From a specialist health professional perspective (psychiatry), it was suggested that by defining the sphere of support for children, better and more rounded care for children who fall under the auspices of the guidance would be deliverable. It would also benefit collective decisions made about pursuing child protection cases, ensuring mental health representation to inform decisions.

### Suicide and self-harm affecting children

Comments included that this section could be more clearly linked to the preceding sections on mental health. Other suggestions included adding references to:

- The National Suicide Prevention Leadership Group and the Suicide Prevention Action Plan.
- The workforce accessing local training on Mental Health First Aid and safeTALK.

### Responding to neglect and emotional abuse

It was suggested that this section is comprehensive and offers support for the focus on neglect and emotional abuse. In terms of aspects that could be given greater emphasis or focus, suggestions included:

- Multi-agency assessment that ensures older children and young people receive immediate and appropriate support.
- Noting that issues may indicate neglect but may alternatively be indicators of other forms of trauma.

### Domestic abuse

A number of sometimes extensive comments focused on the domestic abuse section. Although some thought the guidance was helpful, some were also looking for a number of changes or additions.

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This included a re-echoing of comments made at earlier questions that the principles of Safe and Together should be fully embedded across the guidance to ensure that children receive a truly joined up response, and that the lack of coherence between criminal, family and child protection systems should be fully addressed. Further comments relating to Safe and Together included that:

- Perpetrators are invisible in the guidance; it must help practitioners to identify perpetrator behaviours', including manipulation and threat, and help them understand that many perpetrators of abuse will be skilled in falsely presenting as caring fathers, or even attempt to present as victims of domestic abuse.
- There should be links to the Model and a summary of the training involved and how to access it.

There was also a call for the guidance to explore patterns of abusive behaviour, and how these impact on child and family functioning, rather than taking an incident-based approach. Specifically, it was thought that stronger emphasis should be placed on children not needing to be a direct witness to abuse for it to impact on them.

It was noted that abuse that does not reach the legal threshold for criminal behaviour may still cause harm to a child, and a child protection response may be required. It was suggested that there should be further exploration about the harm and impact on the child, even where this does not meet the legal threshold for criminal behaviour.

It was also suggested that the guidance would benefit from stronger integration of domestic abuse with a number of other sections and in particular with:

- The neglect and emotional abuse section, where insufficient attention to the dynamics of domestic abuse and particularly coercive control could pose a real risk to women and their children.
- The sections on 'honour-based violence and forced marriage.

There was a particular concern about embedding the principle of partnering with the non-abusive parent, with the guidance described as dangerously weak. An associated point was that some of the language used (for example at paragraph 97) is victim blaming and problematic. There were particular concerns about some of the references to 'choice' made across the section.

There was a call for the guidance to recognise the reasons that make it difficult for women to trust professionals and guide practitioners in creating an environment in which women feel safe to disclose. Another perspective was that the guidance should highlight the importance of partnering with the non-abusive parent to identify why they do not recognise the risk posed by the perpetrator, which will involve an understanding of the pattern or abuse and the impact on the family.

Other suggestions included that:

- There should be further information in relation to coercive control and behaviour laws, and what practitioners can do to support victims and families with regards to this law.

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- It is crucial that guidance address the safety risk that child contact poses in domestic abuse cases. This is highlighted in the Children (Scotland) Act 2020, which should be referenced in this section.
- Scottish Government figures show that more women make a homeless application under the category of 'dispute within the household: violent or abusive' than for any other reason. It is important that the guidance recognises this reality and the urgent need for appropriate housing support in order to ensure that women made homeless by domestic abuse are not then subjected to scrutiny for neglect.
- More information is required around harm, cause and impact; the current wording does not adequately reflect or address the reality of the complex, significant impact of domestic abuse on all areas of life for non-abusing parents and children.
- Some discussion of the prevalence of domestic abuse might be useful. Also in relation to data, it was suggested that the incidence data presented must be contextualised in relation to a pattern of ongoing abusive behaviours.
- In relation to references to violence against women and girls, consideration should be given to whether boys should be included.
- The guidance should refer to a gender based perpetrator to reflect same sex abuse and female abuse of male partners.
- There is a missed opportunity to address the unreported issue of male victims of domestic abuse; it is important to contextualise barriers to males and individuals in same sexual relationships reporting domestic abuse.
- The guidance should be more explicit in guiding practitioners to identify and access local gender based violence, and drug and alcohol services. The identification of a single national organisation in the guidance reduces the opportunity for a coordinated approach at the local level. There should also be explicit direction to use locally developed interagency guidelines where relevant.
- There should be reference to the use of Operation Encompass to support children experiencing domestic abuse.

In addition to the section on domestic abuse, it was suggested that the guidance should also include a section on gender equality. Further comments included that:

- To identify potential harms that a child may face - be that by a Social Worker or Practitioner - gender and its role in causing violence must be understood and addressed.
- Primary prevention of violence against women and girls begins with addressing gender equality at all points of interaction with the child, be it at the foundation point of education in the form of gender equal play or in interaction with Child Protection Services.

It was suggested that there must be an acknowledgement that the needs of children of different genders, and the risks they face, are often different due to their gender identity, and other intersecting identities such as class, ethnicity, disability and sexuality. Both GIRFEC and the guidance should strive for a more intersectional approach.

Children and families affected by alcohol and drug use

It was noted that this section refers to substance abuse and suggested that this is stigmatising language that should be avoided.

There was a concern that the approach set out is not fully consistent with national alcohol and drug policy and strategy and that, while appreciating that alcohol and drug use within a family does not inevitably lead to child protection concerns, the overall tone is not consistent with a 'potential for recovery' message. This could lead to significant misalignments of risk assessment from Children's Services and specialist Drug and Alcohol Services, with consequent negative impact on family's engagement with protective interventions.

A whole child approach that does not see a child's vulnerability in isolation was advocated. Specifically, it was noted that we must understand trauma, disability, poverty and family background to understand the child, and substance use is just one part of a child's context.

It was suggested that this section should include coverage on:

- A number of current challenges for drug and alcohol users, particularly in relation to episodes of parental or child Non-Fatal Overdoses (NFODs) and/or Drug Related Deaths (DRDs), providing guidance to practitioners around the risks and the actions that could be taken across partners. Also, the need for robust information sharing around episodes of parental or child NFODs and DRDs.
- The impact of addiction on parents' ability to work with services (i.e. the impact on the brain).
- Issues of risk, such as asking services to hold on to a child even where their behaviour is challenging.
- As above regarding domestic abuse, guiding practitioners to identify local gender based violence, and drug and alcohol services, and explicit direction to use locally developed interagency guidelines.

There was also a call for signposting to better training and development resources, with the online Scottish Drugs Forum training cited as an example. It was suggested that a workforce development approach that looks beyond training to supervision, coaching and sharing of knowledge and awareness between disciplines should be encouraged.

Physical abuse, Equal Protection, and restraint

In addition to welcoming coverage on physical abuse and use of restraint, other comments included that it is important to reflect that this section could also apply to paid caregivers.

With reference to the coverage of the Children (Equal Protection from Assault) (Scotland) Act 2019, it was suggested that more narrative on this legislation would be welcome.

Also in the light of the Children (Equal Protection from Assault) (Scotland) Act 2019, it was suggested that the guidance needs to be revised in terms of the disposal options available to Police Scotland. Specifically, it states that that Police can use informal warnings but this is not a disposal that will be used by Police Officers.

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The coverage of restraint was described as useful and as covering the main areas of concern, including by providing a clear view of the negative impact of restraint on children. Further comments and suggestions included:

- It would be clearer if this section were termed ‘Trauma responsive approaches in the use of restrictive practices’.
- The Restraint Reduction Standards should be referred to as a minimum, including the need for agencies to be following restraint reduction plans. Also, links and references to the Scottish Network for the Reduction of Restrictive Practices and Scottish Physical Restrain Action Group would be of benefit for practitioners.
- This section could be expanded further, particularly in relation children with a disability. The guidance acknowledges that children with additional support needs are more likely to experience the inappropriate use of restraint. It could be strengthened further by including direct references to the necessity for clear and consistent written agency policies and procedures in relation to restraint, the use of risk assessments and the recording of incidents. These actions are recommended in the No Safe Place: Restraint and Seclusion in Scotland’s Schools investigative report published by the Children and Young People’s Commissioner for Scotland in 2018.
- The guidance should stipulate the need for debrief and learning as part of the process of recording an event.

### When obesity is a cause for escalating concerns about risk of harm

Although welcomed, it was suggested that this section is too vague to be helpful in practice. Queries raised included whether in the case of severe obesity, the expectation and intention is that paediatricians will initiate child protection processes in all cases where a parent refuses to engage with services to tackle a child's obesity? If not, what would the criteria be for taking further action?

It was suggested that more clarity would help to promote consistency of practice across the country.

### Child Sexual Abuse

It was reported that the identification of sexually abused children by child protection systems in Scotland and the UK remains very low, and even appears to be decreasing. It was suggested that the guidance needs to acknowledge this; it is not enough to explain the dynamics of child sexual abuse, the feelings of children or the effects, welcome as these sympathetic explanations are. There was a call for the guidance to offer practitioners actual pathways to improvement.

Both in this section and that below (child sexual exploitation), it was suggested that use of language should be explored. Specifically, it was suggested that the language used: attributes concept of vulnerability and power; describes the relationship between ‘abusers’ and ‘abused’; and influences perceptions of victims.

In terms of other suggested additions or changes comments included that the guidance should:

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- Make clear that all children who have experienced sexual offences have experienced significant harm.
- Name any false assumptions which have prevented professionals acting or talking to children about possible sexual abuse. The guidance should clarify which assumptions are mistaken or inappropriate.
- Explain that most children do not disclose needs and what professionals and others may, therefore, actually do to protect children when they suspect child sexual abuse.
- Cover undertaking emotional needs assessments and accessing therapeutic support following the discovery or disclosure of child sexual abuse.
- Offer models for productive longer-term assessment, which is vital given everything we know about the silencing of children, and the long time they often take to disclose.
- Reference the development of the Barnahus standards in Scotland, which would support future development of practice.
- Give sufficient attention to contextual safeguarding and the protective, observant roles of communities, especially given evolving initiatives on contextual safeguarding.
- Highlight the link between domestic abuse between young people and sexual violence in these relationships.

### Child sexual exploitation

As with reference to child sexual abuse, there was a call for practitioners to be offered guidance on actual pathways to improvement in identifying child sexual exploitation, with many of the suggested changes to the section on child sexual abuse also considered appropriate to this section.

While specific mention of child sexual exploitation and child criminal exploitation (covered in its own section at Page 183 of the guidance) was welcomed, it was suggested that widening the definition to child exploitation would capture all instances where a child is exploited, whether it be for sexual purposes, people trafficking, county lines or any other form of exploitation.

References to contextual safeguarding were also welcomed, but here and elsewhere it was suggested there should be a greater focus on promoting the approach. There was a call for greater collaborative working between agencies and communities to target the places where children are harmed and the people that harm them; there should also be further information within the guidance to support practitioners – and children, young people, carers and parents – where there is a concern about the risk of a child experiencing sexual exploitation.

Other comments included that there is no mention of the Fraser Guidelines or Gillick Competencies used by sexual health services as part of their assessments.

### Indecent images and internet-enabled sexual offending by adults

The complexity relating to assessing risk of harm in the context of indecent images of children was recognised, but it was suggested that this section is quite basic given that complexity. In particular, there was a concern that the section on inappropriate images

appears to be minimising the issue, particularly as it references literature which suggests that some offenders are at low risk of future offending or progressing to more serious offences. Further points included that:

- The statement '*Some parents who have no criminal history who are arrested for downloading IIOC may have provided their children with positive parenting*', may be partly true, but it should not be implied that this type of offence can or should be separated from parenting.
- It is important not to minimise the harm and distress caused by those viewing indecent images of children. The section could be enhanced by adding the need to recognise the impact this can have on individuals and families.
- The focus on assisting practitioners and managers to assess risk of contact offences means risking failing to recognise the seriousness of these offences in and of themselves.

Suggestions included that the section should:

- Be more explicit about evidence around contact/non-contact offences.
- Note that non-contact sexual offending can have equivalent impact to contact offending or may be the beginning of the journey into contact offending.

It was also suggested that practitioners – especially teachers and youth workers – would welcome guidance on how to deal with incidents of youth produced sexual imagery.

#### Children and young people who display harmful sexual behaviour

It was noted that there is a clear distinction made with children over and under 12 years of age in the *Serious harmful behaviour shown by children above and below age 12* section (13 sections below within the guidance) but not in this section; the rationale for this difference was considered to be unclear.

Also with reference to these two sections, it suggested that there is some overlap and duplication which could be reduced if they were combined or located sequentially within the guidance and cross referenced.

Finally, it was noted that while there is a child-focused ethos to this section, it would be appropriate for the guidance to acknowledge that there remains a requirement for Police to investigate a crime, both before and post-ACRA implementation.

#### Child protection in the digital environment/online safety

It was suggested that this section could be enhanced, with specific suggestions including:

- Expanding the definition of forms of online abuse, as it currently focuses on abuse directed towards a child and perpetrated by someone else, but does not include, for example, criminal exploitation, online privacy, cybersecurity or data violation, such as oversharing.
- Considering harms that may result from neglect, or for which there is no clear perpetrator, such as accessing inappropriate content online, gaming disorder or where children abuse others online.
- Referencing prevention and education for children.

### Under age sexual activity

It was suggested that the guidance should:

- Make clear that sexual activity under age 13 is always illegal and should always be a matter for a child protection investigation.
- Include an explicit reminder that a pattern of sexual activity, sexually transmitted infections and pregnancy in under-16s is very frequently linked with a background of Child Sexual Abuse and Child Sexual Exploitation and should always bring concerned curiosity and gentle questioning of the young person. Sexual abuse and exploitation bring sexual signs.

### Children who are looked after away from home

General comments about this section included that it should:

- Make distinctions about parental rights for the child. Kinship carers and adopters who legally have parental rights should be treated the same as birth parents. Those who do not have parental rights should be risk assessed and appropriate action taken.
- Stress the importance of appropriate preparation, checks, assessment and review as well as training and carer support plans, all of which help protect children from harm.
- Acknowledge the need for safe caring within other care settings such as kinship and residential care, and how this can be achieved through discussion and supervision.
- Cover allegations within residential establishments and adoptive placements, including giving clarity and detail for practitioners on the protocols for allegations against kinship carers and adopters.
- Address where there are ongoing child protection concerns about children in family placement settings and provide guidance on this issue.
- Recognise and include the increase in formal kinship care placements and the development of specialist Kinship Teams. The Service Manager for Kinship Care should also be referenced as being notified of any child protection concerns.

It was also suggested that further guidance on cross border issues, in terms of protection and placements in different parts of the UK, would be useful, in particular on the topic of linking to previous reviews in different local authorities.

### Preventing repeat removal of children

A general observation was that this section requires further detail. It was also suggested that it appears to be drawn from the parent's perspective rather than the child's, and that a child's experience should be presented. It was also suggested that this section could helpfully make reference to fathers and their shared responsibilities.

Other suggestions included:

- Using the word 'parent' rather than mother or father here and throughout the guidance.



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- The section pertaining to permanence needs to include long-term fostering and informal kinship arrangements.

### Protecting unaccompanied asylum-seeking and trafficked children

The section was welcomed, and it was seen as important that the guidance reflects a rights-based approach to protecting unaccompanied and separated children to guide practitioners through a complex legal landscape of devolved and reserved legislation.

Suggestions included that there should be reference to the Scottish Government's own Age Assessment Practice Guidance for Scotland.

### Children and young people who are missing

General comments included that there is an inference that professionals should withdraw from families who are difficult to work with, but no suggestions of next steps. Other comments or suggestions included that:

- More specific guidance about home schooling, and how to address the loophole when agencies have concerns about neglect they cannot monitor, would be welcome.
- The guidance should address the child missing in education loophole for independent school students.
- Reference to children 'educated at home' should be clarified to highlight that this section relates to children who are 'formally home educated and withdrawn from authority provision' as many children are being educated at home currently due to the pandemic.
- *Child Missing From Known Address* is an NHS process for tracing missing children where there are child protection concerns. The process was included in the 'Pink Book' and should also be included in the guidance.

### Child trafficking and criminal exploitation

This section was described as informative and as helpfully highlighting links between Serious and Organised Crime and child protection.

As above, it was suggested that widening the definition to child exploitation would capture all instances where a child is exploited, whether it be for sexual purposes, people trafficking, county lines or any other form of exploitation.

In terms of this section, it was suggested that child trafficking and criminal exploitation should form different sections.

Other comments included that:

- More information and guidance on cuckooing and age assessments would be welcome.
- With regards to the presumption of age, where a potential victim of trafficking claims to be under 18 years old and it is clearly obvious that they are not, it would be useful to include advice on how to proceed in these circumstances.

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- There should perhaps be reference to the new Police system of Child Protection Registrations on the Police database.

### Protection in transitional phases

It was suggested that the guidance articulates well that transition planning should be a robust and facilitative process which develops joint planning arrangements, and if necessary, dispute negotiations between Child and Adult Services to ensure the correct support plan, well in advance of the young person reaching the age of transition.

Suggestions for making this section stronger included:

- Capturing national best practice. It was noted that there is reference to the Public Bodies (Joint Working) (Scotland) Act 2014, but there is limited commentary about the impact and opportunity inherent within integrated arrangements across Scotland, and consequently the section does not highlight and promote where best practice is occurring.
- Having a sharper focus on corporate parenting responsibilities, and the protection of 16- and 17-year olds with strengthened links to adult support and protection legislation and policy.
- Clarifying GIRFEC responsibilities in relation to young people 'in transition' i.e. 16- and 17-year olds who are not in education.
- Providing guidance around transitions between care placements, especially where there are different systems between local authorities, or cross-border authorities to ensure consistency.

### Bullying

It was reported that online bullying can involve a much wider range of behaviours than those described, for example involving fake accounts, doxxing and baiting.

### Vulnerability to being drawn into terrorism

Although it was recognised that the PREVENT section is reserved text, it was also suggested that more detail would be welcome if that were possible.

### Fabricated or Induced Illness

There was a concern that the wording seems to suggest that there are clear signs relating to Fabricated or Induced Illness (FII) being suspected, and that identification is straightforward. However, it was suggested that this is not likely to be the case and that when the child has disabilities that may inhibit communication, identification may be even more challenging.

It was suggested that a link needs to be made to new Royal College of Paediatrics and Child Health guidance (awaited) and it should be emphasised that, although rare, certain FII has high risk of death.

A further issue raised was that the purpose of this section, and how it would relate to practice, is not clear. Specifically, it is not clear what practitioners are expected to do with the information set out in respect of a child protection concern.

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Other content suggested included a caution that women who believe partners, especially ex-partners, have sexually abused their children, and have raised questions about signs and symptoms have often been accused by practitioners and in the courts of fabricating these, and of Munchausen's syndrome by proxy. Research has shown a pattern of then losing their children to partners subsequently shown to be abusive.

It was suggested that the guidance should remind practitioners that it is important to approach such allegations with as open a mind as they would allegations from any other person. A gender-informed approach should be taken, as it should be taken in all social work. Any reported signs and symptoms in the child should be investigated by specialists in the physical, psychological and verbal signs of sexual abuse in children.

### Sudden unexpected death in infants and children

It was suggested that coverage of the crucial role of health within this process could be enhanced, including by recognising the NHS teams with SUDI responsibilities.

### Cultural and faith communities

It was suggested that this section could refer to the importance of appropriate levels of supervision for those working with children/vulnerable adults and/or those who have a specific safeguarding function.

### Historical (non-recent) reports of abuse

There was a suggestion that this section should highlight that individual institutions may offer support to victims and survivors reporting non-recent abuse.

## **Other sections required**

There were also suggestions about other specific concerns that should be included within Part 4 (or possibly elsewhere or across the guidance).

Transitions was a frequently raised issue, and it was suggested that Part 4 may be a suitable place to include a section with a specific focus on this issue. Coverage could include strengthened links to adult services and support, linked with corporate parenting responsibilities, legislation and policy. Specifically, there could be coverage on transitions, consent and learning disabilities. Also, further expansion on how links can be made into adult protection policies, legislation and services.

Other suggestions included:

- Risk, or specifically Care and Risk Management (CARM). The National Risk Assessment Framework could be referenced, once refreshed, and this would support a universal approach. Also, a greater focus and steer on both the varying assessment tools for children presenting a significant risk of harm to themselves and others and a more consistent a child-led approach to CARM.
- Gender equality (see section on domestic abuse above).
- Equal standards of parenting. There is an issue generally around gender neutral language in relation to parenting which fails to acknowledge the differential

expectations that we have for mothers and fathers in relation to child welfare. The guidance would benefit from a section which specifically calls on practitioners to ensure that there are equal standards of parenting for both mothers and fathers, with a recognition that childcare is often seen to be the remit of mothers in our society.

- Drug and alcohol use by children and young people.
- Practitioner resources to support The Children (Equal Protection from Assault) (Scotland) Act 2019.
- Sibling abuse, and specifically sibling sexual abuse. Referencing back to CARM (as above), it was noted that there is no reference to sibling, child to child abuse and the assessment of risk and interfamilial factors multi-agency professionals should consider when assessing this.
- Peer-on-peer abuse.
- Child to Parent Abuse and the interface with child protection.
- Neglect in affluent families.
- Religious and/or spiritual abuse.
- Concealed pregnancy and the risk this poses to the unborn baby.
- Aspects of childrens', young peoples' and adults' speech, language and communication, and actions all services should take to implement communication inclusive approaches.
- Dental neglect, and the roles and responsibilities of dentists.
- Sports, sports organisation and organised activities. Further suggestions included information for community groups and sports organisations, including on child protection in sport.
- Allegations against professionals who work or volunteer with children.
- The impact of the COVID-19 crisis, including the need for equitable access to high quality support services to help children recover from the trauma of lockdown and the pandemic.
- The impact of leaving the European Union (EU). Legislative developments due to the UK leaving the EU may have an impact in a child protection context in Scotland. These changes and any challenges should be outlined.

Groups that respondents suggested should be covered included:

- Young carers. It was considered surprising that there are only a few references to young carers, and a short section, which could include information about young carers' right to a Young Carer Statement and support under the Carers (Scotland) Act 2016 and how this differs from the Child's Plan, would be welcome. A further suggestion was that it is important to reference the needs of young carers who may be caring for siblings.
- Travelling families. Specifically, travellers' rights and leaving school early.
- Children (in families) with no recourse to public funds.
- The particular needs of trans children or those who identify as LGBTQIA+. It was suggested that the guidance could make connections to being more likely to experience domestic abuse, substance use, experience mental health issues, stigma or homelessness.
- Children affected by parental imprisonment.
- Children detained in secure accommodation or prison, including use of restraint.

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- Children experiencing homelessness.
- Children (16- and 17-year-olds) in the Armed Forces.
- Parents with relapsing and remitting mental illness such as Schizophrenia or Bipolar Disorder.

## Implementation

**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.

Do you agree or disagree?

### Stakeholder Event Themes

The main themes raised at the stakeholder events were:

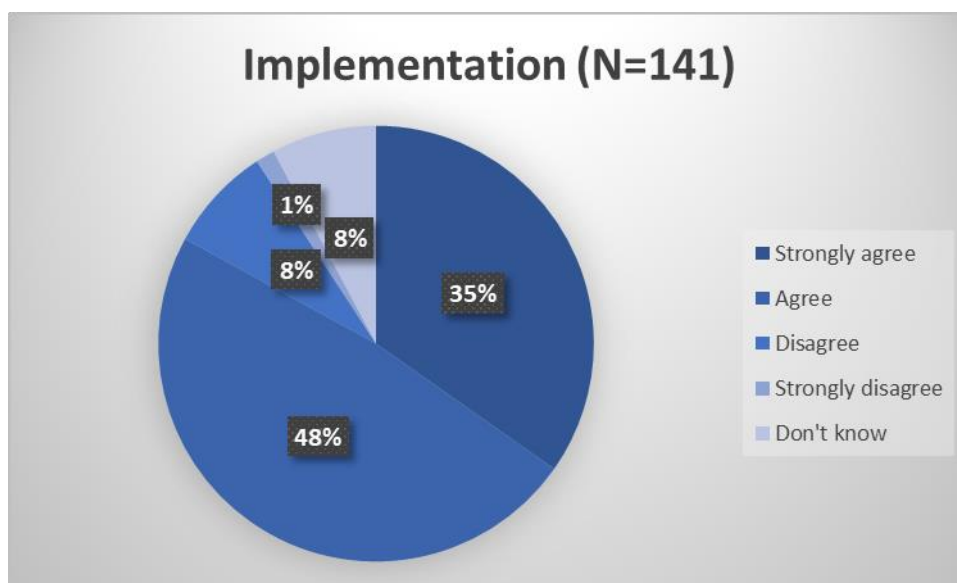
There was a broad consent that the groups and organisations identified are the right ones to lead on the implementation of the guidance.

Involvement of the Chief Officers Group will be key to ensuring the right operational culture to support successful implementation is in place.

The scale of the task is considerable, including in terms of training requirements. Some smaller local authorities may welcome or need support.

The resource implications of implementation will need to be considered.

The largest proportion of respondents (48% of those answering the question) agreed 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 the guidance.



Around 100 respondents made a further comment at Question 12.

A number of respondents made a general statement in agreement with the Chief Officer Groups and local Child Protection Committees, supported by Child Protection Committees

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Scotland, the Scottish Government and a range of other partners, being the key fora for implementation of the guidance. A follow on comment was that Chief Officer Groups and local Child Protection Committees bring together a range of partners within localities who know their communities. It was also reported that recent scrutiny activity has found well-functioning Chief Officer Groups and Child Protection Committees to be critical in leading improvements in child protection practice.

However, there was a call for clarification about who would be included in the 'range of other partners' referred to in the consultation paper and in Question 12.

It was noted that a multi-agency approach will be vital and pivotal to the successful implementation of the guidance. Both those who had agreed and disagreed at this question sometimes went on to discuss some of the underlying principles or structures that should underpin the implementation of the guidance. Connected to this was a disappointment that the guidance does not provide a clear outline or intention of the role of Scottish Government in respect of child protection.

Another theme was in relation to the commitments to strong and value-based leadership set out in The Promise<sup>9</sup>. Further comments included that strategic leadership will be needed to take forward some of the very complex challenges highlighted by The Promise. For example: to change the understanding of risk in Scotland and to balance the rights of the child with a potential need for protection; and to build capacity, confidence and the ability of the workforce to further develop an already skilled approach to high quality risk assessment and planning.

Related to these overarching issues was a concern about the status of the guidance and that, because it is non-statutory, there could be variation in how agencies engage with it. References to 'direction' in the guidance were taken as meaning there is a clear expectation that the guidance will be followed, and it was noted that it is likely to form the basis of scrutiny by inspection bodies. Given this, it was suggested that:

- A clearer statement of expectation from the Scottish Government should be included at the start of the guidance document.
- The Scottish Government should commit to resourcing and facilitating the work necessary to make the guidance real for all of Scotland's children.
- The collective responsibilities and accountabilities of all relevant partners needs to be clearly set out.

However, a different perspective was that local areas need to be given discretion to decide to what extent the guidance is implemented, depending on their local practices, with a one size fits all approach described as not helpful.

The learning available on what has been successful in multi-agency partnerships formed via Child Protection Committees was noted. It was also suggested that part of the experience and learning from children's professionals during the COVID-19 pandemic has been the perceived absenteeism of Adult Services in supporting adults with children who

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<sup>9</sup> Available at: [https://www.carereview.scot/wp-content/uploads/2020/03/The-Promise\\_v7.pdf](https://www.carereview.scot/wp-content/uploads/2020/03/The-Promise_v7.pdf). Specific reference at P.99.

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have been identified as requiring further support or protection measures. Whilst recognising the impact of the pandemic on all services, this was seen as highlighting the requirement to implement and interface the guidance within the existing national and local frameworks for Adult Services and Adult Support and Protection.

It was suggested that implementation will require a cohesive strategic governance framework and that this will not only sit with Chief Officer Groups and local Child Protection Committees. One suggestion was that a Public Protection / Protecting People approach should be taken, both nationally and locally, and that this should involve all the Public Protection / Protecting People Partnerships. In addition to Chief Officers Groups and Child Protection Committees, suggestions included:

- Adult Protection Committees.
- Alcohol and Drugs Partnerships.
- Violence Against Women Partnerships.
- Community Safety.
- Community Justice and MAPPA.
- Early Years and Early Intervention Boards.
- Corporate Parenting Boards.
- Integrated Joint Boards.
- Community Planning Partnerships.

A number of respondents identified sectors or key agencies that they saw as key to successful implementation. Suggestions for sectors that should be involved included:

- Education, including representatives of the independent school sector.
- Health. Specific suggestions included that speech and language therapists and allied health professionals should be seen as key players.
- The third sector, including third sector interfaces.
- Sporting bodies.

The importance of involving and engaging with operational staff was also highlighted.

Suggestions for other agencies or organisations that should be involved included:

- Children's Hearings Scotland. This included at a local level.
- Scottish Association for Social Work.
- Social Work Scotland.
- The Care Inspectorate.
- The Scottish Social Services Council.

Returning to The Promise, the importance of the guidance being owned by those it applies to – children and families – was highlighted. It was suggested that it would be helpful to understand how Scottish Government, in partnership with services, intends to support children and families to understand the guidance.

Further comments relating to how the guidance should be implemented included that:

- The approach should be collaborative and co-ordinated at a regional and national level.



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- There should be a formal launch, and a robust communication strategy or plan. Coverage should include an indication of when local areas are expected to implement the new guidance.
- There is a need to offer guidance and clarity for work across partner agencies to reduce the variability in the interpretation of training, policies and programmes.
- The Care Inspectorate reported that it is committed to supporting improvement and the implementation of the guidance through its approach to scrutiny and through providing support and improvement advice via the link inspector allocated to each local authority area.
- Chief Officer Groups and local Child Protection Committees should be supported, including by offering training and opportunities to make connections.
- National training modules should be developed, in conjunction with the third sector, in order that there is buy in and consistency of key elements, such as culture, principles, values and key processes (such as information sharing) applied everywhere.

There was also support for a lifetime management plan detailing how often the guidance will be refreshed and who will be responsible for undertaking this task.

In terms of timescales for the implementation, it was suggested that they should:

- Be ambitious but realistic.
- Reflect the range of activity required, and view implementation as a process rather than an event. It will be important to allow sufficient time to work through the process.
- Take account of the particular challenges for smaller local authorities with limited resources to allocate to preparation and implementation.

Many respondents were clear that the way in which the guidance is implemented in practice at local level will be crucial to achieving the improvements in the protection of children to which the revised guidance aspires. There was a call for the resources and investment required for local areas to develop, analyse, and improve current policy and practice to be considered, and it was suggested that the changes to practice required will be more significant in some areas than in others.

Respondents identified a range of specific activities or support that will be required for successful implementation of the guidance across local areas. At a local level, these included:

- Putting in place a change team with the appropriate range of skills to initiate and sustain change and improvement efforts.
- Carrying out an assessment of to what extent current local strategy, procedures, guidance and practice is aligned with the new guidance. One suggestion was that local areas will require external facilitation to explore how their system currently works, what particular aspects need to change and to provide the support for a stage-based implementation plan that develops a new system.
- Reviewing and revision of local procedures and guidance as required. Including signposting and connection of local guidance to key areas of the national guidance.

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- Awareness raising work and planning for the introduction of new ways of working, including training for staff.

A number of the other suggestions also related to training programmes or requirements and included that:

- The new guidance will need to be incorporated into relevant improvement plans, including learning and development activity.
- Existing training programmes and resources, including websites etc., will need to be revised to reflect the new guidance.
- Across sector training should be provided to help reinforce that child protection is everybody's responsibility, not just that of Social Work, Health and the Police.
- Training should be child-centred, involve lived experience, be intersectional and recognise the diversity of children who are subject to child protection processes.
- It should include training on children's rights and what these mean for child protection, as well as how to effectively facilitate children's participation in decision-making.

Specific suggestions as to how local areas could or should be supported with implementation included providing a briefing document on the specific changes from the 2014 guidance, highlighting where these changes will impact on operational practice.

### Covid-19

**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.

Are there adapted processes that you would like to see continued?

#### Stakeholder Event Themes

The main themes raised at the stakeholder events were:

The COVID-19 pandemic has led to new ways of working and has accelerated changes to ways of meeting and communicating in particular.

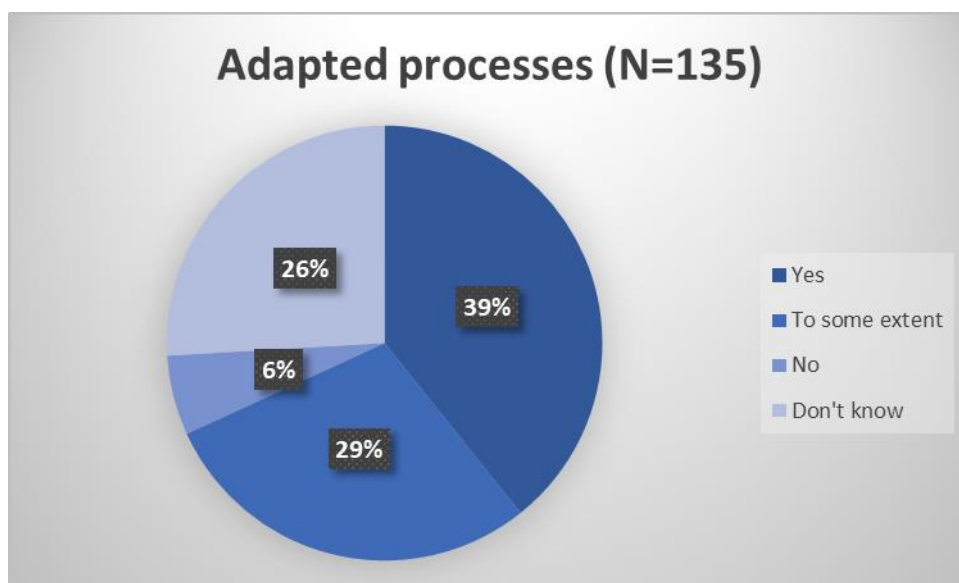
It will be important to consider which of those changes have been positive and led to more flexible and potentially efficient working. The consensus was that at least some of the practice changes – especially in relation to remote meetings – should continue post-pandemic.

Remote IRDs were generally reported to have been particularly successful, with increased attendance rates from across a range of key agencies.

Children, young people, and families have often found online engagement to be less stressful and a preferred way of taking part.

However, it is not right for everyone, and the needs of individuals will always need to be considered. Blended approaches are likely to be needed going forward.

The largest majority of respondents (39% of those answering the question) answered that to some extent there are adapted processes they would wish to see continue.



Around 95 respondents made a further comment at Question 13.

## Wider system reflections

While many of the comments considered specific practice changes (discussed further below), others reflected on the impact of the pandemic of the wider system and overall approach to supporting children and young people. It was reported that the pandemic has raised awareness of social inequality in Scotland and its impact on children; when children are out of sight, out of reach or out of mind, the risk of abuse and neglect rises.

### Strengths-based practice and resilience

It was reported that there has not been an increase in the number of children who are looked after and accommodated and it will be important to consider why this has been the case and understand the factors that build families' resilience, and how this process has impacted on professionals' understanding of the pressures facing families. It was suggested that the shared experience of the pandemic has addressed power imbalances and speaks to the evidence around positive outcomes achieved through strengths-based and trauma-informed practice.

In terms of the learning that should be taken from this recent experience, there was a call for a shift in focus around how we engage and view families' circumstances, moving away from the concept of creating dependency and acknowledging the importance of empathy and flexibility to address the pressures facing families, returning to the basics of good engagement. Related points included that:

- The lack of scaffolding and withdrawal of services may, in some instances, have contributed to building families' resilience and/ or removed some additional pressures for families.
- There may need to be a more focused effort to work towards de-registration, and to deliver effective time limited interventions to support families through solutions-focused work, and intensive services for most the vulnerable.

### Flexible and responsive working and commissioning

While the conditions of a national lockdown have created severe difficulties for child protection assessment, practice and decision-making processes, it was suggested that the same conditions have also challenged services to become more dynamic in order to be more responsive to need.

A connected observation was that some of the changes of approach to working in partnership with the third sector have been positive. There was reference to the removal of some funding restrictions and flexibility of reporting mechanisms . The approach to working in partnership to adapt to challenges and respond to children and families' needs was described as transformational. Specific aspects highlighted included:

Being able to move much more quickly to offer practical and financial assistance for families.

Identifying a number of opportunities for families to participate in, and contribute to, discussions and processes about their lives despite the constraints of the pandemic. It was reported that some of the learning about delivering FGDM remotely has already been shared with partners.

However, it was also reported that the Third Sector has been significantly affected in terms of capacity and resources, meaning the availability and choice of services has reduced. It was suggested that the impact of this is, and will continue to be, significant.

### **Impact on vulnerable children and families**

In addition to commenting on ways of working, respondents also addressed the impact of the pandemic on the number of vulnerable children and families, or on particular groups of children. It was reported that many of the factors which make children and young people vulnerable will have been exacerbated over the course of the pandemic. Other comments included that education hubs were generally reported to have not been effective enough in the first lockdown, with disparity across Scotland in the number of vulnerable children and young people accessing education hub spaces and the kinds of children and young people being supported.

In terms of the number of vulnerable children, comments included that:

- There will be many children not previously identified as vulnerable but now in need of support due to the stresses and pressures of family life in lockdown.
- Increased signposting to local services and resources has resulted in many families who should have been receiving additional help pre-COVID being identified and referred to family support services.

It was suggested that these issues raise important questions about perceptions of thresholds and the early identification of families in need. It was also suggested that the need for inter-agency and inter-partnership collaboration has never been greater.

**Children and women living with domestic abuse:** In research conducted by the University of Stirling in partnership with Scottish Women's Aid, women and children living with domestic abuse described their experience of lockdown as a further entrapment, exacerbating their experience of control and coercion. Children and young people indicated that their mental health was severely compromised.

Many local Women's Aid groups have reported that they were not included in local decision-making relating to the pandemic's impact on women, children and young people affected by domestic abuse, and were not consulted on which children and young people were offered places in hubs. However, there were a few areas in which Women's Aid groups were able to refer children or young people to school spaces.

**Deaf children.** It was suggested that the lived experience of deaf children needs to be taken into account. For example deaf children may be using British Sign Language in school as their preferred/principle language to access both learning but to also socialise with their peers. However this may not be the main language used in the home, reducing deaf child's access to fluent communication and full participation in everyday family life. This will inevitably pose a risk to deaf children's social and emotional well-being which practitioners working with deaf children and their families must be aware of and consider whether additional support is necessary.

**Children with complex needs.** It was reported that one development over the course of the pandemic has been greater support for children with complex needs, including those with have gone through trauma; as schools have had reduced attendance, some children

with complex needs have had one to one support that could not be delivered when there was full school attendance. It was suggested that continuing this specialist intensive support will be critical to the development of these children.

## **Adapted practice**

### Virtual meetings

Many of the comments focused on changes of approaches to holding meetings, with increased use of virtual meetings in a range of contexts. Examples given included CPPMs, LAC reviews, case conferences, IRDs, hospital discharge planning meetings, and Children's Hearings.

Some noted that such changes have been the only substantive change to practice they have made or seen during the pandemic and that otherwise all existing child protection processes have been retained. Others noted that they were already holding some virtual meetings pre-pandemic. For example, one area reported that their IRD process was already via teleconferencing and is a well-established and quality assured process.

It was frequently noted that virtual meetings offer some advantages for children and families and professionals. In terms of professionals, it was noted that virtual meetings have sometimes allowed key professionals, such as paediatricians, to attend in a way that they might not usually have been able to do. It was also noted that the virtual approach can be of particular benefit:

- In larger geographical, and especially rural and island, areas.
- For those working across a number of Child Protection Committee areas. It was reported that removing travelling time allows additional time for preparation and gives the capacity to attend more meetings than would have been possible before.

It was also suggested that the virtual approach is to be welcomed because it has helped facilitate faster recovery and intervention processes.

Other advantages of virtual approaches identified included that:

- Virtual meeting spaces have promoted gatherings of practitioners, especially those in rural areas and the Islands.
- They offer a range of options for training; for example being able to undertake development and awareness-raising sessions in a few hours, instead of having to take a 'day out' to travel.

However, most comments focused on the advantages or disadvantages for children or families. There were reports that for some families the use of technology to enable virtual attendance at meetings has worked well and supported their participation.

Further comments included that some children who have not contributed at meetings have been able to do so, including because they felt they had more control and could participate

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on their own terms, including leaving the online meeting if it was getting difficult, or asking questions they would have struggled to ask in face to face situations.

Other advantages identified for children and families included where family members and extended networks have been unable to participate in family meetings in the past (due to their geographical distance, health, mobility, access, transport issues and existing relationships), adapting meetings to include telephone and online engagement has enabled a wider participation and ensured a more robust, supported and resourced plan.

However, it was also noted that for some children and families engagement has been more difficult, particularly for families experiencing digital poverty. There were also concerns about the impact on children and their parents, and the implications for having their rights upheld. Specifically, how do we truly hear the voice of the child and of the parents? How are their views being collected and represented?

Other issues or concerns raised about virtual meetings included:

- Safety of parents and children is an issue where domestic abuse is a concern. It is extremely difficult to assess a situation and know who is present and what the dynamic is when online.
- It is not possible to read body language or make proper eye contact; being able to do this is crucial for relational practice.
- There are issues with reliability of broadband/Wi-Fi, particularly in rural areas, where participants are sometimes asked not to turn cameras on as this affects the signal. This relates back to the loss of relational aspects.
- Balance of power needs to be considered. Often families do not have adequate devices, compared to those of professionals, and some may be joining by phone while others are on video.

From a professional or practitioner perspective, it was suggested that:

- Virtual meetings will impact on the effectiveness of support and debriefing opportunities, especially for those who are newly qualified or lacking in experience.

There was a consensus that it will be important to retain flexibility as we emerge from the pandemic, including the use of technology to enable virtual attendance at meetings in some circumstances. However, there was also a clear view that virtual attendance should be offered as one of a number of options with the focus on choice rather than assuming any particular approach suits any particular child, young person or family member. It was also suggested that a 'hybrid' approach, with some people being present and others on-line could be a compromise that would work.

Some respondents sounded a particular note of caution and called for more reflection on what has and has not worked during the COVID-19 pandemic. This was sometimes associated with a concern that some practices might be retained primarily because they have proved cost effective.

### Examples of other adaptations

In addition to the frequent reports of a move to virtual meetings, there were also reports of other changes or developments in response to the COVID-19 crisis. These included:

- Developing local operational groups, which ensure support is available to those not known to statutory services. These were described as a positive development that has brought people together to meet needs and overcome barriers caused by COVID.
- Digital authentication of documents for Children's Hearings.
- Adding another layer of risk assessment at every level, including asking families further questions before visits, exploring safe care, issues around contact etc. This was described as helping to support the process of how professionals undertake home visits.

### Development of guidance

It was reported that sportscotland has worked with partners to develop and share a range of resources to ensure that the return to sport is as inclusive as possible. These include guidance around online coaching and on child wellbeing and protection considerations when delivering sport at a distance.

### Learning and post pandemic practice

While a number of respondents highlighted emerging evidence and experience around changing ways of working, the importance of considering any learning carefully, and carrying out the necessary analysis and research, was also raised.

As noted above, there was a call for more reflection on what has and has not worked during COVID-19, which was sometimes associated with a concern that some practices might be retained because they have proved cost effective. There was a concern that practice is often reactive, and even with the best intentions the needs of vulnerable children and young people are often overlooked. The associated suggestion was that current practice and procedures in relation to Covid-19 need to be kept under continuous review.

In terms of external sources for learning, there was reference to a recent research report by the Nuffield Family Justice Observatory, which identifies serious concerns about the impact of virtual meetings on parents and suggests that the disadvantages of holding case conferences virtually outweigh the advantages, especially for families taking part. A loss of relationship-based practice, lack of scope for reflection, concerns for parental safety, and difficulties in managing tensions were cited as concerns. However, it was also reported that research by Harry Ferguson et al highlights some of the positive aspects of child protection practice which has been adapted during the pandemic, and points towards the benefits of a hybrid approach to some aspects going forward.

There was also reference to a rapid learning report from the Royal College of Psychiatrists (Reimagining the future of paediatric care post-COVID-19: A reflective report of rapid learning from the Paediatrics 2040 project team), which details that utilisation of virtual platforms / audio-visual technology is an innovation that paediatricians want to take



forward into the future, but that putting appropriate guidelines and frameworks in place will be essential.

In terms of other issues to be explored, and learning to be reviewed, suggestions included:

- Understanding of the harms associated with COVID-19 and the associated restrictions.
- Ensuring robustness of processes in a digital environment. In particular, ensuring online safety for children and staff.

In relation to specific aspects of practice to be explored, suggestions included the shortened multi-agency assessment which has been in use in some parts of the country since March 2020.

It was suggested that this learning should inform any incorporation of adapted practice into the guidance. In assessing adapted practice, it was suggested that consideration should be given to whether the change of practice would have happened had it not been for the pandemic; if not, it will be important to be clear about why the practice would be retained. It was suggested that children's rights and the needs of families must be at the heart of those determinations, with families not coming second to bureaucratic procedure. Other comments included that it will be important to listen to, and consider, feedback from families.

### **Possible changes or additions to the guidance**

There were a small number of suggested changes to the draft guidance, including that the current section on *Learning from adapted practice during the Covid-19 pandemic* may well have to be extended as it provides only general information as opposed to any guidance.

In terms of the current coverage, other comments included that:

- It seems to focus on the legal implications of the pandemic and how this needed to be adapted.
- There is no reference to the additional child protection concerns that have arisen as a result of COVID-19, for example school closures and the impact on vulnerable or at risk children of being out of school for a number of months.

It was noted that the guidance will be in place for at least 5 years, and it was suggested, therefore, that there should be a shift away from a specific focus on COVID-19 to responding to a public health crisis. General emergency planning-related suggestions included:

- Adding a section entitled 'Contingency planning' in the event of a global pandemic or other emergencies which would have an impact on operational child protection practice.
- Adding live links to COVID-19 Supplementary guidance and consider the use of live links to future impacts or where contingency planning is required.

In terms of other possible changes to the guidance, suggestions included:

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- Adding examples of best practice in relation to how statutory services have engaged with vulnerable children during lockdown.
- Adding national examples of blended approaches to facilitating planning meetings for children.
- Adding more detail about supporting children and families to use technology safely, so when they are spending more time online learning and connecting with the outside world they are still fully protected.
- The Learning and Development section could mention the importance of virtual child protection training, and the need for all agencies to think creatively about their role in inter-agency training locally and nationally.
- Developing guides establishing the best way of using online video conferencing for IRDs.

## Further comments

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

Around 105 respondents made a comment at Question 14. Many of these comments addressed issues covered elsewhere within the analysis. The analysis presented below focuses on additional issues raised.

### Considering Complaints

One theme raised concerned complaints. The public body with a role in considering complaints about social work care, including matters of child protection, noted that relevant themes from their casework include:

- Failure to listen to and take the views of children into account.
- Failures to gather all relevant evidence and provide a clear rationale for key child protection decisions.

They welcomed the shift in tone and emphasis in the draft guidance to collaboration and transparency, the focus on children's rights and the recognition of the importance of learning. However, they also made suggestions for improvement including:

- Recognising the importance of actively encouraging the raising of concerns and the importance of being open to and learning from them would be welcome.
- Referring to the importance of seeking a resolution-focused and restorative approach when there has been conflict or a breakdown of relationships. This could be positively supported by reference to available resources, particularly from agencies such as Scottish Public Services Ombudsman (SPSO) and the Children and Young Person's Commissioner for Scotland.
- In the section on learning culture, reference learning from complaints when describing the range of mechanisms that should inform learning. It may also be appropriate to note that, to be completely successful in maintaining a learning culture, there is a need to provide appropriate support to staff when they are complained about.

Suggestions from other respondents included that:

- Child Protection Committees should adopt a robust complaints system incorporating a strict system of reparation when the Child Protection Committee's and associated agencies' involvement has resulted in significant harm to the family or child.
- The Scottish Government should consider overhauling the current complaints system operated by local authorities to make them more accountable to the public.

### Information sharing

The inclusion in the guidance of references to GDPR and the Data Protection Act 2018 (DPA 2018) was welcomed. However, it was noted that at the end of the UK's transition

period when exiting the EU, the GDPR was incorporated into UK data protection law as the 'UK GDPR' and this sits alongside the DPA 2018. This should be updated within the text of the guidance.

In their response, the public body whose role is to uphold information rights in the public interest (The Information Commissioner's Office), raised a range of specific points covering four areas in particular: the first principle of the UK GDPR (lawfulness, fairness and transparency); Privacy by Design and Default; the Data Sharing Code of Practice; and their new detailed right of access guidance. (Please note that their full response can be accessed on the Scottish Government's website).

### Impact Assessments

There were a small number of comments relating to impact assessments for the guidance. These included a query as to whether a Child Rights and Wellbeing Impact Assessment has been undertaken as part of the development of this guidance. If it has not, it was suggested that the assessment should be carried out as a matter of urgency.

It was noted that from an island authority perspective, it will be important to understand the conclusion of the Island Communities Impact Assessment. It was suggested that the strengthening of the understanding of rural practice will be crucial to ensuring the guidance has efficacy across Scotland, and not just in urban areas.

On a similar theme, it was suggested that the coverage of service delivery in rural areas could be strengthened. It was stressed that all children deserve a high standard of care and support, regardless of where they live, and there was a call for the guidance to make this clear.

### Other Issues

Respondents also highlighted a range of other issues which should be covered within the guidance. These included:

- **Staff support:** One of the gaps is an acknowledgment of the difficulties and stresses that working in child protection situations can place on staff - whether that is Social Work, specialist NHS staff and Police who deal with it daily or colleagues in other agencies who may only deal with it rarely. The importance of good support, opportunities for debriefs and a framework that helps staff to cope with what can be traumatic for them is very important. Support to staff who find themselves in Learning Review situations should also be acknowledged.
- **Training:** A lack of reference to training in the guidance, including supervision, was said to be a concern. It is critical that training is jointly delivered between health and social care staff to build collective knowledge, working relationships and understanding among professionals of the whole facet of impacts neglect and abuse can have on children.
- **Intention:** There is a need to revisit intention. It was felt that in many scenarios descriptions, such as 'sibling rivalry', are used to explain what might otherwise be termed abuse.

- **Children with learning disabilities:** Connected to intention (above), it was reported that the applicability of child protection guidance is not always clear when intent cannot be established. It was reported that often children are at risk because their parents are unable to meet their highly complex care needs. This includes risks associated with lack of awareness of common dangers, self-injury or aggression to others (including siblings). As there is not intentional neglect/harm, these needs tend not to fit into child protection frameworks and there can be high levels of ongoing risk and actual harm to the child and/or other siblings that are not picked up. In addition, suspicion of abuse is often not properly investigated due to children's communication difficulties.
- **Looked-after children:** There is a need for specific approaches for providing care and support to looked-after children, particularly when their situation has arisen as a result of abuse. There needs to be a clear set of guidance for mental health practitioners to support this group, including through Children's Hearings, to ensure that specialist support enables children and young people to recover as best as they can.
- **MAPPA:** MAPPA is only referred to as related to children who are at risk from perpetrators of sexual violence. There is no mention of young people who may be managed as part of a MAPPA process.
- **Role of independent advocacy:** The role of independent advocacy, including in supporting children and young people with formal child protection meetings, care experienced parents and care experienced individuals within child protection processes were all highlighted.
- **Independent Childrens Safeguarders:** Specific mention should be made of the role of Independent childrens safeguarders. They are distinct from the advocacy role which is mentioned and are appointed by the Sheriff or the Children's Hearing. They have a key role in the Children's Hearing system and often raise child protection concerns which have not been highlighted by other agencies or individuals.
- **Faith organisations:** The 2014 guidance made comment about faith organisations having employed professional staff to undertake child and adult protection (more commonly referred to as safeguarding work). This seems to have been lost in the update.
- **Safeguarding and sport:** Organisations sitting outside of the sport's governing body network do not have access to the same level of safeguarding support and over-sight and may have less robust safeguarding governance in place.
- **List of consultees:** The omission of some organisations from the consultation list, notably some religious groups such as the Salvation Army and the Church of Scotland along with some of the smaller support charities, was seen as surprising.

## Annex 1 - Organisations responding to the consultation

Aberdeen City Council  
Aberdeen City CPC  
Aberdeenshire Child Protection Committee  
Aberdeenshire Council Children's Social Work Service  
Aberlour  
Action For Children  
ADES  
Adoption and Fostering Alliance (AFA) Scotland  
Angus Child Protection Committee  
Argyll and Bute Child Protection Committee  
Barnardos Scotland  
Befriending Networks  
Care Inspectorate  
Carers Trust Scotland on behalf of the National Carer Organisations in Scotland  
CASWA  
CELCIS  
Child Poverty Action Group in Scotland  
Child Protection Committees Scotland  
Children 1st  
Children and Young People's Commissioner Scotland  
Children in Scotland  
Children's Health Scotland  
Children's Hearings Scotland  
Children's Hospices Across Scotland (CHAS)  
Children's services NHS Fife/Health &social Care Partnership  
Church of Scotland-Safeguarding Committee  
Clackmannanshire and Stirling Child Protection Committee and Falkirk Child Protection Committee.  
Comhairle Nan Eilean Siar  
Connect  
Convention of Scottish Local Authorities (COSLA)  
Dumfries & Galloway Public Protection Committee  
Dundee City Child Protection Committee  
East and Midlothian Public Protection Committee  
East Ayrshire Child Protection Committee  
East Dunbartonshire CPC  
East Renfrewshire Child Protection Committee  
Edinburgh ADP  
Edinburgh Child Protection Committee  
Edinburgh Napier University Social Work Team  
Edinburgh Young Carers  
Education Scotland  
Enable Scotland  
Families Outside  
Family Nurse Partnership  
Family Nurse Partnership , Dumfries and Galloway.  
Fettes College  
Fife Child Protection Committee  
Fife Council

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Forensic Network MAPPA Health Group  
General Medical Council  
Glasgow Health and Social Care Partnership (joint response developed in collaboration with Glasgow Child Protection Committee)  
Healthcare Improvement Scotland  
Her Majesty's Inspectorate of Constabulary in Scotland (HMICS)  
Highland Child Protection Committee  
Includem  
National Day Nurseries Association  
National Deaf Children's Society  
National Family Group Decision Making Steering Group  
National Joint Investigative Interviewing Project  
National Parent Forum of Scotland  
NHS Education for Scotland  
NHS Education for Scotland - NMAHP  
NHS Grampian  
NHS Highland  
NHS Lanarkshire  
NHS Lothian  
NHS Tayside  
North Ayrshire Child Protection Committee (including contributions from North Ayrshire Alcohol and Drug Partnership, North Ayrshire Violence Against Women Partnership and North Ayrshire Adult Support and Protection Committee)  
North Lanarkshire Child Protection Committee  
NSPCC Scotland  
Nursing and Midwifery Council (NMC)  
Operation Encompass  
Orkney Island Public Protection Committee  
Outer Hebrides Child Protection Committee  
Parenting across Scotland  
Perth & Kinross Council, Education and Children's Services  
Perth and Kinross Child Protection Committee (CPC)  
Police Scotland  
Police Service of Scotland  
Renfrewshire Child Protection Committee  
RNIB Scotland (Royal National Institute of Blind People)  
Royal College of Midwives  
Royal College of Paediatrics and Child Health  
Royal College of Psychiatrists in Scotland  
Royal College of Speech and Language Therapists (Scotland)  
Sacro  
Scottish Ambulance Service  
Scottish Archery Association  
Scottish Association of Social Work  
Scottish Borders Public Protection Committee  
Scottish Commission for People with Learning Disabilities  
Scottish Council of Independent Schools  
Scottish Episcopal Church  
Scottish Football Association  
Scottish Nursing Leadership for Child Protection  
Scottish Public Services Ombudsman  
Scottish Target Shooting

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Scottish Women's Aid  
Scottish Women's Convention  
Shared Parenting Scotland  
Shetland Public Protection Committee (SPPC)  
Social Work Scotland  
South Ayrshire Child Protection Committee  
South Lanarkshire Health and Social Care Partnership  
South Sector C&F  
South West Grid for Learning Trust  
sportscotland  
St George's School for Girls, Edinburgh  
St Margaret's RC Primary School, Montrose  
Stirling Council  
Stop It Now! Scotland  
The British Horse Society (Scotland)  
The Health and Social Care Alliance Scotland (the ALLIANCE)  
The Information Commissioner's Office  
The Safe & Together Institute  
The Scottish Children's Reporter Administration  
The Scottish Social Services Council  
The University of Edinburgh, School of Social Work  
West Dunbartonshire Council  
West Lothian Child Protection Committee  
Who Cares? Scotland  
WOS Regional Planning (WOS Child Protection MCN)  
Zero Tolerance



## Annex B: Scottish Government Response to the Consultation

**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?

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.

**Summary of key themes from analysis report:** The guidance was described as comprehensive and thorough, but this inevitably means it is a long and relatively complex document. Online publication, including the use of hyperlinks, will help readers navigate the document and developing tailored/accessible versions for key groups – such as children and families – will be important.

It was suggested that the guidance is likely to be a helpful source document for partnerships when shaping their local guidance. However, there was also a concern that the intended audience is not clear and that it is a mixture of strategic and operational guidance. Meeting the needs of a very wide audience was acknowledged as challenging, including because it may mean that the document cannot be too specific or prescriptive.

**Scottish Government response:** Our aim is to make the National Guidance as accessible as possible. The Guidance will be web-based, published on the Scottish Government website in HTML, as a PDF, and as a PageFlip document. These formats will give users an option for how they engage with the Guidance. It will be navigable, searchable, and mobile friendly. Hyperlinks will be included throughout the Guidance to connect different sections, and to link to external resources. The Guidance will be updated, where required, to ensure that it is current with legislative, policy and practice developments. The Scottish Government is committed to a regular review of the Guidance.

The Guidance underpins local multi-agency child protection procedures, guidance and training which will need to be updated as result of the revision. Practitioners in particular roles in every area will need to engage with the detail of the full guidance to consider where local adaptations are required. There will be a need for adaptation and change of local guidance, procedures and practice to align with the revised national guidance and then subsequently implement those adaptations and changes. Child Protection Committees, supported by Child Protection Committees Scotland, the Scottish Government and a range of other partners will lead this work on implementation and adaptation.

The Scottish Government acknowledges that there is a strong appetite for a document that is accessible to children and families, and that explains the key aspects of protective responses. Following publication, an early action will be to co-produce a “Guide to the Guidance” for children and families. This will include engaging with children and families to find out what they would find to be most useful.

The audience of the Guidance is broad. It describes the responsibilities and expectations for all involved in protecting children in Scotland, and states that everyone has a role in protecting children from harm. It seeks to balance our aspirations and direction of travel whilst providing practitioners with what they need to do their jobs in the current context.

**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?

b) If so please provide further details.

**Summary of key themes from analysis report:** Overall, it was felt that the legislation section provides a comprehensive framework of developing local practice and that the coverage of policy themes is robust and thorough. Themes which respondents thought could be given more prominence included The Promise, The United Nations Convention on the Rights of the Child (UNCRC), transitions to adult services and the role of Education Services. It was noted that the Guidance, and in particular the coverage of policy and legislation, will need to be kept up to date in order to remain relevant and at its most useful.

**Scottish Government response:** We have engaged directly with some respondents to better understand their views and reflect them in the final Guidance. Some text, including the role of Education in Part 2A, has been reordered or strengthened to give greater prominence where appropriate.

We have also engaged with The Promise Scotland who have helped to ensure that links with The Promise are well embedded throughout the Guidance and that language in relation to voice, workforce supervision and poverty have been strengthened. We have incorporated suggestions from the Children and Young People's Commissioner to further strengthen the focus on rights, relationships, collaboration and support for families, building on strengths. A new graphic in Part 1 has been included which pulls these themes together.

The Guidance now gives greater prominence to the direction of travel, reiterating our commitment to the ambitions of The Promise and other strategic developments whilst ensuring that it is aligned with the current context that practitioners work in.

A supporting narrative has been developed for use in wider communications around the launch of the revised Guidance which is intended to reiterate the commitment to the Promise vision and set out how our approach to child protection in Scotland aligns with and supports strategic developments. The narrative is available as a supporting document on the Guidance website.

The Scottish Government is committed to a regular review of the Guidance to ensure that it is current with legislative, policy and practice developments.

**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?

b) Please explain your answer.

**Summary of key themes from analysis report:** Respondents generally thought that the revised guidance is fully integrated with the language and core components of the Getting it right for every child (GIRFEC) practice model. It was suggested that the integration of GIRFEC emphasises that the support and protection of children is part of a continuum, allowing the ‘right help at the right time’, but that there could be greater clarity on the named person. It was noted that GIRFEC is due to be refreshed, and there were queries as to how this will impact on the guidance, both in terms of the relative timelines for publication and how the revised GIRFEC will be included and reflected in the guidance.

**Scottish Government response:** Following a break due to COVID-19, work on the co-production of refreshed GIRFEC policy, statutory and practice guidance has restarted and will be published in 2021. These will reflect the role of GIRFEC in keeping with The Promise, UNCRC incorporation and learning from the COVID-19 pandemic. The materials will include an information Sharing Charter and practice guidance to provide clarity to organisations on the appropriate circumstances and considerations regarding sharing information with partners. These will be aligned with the revised National Guidance for Child Protection in Scotland.

We have worked with Scottish Government GIRFEC policy leads and legal directorate colleagues to revise the sections on named person and information sharing. Wording on named person has been revised to provide clarity about the non-statutory status of the role without undermining the intentions of this function.

The supporting narrative reiterates our commitment to delivering transformational change in the way that children are supported and protected. The National Guidance sets protection of children from significant harm from abuse, neglect, exploitation and violence within a continuum of proportionate, rights-based response to support families and prevent harm. We are making progress but have more to do to improve our approach to family support, and improve child protection investigation, assessment and planning.

**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?

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

**Summary of key themes from analysis report:** The guidance seeks to accurately and proportionately describe the practice and processes critical to the protection of children. Many of the general comments acknowledged the prescriptive nature of the relevant

sections of the guidance. Although some felt this will support consistency in practice across Scotland, there was also a concern that maintaining local flexibility, and reflecting the contextual differences in various areas, may be challenging.

There was an acknowledgment that child protection work can leave children and families feeling disempowered; ensuring they are at the centre is a challenge for all partners. The inclusion of a distinct section on the principles of involving children and families in child protection processes was therefore welcomed. However, it was felt that the guidance could do more to ensure that the experiences, needs and 'voice' of children and families are integrated into the Initial Referral Discussion (IRD) process in particular.

**Scottish Government response:** With regards to implementation of the Guidance, we recognise that there should be a balance between national consistency and local flexibility. Of fundamental importance is that all children should have their rights to support and protection upheld, and should be able to expect a consistent standard of support and protection irrespective of where they live. We have discussed this with the Children and Young People's Commissioner's Office and the National Child Protection Leadership Group. There is agreement that there should be an appropriate level of top-down prescription of minimum standards so that every child in Scotland can expect a consistent experience, while allowing a degree of local variability in implementation of those standards. There should be a clear articulation between local and national guidance with local areas able to describe the reasons for divergent arrangements or practice.

The Guidance acknowledges that in rural and island areas, access to assessment and support services may be reduced, and therefore child protection structures may require tailored adaptation. The Guidance provides clarity on shared responsibilities and standards across diverse structures, and provides prompts for consideration of specific rural and island challenges in various contexts.

The Guidance advocates an approach that is rights-based, collaborative, has a focus on relationships and support for families, and seeks to build on strengths. The voices and experience of children and families have been integrated throughout the Guidance.

A Children's Rights and Wellbeing Impact Assessment (CRWIA) and an Island Communities Impact Assessment (ICIA) have been undertaken and published alongside the Guidance.

A set of practice insights have been developed by practitioners, service managers and academics on some specific topics. The experience of children and families is integrated directly in some and indirectly in all. The practice insights provide practitioners with additional detail and links to research, and are intended to:

- illustrate and explain key practice considerations
- offer a resource, in the form of windows on positive practice
- prompt reflection, by providing perspectives from specific services
- signpost selected sources that support practice development

This includes a practice insight on 'Inter-agency Referral Discussion (IRD) and progression to Joint Investigative Interview (JII)', which emphasises the direct correlation between a child's participation in a JII and the core principles of UNCRC, notably the child's right to express their views as formulated in Article 12. The practice insight outlines indicators of positive practice for IRDs and each stage of the JII process.

There are a further two practice insights on child participation and engagement: 'Child participation: sharing a child's protection plan with a child' which is about making a child protection plan meaningful to a child; and 'Participation and engagement' which shares the views of children and adults with lived experience of child protection processes in relation to decision-making and planning, and keeping children safe.

**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?

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

**Summary of key themes from analysis report:** A new section provides advice about child protection assessment practice. Many respondents welcomed the guidance on assessment, finding it comprehensive, clear and easy to understand. Some respondents commented that there could be greater clarity on incorporating the UNCRC into assessment in practice. It was also suggested that there should be reference to models of assessment practice other than those presented, to avoid those included in the guidance being seen as the preferred model.

The inclusion throughout the guidance of information on trauma-informed approaches was welcomed. However, it was noted that the trauma references could be more specific to assessment and could be strengthened.

**Scottish Government response:** References to UNCRC have been threaded throughout the Guidance. Following the consultation, we have repositioned or augmented phrasing to further strengthen the focus on rights.

In Part 2B we make it clear that the specific models of assessment practice are examples, and that there are a range of approaches. The Guidance does not advocate the use of any specific approach. However, it does state that "Effective engagement to reduce risk is more likely within approaches which stress respectful and rights-based communication with children and families, build upon strengths that have been evidenced, address need and risk, and work with the interaction of relationships and factors in the child's world."

Reference to trauma-informed approach are included throughout the core guidance and in some of the practice insights, including links to literature and resources should practitioners want to find out more.

**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?



b) Please provide additional comments.

**Summary of key themes from analysis report:** There was a concern that the IRD and Joint Investigative Interviewing processes set out are prescriptive and that this could present challenges for some local areas. A connected suggestion was that the potential for local variations should be acknowledged through the inclusion of a statement that Child Protection Committees, and their constituent members, will be accountable for the adoption (or not) of the processes.

The importance of relationships between practitioners and families, along with person-centred risk management that keeps children safe and promotes their wellbeing, was highlighted; it was suggested that this could be more clearly acknowledged within the Guidance. It was also suggested that there could be greater emphasis on a strengths-based approach, as the biggest influence on the protection of children.

**Scottish Government response:** The aim is that every child in Scotland should receive a consistent experience while allowing a degree of local variability in how those standards are implemented. The National Child Protection Leadership Group has agreed that there should be a clear articulation between local and national guidance with local areas able to describe the reasons for divergent arrangements or practice.

The Guidance emphasises a child-centred approach throughout, and the importance of relationships between practitioners, families and children. Included in the introduction are expectations from children and parents who may be involved in child protection processes. In addition to a strong focus throughout on the rights of children, the Guidance also emphasises the rights and responsibilities of parents.

It locates child protection within the continuum of Getting it right for every child. In doing so, it recognises that the level of risk a child is exposed to can shift, often rapidly, as circumstances change or information emerges. The GIRFEC approach promotes and supports planning for services to be provided in the way which best safeguards, supports and promotes the wellbeing of children, and ensures that any action to meet needs is taken at the earliest appropriate time to prevent acute needs arising.

We have incorporated suggestions from the Children and Young People's Commissioner to further strengthen the focus on rights, relationships, collaboration and support for families, building on strengths. An additional graphic has been added to Part 1 which draws on the work of the Children and Families Collective Leadership Group, The Promise, and is bounded by core considerations of UNCRC. It pulls together theme of GIRFEC, UNCRC, The Promise and family support that exists throughout the Guidance.

There is a section in Part 2B which provides examples of strength-based approaches which could be used in collaborative assessment and planning.

**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?

**Summary of key themes from analysis report:** The integration of health guidance into the revised child protection guidance was generally welcomed, including because the approach acknowledges the key role of health professionals, widens the audience for the guidance and supports multi-agency working. The recognition of health professionals as full partners in the IRD process was also welcomed. However, some respondents questioned whether incorporating the health guidance into the wider child protection guidance may make it harder for health professionals to access the information they require, and which is most relevant to them.

**Scottish Government response:**

Purpose for incorporating the health guidance

A network of health advisers have given advice with regard to the integration of the health guidance. The Guidance has been strengthened in relation to the role, function and contribution of health staff/designated services to child protection processes. This underlines the multi-agency nature of child protection across statutory and non-statutory partners with health (and education) having an equal status alongside social work and police who have statutory responsibilities in particular circumstances.

Membership of the Guidance implementation steering group will include representatives from health. Leaders, managers, and practitioners in health will need to engage with the full Guidance in order to consider how their guidance, procedures and practice will need to be adapted and changed.

The Guidance will be web-based, published on the Scottish Government website in HTML, as a PDF, and as a PageFlip document. These formats will give users an option for how they engage with the Guidance. It will be navigable, searchable, and mobile friendly. Hyperlinks will be included throughout the guidance to connect different sections, and to link to external resources.

Work is also underway to more effectively and consistently support health staff in the protection of children. This involves the development of a national education and learning strategy in partnership with NHS Education for Scotland, and the development and implementation of an NHS Scotland policy for child protection, incorporating an accountability framework for Health Boards Work which will support NHS Chief Executives in assuring themselves of the adequacy of their child and adult protection arrangements.

**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?

b) Please provide additional comments.

And

**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?

**Summary of key themes from analysis report:** A broad and overarching theme highlighted by a number of respondents was that any definition and coverage of neglect should not infer the fault of parents and/or carers. Further comments included that it is vital that an intersectional lens is applied to any definition and where systemic stressors occur, neglect should not be defined as abuse. It was also noted that there are varying definitions of neglect across the guidance, but that a consistent definition/description would be preferable.

It was noted that the word ‘neglect’ is often referenced alongside abuse, and there was a concern that this could 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. The importance of focusing on harm, or risk of harm, experienced by the child, irrespective of the motive of the parents or carers and the associated stressors affecting the family, was also highlighted. However, it was acknowledged that the response within a child protection plan will vary depending on the contextual circumstances.

**Scottish Government response:** We have changed the wording to add a clear message that there is no assumed link between poverty and neglect. The importance of assessing the impact of all structural factors has been reiterated and we have incorporated text from The Promise in relation to poverty exacerbating stresses and risks on the advice of The Promise Scotland.

The definition of neglect has been made consistent throughout the Guidance.

To emphasise this and match the structure of Part 4, the title has been changed from “Specific areas of concern” to “Areas of need and specific concern.”

Two practice insights on neglect have been developed: ‘Identifying and addressing neglect: applying the Graded Care Profile’ and ‘Addressing Neglect and Enhancing Wellbeing (ANEW).’

**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?

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

**Summary of key themes from analysis report:** The inclusion of a section on pre-birth assessment and support was generally welcomed, although it was also suggested that there needs to be a clear focus on pre-birth support throughout the Guidance. There was particular support for the focus on earlier intervention, including that a pre-birth meeting



should be held as soon as possible. However, there was also a call for some flexibility to enable well-established, and positively inspected, local practices to continue.

A number of respondents addressed the timing and timescales of different aspects of practice, including in relation to IRDs. A general observation was that the timescales set out within this section require further consultation and clarification. Other comments included that the role of the father could be strengthened.

**Scottish Government response:** The aim is that every child in Scotland should receive a consistent experience while allowing a degree of local variability in how those standards are implemented. The National Child Protection Leadership Group has agreed that there should be a clear articulation between local and national guidance with local areas able to describe the reasons for divergent arrangements or practice.

The Guidance includes reference to pre-birth assessment and support in Part 4, but also throughout. It states that IRDs must be convened as soon as reasonably practicable, and that they should be carried out on unborn babies that may be exposed to current or future risk. Following further consultation, it was agreed that **28 working days** between an IRD and a Child Protection Planning Meeting is too long. The Guidance has been updated to state that it should be 28 calendar days

A practice insight, 'Pre-birth assessment, early support and planning', has been developed. It draws on learning from evaluation of an inter-agency approach to pre-birth support, and on the experience of a multi-disciplinary early years assessment team. While such teams may not be consistently available, the principles of early, proportionate and collaborative inter-agency support are broadly relevant. The practice note should be read with reference to the section on pre-birth assessment and support in the Guidance.

#### **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?
- 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.

**Summary of key themes from analysis report:** Part 4 of the Guidance covers specific concerns, circumstances, forms of abuse and neglect, and signposts further resources. Part 4 was described as useful, helpful or accessible, and the comprehensive set of issues covered was welcomed. However, there was also a concern that there could be a risk that practitioners focus on the information in Part 4 and inadvertently overlook valuable information in earlier sections.

Further comments included that the section on protecting children with disabilities should be set more clearly within a children's rights framework, and that the section on domestic abuse should set out the principles of Safe and Together. This latter point echoed other comments that the coverage of domestic abuse is insufficient across the guidance. There was a particular concern that the principle of partnering with the non-abusive parent has not been embedded.

There were also suggestions for other specific concerns that should be included within Part 4 (or possibly elsewhere across the guidance). Transitions was a frequently raised issue, and it was suggested that Part 4 may be a suitable place to include a section with a specific focus on this issue. Groups that respondents suggested should be covered included young carers and children (in families) with no recourse to public funds.

**Scottish Government response:** Parts 1, 2A, 2B and 3 are clearly titled and hyperlinked so that those using the document know what each Part includes and can navigate to them. The introduction to Part 4 includes a brief recap of what practitioners can find in Parts 2B and 3. There are hyperlinks throughout the document which link to different sections. Due to the length of the Guidance, it is not possible to reiterate information from previous parts in Part 4.

During the implementation stage, local areas will be considering how to adapt and change local guidance, procedures and practice to align with the revised National Guidance. In doing so, they may choose to structure their local guidance in a way that will suit their needs.

We have incorporated suggestions from the Children and Young People's Commissioner to further strengthen the focus on rights, relationships, collaboration and support for families, building on strengths.

The rights of disabled children are emphasised in the section on *Protection of disabled children* in Part 4. In addition, two practice insights have been developed by practitioners: 'Disabled children and child protection investigative interviews' and 'Child protection in transitions to adult life and services for disabled children.'

There is reference to transitions throughout the Guidance, recognising that periods of transition can result in heightened risk. The Guidance advocates for the need to ensure sufficient planning, continuity and consistency of support. In addition to the practice insight on transitions, a section is included in Part 4 of the Guidance on Protection in transitional phases.

The section on domestic abuse in Part 4 contains the principles of Safe and Together, including that of partnering with the non-abusive parent. Additional information and resources are available in the practice insight, 'Domestic abuse informed practice in child protection.' It is focussed on the Safe and Together Model and the Caledonian System, highlighting aspects of domestic abuse informed practice in protection of children.

**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?
- b) Please explain your answer.

**Summary of key themes from analysis report:** Many respondents agreed 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 the guidance. It was noted that a multi-agency approach will be pivotal to the successful implementation of the guidance. However, there was a concern that the guidance does not provide a clear outline or intention of the role of Scottish Government in respect of child protection. There was also a concern that the non-statutory status of the guidance could lead to variation in how agencies engage with it.

**Scottish Government response:** The National Guidance underpins local multi-agency child protection procedures, guidance and training which will need to be updated as result of the revision. Planning for adaptation and implementation is being informed by the public consultation and engagement events with Child Protection Committees and practitioners; a Child Protection Committees Scotland scoping exercise and initial discussions with statutory partners, the National Guidance Steering Group and the National Child Protection Leadership Group.

Following publication of the guidance, local areas will begin the work of considering how to adapt and change local guidance, procedures and practice to align with the revised National Guidance and then subsequently implement those adaptations and changes. Child Protection Committees, supported by Child Protection Committees Scotland, the Scottish Government and a range of other partners will lead this work on implementation and adaptation.

We have established a small implementation steering group to undertake detailed implementation planning as local areas engage with the guidance and a fuller picture of support needs for practitioners, managers and leaders emerges. This group will consider the appropriate balance between national supports where common needs are identified and developments that are taken forward at local or regional level through adaptation or augmentation of existing structures or programmes. Consideration of local resourcing requirements will be an early focus for this group.

There is variation across the country in the scale of change required – for some there will be only small scale adaptations to existing practice and for others more significant change over a longer period.

The aim is that every child in Scotland should receive a consistent experience while allowing a degree of local variability in how those standards are implemented. The National Child Protection Leadership Group has agreed that there should be a clear articulation between local and national guidance with local areas able to describe the reasons for divergent arrangements or practice.

**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?

b) Please provide further information

**Summary of key themes from analysis report:** There were frequent reports that the COVID-19 pandemic has led to new ways of working and has accelerated changes to ways of meeting and communicating in particular. It will be important to consider which of those changes have been positive and led to more flexible and potentially efficient

working. The consensus was that at least some of the practice changes – especially in relation to remote meetings – should continue post-pandemic.

Remote IRDs were generally reported to have been particularly successful, with increased attendance rates from across a range of key agencies. Children, young people, and families have often found online engagement to be less stressful and a preferred way of taking part. However, it is not right for everyone, and the needs of individuals will always need to be considered. Blended approaches are likely to be needed going forward.

**Scottish Government response:** A range of innovative practice emerged across local areas during the pandemic, as the Guidance was being revised. The Guidance includes a section in Part 3 on Learning from adapted practice during the COVID-19 pandemic. It highlights the necessity during the pandemic to consider the decision to place a child on the child protection register through multi-agency consensus rather than through a face to face meeting, perhaps at IRD, and how that practice may be sustained post-pandemic.

The Guidance links to the COVID-19 Supplementary National Child Protection Guidance which was first published on 31 March 2020 and has subsequently been updated to reflect changes to guidance, practice and legislation during the pandemic. The supplementary guidance outlines relevant expectations and adaptations, and is still in place to support leaders, managers, and practitioners. It remains under review and will be updated as necessary.

Included in Part 4 of the National Guidance is a section on Child protection in the context of disasters and public emergencies, of which the COVID-19 pandemic is an example. The Guidance emphasises importance of good professional judgement, based on assessment and evidence, informed by the perspectives of the team around the child, including the child and family.

The child protection system was able to flex in several ways to accommodate the crisis, and there was a high level of cooperation. Local areas will continue to share best practice via CPC Scotland and evaluate what adaptations have worked well and should continue. Consideration of which practice changes should continue post-pandemic may be considered in local areas as they review and adapt their local guidance as part of the implementation of the National Guidance. The Scottish Government is committed to a regular review of the Guidance to ensure that it is current with legislative, policy and practice. Best practice that becomes embedded may be included in future iterations of the Guidance.

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

**Summary of key themes from analysis report:**

Around 105 respondents made a comment at Question 14. Many of these comments addressed issues covered elsewhere within the analysis. The analysis presented below focuses on additional issues raised.

Considering Complaints

One theme raised concerned complaints. The public body with a role in considering complaints about social work care, including matters of child protection, noted that relevant themes from their casework include:

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- Failure to listen to and take the views of children into account.
- Failures to gather all relevant evidence and provide a clear rationale for key child protection decisions.

They welcomed the shift in tone and emphasis in the draft guidance to collaboration and transparency, the focus on children's rights and the recognition of the importance of learning. However, they also made suggestions for improvement including:

- Recognising the importance of actively encouraging the raising of concerns and the importance of being open to and learning from them would be welcome.
- Referring to the importance of seeking a resolution-focused and restorative approach when there has been conflict or a breakdown of relationships. This could be positively supported by reference to available resources, particularly from agencies such as Scottish Public Services Ombudsman (SPSO) and the Children and Young Person's Commissioner for Scotland.
- In the section on learning culture, reference learning from complaints when describing the range of mechanisms that should inform learning. It may also be appropriate to note that, to be completely successful in maintaining a learning culture, there is a need to provide appropriate support to staff when they are complained about.

Suggestions from other respondents included that:

- Child Protection Committees should adopt a robust complaints system incorporating a strict system of reparation when the Child Protection Committee's and associated agencies' involvement has resulted in significant harm to the family or child.
- The Scottish Government should consider overhauling the current complaints system operated by local authorities to make them more accountable to the public.

### Information sharing

The inclusion in the guidance of references to GDPR and the Data Protection Act 2018 (DPA 2018) was welcomed. However, it was noted that at the end of the UK's transition period when exiting the EU, the GDPR was incorporated into UK data protection law as the 'UK GDPR' and this sits alongside the DPA 2018. This should be updated within the text of the guidance.

In their response, the public body whose role is to uphold information rights in the public interest (The Information Commissioner's Office), raised a range of specific points covering four areas in particular: the first principle of the UK GDPR (lawfulness, fairness and transparency); Privacy by Design and Default; the Data Sharing Code of Practice; and their new detailed right of access guidance. (Please note that their full response can be accessed on the Scottish Government's website).

### Impact Assessments

There were a small number of comments relating to impact assessments for the Guidance. These included a query as to whether a Child Rights and Wellbeing Impact Assessment has been undertaken as part of the development of this guidance. If it has not, it was suggested that the assessment should be carried out as a matter of urgency.

It was noted that from an island authority perspective, it will be important to understand the conclusion of the Island Communities Impact Assessment. It was suggested that the

strengthening of the understanding of rural practice will be crucial to ensuring the guidance has efficacy across Scotland, and not just in urban areas.

On a similar theme, it was suggested that the coverage of service delivery in rural areas could be strengthened. It was stressed that all children deserve a high standard of care and support, regardless of where they live, and there was a call for the guidance to make this clear.

### Other Issues

Respondents also highlighted a range of other issues which should be covered within the guidance. These included:

- **Staff support:** One of the gaps is an acknowledgment of the difficulties and stresses that working in child protection situations can place on staff - whether that is Social Work, specialist NHS staff and Police who deal with it daily or colleagues in other agencies who may only deal with it rarely. The importance of good support, opportunities for debriefs and a framework that helps staff to cope with what can be traumatic for them is very important. Support to staff who find themselves in Learning Review situations should also be acknowledged.
- **Training:** A lack of reference to training in the guidance, including supervision, was said to be a concern. It is critical that training is jointly delivered between health and social care staff to build collective knowledge, working relationships and understanding among professionals of the whole facet of impacts neglect and abuse can have on children.
- **Intention:** There is a need to revisit intention. It was felt that in many scenarios descriptions, such as 'sibling rivalry', are used to explain what might otherwise be termed abuse.
- **Children with learning disabilities:** Connected to intention (above), it was reported that the applicability of child protection guidance is not always clear when intent cannot be established. It was reported that often children are at risk because their parents are unable to meet their highly complex care needs. This includes risks associated with lack of awareness of common dangers, self-injury or aggression to others (including siblings). As there is not intentional neglect/harm, these needs tend not to fit into child protection frameworks and there can be high levels of ongoing risk and actual harm to the child and/or other siblings that are not picked up. In addition, suspicion of abuse is often not properly investigated due to children's communication difficulties.
- **Looked-after children:** There is a need for specific approaches for providing care and support to looked-after children, particularly when their situation has arisen as a result of abuse. There needs to be a clear set of guidance for mental health practitioners to support this group, including through Children's Hearings, to ensure that specialist support enables children and young people to recover as best as they can.
- **MAPPA:** MAPPA is only referred to as related to children who are at risk from perpetrators of sexual violence. There is no mention of young people who may be managed as part of a MAPPA process.
- **Role of independent advocacy:** The role of independent advocacy, including in supporting children and young people with formal child protection meetings, care experienced parents and care experienced individuals within child protection processes were all highlighted.
- **Independent Children's Safeguarders:** Specific mention should be made of the role of Independent children's safeguarders. They are distinct from the



advocacy role which is mentioned and are appointed by the Sheriff or the Children's Hearing. They have a key role in the Children's Hearing system and often raise child protection concerns which have not been highlighted by other agencies or individuals.

- **Faith organisations:** The 2014 guidance made comment about faith organisations having employed professional staff to undertake child and adult protection (more commonly referred to as safeguarding work). This seems to have been lost in the update.
- **Safeguarding and sport:** Organisations sitting outside of the sport's governing body network do not have access to the same level of safeguarding support and over-sight and may have less robust safeguarding governance in place.

#### List of consultees:

The omission of some organisations from the consultation list, notably some religious groups such as the Salvation Army and the Church of Scotland along with some of the smaller support charities, was seen as surprising.

#### **Scottish Government response:**

##### Considering complaints

In Part 2A, phrasing has been altered on the role of the Children and Young People's Commissioner and text has been added with regards to the Scottish Public Services Ombudsman. Text has also been added in Part 2B regarding openness to learning from complaints.

##### Information sharing

We have added some additional information into the section on information sharing in Part 1:

- To reflect the need to record the legal basis for information sharing
- To reflect the justifications for sharing of special category for individuals above and below age 18
- Additional sentence in relation to when seeking consent is not appropriate
- Included references to ICO Guidance on the criteria for sharing special category information

##### Impact assessments

The following initial assessments have been undertaken and will be published alongside the Guidance:

- Children's Rights and Wellbeing Impact Assessment
- Equality Impact Assessment
- Business and Regulatory Impact Assessment
- Islands Communities Impact Assessment
- Data Protection Impact Assessment
- Fairer Scotland Duty screening

We will continue to review and update these impact assessments where required during the implementation of the guidance.

The aim is that every child in Scotland should receive a consistent experience while allowing a degree of local variability in how those standards are implemented. Consideration of resourcing will be included in planning for implementation, and work is being done across Scottish Government, with input from the Children and Families

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Collective Leadership Group, and the National Child Protection Leadership Group, to look at resourcing requirements with regards to the implementation of The Promise, incorporation of UNCRC, the GIRFEC refresh, strengthening of family support, and implementation of the Guidance.

### Other issues

These issues were taken into consideration when engaging with stakeholders to finalise the Guidance. For example, with regards to safeguarding in sport, additional sentences have been included in the section on 'Sport organisations and clubs' in Part 2A: "As in other activities and contexts, abuse of trust can occur in sport of all kinds and at all levels . Those responsible for the organisation of activities, regulated or otherwise, should ensure that safeguarding is integral to practice in recruitment, training and oversight of staff and volunteers; and that children know how and with whom they can voice questions and concern."

Revised National Guidance on MAPPA is due to be published in 2021. There is a section on MAPPA in Part 2A, including reference to children and young people who offend.

The Guidance references support for staff, including supervision, and training in Parts 1, 2A, 2B and 3. The development and delivery of training is a function of Child Protection Committees in their continuous improvement function. Consideration of staff support and training will be included in the planning and implementation of the Guidance.





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