



## Implementation of National Guidance for Child Protection in Scotland 2021 – Updated 2023

### Briefing 2

#### Introduction

Thank you for your support and continued commitment to the roll out of the new [National Guidance for Child Protection in Scotland 2021 \(updated in 2023\)](#).

On the 25<sup>th</sup> September 2023 we began to raise Pre-birth IRDs. Weekly IRD meetings are held to discuss all Pre-birth IRD cases. To date we have raised 16 Pre-birth IRDs.

We want to reassure you that while the new guidance brings change to aspects of our current processes and practice, many aspects of the new guidance remain the same as the 2014 guidance and are highlighted below.

#### Points to consider from pre-birth IRDs:

- The National Guidance for Child Protection in Scotland 2021 (updated in 2023) does not provide a definition for significant harm; however it refers to serious interruption, change or damage to a child's physical, emotional, intellectual, or behavioural health and development. Professional judgement and assessment is therefore needed around the severity and immediacy of the risk of harm to unborn babies.
- Where the threshold for risk of significant harm does not appear to be met but there are still concerns around vulnerabilities then the option to submit a Notification of Child Concern to the Social Work Contact Centre remains the same.
- IRDs will be raised by a core agency (Health, Social Work, Police). The majority of Pre-birth IRDs to date have been submitted by Midwifery.
- On receipt of an IRD core agencies will promptly gather information in relation to relevant persons, as any agency may hold information that could escalate risk, reduce risk and inform what action any agency needs to take to safeguard the unborn baby.
- The Pre-birth IRD should record a decision of single or multi-agency assessment and whether a Child Protection Planning Meeting (CPPM) is or is not required.
- If the decision is that the threshold for a CPPM has been met, then a safety plan must be agreed, recorded on the IRD and shared with those named in the safety plan.
- The IRD should name the Lead Professional, if applicable.
- An IRD is closed when a decision is reached about whether CPPM is required or is not required. A CPPM should follow within **28 calendar days** of the concern (IRD) being raised. In practice this is the date that the IRD is shared with partners. To note, the original 7-minute briefing for CPPM indicates 28 working days. This is an error, and an updated 7-minute briefing document is attached below.
- Pre-birth CPPMs should take place within 28 weeks of gestation, although it is accepted that in late presentation of pregnancy this may not be possible, and the timescale reverts to always within 28 days of the concern being raised.
- Pre-birth assessment can begin whenever pregnancy is confirmed, and where there is a risk of significant harm it should begin as soon as possible. The assessment should be multi-disciplinary and co-ordinated by a Social Worker as Lead Professional.

All practitioners should continue to contact their line manager or agency lead for further guidance on aspect of the new guidance.

### **What is staying the same with the guidance?**

- The IRD referral process will remain the same with IRDs being raised by core agencies including social work, police and health. IRDs were previously submitted by Paediatricians in health but this will be extended to other health professionals and any concerns can be raised to the health CP Team. Other services should continue to raise concerns to core agencies in line with their own child protection guidelines.
- Child Protection Case Conferences are now known as Child Protection Planning Meetings (CPPM). Although there has been a change to the name of the meeting, in essence the practice remains the same.
- When a child protection concern has been identified, services should continue to share information that is relevant, necessary, proportionate and legal. There is emphasis on recording what information is shared, who with and the rationale for doing so.
- The role of lead professional and the named person for a child remains unchanged.

### **What next:**

The next stage of implementation focuses on the introduction of an IRD for Care and Risk Management (CARM) cases. We are working towards a go live date of the 11<sup>th</sup> December 2023.

The initial phase of this guidance relates to children aged 12-17 years old where their behaviour may pose an immediate risk of serious harm or has caused serious harm to others.

Risk of serious harm is defined as a likelihood of harmful behaviour, of a sexual or violent nature, which is life threatening and/or traumatic from which recovery, whether physical or psychological, may reasonably be expected to be difficult or impossible.

We know that the number of CARM IRDs will be low, however, risk will be significant and will require a multi-agency approach to managing the risk.

More information will be circulated about Care and Risk Management prior to the go live date.

### **Briefings already circulated:**

[Briefing - Introduction National Guidance for Child Protection in Scotland 2021](#)

[7-Minute Briefing - The National Guidance for Child Protection in Scotland 2021](#)

[7-Minute Briefing - New Pre-Birth IRD Process](#)

[7-Minute Briefing - Child Protection Planning Meetings](#)