# Policy and Procedure for All Health Professionals Attending Child Protection Case Conferences and Case Discussions

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**Approved by:** Child Protection Forum  
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1. **Key Messages**
   - Information sharing is a critical aspect of the protection of children
   - Risk assessments must be informed by **all** relevant information
   - Information must be provided in a timely manner at appropriate forums
   - All relevant staff must attend child protection case conferences/case discussions and provide a written report to support multi agency assessment of risk.

2. **Introduction**

   This policy clarifies the arrangements for health professionals employed by or contracted to NHS Greater Glasgow and Clyde regarding attendance and contribution at Child Protection Case Conferences and Case Discussions.

3. **Scope**

   This policy is a directive for all employed NHSGGC staff and strongly advisory for all contractors.

4. **Background**

   Concerns regarding low attendance and provision of reports by staff at some case conferences and case discussions have been raised in various care inspectorate reports and significant case reviews. All relevant staff must attend case conferences/case discussions and provide a written report to ensure that all relevant information is shared to assist robust decision making.

5. **Definitions**

   There are a number of different types of child protection meetings that may be convened when considering how best to protect children:

   - Child Protection Case Discussion
   - Child Protection Case Conference
   - Core Group Meeting.

**Child Protection Case Discussion**

A Child Protection Case Discussion (this can include pre birth or post birth) is an interagency meeting to share information where there are child protection concerns which need further clarification. Strengths and risks within the family and the family’s capacity to cooperate with agencies should be discussed. Any support required should also be identified and a plan of intervention should be agreed which could include instigation of a child protection investigation and/or organising a child protection case conference.

**Child Protection Case Conference**

A Child Protection Case Conference enables agencies to consider information about allegations or suspicions of child abuse and neglect and the outcomes of child protection inquiries. They assist planning to help families and agencies ensure that a child at risk is properly protected from harm. There are four types of Child Protection
Case Conference (CPCC):

- The purpose of an **initial CPCC** is to allow representatives from across services to share information about a child for whom there are child protection concerns, jointly assess that information and the risk to the child and determine whether there is a likelihood of significant harm through abuse or neglect that needs to be addressed through a multi-agency Child Protection Plan.

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

- The purpose of a **pre-birth CPCC** is to decide whether serious professional concerns exist about the likelihood of harm through abuse or neglect of an unborn child when they are born. The participants need to prepare an inter-agency plan in advance of the child’s birth. Under the national guidance there is provision to register an unborn child.

- **Transfer CPCCs** specifically cover the transfer of information about a child where a Child Protection Plan is currently in place. Only a review CPCC can deregister a child from the Child Protection Register.

The function of all CPCCs is to share information in order to identify risks to the child collectively and the actions by which those risks can be reduced. Key to this are:

- Ensuring that all relevant information held by each service or agency has been shared and analysed on an inter-agency basis
- Assessing the degree of existing and likely future risk to the child
- Considering the views of the child/parents/carers
- Identifying the child’s needs and how these can be met by services and agencies
- Developing and reviewing the Child Protection Plan
- Identifying a named person and Lead Professional
- Deciding whether to place or retain a child’s name on the Child Protection Register
- Considering whether a referral to the Reporter to the Children’s Hearing is needed if this has not already been done.

Parents/carers and, where appropriate, the child (ren) subject to the Child Protection Case Discussion or Child Protection Case Conference will normally be invited to attend. There will be some occasions where non attendance and/or partial attendance for parents/carers and child (ren) will be appropriate. A decision about partial/non attendance of parent/child (ren) at case conference/case discussion will be based on the level of risk that this may represent to the child. The chair of the case conference/case discussion will make this decision.
**Core group meeting**

A core group is a small group of inter-agency staff identified by the case conference, who have key involvement with the family and who meet on a regular basis with the parents to review progress and make arrangements for implementing the child protection plan. The core group is accountable to the Child Protection Case Conference and undertakes commissioned tasks, reporting back to the Review Conference.

6. **Accountability and Responsibilities of Health Professionals Attending Child Protection Case Conferences and Case Discussions**

Health professionals known to or working directly with children and/or parents/carers should be invited to participate in child protection case conferences/case discussions. This should include:

- Health visitor/school nurse/ GP as appropriate, depending on the child's age
- Children's paediatrician where applicable
- Other participants might include other health practitioners e.g. mental health services addiction services, Emergency Department staff

Health staff MUST ensure that as a priority they attend all child protection case conferences/case discussions. They must also submit a written report or contribute to a composite report. A copy of the report should be sent to the Chair before the Child Protection Case Conference/Case Discussion. Single Agency Assessments may be submitted and suffice as a report. If the identified health professional is unable to attend a child protection case conference/case discussion a written report must be submitted and a colleague should attend in place of the identified health professional.

The GMC has issued clear guidance for Doctors in this regard.

**Protecting children and young people, the responsibility of all doctors, General Medical Council, 2012** states "If meetings are called at short notice or at inconvenient times, you should still try to go. If this is not possible, you must try to provide relevant information about the child or young person and their family to the meeting, either through a telephone or video conference, in a written report or by discussing the information with another professional (for example, the health visitor), so they can give an oral report at the meeting."


The responsibilities of health professionals attending a Child Protection Case Conference or Case Discussion are to:

- Share all relevant health information about the child and/or parents/carers with those present. If there is concern that a child may be at risk of harm this will **always** override a professional or agency requirement to keep information confidential. By definition if there is a child protection process in place there is such a concern. Staff should involve parents/carers in decisions about
disclosure of information prior to the meeting, unless this would increase the risk to the child, parent or staff member

- Listen to the concerns of other professionals/agencies
- Participate in decisions made based on all available information
- Provide advice to the Child Protection Case Conference /Case Discussion on health/medical matters
- Contribute to child protection plan as appropriate.

If there are any concerns regarding attending a case conference/case discussion contact should be made with the NHS Child Protection Unit to seek advice (advice line Tel 0141 201 9225).

7. Reports
Reports should routinely be submitted for case conferences/case discussions prior to the meeting where possible (this allows the family a chance to read and discuss beforehand).

Consideration should be given to the following when compiling a report:

- Family details, siblings, parents
- Any other significant adults that are known
- Reasons for contact with the child / family /significant adult
- Frequency of contact
- Interventions provided or planned
- Where contact takes place
- If children are seen during contact
- Level of engagement
- Child’s view of issues facing them
- Concerns that the child has voiced
- Adults attitude to how their behavior might impact on the child
- Concerns that the member of staff has about the child / family
- Known risk factors and a view/opinion of how this will impact on a child.

This list is intended only as a guideline for the kind of information that should be included.

It is good practice for the health professional to share the content of the report with the parents/carers and the child (where appropriate) prior to the meeting unless this would increase the risk to the child, parent or staff member, or compromise any ongoing investigation. If professionals are not sharing then they must be clear why.

8. Conduct of conferences and discussions
If during a meeting a health professional disagrees with any decisions taken, it is their responsibility to ensure that dissent is recorded. Where there is dissent regarding registration of the child on the child protection register, the chairperson has responsibility for making the final decision.
In such cases, the Chair must bring dissent to the attention of the appropriate Senior Social Work Manager. A course of action will be agreed upon and the Senior Social Work Manager should respond to the dissenting person within 28 days. If a health professional has concerns about the outcome of a case conference and believes the agreed course of action leaves a child at significant risk then this must be discussed with CPU or the health professional’s line manager.

All health professionals invited to a Child Protection Case Conference or Case Discussion should receive the action plan and minutes of the meeting and must check these carefully. Should amendments be required these must be communicated to the Chairperson.

9. Child Protection Training
The Child Protection Unit delivers training courses based on lessons from inquiries, key research and best practice and guidelines. A program of training is delivered on a regular basis and is available online. Bespoke training is also offered tailored to the needs of individual services.

10. References
http://www.scotland.gov.uk/Publications/2010/12/09134441/0

A Guide to Implementing GIRFEC, Scottish Government 2010

West of Scotland Child Protection Procedures, 2011
http://www.online-procedures.co.uk/westofscotland/

Protecting Children and Young People: the Responsibility of all Doctors, General Medical Council, 2012
http://www.gmc-uk.org/guidance/ethical_guidance/13257.asp

www.scotland.gov.uk

11. Communication and Implementation Plan
This document will be made available on the intranet and widely circulated to Directors and Senior Managers via the NHSGGC Child Protection Operational Groups (Acute) (Partnerships).

12. Monitoring
Audit of compliance/effectiveness of the policy is the responsibility of the Acute Director and CHCP Directors supported by the NHSGGC CPU.
APPENDIX 1

Flowchart for Health Professionals Attending Child Protection Case Conference/Case Discussion

1. Notification received to attend Child Protection Case Conference or Child Protection Case Discussion

   Health Professionals should ensure that as a priority they attend Child Protection Case Conferences, Child Protection Case Discussions or any other child protection meetings

2. Clarify the status of meeting and that the child or parent/carer is known to your service

3. Identify the most appropriate member of staff from your service to attend the CPCC/CPCD

4. Health professional prepares and submits a written report to the CPCC/CPCD in advance of meeting if possible

5. If unable to attend a CPCC or CPCD, a written report must be submitted and arrangements made for a colleague to attend in your absence where possible and appropriate

6. Be prepared to share all relevant information about the child and/or parents/carers with those present at the meeting. If there is a reasonable concern that a child may be at risk of significant harm, this will always override a professional or agency requirement to keep information confidential.

7. Following the CPCC/CPCD:
   - Record all decisions taken and in particular, any health needs identified and actions to be taken
   - Inform other relevant health professionals involved with the child, parent or carers
   - Check all minutes for accuracy.

For advice or support, contact Line Manager or link Child Protection Advisor or Child Protection Unit Advice Line Tel 0141 201 9225