

The purpose of a CP1 is to accurately capture and record the initial assessment of risk and need undertaken during a child protection investigation. This must include the full information gathering from all available sources, analysis of this information in terms of impact on the child using the well-being indicators, a clear evidence based recommendation and an initial plan for the child.

Person Details

This whole section is pulled through automatically from CareFirst when the form is opened. You are responsible for ensuring the information is accurate based on the information you have gathered during the investigation. If the information is not accurate, you must update CareFirst.

NOTE: The address here is the CURRENT address, not necessarily the home address.

Children Living Within The Household

Record the full names of all children living within the household, including the subject. Indicate in the right hand column whether each child is involved in the investigation. Unborn children should be included by entering them as “Unborn baby surname”, using mum’s surname. Remember a separate CP1 is required for all children who are involved in the investigation, including unborn children.

Other children for whom there may be concerns

This section is to be used for any children LIVING OUTWITH THE HOUSEHOLD who may be affected by the concern that has triggered the child protection investigation or a concern that has emerged during the investigation. For example, where there are concerns surrounding mum’s partner, this person may have children living with his ex with whom he still has contact. This may also include nieces/nephews or children not related to either adult – but it may be relevant to include them due to the nature of their contact with the alleged perpetrator.

Notification of Concern Details

Risk Factors: The risk factors are set out as a tick list. Tick as many as are applicable to the concern that has triggered the investigation.

Details of Concern: Briefly summarise the concern being shared and the reason why child protection procedures have been initiated. Include full names of those involved, clear detail of the specific concern and a clear link to the implementation of child protection procedures. If the concern is being shared due to an accumulation of concerns, specify this. Clearly record the DECISION to implement child protection procedures.

Date of Concern Notification: This is the date that the concern was shared with social services.

Time of Concern Notification: This is the time that the concern was shared with social services.

Concern Notified By: This is a pick list. Choose one only.

Details of person/agency notifying the concern: You must record the person's name, job title, place of work, agency and full contact details.

Contact method: This is a pick list. Choose one only.

Notification of Concern Received By: This is a pick list. Choose one only.

Original Source of Notification of Concern: This is a pick list. Choose one only. NOTE: this question is designed to capture the *original* source of the concern. For example, a child might say something to their teacher which the teacher then shares with social services – in this example, the child is the original source of the concern. Some concerns might travel through a number of agencies. For example, a parent might contact local police at the weekend to share a concern they have about their child, who in turn may notify Out of Hours, who in turn may then notify the local area team. In this example, the parent is the original source because they are the ones who originally share the concern. If however, the police were at this house for a different reason and, in the course of their business, they become concerned about a child and then pass this onto Out of Hours, then the Police are the original source of the concern.

Has THIS child made a disclosure at point of notification of concern? Answer YES only if the child has made a disclosure at point of notification of concern. Please check that you answer this question for the individual child for whom you are compiling the CP1 and that you don't accidentally copy another child's CP1. This question helps us measure children's awareness of their right to be safe and their understanding of who they can talk to if they are worried.

Is this investigation the result of accumulation of concerns? This question should only be answered YES in either of these circumstances set out below:

1. There have been ongoing concerns for a period of time (regardless of length of time) and the Team Manager has made the decision to initiate child protection procedures because the threshold has been reached. This may have happened during a planning meeting or during supervision or any other opportunity where the case is reviewed.
2. The presenting concern TAKEN TOGETHER with the background history, reach the threshold for child protection procedures.

Do NOT answer YES if the presenting concern in itself is of sufficient concern to reach the threshold for child protection procedures.

Investigating Workers

Lead Professional During Investigation: The name of the Lead Professional during the child protection investigation should be entered. This may be different from the allocated social worker.

Second Worker: This is the second worker involved in the child protection investigation. If this is a pre-birth child protection investigation, enter the name of the midwife who has jointly assessed the concerns.

Team Manager Responsible for Investigation: This is the manager who is overseeing the investigation. This may be different from the manager who oversees the case.

Local Office: This is a pick list. Choose one only.

Allegation of Abuse Location: This is a pick list. Choose one only.

Is this report being completed for a Pre-Birth referral/notification of concern? This helps us monitor the number of pre birth referrals that result in a CP1 being completed.

Alleged Perpetrator Details:

Name and age of alleged perpetrator if known: Record the full name, date of birth and age of all alleged perpetrators.

Relationship of PRIMARY alleged perpetrator to the child: This is a pick list. Choose one only. REMEMBER the key factor is the relationship *TO THE CHILD*.

Relationship of additional perpetrators: This is a pick list. Choose one only. REMEMBER the key factor is the relationship *TO THE CHILD*.

Has the alleged perpetrator been moved? Only answer YES if they have been moved as a result of the current investigation.

If Yes was this by voluntary agreement? Answer YES if a voluntary agreement was reached as opposed to any legislation being imposed.

Did the child require to be moved? Only answer YES if they have been moved as a result of the current investigation.

Carers Details

This section is for the people who *usually* have the care of the child. If the child has been moved as a result of the investigation you should record the details of those who usually care for the child – not those who are temporarily caring for the child.

The name and date of birth of each parent/carer should be recorded. There is a pick list for the nature of the relationship to the child.

This information can be pulled through from CareFirst and will also write back to CareFirst. You must check the accuracy of this information and correct any errors.

Parental Responsibility

Prior to 2006, parental rights and responsibilities were automatically conferred upon the mother and upon the man married to the mother at the time of the child's birth or subsequently. Biological fathers not married to the mother were not automatically conferred with parental rights and responsibilities – these had to be obtained via court proceedings or by agreement with the mother.

In 2006, the law changed. Now, if the biological father is named on the child's birth certificate, he is automatically given the same parental rights and responsibilities as the mother.

This section should be used to record who has parental responsibility in respect of the individual child the CP1 relates to.

This information can be pulled through from CareFirst and will also write back to CareFirst. You must check the accuracy of this information and correct any errors.

Has the primary carer been notified of the current concerns? It is expected that parents and carers are fully involved in child protection investigations, including advising them of the concerns and seeking their views in respect of these concerns. In rare circumstances, parents/carers may not be advised of the concerns, usually due to risk to the child. In such cases, the reason for not advising the parents/carers of the concern must be clearly recorded.

Address Details

The address on the front of the CP1 might not be the child's usual address because they may have moved as a result of the investigation. If that is the case, the first address here must be the usual address of the child.

If a Child Assessment and Plan has been completed for this child you will be able to pull the information through. You are responsible for checking accuracy and for updating CareFirst if you find information to be inaccurate.

Try and include telephone numbers where you can as this is very useful information.

Placement Type:

This is a pick list. Choose one only.

Family Details

This section is for ALL family members. Begin with those who usually live together in the same house as the child, including the child. Specify their name, date of birth, whether they have parental rights/responsibilities, whether they live in the household, what their relationship is to the child and their telephone number.

Now add family members who do not usually live with the child. This might include older siblings living independently, extended family members or biological parents living elsewhere.

Other Significant People

This section is for any person considered significant in the child's life. This might be previous step-parents, previous carers, family friends. It might also include foster carers or care staff at the address where the child currently resides.

If the child is currently living elsewhere due to the investigation, the details of these carers should go into this section.

Relationships will be automatically pulled through from CareFirst for any individual not recorded at the same address as the child. **You have a responsibility to check the accuracy of this information and update CareFirst if required.**

MAKE SURE EACH PERSON WHO HAS A RELATIONSHIP WITH THE CHILD ONLY APPEARS **ONCE** IN **EITHER** THE FAMILY DETAILS **OR** OTHER SIGNIFICANT PEOPLE.

Lead Professional, Assessment Team and Contributors

Remember, all child protection investigations are multi agency assessments and the list of contributors must reflect this. Social services and health will be involved in every single investigation. Education will be routinely involved also. Ensure you list everyone who has contributed to the assessment of the child's needs and risks. On occasion, you may not have liaised directly with, for example, the child's teacher due to school holidays, but if you have utilised information previously provided by the teacher you should include them in this list. There is scope within the CP1 to reflect different methods of contributing to the assessment.

Details of Register Check

This is an integral part of child protection procedures and should be completed at the outset of every child protection investigation. Check with Ayrshire Out of Hours Service in every single investigation and with any other areas the family has lived, where known. Enter the date of the register check and specify what areas have been contacted.

Joint Investigation

Answer YES if this is a joint investigation with the police. If this is a single agency investigation, record the reasons for this.

Did a VRI take place?

Answer YES or NO and record the venue of the interview.

Who led the joint investigative interview?

Choose from either Police or Social Worker

Did the child make a disclosure during the joint investigative interview?

Only answer YES if the child made a disclosure during the actual interview. If the child made a disclosure earlier, that led to the investigation taking place, but did not repeat the disclosure during the JII, you must answer NO.

Was a forensic medical needed as a result of information gained during the interview?

Again, you should only answer YES if information gained in the JII leads to a forensic medical. If YES, record where the medical took place, details of the doctor who undertook the medical, and the outcome of the medical.

Legal Status

There is legislation in place for every child subject to a child protection investigation, At a minimum, Section 22 Children (Scotland) Act 1995, places a duty on the local authority to safeguard and promote the welfare of children in need. If a child is not subject to a statutory supervision requirement or a Compulsory Supervision Order or child protection measures such as a CPO, then Section 22 should be entered here.

Ethnic Origin, Religion and Disability

Select the appropriate category. We require to report on this data annually to the Scottish Government as part of national work on equalities and it is important you actively seek this information from the families you are involved with.

Previous Contacts and CP Registrations

Summary and analysis of previous contact with social services: DO NOT copy and paste from CareFirst into this section. You must read the history and summarise this for the purposes of inputting to the CP1.

Current and Previous Child Protection Registrations: Children placed on the register before July 2011 will have been placed under a single category. Children placed on the register since July 2011 will have risk factors recorded against them. This information can be pulled through from CareFirst. Ensure your information is accurate.

Details of any previous Child Protection Registrations not listed above: This section is only for registrations that happened prior to 2004.

Have there been any previous Child Protection Registrations in any other authority: Record any registrations out with North Ayrshire.

Medical Information

Contact with the known health visitor or school nurse or any other health professional as part of the assessment/investigation DOES NOT constitute a tripartite discussion. A tripartite discussion is a formal part of child protection procedures – it is a discussion between the team manager or social worker, the police and the child protection health team. This should happen in EVERY child protection investigation.

The tripartite does not preclude you from contacting any health colleagues involved with the family. In allocated cases, this should be happening on a regular basis anyway and will certainly help to inform the assessment of risk/need being undertaken during the child protection investigation. This type of interagency collaboration should be recorded in a different section of the CP1 (Section 22).

The details of the tripartite discussion MUST be fully recorded here. It is not sufficient to simply confirm that the tripartite process has been followed. Ensure you record the decision regarding any medical or health assessment, and the reasons for this decision.

Known medical history: this section should capture any known health needs of the child. This section should be informed by information from the GP, health visitor, school nurse and any other health professionals known to be involved with the family. Again, this is separate from the tripartite discussion.

Was the child examined by a doctor prior to the notification of concern: the usual circumstances where this is answered YES is where a child attends the doctor and the doctor then notifies social services or police of the concern.

Was a medical initiated following notification of concern: this should be answered YES when the child receives a medical as part of the child protection investigation. Usually this is agreed as part of the tripartite discussion, although there may be some circumstances where the decision to organise a medical is taken immediately due to a presenting injury.

Who carried out the medical: specify the name, designation and contact details of the respective doctor.

Where did the medical take place: record the address of the location of the medical.

Family Circumstances – Current and Historical

The key factor here is that the narrative around current and historical family circumstances should be a SUMMARY.

Avoid using cut and paste where possible. If you do use cut and paste, you must proof read the narrative to ensure the correct tense is used; the information makes sense in this different context; the information is accurate and that it pertains to the child for whom you are compiling the CP1.

You are responsible for assessing which aspects of the family history are relevant. You should always consider whether what you are recording in the CP1 contributes to an incisive understanding of the child and family circumstances and to the current assessment of risk and need for the child. Thus you should bear in mind the notification of concern and the identified or emerging risk factors.

Information about the parents own experience in childhood and of being parented should be included in a proportionate way that adds value to the current assessment of need and risk for the child.

Avoid focusing solely on social services contact and involvement. This section should provide the reader with an understanding of family dynamics, strengths and supports, stresses and how they typically respond to stress, relationships etc.

Service Involvement

This section should contain a brief outline of ALL services which are currently involved with the family; when and why did this service begin; what is the nature of service involvement (level and type of contact, intervention and outcome). You should also incorporate an indication of the family's engagement with each service.

Investigation Process

Process of investigation: this section should always begin with the decision by the team manager to initiate child protection procedures. It can be helpful thereafter to list the actions subsequently taken, for example telephone call to school, home visit to mum etc. Do not go into too much detail – all you require to capture is the actual process of investigation. The content of the investigation and the initial assessment is recorded elsewhere.

Interviews/discussions: this section should be used to record the detail that sits behind your listed actions above. For instance, in the section above you may have listed “telephone call to school” or “home visit to mum”. Here you should record the key discussions that took place.

Views from other agencies about the notification of concern: in this section, be specific about the views of involved agencies in relation to the notification of concern and any identified or emerging risk factors. This section is not to be used to record, for example, the school’s assessment of how well the child is coping in school. Information such as this, which aids understanding of the child’s circumstances, should be recorded in the section above or within SHANARRI. This section here is ONLY for views in relation to the circumstances surrounding the child protection investigation.

Views of child, young person, parent/carer

Child/young person’s view of their circumstances: Not applicable due to age and stage is NOT an option here. You have a responsibility to represent the perspective of the child or young person regardless of their age or stage of development. Consider how you assess babies and young children. You observe their attachment, their response to their surroundings, you gauge their expected development, you consider the impact of adversity etc. All of the skills you use in assessing children can be used to creatively seek to understand and represent their view of their circumstances. As children grow older they can increasingly express their views and you should be seeking and recording these routinely for children aged 5 years and over. Clearly, some children can articulate their views at an even younger age, but as a general guide, all CP1’s in respect of children aged 5 and over should specify the views of the child. For children too young or otherwise unable to express a view, you should represent their perspective to the best of your ability.

Professional judgement is required at times in relation to how to share the notification of concern with the child or young person. This should be done in a sensitive and age appropriate manner. The child’s view about the circumstances surrounding the investigation require to be incorporated in this section. In some cases where the child is already known to staff, their views about their family circumstances may already be known. They may have previously commented in relation to parental substance misuse or feeling frightened in a house where there is violence. Your existing knowledge of the child can be utilised in this section.

If a decision is made not to share the notification of concern with a young person aged 12 or over, the reason for this decision must be documented.

Where this is a pre-birth child protection investigation, you should represent the unborn child by articulating their needs and highlighting anything which may impinge on these needs being met.

Views of parent/carer in relation to notification of concern: this section should be restricted to the views of the parent/carer in relation to the investigation and identified/emerging risk factors only. You should include their views both of the risks/concerns and their views in relation to addressing these specific risks/concerns. Other information relating to the views and wishes of parents should be recorded elsewhere, for example “interviews/discussions” section.

Analysis

Name which parts of the National Risk Framework have been utilised: you are expected to use the evidence based tools that sit within the NRF in every child protection investigation. Here, you must state which particular tools you have used.

Name any additional assessment tools utilised: in this section you should record any other assessment tools such as a Parenting Capacity Assessment or a Parental Impact (Addictions) Assessment.

SHANARRI

Every well - being indicator must be considered in the assessment of needs and risks for every child. **Remember the well – being indicators relate to the child, not the parent.** If you are putting information into the SHANARRI about the parent, you MUST reflect how this impacts upon the child.

The child protection investigation is an initial assessment of risk and need so the amount of content in relation to each well-being indicator will reflect this.

Safe

Protected from abuse, neglect or harm at home, at school and in the community

Think about:

- What factors have previously, currently or may in the future affect this child's safety
- Hazards in the home/school/community due to unsafe equipment, lack of supervision, violence, substance misuse
- The suitability of those caring for, or coming into contact with the child.
- Whether the child is exposed to frightening situations
- Parents/carers attitude towards identified or anticipated risks and their ability to protect the child

Healthy

Having the highest attainable standards of physical and mental health, access to suitable health care, and support in learning to make healthy and safe choices

Think about:

- Both mental and physical health
- Eating, exercise and sleeping routines
- Immunisation, health development
- If this is an unborn child – antenatal care

- Parental response to child's health needs, including attendance at health appointments

Achieving

Being supported and guided in their learning and in the development of their skills, confidence and self-esteem at home, at school, and in the community

Think about:

- Progress within school or early years centre
- Attainment, attendance, attitude to learning
- Intellectual, cognitive, psychological and social development
- Skill development
- Parental attitude and support in relation to child's learning and skill development

Nurtured

Having a nurturing place to live, in a family setting with additional help if needed or, where this is not possible, in a suitable care setting

Think about:

- Level and type of physical and emotional care provided to child
- Bonding, attachment, relationships
- How well are the child's care needs understood and responded to by the parent/carer

Active

Having opportunities to take part in play, recreation and sport which contribute to healthy growth and development, both at home and in the community

Think about:

- Child's opportunities for age appropriate play and activities
- Stimulation provided to the child
- Parents support for child's active engagement in healthy activities

Respected

Having the opportunity, along with carers, to be heard and involved in decisions that affect them

Think about:

- How appropriately parents/carers involve children in decision making

- The support provided for the child to understand circumstances in an age appropriate way
- How well parents/carers listen to child and respect their views
- How well parents/carers respect the needs of the child

Responsible

Having opportunities and encouragement to play active and responsible roles in their schools and communities and where necessary, having appropriate guidance and supervision and being involved in decisions that affect them

Think about:

- How parents/carers instil age appropriate boundaries, expectations, responsibilities and discipline
- The kind of example the parent/carer sets by their own behaviour
- How the child is learning right from wrong/abides by rules/takes responsibility for their actions

Included

Having help to overcome, social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn.

Think about:

- How integral is the child within their immediate and their extended family
- How involved in the child in the local community
- Are there barriers to inclusion?
- Does this child feel as though they belong...at home, at school, in the community?

Child's Action Plan

All CP1's should include a plan for the child based on the initial assessment of risk/need. From May 2015, this plan sits within a stand-alone document – the Child's Action Plan. This must be completed and attached to every CP1.

Due to the circumstances in which child protection investigations are usually conducted, i.e. rapid response to risk of significant harm, it is recognised that this plan may quickly be revised and expanded within a short timescale. However, it is still critical that a plan is completed and attached to the CP1.

One of the recommendations from the significant case review into the death of Brandon Muir in Dundee was, “to identify actions, with timescales, to be taken to protect the child during any investigation, or in the period leading up to the initial (child protection) conference”.

Brandon Muir died in the period of time between child protection referral and initial child protection conference. This highlights the importance of ensuring a clear plan is in place as soon as the need to protect a child has been identified.

The Child’s Action Plan attached to the CP1 should be of a standard that it will usefully contribute to the Child’s Action Plan developed at the next stage of ongoing assessment.

If, during the course of the investigation, it becomes clear that further action under child protection procedures is not necessary, the plan should contain sufficient detail of existing services for the child to support the recommendation for no further action.

The purpose of the current Child’s Action Plan:

Summarise the main aims/purpose of the plan in one or two sentences. The purpose of the CP1 relates to immediate assessment of risk/need and the plan should focus on immediate actions to safeguard the child.

There may be occasions where a child already has a plan in place – this can then be used as a basis, with additional actions related to the outcome of the investigation. Actions aimed at reducing or managing risk must be prioritised.

Where the recommendation is for no further action under child protection procedures, the plan should state how the child is currently being supported, evidencing that the child’s needs are being met by existing services.

Lead Professional

The lead professional is the member of staff who is responsible for ensuring the plan is implemented and reviewed. This may not necessarily be the lead professional compiling this report.

Planned Outcomes

Outcomes should be child-focused and clearly informed by the assessment of risk/need. Often interventions are directed at parents because that is where the risk is, but in developing plans for children it’s important that consideration is given to how these interventions will benefit the child.

Examples of outcomes are:

- Safe home environment for A (links to SAFE, RESPECTED)
- Healed physical injury (links to HEALTHY)
- Continuity of education (links to ACHIEVING, ACTIVE)
- Positive contact with mum (links to NURTURED, INCLUDED)

When developing the outcomes, workers must refer to their assessment contained within the CP1. It must be clear that the outcomes result from the assessment of risk/need.

Action Required

This is the action required to achieve the outcome. There may be more than one action for each outcome. For the outcomes above, possible actions might be:

- Placement with grandparents
- Access medical treatment, and
- Carry out treatment
- Maintain A in nursery, and
- Provide additional support in nursery
- Agree contact arrangements, and
- Assess quality of contact

Supports Proposed

How will the actions be implemented? Are other resources required? Again, there might be more than one support for each action. For the actions above, supports might be:

- Apply for CPO, and
- Support and advice to grandparents
- Advice from GP, and
- Prescription for burn
- Transport to/from nursery, and
- One to one support
- Written agreement with mum

Timescales

Ongoing and ASAP should be avoided. Timescales need to be specific. Without specific timescales it is difficult to measure progress. The timescale should focus on when the action is to be completed by. If appropriate, start date and end dates can be entered.

Person/Agency Responsible

There should be actions/responsibilities for everyone involved with the child, and for the parents/carers.

Risk Analysis and Recommendations

Risk Analysis: drawing together all information gathered and taking account of the assessment tools used and their application to the well - being indicators, set out your analysis of the risk/need and protective factors for this child.

Recommendation: you must provide a clear recommendation at the conclusion of every CP1 and it must be structured around an action. Usual options are: no further action, child protection case discussion, child protection conference. The expectation is that when a recommendation is made to proceed to child protection conference, that this is because it is likely that the child requires a child protection plan.

Update on circumstances since child protection case discussion: this section is used to update the CP1 because a decision has been made at child protection case discussion to proceed to conference. You should include the date of the child protection case discussion and summarise the meeting, including reasons for proceeding to conference. You must also go back through the CP1 and carefully proof read to ensure the information remains accurate and the content of the CP1 continues to make sense in this new context.

Actions taken as part of the investigation

Record these carefully and comprehensively. REMEMBER you must FINISH and SAVE and select a RECOMMENDATION.

Manager Comments and Decision

The manager should comment on the analysis of risk/need and protective factors and make the decision regarding the outcome of the investigation, giving clear reasons for the decision.