

# Moray

## Multi-agency Child Protection Procedures

Children and Families and Justice Social Work Policy Team



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## 1. Introduction and context

All children and young people (including unborn babies) have the right to be cared for, be protected from harm and abuse and grow up in a safe environment where their rights are respected and their wellbeing needs are met. Whilst the rights of most children and young people are upheld and their needs are met, there are those who may need further help and support to maximise their health, development and well-being and to ensure they are safe from harm and/or abuse. In Moray, child protection is everyone's responsibility, as highlighted by the [Moray Children's Services Plan 2020-2023](#), [NHS Grampian's Plan for the Future 2022-2028](#) and the [Moray Local Police Plan 2020-23](#).

The Moray Child Protection Procedures sets out our local multiagency procedures aimed at helping to keep children and their families safe. The Moray Children and Families and Justice Social Work Policy Team, with the approval of the Child Protection Committee, has produced this child protection procedure for all relevant practitioners and managers working with children, young people and their families within the public, private and third sectors across Moray, including Social Work, Health and Education. Police Scotland will fully support the processes detailed within, in accordance with their own national policies and procedures. This procedure can also be used by families to help understand the processes and procedures they may be a part of.

The procedure supports the implementation of [Police Scotland's Child Protection Policy](#), the [NHS Grampian's Child Protection Statement](#), the [Moray School Child Protection Guidelines](#), and associated third sector child protection policies.

It also reflects recent legislative, policy and practice developments, including (but not limited to):

- [National Guidance for Child Protection in Scotland \(2021\)](#)
- [The Promise](#)
- [Secure care: pathway and standards](#)
- [Getting it right for every child](#)
- [Children \(Scotland\) Act 1995](#);
- [Protection of Children \(Scotland\) Act 2003](#);
- [Children's Hearing \(Scotland\) Act 2011](#);
- [Children and Young People \(Scotland\) Act 2014](#) and its most recent, [2020 statutory guidance](#);
- [Children \(Equal Protection from Assault\) \(Scotland\) Act 2019](#);
- [Children \(Scotland\) Act 2020](#);
- and the [UN Convention on the Rights of the Child](#) and its forthcoming enshrinement into Scottish law via the [United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Bill](#).
- [Trauma-informed practice](#)

## 2. Scope

This procedure applies to all staff involved in child protection processes and is fully supported by Police Scotland, in accordance with their respective national policies and procedures. It is expected to be

employed from 01 June 2023. Any additions or potential exemptions to the procedure will be considered on an exceptional basis by the Child Protection Implementation Group with agreement from the Child Protection Committee.

All staff/groups with responsibilities around child protection measures should be aware of and ensure that they comply with the procedure. The Children and Families and Justice Social Work Policy Team and the Child Protection Implementation Group will communicate information on the Procedures to all necessary staff/groups and ensure the Procedure is accessible on appropriate websites. Agencies beyond Social Work (e.g., Police, Education and Health) are responsible for ensuring that corresponding procedures/policies are employed in their respective agencies.

The development of this document was informed by a wide ranged consultation exercise spanning August to December 2022. It encompassed internal stakeholders from all agencies, including frontline, senior and management staff representing Health, Police, Education and Social Work. Furthermore, feedback was gathered from families with relevant experience.

### 3. Identifying concern and using professional judgement

Key messages	
-	Child protection is everyone's responsibility: recognise – respond - report - record - reflect
-	Concerns about possible harm to a child from abuse, neglect or exploitation should be discussed with the Child Protection lead within your agency and always be shared with police or social work, without delay
-	Listen to children and hear what they have to say; let them know that you are listening
-	Maintain thorough, accurate and up to date records about child protection concerns

Concerns about risk of harm from abuse, neglect or exploitation may arise in a number of ways including:

- in response to a particular incident (e.g., child is left unattended or unsupervised or is out too late; adults in the household appear to act in violent way towards other adults or the child; adults in the household misuse drugs or alcohol)
- because of what a child has said or a way they acted (e.g., appear afraid, quiet or withdrawn or scared to go home; are speaking or acting in a sexually inappropriate way; misuses drugs or alcohol)
- as a result of direct observations (e.g., unexplained bruising or injuries; appearing hungry, tired, unkempt; poor hygiene)
- through reports from family, a third party, or an anonymous source
- if children are known to social work or have an existing child's plan
- through notification that a child may become a member of the same household as a child in respect of whom any of the offences mentioned in Schedule 1 of the Criminal Procedure (Scotland) Act 1995 has been committed, or as a person who has committed any of the offences mentioned in Schedule 1

Professional judgement is needed about the severity and immediacy of the risk of harm. This will develop as relevant information is shared. To understand and identify significant harm, it is necessary to consider:

- the child's experience, needs and feelings as far as they are known. When a child talks about maltreatment, this may prompt a request for IRD. The child's disclosure is not a prerequisite
- the child's development in context, including additional needs such as a medical condition, communication impairment or disability, that may affect the child's health, wellbeing, vulnerability and care needs
- what has happened, meaning the nature and degree of the actual or likely harm, in terms of abuse or failures to provide care and protection
- parental or carer responses to concern as far as they are known
- past occurrence, frequency or patterns in the occurrence of harm
- immediate risk of harm and cause of this risk
- impact/potential impact on the child's health and development
- degree of professional confidence in the information that either harm has occurred and is likely to be repeated, or that the child is at risk of harm
- capacity of the parents or carers to protect and care for the child
- the context of risk within the child's culture, family network and wider world
- interaction between known risks and known strengths, complicating or protective factors in the child's world
- the presence of premeditation, threat, coercion or sadism
- the probability of recurrence or persistence of harm or risk of harm

Harm refers to serious interruption, change or damage to a child's physical, emotional, intellectual or behavioural health and development ([National Guidance for Child Protection in Scotland 2021](#)). Abuse can take the form of:

- **Physical abuse** is the causing of physical harm to a child or young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after. There may be some variation in family, community or cultural attitudes to parenting, for example, in relation to reasonable discipline. Cultural sensitivity must not deflect practitioners from a focus on a child's essential needs for care and protection from harm, or a focus on the need of a family for support to reduce stress and associated risk.
- **Emotional abuse** is persistent emotional ill treatment that has severe and persistent adverse effects on a child's emotional development. 'Persistent' means there is a continuous or intermittent pattern which has caused, or is likely to cause, significant harm. Emotional abuse is present to some extent in all types of ill treatment of a child, but it can also occur independently of other forms of abuse. It may involve:
  - conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person

- exploitation or corruption of a child, or imposition of demands inappropriate for their age or stage of development
  - repeated silencing, ridiculing or intimidation
  - demands that so exceed a child's capability that they may be harmful
  - extreme overprotection, such that a child is harmed by prevention of learning, exploration and social development
  - seeing or hearing the abuse of another
- 
- **Child sexual abuse (CSA)** is an act that involves a child under 16 years of age in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. For those who may be victims of sexual offences aged 16-17, child protection procedures should be considered. These procedures must be applied when there is concern about the sexual exploitation or trafficking of a child. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at or in the production of indecent images, in watching sexual activities, using sexual language towards a child, or encouraging children to behave in sexually inappropriate ways.
  - **Child sexual exploitation (CSE)** is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a person under 18 into sexual activity in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact. It can also occur through the use of technology. Children who are trafficked across borders or within the UK may be at particular risk of sexual abuse.
  - **Criminal exploitation** refers to the action of an individual or group using an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity in exchange for something the victim needs or wants, or for the financial or other advantage of the perpetrator or facilitator. Violence or the threat of violence may feature. The victim may have been criminally exploited, even if the activity appears consensual. Child criminal exploitation may involve physical contact and may also occur through the use of technology. It may involve gangs and organised criminal networks. Sale of illegal drugs may be a feature. Children and vulnerable adults may be exploited to move and store drugs and money. Coercion, intimidation, violence (including sexual violence) and weapons may be involved.
  - **Child trafficking** involves the recruitment, transportation, transfer, harbouring or receipt, exchange or transfer of control of a child under the age of 18 years for the purposes of exploitation. Transfer or movement can be within an area and does not have to be across borders. Examples of and reasons for trafficking can include sexual, criminal and financial exploitation, forced labour, removal of organs, illegal adoption, and forced or illegal marriage.

- **Neglect** consists in persistent failure to meet a child's basic physical and/or psychological needs, which is 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 both support and protection needs.
- **Female genital mutilation (FGM)** is an extreme form of physical, sexual and emotional assault upon girls and women which involves partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. Such procedures are usually conducted on children and are a criminal offence in Scotland. FGM can be fatal and is associated with long-term physical and emotional harm.
- **Forced marriage** is a marriage conducted without the full and free consent of both parties and where duress is a factor. Duress can include physical, psychological, financial, sexual, and emotional abuse. Forced marriage is both a child protection and adult protection matter. Child protection processes will be considered up to the age of 18. Forced marriage may be a risk alongside other forms of so called 'honour-based' abuse (HBA). HBA includes practices used to control behaviour within families, communities, or other social groups, to protect perceived cultural and religious beliefs and/or 'honour'.

### 3.1. Reporting a concern

All staff who identify potential child protection concerns must act promptly and record the details. Concerns about possible harm to a child from abuse, neglect or exploitation should be discussed with the Child Protection lead within your agency and always be shared with police or social work, without delay. The following contact details can be used:

- Social Work Access Team: 01343 554370 or [childrensaccessteam@moray.gov.uk](mailto:childrensaccessteam@moray.gov.uk)
- Out of Hours Social Work Service (operational between 17:00 and 08.45 during week days and throughout the weekend): 03457 56 56 56
- Police Out of Hours: 101

When taking a referral, the staff member must establish and record (on respective agency recording systems) as much of the following information as possible:

- Cause for concern including details of any allegations, their sources, timing and location;
- Child's current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Full names, date of birth/CHI and gender of child(ren);
- Family address;
- Identity of those with Parental Rights and Responsibilities;
- Names and date of birth of all household members and any known regular visitors to the household;
- Details of child's extended family or community who are significant for the child;
- Ethnicity, first language and religion of children and parents / carers;
- Any need for an interpreter, signer or other communication aid;



- Any special needs of child(ren) and other household members;
- Details of any alleged perpetrators (if relevant);
- Known current or previous involvement of other agencies / professionals e.g. schools, GPs;
- Information regarding parental knowledge of, and agreement to, the referral.

Where a referral is shared, agencies will discuss the next course of action and this decision should be logged on the respective agency's recording system.

Where there is no indication of significant harm, the following actions may be agreed:

- No further action, provision of information and advice or signposting to another agency (e.g., concerns regarding adults at risk of harm or abuse may be referred to Adult services)
- Continue with current support measures for the child or family
- Pass the information to the named person to co-ordinate a Child Planning Meeting
- Initiate an Initial Assessment of Need

Where risk of significant harm is identified, the following actions may be appropriate:

- Hold an Inter-agency referral discussion (IRD) to share information and agree next steps including the creation of a safety plan to reduce the risk of harm to the child
- Emergency safety plans or legal measures to protect a child i.e. providing accommodation for the child with parental consent or a Child Protection Order

#### 4. Inter-agency Referral Discussion (IRD) procedure

<b>Key messages</b>
<ul style="list-style-type: none"><li>- Inter-agency Referral Discussions are applicable to a child or young person up to the age of 18 years</li><li>- The decision to convene an IRD meeting can be made by Police, Health or Social Work. A request to hold an IRD can, however, be made by any agency.</li><li>- If practitioners are unclear about whether a concern about a child meets the threshold for an IRD, they should first speak with their line manager and if agreed, then call the appropriate Social Work Children &amp; Families Team or the Police.</li><li>- Social Work, Police and Health must attend an IRD; Education, Early Years and Third Sector should attend when appropriate.</li><li>- All agencies should attend the IRD with their agency information and any non-attendance will be clearly documented in the minute; non-attendance should be in exceptional circumstances only.</li><li>- IRD meetings should be held as soon as reasonably practicable</li><li>- Pre-birth IRDs are held within 5 working days of the child planning meeting which agreed that child protection concerns are apparent.</li><li>- Social Work have lead responsibility for enquiries relating to children who are experiencing or are likely to experience significant harm and assessments of children in need.</li><li>- Police have lead responsibility for criminal investigations relating to child abuse and neglect and share responsibilities to keep the child safe.</li><li>- A designated health professional will lead on the need for and nature of recommended health assessments as part of the process.</li></ul>

- IRDs should be jargon-free, clear and concise; they explain the concerns, risks and protective factors to help form actions and safety plans to reduce risk to the child
- The inclusion of children's voices is pivotal during the IRD. Additionally, the inclusion of those directly affected by the outcomes of the IRD (i.e., parents, siblings, carers), is likely to lead to more effective engagement and a better outcome for the child.
- An IRD can be reconvened if new information arises which could lead to the reconsideration of the original inter-agency response.

An IRD is the start of the formal process of information sharing, assessment, analysis and decision-making following reported concern about abuse or neglect of a child or young person up to the age of 18 years, in relation to familial and non-familial concerns, and of siblings or other children. This includes unborn babies that may be exposed to current or future risk.

IRDs are a co-ordinated inter-agency child protection process up until the point a Child Protection Planning Meeting (CPPM) is held, or until a decision is made that a CPPM is not required/that alternative action is required. An IRD will co-ordinate decision-making about what may be needed to ensure the safety of children involved. The complete process of the IRD is captured in a flowchart (Appendix 3 Inter-agency Referral Discussion flowchart).

#### 4.1. Decision to hold an Inter-Agency Referral Discussion

The decision to convene an IRD can be made by Police, Health or Social Work. A request to hold an IRD can, however, be made by any agency.

If practitioners are unclear about whether a concern about a child meets the threshold for the IRD process, they should first speak with their line manager and, if agreed, then call the appropriate Social Work Children & Families Team or the Police. The threshold is that a child may have been abused or neglected and/or is suffering or is likely to suffer significant harm (see section 3).

When an IRD is conducted involving children who are not family members but have the same team around them, one IRD will be conducted with each child discussed separately, and ensuring only information relating to each child is shared with the relevant agencies. Separate but consecutive IRDs are held for children in the same family attending various educational institutions.

#### 4.2. Attendees of an Inter-Agency Referral Discussion

Agencies must cooperate and share information when involved in an IRD. Attendance at IRDs by professional who know the child and can contribute to decision making is vital:

- Practitioners with appropriate level of experience in Social Work (i.e., senior social worker or manager), Police (sergeant or above) and Health (senior leadership) must attend the IRD.
- A senior social worker or manager must be present at the IRD along with a social worker.
- Where appropriate (e.g., there is a school/nursery age child involved) practitioners (i.e., senior leadership) from Education and Early Learning must also attend.

- In addition, partners from the third sector should be invited as appropriate (if they have relevant knowledge of the family), however, they do not contribute to decision making.
- If a significant event occurs 'out of hours' requiring Health to be informed or be part of an IRD, then the on call duty manager for Dr Gray's Hospital, Elgin should be telephoned via the NHS Grampian switchboard.

All agencies should attend the IRD with their agency information and any non-attendance will be clearly documented in the minute; non-attendance should be in exceptional circumstances only. The IRD will not be delayed due to partner agencies not being available; in this situation staff should address the child protection concerns immediately as normal.

Professionals participating in an IRD should feel confident and prepared to provide opinion and make decisions. In some cases, managerial support/guidance may be required, however, the IRD should not be unduly delayed due to lack of confidence from participants. Experience should be acquired by observing IRDs with the chair's permission.

Social Work have lead responsibility for enquiries relating to children who are experiencing or are likely to experience significant harm and assessments of children in need. The Police have lead responsibility for criminal investigations relating to child abuse and neglect and share responsibilities to keep the child safe. A designated health professional will lead on the need for and nature of recommended health assessments as part of the process. These are separate but interconnected processes which require joint information gathering, information sharing, assessment and decision-making. Core agencies must plan together to ensure co-ordinated action.

#### 4.3. Timescales for Inter-Agency Referral Discussion

If a concern reaches the threshold discussed earlier, the IRD process of information sharing and decision making (including the development of an interim safety plan) begins. Part of this process is the IRD meeting.

Where immediate concerns exist, the IRD meeting should **be convened and held as soon as reasonably practicable**. Where there is a risk to the life of a child or the likelihood of immediate risk or significant harm, intervention must not be delayed pending receipt of information gathering/sharing.

Where child protection concerns exist, but it is clear the risk of harm is not immediate, the IRD meeting should still be **convened as soon as reasonably practicable** from the decision to convene the IRD.

If the concern is received 'out of hours' and relates to the immediate safety and wellbeing of the child an **IRD meeting should again be held as soon as reasonably practicable**. Discussion between Police and Social Work and any steps taken will be recorded on the IRD minute template and shared by the referring agency. An IRD meeting held out of hours is to be reconvened the next working day. In addition, the iVPD (Interim Vulnerable Persons Database) Police Concern Report will be shared with these partners (where relevant) as a priority.

Any delay to this timeframe and the reasons for it should be recorded on the IRD form.

All timescales relating to Child Protection Procedures are outlined in Appendix 1 Child protection timescales

#### 4.4. Preparation for Inter-agency Referral Discussion: information sharing

Once a decision to hold an IRD has been made, multi-agency cooperation must commence. All actions are coordinated and agreed across agencies and none is undertaken by a single agency, in isolation. This is to prevent duplication of witness statements (i.e., a child repeating a traumatic experience multiple times). In Moray, partnership working is actively promoted across all child protection processes.

All agencies must review their records (e.g., paper files, electronic information storage systems or individual practitioners' working knowledge, chronologies) in relation to all family members and relevant/significant others, where possible, to ensure decisions are made with all the relevant information present. This may be problematic for Health and there is some flexibility around the timely receipt their information.

Appropriate and relevant information must be shared across practitioners and agencies. The provided information should be clear and concise (avoiding jargon insofar as possible), focus on risks, concerns (e.g., threatening or violent behaviour towards others), as well as any protective factors and strengths.

IRDs should not be delayed unnecessarily due to information not being available. It is essential that any additional information which is relevant but cannot be sourced within the specified timescales is provided by each agency and included where necessary in the Child's Plan or Child Protection Planning Meeting following an IRD.

##### 4.4.1. Chairing the Inter-agency Referral Discussion

Chairing and minute taking are two separate roles in an IRD meeting; and these roles are decided when the IRD meeting is being organised. Ultimately, the responsibility of the minutes lies with the referring agency (Social Work, Police or Health).

If Social Work receive a concern, then they will contact the IRD desk to discuss the need for an IRD and a time will be set. Social Work are responsible for chairing, inviting all relevant professionals via Microsoft TEAMS and ensuring a minute taker is also present.

If Police receive a concern, then they will contact Social Work and time for the IRD will be set. Police will invite attendees via Microsoft TEAMS and will chair and minute the IRD. Insofar as possible and depending on resources, Social Work may support Police by taking minutes.

If Health receive a concern, then they will contact Social Work and Police. The chairing and recording process may be supported by Social Work and Police.

Any of the following staff can chair an IRD meeting:

- Senior Social Worker and/or Area Manager (Social Work)
- Rank of Sergeant or above (Police Scotland)

- Specialist Nurse (Health)

#### 4.4.2. The record of the Inter-agency Referral Discussion

The IRD meeting is scribed by the agency that received the referral, unless it has been agreed otherwise.

All IRD records should be, distributed, reviewed for accuracy, agreed and filed as per individual organisational guidelines **within 5 working days of the IRD**. Upon receiving the IRD minute this should be stored in:

- Social Work – Childs electronic file (restricted section) and recorded as having taken place on Carefirst under a Child Protection Enquiry Event
- Police – Childs file and/or electronically with Police IRD desk
- Health – Community Child Health Record, Midwifery records, GP electronic record and medical case notes
- Education – Pupil’s Child Protection file

Health must share the IRD minutes with contracted early years providers. The IRD minute should not be shared with Third Sector providers.

Where an IRD is being held in respect of more than one child (even if from the same family) a separate IRD record should be produced for each child. Shared information can be copied between the records, but information individual to a child should only be included in their record, unless the information has specific relevance to the overall investigation.

#### 4.4.3. Involving the child and their parents, carers and guardians

The inclusion of child and family voice, experience and views is an important element of the IRD process (remembering that IRDs are a process of information sharing and analysis until the point of CPPM or decision not to hold a CPPM). Whilst it is acknowledged that this may be hampered somewhat at an IRD held urgently, children’s and their family’s voice can be discussed during the IRD process where appropriate and by the involved professionals. The inclusion of the voice of those directly affected by the outcomes of the IRD process (i.e., parents, siblings, carers) is likely to lead to more effective engagement and a better outcome for the child.

We can include and involve children and their families by:

- listening to what children and their families are telling us
- using their account, views and experience to form the basis of our analysis of harm
- by including children and their families in decision making where possible
- by considering the use of rights based/advocacy services at the earliest opportunity to support and empower children and their families.

However, if a parent/carer is believed or suspected to be responsible for any harm, or potential harm that the child may be suffering, then particular attention must be paid to what information can be shared with or obtained from them. Detail of the information to be shared, with whom, when and by whom should be set out within the analysis and action section of the IRD minute template.

Where the decision reached during an IRD is to hold an Initial Child Protection Planning Meeting, a professional must be identified to take the lead in ensuring the child is supported to participate in this process, including referral to advocacy services.

#### 4.5. Decision-making and planning

<b>Key messages</b>
<p>Key decisions to keep a child safe, or to find out more information include:</p> <ul style="list-style-type: none"><li>- Where appropriate, as part of the IRD, an Interim Safety Plan can be formulated to ensure a child's safety until the Child Protection Investigation concludes that a safety plan is not required or that Child Protection Planning Meeting is to be held.</li><li>- Child Protection Investigations are an inter-agency process where following an IRD, further information is gathered from all agencies, discussions are held with the family and analysis is applied to understand the level of risk and strengths associated with the child and their family.</li><li>- An IRD must consider whether a referral to the Principal Reporter is required.</li><li>- An IRD or the Child Protection Investigation can recommend that a Child Protection Planning Meeting is required to review the Interim Safety Plan and to consider if the child's name needs to be added to the Child Protection Register with a Child Protection Plan put in place.</li><li>- If any agency involved in the IRD disagrees with the decision of any party and where a compromise cannot be reached, consultation with senior managers from core agencies should take place in order to reach a decision.</li></ul>

During an IRD *meeting* (as part of the IRD *process*), participants must consider and identify a range of actions to undertake on a multi-agency basis which will help to keep the child safe or obtain more information about their safety. However, an initial IRD *meeting* can culminate in the following two ways:

- 1) No further child protection action is required, including:
  - No intervention is required
  - Single agency support is required (which may include measures currently in place)
  - Multi-agency support is required such as the introduction or continuation Child Protection Planning activity
- 2) Continuation of child protection procedures may be appropriate to safeguard the child in the short term, to find out more information about the level of risk or harm or to build a longer term plan to safeguard the child. This can be achieved by:
  - Interim safety planning – what needs to happen to keep the child safe?
  - Joint investigation (Joint Investigative Interview, Medical Examination, Child Protection Investigation)
  - Child Protection Planning Meeting
  - Referral to the Children's Reporter
  - Emergency legal measures

This means that the IRD *process* is not usually complete at the end of the formal IRD *meeting*; IRDs continue to be an inter-agency process up until:

- a Child Protection Planning Meeting (CPPM) is held,
- or a decision is made that a CPPM is not required.

It should however be noted that in some cases, where there is no immediate cause for concern and following reasoned interagency discussion at the IRD, the process may end at the IRD meeting stage.

The complete process of the IRD is captured in a flowchart (Appendix 3 Inter-agency Referral Discussion flowchart).

These actions and decisions which should be routinely considered, and potentially undertaken as part of the IRD process, are outlined below.

#### 4.5.1. No further child protection action

##### 4.5.1.1. *No further action*

As noted above, during an IRD the information shared may indicate there is no need for any further action to protect the child. Following discussion, the IRD process may end at this stage with no further action.

In this situation the family should be informed that the IRD took place and that no further action need be taken in respect of the identified concern.

##### 4.5.1.2. *Single agency response or current measures*

A single agency response is an appropriate IRD outcome where identified actions can be followed up by a single agency. Where the child has a Child's Plan (Child in Need, Looked After Child Plan or Child Protection Plan) the plan for the child may revert to the measures already in place to meet the child's needs or keep them safe.

##### 4.5.1.3. *Multiagency response or current measures*

Multi agency response is an appropriate IRD outcome where identified actions can be followed up by multiple agencies. Where the child has a Child's Plan (Child in Need, Looked After Child Plan or Child Protection Plan) the plan for the child may revert to the measures already in place to meet the child's needs or keep them safe.

#### 4.5.2. Child protection procedures

An IRD meeting may conclude that child protection measures have to begin to ensure that a child is safe and/or ensure that the agencies have appropriate and correct information to determine the nature of multiagency response. The options attendees of an IRD meeting need to consider are discussed below.

#### 4.5.2.1. *The Interim Safety Plan*

Where appropriate, as part of the IRD, an Interim Safety Plan can be formulated to ensure a child's safety until the Child Protection Investigation concludes that it is not required or that a Child Protection Planning Meeting is held.

The Interim Safety Plan (ISP) defines and records:

- any risk or harm that needs to be addressed;
- the actions that can mitigate them;
- the persons or services that will take said actions;
- the timelines the actions need to be completed by;
- ways of monitoring the effectiveness of the plan;
- ways of raising further concerns;
- contact details of those with responsibilities around the plan.

The way that the child will be seen and heard during the period in which the plan is in place must be part of the plan. The child will be supported in understanding who they can speak with or contact at any time. A child's version of the plan is recommended, developed with the child's help and understanding as appropriate in each situation.

All participants of the plan must understand and agree what they must do to ensure a child's safety.

The ISP must be recorded (in plain language and practical detail) and shared. Those party to the plan should be known sources of security for the child.

#### 4.5.2.2. *Joint Investigation*

##### *Joint Investigative Interview*

The IRD may decide that a Joint Investigative Interview (JII) should take place. A JII may be appropriate when further evidence is needed about the circumstances of the incident leading to child protection concerns and about any crime committed against the child or anyone else.

Once agreed, a JII should be conducted as soon as practicable, depending on the urgency of the case. A JII is planned in detail and undertaken by a trained police officer and a trained social worker. The plan for JII considers the child's strengths, resources, complex needs, cognitive factors, experiences or trauma, context, motivation and relationships. It will also consider practicalities, such as

- Location, timing, breaks, refreshments; the child should be consulted in relation to these (e.g., a JII can be held at the child's school)
- Lead Interviewer and Second Interviewer; jointly decided by social worker and police officer, taking into consideration the child's right to specify the gender of the interviewer in particular case

JII's are visually recorded. The debriefing of the family and the child following the interview is fundamental alongside taking a child-centred and trauma-informed approach to JII is vital in providing



the necessary support for the child before, during and after the interview and where criminality is being investigated, securing best evidence.

Moray is working to implement the Scottish Child Interview Model (SCIM) approach to JII. Whilst the SCIM model is being embedded across 2023/2024, children may be interviewed using the SCIM model or JII model based on the child's needs as per the decision of the SCIM co-ordinators. The SCIM co-ordinators in the Grampian area oversee the management and allocation of interviews of children subjected to child protection procedures. The model utilised is not the decision of the IRD.

#### Medical Examination

The health professional and/or paediatrician who attends the IRD, with input from other attendees, will decide whether medical examination is required including:

- Joint Paediatric Forensic Examination,
- Single doctor examination with corroboration by a forensically trained nurse,
- Specialist Child Protection Paediatric/Single Doctor/Comprehensive Medical Assessment.

They will also decide whether this can take place at Dr Gray's Hospital, Elgin or the Royal Aberdeen Children's Hospital dependent upon the nature of the concern and the needs of the child.

The purpose of any medical assessment is to:

- Establish what immediate treatment is needed
- Provide a specialist medical opinion about any abuse or neglect causing the child's presentation
- Support multi-agency planning and decision making
- Establish the existence of and address (via appropriate health care, treatment, or investigation) any unmet health needs
- Listen and reassure (insofar as possible) the child and the family

All medical examinations/assessments are holistic assessments of the child/young person's health and developmental needs. There may be variations in who undertakes medical examination and the purpose of the examination must be clear prior to the examination (usually discussed at IRD meeting or at the time of referral for the examination) to allow for a clinician with the appropriate skill set to undertake the assessment.

Timing of the medical examination is agreed jointly by the medical examiners and the other agencies attending the IRD meeting. In Moray, medical examinations are scheduled for normal working hours, unless they are time-sensitive.

Significant new information may arise from a medical examination that requires the reconvening of the IRD meeting.

Victims of rape or sexual assault aged 16 and over are able to apply for a forensic medical examination without first making a report to the Police. In such cases, the national [Self-Referral Protocol](#) should be followed.

#### Child Protection Investigation (multi-agency)

Where appropriate, the IRD may decide that a multi-agency Child Protection Investigation is required. It should be noted that the Child Protection Investigation is an investigation which is distinct from a Police Criminal investigation which can happen in parallel.

A Child Protection Investigation:

- is led by Social Work with input from all agencies involved with the child
- gathers further information from all agencies
- includes the family's views and is shared with the family
- considers the outcome of any other investigation activity i.e. medical examination or Joint Investigative Interview
- includes an analysis to further understand the level of risk and strengths associated with the child and their family
- can also assess whether a referral to the Children's Reporter is required. It is important to consider if there are grounds of compulsion as well as grounds of concern
- may recommend that a Child Protection Planning Meeting is held within 28 days of the completion of the Child Protection Investigation
- may conclude that no further action is required or that current measures are sufficient to keep the child safe.

#### *4.5.2.3. Child Protection Planning Meeting*

An IRD (or the Child Protection Investigation as described in section 4.5.2.2) can recommend if a Child Protection Planning Meeting (CCPM) is required to review the Interim Safety Plan and to consider if the child's name needs to be added to the Child Protection Register and a Child Protection Plan put in place.

The CPPM is a formal multi-disciplinary meeting, which must include representation and contribution from the core agencies (Social Work, Health and Police) as well as any other agencies currently working with the child and their family, including education.

Child Protection Planning Meetings **must take place within 28 days of the decision to convene one** (from the date of the IRD or completion of the Child Protection Investigation). Exceptions to the 28 calendar day timescale must be agreed by a service manager within Social Work. They must be satisfied that an interim safety plan is in place, has been shared with those who are key to the plan and is effective up to the date of Child Protection Planning Meeting. Reasons for extension must be recorded and agreed by the relevant senior manager.

Where there is a decision at IRD that a CPPM is not required, a senior manager within the Social Work service may convene, on review of available information, a CPPM.

See Section 0 for further guidance on CPPMs.

#### *4.5.2.4. Referral to the Children's Reporter*

An IRD must consider whether a referral to the Principal Report is required. The threshold for referral to the Principal Reporter is not the existence/potential of significant harm. Rather, as per S67 of the Children's Hearings (Scotland) Act 2011, a case can be referred to the Children's Hearing if:

- the child is in need of protection, guidance, treatment or control, and
- it might be necessary for a Compulsory Supervision Order to be made.

The Act provides further clarifications regarding the appropriateness of the referral and the subsequent sections outline some legal measures.

#### 4.5.2.5. *Emergency Legal Measures*

Where there is a risk to the life of a child or likelihood of serious immediate harm, local authority social workers or the police may use their statutory child protection powers to act immediately to secure the safety of the child. Legal routes to ensure that a child is safe include:

- Child Assessment Order (sections 35 to 36 of the 2011 Act),
- Child Protection Order (sections 37 to 59 of the 2011 Act) and
- Exclusion order (sections 76 to 80 of the 1995 Act).

These are usually undertaken by the Local Authority Social Work Department but it should be noted that Health are also able to apply for a Child Protection Order.

When considering the use of any emergency legal measures, it is vital that Moray Council Legal Services are contacted at the earliest opportunity to allow for consultation on the nature of the situation.

#### *Child Assessment Order*

A Child Assessment Order is a non-emergency/planned order of the court authorising an assessment of a child's health and development and of the way a child is being treated. It can include directions regarding the contact the child should have with any person(s) named in the order. A child subject to a Child Assessment Order is a Looked After Child.

Pre-application considerations and actions by the social worker include:

- The assessment sought can consider whether the child is 'in need' or any of their needs is to be protected
- The assessment sought cannot be executed without a statutory order
- The parent(s) have been explained S53 of the 2011 Act (the duty of local authorities to cause inquiries to be made) as well as the various legal options.
- Parents' views regarding the matter
- the necessity of the order is to be discussed with area/service manager and other agencies
- legal advice is to be sought
- Whether parental cooperation may be obtained by any other way
- Whether the Child Assessment Order is the most appropriate measure
- whether the three criteria for the Child Assessment Order are met:
  - reasonable cause to suspect significant harm
  - assessment is required to establish whether there is a reasonable cause to have abuse or neglect
  - the assessment cannot be carried out (satisfactorily) unless the order is granted.
- Any potential difficulties likely to be encountered in the implementation of the order and any assistance required
- Contributions from each agency to provide information regarding:
  - The degree of the suspected significant harm
  - The occurrence or likelihood of the harm
  - The extent to which attempts to proceed with parental cooperation have failed
  - The views of the child and the way they have been obtained
- Any directions or conditions that may require to be sought

### Child Protection Order

The purpose of the Child Protection Order is to ensure that, where necessary, urgent action can be taken to remove a child to a place of safety or to prevent the removal of a child from a place where they have been accommodated.

The order can authorise:

- any person in a position to do so to produce the child to the applicant
- the removal of the child by the applicant to a place of safety, and the keeping of the child in that place
- the prevention of the child's removal from a place
- the assessment of health, development or any abuse or neglect
- any necessary measures to safeguard or promote the welfare of the child
- any directions relation to contact with the child and the exercise of the parental rights/responsibilities
- any directions regarding the examination of the physical/mental state of the child
- any directions regarding to the non-disclosure of the proposed place of safety or any other information

Pre-application considerations and actions by the person/agency wishing to make an application:

- any alternatives to the order
- the wishes and feelings of the child
- the child's physical, emotional and education needs during the period of the order
- the granted order's potential effects on the child
- the child's age, gender, and family circumstances
- the circumstances leading to the application
- the need for any directions (as above) the court may attach to the order
- the nature and effect of any other orders or requirements (e.g., residence order, contact order)
- discussion with area and service manager
- consulting the authority's legal services with a view of them being present at the first calling the application
- gathering of information to support the application

The application:

- identifies the applicant, the child, and the place of safety
- demonstrates to the sheriff, via written or verbal evidence (e.g., reports, statements, records), that the criteria for granting the order are met:
  - reasonable grounds to believe the child is suffering significant harm
  - or will suffer such harm if they are not removed or kept in a place of safety
  - or will suffer such harm if they do not remain in the place of safety
  - the order is necessary to protect the child from harm
- includes details of:
  - the concern and the specific reason the Child Protection Order is sought
  - attempts to proceed without an order have failed or are not appropriate (e.g.,
  - the making of an order would be better for the child than not to make an order.

- information about why the order is required urgently
- the (potential harm) – its nature, source and extent (evidenced by statements, reports or research)
- identifies whether the application is sought under
  - S38 where there is reasonable grounds to suspect that a child is at risk of harm, the social worker tried to make enquires and they have been unreasonable prevented from doing to (only submitted by the local authority)
  - S39 where there is reasonable grounds to believe a child has been/will be harmed

#### Exclusion Order and Interim Exclusion Order

An Exclusion Order is a statutory measure available to protect children from significant harm by excluding an alleged abuser from the family home or household. An Exclusion Order has the effect of suspending the named person's rights of occupancy (if any) to the family home. It also prevents the person - whether an occupier or not - from entering the home, except with the permission of the local authority which applied for the order.

It can grant:

- a warrant for the summary ejection of the named person from the home
- an interdict prohibiting the named person from entering a home without the express permission of the local authority
- an interdict prohibiting the removal by the named person of any relevant item specified in the interdict from the home, except either:
  - with the written consent of the local authority, or of an appropriate person or
  - by virtue of a subsequent order of the sheriff
- an interdict prohibiting the named person from entering or remaining in a specified area in the vicinity of the home
- an interdict prohibiting the taking by the named person of any step of a kind specified in the interdict in relation to the child
- an order regulating the contact between the child and the named person.

The Exclusion Order may also be used when a Child Protection Order has been granted, but subsequent discussions find that it is in the best interest of the child to return home and the suspected adult perpetrator, who still poses risk to the child, does not voluntarily leave the home.

Pre-application considerations and actions by the social worker:

- whether the three criteria for an Exclusion Order are satisfied:
  - the child suffered or likely to suffer significant harm as a result of any conduct, or any threatened or reasonably apprehended conduct of the named person
  - the order is necessary to protect the child (irrespective of where the child resides)
  - the child's welfare would be better safeguarded than removal of the child from the home
- there is a person in the family home to take responsibility for providing appropriate care to the child or other family members
- whether cooperation may be obtained in any other way
- whether the Exclusion Order is the most appropriate one
- any difficulties likely to be encountered (i.e. necessary assistance from police/sheriff)

- Contributions from each agency to provide information regarding:
  - The degree of the suspected significant harm
  - The occurrence or likelihood of the harm
  - The extent to which attempts to proceed with parental cooperation have failed
- The views of the child and how they have been obtained
- Decisions regarding any ancillary orders and interdicts

In addition to the above, Police have special powers to safeguard children where there is risk of significant and immediate harm:

#### [Emergency child protection measures – police power to remove a child](#)

A police officer may remove a child to a place of safety without authorisation. This can happen if a police officer has reasonable cause to believe that:

- the criteria for making a Child Protection Order are satisfied
- it is not practicable to apply for such an order from a sheriff or for the sheriff to consider such an application
- it is necessary to remove the child to a place of safety in order to protect the child from significant harm or further such harm.

#### 4.5.3. [Referral to Children’s Rights Services](#)

During an IRD Referral to Children’s Rights Services is a key consideration, and the chair needs to ensure that advocacy is offered to the child. Usually, it is delegated to the social worker to discuss with the child and make the referral.

#### 4.5.4. [Feedback from families](#)

It is acknowledged that perspectives are unlikely to have been received from the child, parents or family at the time of IRD, however, any feedback or views known to date should be recorded. In cases where the child or their family been involved in any previous Child Protection investigations and their attitudes or views at the time are known, these should be documented if it is felt they could impact on the current investigation.

#### 4.5.5. [Escalation](#)

If any agency involved in the IRD disagrees with the decision of any party and where a compromise cannot be reached, consultation with senior managers from core agencies should take place in order to reach a decision. The points of disagreement and resolution must be recorded on the IRD Record. There should be no delays in protective action as a result of the disagreement and the majority decision will apply to avoid delay beyond 24 hours.

An IRD can be reconvened if new information arises which could lead to a reconsideration of the required inter-agency response. Section 4.6.1 discusses Reconvened IRDs further.

#### 4.6. Specific circumstance Inter-Agency Referral Discussion

Key messages
<ul style="list-style-type: none"><li>- Reconvened IRDs are held where new information comes to light after further investigation has occurred.</li><li>- Pre-birth IRDs must take place within <b>5 working days of the child planning meeting</b>, subject to the urgency within the situation and estimated due date.</li><li>- If a concern is received 'out of hours' and relates to the immediate safety and wellbeing of a child, where possible, an IRD should be held as soon as practicable.</li><li>- Where there is a concern that a child or young person is a potential victim of human trafficking an IRD must be held in every case.</li></ul>

The preceding sections outline the procedures to be followed for all IRDs. However, there other specific circumstance IRDs where additional or alternative procedures apply.

##### 4.6.1. Reconvened Inter-agency Referral Discussion meeting

The primary purpose of a reconvened IRD is to consider new information that can lead to changes in the multiagency response. Further, an IRD process that began out with standard working hours can also be closed off by a reconvened IRD meeting where final decisions are made about the next steps in the multiagency child protection actions, particularly in relation to proceeding with CPPM, applying for various legal measures, and referral to SCRA.

A reconvened IRD meeting brings agencies back together to further analyse any additional information that has been gathered since the original IRD. Specifically, a reconvened IRD meeting is justified when information not previously known or considered is thought to change or be impactful on the risks to the child(ren). A reconvened IRD may also be justified following an out of hours IRD, when a full IRD meeting should be convened the next working day to explore the risk and decision making further.

Professionals should not wait until the reconvened IRD meeting to share information with each other.

A reconvened IRD meeting could bring the multi-agency back together in the form of a meeting if the information needs further consideration or analysis; alternatively, it may be that a reasonable decision is made and can be agreed by the partner agencies via email or phone conversation. The latter option (discussions via email and calls) may be particularly appropriate where it is agreed that any new information would not have an impact on multiagency decisions.

A reconvened IRD meeting should be always recorded on the original template and individual regardless need to update their own systems regardless of how the reconvened IRD meeting is convened.

##### 4.6.2. Pre-Birth Inter-agency Referral Discussion

Where professionals have concerns about an unborn child a Child Planning Meeting should be convened. This should involve the team around the unborn baby and its parents.

If the unborn child is identified as being at risk of suffering significant harm or abuse when born, a Pre-birth IRD meeting will take place. Its purpose is to determine the need for further investigation/pre-

birth assessment/actions. The IRD meeting should be convened within **5 working days of the Child planning meeting**, subject to the urgency within the situation and estimated due date (recognising that vulnerable pregnancies can result in premature births).

Pre-birth IRD meetings will be attended by a minimum of Police, Social Work and Health. Detective Sergeants within the Moray Public Protection Unit will take part in the pre-birth IRD.

#### 4.6.3. Out-of-hours Inter-agency Referral Discussions

An IRD is the start of the formal process of information sharing, assessment, analysis and decision-making where a child may have been harmed. The IRD process can start out with working hours when information is shared between agencies and analysed to establish what protective actions are needed to keep the child safe. Protective actions then feature in the interim safety plan.

Where an interim safety plan has been agreed, it is imperative that this is recorded and shared with colleagues working during 'standard' hours on a single agency basis (this is usually by email). The interim safety plan which has been agreed as part of out of hours safety planning must then be formally recorded in the record of the IRD meeting which is held as soon as reasonable practicable.

There are occasions where it is necessary to move beyond safety planning and into investigation out with working hours. For example, a Joint Forensic Medical Examination may be required as a matter of some urgency owing to the nature or severity of the incident. In this circumstance, the on-call duty Paediatrician can be contacted for advice. Please note that out of hours medical examinations will not be executed unless they appear to be time sensitive. If a Joint Investigative Interview is required, this decision can be made between Social Work and Police.

When a significant event occurs and investigative actions are required, it is good practice to begin the formal record of the IRD using the IRD paperwork. In this circumstance, an out of hours IRD for a significant event can be in the form of a meeting or in fast paced situations, agreement between agencies can be reached via phone/email. If a significant event occurs out of hours requiring Health to be informed or be part of an out of hours IRD, then the on-call duty manager for Dr Gray's Hospital, Elgin should be telephoned via the NHS Grampian switchboard.

An out-of-hours IRD (meeting or interim safety plan) is followed up by a reconvened IRD meeting (section 4.6.1) the next working day or as soon as practicable. In preparation for the reconvened IRD meeting, Education and/or Health needs to be contacted to gather any additional information.

#### 4.6.4. Age of Criminal Responsibility Act (ACRA) Inter-agency Referral Discussions

A child cannot be held responsible for, arrested or charged with harmful behaviour that amounts to a crime or offence that occurred when the child was under 12. The Age of Criminal Responsibility Act raises the age of criminal responsibility in respect of children under 12 years of age, but makes provision for their referral to a children's hearing on grounds other than having committed an offence. This could apply to children who are:

- suspected of violent or dangerous behaviour which has caused or risks causing serious physical harm to another person or



- who, by behaving in a sexually violent or sexually coercive way, have caused or risked causing harm (whether physical or not) to another person.

However, if a child under the age of criminal responsibility caused or risked causing significant/serious or sexual harm to another person (meets ACRA criteria), then an ACRA IRD is convened.

ACRA IRDs has its own, nationally used form (held by the Police).

#### 4.6.5. Human trafficking

Police Scotland must be notified about possible under 18 victims of human trafficking.

Where there is a concern that a child or young person is a potential victim of human trafficking an IRD must be held in every case. Child trafficking involves the recruitment, transportation, transfer, harbouring or receipt, exchange or transfer of control of a child under the age of 18 years for the purposes of exploitation. Transfer or movement can be within an area and does not have to be across borders. Examples of and reasons for trafficking can include sexual, criminal and financial exploitation, forced labour, removal of organs, illegal adoption, and forced or illegal marriage.

The UK has a responsibility to identify and record cases of child trafficking under the Council of Europe Convention on Action Against Trafficking in Human Beings. The National Referral Mechanism (NRM) was set up by the Home Office to help victims of trafficking receive support, and to gather intelligence to help interrupt trafficking. Any child suspected of being a victim of trafficking should be referred to the NRM. In Scotland referral to the NRM should follow on from an IRD and Child Protection processes. Only designated 'first responders' can make a referral into the NRM for children, local authorities and police (in addition to the Home Office) are the first responders. Referral to the NRM is made [online](#).

#### 4.6.6. Sudden unexpected death in infants and children

For a very small number of children, their death may not be as a result of natural causes. In cases of sudden death, the circumstances and cause of death must be explored sensitively and to the highest standards.

A collaborative and co-ordinated inter-agency approach is necessary in situations of a sudden or unexplained death of a child or infant. Alongside the child death investigation exists a responsibility for ensuring the safety and wellbeing of any other children or infants in the household or yet to be born that may be affected (Article 6 UNCRC). **When there are surviving siblings, an inter-agency referral discussion will be considered in all cases and is the recommended mechanism to ensure early, multi-agency and co-ordinated decision making.** This will enable appropriate single-agency or multi-agency support, assistance and intervention for families where this is required or provide assurance that no further action is necessary.

## 5. Child Protection Planning Meetings

<b>Key messages</b>
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- Child Protection Planning Meetings (CPPM) are convened as a result of a decision at an IRD or the recommendation of a Child Protection Investigation.
- Initial CPPMs are held within 28 days of the notification of the concern
- All professionals are required to share their report (including integrated reports, but excluding police research) 5 days prior to the meeting
- All professionals are required to prepare for the CPPM by reading the shared reports and considering their agency's contribution to the plan
- Only relevant professionals should attend a CPPM
- CPPMs are solution oriented, which means that the focus is on the development of a plan, rather than the recounting of incidents
- Pre-birth CPPM's are recommended within 28 calendar days of the concern being raised (the IRD) and always within 28 weeks of gestation, taking in to account the mother's needs and all the circumstances in each case
- Where a child who is on the Child Protection Register moves local authority area, the receiving local authority is responsible for convening a transfer CPPM. This should be held within 21 working days of the transfer's receipt.
- A minimum of 2 Child Planning Meetings should be held within 6 months of the de-registration decision to monitor progress.

Child Protection Planning Meetings are convened as a result of a decision at an IRD or from the recommendation of a Child Protection Investigation and they take place within appropriate timeframes outlined in subsequent sections and summarised in Appendix 4 Child Protection Planning Meetings flowchart.

Child Protection Planning Meetings held in Moray are using a solution orientated approach. This means that the focus of the meeting is to hear concerns and strengths and develop a plan, alongside the family, which addresses the concerns and builds on contextual strengths. Overall, the purpose of the CPPM is to:

- ensure that a child's plan (Child Protection or Child in Need) is in place to address any identified risks/unmet needs,
- ensure that the views of the child, young person and their family's views are considered (with appropriate supports as necessary)
- share, update and analyse any relevant information (where it is proportionate to do so) including the Interim Safety Plan created at the IRD,
- determine whether the child is at risk of significant harm and requires to be placed/retained on the Child Protection Register or whether the child and family's needs can be met through the Child Planning process.
- determine whether a referral to the Scottish Children's Reporter's Administration is needed, if this has not already been done.
- determine whether other Legal Measures are needed, for example a Child Protection Order or alternative voluntary care arrangements (advice to be sought from Legal Services)
- to consider whether the child (or any close adult) may be eligible for Criminal Injuries Compensation as a result of harm suffered within or out with the family as a result of abuse
- identify a Lead Professional (if it was not done previously)

Within Moray, Child Protection Planning Meetings are managed, convened, chaired, and minuted by the Local Authority Reviewing Team. The Reviewing Officer's responsibilities include:

- reviewing and approving the list of invitees
- preparing the families alongside the Team around the Child
- ensuring that the parents/carers and child's views are taken into account;
- facilitating information-sharing, analysis and consensus about the risks and protective factors
- facilitating decisions and determining the way forward as necessary (including split decision regarding registration)
- ensuring consideration of referral to the Scottish Children's Reporter's Administration
- where a child's name is placed on the Register, outlining decisions that will help shape the initial Child Protection Plan (to be developed at the first Core Group meeting)
- identifying the lead professional (if not already appointed); and advising parents/ carers about local dispute resolution processes
- facilitating the identification of a Core Group of staff responsible for implementing and monitoring the Child Protection Plan
- ensuring a Review Child Protection Planning Meeting (where required) takes place within appropriate timeframes
- reviewing the Child Protection Plan within appropriate timeframes to ensure it is adhered to

### 5.1. Attendees of a Child Protection Planning Meeting

Parents, carers or others with parental responsibilities should be invited to the CPPM. In exceptional circumstances (e.g., presence carries significant risk), the Reviewing Officer may determine that a parent or carer should not be invited to, or should be excluded from attending, the CPPM. Their views should still be obtained and shared at the meeting and the Reviewing Officer should identify the responsible person and timescale who will notify them of the outcome. This, alongside the rationale for the exclusion, needs to be clearly documented.

Parents/carers may need to bring someone to support them (e.g., friend, family member, advocacy worker) when they attend a CPPM. This person is there solely to support the parent/carer and has no other role within the CPPM. On some occasions, the family may request that their legal representative/solicitor should be invited. However, given the non-statutory basis of CPPMs, any attending legal representatives/solicitors can only act as a support to the child or young person and their parents/carers/guardians. Whilst they can observe the meeting, they cannot be involved in the decision-making.

A child or young person may also be invited to the CPPM, as appropriate. In such cases, they should be given the information and preparation in a way that facilitates understanding and meaningful participation. Attending the CPPM may have a negative impact on the child, therefore, the Reviewing Officer may decide to not invite them. Such decision and its rationale must be clearly explained to the child and recorded. Case by case consideration should be given to how to respond to a situation when a parent or carer refuses to allow a child or young person access to information and advocacy services in relation to child protection processes. The child's views, in all cases, are obtained, presented, considered and recorded.

There must be sufficient representation of agencies at the CPPM. Minimum participation would be expected from:

- Social Work,
- Police,
- Health,
- Education (where relevant)
- and Early Learning and Childcare (where relevant)

The people involved in a CPPM should be limited to those with a need to know of or are essential to an effective plan. This may include colleagues who work in addiction services, housing, adult mental health services, the Third Sector or with the armed forces.

#### 5.1.2. Quorate

The Reviewing Officer may decide to postpone the CPPM if it is apparent that there will not be appropriate representation of agencies (the meeting is not quorate). Reasons for postponing the meeting can also include:

- the family and professionals are not suitably prepared to fully participate in the meeting
- reports have not been sent in a timely manner

In exceptional circumstances, the Chair may decide to proceed despite lack of agency representation. This would be relevant where a child has not had relevant contact with all key agencies (e.g. pre-birth CPPM), or sufficient information is available and a delay is likely to be harmful to the child. Where an inquorate CPPM is held, the Chair must ensure that the reasons for proceeding with the CPPM, and any arrangements to safeguard the child in the meantime, are noted in the CPPM record. **An early review CPPM should be arranged immediately and held within 10 working days.** Two consecutive inquorate CPPMs must not be held.

Inquorate CPPMs cannot remove a Child Protection Plan.

#### 5.2. Provision of reports and preparation

Timely sharing of relevant, accurate and sufficient information in the form of written reports is vital for the smooth running of a Child Protection Planning Meeting. It is important that all participants in the meeting know and understand the challenges and strengths for a family in advance of the meeting.

Individual agencies (with the exception of Police Research which cannot be shared) are responsible for sharing their reports or information with the family, the Children's Reviewing Team and other agencies, **5 working days** before the meeting. The Children's Reviewing Team do not distribute reports. It is the responsibility of individual agencies/professionals to make the family aware of the contents of the reports.

The lead professional's report should contain a Multiagency Chronology. The report should also include the child's views, information pertaining to significant adults in the child's life, and provide a

clear overview of the risks, vulnerabilities and protective factors. Other children in the household or extended family should also be considered.

The family and the child also need help to prepare for the CPPM. In the week leading up to the meeting, and once the Reviewing Officer has reviewed the reports, they will attempt to phone/contact the family to discuss the upcoming CPPM, gather views and ensure that they are prepared in terms of how information will be presented and managed, including what happens, and why, during the protected period.

### 5.3. Protected period

The Protected period takes place 30 minutes prior to the main CPPM and it offers professionals an opportunity to share and discuss new and/or restricted access information.

Restricted access information is information that, by its nature, cannot be shared freely with the child, parent/carer and anyone supporting them. Such information will be shared with the other agencies of the CPPM at the Protected Period. It may not be shared with any other person without the explicit permission of the provider. Restricted information includes:

- Sub judice information that forms part of legal proceedings and which could compromise those proceedings
- Information from a third party that could identify them if shared
- Information about an individual that may not be known to others, even close family members, such as medical history and intelligence reports
- Information that, if shared, could place any individual(s) at risk, such as a home address or school which is unknown to an ex-partner

Such confidential information must be kept to a minimum and considered very carefully to ensure transparency; information should only be withheld from families when it is necessary.

### 5.4. Types of Child Protection Planning Meetings

#### 5.4.1. Initial Child Protection Planning Meeting

**Taking place within 28 days of the IRD which made the decision to convene the CPPM or within 28 days of the Child Protection Investigation which recommends it**, the Initial CPPM is held to allow professionals from across services to share information about a child for whom there are child protection concerns. This will allow joint assessment of the information and determine whether there is a likelihood of significant harm that needs to be addressed through a multi-agency child protection plan.

A decision must be made as to whether the child's name is placed on the Child Protection Register and what supports are required to reduce or eliminate risk (building on the safety plan devised at the IRD). A comprehensive risk assessment and case chronology must have been initiated by this stage and this will inform the Child's Plan.

#### 5.4.2. Pre-Birth Child Protection Planning Meeting

Pre-birth CPPMs will consider whether serious professional concerns exist about the likelihood of significant harm to an unborn or newly born baby in advance of the child's birth. It will consider whether participants need to prepare an inter-agency plan which will meet the needs of the baby and mother prior to and following birth.

**Pre-birth CPPM's are recommended within 28 calendar days of the concern being raised (the IRD) and always within 28 weeks of gestation, taking in to account the mother's needs and all the circumstances in each case.** There may be exceptions to this where the pregnancy is in the very early stages. However, concerns may still be sufficient to warrant an inter-agency assessment and the CPPM may place the unborn baby's name on the Child Protection Register before birth. If the child is registered the Child Protection Plan must stipulate who is responsible for notifying the birth of the child and what steps need to be taken at that point (e.g. referral to the Scottish Children's Reporter's Administration). Legal measures such as referral to the Reporter and application for a Child Protection Order can only be made at birth.

Where a Child Protection Plan is in place prior to a child's birth, holding a pre-discharge planning meeting must always be considered as, owing to the emergence of new information, changes to the Child Protection Plan may be required.

Its purpose is to agree arrangements for the care of the child following discharge from hospital. This should include consideration of the role and level of involvement of community-based supports. Where the decision of this meeting is that the child would be at risk of significant harm by being discharged to the care of their parent/s, the Child Protection Plan should be amended to reflect this, and proportionate action should be taken to keep the child safe.

Where a pre-discharge planning meeting is held, the meeting itself is framed carefully and in a trauma-informed manner in order to be mindful of the mother's circumstances.

#### 5.4.3. Transfer Child Protection Planning Meeting

Geographical moves (between local authority areas) are a time of accentuated stress and risk for children and families. Transfer CPPMs must be held to ensure proper transfer of information and responsibilities when a Child Protection Plan is currently in place.

Where it is known that a child and/or their family are moving permanently to another local authority area, the original local authority should notify the receiving local authority immediately, then follow up the notification in writing.

At the transfer CPPM, the minimum requirement for participation is:

- the originating local authority's social worker and manager
- the receiving local authority social worker and their manager,
- Representatives from appropriate services including health and education.

Where the child moves to another authority, the originating authority must assess the change in circumstances. If there is felt to be a reduction in risk, the originating authority should arrange a review

CPPM to consider the need for on-going registration or, if appropriate, de-registration. In such circumstances, an appropriate member of staff from the receiving authority should attend the review.

Where the original authority considers that the risk is on-going or even increased by the move, the receiving local authority is responsible for convening the transfer CPPM. **This should be held within 21 working days of the transfer's receipt.** Until the transfer meeting, where necessary, an interim safety plan must be agreed between the relevant authorities.

Please note that only a Review CPPM can de-register a child from the Child Protection Register; Transfer CPPM's cannot de-register a child.

Where a child and their family move from one Scottish authority to another and the child has a Child Protection Plan, the originating authority must ensure that the relevant child's records are made available to the receiving authority for the purposes of the assessment of current and future risk and need. Where a child was on the Child Protection Register previously in another area, the receiving authority should request the child's file from the previous authority (if still available).

#### 5.4.4. Review Child Protection Planning Meeting

Review CPPMs must **be held within 6 months of the Initial CPPM** which placed the child on the Child Protection Register and at every 6 months thereafter until de-registration. Review CPPMs are held to review the progress of the Child Protection Plan to ensure it is meeting the child's needs and to consider any new information provided by the team around the child. Such information will help practitioners inform and update the Child's Plan accordingly, and decide whether the child or young person's name should remain on the Child Protection Register or not.

De-registration is the outcome of the CPPM only when the team around the child is satisfied that the abuse or risk of significant harm is no longer present or sufficient to warrant continued registration. A child's name should only remain on the Child Protection Register if a detailed assessment indicates that there is continued risk of significant harm. Where a child is no longer considered to be at risk of significant harm and the child protection plan has been converted to a child's plan, their name should be removed from the Child Protection Register.

**A minimum of 2 Child Planning Meetings should be held within 3 months of the de-registration decision to monitor progress.**

#### 5.4.5. Review of pre-birth Child Protection Planning Meeting

**A review may be held within three months of the previous CPPM. There should be latitude for professional judgement about the most appropriate timing post-birth.** This does not preclude an earlier review where changes to the child's living situation are enough to remove or significantly reduce risks. Careful consideration is required about early decisions to remove a baby's name from the register, for example, by ensuring that necessary supports are in place.

## 5.5. Decision making and planning

All participants at a CPPM with significant involvement with the child and family have a responsibility to contribute with a view of the level of risk, the need for a Child Protection Plan, the decision to place the child's name on the Child Protection Register, not to place the child's name on the Child Protection Register or to de-register a child.

Children are no longer being registered under a specific category of risk, instead, areas of concern (Risk Indicators) that may be present within a child's life circumstances are noted. Practitioners are encouraged to consider more broadly the multi-dimensional vulnerabilities children and young people may be exposed to, placing them at risk of harm. The National Risk Indicators are:

### **Vulnerability Factors:**

- Services finding it hard to engage
- Parent(s) and carer(s) with learning disability
- Child affected by Parent/Carer mental ill-health
- Child experiencing mental health problems
- Domestic abuse
- Parental alcohol Use
- Parental drug Use
- Child displaying harmful sexual behaviour
- Online safety

### **Impact on the child:**

- Physical abuse
- Emotional abuse
- Sexual abuse
- Child trafficking
- Neglect
- Female genital mutilation
- Honour based abuse and forced marriage
- Child sexual exploitation
- Criminal exploitation
- Under age sex
- Other (e.g., radicalisation)

The individual character and definition of these types of harm and vulnerability are captured in the [National Guidance for Child Protection in Scotland \(2021\)](#).

In addition to identifying areas of concern, each professional attending the CPPM has a duty to express their view as to whether a child's name is placed on, taken off or retained on the Child Protection Register. They must provide a reason for this decision, explain why they remain concerned or feel that risk has reduced. Where there are multiple professionals from one agency, who share the same role, only one will be asked to provide their decision and reason.



The decision is then reached based upon a majority view. Where there is no consensus about whether a child's name will be placed on, taken off or retained the Child Protection Register, the Chair will use their professional judgement to make a decision, based on an analysis of the issues raised.

Whilst the child and parent(s) views on registration do not count towards the decision, they are asked for their views and this should be taken into consideration by professionals.

A summary of key decisions and agreed tasks, as approved by the Chair, should be circulated within **one day of the CPPM**. Participants should receive a copy of the **agreed Child Protection Plan and record of the meeting within five working days of the CPPM**.

#### 5.5.1. Child Protection Plan or Child in Need Plan

During a CPPM a plan for the child is drawn up, based on any previous plans the child or young person had (e.g., the interim safety plan devised during the IRD). This plan can be either a Child Protection Plan (child is registered) or a Child in Need Plan (child is not registered or de-registered).

Regardless of the category of the plan, it considers any immediate, short-term risks, and longer term risks to the child and ways of mitigating them. For the avoidance of drift and uncertainty of purpose, it is recommended that the Plan's objectives be Specific, Measurable, Attainable, Relevant, Time bound, Evaluated and Re-evaluated ('SMARTER'). Interventions should be proportionate, and linked to intended outcomes in ways understood by all involved, especially children and parents. The plan should also:

- be developed in collaboration and consultation with the child and their family
- link actions to intended reduction or elimination of risk
- be current and consider the child's short-, medium- and long-term outcomes
- clearly state who is responsible for each action
- include a named lead professional
- include named key contributors (the Core Group)
- include detailed contingencies
- consider the sensitive direct involvement of children and/or their views

Any interventions should be proportionate and clearly aligned to desired outcomes for the child. Progress can only be meaningfully measured if the action or activity has had a positive impact on the child.

#### 5.5.2. Criminal Injuries Compensation

Criminal Injuries Compensation, by awarding compensation, gives a clear message to children and young people that:

- They were not responsible for the abuse which they suffered
- What happened to them was wrong

While financial recompense can never fully compensate for the abuse suffered by many children, it can bring important material assistance at key stages in their lives.

Through the [Criminal Injuries Compensation Scheme 2012](#), children who have suffered harm either within or out with the family as a result of abuse may be eligible for criminal injuries compensation. Other children or non-abusing adults who have a loving relationship with the abused child may also be eligible for compensation if they suffer a mental injury as a result of witnessing the abuse or its immediate aftermath. Professionals should be aware of this scheme, and should consider whether any child for whom they are responsible is eligible to apply. They should also ensure that applications are progressed timeously.

Where the victim was under the age of 18 at the time of the incident, and it is reported to the police before their 18th birthday, an application for compensation can be made until the victim turns 20. Where the victim was under the age of 18 at the time of the incident but it was not reported to the police before their 18th birthday, an application for compensation can be made up to two years from the first report to the police.

Consideration as to whether or not the Criminal Injuries Compensation Scheme may apply should be a standing item at all initial and review CPPMs (or 'Looked After' Reviews if appropriate). It is the responsibility of the Chair of the review to ensure that rationale for proceeding with the application (or not) are recorded within the record of the meeting.

### 5.5.3. North East Scotland Child Protection Register

At the end of a CPPM, a child/young person is either placed/retained on or removed from the Child Protection Register (CPR).

CPR is a central register (administrative system) of all children and young people, including unborn children, who are the subject of a multi-agency Child Protection Plan where there are child protection concerns. The Child Protection Partnership (CPP) is responsible for maintaining the CPR and accurately processing the information needed to update it. It is the responsibility of the Reviewing Team Admin Support to forward the relevant information coming from the CPPM to the CPP, so that the CPR is kept up to date and accurate.

The CPR is held separately from all service/agency records or case files in Moray, Aberdeenshire and Aberdeen City and is secure. There is 24-hour access to the CPR for all practitioners, services/agencies who need to make an enquiry about a child or young person. The CPR can be accessed by emailing the team keeping the register ([northeastcpr@aberdeencity.gov.uk](mailto:northeastcpr@aberdeencity.gov.uk)). Out of Hours Social Work, Police and Health may also make web enquiries at <https://cpr-nspcpc.aberdeencity.gov.uk>

The Reviewing Officer, or a person nominated by them, should inform the family and the child (if appropriate) about the information held on the CPR and who has access to it.

#### 5.5.4. Records of Child Protection Planning Meetings

Minutes are an integral and essential part of the meeting and should be recorded by a suitably trained admin worker and agreed by the chairperson before being circulated to the participants. Participants should receive the minutes within **5 calendar days of the CPPM**.

To avoid any unnecessary delay in actions and tasks identified the chair should prepare the Decision Letter which will record key decisions and tasks for circulation **within 24 working hours of the meeting**.

The Decision Letter and the Record of the CPPM should be distributed to invitees who were unable to attend and members of the core group, as well as meeting attendees.

Records need to be clearly laid out and should as a minimum note:

- Reports received
- A summary of the information shared
- The risks and protective factors identified
- The views of the child and parents/carers
- The decisions, reason for the decisions and note of any dissent
- The outline Child Protection Plan as agreed at the meeting, detailing the required outcomes, timescales and contingency plans (e.g., emergency legal measures, sources of family support etc.)
- The name of the lead professional
- Membership of the Core Group (as appropriate)

Where a parent/carer has a support person attend the meeting (including a legal representative), they should not be sent a copy of the Record or Decision Letter. It will be the decision of the parent/carer as to whether they share this information with the support person.

#### 5.6. Complaints

Complaints are a way of managing:

- challenges about professional practice;
- challenges about the processes and outcomes generated at CPPMs;

##### 5.6.1. Complaints relating to practitioner behaviour

If the complaint is about a specific practitioner, or their service and/or agency, then they should follow that service and/or agency's complaints procedures. Moray Council complaints handling procedures are available [online](#).

All services and/or agencies involved in child protection work have clear complaints procedures, which should be followed where there is a complaint about an individual practitioner.

### 5.6.2. Complaints relating to the outcomes of the Child Protection Planning Meeting

Children and young people and/or their parents/carers/guardians who are subject of CPPMs may request a review of the decision making process of the CPPM, where they do not accept or agree with that decision. Such a review should be requested in writing within 14 days of the CPPM.

A relevant Social Work Service Manager will appoint an independent and suitable senior member of staff (from across Children's Services) to carry out this review. The decision of CPPM will only be reviewed where one or more of the following criteria apply:

- relevant information was not available to the original CPPM;
- there are reasonable grounds to suggest that inaccurate or insufficient information was presented to the CPPM;
- there are reasonable grounds to suggest that the decision reached by CPPM was unreasonable in light of the evidence provided to the CPPM.

#### *Review Stage 1*

Where it appears that the complainant is unclear about the basis of a decision making of the CPPM, they may request the Chair of the CPPM to meet with the complainant in order to clarify the reason for the decision and attempt to seek a resolution.

If new (not available at the original CPPM) information is presented to the manager or if the information presented at the CPPM was inaccurate, the manager will:

- confirm whether this was the case;
- assess the potential impact of this information against the decision making taken at the CPPM and liaise with the Chair of the CPPM;
- determine whether, in light of the above, it may be appropriate to refer the matter back to a CPPM for a further review.

Whichever route is followed, the manager will write to the complainant within 14 days of receipt of their request and will advise them of the review process to date and any proposed course of action. If the issue is referred back to the Chair of the CPPM, they shall advise the child/young person or their parents/carers/guardians and/or representatives within 14 days, in writing, of the outcome of the review process.

Any practice issues that are highlighted should be forwarded to the Child Protection Implementation Group and escalated to relevant agency line manager.

#### *Review Stage 2*

Where the child/young person or their parents/carers/guardians and/or representatives do not accept the outcome of the review process undertaken at Review Stage 1, it shall be open to the manager to call a Review Panel Meeting in order to consider the decisions/recommendations reached by the CPPM.

This will only take place if a child/young person or their parents/carers/guardians and/or representatives do not accept the outcome of Stage 1 of the review process **and** it appears to the Manager that either:

- inaccurate or misleading information was provided to CPPM which impacted significantly upon its decision making; and
- there are clear grounds for believing that the decisions made were not warranted by the information presented to the CPPM.

It is suggested that the Review Panel may comprise of:

- the Chief Social Work Officer;
- a senior Health Professional in Child Protection;
- a senior member of Education Staff in Child Protection;
- a senior Police representative in Child Protection and
- the Voluntary Sector representative who sits on the Moray CPC.

The decision by the Review Panel will be final. Should the child/young person or their parents/carers/guardians and/or representatives still not accept the outcome of this review process, they can pursue the formal statutory complaints procedure which should be communicated to them by a member of the Review Panel.

## 6. Core groups

Key messages
<ul style="list-style-type: none"><li>- The core group must meet within 15 working days of a CPPM</li><li>- Core Group Meetings should subsequently be held every 4 weeks. Where circumstances prevent a 4 week Core Group Meeting being from being held, the time between meetings should never exceed 6 weeks.</li><li>- The core group will activate contingency plans promptly when progress is not made or circumstances deteriorate</li><li>- The core group will refer the need for any significant changes in the child protection plan to the Reviewing Officer within 3 calendar days, or as urgently as necessary to safeguard the child</li></ul>

Following registration, it is essential that agencies work together in a clear and focused manner to protect the child from the risk of future harm and to work to ensure they achieve their full potential.

The core groups must meet within 15 working days of a Child Protection Planning Meeting. Core Group Meetings should subsequently be held every 4 weeks. Where circumstances prevent a 4 week Core Group Meeting being from being held, the time between meetings should never exceed 6 weeks.

A minimum of 2 Core Group Meetings should be held in the 6 months following de-registration to monitor progress with the child's plan.

The Core Group consists of professionals who have direct and on-going involvement with the child and/or family. Parents should normally be invited to attend Core Groups, and may bring a supporter. The parent or supporter may be excluded by the Chair of the Core Group. In such instances the reason for the individual's exclusion should be fully recorded. Where appropriate, the child or young person can also attend the Core Group.

While the Core Group has the central responsibility for working to ensure the protection and wellbeing of a child on the CPR, the social worker as Lead Professional is central to ensuring the effectiveness of interagency working. Every child on the Child Protection Register must have an allocated social worker with appropriate experience and skill to carry out the tasks allocated to them within the Child's Plan.

The role of the Lead Professional (Social Work) in Child Protection is to:

- Coordinate and support effective inter-agency working
- Undertake and update the child protection risk assessment and the multi-agency chronology
- Initiate and undertake any child protection investigations that may be required
- Visit the child and family weekly. Weekly visits will allow for the social worker to build an assessment of the risk and strengths within the family.

The initial child protection Core Group Meeting will:

- Make arrangements for the completion of a child protection risk assessment and any other assessments as required
- Agree the details of the Child Protection Plan or Pre Birth Plan including consideration of the child's immediate and long-term protective and wellbeing needs
- Identify areas for intervention and change including those that are apparently resistant to change
- Establish the roles and responsibilities of each Core Group Member
- Ensure that there are arrangements in place in order that the child is seen at least once each week by a professional member of the Core Group
- Establish the arrangements whereby the child is seen alone by a professional member of the Core Group with whom they have a trusting relationship

As the Child Protection Plan progresses, Core Groups are responsible for implementing, monitoring and reviewing the Child Protection Plan, in partnership with children and parents. They must:

- be co-ordinated by the lead professional
- meet on a regular basis to carry out their functions, the first time being within 15 days of the CPPM and at a minimum level of every 4 weeks thereafter
- keep effective communication between all services and agencies involved with the child and parents/carers
- activate contingency plans promptly when progress is not made or circumstances deteriorate.
- refer the need for any significant changes in the Child Protection Plan to the Reviewing Officer within 3 calendar days, or as urgently as necessary to safeguard the child
- be alert, individually and collectively, to escalating concerns, triggering immediate response, additional support and/or a review CPPM as appropriate
- Visit the child on their own at least once a week and observe them both within their home and in other settings. These visits are recorded and the lead professional, depending on the age and developmental stage of the child, should record who is present during visits.

Visiting and observing by other professionals must take place at a frequency and in a manner appropriate as identified by the Core Group. Where there is disagreement over frequency and nature of visits, the Lead professional must discuss this with the Team Manager in the first instance.

Continued failure to gain access to the child over the week, must be discussed with the Senior Social Worker and any risks or need to take additional action considered.

Where the Lead Professional is absent or unavailable to undertake visits to see the child in their home environment the team leader should agree the most appropriate arrangements to fulfil any tasks allocated to social work in the Child Protection Plan.

## 7. Quality assurance

Quality control systems are in place to support consistent standards, recognition of patterns in practice or context of concerns, and improvement. This includes, but is not limited to, regular reviews of IRDs by senior representatives of core agencies and regular screening of Child Protection Planning Meetings and arrangements.

## 8. Implementation plan

1. Title of document	Moray Multi-agency Child Protection Procedure
2. Owner of document	Children and Families and Justice Social Work Policy Team
3. What is it? (e.g., new policy, updated policy, guidance etc.)	Revised procedure
4. Where is it stored?	Respective agencies' Record Management Systems Appropriate websites
5. What is the implementation date/timeframe?	June 2023
6. Dissemination methodology (e.g. Cascade through snr officers and individual services, team meeting approach, Locality approach, Launch event, Focus Groups, Event based approach, 7 min Briefings)	
<p>Social Work: Policy, Procedure and Commissioning Meeting; briefing email; briefing sessions at other meetings (e.g., supervision forum, team meetings)</p> <p>Police: Guidance shared with Moray PPU staff and Local Area Inspectors to disseminate and brief their teams accordingly.</p> <p>Health: briefing sessions at other meetings (e.g., supervision forum, team meetings)</p> <p>Education: briefing sessions at other meetings (e.g., supervision forum, team meetings)</p>	
7. Stakeholders (audience), their roles and responsibilities	
<p>Managers:</p> <ul style="list-style-type: none"> <li>- ensure that they raise awareness amongst staff about this procedure;</li> <li>- ensure that staff are aware of how they are expected to safeguard and promote the protection of children;</li> <li>- provide access to training, professional development and support, as appropriate for roles and posts, to promote the protection of children;</li> <li>- ensure that staff are aware that failure to comply with child protection policy and procedure may initiate disciplinary or performance processes</li> </ul>	

- ensure that there is support for staff involved in child protection procedures as they can be distressing
- Staff:
- ensure that they complete child protection training
  - ensure that they understand and comply with the policy and associated procedures
  - ensure that they approach line managers with any questions/requests
  - ensure that they approach their line managers for support as needed

#### 8. Training Needs Assessment

Nature		Scope		Delivery Format		Resource	
One-off	X	Single Agency	X	Self-led	X	Met within existing	X
Ongoing	X	Multi-agency	X	Facilitated	X	Resource required	

#### Details

##### 1. Identifying concern

Training on child protection is a mandatory section of induction to all new staff, irrespective of their role.

It is the responsibility all managers across relevant agencies to determine if particular roles within their area of service require more in-depth training.

Refreshers may be appropriate with revisions to the policy and associated procedures. Workers may request refreshers and in-depth discussion of child protection procedures from the line manager.

##### 2. IRD

Briefing sessions took place around the IRD form from August 2022 onwards.

##### 3. CPPMs

In order to train within Social work, the Policy team will develop a PowerPoint and present it at various team meetings across January 2022.

The training for other agencies happens in two strands:

- There will be multiagency events (online)
- Reviewing team to offer support to Health, Education, Police and Third sector for the implementation of the CPPM procedures

Child protection is a complex and emotional area of work and Moray Council recognise that staff may at times need additional support when they identify circumstances which indicate a child may have been abused. This support will be offered in a sensitive and impartial manner, by colleagues, line management supervision.

#### 9. Impact: What would you expect to see as a consequence and where would you look for impact? (e.g. case file reading, recording processes, Focus groups of parents/carers and families, and staff)

- Competent and confident work forces following child protection procedures
- Progress in our children services plan
- Improve outcomes for children

Evidence will derive from quality assurance projects (e.g., feedback from staff and families, practice review form).



## Appendix 1 Child protection timescales

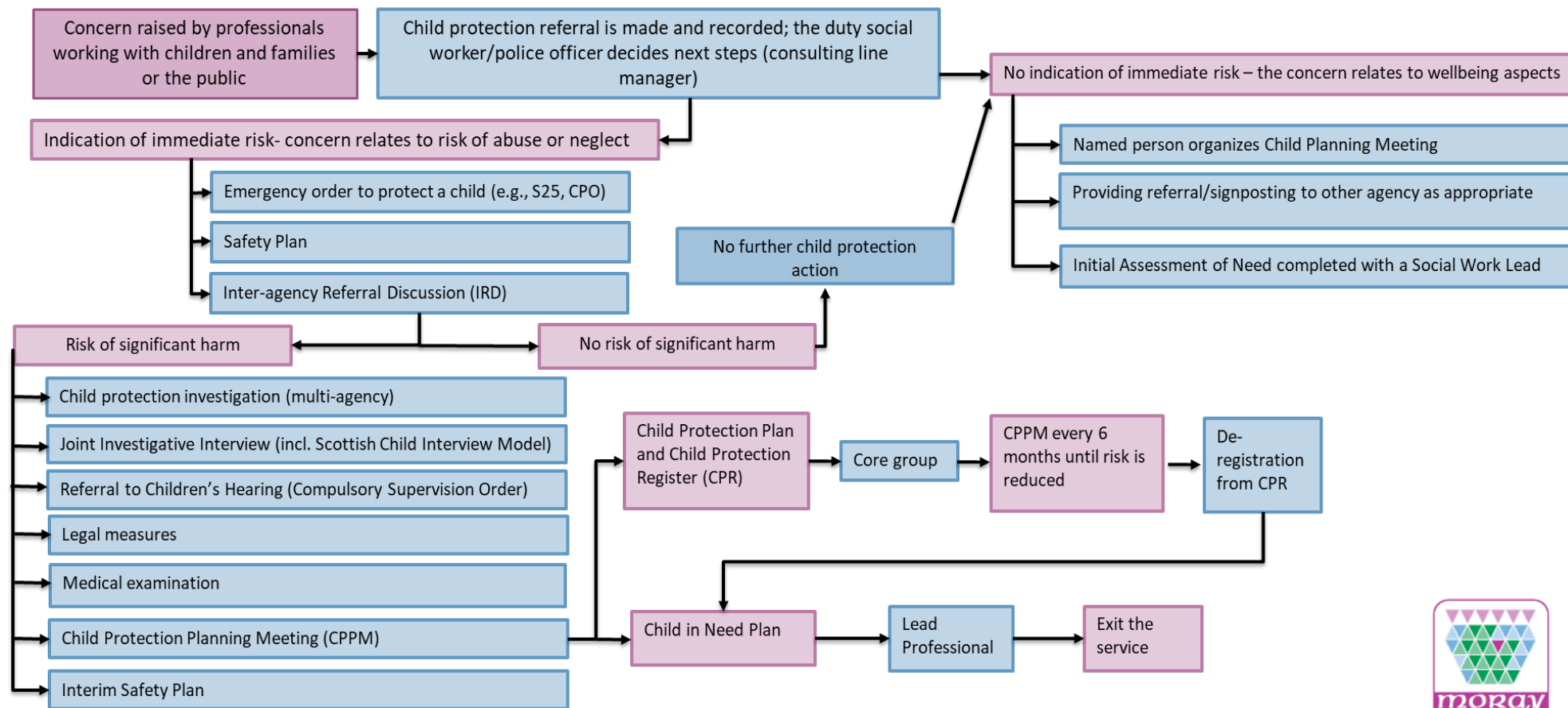
Stage	Activity	Timeframe
Identifying concern	Reporting concerns to Social Work or Police	Immediately
IRD	Inter-agency Referral Discussion (IRD) when a child protection concern exists and the risk of harm is immediate (including out of hours, ACRA and human trafficking cases).	As soon as practicable after the concern being raised
	IRD when a child protection concern exists but the risk of harm is not immediate.	As soon as practicable
	Pre-birth IRD	Within 5 working days of the child planning meeting, subject to the urgency within the situation and estimated due date
	Joint Investigative interview	As soon as practicable, within 24 hours.
	Medical examinations	Within 24 hours
	IRD record agreed and filed for each agency	Within 5 days of the IRD
CPPM	Invitations to the CPPM	15 working days before the meeting
	Sharing reports across agencies and the family	5 working days before the date of the meeting.
	Convening a CPPM (including initial CPPMs)	Within 28 working days of the decision to hold a CPPM
	Pre- birth CPPM	Within 28 calendar days of the concern being raised and always within 28 weeks of gestation, taking in to account the mother's needs and all the circumstances in each case.
	Transfer CPPM	Within 21 working days of the transfer's receipt.
	Review CPPM	Within 3 months of the Initial CPPM which placed the child on the Child Protection register. Where the registration is continued, reviews are conducted every 6 months.
	Review pre-birth CPPM	Within 3 months of the previous CPPM
	Early review CPPM following an inquorate CPPM	Within 10 working days
	Decision Letter circulated	Within 1 working day
	Record of Child Protection Planning Meeting distributed	Within 5 working days

Moray Multiagency Child Protection Procedures  
 Children and Families and Justice Social Work Policy Team

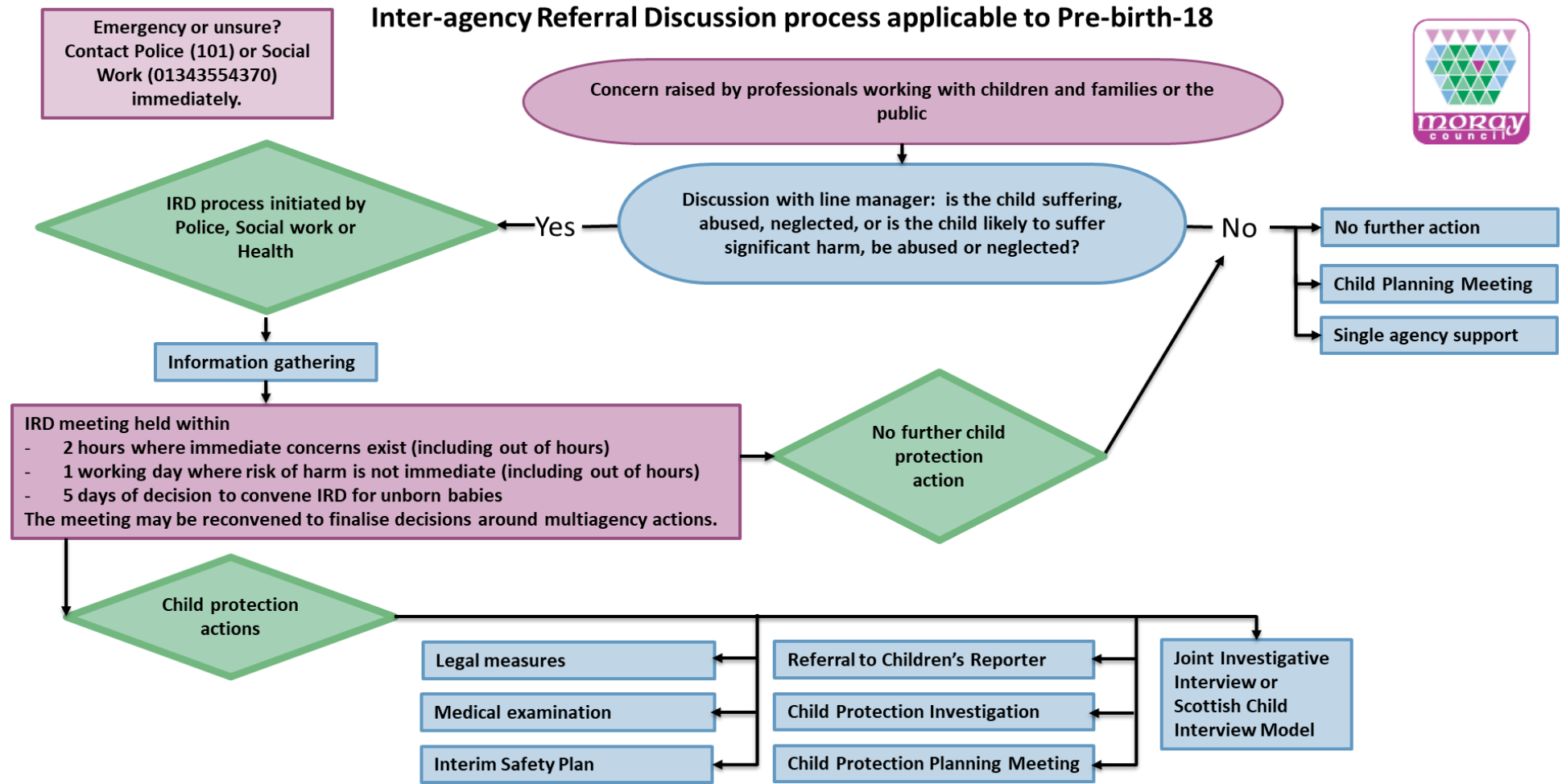
<b>CORE GROUP</b>	Core Group Meeting held	Within 15 working days of the CPPM
	Core Group Meetings should be held thereafter	Every 4 weeks and never exceeding 6 weeks between Core Group Meetings.
	Referring to the Reviewing Team for any significant changes in the child protection plan	Within 3 calendar days
	Core Croup Meetings held following de-registration	Minimum of 2 Core Group Meetings should be held in the 6 months following de-registration

Appendix 2 Child protection procedures in Moray flowchart

**Moray Multiagency Child Protection Procedures (Pre-birth-18 years old)**



# Appendix 3 Inter-agency Referral Discussion flowchart



### Appendix 4 Child Protection Planning Meetings flowchart

