

# Support and protection of children and young people in Moray



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## 1. Introduction

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.

The Protection and Support of Children and Young People procedure sets out Moray's multiagency approach to keep children, young people, and their families safe. The Child Protection Guidance Implementation Group, with the approval of the Child Protection Committee, has produced this procedure for all practitioners and managers working with children, young people, and their families within the public, private and third sectors across Moray. This includes Social Work, Health, Education and Police. This procedure can also be used by families to help understand the processes and procedures they may be a part of.

## 2. Context

A number of national and local drivers are at the heart of this procedure, which also promotes a range of approaches.

First and foremost, this procedure aims to implement the [National Guidance for Child Protection in Scotland \(2021\)](#) and its subsequent [2023 update](#). At the same time, it aims to further the ethos and requirements of a number of other national policies and legislation, including (but not limited to):

- [The Promise](#)
- [Secure care: pathway and standards \(particularly standards 1-14\)](#)
- [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](#)
- [United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Act 2024](#)
- [Children \(Care and Justice\) \(Scotland\) Act 2024](#).

Locally, the procedure supports the implementation of [Police Scotland's Child Protection Policy](#), the NHS Grampian's Child Protection Policy, the [Moray School Child Protection Guidelines](#), and associated third sector child protection policies. In Moray, child protection is everyone's responsibility, as highlighted by the [Moray Children's Services Plan 2023-2026](#) and the [Moray Local Police Plan 2023-2026](#).

Overall, the main approaches that the procedure aligns with are as follows:

[Strengths-based approach](#) promotes collaboration between the children, young people and families supported by services and those supporting them, allowing them to work together to determine an outcome that draws on their strengths and assets. Strength-based practice is about being inclusive and non-stigmatising in our protective processes to build on the strengths of children, young people, and families as well as the communities they live in. This means that our assessments and planning seeks out, records and builds on strengths as they are outlined by both service users and professionals.

**Rights based approach** means that children and young people's rights are the lens through which every decision and support service is viewed. According to [guidance from the Scottish government](#), there are five principles to rights-based approaches:

- **Embedding:** Putting children and young people's human rights at the core of planning and the delivery of services that affect children and young people (by, for example, completing children's rights and wellbeing impact assessments)
- **Equality and non-discrimination:** Ensuring that every child or young person has an equal opportunity to make the most of their lives and talents
- **Empowerment:** Giving children and young people the knowledge and confidence to use their rights and hold organisations and individuals that affect their lives to account
- **Participation:** Listening to children/young people and taking their views seriously
- **Accountability:** Organisations and individuals should be accountable to children and young people for the decisions and actions which affect their lives.

[Relational approach](#) in children's services aims to engage existing networks to enhance their capacity to resolve difficulties and their resilience. It aims to find solutions to problems within their social context. Professionals using a relational approach do not aim to repair a problem or incident that has already happened; instead, they facilitate a potential alternative by capitalising on the social relations, which is done through direct contribution and/or networking where professionals support the people who can work towards shared goals. What this means is that, in order to support actions towards solutions, professionals look for the positive social relations in any problematic situation instead of focusing on the problem itself. At the same time, professionals, in some instances (e.g., child protection), exclude those who jeopardise the shared goals (e.g., perpetrators). Ultimately, however, the aim is to empower those within sharing common positive goals addressing problems (e.g., keeping children safe).

[Contextual safeguarding](#) approach can help understanding and responding to extra-familial harm (e.g., exploitation, trafficking, offending, violent behaviour, harmful sexual behaviour, drug/alcohol misuse, going missing, etc.). It complements the use of the well-established '[My World Triangle](#)' and '[Resilience Matrix](#)' through its emphasis on the:

- exploration of the dynamic between a child/young person, their family, peers, school context, and areas in their neighbourhood where they spend time, when assessing their needs and developing plans to meet them
- recognition of the increasing 'weight of influence' that peer relationships, and other extra-familial factors, may have during adolescence, and the relevance of this for young people's experiences of harm and safety

- a shift in focus towards the contexts in which young people make 'choices' or 'behave' – so that plans seek to create the conditions in which young people can make safer choices rather than simply focusing on changing young people's behaviour in persistently harmful contexts
- the development of interventions that address the social conditions/environmental drivers of extra-familial risk and harm. This can be combined with support to individual young people and families. Such an approach can create safety for those identified as being at risk of significant harm in extra-familial contexts alongside broader populations of young people who spend time in those contexts.

By considering and implementing the aforementioned legislation and policies, approaches and contextual safeguarding, the professionals within the partnership will be acting in accordance with the principles of [trauma-informed practice](#) which were created to support both the professionals/practitioners and those using the services. Trauma-informed practice focuses on realising how common experiences of trauma and adversity are, and recognising the various ways people may be affected. Staff can therefore respond to the individual's needs, aiming to minimise re-traumatisation or further harm, by creating meaningful relationships relevant to the situation. The following trauma-informed principles should form the basis of how the elements of this procedure are adopted:

- **Safety:** enhancing the feelings of psychological and physical safety by, for example, designing physical spaces that have a welcoming and domestic atmosphere whilst providing a sense of privacy (e.g., soundproofing), and ensuring that all people involved can freely discuss their needs and thoughts.
- **Trustworthiness:** ensuring that policies and procedures are transparent and accessible to people who use the service as well as all staff.
- **Choice:** people who use the service and staff who provide it have meaningful choice and a voice in the decision-making process of the organisation and its services.
- **Collaboration:** all staff and people who use the service are to work collaboratively (via, for example, peer support and mutual self-help) to overcome challenges and improve the service. This will also address any apparent power imbalances that people using the service may feel exist.
- **Empowerment:** people who use the service and staff who provide it are empowered to meaningfully influence decisions on individual and organisational level.

### 3. Scope

This procedure applies to all staff involved in child protection processes and is expected to be employed from 20 August 2024. 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 responsibility for protecting children and young people 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 Procedure



to all necessary staff/groups and ensure the Procedure is accessible on appropriate websites. Agencies beyond Social Work (e.g., Police, Education, Health, and Third Sector) are responsible for ensuring that corresponding procedures/policies are employed in their respective agencies. Third sector agencies and organisations are those that deliver essential services, but are independent from local government (including charities, social enterprises, and voluntary groups).

The development of this document was informed by a wide ranged consultation exercise spanning August to December 2022 and then for its revision. 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 young people and families. A special note of gratitude is due to the young people who work with Aberlour Youth Point for providing their views.

## 4. Roles and responsibilities

Practitioners within the team around the child or young person (e.g., Education, Health, Adult Mental Health, addiction services, third sector, etc.) will:

- Share information and contribute to investigation, assessment and planning, as far as may be proportionate, relevant and lawful
- Ensure that the rights of the child or young person are upheld
- Share information with the lead professional in-between meetings as well as ahead of meetings via emails, phone calls or (virtual) meetings, as appropriate
- Arrive to meetings prepared (e.g., appropriate records researched, potential contributions to planning)
- Contribute to multiagency assessment and planning
- Seek to ensure and contribute to planned and co-ordinated transitions between services.

The lead professional will:

- Ensure the child or young person's voice and experience is heard and their views are recorded
- Ensure that the rights of the child or young person are upheld
- Work with the child/young person and family to reach a shared understanding about the plan and it works from the perspective of child and family
- Track and respond to changes in circumstances that may affect the plan
- Be a point of contact for all practitioners who are delivering services to the child/young person and their family
- Make sure that the help provided is consistent with the child or young person's plan
- Be a bridge to engagement with and support from other agencies
- Offer to link the child/young person and their family with specialist advocacy when appropriate
- Monitor how well the child or young person's plan is working
- Coordinate and support effective multiagency work
- Coordinate the provision of other help or specialist assessments as needed

- Make sure the child/young person is supported through significant points of transition. They will ensure a planned transfer of responsibility when another practitioner becomes the lead professional (e.g., if the child or young person's needs change or the family moves away)
- Ensure the co-production and review of an agreed multiagency child or young person's plan which integrates information from previous plans by individual agencies, as appropriate
- Undertake and update the relevant risk assessment and the multiagency chronology
- Visit the child/young person and family weekly which allow for the social worker to build an assessment of the risk and strengths within the family.

In Moray, child/young person protection planning meetings are managed, convened, chaired, and minuted by the Reviewing Team. The reviewing officer's responsibilities include:

- Reviewing and approving the list of invitees
- Preparing the families alongside the team around the young person or child for any meetings
- Ensuring that the rights of the child or young person are upheld
- Ensuring that the parents/carers and child/young person's views are taken into account
- Facilitating information-sharing, analysis, and consensus about the risks and protective factors
- Contributing to 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/young person's name is placed on the child protection register, outlining decisions that will help shape the initial child/young person protection plan (to be developed at the first core group meeting)
- Identifying the lead professional (if not already appointed)
- Advising parents/ carers about local appeals and complaints processes
- Facilitating the identification of a core group of staff responsible for implementing and monitoring the protection plan
- Ensuring a review young person or child protection planning meeting (where required) takes place within appropriate timeframes
- Reviewing the protection plan within appropriate timeframes to ensure it is adhered to.

All participants at a protection planning meeting with significant involvement with the child/young person and family have a responsibility to contribute to:

- The analysis of risks and strengths
- The protection plan (or child in need plan), including planning for contingencies
- A decision to place the young person or child's name on the child protection register
- A decision to not place the young person/child's name on the child protection register
- A decision regarding referral to the Children's Reporter
- Or to de-register a child or young person.

In Moray, protection from serious harm planning is undertaken with direct senior management oversight. The role of the chair at protection from serious harm meetings is to:

- Oversee the creation of a protection from serious harm plan
- Consider any further offences or incidents of concern involving the young person in the intervening period since the previous protection from serious harm meeting

- Consider whether any form of further assessment is required to inform risk management strategies
- Identify an appropriate practitioner to complete necessary risk assessments
- Evaluate progress in relation to risk reduction
- Ensure that the rights of the young person are upheld
- Ensure that relevant Secure Care Standards (mostly 1-14) are upheld
- Consider the views of the young person and their parents/carers (where appropriate) and to assess their level of co-operation with risk management strategies
- If appropriate, liaise with the local Multiagency public protection arrangements (MAPPA) Co-ordinator to agree on the most appropriate local arrangements by which to manage safely the risk of harm presented by aspects of the young person or child's behaviour which may be of a serious nature.

## 5. The voice of children and families

### Key messages

**The views of children and their families must be clearly recorded and considered. This includes those who are non-verbal due to age or disability; in such cases, observations of behaviours can substitute spoken or written views.**

**Children, young people and families always have a choice in how their views are shared (e.g., via independent advocate, in writing, pictures, etc.).**

**It should be clearly recorded if a child/young person or family member are unable to provide their views, alongside the ways that gathering perspectives was attempted.**

Throughout all processes discussed in this procedure, the voice and participation of children, young people and families is of utmost importance. This is in line with national (e.g., Secure Care Standards, UNCRC (Incorporation) (Scotland) Act 2024) and local drivers (Children's Services Plan 2023-2026).

In all meetings, the views of children and their families must be clearly recorded and considered. This includes those who are non-verbal due to age or disability; in such cases, observations of behaviours can substitute spoken or written views. Children, young people and families always have a choice in how their views are shared (e.g., in writing, pictures, etc.). It should be clearly recorded if a child/young person or family member are unable to provide their views, alongside the ways that the gathering perspectives were attempted.

The collation of views is the responsibility of the lead professional. However, children, young people and their families can make use of advocacy services or involve other professionals with strong an existing relationship to collect their views. A range of resources are made available to support practitioners in toolkit that can be found on the Moray Protects website.

Where the views of the child/young person or family members and professionals are not aligned, the rationale for decisions being made should be shared to allow for open discussion where an informed acknowledgement can be achieved. It is not always possible to support the choices or wishes of the child/young person or family members, however, ensuring their voice is heard and acknowledged will reinforce that the relationship is open and transparent.

The [UNCRC \(Incorporation\) \(Scotland\) Act 2024](#) provisions that whenever a decision is to be made that will affect a specific child, the decision-making process must include an evaluation of the possible positive or negative impact of the decision on the child concerned. Furthermore, the justification of a decision should show that the right under Article 3 (best interest of the child) has been explicitly taken into account. This takes the form of showing how the right has been respected in the decision, (i.e., what has been considered to be in the child's best interests; what criteria the decision is based on; and how the child's interests have been weighed against other considerations). In line with this, practitioners must discuss the best interest of the child and specifically when making recommendations or decisions.

The [UNCRC \(Incorporation\) \(Scotland\) Act 2024](#) also provisions that the views of the child or young person, provided on a voluntary basis, must be heard and considered in any decision directly or indirectly affecting them, in line with their evolving capacities. This means providing the child or young person with the right to information about any placement, care and/or treatment plan and meaningful opportunities to express their views and for those views to be given due weight throughout the decision-making process.

It is acknowledged that the views and wishes of a child or young person may not always align with their best interest which may lead to decisions that differ from the views of the child or young person. In such cases, this must be explicitly discussed in assessments and reports as well as the reason for the decision.

## 6. Information sharing

### Key messages

**The consent of the child/young person and family to share information must be sought wherever it is possible and consistent with the child or young person's best interests.**

**Children and young people over the age of 12 have a legal right to consent or withhold consent on their own behalf; this right should only be breached if that is in the best interest of the child (e.g., child protection concerns).**

**The parent/carer should be involved in issues affecting the young person over 16 only to the extent that is compatible with the rights and autonomous choices of the young person**

**When practitioners are sharing or requesting personal information from someone, they should be clear of the basis upon which they are doing so - this should be recorded.**

**Professionals are expected to share information with the lead professional in-between and ahead of meetings. The sharing of information must be timely, secure in the manner in which it is shared, and explicit in the records about any dispute in facts or opinions shared.**

### 6.1. Communication with the child and the family

Transparent and timely communication with children, young people and families is the bedrock of positive relationships and, ultimately, positive impact of any intervention. It is also required by the [UNCRC \(Incorporation\) \(Scotland\) Act 2024](#) in terms of upholding article 12 (views of the child). As such, practitioners across the partnership and particularly lead professionals are responsible for ensuring that children, young people and their families have all relevant processes explained and have

input to reports about them. A number of resources have been included in the toolkit that can be found on the Moray Protects website to facilitate discussion with children, young people, and families.

## 6.2. Sharing the information of children and families

The sharing of service user's information in Moray is aligned with national legislation; privacy notices and data sharing agreements are in existence to support these.

The sharing of service user's information with other service users (i.e., members of the family) or professionals should be carefully considered.

The partnership in Moray strongly supports the principle of working collaboratively with children, young people, parents/carers and other family members. This means seeking the consent of the child/young person and family to share information wherever it is possible and consistent with the child or young person's best interests. Where such consent can be freely obtained, this is clearly the best way of resolving any potential conflict of interest.

However, it is recognised that often, such consent cannot be obtained, either because it is refused, the individual concerned cannot be contacted within a reasonable time to give consent, or in exceptional cases, seeking consent would place a child at greater risk of harm.

Some general principles around consent and information sharing follow:

- The General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately;
- Openness and honesty with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, are key; practitioners should seek consent, unless it is unsafe or inappropriate to do so;
- Practitioners should seek advice from other practitioners, line managers, or information governance leads, if there is any doubt about sharing information
- Where possible, practitioners should share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared
- In Scotland, children and young people over the age of 12 have a legal right to consent or withhold consent on their own behalf; this right should only be breached if that is in the best interest of the child (e.g., child protection concerns). At the same time, parental rights and responsibilities largely cease when a child/young person is aged 16. The exception to this is a parent/carer's responsibility to continue to provide guidance to their child up to the age of 18. The parent/carer should be involved in issues affecting the young person over 16 only to the extent that is compatible with the rights and autonomous choices of the young person
- Under the GDPR and Data Protection Act 2018 it is possible to share information without consent if, in the practitioner's judgement, there is a lawful basis to do so, such as where safety may be at risk. The judgement of the professional is based on the facts of the case. When practitioners are sharing or requesting personal information from someone, they should be clear of the basis upon which they are doing so - this should be recorded. Where

there is no consent, practitioners be mindful that an individual might not expect information to be shared;

- Practitioners should base their information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions;
- Practitioners should ensure that the information they share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely;
- A record of information sharing decisions (whether it is to share information or not) and the reasons for them should be kept as per single-agency arrangements. If practitioners decide to share, then they should record what was shared, with whom and for what purpose.

Practitioners with child protection concerns may share relevant information to:

- Clarify if there is a risk of harm to a child/young person
- Clarify the level of risk of harm to a child/young person
- Safeguard a child /young person at risk of harm
- Clarify if a child/young person is being harmed
- Clarify the level of harm a child/young person is experiencing
- Safeguard a child/young person who is being harmed.

### 6.3. Information sharing with the lead professional

Professionals are expected to share information with the lead professional in-between and ahead of meetings. Information sharing must be:

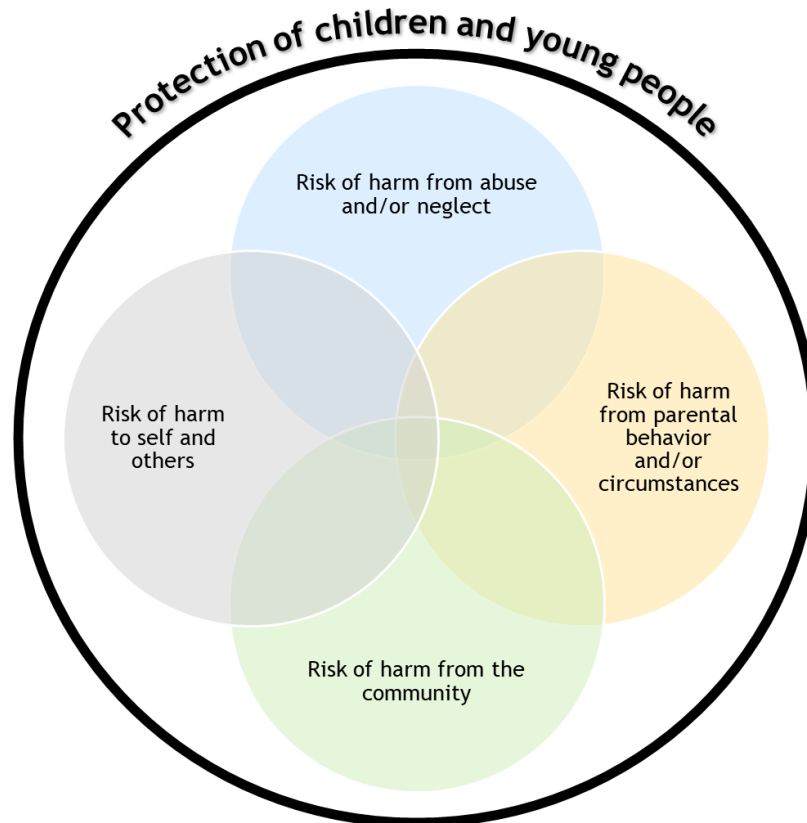
- Timely in relation to the child/young person protection concern
- Secure in the manner in which it is shared
- Explicit in the records about any dispute in facts or opinions shared.

## 7. Harm, its identification, using professional judgement and reporting

Key messages
<b>In Moray, protective processes are initiated if there is a risk of significant harm to the child/young person. This can be from parents/carers, other adults, or the community, as well as risk of harm to self or others.</b>
<b>The protection of children and young people is everyone's responsibility: recognise – respond - report - record – reflect.</b>
<b>Concerns about possible harm to a child/young person from abuse, neglect, from the community and/or behaviour should be discussed with the child protection lead within partner agencies and always be shared with Police or Social Work, without delay.</b>
<b>Listening to children/young people and upholding their rights are essential.</b>
<b>Maintaining thorough, accurate, and up to date records about protection concerns is imperative.</b>

## 7.1. Harm to the welfare of children and young people

Harm refers to serious interruption, change or damage to a young person or child's physical, emotional, intellectual or behavioural health and development ([National Guidance for Child Protection in Scotland 2021- updated 2023](#)). This section outlines the nature of harm and the definitions of specific types of harms.



The nature of harm may be categorised into four overlapping areas:

- **Risk of/being subject to abuse and/or neglect:** all emotional, physical, sexual abuse; neglect, whether one significant incident or accumulation. This also includes risk of online abuse, child sexual exploitation, criminal exploitation, child trafficking, honour-based abuse, forced marriage, and female genital mutilation
- **Risk of harm arising from the parents/carers' circumstances and/or behaviour:** including domestic abuse, parent/carer problematic alcohol/drug use, parent/carer mental or emotional health concerns, parent/carer in conflict with the law, non-engagement, or disguised compliance of parents/carers
- **Risk of harm to self or others:** including physically, sexually, or psychologically harmful behaviour to others, harm to themselves (e.g., suicidal ideation or attempts, self-harm), going missing from home/placement, problematic alcohol/drug use, taking significant risks through online activities.
- **Risk of harm in the community:** homelessness, poverty and deprivation, child sexual exploitation, child trafficking, criminal exploitation, online abuse, honour-based abuse, forced marriage, and female genital mutilation. This also includes risks arising as a result

of the young person/child's or parents/carers' association with others in the community, including going missing from home/placement, engaging in alcohol/drug abuse, anti-social behaviour or being in conflict with the law in the community.

Harm 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 or young person 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 or young person'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 or young person'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/young person, but it can also occur independently of other forms of abuse. It may involve:
  - Conveying to a child or young person 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 young person, or imposition of demands inappropriate for their age or stage of development
  - Repeated silencing, ridiculing or intimidation
  - Demands that so exceed a child or young person's capability that they may be harmful
  - Extreme overprotection, such that a child or young person 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 or young person under 16 years of age in any activity for the sexual gratification of another person, whether it is claimed that the child/young person either consented or assented. Sexual abuse involves forcing or enticing a child/young person to take part in sexual activities, whether the child/young person 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 or young person. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children or young people in looking at or in the production of indecent images, in watching sexual activities, using sexual language towards a child/young person, or encouraging children/young people 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. Sexual exploitation does not always involve physical contact. It can also occur through the use of technology. Children and young people who are trafficked across borders or within the UK may be at particular risk of sexual abuse.
- **Criminal exploitation (including county lines activity and cuckooing):** 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. 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, young people 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/young person 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, county lines activities, forced labour, removal of organs, illegal adoption, and forced or illegal marriage.
- **Neglect:** consists in persistent failure to meet a child or young person's basic physical and/or psychological needs, which is likely to result in the serious impairment of the child or young person'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 a 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'.

- **Substance and/or alcohol misuse:** the use of both legal and illegal drugs among young people is widespread. Teenagers are likely to experiment, test boundaries and take risks, which often happens via smoking, drinking, and trying drugs. However, substance misuse is also one of the most common risks to a young person's health and development. All drugs have the potential to cause harm, some can be addictive, and using drugs in combination can increase the risks. Legal drugs, such as alcohol and tobacco, and illegal substances, such as cannabis, cocaine, ecstasy, and heroin, can be very addictive. Substance use can also exacerbate pre-existing issues such as poor mental health or poor physical health.
- **Unauthorised leave or absence:** Local authorities are responsible for protecting children and young people whether they go missing from their family home or from local authority care. When a child or young person goes missing or runs away, they are at risk. Children and young people who go missing are at risk of violence, victimisation, sexual exploitation, and involvement in crime. A child/young person who goes missing just once faces the same immediate risks as those who go missing on a regular basis.
- **Being in conflict with the law:** There are a small but significant number of children and young people in Moray whose behaviour present a risk of harm to themselves and others as a result of their involvement in offending, including acts of violence and antisocial behaviour. Children and young people involved in patterns of (serious) offending are often our most vulnerable, victimised, and traumatised children/young people. Many young people involved with offending of a serious nature will have complex needs and may have experienced multiple traumas in their lives. It is essential that we ensure their wider needs are being met as these are often the drivers underlying their offending behaviour.
- **Harmful sexual behaviour:** is defined by [Hackett \(2014\)](#) as *"sexual behaviours expressed by children and young people under the age of 18 years that are developmentally inappropriate, may be harmful towards self or others and/ or be abusive towards another child or young person."*
- **Posing risks to self:** Suicide is an act of deliberate self-harm which results in death. Self-harm refers to self-poisoning or self-injury, irrespective of the apparent purpose of the act. Self-harm is generally a way of coping with overwhelming emotional distress. Many people self-harm where there is no suicidal intent. However, those who self-harm can be at a higher risk of suicide. Self-harm may combine with other expressions of distress and disturbance.

Suicidal thoughts in children and young people may be triggered by an event, however, they are usually caused by an accumulation and interaction of vulnerabilities and experiences. This may include response to technology assisted information and communication. Suicidal thoughts and self-harming behaviour are more common among children and young people who have been impacted by neglect, abuse, disrupted attachment, rejection, alienation,

traumatic separation and loss. Children and young people will also need support when they are impacted by the mental ill health, self-harm or suicide of others.

- **Radicalisation:** the [Counter Terrorism and Security Act 2015](#) (s26) places a duty on Scottish local authorities to have due regard to the need to prevent young people from being drawn into terrorism. It also places an obligation on local authorities to ensure that a panel of persons is in place for its area to assess the extent to which identified individuals are vulnerable to being drawn into terrorism and, where appropriate, arrange for support to be provided. [Revised HM Government Guidance \(2021\)](#) is available for Scotland. When assessing referrals to such panels, local authorities and their partners should consider how best to align such assessments with child/young person protection legislation and guidance.

## 7.2. Identification of harm

Practitioners may become aware that a child or young person is at risk of harm in several ways:

- **Harm 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 a violent way towards other adults or the child/young person; adults in the household misuse drugs or alcohol; the child/young person is believed to have harmed others or misuse drugs or alcohol)
- **Accumulation of concerns** (effects of patterns, circumstances, and events in a child's life can diminish a child's sense of safety, stability, and wellbeing. There are number of factors which, in themselves, would not cause child protection concerns; however, the intersection of such factors can place a child or young person at risk of significant harm)
- Because of **what a child/young person 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; misuse 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
- **Through agency knowledge:** if children/young people are known to partner agencies or have an existing child/young person's plan
- **Through notification** that a child/young person may become a member of the same household as a child/young person 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.

Practitioners need to be alert to the possibility of multiple adverse circumstances and events, and to consider, not just the current information, but the history of the child/young person that may be indicative of cumulative harm.

### 7.3. Professional judgement

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

- The young person or child's experience, needs, and feelings as far as they are known. When a child or young person talks about maltreatment, this may prompt a request for Interagency Referral Discussion (IRD); however, the young person or child's disclosure is not a pre-requisite
- The young person or child's development in context, including additional needs (such as a medical condition, communication impairment or disability) that may affect the child or young person's health, wellbeing, vulnerability and care needs
- What has happened, meaning the nature and degree of the actual or likely harm, in terms of risk at home/in the community/from behaviour 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 young person or 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 young person or child is at risk of harm
- Capacity of the parents or carers to protect and care for the child or young person
- The context of risk within the young person or child's culture, family network and wider world
- Interaction between known risks and known strengths, complicating or protective factors in the young person or child's world
- The presence of premeditation, threat, coercion, or sadism
- The probability of recurrence or persistence of harm or risk of harm.

A range of factors (in themselves or in combination) may place young people or children at a higher risk of harm due to vulnerability. These contextual factors should be considered as part of multiagency actions. Some of these factors may be:

- **Disability** (a broad range of physical, emotional, developmental, learning, communication and healthcare needs that have a substantial and long-term impact on a young person or child's ability to engage fully in normal day-to-day activities): most parents of children/young people with disability provide safe and loving homes, contributing to the overall safety and wellbeing of their child by their expertise, motivation, and commitment. However, disabled children and young people may be more vulnerable to harm as they may be afraid, isolated, or do not understand what is happening, they may be dependent on support for communication, mobility, feeding, and so on. As such, all staff working with disabled children and young people must have an awareness of child protection processes. If a disabled child or young person

becomes part of protective processes, their voice and experience must be heard when people make decisions about their lives.

- most **migrant families** provide loving and safe homes for their children; however, they are at high risk of poverty and destitution which may place migrant young people and children at risk of harm
- **Poverty:** whilst most families experiencing poverty provide safe and loving homes, practitioners should be aware that poverty can increase risk of harm. This may be due to its intersectionality with other risk factors, such as poor housing, disability, mental health, barriers to employment, lack of social support, etc.
- **Care experienced children and young people may be particularly vulnerable:** They may have experienced abuse, neglect, and trauma. This can lead to significant emotional, behavioural, and mental health needs, putting them at increased risk of being groomed or exploited by people offering them the attention, affection, or support that they have struggled to find elsewhere.
- **Unaccompanied asylum-seeking children and young people:** (a person under 18 years of age, when the claim is submitted, applying for asylum in their own right because of being separated from both parents and is not being cared for by an adult who in law or by custom has responsibility to do so) may be particularly vulnerable to harm. They may have experienced traumatic events, including being trafficked. They may also have limited knowledge regarding the available supports. Trauma-informed and relational approach to their protection is vital.

Whilst refugee/asylum status is determined by the Home Office, local authorities are responsible for the protection of children and young people. If there is uncertainty about an asylum-seeking person's age and there are reasonable grounds to believe they may be under 18 years of age, the local authority should, in exercising various statutory functions, assume that the person is under 18 years of age for the purpose of providing immediate support and services until their age is formally established.

## 7.4. Reporting a concern

Concerns about possible harm to a child or young person should be discussed with the child protection lead within the partner agencies 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 [childrensaccesssteam@moray.gov.uk](mailto:childrensaccesssteam@moray.gov.uk)
- Out of Hours Social Work Service (operational between 17:00 and 08.45 during weekdays and throughout the weekend): 03457 56 56 56
- Police Out of Hours: 101

All staff who identify potential protection concerns (via, for example, observations or reports from the public) must act promptly and record the details.

When taking a referral, the Police or Social Work 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

- the young person or child's current location and emotional and physical condition
- Whether the young person or child needs immediate protection
- Full names, date of birth/CHI and gender of child or young person
- 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 the young person or child's extended family or community who are significant for the child/young person
- Ethnicity, first language, and religion of young person/child and parents/carers
- Any need for an interpreter, signer, or other communication aid
- Any special needs of child or young person 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.

## 8. Inter-agency referral discussion

Key messages
<b>Inter-agency referral discussions (IRDs) are applicable to a child or young person up to the age of 18 years.</b>
<b>All concerns which may indicate risk of significant harm must lead to consideration of an IRD. Decisions not to hold an IRD must be recorded in writing as per individual agency arrangements.</b>
<b>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.</b>
<b>If practitioners are unclear about whether a concern about a young person or child meets the threshold for an IRD, they should first speak with their line manager/child protection lead and if agreed, then call the appropriate Social Work Children &amp; Families team or the Police.</b>
<b>Social Work, Police and Health must attend an IRD; Education, Early Years and Third Sector should attend when appropriate.</b>
<b>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.</b>
<b>All IRD meetings should be held as soon as reasonably practicable, without undue delay.</b>
<b>Social Work have lead responsibility for enquiries relating to children and young people who are experiencing or are likely to experience significant/serious harm and for the co-ordination of assessments of need.</b>
<b>Police have lead responsibility for criminal investigations relating to abuse and neglect and share responsibilities to keep children and young people safe.</b>
<b>A designated health professional will lead on the need for and nature of recommended health assessments as part of the process.</b>
<b>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.</b>
<b>The inclusion of the young person or child's voice 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.</b>

**An IRD can be reconvened if new information arises which could lead to the reconsideration of the original inter-agency response.**

An interagency referral discussion (IRD) is the start of the formal *process* of information sharing, assessment, analysis and decision-making following reported concern of harm (as discussed in section 7) about an unborn, child, or young person up to the age of 18 years and of siblings or other unborn babies/children/young people in the same context.

An IRD is a co-ordinated inter-agency protective process up until the point a protection planning meeting (PPM) is held, or until a decision is made that such a meeting 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 the children and/or young people involved. The complete process of the IRD is captured in a flowchart (Appendix 3 - Inter-agency Referral Discussion flowchart).

### 8.1. Decision to hold an inter-agency referral discussion

A request to have an inter-agency referral discussion can be made by any agency. All concerns which may indicate risk of significant harm must lead to consideration of an inter-agency referral discussion (IRD).

The decision to convene an IRD can be made by Police, Health, or Social Work. Decisions not to conduct an IRD must be recorded in writing as per single agency arrangements.

If practitioners are unclear about whether a concern about a child/young person meets the threshold for the IRD process, they should first speak with their line manager/child protection lead and, if agreed, then call the Social Work Children & Families Access Team or the Police. The thresholds for protection processes are discussed in detail in section 7.

Separate but consecutive IRD meetings are held for children/young people in the same family or have the same team around them.

### 8.2. Attendees of an inter-agency referral discussion

Agencies must collaborate and share information when involved in an IRD process. Attendance at IRD meetings by professionals who know the child/young person 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 (i.e., qualified health visitors and school nurses) must attend the IRD.
- A senior social worker or manager must be present at the IRD along with a social worker, but other attendees are invited only as necessary.
- Where appropriate (e.g., there is a school/nursery age child involved) practitioners (i.e., senior leadership) from Education and Early Learning Centre must also attend fully; these agencies, when invited, should not be asked to leave an IRD meeting.

- 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 Police or Social Work will contact the senior manager on call (SMOC) for the relevant Health and Social Care Partnership to ensure that they are aware of the significant event. The SMOC is then responsible for contacting the paediatrician on call via the NHS Grampian switchboard and requesting they attend the IRD (the SMOC is not expected to attend).

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 protection concerns immediately as normal.

Professionals participating in an IRD should feel safe, confident, and prepared to contribute to the assessment of risk and make decisions. In some cases, managerial support/guidance may be required. Experience can be acquired by observing IRDs with the chair's permission.

Social Work have lead responsibility for enquiries relating to children and young people who are (likely to be) experiencing harm or who pose significant harm to themselves or others. The Police have lead responsibility for criminal investigations relating to abuse and neglect and share responsibilities to keep the child or young person safe. Health has lead responsibility for the need for and nature of recommended health assessments as part of the protective 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.

### 8.3. Timescales for inter-agency referral discussion

Part of the IRD process (beginning at the point of concerns being raised) is the IRD meeting.

An IRD meeting should be convened without undue delay following the concern being raised. Where there is a risk to the life of a child/young person or the likelihood of immediate risk or significant/serious harm, intervention must not be delayed pending receipt of information gathering/sharing. Any undue delay and the reasons for it should be recorded on the IRD form (timescales around protective processes are summarised in Appendix 1 – Support and protection of children and young people - timescales).

If the concern is received out with standard working hours, the IRD *process* begins with focus on safety planning. Then, this is followed up by an IRD *meeting* as soon as reasonably practicable. Out-of-hours discussions between Police and Social Work and any steps taken will be recorded on the IRD minute template and shared by the referring agency.

In addition, the iVPD (Interim Vulnerable Persons Database) Police concern report will be shared with these partners (where relevant) as a priority. Early Learning Centres do not receive a copy of Police concern reports and instead are reliant on Health to share these as appropriate.



## 8.4. Preparation for inter-agency referral discussion: information sharing

Once a decision to begin the IRD process has been made, multiagency 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/young person repeating a traumatic experience multiple times).

All agencies, including adult services, primary care, and mental health, must review their records (e.g., paper files, electronic information storage systems, chronologies) in relation to all family members and relevant/significant others to ensure decisions are made with all the relevant information present. There is some flexibility around the timely receipt of Health 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 and concerns as well as any protective factors and strengths (positive factors).

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 appropriate timescales is provided by each agency and included where necessary in the young person/child's plan or protection planning meeting following an IRD.

### 8.4.1. Involving the child/young person and their parents, carers and guardians

Where it is safe to do so, relevant information relating to the IRD should be shared with the child/young person and their family. This means that Social Work or appropriate partner agencies must ensure that the young person/child and family are made aware that the IRD is taking place and an explanation of the reason for this. Where possible, this should be undertaken prior to the IRD taking place. A range of resources are included in the toolkit that can be found on the Moray Protects website that can help facilitate this discussion. Any decision to proceed without the young person/child or family's awareness should be recorded on the IRD record, along with the justification for this.

The inclusion of the young person, child and family's voice and experience is an important element of the IRD process (remembering that IRDs are a process of information sharing and analysis). The inclusion of the voice of those directly affected by the outcomes of the IRD process is likely to lead to more effective engagement and better outcomes.

If a parent/carers is believed or suspected to be responsible for any harm, or potential harm that the child/young person 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.

We can include and involve young people/children and their families by:

- Listening to what children/young people and their families are telling us (children/young people have a choice in how their views are shared (e.g., by drawings, poems, via trusted adult)
- Using their account, views and experience to form the basis of our analysis of harm

- Including children/young people and their families in decision making where possible
- Using rights based/advocacy services at the earliest opportunity to support and empower young people/children and their families.

Young people and children's views should be recorded using their language and terminology, and considered in any investigation and planning, even if they are non-verbal. As far as can be ascertained from earliest inquiries, consideration is given to:

- Age and stage of development
- Linguistic abilities
- Memory retrieval capacities
- Suggestibility
- Effects of stress and trauma.

#### 8.4.2. Chairing and minuting the inter-agency referral discussion meeting

Chairing and minute taking are two separate roles during 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 (usually Social Work or Police).

If Social Work receive a concern, then they will contact the IRD desk (or Public Protection Unit if the concern relates to a pregnancy) to discuss the need for an IRD meeting 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 to discuss the need for an IRD meeting and time for the IRD will be set. Police will invite attendees via Microsoft TEAMS and will chair and minute the IRD meeting. Insofar as possible and depending on resources, Social Work may support Police by taking minutes.

If Health receive a concern, they will contact Social Work and Police. The chairing and recording process will 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).

#### 8.4.3. 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 meeting. The IRD meeting minute should be stored as follows:

- **Social Work:** young person or child's electronic file (restricted section) and recorded as having taken place on Carefirst under a 'child protection enquiry event'
- **Police:** young person or child's file and/or electronically
- **Health:** midwives, health visitors, school nurses, and acute paediatric services. the IRD minute will be stored within the midwifery, child community record, and acute medical records, respectively. As the minute holds 3rd party information, it will be redacted from the midwifery/child community record/acute medical record should there be a request for records submitted by the patient. As GP practices stand out with the NHS, this procedure does not comment on their processes.

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/young person (even if from the same family), a separate IRD record should be produced for each child/young person. Shared information can be copied between the records, but information individual to a child/young person should only be included in their own record, unless the information has specific relevance to the overall investigation.

#### 8.5. Decision-making and planning during the inter-agency referral discussion process

Key decisions during the IRD process
Where appropriate, as part of the IRD, an interim safety plan should be formulated to risk of harm (until the investigation concludes that a safety plan is not required or that a child or young person protection planning meeting is to be held).
Child protection investigations are an inter-agency process where, following an IRD, further information is gathered from all agencies, discussions are held in collaboration with the family and analysis is applied to understand the level of risk and strengths associated with the child/young person and their family.
An IRD must consider whether a referral to the Principal Reporter is required.
An IRD meeting or the child protection investigation can recommend that a protection planning meeting is required to review the interim safety plan and to consider if the young person or child's name needs to be added to the North East of Scotland Child Protection Register.
If any agency involved in the IRD disagrees with the decision of any party and where a compromise cannot be reached, the <a href="#">Multiagency Escalation Procedure</a> applies (stage 3).

As part of an IRD *process*, partner agencies must consider and identify a range of actions to undertake on a multiagency basis which will help to keep the young person/child and/or others safe or obtain more information. 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)
  - Multiagency support is required such as the introduction or continuation of child/young person's planning activity.

- 2) Continuation of child protection procedures may be appropriate to safeguard the child/young person in the short term, to find out more information about the level of risk or harm or to build a longer-term plan to reduce risk or harm. This can be achieved by:
- Interim safety planning – what needs to happen to keep the child/young person and/or others safe?
  - Joint investigation (joint investigative interview, medical examination, child/young person protection investigation)
  - Child/young person protection planning meeting
  - Referral to protection from serious harm process
  - Referral to the Children's Reporter
  - Emergency legal measures
  - Other legal measures (e.g., referral to Secure Care Screening Panel).

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 decision is made that:

- a child/young person protection planning meeting (PPM) should be held or the case is moving to protection from serious harm process,
- a PPM/Protection from serious harm meeting should be held is not required (because there is no need for protective actions).

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

### 8.5.1. No further protective actions

#### 8.5.1.1. *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/young person and/or others. Following discussion, the IRD process may end at this stage with no further action.

In this situation, the family and the child/young person should be informed by the referring agency that the IRD took place and that no further action need be taken in respect of the identified concern.

#### 8.5.1.2. *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. If the child/young person is already in single agency planning, then the measures outlined in the plan should be kept and updated as per relevant single agency policies and procedures.

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

Multiagency response is an appropriate IRD outcome where identified actions can be followed up by multiple agencies. If the child/young person is already in multiagency planning (e.g., child/young person 'in need', 'looked after' child/young person, or protection plan), then the measures outlined in the plan should be kept and updated as per relevant multiagency policies and procedures.

### 8.5.2. Child/young person protection actions

An IRD meeting may conclude that protective measures must begin to ensure that:

- The child/young person and/or others are safe
- 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.

#### 8.5.2.1. *Interim safety plan*

Where appropriate, as part of the IRD, an interim safety plan is formulated to reduce risk of harm until an investigation concludes that it is not required or that a protection planning meeting or protection from serious harm meeting is held. The interim safety plan is implemented, regularly updated by relevant staff, and remains in place up until the next multiagency meeting (i.e., PPM or protection from serious harm meeting).

The development of the interim safety plan considers the circumstances, available information, any additional support needs for each child/young person, including (but not limited to):

- Health concerns
- Emotional distress
- Speech and language
- Translation requirements
- Risk of self-harm
- Additional supports relating to disabilities and all protected characteristics
- Any existing court orders
- The rights and views of the child/young person and the family.

The interim safety plan defines and records (in plain language and practical detail):

- Any risk or harm that needs to be addressed (in the case of extra-familial harm, the space such harm can take place should be recorded and considered)
- The actions that can mitigate them (considering the role of contextual safeguarding where appropriate)
- The persons or services that will undertake said actions
- The contact details of those with responsibilities around the plan
- The timelines the actions need to be completed by
- Ways of monitoring the effectiveness of the plan
- Ways of raising further concerns
- Ways that the child/young person will be seen and heard during the period in which the plan is in place.

All participants of the plan must understand and agree what they must do to ensure the safety of the young person/child or others they may pose risk to. The child/young person will be supported in understanding who they can speak with or contact at any time. A child or young person's version of the plan is recommended, developed with the child or young person's help and understanding as

appropriate in each situation. All efforts are to be made to minimise the use of technical language and providing a glossary where it cannot be avoided.

The interim safety plan must be recorded and shared.

#### 8.5.2.2. *Joint investigation*

##### Joint investigative interview (JII)

A JII may be appropriate when further evidence is needed about the circumstances of the incident leading to protection concerns and about any crime committed against the child/young person or anyone else.

JIIs are visually recorded and conducted by specially trained members of Social Work and the Police.

The child/young person must be helped to understand the purpose and process of the interview as part of preparation and support for willing engagement ensuring the principles of trauma-informed practice are adhered to throughout the process. Following [guidance issued by the Scottish Government](#), the young person or child's consent is not legally required before interviewing them or before visually recording the interview. Social workers and police officers have a duty to investigate as per relevant legislation (Children's Hearings (Scotland) Act 2011; Police, Fire and Reform Act 2012).

The consent of a parent or guardian is not required prior to undertaking a joint investigative interview. Through discussion, they would be made aware that the interview is taking place unless there is a good reason not to (for example, where there are strong grounds to suspect that they are involved in the abuse). Where appropriate, a parent or carer can help to plan for the support the needs of the child/young person during the interview.

Consent to view recordings is legally required when the reason to view does not form a direct part of the purpose for obtaining the recording (e.g., competence evaluation, complaint, practice review). In this case, the consent of the child over 12 or their parent/carer must be obtained. The nationally used consent form is available [online](#).

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 young person or child's strengths, resources, complex needs, cognitive factors, experiences or trauma, context, motivation and relationships
- Arrangements for the interview: location, timing, breaks, refreshments; the child or young person should be consulted in relation to these (e.g., a joint investigative interview can be held at the child or young person's school)
- The role of the lead interviewer and second interviewer; jointly decided by the social worker and police officer, taking into consideration the young person/child's right to specify the gender of the interviewer in particular case.

The debriefing of the family and the child/young person following the interview and taking a child-centred and trauma-informed approach are fundamental in providing the necessary support for the

child/young person 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. The SCIM has five connected components: strategy, planning, action, outcomes and support and evaluation. It is designed to minimise re-traumatisation and keep the needs and rights of victims and witnesses at the centre of the process and in so doing, gather evidence from the child/young person that is of high quality. This can be used as evidence in chief in court for criminal and Children's hearings processes.

Whilst the SCIM model is being embedded across 2023/2024, children/young people may be interviewed using the SCIM model or JII model based on the young person/child's needs (as per the decision of the SCIM Co-ordinators). 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 any examination 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 young person/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 young person/child's presentation
- Support multiagency 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/young person 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 can ask for a forensic medical examination without first making a report to the Police. In such cases, the national [Self-Referral Protocol](#) should be followed.

### Age of criminal responsibility (ACRA) investigative interview

In exceptional cases, professionals may have reason to believe that a child up to the age of 12 has harmed others. In such cases, the IRD meeting may decide, if appropriate, to proceed to an Age of Criminal Responsibility (ACRA) Investigate Interview.

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 (ACRA) 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. The threshold or of the applicability of ACRA is twofold:

- Violent or dangerous behaviour which has caused or risks causing serious physical (i.e., life threatening and/or traumatic and the recovery is expected to be difficult or impossible) or
- Sexually violent or sexually coercive behaviour which has caused or risks causing harm (whether physical or not) to another person.

If it is believed that the criteria or threshold above is met, an ACRA investigative interview, undertaken by Moray's SCIM team, may be appropriate. The purpose of such an interview is to:

- Seek an explanation from the child as to what happened
- Understand their role, if any, in the incident
- Identify any other people who were involved or may be at risk of harm.

Importantly, the history or the wider context of the child whose actions or behaviour appear to have met the ACRA threshold/criteria is not the focus of an ACRA investigative interview. Such information is best sought as part of a joint investigative interview.

Police and Social Work consider the applicability of an ACRA investigative interview. This is dependent on three elements:

- The necessity of an ACRA investigative interview, particularly in the light of its purpose (e.g., do we need to find out anything about the incident?)
- The suitability of the ACRA Investigative Interview (does it meet the criteria?)
- Child's best interest.

The interview, if agreed to be necessary, suitable, and in the child's best interest, is authorised by one of the following (organised by the Police):

- Investigative Interview Agreement (s.40)
- Child Interview Order (s.44)
- Where there is a risk of loss of life (s.54)

ACRA investigative interview has its own, nationally used form (held by the Police); operational guidance is included in the toolkit that can be found on the Moray Protects website.



### Child protection investigation (multiagency)

Where appropriate, the IRD may decide that a multiagency 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. It is vital that all agencies work in collaboration to ensure that the information gathering does not interfere with the integrity of either investigation or evidence gathered.

A child/young person protection investigation:

- Is led by Social Work with input from all agencies working with the child/young person and the family
- 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 young person/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 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/young person or others safe.

#### *8.5.2.3. Child/young person protection planning meeting*

An IRD meeting or a reconvened IRD meeting following a protection investigation (described in section 8.5.2.2) can decide whether a child/young person protection planning meeting (PPM) is required to review the interim safety plan and to consider if the young person or child's name needs to be added to the North East of Scotland Child Protection Register and a protection plan put in place. The decision to proceed or not (because no further action is needed, or the case was referred to Protection from serious harm or secure care screening) to PPM marks the end of the IRD process.

Where the decision reached during an IRD is to move to a PPM, 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.

The PPM 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/young person and their family, including Education.

PPMs must take place within 28 days of the decision to convene one (from the date of the IRD or the completion of the child protection investigation/reconvened IRD meeting). Exceptions to the 28 calendar day timescale must be recorded and agreed by a Social Work area team manager. 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/young person protection planning meeting.

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

See section 9 for further information on PPMs.

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

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

- The child/young person needs 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.

#### **8.5.2.5. Emergency legal measures**

Where there is a risk to the life of a child/young person or likelihood of significant and immediate harm, social workers or the Police may use their statutory child protection powers to act immediately to secure the safety of the child or young person. Legal routes to ensure that a child or young person is safe include:

- Police powers to remove a child/young person (s56 Children's Hearing (Scotland) Act 2011)
- Child protection order (section 37 to 59 of the 2011 Act)
- Child assessment order (section 35 to 36 of the 2011 Act)
- Exclusion order (sections 76 to 80 of the 1995 Act).

These are usually undertaken by the Local Authority Social Work department, but Health are also able to apply for a child protection order.

When considering the use of any emergency legal measures, Moray Council Legal Services must be contacted by the lead professional at the earliest opportunity to allow for consultation on the nature of the situation.

Social Work must ensure that parents/carers are fully aware of the significant nature of the concerns and their consent is not required for the child/young person being placed out with their care, made subject to an assessment, or removing a person posing risk to the child/young person.

In addition, parents/carers must be encouraged by Social Work to seek independent legal advice. The below links are available to share with children, young people, and their family where appropriate:

- A solicitor (legal aid may be available) [www.slab.org.uk](http://www.slab.org.uk)
- The Scottish Child Law Centre [www.sclc.org.uk](http://www.sclc.org.uk)

#### **Emergency child protection measures – police power to remove a child**

Police have special powers to safeguard children and young people where there is risk of significant and immediate harm. A police officer may remove a child/young person to a place of safety or prevent

the removal of a child from a place of safety (e.g., relative's home, hospital). 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/young person to a place of safety to protect the child/young person from significant harm or further such harm.

Police will involve Social Work in the discussions regarding the need for a place of safety for the child/young person and request Social Work to source appropriate care for the child/young person with family or a placement through the local authority.

Should the Police exercise their emergency powers, the child/young person will be at a place of safety for up to and not exceeding 24 hours. The Police will contact the Children's Reporter to advise of the action taken, the reasons why, and to allow for a Children's Hearing to be convened. The period of 24 hours enables the partner agencies to convene or re-convene an IRD meeting, agree a safety plan, consider the child/young person returning to the parent/carer's care and/or consider risk and if the threshold for a child protection order is met and act on this, where appropriate.

#### 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/young person to a place of safety or to prevent the removal of a child/young person from a place where they have been accommodated. Specifically, the order can authorise:

- Any person in a position to do so to produce the child/young person to the applicant
- The removal of the child/young person by the applicant to a place of safety, and the keeping of the child/young person in that place
- The prevention of the child/young person'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/young person
- Any direction in relation to contact with the child/young person and the exercise of the parental rights/responsibilities
- Any directions regarding the examination of the physical/mental state of the child/young person
- Any directions regarding the non-disclosure of the proposed place of safety or any other information.

It is important that the lead professional maintain contact with the family and, where possible, the child. This is to ensure that the family understands their legal right to representation and re-consider consent for the child/young person to move to or remain at a place of safety. Should a parent consent to the child/young person moving voluntarily (under s25 of the Children (Scotland) Act 1995) at any time, the application for a child protection order can cease to progress.

The Sheriff may agree to a child protection order, if they are satisfied of the following:

- the local authority has reasonable grounds to suspect that:
  - the child has been or is being treated in such a way that the child is suffering or is likely to suffer significant harm,

- the child has been or is being neglected and as a result of the neglect the child is suffering or is likely to suffer significant harm, or
- the child will be treated or neglected in such a way that is likely to cause significant harm to the child.
- the local authority is making enquiries to allow it to decide whether to take action to safeguard the welfare of the child, or is causing those enquiries to be made,
- those enquiries are being frustrated by access to the child being unreasonably denied, and
- the local authority has reasonable cause to believe that access is required as a matter of urgency.

To consider/evidence whether one or more of the criteria above are met, partner agencies must satisfy themselves through clear and concise collation of the facts and observations that have led to the 'urgency' in the situation. The main question we ask ourselves is "what has changed"; this can be a significant incident that has caused harm to the child, information through investigation that the child is subject to significant harm and their parent/carer is not allowing access to the child and is not consenting to the child moving to or remaining in a place of safety. Specifically, the following should be considered prior to the application:

- Any alternatives to the order
- The wishes and feelings of the child/young person
- The child/young person's physical, emotional and education needs during the period of the order
- The granted order's potential effects on the child/young person
- The child/young person'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 to them being present at the first calling the application
- Gathering of information to support the application.

The application:

- Identifies the applicant, the child/young person, 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/young person 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/young person 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

- The way the making of an order would be better for the child/young person 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/young person is at risk of harm, the social worker tried to make enquires and they have been unreasonable prevented from doing so (only submitted by the local authority)
  - S39 where there are reasonable grounds to believe a child/young person has been/will be harmed.

The application is progressed by Moray's Legal department; they collate the information held by the partner agencies and provide advice as necessary. They will draw together an application and paper apart, which constitute the full application for a child protection order. The paper apart outlines the information, observations and statement of facts that constitute the evidence for the order and is generally in a chronological form. It also defines any search for or discussions with potential kinship carers or a parent who is estranged to the child/young person and the results of these. It is sometimes helpful to include an updated chronology to the full application to enable the Sheriff to consider cases where long term and chronic neglect also features. It is important to include in the application where anyone with parental rights and responsibilities cannot be found. The sheriff also considers if a non-disclosure of the young person/child's intended residence is required for their safety. This information must be considered in the application.

Moray Legal services will contact the sheriff clerk to arrange a time to meet with the sheriff in Chambers. The parents/carers' legal representative may also attend along with the parent/carer. The lead social worker or senior will attend with a local authority solicitor.

During non-working office hours, a child protection order can be applied for, but without the involvement and advice of the Moray Legal department. In this instance, the out-of-hours social worker and on call manager will draw together the legal paperwork and request the sheriff's or the justice of peace's (if the sheriff is unable to hear the application) consideration.

When a child protection order is granted, copies are to be served to anyone with parental responsibilities and rights for the child/young person and the child/young person (subject to level of understanding) within 24 hours by the lead professional and Police (if required). Copies of the order are sent by the solicitor to the Children's Reporter, where a second day Children's Hearing will be arranged to consider extending the order or not. If extended, a further Children's Hearing will take place on the 8th day to consider the grounds for a compulsory supervision order. At this point, an interim compulsory supervision order may be agreed to maintain the young person/child's safety and regulate where they live.

#### Child assessment order

A child assessment order is a non-emergency/planned order of the court authorising an assessment of a young person or child's health and development and of the way a child/young person is being

treated. It is appropriate when a health assessment, needs assessment or combination of both is deemed to be required and parent/carer to the child is withholding consent.

It can include directions regarding the contact the child/young person should have with any person(s) named in the order. It may also require a person to produce the child/young person to services, authorise the child/young person being taken to a specified place for the duration of the order.

The parent/carers and the child/young person must be included in discussions and offered the opportunity to consent to the assessment discussed. Parent/carers must be advised of their right to legal representation also.

Discussions with line management and Legal services is needed prior to the application. Pre-application considerations and actions by the social worker include:

- The assessment sought can consider whether the young person or child is 'in need' or any of their needs are 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 suspect 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.

The order is valid for a maximum of 3 days and the outcomes of the ordered assessment must be considered when planning for the child/young person. New information can be assessed in a re-convened IRD meeting or a child/young person planning meeting. Where the assessment indicates that there is risk of immediate and significant harm to a child, application for a child protection order should be considered.

#### Exclusion order and interim exclusion order

An exclusion order is a statutory measure available to protect children and young people 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. 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/young person to return home and the suspected adult perpetrator, who still poses risk to the child/young person, does not voluntarily leave the home.

It can grant:

- A warrant for the summary ejection of an identified person from the home
- An interdict prohibiting the identified person from entering a home without the express permission of the local authority
- An interdict prohibiting the removal by the 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 identified 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 identified person.

The conditions of an exclusion order are:

(a) that the child has suffered, is suffering, or is likely to suffer, significant harm as a result of any conduct, or any threatened or reasonably apprehended conduct, of the named person;

(b) that the making of an exclusion order against the named person:

- is necessary for the protection of the child, irrespective of whether the child is for the time being residing in the family home; and
- would better safeguard the child's welfare than the removal of the child from the family home; and

(c) that, if an order is made, there will be a person specified in the application who is capable of taking responsibility for the provision of appropriate care for the child and any other member of the family who requires such care and who is, or will be, residing in the family home (in this section, sections 77 to 79 and section 91(3)(f) of this Act referred to as an "appropriate person").

The Sheriff (on application) may consider either a full order or an interim order dependent on the above conditions being fully or partially satisfied. In addition and given that the Sheriff must be satisfied the conditions or thresholds are met for a child protection order, they may grant a child protection order instead.

Pre-application considerations and actions by the social worker:

- Whether the three criteria for an exclusion order are satisfied:
  - The child/young person 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/young person (irrespective of where the child resides)
- The child/young person's welfare would be better safeguarded than removal of the child/young person from the home
- There is a person in the family home to take responsibility for providing appropriate care to the child/young person 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/young person and how they have been obtained
- Decisions regarding any ancillary orders and interdicts.

The person who is the subject of the order should be involved fully and have the opportunity to present their case (with legal representation) to the Sheriff. The Sheriff must also be satisfied that their rights are upheld (e.g., having access to their belongings, if their employment is from their home, that they can continue to do their job). And that the issuing of the order does not impact detrimentally on the family home (e.g., limit financial resources).

An exclusion order is in place for 6 months and can be reapplied for, if required. During this period, the person subject to the order will be expected to abide by the order and not return to the home; they may be subject to prosecution if they access the home during the period the order is in place. Likewise, those remaining in the home must abide by the order, which introduces points for practice when considering if an exclusion order is appropriate in any case.

The local authority has duties for the oversight and enactment of the order and any conditions in place. Policing the order is difficult in practice and the adult caring for the child may be significantly compromised and held to account despite their being abused or recovering from the abuse of another. The most challenging aspect of the order is that it places significant responsibility on the adult remaining in the home. They are likely to be in a difficult and abusive relationship with the person subject to the order. An exclusion order may likely conflict with the application of the principles of Safe and Together placing additional pressure on the person caring for the child/young person. These issues must be reflected upon when considering the application for the order specific to the individual needs of the child/young person and their family.

#### **8.5.2.6. Referral to Children's Rights services**

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

#### **8.5.2.7. Referral to protection from serious harm process**

In exceptional cases, where "there is a likelihood of harmful behaviour, of a violent or sexual nature, which is life threatening and/or traumatic and from which recovery, whether physical or psychological,



may reasonably be expected to be difficult or impossible” ([FRAME](#)), referral to the protection from serious harm process may be applicable. Details of arrangements to protect young people or others from risk of serious harm are discussed fully in section 11.

Appropriate actions and strategies need to be put in place at the IRD to protect the young person and/or others from the risk of serious harm via effective risk reduction and management based on available information and assessment of need and risk pending the initial protection from serious harm meeting. Considerations may include:

- Interim safety plan in various settings (e.g., place of education, place of employment, at home, in the community, etc.)
- Living arrangements, education, employment or training placement
- Legal position to harmful behaviour
- Measures to mediate community response
- Communication strategy.

The young person and their family should be consulted and informed as appropriate. Any potential and ongoing processes should be clearly explained to them by the lead professional; the resources in the toolkit that can be found on the Moray Protects website can be used to facilitate discussions.

#### **8.5.2.7. Referral to Secure Care Screening Panel**

In exceptional cases, following the risk assessment and consultation, it can become apparent that serious risks around a child/young person cannot be managed in the community or any other care setting. In such circumstances, the IRD may refer the case to a Social Work service manager to consider a referral to the Secure Care Screening Panel. Escalation to an IRD and referral to a service manager for Secure Care Screening Panel may also be appropriate when there is a sudden escalation in risk.

The ‘standard’ areas of decision-making at IRDs (as discussed in previous sections) are complemented by additional considerations that can be recorded in the ‘other legal measures’ box on the form. Specifically, the multiagency forum needs to consider whether:

- All options for the management risk have been exhausted and/or considered
- The child/young person meets one or more of the legal conditions for secure accommodation as outlined below.

[The Secure Accommodation \(Scotland\) Regulations 2013](#) specify that a child/young person who is subject to:

- (a) a compulsory supervision order which does not include a secure accommodation authorisation or
- (b) an interim CSO or medical examination order or
- (c) permanence order or being provided with accommodation under s25 of the Children (Scotland) Act 1995

can only be accommodated in a secure placement if the Chief Social Work Officer and the Head of the Secure Unit are satisfied that:

- (1) one or more of the following conditions apply:

- the child/young person has previously absconded and is likely to abscond again and, if the child/young person were to abscond, it is likely that the child/young person's physical, mental or moral welfare would be at risk,
  - the child/young person is likely to engage in self-harming conduct,
  - the child/young person is likely to cause injury to another person
- (2) the placement in the secure accommodation would be in the best interest of the child
- (3) the placement in the secure establishment is appropriate to the child's needs having regard to the residential establishment's statement of functions and objectives.

For more information about secure accommodation, please see the [Secure Care Procedure](#).

### 8.5.3. Escalation regarding decision making

If any agency involved in the IRD disagrees with the decision of any party and where an agreement cannot be reached, the Multiagency Escalation Procedure applies (starting from stage 3).

The points of disagreement and resolution must be recorded on the IRD record. There should be no delays in protective action because 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 8.7.1 discusses reconvened IRDs further.

## 8.6. Feedback to families

Following the IRD, where it is safe to do so, feedback should be provided to the child/young person and family by the referring agency or lead professional, as appropriate. This should include an overview of the information that was shared and the agreed safety plan and actions. In doing so, the following are essential considerations:

- How information about the investigation can best be exchanged and shared with the child/young person, considering their capacity, communication needs and maturity
- How information can best be exchanged and shared with the family and whether information should not be shared if this may jeopardise a police investigation or place the child/young person, or any other child/young person, at risk of significant harm
- The child or young person and family's feelings and views about the investigation.

## 8.7. Specific circumstance inter-agency referral discussion

Key messages
<b>Reconvened IRD meetings are held where new information comes to light after further investigation has occurred.</b>
<b>Pre-birth IRDs must take place as soon as reasonably practicable, without undue delay. Further information regarding pre-birth protective actions can be found in the <a href="#">Moray Support in Pregnancy Pathway</a>.</b>

**If a concern is received 'out of hours' and relates to the immediate safety and wellbeing of a child or young person, where possible, an IRD meeting should be held as soon as possible.**

**Where there is a concern that a child or young person is a potential victim of human trafficking an IRD meeting must be held in every case.**

**Practitioners should follow the North East Multiagency Operating Protocol in the toolkit that can be found on the Moray Protects website where county lines activity is (suspected) to feature.**

**An IRD meeting should be convened following unexpected and sudden death of a child or young person.**

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

#### 8.7.1. Reconvened inter-agency referral discussion meeting

A reconvened IRD meeting brings agencies back together to further analyse any additional information that has been gathered since the beginning of the IRD process which may or may not have included an IRD meeting. The purpose of a reconvened IRD meeting is to close the IRD process by making a final decision about the next steps in the multiagency protective actions, particularly in relation to proceeding with PPM/protection from serious harm, applying for various legal measures, and referral to SCRA.

A reconvened IRD meeting is justified when:

- Information not previously known or considered is thought to change or have an impact on the safety of the child or young person and the plans in place to support them
- The IRD process begins out of hours with a focus on interim safety planning. In such circumstances, 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 agencies back together in the form of a meeting if the information needs further consideration or analysis; alternatively, it may be that a 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 agencies need to update their own systems.

#### 8.7.2. 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 by as soon as reasonably practicable, considering the context, needs and 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. Processes around the protection of unborn babies is further discussed in the [Support in Pregnancy Pathway](#).

### 8.7.3. Out-of-hours inter-agency referral discussion

When there is potential or actual risk of significant harm to a child/young person out with normal working hours, the IRD process of information-sharing and safety planning should commence.

Social Work, Police, and Health (as appropriate) must work together to develop and implement an interim safety plan which is put in place to prevent harm or further harm from occurring.

When the IRD process is started out of hours, the nature of the concern, the information shared between agencies, those consulted as part of the process and any decisions made to safeguard the child must be clearly recorded and provided to the relevant operational team. This information will inform an IRD meeting held during normal working hours.

Should information indicate that a medical examination of a child/young person may be required, the on-call duty paediatrician can be contacted for advice. If a significant event occurs 'out of hours' requiring Health to be informed or be part of an IRD, then Police or Social Work will contact the senior manager on call (SMOC) for the relevant Health and Social Care Partnership to ensure that they are aware of the significant event. The SMOC is then responsible for contacting the paediatrician on call via the NHS Grampian switchboard and requesting they attend the IRD; the SMOC is not expected to attend. Out-of-hours medical examinations will not be executed unless they appear to be time sensitive.

### 8.7.4. 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. Trafficking involves the recruitment, transportation, transfer, harbouring or receipt, exchange, or transfer of control of a child/young person 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 county lines activity, sexual, criminal, and financial exploitation, forced labour, removal of organs, illegal adoption, and forced or illegal marriage. Practitioners should follow the North East Multiagency Operations Protocol for cases of (suspected) county lines cases available in the toolkit that can be found on the Moray Protects website.

The UK has a responsibility to identify and record cases of 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 or young person 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 local authorities and police (in addition to the Home Office) can make a referral into the NRM for children and young people. Referral to the NRM is made [online](#).

#### 8.7.5. Sudden and unexpected death of infants, children (SUDIC) and young people up to 18 years

For a very small number of children and young people, death may not be a result of natural causes. In cases of sudden and unexpected death, the circumstances and cause of death must be explored sensitively and to the highest standards (see further in the [National guidance when a child or young person dies](#)). A collaborative and coordinated inter-agency approach is necessary in situations of a sudden or unexplained death of an infant or child/young person. This means that an IRD process follows the sudden or unexplained death of a child/young person or infant to determine any multiagency next steps, including referral for a learning review and protective actions regarding surviving siblings.

Alongside the child/young person 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, multiagency and coordinated decision making. This will enable appropriate single-agency or multiagency support, assistance, and intervention for families where this is required or provide assurance that no further action is necessary.

## 9. Child/young person protection planning meeting

Key messages
<b>Child/young person protection planning meetings (henceforth PPMs) are convened as a result of a decision at an IRD or the recommendation of a child protection investigation.</b>
<b>Initial PPMs are held within 28 calendar days of the IRD or the conclusion of the child/young person protection investigation.</b>
<b>All professionals are required to share their report (including integrated reports but excluding police research) 5 days prior to the meeting.</b>
<b>All professionals are required to prepare for the PPM by reading the shared reports and considering their agency's contribution to the plan.</b>
<b>Only relevant professionals should attend a PPM.</b>
<b>PPMs are solution oriented, which means that the focus is on the development of a plan, rather than the recounting of incidents.</b>
<b>Pre-birth PPMs are convened by 28 weeks of gestation and in cases of late presentation, always within 28 days of the concern being raised, considering the circumstances, the urgency within the situation, and estimated due date.</b>
<b>Where a child or young person who is on the Child Protection Register moves local authority area, the receiving local authority is responsible for convening a transfer PPM. This should be held within 21 working days of the transfer's receipt.</b>

**Where an inquorate PPM is held, the chair must ensure that the reasons for proceeding with the PPM are recorded. An early review PPM should be arranged immediately and held within 10 working days.**

**A minimum of 2 planning meetings should be held within 6 months of the de-registration decision to monitor progress.**

Child or young person 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 1 – Support and protection of children and young people - timescales.

Child/young person protection planning meetings (PPMs) in Moray are held in a solution orientated approach to the assessment of risk and planning. This means that the focus of the meeting is to analyse concerns and strengths and develop a plan, alongside the family, which addresses concerns and builds on strengths. Overall, the purpose of the PPM is to:

- Ensure that a plan (be that a plan of protection or support) is in place to address any identified risks/unmet needs which clearly states who is responsible for the actions and when they should be completed
- Ensure that the views of the child, young person and their family are considered
- Share, update and analyse information including the interim safety plan created at the IRD
- Determine whether the child/young person is at risk of significant harm and whether their name needs to be placed or retained on the child protection register
- Determine whether a referral to the Scottish Children's Reporter's Administration is required
- Determine whether other legal measures are required to safeguard the child/young person such as alternative care arrangements
- To consider whether the child/young person (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.

### 9.1. Attendees of a child/young person protection planning meetings

The child or young person will be invited to their PPM. A range of resources are included in the toolkit that can be found on the Moray Protects website that can be used to help children and young people understand the process and participate. Children and young people have a choice in how their views are shared (e.g., attending the meetings themselves, having their views shared by a trusted adult or advocate, in writing etc.). 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/or advocacy services in relation to child protection processes.

In exceptional circumstances, the reviewing officer may decide to not invite a child or young person. This may occur when it is assessed that attending the meeting may be harmful. Such decisions and the rationale must be clearly explained to the child and recorded.

Parents, carers, or others with parental responsibilities should always be invited to the PPM and, they should be given any information and preparation in a way that helps understanding and meaningful participation (a range of resources are included in the toolkit that can be found on the Moray Protects website to support this). 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 PPM. 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 can bring someone to support them (e.g., friend, family member, advocacy worker) when they attend a PPM. This person is there solely to support the parent/carer and has no other role within the PPM. On some occasions, the family may request that their legal representative/solicitor should be invited. However, given the non-statutory basis of PPMs, 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.

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

- Social Work
- Police
- Health
- Education (where relevant)
- Early Learning and Childcare (where relevant)
- An experience minute taker.

The people involved in a PPM should be limited to those necessary to create 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. The expectation is that each agency has one representative except for Social Work where the senior social worker attends alongside the social worker. Additional attendees should be discussed with the chair prior to the meeting who will consider the agency and discipline within that agency.

#### 9.1.1. Quorate

The reviewing officer may decide to postpone the PPM if it is apparent that there will not be representation of agencies, as appropriate to the family's circumstances (the meeting is not quorate). Minimum participation is expected from Social Work, Police (as relevant), Health, Education and Early Learning and Childcare, as appropriate.

Reasons for postponing the meeting can also include:

- The voice of the child or family is not apparent
- The family and professionals are not suitably prepared to fully participate in the meeting
- Reports have not been sent in a timely manner.

The reasons for postponing an inquorate PPM must be recorded by the reviewing officer at the next meeting, which should be held within 10 working days.

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 PPM), or sufficient information is available, and a delay is likely to be harmful to the child/young person. Where an inquorate PPM is held, the chair must ensure that the reasons for proceeding with the PPM are recorded. Inquorate PPMs cannot remove a child of young person from the North East of Scotland Child Protection Register. An early review PPM should be arranged immediately and held within 10 working days. Two consecutive inquorate PPMs must not be held.

## 9.2. Provision of reports and preparation

Timely sharing of relevant and accurate information in the form of written reports is vital for an effective child/young person protection planning meeting. It is important that all participants in the meeting know and understand the challenges and strengths a family may be facing in advance of the meeting. This knowledge will form the basis of planning and decision making in the meeting.

Individual agencies (apart from Police research which cannot be shared) are responsible for sharing their reports or information with the family, the reviewing team and other agencies, 5 working days before the meeting. The 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 young person/child's views, information pertaining to significant adults in the young person/child's life, and provide a clear overview of the risks, vulnerabilities, and protective factors. Other children/young people in the household or extended family should also be considered. The report should contain a clear recommendation regarding need or not for Registration with a concise reference to the analysis.

The family and the child/young person also need help to prepare for the PPM. In the week leading up to the meeting, and once the reviewing officer has reviewed the reports, they will contact the family to discuss the upcoming PPM, 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.

## 9.3. Protected period

The protected period takes place 30 minutes prior to the main PPM and it offers professionals an opportunity to share and discuss new and/or restricted access information which has not been shared in the report.

Restricted access information is information that, by its nature, cannot be shared freely with the child, young person, parent/carer and anyone supporting them. Such information will be shared with the



other agencies of the PPM 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 that it meets the criteria above; information should only be withheld from families when it is necessary.

## 9.4. Types of child/young person protection planning meetings

### 9.4.1. Initial child/young person protection planning meeting

Taking place within 28 days of the IRD which made the decision to convene the PPM or within 28 days of the child protection investigation which recommends it, the initial PPM is held to allow professionals from across services to share information about a child or young person for whom there are 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 multiagency protection plan.

A decision must be made as to whether the child or young person'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 assessment of need and risk and case chronology must have been initiated by this stage and this will inform the child or young person's plan.

### 9.4.2. Pre-birth protection planning meeting

Pre-birth PPMs will consider whether concerns exist about the likelihood of significant harm to an unborn or newly born baby in advance of the birth. It will consider whether participants need to prepare a multiagency plan which will meet the needs of the baby and mother prior to and following birth.

Pre-birth PPMs are held 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.

Concerns may still be sufficient to warrant an inter-agency assessment and the PPM may place the unborn baby's name on the Child Protection Register before birth. If the unborn baby 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.

If unborn baby's name is placed on the Child Protection Register or has a child's plan, a pre-discharge meeting must be considered. Where a child protection plan is in place prior to a child's birth, a pre-discharge meeting is usually not necessary (i.e. community supports are already identified and in place and there is no change to the plan required). The review child protection planning meeting may be held within 3 months of the previous pre-birth protection planning meeting but professional judgement can be applied (i.e., they can be held earlier if the child protection plan needs to be updated owing to a change in circumstance).

The decision to hold a pre-discharge meeting is a matter of professional judgement and should be outlined in minutes of pre-birth core group meetings or pre-birth protection planning meetings, or, where this is not possible, undertaken in consultation between social work and health professionals. Where concerns have previously been identified through an IRD, it may be necessary to reconvene the IRD if there is a significant change.

Circumstances which may indicate a need for a pre-discharge meeting may include (but are not limited to):

- A need for a reassessment of risk relating to a baby born with unexpected withdrawal symptoms (neonatal abstinence syndrome)
- A need to reassess the care needs of a baby born with complex needs and any additional support required
- A change in family circumstances such as the introduction of a new carer or change in family dynamics
- Information from maternity staff indicating concerns about the care of the baby or presentation of the parent whilst in hospital

It may also be necessary to hold a pre-discharge meeting where there is no child protection plan or discharge plan previously agreed, for instance:

- Where adequate pre-birth planning was not possible due to late presentation and a full pre-birth assessment has not been able to be completed. This may be due to several factors, for example, where a family have not engaged with available relevant services
- A concealed pregnancy.

In such cases, the meeting itself is framed carefully and in a trauma-informed manner to be mindful of the family's circumstances.

The purpose of this meeting is to agree or amend arrangements for the care of the baby. This should include consideration of the role and level of involvement of community-based supports. Where the decision of this meeting is that the baby 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 baby safe.

#### 9.4.3. Transfer child or young person protection planning meeting

Geographical moves (between local authority areas) are a time of increased stress and risk for children, young people and families. Transfer PPMs must be held to ensure proper transfer of information and responsibilities when a child/young person protection plan is currently in place.

Where it is known that a child/young person 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 PPM, 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/young person 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 PPM 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 PPM. 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.

Only a review PPM can de-register a child or young person from the Child Protection Register; transfer PPMs cannot de-register a child/young person.

The originating authority must ensure that the relevant records are made available to the receiving authority for the purposes of the assessment of current and future risk and need. Where a child/young person was on the Child Protection Register previously in another area, the receiving authority should request the child's records from the previous authority (if still available).

#### 9.4.4. Review child or young person protection planning meeting

Review PPMs must be held within 6 months of the initial PPM which placed the child/young person on the Child Protection Register and at every 6 months thereafter until de-registration. Review PPMs are held to review the progress of the protection plan to ensure it is meeting the young person or child's needs and to consider any new information provided by the team around the child/young person. Such information will help practitioners inform and update the child/young person'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 PPM only when the team around the child/young person is satisfied that the actual or potential abuse or risk of significant harm is no longer present or sufficient to warrant continued registration. A child/young person's name should only remain on the Child

Protection Register if detailed assessment indicates that there is continued risk of significant harm. Where a child/young person is no longer considered to be at risk of significant harm and the protection plan has been converted to a child in need plan, their name should be removed from the Child Protection Register.

A minimum of 2 planning meetings should be held within 3 months of the de-registration decision to monitor progress.

#### 9.4.5. Review of pre-birth child protection planning meeting

A review may be held within 3 months of the previous PPM. There should be latitude for professional judgement about the most appropriate timing post-birth as the protection plan for an unborn baby may change considerably when the baby is born due to the needs of the baby and observed care and nurture by parent/s.

This does not preclude an earlier review where changes to the child's living situation are enough to remove or significantly reduce risks. However, the needs of babies increase over a period of months post birth, and this brings additional challenges particularly for first time parents, therefore the plan for support for the baby and their parent/carers may need to change to respond to that change in need. 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).

### 9.5. Decision making and planning

All participants at a PPM with significant involvement with the child/young person and family have a responsibility to contribute to:

- The analysis of risks and strengths,
- The protection plan (or child in need plan), including planning for contingencies,
- A decision to place the young person or child's name on the child protection register,
- A decision to not place the young person/child's name on the child protection register,
- A decision regarding referral to the Children's Reporter,
- Or to de-register a child or young person.

Professionals must provide a reason for their 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 is reached, the chair will use their professional judgement to make a decision, based on an analysis of the issues raised.

Whilst the child/young person 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.

Areas of concern (risk indicators) that may be present within a child or young person's life circumstances are noted at PPMs. 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/young person affected by parent/carer mental ill-health
- Child/young person experiencing mental health problems
- Domestic abuse
- Parental alcohol use
- Parental drug use
- Child/young person displaying harmful sexual behaviour
- Online safety

**Impact on the child/young person:**

- Physical abuse
- Emotional abuse
- Sexual abuse
- Trafficking
- Neglect
- Female genital mutilation
- Honour based abuse and forced marriage
- 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 – updated 2023](#).

A summary of key decisions and agreed tasks, as approved by the chair, should be circulated within one day of the PPM. Participants should receive a copy of the agreed child/young person protection plan and record of the meeting within five working days of the PPM.

#### 9.5.1. Protection plan or 'in need' plan

During a PPM a plan for the child/young person 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 protection plan (child/young person is registered on the Child Protection Register) or a child/young person in need plan (child/young person 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 or young person 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'). The plan should also:

- Be developed in collaboration and consultation with the child/young person and their family
- Link actions to intended reduction or elimination of risk
- Be current and consider the child or young person'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 contingency plans
- Consider the sensitive direct involvement of children, young people and/or their views.

Interventions should be proportionate and linked to intended outcomes in ways understood by all involved, especially children, young people, and parents. Progress can only be meaningfully measured if the action or activity has had a positive impact on the child or young person.

### 9.5.2. North East of Scotland Child Protection Register

At the end of a PPM, a child/young person is either not placed, placed/retained 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 multiagency protection plan due to 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 PPM 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/young person (if appropriate) about the information held on the CPR and who has access to it.

### 9.5.3. 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 or young people, it can bring important material assistance at key stages in their lives. The [Criminal Injuries Compensation Scheme 2012](#), the scheme will consider claims for the following:

- Mental or physical injury following a crime of violence;
- Sexual or physical abuse;
- A fatality caused by a crime of violence including bereavement payments, payments for loss of parental services and financial dependency

Consideration as to whether the criminal injuries compensation scheme may apply is a standing item at Initial PPMs (or Review PPMs or 'looked after' reviews if appropriate). The Criminal Injuries Compensation Scheme does not need to wait until criminal proceedings are concluded to make a decision about a claim. It operates on the balance of probability. Therefore, applications can be made without delay.

It is the responsibility of the chair of the review to ensure that the rationale for proceeding with the application (or not) is recorded within the record of the meeting. Considerations for progressing with a Criminal Injuries claim should include:

- Eligibility as noted above
- The looked after status of the child and whether there is an appropriate adult to ensure the child's financial protection should an award be made.
- In addition, the potential revisiting of trauma for the child in making the claim and whether specific support and counselling may be required for the child prior to a claim being made should also be considered

Where it appears that the child could apply for Criminal Injuries Compensation, the Lead Professional will be tasked with exploring this with the child and their family in conjunction with the Local Authority.

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.

Information about applying for Criminal Injuries Compensation is available here:

<https://www.gov.uk/claim-compensation-criminal-injury/make-claim>

Tel: 0300 003 3601

## 9.6. Records of child/young person 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 PPM.

The decision letter and the record of the PPM 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 include the:

- Reports received
- Summary of the information shared
- Risks and protective factors identified
- Views of the child/young person and parents/carers
- Decisions, reason for the decisions, and note of any dissent
- Outlined 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.)
- Name of the lead professional
- Membership of the core group (as appropriate).

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

## 9.6. Appeals relating to the outcomes of a protection planning meeting

The Multiagency Escalation Procedure applies if professionals wish to appeal the outcomes of a protection planning meeting.

Children and young people and/or their parents/carers may request a review of the decision-making process of the PPM, where they do not accept or agree with that decision. Such a review should be requested in writing within 14 days of the PPM by emailing [reviewingteam@moray.gov.uk](mailto:reviewingteam@moray.gov.uk).

It is important to note that 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](#).

Upon receipt of a request to review a decision of a PPM, the chair of the PPM will offer to meet with the complainant to clarify the reason(s) for the decision and attempt to seek a resolution. If a resolution is not reached, the Children's Services Quality Assurance and Policy Manager will appoint an independent and suitable senior member of staff (from across Children's Services) to carry out this review.

The decision of PPM will only be reviewed where, as determined by the member of staff undertaking the review, one or more of the following criteria apply:

- There are reasonable grounds to suggest that relevant information was not available to the original PPM;
- There are reasonable grounds to suggest that inaccurate information was presented to the PPM;



- There are reasonable grounds to suggest that the decision reached by PPM was unreasonable in light of the evidence provided to the PPM.

#### 9.6.1. Review Stage 1

The member of staff undertaking the review will:

- Confirm the ground under which the review is taking place
- Assess the potential impact of the ground on the decision making at the PPM
- And determine whether, in light of the above, it may be appropriate to refer the matter back to a PPM for a further review.

The member of staff undertaking the review will write to the person asking for the review within 14 days of receipt of their request with the outcome of the review and any proposed course of action.

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

#### 9.6.2. Review Stage 2

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

It is suggested that the Review Panel may comprise of:

- A senior Social Work professional in child protection
- A senior Health professional in child protection
- A senior member of Education staff in child protection
- A senior Police representative in child protection.

The decision by the Review Panel will be final.

## 10. Core groups

Key messages
<b>The core group must meet within 15 working days of a PPM.</b>
<b>Core group meetings should subsequently be held every 4 weeks or more often (when, for example, the risks seem to be escalating). Where circumstances prevent a 4-week core group meeting being from being held, the time between meetings should never exceed 6 weeks.</b>
<b>The core group will activate contingency plans promptly when progress is not made or circumstances deteriorate.</b>
<b>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 or young person.</b>
<b>The roles and responsibilities of the lead professional and the team around the child/young person are outlined in section 3.</b>

Following registration, it is essential that agencies work together in a clear and focused manner to protect the child or young person and/or others from the risk of future harm and to work to ensure they achieve their full potential. This is ensured by the regular meeting of the team around the child/young person in core group meetings.

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 or more often if the risks are believed to be escalating. Where circumstances prevent a 4-week core group meeting being held, the time between meetings should never exceed 6 weeks.

A minimum of 2 child planning meetings should be held in the 6 months following de-registration to monitor progress with the child or young person's plan.

The core group consists of professionals who have direct and on-going involvement with the child/young person and/or family. The child or young person can also attend the core group. Parents should normally be invited to attend core groups and may bring someone to support them. The parent or support person may be excluded by the chair of the core group. In such instances, the reason for the individual's exclusion should be fully recorded.

While the core group has the central responsibility for working to ensure the protection and wellbeing of a child/young person on the Child Protection Register, the social worker as lead professional is central to ensuring the effectiveness of interagency working. Every child/young person 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 or young person's plan.

The initial core group meeting will:

- Make arrangements for the completion of an assessment of need and risk and any other assessments as required
- Agree the details of the protection plan or pre-birth plan including consideration of the child or young person'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/young person is seen at least once each week by a professional member of the core group
- Establish the arrangements whereby the child/young person is seen alone by a professional member of the core group with whom they have a trusting relationship.

Core groups are responsible for implementing, monitoring and reviewing the protection plan, in partnership with children/young people 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 PPM and at a minimum level of every 4 weeks thereafter or more frequently
- Track progress with actions within the Child's Plan

- Keep effective communication between all services and agencies involved with the child/young person and parents/carers
- Activate contingency plans promptly when progress is not made or circumstances deteriorate
- Refer the need for any significant changes in the protection plan to the reviewing officer within 3 calendar days, or as urgently as necessary to safeguard the child /young person
- Be alert, individually and collectively, to escalating concerns, triggering immediate response, additional support and/or a review ppm as appropriate
- Visit the child or young person 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/young people, should record who is present during visits.

Visits and support 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 Social Work team manager in the first instance.

Continued failure to gain access to the child or young person over the week must be discussed with the senior social worker and escalated to the area manager where any risks or need to take additional action is considered.

Where the lead professional is absent or unavailable to undertake visits to see the child or young person, the senior social worker should agree the most appropriate arrangements to fulfil any tasks allocated to the lead professional in the protection plan.

## 11. Protection from serious harm

Key messages
<b>Responsibilities of the chair of protection from serious harm (PfSH) meeting are outlined in section 3.</b>
<b>The PfSH process is only applicable where it is assessed that there is likelihood of serious harm occurring.</b>
<b>Serious harm is of a violent or sexual nature, which is life threatening and/or traumatic and from which recovery, whether physical or psychological, may reasonably be expected to be difficult or impossible.</b>
<b>The initiation of the protection from serious harm process is preceded by single agency escalation/consultation processes.</b>
<b>Within 1 day of the IRD/PPM or LACR, the referral is made to a Social Work service manager.</b>
<b>The Social Work service manager makes a decision regarding the movement to protection from serious harm process within 1 working day of the referral.</b>
<b>The first PfSH meeting is convened with 21 calendar days of the IRD/PPM or LACR.</b>
<b>The first PfSH core group meeting is held within 15 days of the initial PfSH meeting, and then biweekly/monthly, subject to the level of risk.</b>
<b>Review PfSH meetings are held at 3 monthly intervals.</b>

In exceptional circumstances, it may be appropriate to initiate Moray's processes to protect young people and/or others from serious harm. This approach is based on the [Scottish Government's guidance](#) on Care and Risk Management as well as the standards outlined in the [Framework for Risk Assessment Management and Evaluation for Local Authorities and partners](#) (henceforth FRAME) and the [Secure Care Standards and Pathway](#). Additionally, the approach was developed based on national best practice and feedback kindly provided by young people working with third sector organisations in Moray.

### 11.1. Criteria for escalation: definition of serious harm

The process to protect young people from serious harm should be applied in circumstances where it is assessed that there is likelihood of serious harm occurring. Serious harm is defined by [FRAME](#) as follows:

*“there is a likelihood of harmful behaviour, of a violent or sexual nature, which is life threatening and/or traumatic and from which recovery, whether physical or psychological, may reasonably be expected to be difficult or impossible”*

This includes risk of serious harm:

- Posed to the young person (e.g., exploitation by other people),
- To others by the young person (e.g., offending, violence, sexually harmful behaviour)
- Harm to self by the young person (i.e., serious incidents of self-harm/suicide attempts).

Consideration must also be given to:

- The level of intent
- Any use of force or coercion
- Potential as well as actual harm caused, irrespective of whether the harm was realised.

Concern regarding serious harm may emerge due to a single incident or be as part of a pattern of behaviour.

### 11.2. Initiating the protection from serious harm process

If practitioners believe that there is a risk of serious harm around a child or young person, then they will follow single agency arrangements to seek senior oversight regarding decision making.

Following consultation/escalation within single agencies, the protection from serious harm (PfSH) process can be initiated by:

- **An interagency referral discussion (IRD):** where the potential for/actual serious harm is identified either because of an isolated incident or pattern of behaviour, an IRD should be convened as per child protection procedures
- **A child or young person protection planning meeting (PPM) or looked after child review:** risk is cumulative and identified as serious within a multiagency review. If serious harm is

identified within either of these multiagency reviews, then an IRD is not always required. This should be discussed with a Social Work service manager.

In both of these situations, a referral to the relevant Social Work service manager must be made within one day of the concern being identified (Care and Risk Management Requirement 1).

The chair of the referring meeting should refer the case to the Social Work Service Manager by emailing the reviewing team inbox ([reviewingteam@moray.gov.uk](mailto:reviewingteam@moray.gov.uk)) with:

- Part one of the protection from serious harm referral form
- The minute of the meeting which is making the referral, as soon as this becomes available (it is acknowledged that this may take longer than one day to turn around)
- The most recent assessment or report (if available)
- An up to date (multiagency) chronology.

Within one working day of the referral being received, the relevant Social Work service manager reviews the submitted paperwork to decide whether the PfSH process is initiated to support the young person and to manage the risk of serious harm. This is based on whether the serious harm has or is likely to occur. The Social Work service manager reviewing the referral may contact their equivalent(s) in partner agencies for further information and discussion.

The outcome of the referral is one of the following two options (recorded on part two of the referral):

**1. The referral is accepted and the Social Work service manager outlines:**

- The decision to proceed with the protection from serious harm (PfSH) process including the reasons (e.g., the incident or pattern can be considered seriously harmful or likely to cause serious harm)
- The proposed date of the first protection from serious harm (PfSH) meeting (as soon as possible and within 21 calendar days of the referral being made; Care and Risk Management requirement 2)
- Whether immediate protective measures are required for either the young person alleged to have caused harm or to safeguard the wellbeing of any other children/young people
- The allocation of immediate tasks (based on identified risk factors and strengths) in relation to the young person's safety plan (incl. management of serious risk to self and/or others), gathering the views of the young person and any relevant persons, the legal position, any community-based risks or implications.
- The identification of a specialised risk assessment to be undertaken by identified staff (Care and Risk Management requirement 3) as discussed further in section 11.7, safety plans in particular settings, referral to specialist services, papers to be submitted to the initial protection from serious harm meeting etc.

**2. Referral is not accepted and the Social Work service manager outlines:**

- The decision not to proceed with the protection from serious harm process including the reasons (e.g., the incident or pattern cannot be considered seriously harmful or likely to cause serious harm)

- A direction to reconvene the meeting that referred the case (i.e., IRD, LACR or PPM) with the aim of reviewing the plan to reduce the risk of harm within the reconvened meeting
- Suggested alternative or additional supports which should be considered at the reconvened multiagency meeting.

The decisions and rationale of the Social Work service manager, as captured on the second part of the referral form, is shared with the referrer and the lead professional for onward distribution, as appropriate.

### 11.3. Purpose of the protection from serious harm meeting

The purpose of protection from serious harm (PfSH) meeting is to share information across partner agencies, jointly assess that information (including the risks), and determine whether there is a likelihood of serious harm which needs to be addressed by a multiagency plan to protect from serious harm.

A PfSH meeting should also consider (where appropriate) whether the young person's name should be placed/retained on the Child Protection Register. It is important to consider the context in which the young person's behaviour may cause harm to themselves or others (i.e. risk to the young person within their family).

The specific functions of the initial and review PfSH meetings are to:

- Manage the assessed risk of (significant and serious) harm and meet assessed needs
- Ensure that a relevant risk assessment is undertaken in relation to the risk of serious harm
- Share information in a multiagency forum about the risk of harm
- Identify scenarios which consider the nature of harm, how and when it might present, and who may be at risk from the harm
- Identify strengths and protective factors which can support the delivery of individual and effective risk management strategies to reduce harmful behaviours and build capacity within the young person
- Implement risk management measures that are constructive and individualised, bearing in mind the principle of proportionality, the best interests of the young person as well as their physical and mental wellbeing, and development and circumstances of the case
- Ensure that the young person's social, developmental and psychological needs are addressed within the context of decisions about risk management strategies
- Ensure that, through the completion of risk assessment(s) and the linked development of risk management strategies, there is an appropriate multiagency response to the risk of serious harm (inclusive of effective public protection and victim safety planning)
- Ensure that the partner agencies agree on the application of protection from serious harm procedure
- If appropriate, ensure that the partner agencies agree on Child Protection Registration
- If appropriate, develop a process for managing the young person's transition from the protection from serious harm process to child protection, multi/single-agency child planning processes

- If appropriate, develop a process for managing the young person's transition from the protection from serious harm process to multiagency public protection arrangements (MAPPA)
- If appropriate, outline the arrangements for risk management when a young person reaches the age of 18 and continues to present significant concerns although not subject to MAPPA
- It may be the case that the young person is already involved in another review process (i.e. looked after reviews). To avoid unnecessary duplication, the review protection from serious harm meetings should consider all aspects of the young person's plan.

#### 11.4. Preparation for the initial protection from serious harm meeting: risk assessment and papers to be submitted

The papers submitted to the initial PfSH meeting are confirmed by the chair at the point of referral and can include the following:

- A copy of single/multiagency assessments of wellbeing or equivalent and child's plan for the relevant child where this is available
- A copy of any completed risk assessment: a risk management plan should be informed by an assessment tool as directed by the chair at the point of referral. This is further discussed in section 11.7.
- Copies of any specialist assessments or assessments from other practitioners/agencies
- All available information which can be gathered within the timescale
- Up-to-date multiagency chronology
- Police research
- Understanding of strengths or protective factors

Papers should be submitted to the chair and attendees of the protection from serious harm meeting no later than **5 working days prior to the meeting** (Care and Risk Management requirement 4).

#### 11.5. Attendees of protection from serious harm meetings

In preparation for the meeting, the young person and their family should have the objectives of the process explained to them by the lead professional. A range of leaflets are available in the toolkit that can be found on the Moray Protects website to help this discussion.

Prior to any meeting taking place, the young person and their parent(s) or carer(s) views must be sought and expressed on their behalf should they decline to attend.

Whilst the membership of protection from serious harm meetings will vary according to circumstances, it is anticipated that the following (in addition to the chair and minute-taker) will be in attendance, as core members of the team around the young person:

- **Young person:** where they decline to attend, their views must be gathered, shared at the meeting and taken into consideration when decisions are being made. If the young person is not present at the meeting, the reasons for this should be recorded. In exceptional cases, the

chair of the meeting may agree to not invite the young person; the reasons for this should be recorded.

- **Parents or carers** (with the agreement of the young person over 16): where they decline to attend, their views must be gathered, shared at the meeting and taken into consideration when decisions are being made. If parents or carers are not present at the meeting, the reasons for this should be recorded. In exceptional cases, the chair of the meeting may agree to not invite parents or carers; the reasons for this should be recorded.
- Practitioner from **advocacy** or children's rights services: young people who are being supported by the protection from serious harm process are a priority for Moray's Children's Rights Service
- **Legal representative or other support**: the young person/family may wish to bring a legal representative or other support person with them
- **Lead professional from Social Work**: a young person who may go on to have a plan to protect from serious harm will always have a lead professional from Social Work
- **Senior social worker or team manager**: attends to support the lead professional to contribute to the plan to protect from serious harm
- **Police**: must attend to provide information relevant to the young person's circumstance and to contribute to the plan to protect from serious harm
- **Health**: a health representative from the most appropriate service should attend to contribute to the plan to protect from serious harm
- **Child and adolescent mental health service**: a representative from the CAMHS should attend protection from serious harm meetings for all young people, including those who are not known to the service.
- **Education/employability representative**: a representative from the most appropriate service should attend to contribute to the plan to protect from serious harm (where appropriate).

Other agencies, where appropriate and agreed by the chair of the meeting, may attend:

- **Reviewing officer**: Where the young person is looked after or on the Child Protection Register, the young person's reviewing officer should attend to ensure continuity of planning. In circumstances where the young person does not have a looked after child plan or protection plan, the chair may choose to invite a reviewing officer where it is anticipated that the young person's plan may transition into a looked after child/young person plan or protection plan
- **Housing**: The young person or their family may be impacted by their housing situation and their housing officer may have a role in the plan
- **Skills Development Scotland (SDS)**: For a young person who is engaging with, or ready to engage with this service, their attendance may be a helpful contribution to the plan
- **Court, Bail and Diversion Service**: This service may attend if young person or their family subject to supervised bail
- **Multiagency Public Protection Arrangements (MAPPA) representative**: in preparation for a planned transition of a young person from the Protection from serious harm process to MAPPA, it may be useful for the incoming MAPPA chair to attend the final protection from serious harm meeting prior to transition. There may also be value in the protection from serious harm chair attending the first MAPPA meeting for the young person following transition



- **Third sector representatives:** representatives from third sector services who are supporting the young person and/or their family is appropriate where these are in place
- **Adult mental health:** where appropriate and the parent/carer is known to adult mental health services
- **Moray Integrated Drug and Alcohol Services:** where appropriate and there are issues related to parent/carers drug or alcohol use
- **Adult Social Work/Criminal Justice representative:** where appropriate, to plan the transition of the young person to Adult services.

### 11.6. Agenda at the initial and review protection from serious harm meetings

Those attending the meeting will need to consider all the circumstances of the young person to be clear about current or potential risk of harm and what support the young person requires. Specifically, the agenda for any protection from serious harm is as follows (mirrored by the protection from serious harm meeting minute template):

- Protected period, subject to approval by the chair, to present restricted police information
- Current statutory orders or charges: where there are outstanding charges, this may limit the interventions and information available or what can be discussed with the child to prevent prejudicing a prosecution. In these situations, discussions with solicitors and the family may assist to agree parameters of intervention and restrictions to ensure that the young person's legal right to due process is not impeded
- Assessment of need and risk of harm (inclusive of serious harm)
- Assessment of strengths
- Planning to reduce risk of harm and meet needs, often building on the strengths of the young person/their family and considering the applicability of contextual safeguarding
- Decisions regarding level of risk of serious harm, next steps and, where appropriate, registration on the Child Protection Register.

### 11.7. Risk assessment

In line with solution-orientated meeting formats, it is important that the risk of serious harm is considered in the first part of the meeting. This is facilitated by the completed risk assessments submitted 5 days before the meeting (Care and risk management requirement 4).

Often, at the point of referral, the Social Work service manager chairing the protection from serious harm meeting has already identified what risk assessment needs to be undertaken and by whom (Care and risk management requirement 3). It is acknowledged that some risk assessments cannot be completed within the tight timescales posed by protection from serious harm process (i.e., within 19 working days from the referral). In such cases, risk assessment utilising the GIRFEC National Practice Model can be submitted. As a minimum, risk assessments must address:

- Pattern
- Nature

- Seriousness
- Likelihood of serious harm occurring, addressing imminence in cases where risk of serious harm indicates the need for contingency measures.

If a full and detailed risk assessment has not been initiated in advance of the initial protection from serious harm meeting and is required, the chair must identify an appropriate agency and professional to complete the necessary risk assessments (Care and risk management requirement 3). The chair is responsible for making sure that any agency charged with completion of risk assessments is appropriately trained to do so. In recommending the completion of risk assessments, the chair must be clear on those which are required, taking into consideration the age of the young person, behaviour, circumstances and capacity. Currently, the following specialised assessments are available:

- AIM3 (harmful sexual behaviour)
- SAVRY (serious violence)
- START: AV (offending behaviour)
- Risk of sexual exploitation assessment
- Any other relevant assessments from partner agencies.

A risk assessment should provide a formulation of risk that offers an understanding of the interaction and respective role of risk and protective factors and will help identify triggers and early warning signs which may assist in recognising and responding to imminence of future harmful behaviour. Risk formulation is hypothetical and not predictive; any limitations and reasons must be recorded (e.g. unavailable information). The risk assessment, informed by appropriate risk assessment tools, should assist robust scenario planning based on knowledge of how, why, where and when harmful behaviour has occurred in the past and the way it may present in the future.

Risk assessments should also be cognizant of any significant harm posed to the young person as identified by previous protection procedures. For instance, risk of significant harm in the form of parental substance use can be present for a young person who poses serious risk to themselves by suicidal ideation.

## 11.8. Assessment of strengths

The strengths of the young person and their family must be considered at a protection from serious harm meeting: What are the protective factors (as distinct from positive factors)? What existing strengths or protective factors can be built upon?

It is important that the way in which protective factors or strengths influence risks are outlined as part of the risk formulation, as outlined above.

## 11.9. Planning

The protection from serious harm plan builds on the strengths of the young person and their family and proactively promotes opportunities to increase safety. It considers the risks posed by the

behaviour of the young person in various contexts as well as by those around them. The plan considers:

- The actions need to be taken to reduce the risk of harm to the young person and others (e.g., family, victims, peers, etc.)
- What would enhance the management of risk in the young person's environment
- The actions need to be taken to encourage positive decision-making by the young person and their family
- The actions need to be taken to meet the assessed needs of the young person.

At the protection from serious harm meeting, the following strategies to reduce risk of harm and meet needs should be considered, as appropriate:

- **Monitoring, or repeat assessment:** identifies factors which may indicate change in risk over time (such as imminence of self-harming or offending), a change in the type of risk posed, or a decrease in current risk and how they will be monitored and when changes will be communicated with the case manager or lead professional who has responsibilities for the plan. This should link to the contingency plan.
- **Supervision:** aims to decrease the likelihood of victimisation, violence to self/others, or offending. This section should cover activities and associations that are restricted or can only currently take place with supervision and support.
- **Intervention:** covers all aspects of the young person's plan that are designed to reduce risk posed to or by the young person. This may cover offence related or offence specific work, family work or other therapeutic interventions.
- **Victim safety planning:** aims to reduce the impact of psychological and physical harm to known previous and potential victims. The focus is on working with victims and potential victims to improve their safety and maximise their resilience.
- **Contingency planning:** helps consider key factors which may indicate that risk of harm is escalating or imminent. There will also be fewer concerning factors indicating initial instability, disinhibition, or movement towards offending which will require an appropriate, but less urgent response. Those involved in the case, including where appropriate the individual, their family and potential victims, should know what the key factors are to look out for, and what the response to them should be. There should be a clear plan as to what action should be taken by whom and how quickly. Emergency contacts should be identified both within and out with office hours.
- **Meeting identified needs:** assessments may have identified unmet needs that should form part of any multiagency protection from serious harm plan. It may be the case that the young person is already involved in another review process (i.e. looked after and accommodated child (LAAC) reviews). To avoid unnecessary duplication the protection from serious harm meetings should consider all aspects of the young person's plan.
- **Public Interest Disclosure** involves sharing information with individuals, agencies or organisations to help them manage risk more effectively. This could involve sharing information with a college or employer, or with adults that are in the young person's life. Information sharing of this nature needs to be proportionate and justified in terms of safeguarding the protection of children and vulnerable individuals and there needs to be evidence of imminent risk. In all situations where this is deemed necessary, the justification

for disclosure needs to be recorded in the minutes and a request submitted to the Police for a public interest disclosure. Thought should be given to whether self-disclosure may be a more effective strategy. The young person and parents(s)/carer(s) should be informed of the decision of a request for a public interest disclosure.

- **Management of community and/or media response:** a communication strategy may be required to manage media enquiries; the Care Inspectorate may need to be notified in some circumstances

## 11.10. Outcomes and decision-making at initial and review protection from serious harm meetings

It may be the case that the young person is already involved in another review process (i.e. looked after child reviews). To avoid unnecessary duplication, the PfSH review meetings or PfSH core group meetings should consider all aspects of the young person's plan.

Initial and review protection from serious harm meetings make decisions regarding two areas:

### 1. Whether the young person should be subject to the protection from serious harm process

One of the key decisions a protection from serious harm meeting makes is whether the young person should remain subject to the protection from serious harm process or whether planning within another framework (child protection, looked after child, or child in need) can manage and respond to the likelihood of (serious) harm occurring.

The chair of the meeting will establish attending professional's views as to whether the young person requires ongoing risk management through the protection from serious harm process or not and the reasons why (Care and risk management requirement 6):

**Be aware:** being aware of the young person's behaviour and circumstances is a defensible position to take in relation to ongoing risk management. A further scheduled protection from serious harm meeting will not be required. The named person, the lead professional or reviewing officer will be required to address any further issues in relation to the likelihood of risk within the framework identified by the attendees (e.g., PPM, LACR or CIN).

**Prepare:** the occurrence of serious harm is likely and ongoing management of risk is required. The establishment of protection from serious harm core group is initiated. The participation of the young person and their parent(s) or carer(s) is strongly encouraged. A date for the first core group should be agreed at the initial protection from serious harm meeting and a review protection from serious harm meeting will be arranged to take place within three months.

**Take action:** This classification is likely to occur only in critical few cases; risk of serious harm is imminent. The establishment of protection from serious harm core group is initiated. The participation of the child or young person and their parent(s)/carer(s) is strongly encouraged. A date for the first core group should be agreed at the initial protection from serious harm meeting and a review protection from serious harm meeting arranged to take place within three months.

The chair of the meeting will identify the category or categories of risk of serious harm from the following list:

- **Violence:** Any actual, attempted, or threatened physical harm to others
- **Harmful sexual behaviour:** Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others and/ or be abusive towards another child, young person or adult
- **Suicidal ideation:** Actions for which there is some intent on the part of the young person to kill themselves.

The chair will also identify other areas of concern:

- **Victimisation (including exploitation):** Harmful behaviours that others perpetrate against the young person, including physical, sexual, emotional, or relational victimisation; property crime (e.g. theft); and neglect
- **Substance use:** Problematic use or misuse of controlled substances, pharmaceutical drugs, or household substances
- **Health neglect:** Behaviours that may affect the young person's physical health, such as unhealthy diet (e.g. poor nutrition, unhealthy dieting), inadequate exercise, sleep problems, risks to sexual health (e.g. failure to use protection against sexually transmitted infections)
- **Non-suicidal self-injury:** Intentional damage to bodily tissues without suicidal intent
- **Non-violent offending:** Criminal acts and offences such as property crimes and other non-violent offences
- **Unauthorised absences:** Young person is missing/goes missing frequently
- Other

Where agreement cannot be reached as to the need for continued protection from serious harm process and the category of the serious harm, dissenting views must be recorded. In such cases, it will be the responsibility of the chair to take a final decision about the most appropriate risk management classification and arrangements (Care and risk management requirement 7).

## **2. Whether the young person's name should be placed, retained, or removed from the Child Protection Register**

It is important the protection from serious harm process retains a child protection lens. As such, the need for registration on the Child Protection Register for those who are not already registered is routinely explored at protection from serious harm meetings.

It is acknowledged that some of the young people who meet criteria for the protection from serious harm process may already be registered on the Child Protection Register. To avoid unnecessary duplication of meetings, continued registration or removal from the Register needs to be reviewed as part of the initial and review protection from serious harm meetings.

### 11.11. Protection from serious harm core groups: membership and function

The chair of the initial PfSH meeting will identify the members of the protection from serious harm core group. These should include:

- Social Work team manager (chair)
- The young person and their parent(s)/carer(s) should be included within the core group. However, where they decline to attend, their views must be gathered and expressed at the core group meetings to be incorporated within any decision being made. They must be fully informed in a manner appropriate to their understanding of the discussion and outcomes from these meetings.
- Social worker (lead professional)
- Advocacy
- Police
- Health
- Education.

Other agencies and staff may be involved, as appropriate.

The first protection from serious harm core group meeting should be held within 15 working days of the initial protection from serious harm meeting. Thereafter, PfSH core group meetings are held biweekly, but at least monthly, subject to the level of risk.

Once set up, the functions of the protection from serious harm core group include:

- Ensuring that the young person and parent(s)/carer(s) are active participants in the process of safety planning and risk reduction
- Ensuring that ongoing assessment of the needs of, risks to, and risk posed by the young person
- Implementing, monitoring and reviewing the protection from serious harm plan so that the focus remains on improving outcomes for the young person. This will include evaluating the impact of interventions done and/or changes within the family to decide whether risks have increased or decreased
- Activating contingency plans promptly when progress is not made, or circumstances deteriorate
- Reporting to protection from serious harm review meetings on progress
- Referring any significant changes, including engagement difficulties experienced by the young person, family and/or professionals to the chair of the protection from serious harm meeting
- Preparation for the young person's exit from the process; as with any transition, this should be paced to meet their needs. In accordance with the principle of minimum intervention, every effort should be made to ensure that a young person is retained within the protection from serious harm meeting process for no longer than is absolutely necessary
- Considering the frequency of core group meetings based on need and proportionality
- Requesting an early review protection from serious harm meeting if required
- Ensuring the minute is recorded and circulated
- Ensuring decisions are made to address any obstacles to the delivery of the plan.

## 11.12. Review protection from serious harm meeting

The function of the review protection from serious harm meeting is to:

- Review the protection from serious harm plan
- Consider the views of the young person and their parent(s)/carer(s) and to assess their level of co-operation with the plan
- Consider any reported/referred further incidents of harm involving the young person since the previous protection from serious harm meeting; When a young person subject to protection from serious harm process has been involved in an incident where further harm has resulted, the chair must notify the CPC for consideration about whether a learning review is required (Care and risk management requirement 11)
- Consider whether any form of further assessment is required to inform risk management strategies
- Consider whether modifications or additions to the existing young person's plan are necessary to reduce risk and to ensure that the lead professional records any such changes
- It may be the case that the young person is already involved in another review process (i.e., looked after and accommodated child (LAAC) reviews). To avoid unnecessary duplication, the Protection from serious harm review meetings should consider all aspects of the young person's plan.
- Evaluate progress in relation to risk reduction and, re-assess the need for the young person to remain subject to protection from serious harm process (see more in section 11.13. Evaluation of progress and exit from protection from serious harm process)
- Consider the need for registration, retention, or removal from the Child Protection Register
- Consider continued need for protection from serious harm process based on level of tier of risk (as discussed in section 11.10. Outcomes and decision-making at initial and review protection from serious harm meetings)

## 11.13. Evaluation of progress and exit from protection from serious harm process

A review protection from serious harm meeting can decide regarding the young person's exit route, which can involve:

- Moving to other protection processes (as discussed in section 9 and 10): protection planning meetings and core groups would carry on working with the young person and their family
- Moving to looked after reviews with an added element of risk management and prevention
- Moving to child planning with an added element of risk management and prevention; these can be temporarily chaired by a reviewing officer, subject to agreement by the chair of the protection from serious harm meeting

To ensure seamless transition, practitioners taking over the case should be invited to review protection from serious harm or protection from serious harm core group meetings.

#### 11.14. Timescales for protection from serious harm processes

The following timescales apply:

- Initial protection from serious harm meeting should take place as soon as possible and no later than 21 calendar days after the referral (IRD, PPM or LACR)
- Review protection from serious harm meeting held within 3 months of the initial protection from serious harm meeting
- First protection from serious harm core group meeting held within 15 working days of the initial protection from serious harm meeting
- Protection from serious harm core group meetings are held monthly, or more frequently, subject to the level of risk
- The minutes of the protection from serious harm and core group meeting approved by the chair are disseminated within 15 days (Care and Risk Management requirement 8)
- The protection from serious harm plan is disseminated within 5 days; the lead professional must communicate key decisions of the meeting to the young person and their parent/ carer (with the agreement of the young person over 16) on the same day (Care and risk management requirement 9).

The outcomes of the protection from serious harm meetings are recorded on the young person's chronology by the lead professional.

#### 11.15. Transfer of young people subject to protection from serious harm process

When a young person who is being actively supported through protection from serious harm processes moves to a different local authority within Scotland, the lead professional must notify the receiving local authority to advise of the young person living in the area and of relevant information to support effective care and risk management, safety planning and public protection.

If it appears to be the case that the young person intends to reside in the receiving local authority on a permanent basis, arrangements should be made for responsibility for protection from serious harm meetings to transfer. This will be managed through direct liaison between the Social Work services of the original and receiving local authorities.

All relevant information including the protection from serious harm plan should be shared. If invited, the lead professional from the originating local authority should attend the first protection from serious harm meeting (or equivalent) to be held in the receiving local authority.

If a young person involved in protection from serious harm processes moves out of Scotland all reasonable efforts must be made by the lead professional, to alert the appropriate authorities in the relevant area.

Should a young person's living arrangements change due to the decision of a Children's Hearing (e.g. imposition of an out of authority secure or residential placement) or the Court (e.g. remand or custodial sentence), this change will not automatically trigger the protection from serious harm processes to transfer or end. The implications of any change in care arrangements and/or legal status



should be considered at a protection from serious harm meeting with the expectation that the protection from serious harm process remains active for as long as is deemed necessary to manage the risks presented by or to the young person.

Moray will retain responsibility for protection from serious harm whilst the young person is in an out of authority placement, but certain functions may, through negotiation, be devolved to the host local authority.

## 12. Quality assurance of processes for the protection and support of children and young people

The quality assurance of the processes discussed in this procedure happen on a multiagency basis with a view to:

- Support consistent standards, recognition of patterns in practice or context of concerns, and improvement.
- Encourage partners to scrutinise and reflect upon practice and identify strengths and areas for improvement.
- Recognise the work partners are doing that has a positive impact on the lives of children, young people and their families and where there might be gaps.  
Identify where quality needs to be maintained, where improvement is needed and where partners should be working towards achieving excellence.
- Allow partners to inform stakeholders about the quality of services for children, young people and families.

Quality assurance activities relating to various parts of young person and child protection are outlined below.

### 12.1. Quality assurance of interagency referral discussions

Quality control of interagency referral discussion (IRD) is conducted on a regular basis to support consistent standards, recognition of patterns in practice or context of concerns, and improvement.

A framework of standards deriving from the Care Inspectorate's [A quality framework for children and young people in need of care and protection 2022](#) were agreed and corresponding nine criteria questions were developed. The criteria questions help identify specific areas for improvement and practice/system changes required. Additionally, based on the criteria questions, the overall quality of IRDs is graded on a six-point scale, thus allowing for the comparison of previous reports and to monitor the quality of practice overall.

The process of quality assurance or IRDs are as follows. Each month, three interagency referral discussion records are selected at random and these are evaluated against the criteria questions on a bimonthly basis in a multiagency setting. The multiagency setting, the Moray IRD Quality Assurance Group, consists of senior practice leads from Social Work, Police, Health and Education.

Areas of good practice and/or learning needs identified along with any wider system issues, are fed back to practitioners by the respective agency leads in a constructive manner to inform practice. Where an IRD is graded “adequate” or below relevant feedback and learning will be reported to service managers. Further reporting to CPC and quality assurance/self-evaluation groups is done on a quarterly basis through a summary report which is analysed and compiled by members of the IRD group. This is to inform improvement through training, management and strategic improvements to systems and practice.

## 12.2. Quality assurance of child/young person protection planning meetings

Quality control of PPMs is conducted on a regular basis to support consistent standards, recognition of patterns in practice or context of concerns, and improvement.

A framework of standards deriving from the Care Inspectorate’s [A quality framework for children and young people in need of care and protection 2022](#) were agreed and practice across these standards are evaluated by two prongs of stakeholder views and file reading.

In the first prong, a set of survey questions corresponding with quality standards has been developed for practitioners and families. These are sent to all the attendees of every PPM, to be completed anonymously indicating the role of the participant.

In the second prong, the framework of standards has fifteen corresponding criteria questions are applied to PPM records, which help identify specific areas for improvement and practice/system changes required. Additionally, based on the criteria questions, the overall quality of PPM is graded on a six-point scale, thus allowing for the comparison of previous reports and to monitor the quality of practice overall. The file reading happens on a multiagency basis: the Moray PPM Quality Assurance Group consists of senior practice leads from Social Work, Police, Health and Education. This group meets every month and aims to review four randomly selected PPM records.

The prongs will be brought together in a report mirroring the quality standards outlined in a quality assurance framework. This is reported to CPC and quality assurance/self-evaluation groups on a quarterly basis. Additionally, areas of good practice and/or learning needs identified along with any wider system issues, are fed back to practitioners by the respective agency leads in a constructive manner to inform practice.

## 12.3. Quality assurance of the protection from serious harm process

In Moray, multiagency learning reviews provide a vehicle for the quality assurance of processes and meetings around protection from serious harm. This is in line with Care and Risk Management requirement 10 (Child Protection Committee will provide oversight and scrutiny of the functioning of the protection from serious harm process, the decision-making, views of young persons and their parents/ carers involved). Quality assurance via learning reviews is further justified because one or more of criteria for conducting a learning review are likely to be met:

- a young person has sustained significant harm or risk of significant harm

- there is additional learning to be gained from a review being held that may inform improvements in the protection of children and young people
- abuse or neglect is known or suspected to be a factor in the young person's sustaining of or risk of significant harm
- the young person is on, or has been on, the Child Protection Register (CPR) or a sibling is or was on the CPR or is care experienced (i.e. looked after, or receiving aftercare or continuing care from the local authority)
- the risk of harm around the young person may be linked to suicide attempt, alleged murder, culpable homicide, reckless conduct, or act of violence

The processes around learning reviews are outlined in the [National guidance for child protection committees undertaking learning reviews](#).

Procedural element of multiagency quality assurance can be facilitated by the Policy team on behalf of the CPC, subject to agreement.

## 13. Implementation plan

<b>1. Title of document</b>	<b>Protection and support of children and young people in Moray</b>
<b>2. Owner of document</b>	Children and Families and Justice Social Work Policy Team
<b>3. What is it? (e.g., new policy, updated policy, guidance etc.)</b>	Revised procedure
<b>4. Where is it stored?</b>	Respective agencies' intranets and websites as appropriate
<b>5. What is the implementation date/timeframe?</b>	August 2024
<b>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)</b>	
<p>The updated procedure would be cascaded through senior officers and individual services, accompanied by a brief outlining key changes/main message. Additionally, there will be a series of training and briefing as per below:</p> <p>Briefing: IRD Chairs and Reviewing Officers:</p> <ul style="list-style-type: none"> <li>• 1 hour online session which will build on the overview of procedures training (above)</li> <li>• Focus upon the role of the chair to support the analysis of risk and need for young people at IRD and CPPM/LAC</li> </ul> <p>Briefing: Secure Care Panels:</p> <ul style="list-style-type: none"> <li>• 1 hour online session</li> <li>• Attendees: panel members</li> <li>• Focus upon the roles and responsibilities of respective panel members</li> </ul>	
<b>7. Stakeholders (audience), their roles and responsibilities</b>	

**Managers:**

- ensure that they raise awareness amongst staff about this procedure;
- ensure that staff are aware of how they are expected to safeguard and promote the protection of children;
- provide access to training, professional development and support, as appropriate for roles and posts, to promote the protection of children;
- ensure that staff are aware that failure to comply with child protection policy and procedure may initiate disciplinary or performance processes
- 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		Met within existing	X
Ongoing	X	Multiagency	X	Facilitated	X	Resource required	

**Training: Child Protection in Moray; overview of procedures**

- 2 hour online training (multiple sessions to accommodate staff)
- Training created by Child Protection Implementation Group
- Deliver to all staff/agencies who are involved in planning to meet the wellbeing and protection needs of children and young people.
- Training delivered by each agency to their own agency (this allows for agency specific adaptations where necessary)
- Delivered between June and August 2024 (with opportunities to revisit as required)
- The training will be interactive and be built around “Alfie’s Story”, a video resource which will allow us to think about opportunities to support Alfie and his family’s needs from Child Planning through to Child Protection. The training will have key messages focussed on:
  - Young people who are experiencing extra-familial harm but with links made
  - The importance of early Child Planning
  - The role of the Children’s Reporter
  - Initiating and working with Child Protection Procedures to reduce the risk of significant harm
  - How we can work with Child Protection Procedures to reduce the risk of serious harm
  - Secure Care procedures in Moray
  - Reflective Case Discussions as a tool to support the team around the child
  - Escalation Procedures as a tool to support the team around the child

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.

Training to undertake specialist multiagency assessments.

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 – Support and protection of children and young people - timescales

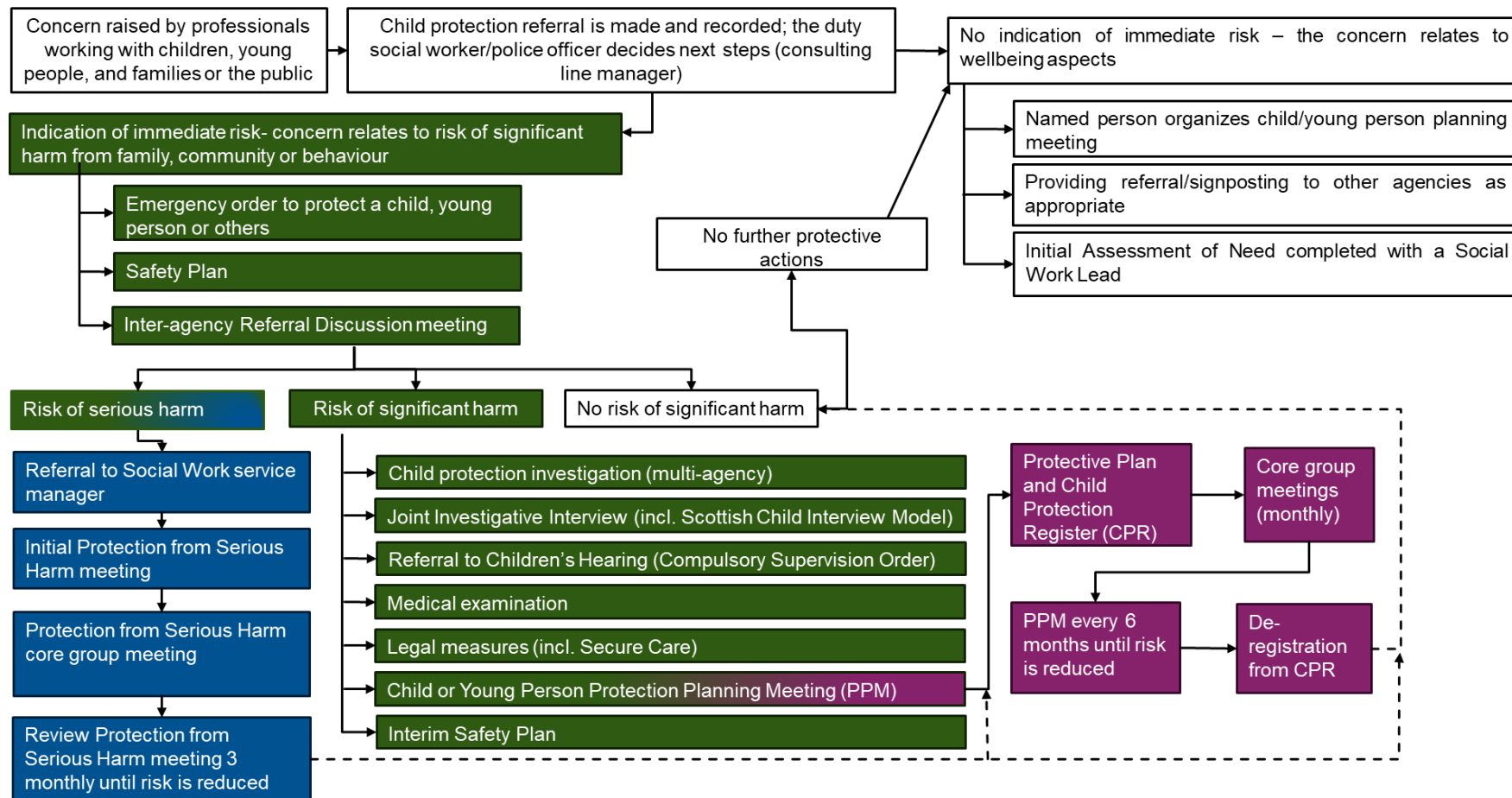
Stage	Activity	Timeframe
Identifying a concern	Reporting concerns to Social Work or Police	Immediately
IRD	Inter-agency Referral Discussion (IRD)	Without undue delay after the concern is raised
	Out-of-hours Inter-agency Referral Discussion (OOH IRD)	As soon as practicable after the concern is raised. Outwith core hours, the IRD may focus on immediate protective actions. A more comprehensive IRD will continue as soon as practical. This should normally be on the next working day.
	Pre-birth IRD	As soon as reasonably practicable
	Joint Investigative interview	As soon as reasonably practicable
	Medical examinations	Within 24 hours
	IRD record agreed and filed for each agency	Within 5 days of the IRD
PPM	Invitations to the PPM	15 working days before the meeting
	Sharing reports across agencies and the family	5 working days before the date of the meeting.
	Convening a PPM (including initial PPMs)	If a child protection investigation has been progressed a PPM will follow within 28 calendar days unless there is an IRD decision that this is not required.
	Pre- birth PPM	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 PPM	Within 21 working days of the transfer's receipt.
	Review PPM	Within 6 months of the Initial PPM which placed the child on the Child Protection Register, and thereafter 6 monthly or earlier if circumstances change significantly
	Review pre-birth PPM	Within 3 months of a pre-birth PPM but there should be latitude for professional judgement about the most appropriate timing post-birth.
	Early review PPM following an inquorate PPM	Within 10 working days

Support and protection of children and young people in Moray

	Record of PPM distributed	Within 5 working days
CORE GROUP	Core group meeting held	Within 15 working days of the PPM
	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 protection plan	Within 3 calendar days
	Core group meetings held following de-registration	Minimum of 2 child planning meetings should be held in the 6 months following de-registration
PROTECTION FROM SERIOUS HARM (PFSH)	Referral to protection from serious harm process	Within 1 working day of behaviour being known
	Initial protection from serious harm meeting	as soon as possible and no later than 21 calendar days after the referral (IRD, PPM or LACR)
	Review protection from serious harm meeting	within 3 months of the initial protection from serious harm meeting
	First protection from serious harm core group	within 15 working days of the initial protection from serious harm meeting
	Protection from serious harm core group meetings	monthly, or more frequently, subject to the level of risk
	Record of the protection from serious harm and core group meeting approved by the chair are disseminated	Within 5 working days of the meeting
	Protection from serious harm plan is disseminated	within 5 working days of the meeting
	The lead professional must communicate key decisions of the meeting to the young person and their parent/ carer (with the agreement of the young person over 16)	on the same day as the meeting

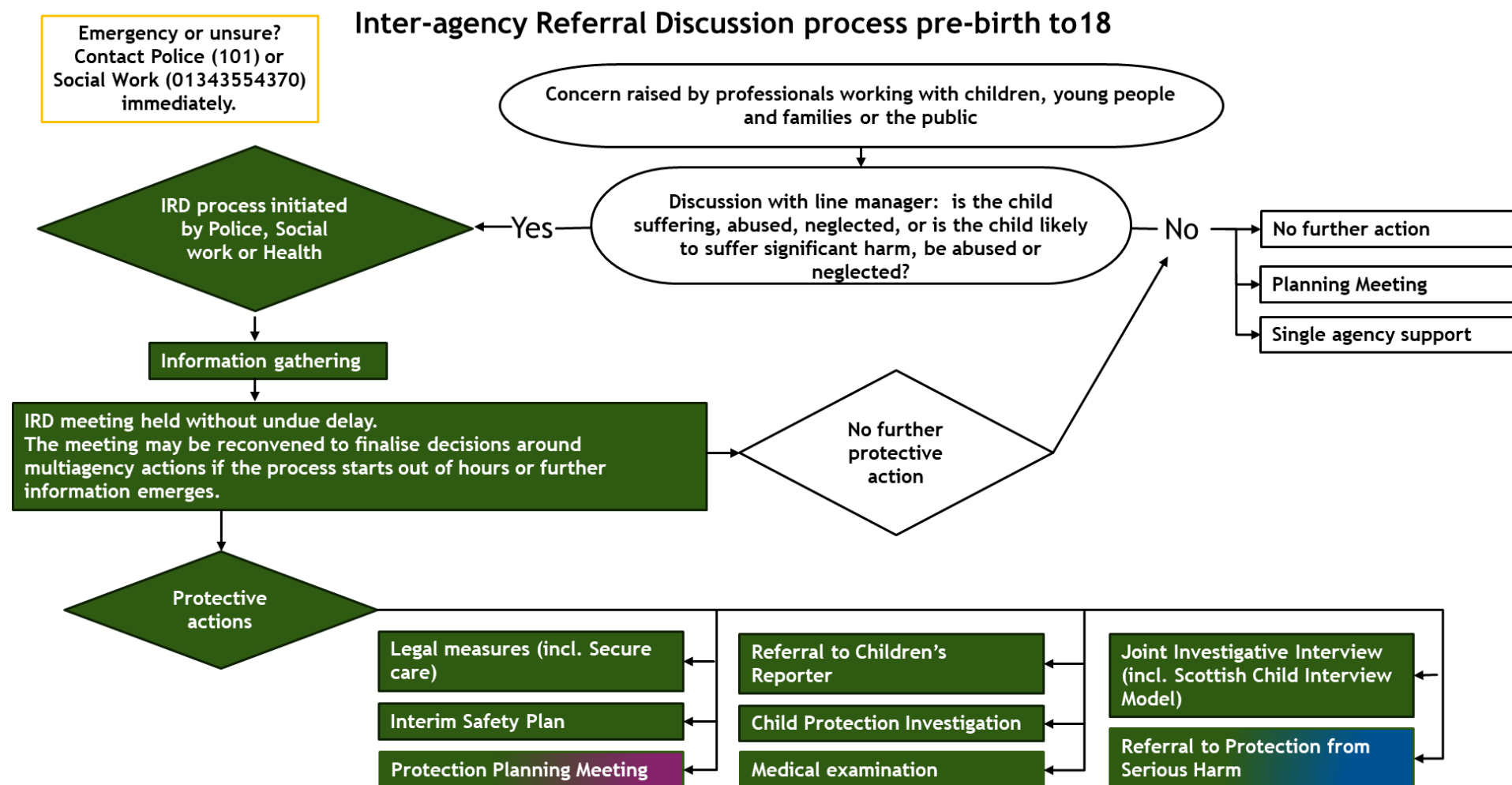
## Appendix 2 – Support and protection of children and young people flowchart

### Support and protection of children and young people (pre-birth-18 years old)



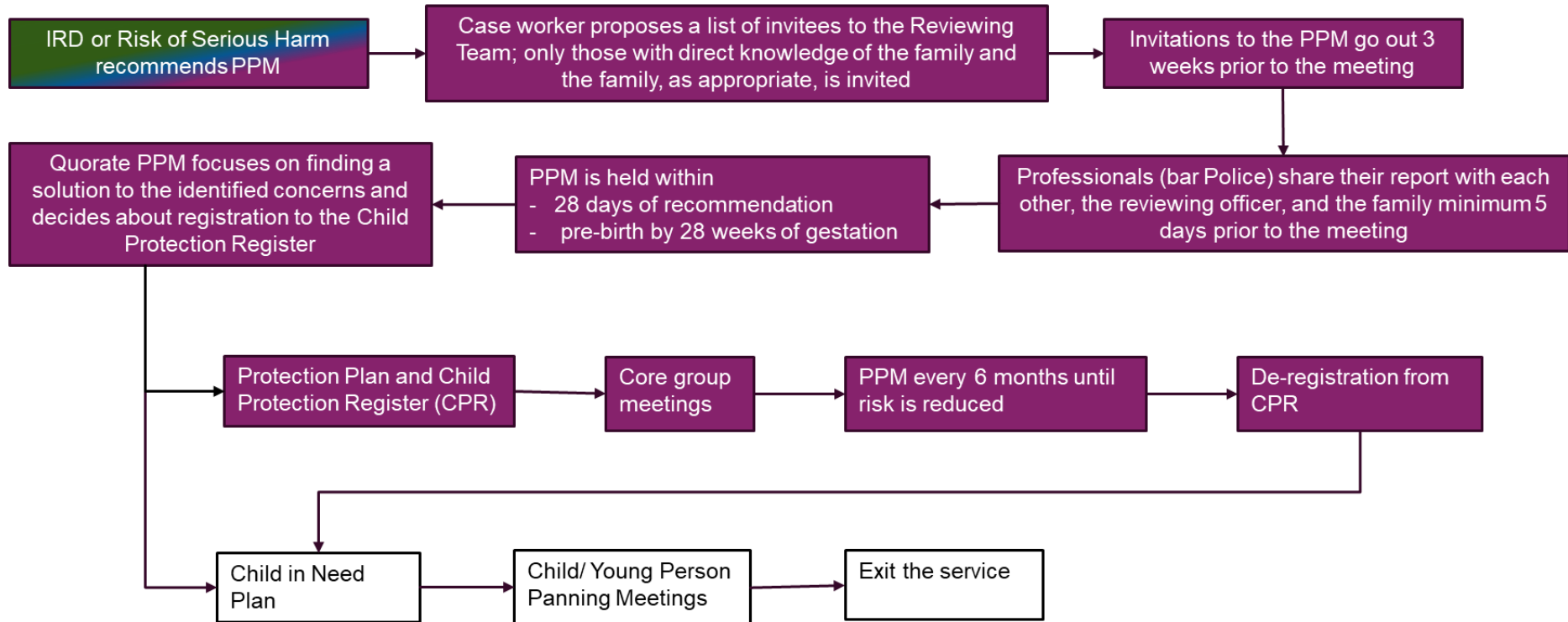


## Appendix 3 - Inter-agency Referral Discussion flowchart

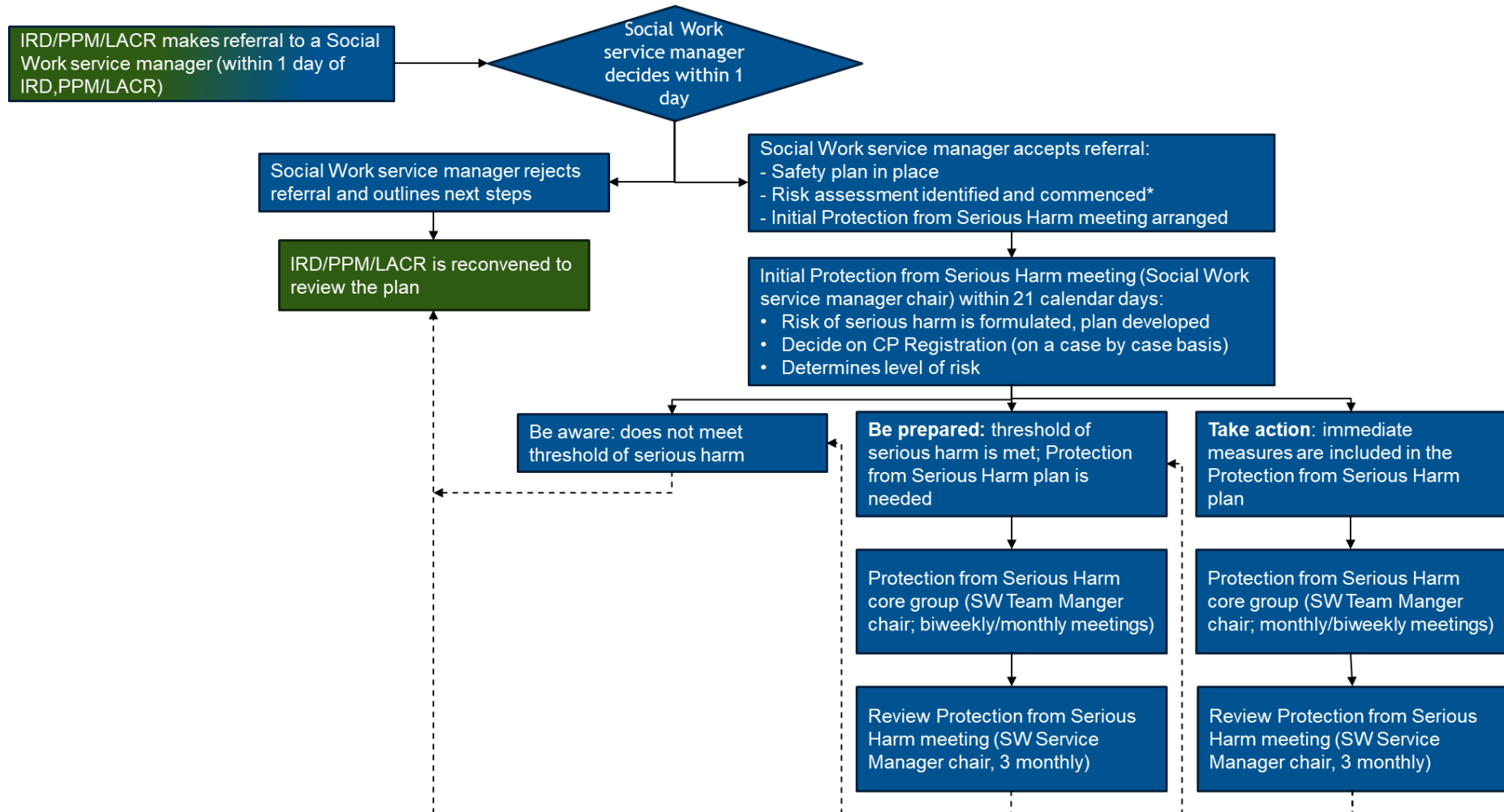


## Appendix 4 - Child/Young person Protection Planning Meetings flowchart

### Child/Young Person Protection Planning Meeting (PPM) pre-birth to 18



## Appendix 5 - Protection from Serious Harm process flowchart



## Appendix 6 - Glossary

ACRA- Age of Criminal Responsibility (Scotland) Act 2019

CAMHS- Child and Adolescent Mental Health Service

CAO- child assessment order

CARM- Care and Risk Management Guidance

CCE – child criminal exploitation

CPC – (Moray) Child Protection Committee

CPI- child protection investigation

CPO- child protection order

CPR – (North East of Scotland) Child Protection Register

CSE- child sexual exploitation

CSO- compulsory supervision order

EO or IEO- exclusion order or interim exclusion order

FGM – female genital mutilation

FRAME- Framework for Risk Assessment, Management and Evaluation

GDPR- General Data Protection Regulation

GIRFEC- Getting it right for every child

HBA- honour based abuse

HS - harmful sexual behaviour

IIA- integrated impact assessment

IRD – interagency referral discussion

ISP - interim safety plan

iVPD - Interim Vulnerable Persons Database

JII- joint investigative interview

OOH- out-of-hours

PfSH – protection from serious harm

PPM- child/young person protection planning meeting

SCIM – Scottish Child Interview Model

SCRA- Scottish Children's Reporter Administration

SMOC - senior manager on call

SUDI(C)- sudden and unexpected death of an infant (or child)

SW- Social Work

UNCRC – United Nations Convention on the Rights of the Child