



Ayrshire Multi-Agency Child Protection Practitioner Procedures

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Introduction

The Pan Ayrshire Child Protection Procedures sets out East, North and South Ayrshire's local multi-agency procedures aimed at helping to keep children and their families safe. These Child Protection Procedures are for all staff working in Ayrshire and reflect child protection arrangements set out in the [National Guidance for Child Protection in Scotland 2021 \(updated 2023\)](#) and should be read in conjunction with them. The procedures outline how all agencies should work together with parents, families and communities to prevent harm and to protect children and young people from abuse and neglect. All staff should be familiar with and follow their own agency's child protection procedures and guidance.

These procedures have condensed information for practitioners from the National Guidance. Where relevant there is sign posting to sections within the National Guidance or to particular local policy and procedures. The procedures also outline the various stages and processes within child protection and the range of potential actions and outcomes. Important changes to practice as a result of the new guidance are highlighted within 'key information' boxes, at the start of some section to reflect changes from the older 2014 procedures. There are also handy practice notes to provide examples to some sections, to support understanding.

If you have any questions about access to or the content of the procedures, please contact your local Child Protection Committee Lead Officer within your respective locality via the following email addresses:

East Ayrshire: MAPS@east-ayrshire.gov.uk

North Ayrshire: cpc@north-ayrshire.gov.uk

South Ayrshire: cpc@south-ayrshire.gov.uk

Section 1: Key Principles

The safety and wellbeing of children and young people, including unborn babies is paramount. The Scottish National Child Protection Guidance (2021) recognises that physical and emotional safety provides a foundation for wellbeing and healthy development. All children and young people have a fundamental right to this; to be cared for, be protected from harm and abuse and grow up in a safe environment where their rights are respected, and their needs are met. Whilst many of our children and young people have these rights respected, there are children and young people who may need protection when their needs such as food and warmth are neglected, or they may need protection from harm from other people. We all must work together to prevent harm from abuse or neglect from pre-birth onwards, including safe transitions for vulnerable young people towards adult life.

The following principles underpin the consideration and conduct of all activities in relation to any child or young person who may be at risk of or has been harmed and those who may cause harm to others:

- **Rights.** The child or young person's present feelings, views and future rights are respected and protected at every stage.
- **Safety.** Processes are both careful and robust, promoting the safety of those involved by discovering the actual or probability of significant harm, within the most harmful circumstances.
- **Wellbeing.** The wellbeing of the child or young person is the lens through which all decisions and actions are taken.
- **Preparation.** Processes include early discussion between the lead agencies, co-ordination and partnership with those responsible for the child or young person's care.
- **Understanding.** Each stage and any change or decision is explained in a way that makes sense to each child or young person and those responsible for their safe care, taking into account culture, capacity, age and stage.
- **Support.** Support is provided for children and families involved in these processes.
- **Skill.** Professionals involved are afforded the training and supervision that ensures a co-ordinated, and child-centred process.
- **Pace.** Preparation and pace of exploration is patient and attuned to the impact of trauma upon the needs and feelings of each child or young person.
- **Place.** Investigative processes are conducted in an environment which is child-friendly and amenable to those attending for the child or young person's support.
- **Improvement.** Processes are evaluated and improved to ensure adherence to standards.

These procedures are not only underpinned by the above principles but are also underpinned by a significant and substantial policy context relating to wellbeing and child protection alongside general principles of participation. This can be found via the following hyperlinks:

- [United Nations Convention on the Rights of the Child \(UNCRC\)](#)
- [Getting it right for every child \(GIRFEC\)](#)

- [Children and Young People \(Scotland\) Act 2014](#) and its most recent, 2020 statutory guidance
- [The Promise](#)
- [Trauma-informed practice](#)

In keeping with the UNCRC and the Promise, the voice of the child and keeping the child or young person at the centre is central to all decision making and are threaded throughout these procedures.

The UNCRC Act received Royal Assent on 16th January 2024. Section 6 of the Act came into force on 16th July 2024. The Scottish Government has published guidance which supports public authorities to understand and fulfil their duties under section 6 of the United Nations Convention on the Rights of the child Act. [UNCRC \(Incorporation\) \(Scotland\) Act 2024 - part 2: statutory guidance - gov.scot \(www.gov.scot\)](#)

Section 2: Key Definitions and Concepts

2.1 Definition of a child

In keeping with the UNCRC, as incorporated into the [United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Act 2024](#), the protection of children and young people including unborn babies, a child is defined as being under the age of 18 years. The independent legal status of a child commences at birth. In any action to safeguard and protect an unborn child, the needs and rights of the mother must be taken in to account.

The needs and rights of ALL siblings should be considered in any process that has a focus on a single child. As defined within the [Children \(Scotland\) Act 2020](#), the term sibling refers to those who the child has one parent in common with, lives with, and/or where the child or young person views them as a sibling.

Practice note:

There will be occasions when, due to a child's age, and varying legislation around childhood and adulthood that you will need to consider what is appropriate, and possible, in the circumstances. You should familiarise yourself with the National Guidance which sets out the differing definitions of a child throughout legislation. Whilst still a child for many purposes after attaining the age of 16, legally there are fundamental differences in what the young person can decide.

In the case of a 17-year-old who is subject to child protection procedures: The legal routes open to you in seeking to safeguard them are more limited, for example, the Children's Hearing only have a remit in certain limited circumstances and a Child Protection Order cannot be applied for after a child has attained the age of 16. There may be legal options under Adult Support and Protection and Adults with Incapacity legislation, but only if specific limited circumstances apply.

This will require to be considered on a case by case basis and advice or supervision may assist with this. The Iriss document [Understanding age in Child Protection guidance and Adult Support and Protection legislation](#) may offer practitioners some guidance during discussions on how best to support 16/ 17 year olds where there are concerns for risk of harm.

2.2 What is child abuse and child neglect?

Abuse and neglect are forms of maltreatment. Abuse or neglect may involve inflicting harm or failing to act to prevent harm. Children and young people may be maltreated at home; within a family or peer network; in care placements; institutions or community settings; and in the online and digital environment.

Those responsible may be previously unknown or familiar, or in positions of trust. They may be family members. Children may be harmed pre-birth, for instance by domestic abuse or through parental alcohol and drug use.

[Appendix A](#) provides detailed definitions of harm.

2.3 What is child protection?

Child protection refers to the processes involved in gathering and assessing and planning what action may be necessary where there are concerns that a child or young person may be or is at risk of harm. Child protection processes should be initiated when police, social work or health professionals determine that a child or young person may have been abused or may be at risk of significant harm.

The child protection process involves –

- immediate action, if necessary, to prevent significant and/or further harm to a child.
- inter-agency assessment about the occurrence or probability of abuse or neglect, or of a criminal offence against a child. The Child Protection Assessment must extend to other children or young people affected by the same risks as the child or young person who is the subject of a referral.
- assessment and action to address the interaction of behaviour, relationships and conditions that may, in combination, cause or accelerate risk.
- focus within assessment, planning and action upon listening to each child's voice and recognising their experience, needs and feelings.
- collaboration between agencies and persistent efforts to work in partnership with parents in planning and action to prevent harm or reduce risk of harm.
- recognition and support for the strengths, relationships and skills within the child and their world to form a plan that reduces risk and builds resilience.

Children and young people who are subject to child protection processes may already be known to services and have a child's plan in place. (It is acknowledged that there may be practice differences between the Ayrshire with these plans being referred to as My Plan or by the child's name) Child protection processes should build on existing knowledge, strengths in planning and partnership to reduce the risk of significant harm and to meet the child or young person's needs. The level of risk a child or young person is exposed to can change quickly as circumstances change or new information emerges.

2.4 What is harm and significant harm in a child protection context?

Protecting children and young people involves preventing harm and/or the risk of harm from abuse or neglect. Child protection is considered when the threshold of significant harm, is met.

There is no legal definition of significant harm or a distinction between harm and significant harm. The extent to which harm is significant will relate to the severity or anticipated severity of impact upon a child or young person's health, development and wellbeing. Professional judgement is therefore needed.

Forming a view on the significance of harm involves information gathering, putting a concern in context, and analysis of the facts and circumstances. Practitioners are required to make a decision about a child or young person's needs, the capacity of parents or carers to meet those needs and the likelihood of harm, significant or otherwise. In understanding risk, it is important too that the wishes, feelings and reactions of the child or young person inform the assessment of need and risk.

In assessing whether harm is or may become 'significant', it will be relevant to consider

- the child or young person's experience, needs and feelings as far as they are known.
- the nature, degree, and extent of physical or emotional harm
- the duration and frequency of abuse and neglect
- overall parenting capacity
- the apparent or anticipated impact given the child or young person's age and stage of development.
- extent of any premeditation
- the presence or degree of threat, coercion, sadism and any other factors that may increase risk to do with child, family or wider context.

Sometimes, a single traumatic event may constitute significant harm – for example a violent assault, suffocation, or poisoning. More often, significant harm results from an accumulation of significant events, both acute and long-standing such as neglect that impacts the child or young person's physical and psychological development.

2.5 Information sharing

An exchange of relevant information between professionals is essential to protect children and young people. Consent to information sharing is not required where the child or young person is at risk of significant harm.

Where there is a child protection concern, relevant information should be shared with police or social work without delay, provided it is necessary, proportionate and lawful to do so. The lawful basis for sharing information should be identified and recorded. Similarly, any decision not to share information should also be recorded. [Appendix B](#) provides a summary of lawful bases for sharing personal information to support decision making.

Although those providing services to adults and children may be concerned about the need to balance their duties to protect children and young people from harm and their general duties of confidentiality towards their patient or service user, the overriding concern must always be the safety of the child or young person.

Information may be shared by practitioners with child protection concerns to -

- clarify if there is a risk of harm to a child or young person,
- clarify the level of risk of harm to a child or young person,
- safeguard a child or young person at risk of harm,
- clarify if a child or young person is being harmed,
- clarify the level of harm a child or young person is experiencing,
- safeguard a child or young person who is being harmed.

Professional judgement must always be applied to the available evidence about each specific emerging concern, and about what is relevant, proportionate, and necessary to share. The concern must be placed in the context of available observed and recorded information about the child, their needs and circumstances.

Information Sharing and AYRShare

AYRshare is used to share information to support Child Protection processes (AYRShare Standard 3). Appropriate documents, reports, assessments and chronology submitted to inform decision making and the Child's Plan when a Child is subject to Child Protection processes must be shared through AYRshare. This includes the responsibility for all Team With the Family (TWF) contacts to record significant events within the chronology. Operational guidance on how to share information with multi-agency partners on AYRShare can be found here: [AYRshare - GIRFEC \(girfec-ayrshire.co.uk\)](https://www.girfec-ayrshire.co.uk)

Practice note:

The General Data Protection Regulation (GDPR) and Data Protection Act 2018 do not prevent or limit the sharing of information for the purposes of keeping children and young people safe. The Data Protection Act 2018 includes "safeguarding of children and individuals at risk" as a condition that allows practitioners to share information without consent. Information shared should be proportionate, relevant and necessary for the protection of children and young people.

Section 3. Contextual Safeguarding and Extra-Familial Harm

Key information:

- **Extra-familial refers to harm and risk that children and young people may face beyond the family home.**
- **Social Services now have a statutory duty to consider extra-familial harm and risk which traditionally may not have been.**
- **Contextual safeguarding refers to an approach to assessment, planning and intervening in situation of extra-familial harm**

3.1 Definition and forms of extra-familial harm

Extra-familial harm relates to harm that is experienced by children and young people up to the age of the age of 18 years old outside their family and home environment, either from adults or other young people. A key element of extra-familial harm is that in general, harm does not arise from the home environment; parents may not be aware that their child is at risk or may be struggling to protect their child and the family from harm from other. Children and young people can be at risk wherever they choose to spend their time, including in schools, in the community or online. Therefore, the location and context the child or young person is in is important.

However, sometimes parental neglect and lack of supervision may contribute to the child or young person's exposure to extra-familial harm. Children and young people who experience difficulties or instability at home may be more likely to spend time outside of home and/or online, making them more vulnerable to extra-familial harm.

Extra-familial harm can take the form of - child sexual exploitation including online grooming, sharing of intimate images.

- child criminal exploitation including drug dealing,
- peer on peer violence; including domestic abuse, coercive controlling behaviours within young people's intimate relationships and gang affiliations,
- regularly going missing
- modern slavery and trafficking
- radicalisation
- Children or young people whose behaviour is believed to have caused harm to others,

3.2 Responding to extra-familial harm.

Child protection procedures should be initiated when there are concerns about a child or young person at risk of significant extra-familial harm. Consideration should be given to initiating an IRD, child protection assessment, child protection planning meeting, registration and parallel protection processes such as Care and Risk Management (CARM) as set out within the forthcoming sections.

Section 4: Making a Child Protection Referral

Key information:

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

4.1 What is a child protection concern?

The [National Guidance for Child Protection in Scotland 2021 \(2023\)](#) notes that harm refers to serious interruption, change or damage to a child or young person's physical, emotional, intellectual or behavioural health and development.

Concerns about risk of harm from abuse, neglect or exploitation may arise in several ways including (but not limited to):

- because of something a child or young person, themselves have said or a way they acted (e.g. appear afraid, quiet or withdrawn or scared to go home, have too much responsibility for their age, are speaking or acting in a sexually inappropriate way, using drugs or alcohol). Not all children and young people who are abused or neglected will display these signs and equally a child or young person may display some of these signs and symptoms for other reasons. It is therefore important to use your professional judgement (see Section 3.5).
- an accumulation of concerns over a period. This is particularly relevant when thinking about neglect. Neglect does not often occur as a one-off event but rather a catalogue of incidents/ concerns. (e.g. a child not being fed, appearing unkempt over a period, not attending medical appointments or school where the impact is sufficient to cause harm).
- In response to a particular incident (e.g. a child is left unattended or unsupervised or is out too late; an argument between parents witnessed by the children, adults in the household acting in violent way towards other adults or the child, adults in the household with problematic drug and/ or alcohol use).
- As a result of direct observations (e.g. observation of child/parent interaction, unexplained bruising or injuries, appearing hungry, tired, unkempt or poor hygiene).
- Through reports from family, a third party, or an anonymous source.

- Through notification that a child may become a member of the same household as a child or 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.

4.2 What to do if you are worried about a child or young person

If a child or a young person gives you information or behaves in a way that suggests that he/she/they are being abused or makes you worried about the child or young person, you should:

- Remain calm, no matter how difficult it is to listen to the child or young person.
- Take them seriously. Reassure them they were right to tell.
- Keep any questions to a minimum, for clarification purposes, and never interrupt.
- Tell the child or young person what you are going to do next and tell them that you are going to have to speak to someone who may be able to help.
- As soon as is practical write down everything that the child or young person has told you using their exact words if possible. Make a note of the date, time, place and people who were present and sign the notes you have made recording the date and time they were written.
- Act promptly and immediately report your concerns to your line manager or designated child protection advisor.
- Sometimes it can be difficult to know if a child or young person is being abused or at risk of abuse. You might have general concerns about a child or young person or they may have told you something. If you are worried you should report your concerns to your line manager. You should seek advice from colleagues, managers, designated or named professionals or other agencies where appropriate, but these discussions should never delay emergency action to protect a child or young person. It is also advisable that at this point you check your agency's own child protection procedures. These concerns should be written down regardless of whether further action is taken and should include a note of the date and who took part in the discussion. At the close of discussion there should be clear and explicit agreement about who will be taking what action, or that no further action will be taken.
- A suspicion of abuse may take the form of 'concerns' rather than 'known facts'. Concerns can and should be shared with Social Work colleagues through a notification of concern. While concerns may not necessarily trigger a child protection referral in themselves, they may help build up a picture, along with concerns from other sources, which suggest that a child or young person may be suffering harm. This is particularly the case for situations of accumulative harm such as neglect.

- All staff should be clear that they are passing on concerns as part of their responsibility, and that this cannot be on an anonymous basis.

4.3 Reporting a concern.

Information to consider when reporting a concern can be found within [Appendix C](#)

Where a child or young person is deemed to be in immediate danger, any practitioner should report, without delay, directly to the police. Similarly, where a child or young person is thought to require immediate medical assistance, this should be sought as a matter of urgency from the relevant health services.

If there are possible child protection concerns, then a referral should be made to social work services. This will either be made by your line manager or yourself, depending on your organisation's procedures and structure. Guidance on how to refer can be found within **Appendix D**.

A written notification of concern (it is acknowledged that there may be difference in terminology used across services, therefore please note that a notification of concern refers to a child protection referral) should be made to Social Work Services as soon as a suspicion or concern becomes apparent. To avoid delays, a telephone call to report your notification of concerns should be made to the Service Access/ Initial Response/ Duty Team in the relevant area or in an emergency to the Police, stating clearly that you want to make a child protection referral and then follow up the concern in writing.

It is also important to note that if you become aware of a child protection concern from a third party including another professional, you have a duty to ensure that this is or has been reported to Social Services. Whilst it is acknowledged that professional that highlighted the concern has a duty to safeguard and report the concern to social service, assumptions should not be made.

When you make a referral, you should:

- Record the name of the person you passed the concern to.
- Receive a written response with the agreed action resulting from the referral within 10 working days.
- If you do not receive this, you should telephone the agency the referral was made to and request feedback.

The following contact details can be used:

- East Ayrshire: (01563) 544200 (Kilmarnock) or (01290) 427720 (Cumnock)
- North Ayrshire Service Access Team: (01294) 310300 (Irvine), (01294) 310005 (Three Towns), (01505) 684551 (Garnock Valley) or (01475) 687592 (Largs)
- South Ayrshire Initial Response Team: (01292) 288645
- Police Scotland: 101

4.4 Reporting a concern outside of office hours.

Ayrshire has a year-round 24-hour access to social work services. Out with core office hours is defined as:

- Monday – Thursday between the hours of 5pm and 9am, and from 4 pm on Friday
- All day Saturday and Sunday
- Public Holidays

The Ayrshire Out Of Hours Service (AOOH) is available for emergency support, including access to the Child Protection Register. They also act as a conduit to local senior social work managers if this is required.

There are four points of communication with the Register and Ayrshire Out of Hours Service.

- To undertake a system check to see if the family is known (this is not an alert).
- Notification of an ongoing child protection assessment
- Notification of registration.
- to 'Alert' (CP11) AOOH of a possible child protection issue which may arise out of hours and advise AOOH on actions requested. This is an 'Alert' to the Register. It is important to notify AOOH when an alert is no longer required and ensure local data systems are updated.

To report a concern outside of office hours, contact can be made with:

- Ayrshire Out of Hours Social Work: 0800 328 7758
- Police Scotland: 101 or 999 if urgent

4.5 What happens when a referral is received by Social Work or Police?

On receipt of a referral social work and or police will carry out an initial assessment of the information. Where the information indicates a low level of concern the matter may be diverted to a single agency for appropriate action, or to multi-agency partners to coordinate a plan for example team around the child/family.

Where it is deemed to be a child protection matter, child protection procedures will be initiated. The receiving agency social work and or police will -

- Treat every referral seriously gather information available, assess and analyse this jointly and make decisions based on the information.
- Jointly assess the situation and determine how best to progress the matter, the welfare and safety of the child or young person will always be of paramount consideration.
- Identify who will be responsible for feeding back to the referrer.
- Agree the need to arrange an Inter-agency Referral Discussion ([IRD](#)) to plan the child protection assessment.
- Consider the need for any emergency legal measures required or statutory measures via a referral to the Children's Reporter. It is important to note that a referral to the Children's Reporter can be made by any agency at any time

if it is likely that the child or young person is in need of protection, guidance, treatment or control, and that a Compulsory Supervision Order might be necessary. ([Guidance on referral to Reporter](#)).

4.6 Receiving a concern about a child or young person

All notifications of concern that a child or young person may have been abused or may be at risk of actual or potential significant harm must be given priority and initial enquiries made immediately.

Child protection referrals should be taken by a social worker, Initial Response / Service Access Worker or Police Officer knowledgeable in child protection procedures.

Within Children and Family Social Work the relevant manager should also be informed about the referral immediately. The worker taking the referral should try to gather all of the following information from the referrer, and write it down, along with the date, time and method of referral. The worker receiving the notification of concern should read back to the referrer the written record of the concerns, together with any interpretations being made of the information that has been given.

The National Guidance for Child Protection in Scotland 2021 offers a checklist guide to support efficient communication of essential information assisting in effective response. ([National Guidance for Child Protection in Scotland 2021: Section 3.1 Reporting a child concern to child protection services](#))

When social work services receive information indicating concerns about a child or young person, this initiates an assessment of whether that child or young person is at risk of significant harm. Even if the child or young person is not at risk of significant harm, he/she/they may be in need of support through early intervention and prevention to promote their wellbeing.

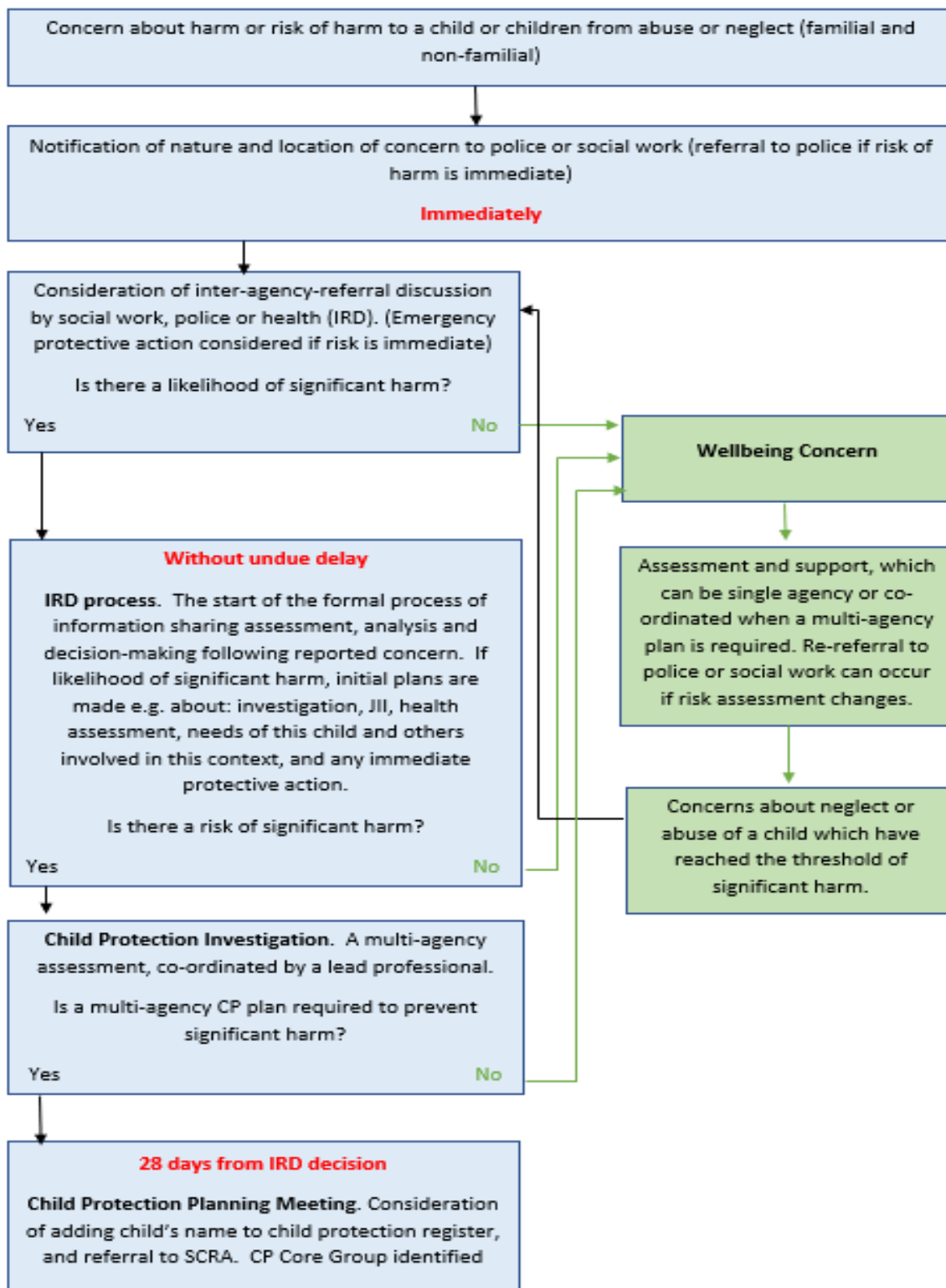
Decisions about whether the information provided should lead to formal child protection processes is the responsibility of the Team Manager. Decisions about how child protection concerns will be responded to should be made as soon as possible and not later than 24 hours from the initial contact.

It may be necessary to gather further information and undertake an analysis of risks and needs before decisions can be made about how to proceed. In some cases, this can be done quickly. It is essential that information regarding reports or suspicions of abuse is recorded as fully and as accurately as possible as this also forms the first phase of the initial enquiries.

When taking a notification of concern, the referrer will be advised that all information received will be treated seriously and with discretion. They should be advised that they will receive a written response to their referral within ten working days.

Members of the public have the right to make a referral without giving their name, but they must be advised that this may cause difficulties in establishing whether or not a child or young person is at risk of abuse.

Making a Child Protection Referral



Section 5: Interagency Referral Discussions (IRD)

Key information:

- **An IRD is applicable to an unborn baby, child or young person up to the age of 18 years.**
- **An IRD can be held when a notification of child protection concern is received. This may be related to familial or extra-familial risk and harm.**
- **The decision to convene an IRD meeting can be made by Police, Health or Social Work. All three 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.**
- **If practitioners are unclear about whether a concern about a child or young person meets the threshold for an IRD, they should first speak with their line manager or Child Protection Health Team and if agreed, then call the appropriate Social Work Children & Families Team or the Police.**
- **Education, Early Years and Third Sector should attend when appropriate, however statutory agencies will retain responsibility for decisions around whether further Child Protection measures are required.**
- **Social Work have lead responsibility for enquiries relating to children who are experiencing or are likely to experience significant harm and assessments of children in need.**
- **Police have lead responsibility for criminal investigations relating to child abuse and neglect and share responsibilities to keep a child safe.**
- **A designated health professional will lead on the need for and nature of recommended health assessments as part of the process.**

- Where appropriate, as part of the IRD an Interim Safety Plan can be formulated to ensure a child or young person's safety until a Child Protection Planning Meeting is held, or until such time assessment concludes the interim safety plan is no longer required.
- The IRD process will not be considered complete until a decision is made as to the need for a child protection planning meeting.
- Child Protection assessments are an inter-agency process where following an IRD, further information is gathered from all agencies, discussions are held with the family and analysis is applied to understand the level of risk and strengths associated with the child or young person and their family.
- An IRD must consider whether a referral to the Principal Reporter is required.
- A Child Protection assessment can recommend that a Child Protection Planning Meeting is required to review the Interim Safety Plan and to consider if the child or young person's name needs to be added to the Child Protection Register with a Child Protection Plan put in place.
- Coordinated Case Discussion – Complex cases and Concerns about multiple children. Concerns that relate to multiple families or a group of children may necessitate a level of additional co-ordinated case discussion to that of the individual IRD for each child. This should allow consideration of context and patterns of concern, and lead to a strategic and co-ordinated response.

If any agency involved in the IRD disagrees with the decision and a compromise cannot be reached, an escalated IRD with senior managers from core agencies should take place within 48 hours in order to reach a decision. The agency that dissents has responsibility for initiating this IRD.

5.1 Consideration of the need for an inter-agency referral discussion

An IRD is the next critical phase in risk assessment and response following notification of a child protection concern. It is the start of the formal process of information sharing, assessment, analysis and decision making following reported concern about abuse or neglect of a child or young person up to the age of 18 years. This may be in relation to familial and non-familial concerns, and of brothers/sisters or other children within

the same context. This also includes unborn babies that may be exposed to current or future risk.

Where a young person between the age of 16 and 18 requires support and protection, services will need to consider which legal framework best fits each person's need and circumstances. As highlighted within Section 1 of this guidance and within Part 1 of the National Guidance, there are various definitions of 'child' and acknowledgement around the legal boundaries of childhood and adulthood.

The decision to convene an IRD can be made where police, social work or health determine that a child or young person may have been significantly harmed or may be at risk of significant harm. All concerns which may indicate risk of significant harm must lead to an IRD.

IRD's are a co-ordinated inter-agency child protection process up until the point a Child Protection Planning Meeting (CPPM) is held, or until a decision is made that a CPPM is not required/that alternative action is required. They may constitute one or a series of discussions depending on the situation.

An IRD will co-ordinate decision-making about what may be needed to ensure the safety of the children involved. As such an IRD will give priority consideration to:

- The safety and needs of the child/children involved.
- Level of risk faced by child/children and by others in this context.
- Evidence that a crime or offence may have been committed or may be committed against a child or any other child within the same context.
- Legal measures that may be necessary.

5.2 Decision to hold an Inter-Agency Referral Discussion

The decision to convene an IRD can be made by Police, Health or Social Work, but a request to consider an IRD can, however, be made by **any** agency.

There does not require to be agreement for an IRD to be convened, only that one agency (Police, Health or Social Work) is sufficiently concerned and believes that the significant harm (or risk of harm) threshold has been met.

If practitioners are unclear about whether a concern about a child or young person meets the threshold for the IRD process, they should speak with their line manager (or child protection advisor in health) in the first instance and, if agreed, then call the appropriate Social Work Children & Families Team or the Police.

The threshold for raising an IRD is that a child or young person may have been abused or neglected and/or is suffering or is likely to suffer significant harm (see Section 1). When an IRD is conducted involving children or young people who are not family members but have the same team around them, one IRD will be conducted with each child or young person discussed separately, ensuring only information relating to each child or young person is shared with the relevant agencies.

5.3 Attendance and participation

IRD's will take place via an arranged Microsoft Teams meeting.

As Child Protection health admin have a role in supporting the IRD process, a Microsoft Teams or teleconference call will be arranged by them after managers have agreed a mutually convenient time.

IRD participants must be sufficiently senior to assess and discuss available information and make decisions on behalf of their agencies. They must have access to agency guidance, training and supervision in relation to this role.

An IRD must be co-ordinated by the following core members:

- Social Work - Team Manager / Team Leader
- Police Scotland - Detective Sergeant or suitable qualified Police Constable, Public Protection Unit
- Health - Child Protection Advisor, NHS Ayrshire & Arran

Education or Early Learning Centres may have an essential contribution when there is a school/nursery age child or young person involved. Education and Early Learning Should be invited to attend an IRD when they have an contribution to make, and even more so when they have raised the child protection concern. Where Education do not attend the IRD itself, any relevant information sourced from them (which should be gathered by Social Work wherever possible prior to the IRD) should be clearly documented within the IRD.

On some occasions, senior managers from other agencies for example, from private schools, nurseries, adult services or third sector organisations may be included in an IRD if they have relevant knowledge of the family. However, they do not contribute to decision making.

5.4 Timescales

The IRD must be convened as soon as reasonably practical and ***without undue delay***. Any delay in an IRD taking place and the reasons for this should be clearly recorded on the IRD form.

Where immediate concerns exist, such as a risk to life of a child or young person or the likelihood of immediate risk or significant harm, intervention must not be delayed pending information gathering/sharing.

All timescales relating to Child Protection Procedures are outlined in [Appendix E](#) child protection timescales.

5.5 Involving the child and their parents, carers and guardians

The inclusion of a child/young person and their families' voice, experience and views is an important element of the IRD process (remembering that IRDs are a process of information sharing and analysis until the point of a CPPM or decision not to hold a CPPM). Whilst it is acknowledged that the gathering of views may be hampered somewhat by an IRD being held urgently, children, young people, and their families' voice can and should be discussed during the IRD process where appropriate and by the involved professionals. It is recognised that the inclusion of the voice of those directly affected by the outcomes of the IRD process (i.e. parents, siblings, carers) is

likely to lead to more effective engagement and a better outcome for the child or young person.

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

- listening to what they are telling us
- 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
- by considering the use of rights based/advocacy services at the earliest opportunity to support and empower children and their families.

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

Where the decision reached during an IRD is to initiate the child protection process, a professional must be identified to take the lead in ensuring the child or young person is supported to participate in this process, including a referral to advocacy services.

5.6 Decision-making and planning

As part of the IRD itself, participants must consider and identify actions to undertake on a multi-agency basis which will help to keep the child or young person safe or obtain more information about their safety. An IRD meeting can conclude in the following two ways:

1) No further child protection action is required, including:

- No further action is required,
- Single agency support is required (which may include measures currently in place)
- Multi-agency support is required such as the introduction or continuation of Team With the Family / Child's Plan activity.

Or

2) Continuation of child protection procedures may be appropriate to safeguard the child or 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 safeguard the child or young person. This can be achieved by:

- Interim Safety Planning – what needs to happen to keep the child or young person safe?
- Joint Investigation (Joint Investigative Interview, Medical Examination, Child Protection Assessment)
- Social Work led Child Protection Assessment

- Referral to the Children's Reporter
- Emergency Legal Measures

This means that the IRD process may not complete at the end of the first formal IRD meeting. IRDs can continue to be an inter-agency process up until a Child Protection Planning Meeting (CPPM) is held, or a decision is made that a CPPM is not required.

Where there is no immediate cause for concern and following reasoned interagency discussion within the IRD, the process may end at this stage. The complete process of the IRD is captured in a flowchart (Appendix B Inter-Agency Referral Discussion flowchart).

Actions and decisions which should be routinely considered and undertaken as part of an IRD include:

- Who will feedback the outcome of the IRD and safety plans to other relevant professionals, persons, and family (as appropriate) should be discussed and agreed on within the IRD.
- The outcome of the IRD should be added as a significant event in a child's chronology including consideration to the use of AYRshare if the child or young person has a Team with the Family.

5.7 The Interim Safety Plan

The purpose of an interim safety plan is to ensure a child or young person's immediate safety until such time a CPPM is held or until further inquiries allow the worries to be more fully explored and assessed.

An interim safety plan is about safety right now and those who are participants in the plan must understand and agree what they need to do to ensure a child or young person's safety. The safety plan must be recorded and shared and must be in plain language and practical detail, with no acronyms or professional jargon. It is acknowledged that there will be anomalies in practice between the three Ayrshire's as to how safety planning may be undertaken however regardless of this, the interim safety plan should:

- set out how risk is to be managed and reduced,
- if risk of harm is high in a specific context, this must be clearly noted,
- describe the actions that persons or services will take,
- state how the plan will be monitored,
- clearly set out how any person or service involved in the plan can immediately signal concern,
- contain contact details for those with defined responsibilities within the plan.

The way that the child or young person will be seen and heard during the period in which the interim safety plan is in place must be part of the plan. The child or 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 interim safety plan is recommended, developed with the child or young person's help, and understanding as appropriate in

each situation. Utilising Words and Pictures Explanations (from Signs of Safety) is one example which may support this.

5.8 Safety planning considerations for domestic abuse

Effective safety planning in situations where domestic violence/abuse and coercive controlling behaviour is present, or suspected will be dependent on domestic abuse informed practice. Applying Safe and Together core principles to practice will assist practitioners in effective safety planning through keeping children and young people safe and together with the non-abusing parent, partnering with the non-abusing parent as the default position and intervening with perpetrators to reduce risk and harm to the child(ren) or young person. To do this effectively, it is important that practitioners consider:

- the perpetrator's pattern of coercive control; for safety planning to be effective, a clear understanding of a perpetrators pattern of coercive control is imperative and should be the starting point.
- how the perpetrators behaviour directly impacts on the child or young person.
- how the perpetrators behaviour impacts on the family functioning such as the impact on income, housing, relationships, health
- how support for non-abusing parent will also support children or young people.
- when a non-abusing ability to parent has been compromised
- protective factors in a child or young person's world relevant to safety plans
- the child or young person's need for a trusted adult
- the potentially heightened risk following separation.

Utilising Safe and Together materials around the Core Components and the Multiple Pathways to Harm tools may assist workers with this.

When a child or young person is affected or is likely to be affected by such a risk, agencies will immediately consider the need for an IRD. This would normally be expected unless there is clear and sufficient evidence to discount the risk of significant harm deriving from such a threat.

5.9 Resolving Disagreements

In the exceptional circumstance that consensus between Team Manager, Detective Sergeant and Child Protection Advisor cannot be reached in terms of how the IRD is progressed, the agency that does not agree with the majority recommendation will have the responsibility to escalate the decision to the appropriate senior person highlighted above for further consideration.

Details of the concern and the discussion(s) will be considered by the Detective Inspector of the Public Protection Unit, Social Work Senior/Service Manager and the Lead Nurse for Child Protection within 48 hours who will seek to reach a consensus.

If no consensus can be reached by this senior group, then the decision on Child Protection will default to the majority recommendation and will then be progressed as the formal decision to which all agencies must adhere.

Embracing the principles that the child's / unborn child's safety and wellbeing is paramount in any decision-making process; if the majority feel that a child does require Child Protection intervention, then a Child Protection Assessment will be progressed until an escalated IRD has been reviewed by Senior Managers and a final decision reached.

Any reason for lack of consensus must be recorded on the Initial Referral Discussion Record.

5.10 Specific Circumstance Inter-Agency Referral Discussions

Key information:

- Reconvened IRDs are held where new information comes to light after further assessment.
- Pre-Birth IRD's - initial concerns regarding a family who may require further support during pregnancy should be referred to the multi-agency pre-birth screening group in line with principles of early help and support. However, it is important to note that regardless of the stage of pregnancy, if it is believed an unborn baby is at significant risk of harm, an IRD can be arranged by Health, Police or Social Work at any time.
- 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 should be held as soon as practicable.
- An ACRA IRD is held when a child under 12 caused or risked causing significant/serious or sexual harm to another person (which meets ACRA criteria)
- 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.
- The IRD may consider the need for Care and Risk Management (CARM) processes for children/young people aged 12-18yrs who's behaviour presents risk of serious harm to themselves or others.
- In situations relating to the sudden death of a child or young person, where there is a surviving brother or sister an IRD will be considered and is the recommended mechanism to ensure early, multi-agency and co-ordinated decision making.

5.11 Reconvened Inter-agency Referral Discussions

The primary purpose of a reconvened IRD is to consider new information that can lead to changes in the multi-agency response. A reconvened IRD brings agencies back together to further analyse any additional information that has been gathered since the original IRD. Specifically, a reconvened IRD meeting is justified when information not previously known or considered is thought to change or impact on the risks to the child(ren).

Professionals should not wait until the reconvened IRD meeting to share information with each other. A reconvened IRD meeting could bring the multi-agency group back together in the form of an MS Teams meeting if the information needs further consideration or analysis. Alternatively, it may be that a reasonable decision is made and can be agreed by the partner agencies via email or phone conversation. The latter option (discussions via email and calls) may be particularly appropriate where it is agreed that any new information would not have an impact on multi-agency decisions.

An IRD process that began out with normal working hours can also be closed off by a reconvened IRD meeting where final decisions are made about the next steps in the multi-agency child protection actions, particularly in relation to applying for various legal measures, and referral to SCRA.

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

5.12 Pre-Birth Inter-agency Referral Discussions

Initial concerns regarding a family who may require further support during pregnancy should be referred to the multi-agency pre-birth screening group.

A pre-birth assessment can begin whenever pregnancy is confirmed, ordinarily around 12 weeks gestation or at the point of initial scan. Assessment should be multi-disciplinary, co-ordinated by social work as lead professional, consulting with key practitioners including GPs, safeguarding midwives, community midwives, family nurses, health visitors and relevant adult services. While the assessment is being undertaken there should be a plan in place to offer the family a high level of support to try to address any presenting risks to the unborn baby with the overarching aim of supporting the family to provide the level of care required once the baby is born.

It is important to note that regardless of the stage of pregnancy, if it is believed that an unborn baby is at significant risk of harm then an IRD can be arranged by Health, Police or Social Work.

5.13 Age of Criminal Responsibility Act (ACRA) Inter-agency Referral Discussions

A child or young person cannot be held responsible for, arrested or charged with harmful behaviour that amounts to a crime or offence that occurred when the child or young person was under 12.

[The Age of Criminal Responsibility \(Scotland\) Act 2019](#) raises the age of criminal responsibility in respect of children and young people to 12 years of age but makes provision for their referral to a children's hearing on grounds other than having committed an offence. This could apply to children who are:

- suspected of violent or dangerous behaviour which has caused or risks causing serious physical harm to another person or
- who, by behaving in a sexually violent or sexually coercive way, have caused or risked causing harm (whether physical or not) to another person.

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

There are some specific considerations and additional requirements for an ACRA IRD. Further local guidance around this is being developed at the time of writing these procedures however additional information can be obtained from the operational guidance for social work and police devised by Social Work Scotland, COSLA and Police Scotland: [ACRA-Operational-Guidance-for-Social-Work-and-Police-final-Dec-2021.pdf \(socialworkscotland.org\)](#).

There may be situations where ACRA criteria is not met. The Police can interview a child or young person believed to have committed harmful behaviour in an age-appropriate way.

5.14 Human Trafficking Inter-Agency Referral Discussion

Police Scotland must be notified about possible under 18 victims of human trafficking. Where there is a concern that a child or young person is a potential victim of human trafficking an IRD must be held in every case.

Child trafficking involves the recruitment, transportation, transfer, harbouring or receipt, exchange or transfer of control of a child or 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 but are not limited to sexual, criminal and financial exploitation, forced labour, removal of organs, illegal adoption, and forced or illegal marriage.

The UK has a responsibility to identify and record cases of child trafficking under the Council of Europe Convention on Action Against Trafficking in Human Beings.

The [National Referral Mechanism](#) (NRM) was set up by the Home Office to help victims of trafficking receive support, and to gather intelligence to help interrupt trafficking. Any child 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 designated first responders can make a referral into the NRM for children, local authorities and police (in addition to the Home Office) are the first responders. Referral to the NRM is made online.

5.15 Care and Risk Management (CARM):

The IRD may consider the need for Care and Risk Management processes for children /young people aged 12 -18yrs, in exceptional circumstances whereby parts of a child or young person's behaviour presents risk of serious harm to themselves or others, or where a pattern of significant escalation of lesser behaviours suggests that an incident of serious harm may be imminent. These behaviours may include:

- Serious Sexual/Violent offending.
- Absconding regularly from home or care placement for more than 6 hours where concern has been expressed about their safety and where there have been 3 such episodes over a short period.
- Perpetration of an offence of a serious nature.
- Presenting a serious risk to themselves and/or others.
- At risk of sexual exploitation (Child Protection Planning is recommended in such circumstances).
- At risk of being enticed into or exploited by serious and organised crime.

Consideration should be given to the age of criminal responsibility, thus no child under 12 years of age should be subject to CARM planning.

When CARM is recommended by the IRD as an action, then further assessment and planning will be guided by each Local Authority's CARM guidance /procedure.

If CARM is being actioned by the IRD, consideration must be given to child protection planning for any other children or young people who may have been harmed because of the escalation in risk. In such circumstances the IRD will recommend that a separate IRD is scheduled for those children to ascertain the need for further child protection planning.

5.16 Sudden Unexpected Death in Infants and Children

For a very small number of children, their death may not be because of natural causes. In such cases of sudden death, the circumstances and cause of death must be explored sensitively and to the highest standards. This is also in line with the Scottish Government child death review directive (2021) to ensure that all child deaths are subject to a robust review process.

A collaborative and co-ordinated inter-agency approach is necessary in situations of a sudden or unexplained death of a young person, child or infant. Alongside the child or young person death investigation exists a responsibility for ensuring the safety and wellbeing of any other young people, children or infants in the household or yet to be born that may be affected (Article 6 UNCRC).

When there are surviving brothers and sisters, an IRD will be considered in all cases and is the recommended mechanism to ensure early, multi-agency and co-ordinated decision making. This will enable appropriate single-agency or multi-agency support, assistance and intervention for families where this is required or provide assurance that no further action is necessary.

5.17 Quality Assurance and Review of IRD's:

Each Local Authority will ensure that quality control systems are in place to support consistent standards of information sharing, recording, recognition of patterns in practice or context of concerns, quality assurance and improvement.

Section 6: Joint Investigative Interviews (JII)

Key Information:

Where a decision is taken during an IRD on the need for a JII, police and social work managers will:

- **Identify interviewers to carry out the joint investigative interview following receipt of IRD paperwork. Consideration will be given where the child/young person has specified the gender of the lead interview in compliance with the [Victims and Witnesses \(Scotland\) Act 2014](#)**
- **Ensure, within the planning of the joint investigative interview, the availability of recording equipment either at a fixed site or utilising mobile recording equipment.**
- **Agree the arrangements for the interview (time/date, location, travel arrangements, additional support needs of the child or young person e.g., an interpreter, and parameters)**
- **Interviewers will be provided with IRD paperwork to allow all necessary information to be gathered to develop planning documentation.**
- **Briefing will take place between the interviewers and Team manager, interpreter may also present if there is a requirement. All planning documentation will be reviewed and discussed to ensure the needs of the child/young person is fully met within the JII. Team Manager will thereafter provide a copy of the completed briefing paperwork to the interviewers.**
- **Following JII, interviewers will complete Analysis documentation highlighting all information elicited during the interview. This will then be discussed fully during debrief with Team Manager and interviewers.**

Discussions will be had in terms of the outcome of JII, whether a crime has been established, potential risks and recommendation of safety planning. Consideration will also be given as to whether a further JII is required. Copies of the Debrief document will be kept by Police Scotland and Social work.

A child/young person who has been referred to the JII team will be signposted to Children's 1st for input to Bairn's Hoose Trauma Recovery support.

The decision to undertake a JII with a child or young person will be taken by the core agencies during the Inter-Agency Referral Discussion (IRD) and will be a primary consideration for the IRD.

The main purposes of the JII are to -

- Learn the child or young person's account of the circumstances prompting the enquiry.
- Gather information to permit decision-making on whether the child or young person in question or any other child or young person are in need of protection.
- Gather sufficient evidence to suggest whether a crime has been committed against the child/young person or anyone else.
- Gather evidence that may secure best evidence as may be needed for court proceedings, such as a criminal trial, or for a children's hearing proof.

Interviews should always be tailored to the needs of the child and the circumstances leading to the investigation.

Within Ayrshire, there is a Joint Investigative Interview Team hosted within East Ayrshire Health and Social Care Partnership. The service is available to all children and young people within Ayrshire.

The Ayrshire JII team use the Scottish Child Interview Model (SCIM) which is an updated approach to the facilitation of JIIs. It is designed to minimise re-traumatisation and keep the needs and rights of child victims and witnesses at the centre of the process and in so doing, achieve pre-recorded evidence from the child or young person that is of high quality.

There is Pan Ayrshire inter agency JII guidance which should be followed, and which sets out the process and agency roles and responsibilities. ['Ayrshire Referral Criteria: Joint Investigative Interview Team Procedures'](#).

A summary flowchart of the Ayrshire JII Interview Process is also attached within [Appendix F](#).

6.1 Witness Joint Investigative Interviews

The Joint Investigative Interview Team Manager will consider referrals for child witnesses, when it is agreed the case is sufficiently complex and/or the child or young person is assessed to require additional levels of support.

Where there are no welfare or protection concerns surrounding the witness and therefore the threshold for initiating an IRD is unmet, a referral to the joint interview team can progress without scheduling an IRD ([Appendix G](#) referral form to be submitted to JII team Inbox). Consideration should be given as to the lead agency who will determine that necessary checks/discussion have taken place with relevant individual(s) and/or partner agencies to ensure child or young person is able to proceed with a JII. Each lead agency should determine their method of recording and decision-making in these circumstances.

Social Services will create an electronic file for any child or young person who has been subject to a JII, outlining a case note advising the individual has undertaken a JII via the JII team with the sole purpose child or young person deemed as a witness.

6.2 Procurator Fiscal (PF) Requests

When a request of a JII has come from the PF, an IRD should always be considered where a child or young person has witnessed a suspected crime and where they are assessed as being at risk of significant harm. It is important that opportunity be afforded to all key participants in an IRD to determine if interviewing a child or young person would be detrimental to their wellbeing where the alleged crime may have taken place a significant period before the request is made.

Where an IRD previously took place in respect of the same alleged crime for the PF request, careful consideration should be given as to the assessment undertaken at the time. If the threshold for significant risk of harm is unmet and there is no reason to consider point 1 of this section, then referral can progress to JII Team without scheduling an IRD.

Where an IRD is held, there is no reason to initiate child protection procedures if this action was previously taken or participants of the IRD agree that significant risk of harm now or in the future is not present.

In the above circumstances, the referral form ([Appendix G](#)) must be fully completed and sent to the JII Team Manager.

6.3 Child Giving Evidence in Court Proceedings

Children and young people might be required to give evidence in court in criminal prosecution of suspected or reported perpetrators of abuse or neglect and also in civil proceedings, which would usually be in relation to children's hearing proofs. A child or young person might be required to give evidence about the same matters both in a criminal trial and in a children's hearing proof application. If the child or young person has been referred to a children's hearing for the same matter, then proof proceedings are likely to take place before any criminal trial. Further details on a child or young person giving evidence in court proceedings should be referred to within **Part 3 section 3.181** of the [Nation Guidance for Child Protection in Scotland 2021 \(2023\)](#).

Section 7: Health Assessment and Medical Examination

Consideration should always be given to the need for a medical examination of each child or young person for whom there are concerns. This is one of the primary considerations of the IRD. There should be close liaison with Health, Police and Social Work to avoid the need for repeated medical examination for investigative purposes.

The Health Assessment of a child or young person for whom there are child protection concerns aims:

- to establish what immediate treatment the child or young person may need.
- to provide a specialist medical opinion on whether, or not, child abuse or neglect may be a likely or unlikely cause of the child's presentation.
- to support multi-agency planning and decision-making.
- to establish if there are unmet health needs, and to secure any on-going health care (including mental health), investigations, monitoring and treatment that the child or young person may require.
- to listen to and to reassure the child or young person.
- to listen to and reassure the family as far as possible in relation to longer-term health needs.

Although a medical examination is not a requirement in every child protection assessment, it needs to be considered regardless of whether the child has any apparent or visible injuries or appears to have suffered neglect.

The medical examination should be dispensed with only where the appropriate health professional determines that the child or young person's health and welfare is not at risk and those managing the child protection assessment are satisfied that they can achieve the purposes of the assessment without it.

7.1 Who decides when a medical assessment should be carried out?

The decision to carry out a medical assessment and the decision about the type of medical examination is made by a child protection pediatrician informed by multi-agency discussion with police, social work and other relevant health staff. Through careful planning, the number of examinations will be kept to a minimum. The decision to conduct a medical examination may:

- follow from an IRD and inter-agency agreement about the timing, type and purpose of assessment.
- follow when a person presents to health services. This includes the possibility of self-referral for victims of rape and sexual assault who are over 16 years old as described below.

7.2 Types of Medical Examination

The main types of medical examination that may be undertaken within the Child Protection process are:

- **Joint Pediatric Forensic Examination (JPFE).** Examination by a pediatrician and a forensic physician. This is the usual type of examination for sexual assault and is often undertaken for physical abuse, particularly infants with injuries or older children with complex injuries.
- **Single doctor examinations with corroboration by a forensically trained nurse.** These are sexual assault examinations undertaken for children and young people aged 13-16. In some areas/situations a JPFE would occur, and in all areas/situations JPFE should be considered.
- **Specialist Child Protection Pediatric/Single Doctor/Comprehensive Medical Assessment.** This type of examination is often undertaken when there is concern about neglect and unmet health needs but may also be used for physical abuse and historical sexual abuse. Comprehensive medical assessment for chronic neglect can be arranged and planned within localities when all relevant information has been collated. However, there may be extreme cases of neglect that require urgent discussion with the Child Protection Pediatrician.

All medical examinations/assessments are holistic, comprehensive 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 or at time of referral for the examination) to allow for a clinician with the appropriate skill set to undertake the assessment. It is important to note that it is not the role of a health visitor to assess a possible non-accidental injury. This can only be assessed by consultant.

In some parts of Scotland, where victims of rape or sexual assault are aged 16 and over, they are able to self-refer for a forensic medical examination without first making a report to police. Once commenced the Scottish Government [Forensic Medical Services \(Victims of Sexual Offences\) \(Scotland\) Act 2021](#) will extend consistent access to self-referral services across Scotland for those aged 16 and over. Professional judgement is required as to whether following self-referral, a forensic medical examination is in the person's best interests. This includes clinical and non-clinical considerations. Even when an FME is not provided, the need for healthcare support and treatment must be considered. A Clinical Pathway for Children and Young People and a forthcoming Self-Referral Protocol will provide further guidance.

Specialist Paediatric or Joint Paediatric Forensic Examination (JPFE) is appropriate when:

- the child or young person requires a specialist assessment or treatment from another department (for example, multiple fractures, signs of abusive head trauma).
- the account of the injuries provided by the carer does not provide an acceptable explanation of the child or young person's presentation.

- the result of the initial assessment is inconclusive, and a specialist's opinion is needed to establish the diagnosis.
- lack of corroboration, for example by way of a clear statement from another child or adult witness, indicates that forensic examination, including the taking of photographs, may be necessary to support criminal proceedings against a perpetrator, and legal processes to protect the child or young person.
- the child or young person's condition (for example, repeated episodes of unexplained bruising) requires further investigation and assessment.
- child sexual abuse is suspected.

A comprehensive medical examination for neglect can be arranged and planned for within localities when all relevant information has been collated. However, there may be extreme cases of neglect that require urgent discussion with the Child Protection Paediatrician.

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

The IRD will consider whether any other children within the family require medical assessments. The decision to undertake this will be the Consultant Paediatrician.

7.3 Preparation

Wherever possible, the wishes of children who may have experienced sexual abuse, should be considered and supported in respect of choice of sex of examiner (Clinical Pathways NHS Scotland 2020).

As far as can be achieved in the circumstances, the examining doctor should have:

- all relevant information about the cause for concern
- information on previous concerns about abuse or neglect
- the inter-agency plan to meet the child or young persons' needs at this stage
- relevant known background of the family or other relevant adults
- information from joint investigative interview if available
- preparatory discussion with the relevant social work and police officer
- preparatory meeting with parent or carer and child or young person

It should be recorded what information is handed over/conveyed verbally to the examining doctor and by whom.

Social work services, the police and the examining doctor should ensure that the child or young person and parent(s) (and/or any other trusted adult accompanying the child or young person) have the opportunity to hear about what is happening, why and where so that they have an opportunity to ask questions and gain reassurance.

Consideration will be given to how the child or young person may be examined in child-friendly surroundings, with the right support for their age, stage and understanding.

7.4 Consent

Appropriate consent for examination must be obtained, ideally by the doctor undertaking the examination, prior to any examination.

Consent must be obtained in one of the following ways:

- from a parent or carer with parental rights
- from a young person assessed to have capacity
- through a court order

[The Age of Legal Capacity \(Scotland\) Act 1991](#) allows a child or young person under the age of 16 to:

‘consent to any medical or dental procedure or treatment where, in the opinion of the qualified medical practitioner attending him or her, the child or young person is capable of understanding the nature and possible consequences’ of the proposed examination or procedure.

Children who are assessed as having capacity to consent can withhold their consent to any part of the medical examination, for example, the taking of blood, or a video recording. Consent must be documented within medical notes and must reflect which parts of the process have been consented to and by whom. This includes consent to forensic medical examination.

All aspects of the procedure and how the results may be used should be properly explained by the examining doctor assisted, if necessary, by the social worker or police officer. Where a medical examination is thought necessary for the purposes of obtaining evidence in criminal proceedings, but the parents/carers refuse their consent, the Procurator Fiscal may, in exceptional circumstances, consider obtaining a warrant for this purpose. However, where a child or young person who has legal capacity to consent declines to do so, the Procurator Fiscal will not seek a warrant.

If the local authority believes that a medical examination is required to find out whether concerns about a child or young person’s safety or welfare are justified, and parents refuse consent, the local authority may apply to a Sheriff for a child assessment order, or a child protection order with a condition of medical examination. This is still subject to child's or young person consent (under section 186 of the [Children’s Hearing Scotland Act 2011](#)).

7.5 Timing of Medical Examinations

- Timing of the medical examination is agreed jointly by the medical examiners and the other agencies involved.
- Child protection assessments should be carried out, in the child or young persons’ interests, during the day, unless there is a forensic need or other clinical indication of urgency.
- In some cases, when there is not a forensic urgency, it may be a priority that the child or young person has had time to rest and prepare. This may also allow

for more information to become available. The majority of cases arise in working hours, and a comprehensive medical assessment will be carried out locally and timeously.

- In cases of suspected or reported non-recent sexual abuse, examinations should be planned during normal working hours.
- Local arrangements must be in place for medical examinations out of hours, where these differ from daytime/weekday arrangements to ensure the opportunity to collect forensic trace evidence is not lost.

Section 8: Legal Options

Urgent action may be required before or after a child protection planning meeting to protect a child or young person from actual or likely significant harm, if interim safety and/or family arrangements are insufficient to do so or are unsuccessful in reducing risk(s), or until compulsory measures of supervision can be put in place by the children's hearing system. Where legal measures are being considered, early consultation by the allocated Social Worker with local authority legal services is required. This section provides an overview only as to the legal options that might require to be considered as you exercise professional judgement with input from legal advisors and management, as required.

8.1 Voluntary Accommodation

When a child or young persons' parents or carers do not object, the local authority may accommodate the child or young person to keep the child or young person safe whilst concerns about the child or young person's safety, or reports or suspicions of abuse or neglect, can be assessed. Parents must have an explanation of voluntary accommodation that they understand. They should know that they can seek legal advice and revoke agreement to accommodation at any time. Others in the child or young person's extended family or social network may offer to look after the child in the interim. This can be provided for under s25 of the [Children \(Scotland\) Act 1995](#) and should always be the first consideration.

Before providing this accommodation, the local authority must have regard so far as practicable to a child or young person's views (if the child or young person wishes to express them), taking account of the child or young person's age and maturity. The local authority must not provide such accommodation for a child or young person if there is objection from a person who has parental responsibilities and the parental right to regulate the child's residence or the right to control, direct or guide the child or young person's upbringing, and who is willing to provide or arrange accommodation for the child or young person. Despite this objection, the local authority may continue to provide accommodation for a young person over 16 who agrees to be accommodated or where a person or persons who have been granted a residence order all agree to the accommodation.

A person with parental responsibilities and rights (as referred to above) may remove the child or young person, under 16 years, from such accommodation at any time, but where the child or young person has been accommodated for a continuous period of 6 months, 14 days written notice will be required before the child or young person can be removed.

Practice note:

The potential for voluntary accommodation of the child(ren) should always be explored in the first instance, if accommodation of the child or young person is assessed as necessary to safeguard them (note it is also possible for family agreement/arrangements to be made for care of the child or young person without that constituting accommodation). You require to consider the appropriateness of this voluntary arrangement taking account of all the circumstances, including the parents' presentation, for example, at the relevant point in time. You should always seek advice if you are unsure.

8.2 Child Seeking Refuge

A child or young person may request refuge and if the child or young person appears at risk of harm, may be provided with short term refuge (up to 7 days in defined circumstances, exceptionally up to 14 days) by the local authority or a person who is approved by the local authority for this purpose (s38 [Children \(Scotland\) Act 1995](#)).

8.3 Child Protection Orders (CPO)

In practice, child protection orders are usually applied for by a local authority. However, anyone, including the local authority, can apply for a child protection order under the following criteria when there are reasonable grounds to believe that:

- The child or young person has been, or is being, treated in such a way that the child or young person is suffering or is likely to suffer significant harm.
- the child or young person has been, or is being, neglected, and as a result of the neglect the child or young person is suffering or is likely to suffer significant harm.
- the child or young person is likely to suffer significant harm if the child or young person is not removed to and kept in a place of safety; or
- the child or young person is likely to suffer significant harm if the child or young person does not remain in the place at which the child or young person is staying (whether or not the child is resident there).
- **and** the order is necessary to protect the child or young person from that harm or from further harm (s39 of the [Children's Hearing Act 2011](#)).

The Local Authority (but only the Local Authority) can also apply for a CPO if there are reasonable grounds to suspect that:

- (i) the child or young person has been, or is being, treated in such a way that the child or young person is suffering or is likely to suffer significant harm.
- (ii) the child or young person has been or is being neglected and as a result of the neglect the child or young person is suffering or is likely to suffer significant harm; **or**

- (iii) the child or young person will be treated or neglected in such a way that is likely to cause significant harm.

The local authority is making enquires to allow it to decide whether to take action to safeguard the welfare of the child or young person 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 (s38 of the [Children's Hearing Scotland Act 2011](#)).

A Child Protection Order can have one of the following directions attached:

- **a non-disclosure direction.** This is a direction specifying that information in relation to the child or young person, for example the place of safety where the child or young person is being kept, must not be disclosed to a named person or class of persons.
- **a contact direction.** This is a direction regulating contact between the child or young person and a named person or class of persons.
- **a parental responsibilities and rights direction.** This is a direction regulating parental responsibilities or rights in relation to the child or young person, for example, to provide for medical examination and/or treatment where a parent refuses to consent.

Practice note:

If as a Social Worker you are instructing that a Child Protection Order be applied for (although note all such decisions require to be approved by Social Work Senior Management), there are a range of matters that require to be considered in a short timescale. For example (but not limited to):

- clarity as to what has occurred, when it occurred, who witnessed or reported it to you and when.
- being clear as to the specific harm(s) you have assessed the child or young person would be exposed to if not removed and how/if they differ for children within a sibling group.
- whether you have, or require obtaining, evidence (potentially reports) from other agencies to support the application and how quickly that can be done.
- clarity as to the status, whereabouts and position of those with parental rights, and also the child or young person, as at the time of the application.

When a Sheriff has made a child protection order and the Principal Reporter is satisfied that the criteria for the making of the child protection order are met, a children's hearing must take place on the second working day after the child or young person is removed to a place of safety, where the order authorises removal of the child or young person

to a place of safety. Where the order prevents the removal of a child or young person from a place, the hearing must take place on the second working day after the order is made.

The purpose of the second working day hearing is to consider:

- the circumstances which led to the making of the child protection order
- whether the conditions for the making of the child protection order continue to be met
- whether it is necessary that the order remain in place
- whether any variations are required to any directions attached to the order (a CPO contains 'directions' which function in the same way as a measure attached to a Compulsory Supervision Order).

8.5 Legal Assistance

The child or young person is automatically entitled to legal aid to be assisted by a solicitor at a second working day hearing. This is subject to the child or young person having the capacity to give instructions to a solicitor.

8.6 Police Powers

Practice note:

A police constable may immediately remove a child to a place of safety where he/she/they is satisfied that the conditions for making a child protection order under s.39 of the [Children's Hearing Scotland Act 2011](#) are met; that it is not practicable in the circumstances to apply to a Sheriff for such an order; and that the child requires to be removed to a place of safety to protect them from significant harm or from further harm. The child can only be kept in a place of safety for a period of 24 hours and further protective measures may therefore have to be sought within that period. The constable must inform the Principal Reporter as soon as practicable after removing the child. The Principal Reporter has the power to require the constable to release the child, if satisfied that the criteria for keeping the child in a place of safety are no longer met, or it is not in the child's best interests to remain in a place of safety (s56 of the 2011 Act). In circumstances of urgency, multi-agency discussion should explore whether police are in a position to exercise their powers to ensure the immediate safety of the child(ren).

8.7 Child Assessment Order

The [Children's Hearing Scotland Act 2011](#) (sections 35 and 36) makes provision for the local authority to apply for a child assessment order if it has reasonable cause to suspect that:

- a child has been, or is being treated in such a way that the child is suffering or is likely to suffer significant harm; or

- a child has been or is being neglected and as a result of neglect the child is suffering or is likely to suffer significant harm that an assessment is needed to establish whether there is reasonable cause to believe that the child is being so treated or neglected; **and**
- that it is unlikely that an assessment to establish this could be carried out (or carried out satisfactorily) without obtaining the order (for example, where those with parental responsibility are preventing an assessment of the child being undertaken to confirm or refute the concern).

The Child Assessment Order can require the parents or carers to produce the child and allow any necessary assessment (subject to the consent of the child) to take place so that practitioners can decide whether they should act to safeguard the child's welfare. On application to the Sheriff for a Child Assessment Order, if the Sheriff believes that the conditions for making a CPO exist, he/she/they may make a CPO instead.

The authority may ask, or the Sheriff may direct, someone such as a GP, Pediatrician or psychiatrist to carry out all or any part of the assessment. The order may also authorise the taking of the child to a specified place, and keeping them there, for the purpose of carrying out the assessment and may make directions as to contact if it does so. Practitioners must assist in carrying out these assessments when asked to do so. Where the child is of sufficient age and understanding, they may refuse consent to a medical examination or treatment, whether or not a child assessment order is made. For further information, see the section above on health assessments.

Applications under the 2011 Act can be made to a **Justice of the Peace** for an order requiring a child to be produced to a specified person or placing or keeping a child in **a place of safety**. Such an order may be granted if the Justice of the Peace is satisfied of similar criteria to that for a CPO and that it is not practicable to apply to the Sheriff for a CPO. These orders last for a maximum of 24 hours or until a Sheriff's determination of a CPO application if earlier. The applicant must inform the Principal Reporter as soon as practicable after the order is made. The Principal Reporter has the power to terminate the order, if satisfied that the criteria for making the order are no longer met, or the order is no longer in the child's best interests (s55 of the 2011 Act).

8.8 Exclusion Order

An exclusion order may be granted when on application of a local authority a sheriff is satisfied, that excluding a named person from the family home is necessary for the protection of the child, irrespective of whether the child is for the time being residing in the family home. The order will only be granted if it better safeguards the child's welfare than the removal of the child from the family home, and if there will be a person specified in the application who is capable of taking responsibility for providing appropriate care for the child and any other member of the family who requires care, and who is, or will be, residing in the family home. The test for granting is 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 (s76 Children (Scotland) Act 1995). A power of arrest may be attached to an interdict associated with such an order. The maximum duration of such an order is six months. It is possible to seek an interim exclusion order urgently.

8.9 Principles to be Applied.

In addition to the specific considerations relating to each emergency situation and associated legal option there are three overarching principles contained in the 2011 Act which must be applied when children's hearings and courts are making all (with limited exceptions) decisions about a child. The 2011 Act has been amended by the [Children \(Scotland\) Act 2020](#). The three principles are:

- the need to safeguard and promote the welfare of the child throughout the child's childhood is the paramount consideration (sections 25 and 26 of the 2011 Act)
- the child must be given an opportunity to express views in a manner suitable to the child, and decision-makers must have regard to any views expressed by the child, taking into account the child's age and maturity (section 27 of the 2011 Act). Section 3 of the 2020 Act will require decision-makers to give the child an opportunity to indicate whether the child wishes to express a view, in the manner the child prefers or in a manner that is suitable to the child (in the absence of any expressed preference or where it would not be reasonable to accommodate the child's preference). There is an exception if, (a) the child is not capable of forming a view, or (b) the location of the child is not known. The 2020 Act provides that a child is to be presumed to be capable of forming a view, unless the contrary is shown.
- a children's hearing or a sheriff is only to make, vary, continue or extend orders, or grant warrants if it is better for the child that the order, interim variation of the order, or warrant were in force than not (sections 28 and 29, 2011 Act)

Section 9: Child Protection Assessment and Planning

Key information:

- **Child Protection Planning Meeting now replaces ‘*Child Protection Case Conference*’.**
- **In all assessment processes, the safety of the child or young person should always remain paramount and in all circumstances**
- **Should a child protection planning meeting be recommended, this should take place by day 28 of the concern being raised unless there is an IRD decision that this is not required.**
- **A handy CP Assessment and Planning Flow Chart can be found at [Appendix H](#)**

9.1 Child Protection Planning Meeting

Child Protection Planning Meetings (CPPM) now replace Child Protection Case Conferences. For families, this term plainly describes the purpose of the meeting. Professionals should ensure language used in child protection processes is non-stigmatising and understood by children and families.

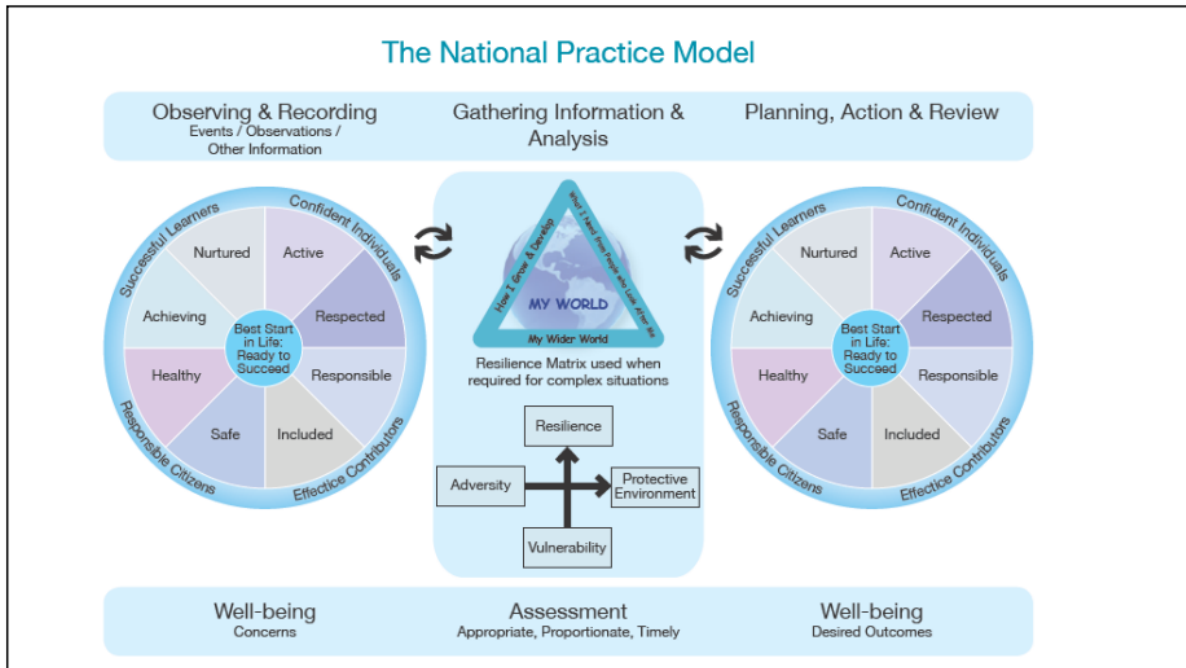
The Child Protection Planning Meeting will be informed by a multi-agency child protection assessment which will have taken place to assess the needs and risks in relation to the child and what support might be required to meet these needs and reduce any risks.

9.2 Assessment of Risk

The assessment of risk, known as a CP1 or Child Protection Report/ Assessment. This is a ‘snapshot’ assessment where risk, strengths, vulnerabilities or any other complicating factors are identified and the impact to the child outlined.

All assessment should be based upon the [GIRFEC Principle](#) and consider the [wellbeing SHANARRI indicators](#).

The main tool for assessing the current circumstances in a child or young person’s whole world is the [My World Triangle](#). The Triangle has been developed from a knowledge and research base in relation to children’s development and its use helps to support the realisation of children and young people’s rights.



([Alternative long description];

The National Practice Model

Wellbeing (Concerns)

Observing and recording (events, observations, other information)

Best start in life: ready to succeed:

- Successful learners
 - Achieving
 - Nurtured
- Confident individuals
 - Active
 - Respected
- Effective contributors
 - Responsible
 - Included
- Responsible citizens
 - Safe
 - Healthy

Assessment (appropriate, proportionate, timely)

Gathering information and analysis

- My World Triangle
 - how I grow and develop,
 - what I need from people who look after me
 - My wider world
- Resilience Matrix
 - Vulnerability -> resilience
 - Adversity -> a protective environment.

Well-being (desired outcomes)

Planning action and review

- As detailed above in wellbeing (concerns).

Practitioners should support children, young people and families to fully participate in discussions about what is happening in a child or young person's world. Using the 'My World Triangle' allows practitioners, together with children, young people and families, to consider:

- ♦ How the child or young person is growing and developing; including whether they are suffering or likely to suffer significant harm.
- ♦ What the child or young person needs and has a right to from the people who look after them; and
- ♦ The impact of the child or young person's wider world of family, friends, community and society.

The child protection assessment will generally require that the assessing social worker will collate information for a multi-agency assessment of risk by:

- ♦ visit the family and discuss the concerns/ allegations which have been made.
- ♦ spending time with the child or young person away from the family in a safe space to gather their views and thoughts on the concern/ allegation.
- ♦ liaise with other professionals who are involved with the child or young person and/or family.
- ♦ assess the developmental needs of the child or young person.
- ♦ assess the ability of the parents to respond to the child or young person's needs; and consider the impact the family, the family history, the wider family and environmental factors are having on the parents' capacity to respond to their child or young person's needs and the child or young person's developmental progress.

In all assessment processes, the safety of the child or young person should always remain paramount and in all circumstances. The child or young person must be seen alone by a qualified social worker as soon as possible following a referral. Practitioners involved with the child or young person and family must decide on the timing of this

meeting, based on their assessment of the child's needs. Tools such as My three houses or the wizard and fairy from the Signs of Safety framework may be useful to help practitioners work alongside a child or young person to gain their views and get a better understanding of their circumstances. The child or young person wishes and feelings must be considered when deciding what services to provide. It is important that the impact of what is happening to a child or young person is clearly identified and that information is gathered, recorded and checked systematically, and discussed with the child and their parents/carers where appropriate.

9.3 National Risk Framework (Practitioners Tool)

Risk is a difficult and complex notion that can create understandable anxiety for many. It is, however, also a core consideration of any intervention that is undertaken with children and families. Risk is not just about considerations of concern or harm. It is also an inherent aspect of all healthy human development. Risk is also a dynamic concept that can be multi-dimensional in character - it's not static and seldom mono-dimensional, it is fluid and critically shaped and characterised by a range of events and movement in the context and setting where it occurs. Staff within every service at every level, no matter where they work and with whom, are at some point going to be working directly with children and young people who may be both in need and at risk.

In approaching risk within the assessment task, thus, there is a need to take account of, not only current circumstances but past history and future potentials. This means we have to investigate and explore family circumstances in some detail in order to acquire adequate grasp of how needs may have gone unmet and how risk circumstances may have emerged. Using the understandings acquired, Named Persons, Lead Professionals and others then need to project the future probability or likelihood of harm and to determine if this harm is significant in nature or not. Projection of probable risk of harm significantly also means that there is a potential for error in terms of what we think may occur.

The [National Risk Framework Guidance](#) therefore, aims to support and assist practitioners at all levels, in every agency, to be able to approach the task of risk identification, assessment, analysis and management with more confidence and competence. It seeks to provide tools that, if used, support methodical and systematic approaches to not only better understanding risk and its presentation with children and families, but also enhance interventions and potential outcomes.

9.4 Chronologies

Definition and outline guidance on use of chronologies in child protection assessment and planning.

A chronology is:

- a summary of events key to the understanding of need and risk, extracted from comprehensive case records and organised in date order
- a summary which reflects both strengths and concerns evidenced over time
- a summary which highlights patterns and incidents critical to understanding of need, risk and harm
- a tool which should be used to inform understanding of need and risk. In this context, this means risk of significant harm to a child or young person

A chronology may be:

- single agency
- multi-agency

A multi-agency chronology must comply with information sharing guidance and protocols in the way that it is developed, held, shared and reviewed. It must be accurate, relevant and proportionate to purpose. Across the Ayrshire's AYRshare is the electronic recording system which holds the multi-agency integrated chronology. Practitioners should familiarise themselves with the AYRshare Quality Assurance Standard 2 for chronologies, which can be found here: [AYRshare - GIRFEC \(girfec-ayrshire.co.uk\)](http://AYRshare - GIRFEC (girfec-ayrshire.co.uk))

A multi-agency chronology:

- is a synthesis which draws on single-agency chronologies
- reflects relevant experiences and impact of events for child/young person and family
- will include turning points, indications of progress and/or relapse
- will inform analysis, but is not in itself an assessment
- may evolve in a flexible way to integrate further necessary detail
- may highlight further assessment, exploration or support that may be needed
- is a tool which should be used in supervision

A chronology, whether single- or multi-agency:

- is **not** a comprehensive case record and cannot substitute for such records
- is **not** a list of exclusively adverse circumstances

The **lead professional will** consolidate a multi-agency chronology for each Child Protection Planning Meeting. Contribution to the chronology is a collective responsibility. Forming a chronology should assist a shared understanding with and between those involved in developing a Child Protection Plan about strengths, needs and concerns over time, for the purpose of reducing risk of significant harm to a child or young person.

The **lead professional must** therefore be clear about the purpose of the multi-agency chronology; the nature and sequence of the facts that should be captured at this juncture. The perspective of child and family at the centre of the child protection process should be explored to gain understanding of impact of events and to check their perception of accuracy.

The **format of a chronology should** record purpose, authorship and date of completion. It should include the nature and sequence of events; outcomes or impact on child and family; sources of information; and responses to events as necessary for the purpose of this product ([Practice Guide to Chronologies, Care Inspectorate, 2017](#)).

9.5 AYRshare

The AYRshare information sharing system supports practice and enhances information sharing between the named person, lead professional and team around the child/family. AYRshare's vision is:

“To improve the wellbeing of children and young people through the implementation of a secure, shared information system that will enable coordinated and efficient support by well-informed personnel, working in partnership to achieve appropriate and timely interventions, and improved outcomes.”

East, North and South Ayrshire councils jointly share information with Education and NHS Scotland: Ayrshire & Arran colleagues via AYRshare. The system assists with early intervention and helps practitioners to better coordinate their response to concerns. Through identifying key contacts and providing notifications it also helps to improve communication and joint working, resulting in a more seamless service delivery.

Further information is shared with AYRshare, initiated by key events outlined here:

- ◆ Events that are identified as significant.
- ◆ Child Protection activities such as child protection assessment, conferences and outcomes of these events
- ◆ Child placed or removed from the Child Protection Register
- ◆ Assessments in pdf format, indicated by a practitioner for sharing

AYRshare is a key component to supporting our GIRFEC processes, reducing duplication, supporting partnership working and resulting in earlier intervention. It improves the wellbeing of children and young people by facilitating access to services for children and families, and ultimately results in better safeguarding and protection.

Every child/ young person who is supported under child protection procedures should have an AYRshare record with the Team Around the Child/ Family linked.

9.6 Responsibilities of the Lead Professionals in Assessment

The lead professional, must:

- Continue to keep all relevant professionals, including the named person informed regarding the progress and decisions made regarding the child protection assessment, seeking their views and agreeing actions necessary to support the child and family through this process.
- Liaise closely with the child/young person and family by keeping them informed of the progress and decisions made regarding the assessment, seeking their views and agreeing necessary actions necessary to support them through the child protection process.
- Prepare the child protection report and update the relevant agency records e.g., computer system information etc. This report should provide a clear overview of the risks, vulnerabilities, protective factors and the child or young person's views. Other children in the household or extended family should also be considered. The report will include the details of the social work, health and police involvement, information from all other involved services and the assessment of significant harm and future risk to the child.
- Ensure that the child protection report considers the need for compulsory measures and referral to the Children's Reporter.

Practice note:

Things to think about during assessment and planning.

- are needs, strengths and risks for the child central within this assessment?
- have the child or young person's feelings, thoughts and experience been taken into account, as far as can be ascertained at their age and stage?
- has there been a full assessment of the impact of structural factors, including poverty, as guided by 'My Wider World' and has consideration been given to referral for specialist income maximisation support?
- can children and adults involved understand assessment and reporting processes?
- how do we support understanding and participation, taking account of the emotional stage, language and culture of children and adults involved?
- are motivations, views and understanding of parents/carers represented?
- are expected steps to change represented?
- are barriers to change explored and addressed?
- has consideration been given to safe and effective involvement of the wider family?
- has consideration been given to the child or young person's present and future needs for relationship with those who are important to the child/young person, including brothers and sister?
- are resilience factors identified and promoted within recommended plans?
- have specialist aspects of assessment and support been considered and integrated when necessary?
- have the comparative advantages of legal options been considered?
- for what reasons may formal/compulsory measures be needed?
- is the assessment and planning co-ordinated as far as is appropriate, by a lead professional?
- does the assessment and plan reflect co-operation around child/young person and family within all relevant child and adult services?
- are contingency plans as clear as possible at this stage?

Section 10: Child Protection Planning Meeting (CPPM)

Key information:

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

10.1 Function

The function of all child protection meetings is to share information in order to identify risks for the child collectively and the actions by which these risks can be reduced.

The CPPM is a formal multi-disciplinary meeting, which must include representation from the core agencies (social work, health and police) as well as any other agencies currently working with the child and their family, including education or identified from the child protection assessment. The child and relevant family members will be invited and supported to participate, as appropriate in each situation.

Where they are unable to participate in person their views **must be** sought and represented at the meeting. Where possible, participants should be given a **minimum of five days'** notice of the decision to convene a CPPM.

A CPPM should be convened as soon as practicably possible, and no later than 28 calendar days from of the concern being raised.

A CPPM will be arranged when:

- It appears there may be significant risks to child(ren) within a household or being cared for by a person about whom concerns have been raised and there is a need to share and assess concerning information.
- There is a need to clarify and confirm the risks and level of risk to each child or young person in a household.
- There is evidence to suggest a child or young person has been non accidentally injured or abused.
- There is a need to consider formulating a multi-agency Child Protection Plan, and to clarify the roles and tasks of key agency personnel.
- When a child or young person from another Local Authority moves permanently to Ayrshire and was on the originating authority's Child Protection Register. Please refer to your locality CP Case Transfer Procedure

The purpose of the meeting is:

- to ensure relevant information is shared (where it is proportionate to do so),
- to carry out a collective assessment of risk, and
- to agree a plan to minimise risk of harm to the child or young person.

10.2 Types of Child Protection Planning Meetings

There are four types of child protection planning meeting:

- ♦ An **Initial Child Protection Planning Meeting** considers the circumstances of a child(ren) or young person who are not on the register and about whom there are child protection concerns.
- ♦ A **Review Child Protection Planning Meeting** reviews the circumstances of a child or children whose name is already on the child protection register and reviews the decision to place the child's name on the child protection register. The first of these should be held within 6 months of the initial CPPM and then subsequently, every 6 months thereafter. In exceptional circumstances reviews may be called earlier than 6 months, with the explicit agreement of the conference.
- ♦ A **Pre-Birth Child Protection Planning Meeting** considers the risks to an unborn child and future risks upon the child's health and wellbeing. This should take place no later than at 28 weeks pregnancy or, in the case of late notification of pregnancy, as soon as possible after the notification of concern and, in any case, within 28 calendar days.

- ♦ A **Transfer Child Protection Planning Meeting** specifically covers the transfer of information about a child or young person where a child protection plan is in place and the family are moving to another local authority area.

10.3 Initial Child Protection Planning Meeting

Once the decision has been taken to proceed to an Initial Child Protection Planning Meeting, the lead professional will be the responsible worker who will continue to support the child/young person and family and liaise with all relevant other professionals up until and after the CPPM. This responsibility will continue until another lead professional is allocated, if applicable.

The CPPM must decide whether the child is at risk of significant harm and requires a co-ordinated, multi-disciplinary Child Protection Plan.

Should the outcome of the CPPM be that the child is at risk of significant harm, there name will be placed on the child protection register and a Child Protection Plan be discussed and developed within the first Core group meeting.

Social work services are responsible for convening, Chairing and minuting the initial CPPM unless agreed otherwise that a senior/ service level manager from a partner agency will do so. The responsibility for organising the CPPM lies with the designated social work manager.

The designated Child Protection administrator in consultation with the designated Chair will arrange a date, time and venue for the initial CPPM within 28 calendar days of the notification of concern.

If the designated Chairperson decides to convene an Initial CPPM out with this timescale they must record the reasons for this decision in writing in the case file. Where possible the timing of the conference should take account of the availability of other agencies and family members.

10.4 Pre-Birth Child Protection Planning Meeting

Pre-birth CPPMs will consider whether serious professional concerns exist about the likelihood of significant harm to an unborn or newly born baby. In advance of the child's birth, participants need to prepare an inter-agency plan which will meet the needs of the baby and mother prior to and following birth, minimising risk of harm. Plans for discharge from hospital and handover to community-based supports must be clearly set out in the inter-agency plan. It is important that both midwifery and health visiting services are invited to the pre-birth CPPM.

Early engagement and planned support is essential. CPPM's are recommended **within 28 calendar days of the IRD following 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. There may be exceptions to this where the pregnancy is in the very early stages.

The CPPM may place the unborn baby's name on the child protection register before birth. If the child is registered the Child Protection Plan must stipulate who is responsible for notifying the birth of the child and what steps need to be taken at that

point (e.g., referral to the Principal Reporter). Legal measures such as referral to the Reporter and application for a CPO can only be made at birth.

10.5 Transfer Child Protection Planning Meeting

Geographical moves are a time of increased stress and risk for children and families. CPPMs must be held to ensure proper transfer of information and responsibilities when a Child Protection Plan is in place. Only a review CPPM can de-register a child or young person from the child protection register.

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

At the transfer CPPM, the minimum requirement for participation will be the originating local authority's social worker and manager and the receiving local authority social worker and their manager, as well as representatives from appropriate services including health and education

Where the child or 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 CPPM to consider the need for on-going registration or, if appropriate, de-registration. In such circumstances it would be best practice for an appropriate member of staff from the receiving authority to attend the review.

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

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

At the transfer CPPM, the minimum requirement for participation will be the social worker and manager and the receiving local authority social worker and their manager, as well as representatives from appropriate services including health and education.

Section 11: The Role of the CPPM Chair

11.1 Responsibilities of the CPPM chair

Chairs will

- have significant experience in child protection practice
- have sufficient authority, skill and experience to carry out the functions of the chair
- be able to challenge all contributing services on progress
- be from social work services
- be able to access suitable training and peer support

Some areas provide a measure of independence within the chairing of CPPMs by ensuring that those acting in this role have no direct involvement in supervisory function in relation to any practitioner in the case. As far as possible, there should be consistency in chairing of CPPMs.

11.2 What is the Chair's role?

The chair's role includes:

- agreeing who to invite and ensuring that all persons invited to the CPPM understand its purpose, functions and the relevance of their particular contribution.
- meeting with parents/carers to explain the nature of the meeting, and possible outcomes
- ensuring that the parents/carers and child or young person's views are taken into account
- confirming the identity and role of the lead professional at the meeting
- facilitating information-sharing, analysis and consensus about the risks and protective factors
- facilitating decisions and determining the way forward as necessary
- ensuring consideration of referral to Principal Reporter
- where a child or young person's name is placed on the Register, outlining decisions that will help shape the initial Child Protection Plan (to be developed at the first Core group meeting), identifying the lead professional (if not already appointed), and advising parents/ carers about local dispute resolution processes
- facilitating the identification of a Core group of staff responsible for implementing and monitoring the Child Protection Plan
- agreeing review dates which keep to national timescales
- following up on actions and responsibilities when these have not been met
- ensuring that arrangements are made for any practitioner forming part of the Core group who was not present at the CPPM to be informed immediately about the outcome of the CPPM and the decisions made. A copy of the Child Protection Plan must be sent to them.

11.3 Quorate

There must be a sufficient number of multi-agency professionals contributing to the information sharing and analysis to enable safe decisions and effective planning.

Minimum participation would be expected from children's social work, police (as relevant), health, education and early learning and childcare, with prepared parental involvement. **It is the professional judgement of the Chair as to whether there is sufficient minimum participation.**

Where a CPPM is inquorate it should not ordinarily proceed, and in such circumstances the Chair must ensure that either:

- ♦ an existing interim safety plan is produced, or
- ♦ the existing plan is reviewed with the professionals and the family members that do attend, so as to safeguard the welfare of the child or children
- ♦ another early CPPM date must be set immediately to 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 or young person has not had relevant contact with all key agencies (e.g., pre-birth CPPM), or sufficient information is available, and a delay is likely to be harmful to the child or young person. Where an inquorate CPPM is held the child protection Chair must ensure that the reasons for proceeding with the CPPM, and any arrangements to safeguard the child or young person in the meantime, are noted in the CPPM record. An early review CPPM should be arranged immediately. Two consecutive inquorate CPPMs must not be held. **Inquorate CPPMs cannot remove a Child Protection Plan.**

11.4 Preparation of the Minute

If parents/carers and other support persons are not in attendance for part of the CPPM two minutes will be prepared. Everyone who attended the full meeting will receive a full minute which will include the restricted information discussed at the meeting.

For those individuals who were in attendance for only part of the meeting they will receive a minute which does not include the restricted access information.

11.5 Restricted Access Information

Restricted access information is information that cannot be shared freely with the child or parent/carer, or anyone supporting them. The information will be shared with the other participants at the CPPM, where it is proportionate to do so. Such information may not be shared with any other person without the explicit permission of the provider. If it is necessary to have a segment of the CPPM without parents present for this reason the Chair will prepare them for this and explain the reasons why this has to occur.

Restricted information includes sub judice information which could compromise legal 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; and 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.

Section 12: Participation in Child Protection Planning Meeting

The people involved in a CPPM should be limited to those with a need to know, or those who are essential to an effective plan. Participants attending are there to take active part, represent their agency, and share information to ensure that risks can be identified and addressed. They have a responsibility to share relevant information, if proportionate to do so.

The Chair, in conjunction with the lead professional, will decide who to invite. Consideration should be given to inviting the following:

- the child or young person
- parents, carers and family members, including all those with parental responsibility, and if required, a support person or advocate for the child/young person and/or family
- social worker and other social work practitioners essential to the formation of this plan
- the police – who should continue to be involved if there is continuing police involvement in the case
- (supported) foster carers
- early learning and childcare staff, or most appropriate education professional
- Midwife, Health Visitor, Family Nurse, School nurse and/or child and adolescent mental health services if appropriate
- adult mental health services/addiction services if appropriate
- Third Sector organisations supporting children and families
- housing/support workers
- representative of the Armed Forces, in cases where there is a service connection
- on occasion a Children's Reporter may be invited to attend, although their legal position means they can only act as an observer and cannot be involved in the decision-making

Consideration should be given to how to respond to a situation when a parent or carer refuses to allow a child or young person access to information and advocacy services in relation to child protection processes.

12.1 Child Participation at CPPM

Consideration should be given to inviting children and young people to CPPMs. They should be given the information they need in a way that helps them understand and take part. The emotional impact of attending a meeting must be considered.

CPPMs can be disturbing or confusing for children who attend, but the development of a child protection/child safety plan must take into account the child's perspective.

- ♦ a decision not to invite the child or young person should be verbally communicated to them, unless there are reasons not to do so.
- ♦ Children and young people attending should be prepared beforehand so that they can participate in a meaningful way, and thought should be given to making the meeting as child- and family-friendly as possible.

- ♦ even if a child or young person does not attend the meeting, their views are still necessary before and after the meeting, ensuring that for babies and infants their presentation and pattern of behaviours need to be considered.
- ♦ the child or young person's views are obtained, presented, considered, and recorded during the meeting, regardless of whether or not they are present. Consideration should be given to whether a child or young person should attend the Core group.
- ♦ reasons for agreeing that older children and young people should or should not attend a CPPM or Core group meeting should be noted, along with details of the factors that lead to the decision. This should be recorded in the meeting record.

12.2 Parents/ Carers Participating at CPPM

Parents, carers or others with parental rights and responsibilities should be invited to the CPPM. They need sufficient time and support before, during and after the meeting to understand shared information, including concerns and decisions.

In exceptional circumstances, the Chair may determine that a parent or carer should not be invited to, or should be excluded from attending, the CPPM (for example, where bail conditions preclude contact or there are concerns that they present a significant risk to others attending, including the child or young person). The reasons for such a decision need to be clearly documented. Their views should still be obtained and shared at the meeting and the Chair should identify who will notify them of the outcome and the timescale for carrying this out. This should be noted in the record of the meeting.

The Chair should encourage the parent or carer to express their views, while bearing in mind that they may have negative feelings regarding practitioners' intervention in their family. The Chair should make certain that parents/carers are informed in advance about how information and discussion will be presented and managed.

Parents/carers may need to bring someone to support them when they attend a CPPM. This may be a friend or another family member, at the discretion of the Chair, or an advocacy worker. This person is there solely to support the parent/carers and has no other role within the CPPM.

Information about CPPMs should be made available to children and parents/carers. This may be in the form of local leaflets or national public information.

12.3 Child Protection Assessments

Reports should be produced to ensure that relevant, accurate and sufficient information is effectively shared with CPPM participants, where it is proportionate to do so, in order to support good decision-making.

It is recommended that **from single-agency reports, an integrated report should be produced by the lead professional, in advance of CPPMs**. Sometimes this is not possible, for example due to last minute provision of single-agency information to the lead professional. The aim is always to achieve a shared understanding between

families and professionals about inter-agency reports for and plans arising from CPPMs. These arrangements should be covered by local protocols.

The report/s should include all relevant information and a chronology, to be completed by the lead professional. They should also include information pertaining to significant adults in the child's life, and provide a clear overview of the risks, vulnerabilities and protective factors, as well as the child's views. Other children in the household or extended family should also be considered

Invitees have a responsibility to share the content of the report(s) with the child and family in an accessible, comprehensible way. Prior to an initial CPPM, consideration needs to be given as to the most appropriate means of sharing reports with the child and family, and to when it should be done

It is recognised that a full comprehensive risk assessment may not be achievable within the timescales of the first CPPM, or the first Core group. Therefore, it should be recognised that the early Child Protection Plan may need to be provisional until a fuller assessment can be undertaken.

12.4 Record of the CPPM/ Minutes

The person taking responsibility for the record of the meeting must be sufficiently trained and should not be the meeting Chair. The aim of the record is to provide essential information from the meeting in a form that all involved in the Child Protection Plan can understand.

Essential information includes:

- those invited, attendees and absentees.
- reasons for child's/parents'/carers' non-attendance.
- reports received.
- a summary of the information shared.
- the risks and protective factors identified.
- the views of the child or young person and parents/carers.
- the decisions, reasons for the decisions and note of any dissent.
- the outline of the Child Protection Plan agreed at the meeting, detailing the required outcomes, timescales and contingency plans.
- the name of the lead professional, and membership of the Core group.

Participants, invitees who were unable to attend and Core group members should receive the record when approved by the Chair **within five working days of the CPPM.**

Section 13: Decision Making and Planning

Key information:

- **Risk indicators have been split into two categories: impact on/abuse of the child or young person and vulnerability factors.**
- **Changes in language; non-engaging family has been replaced by services finding it difficult to engage. This places emphasis on professionals to engage with families.**
- **Aspects of non-familial harm e.g., child sexual exploitation, child trafficking, online safety etc are now included.**
- **Referral to Children's Reporter must be considered, if not already done so, as part of CPPM.**

All participants at a CPPM with significant involvement with the child or young person and family have a responsibility to contribute to a view of the level of risk, the need for a Child Protection Plan and a view as to whether or not the child or young person's name should be placed on the child protection register.

13.1 What is the Child Protection Register?

The Local Authority is responsible for maintaining a central child protection register for all children who are the subject of an inter-agency child protection plan. This includes unborn babies. The register has no legal status. This is an administrative system for alerting practitioners that there is sufficient professional concern about a child or young person to warrant an inter-agency Child Protection Plan. The decision to place a child or young person's name on the register should be taken following multiagency assessment and a Child Protection Planning Meeting.

The register should be maintained by social work services. It is a distinct record and must have 24-hour access for the purposes of child protection. Out with core business hours, this can be accessed via AOOH Social Work.

13.1.2 Temporary Registration

When families move between local authority areas social work services will notify the receiving authority immediately. A written notification must follow. The receiving local authority should immediately place the child or young person's name on their local Child Protection Register. Where possible, social work services should advise how long the child or young person is expected to stay in the area. Social work services should immediately inform the receiving authority that the temporary registration is no longer required. Information pertinent to keeping a child or young person safe must be shared.

Arrangements must be agreed for the monitoring, supervision and implementation of the child protection plan. If agreement cannot be reached about arrangements, senior managers (each area to define) should be involved to negotiate a resolution that prioritises the child or young person's safety.

13.2 Risk Indicators

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

Impact on/ Abuse of the Child	Vulnerability Factor
Physical abuse	Services finding it hard to engage
Emotional abuse	Parent(s)/carer(s) with learning disability
Sexual abuse	Child affected by parent/carers mental ill-health
Criminal exploitation	Child experiencing mental health problems
Child trafficking	Domestic abuse
Neglect	Parental alcohol use
Female genital mutilation	Parental drug use
Honour-based abuse and/or Forced Marriage	Child displaying harmful sexual behaviour
Child sexual exploitation	Online safety
Internet-enabled sexual offending,	Other
Underage sex	
Other	

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](#).

13.3 Criteria for Placing a Child's Name on the Register

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

Where there is no consensus about whether a child's name will be placed on, taken off or retained the Child Protection Register, the Chair will use their professional judgement to make a decision, based on an analysis of the issues raised. Whilst the child and parent(s) views on registration do not count towards the decision, they are asked for their views, and this should be taken into consideration by professionals.

A child or young person may be placed on the register if there are reasonable grounds to believe or suspect that a child or young person has suffered or will suffer significant harm from abuse or neglect, and that a Child Protection Plan is needed to protect and support the child or young person.

Social work services should ensure the child or young person's name and details are entered on the register, as well as record the areas of concern identified by the CPPM. Social work services should inform the child or young person's parents or carers verbally and in writing about the information held on the register and who has access to it.

Police Scotland Vulnerable Persons Database (iVPD) includes a child protection flag for its interim Vulnerable Persons Database (iVPD). This alerts police call-handling staff and police officers attending incidents (whether physical or not) that there has been sufficient previous professional concern about a child to warrant placing them on the child protection register. It also provides contact details for social work services.

A summary of key decisions and agreed tasks, as approved by the Chair, should be **circulated within one working day of the CPPM**. Participants should receive a copy of the agreed decisions of the Child Protection Planning Meeting within 1 working day, and record of the meeting within five working days of the CPPM.

13.4 Child Protection Plan

The lead professional will be responsible for ensuring the production and review of an agreed multi-agency child's plan as detailed previously. This should integrate information from previous plans by individual agencies as appropriate.

Reports for a CPPM should be circulated to everyone involved, especially the child/young person and family. Reports should be available and presented so that they are accessible to all. This includes, for example, children or parents or carers with learning disabilities. It is good practice for practitioners to share the reports with the family prior any meeting.

Prior to the CPPM, agencies will have been working to an **Interim Safety Plan** since the point of IRD. The CPPM should review this plan and develop a Child Protection Plan. The Child Protection Plan **must**:

- be developed in collaboration and consultation with the child and their family.
- link actions to intended reduction or elimination of risk.
- be current and consider the child 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 contingencies.
- consider the sensitive direct involvement of children and/or their views.

Consideration should be given to immediate and short-term risks as well as longer term risks to the child or young person.

For the avoidance of drift and uncertainty of purpose, it is recommended that the Plan's objectives be Specific, Measurable, Attainable, Relevant, Time bound, Evaluated and Re-evaluated ('SMARTER'). Interventions should be proportionate and linked to intended outcomes in ways understood by all involved, especially children and parents.

If there is already a multi-agency child's plan in place this will need to be considered in light of the concerns about the child or young person. There will be a multi-agency child's plan when co-ordinated actions between services are required to meet the child or young person's wellbeing needs.

There should be a single plan of action, managed and reviewed through a single meeting structure even if the child is involved in several processes. The child's plan will incorporate and prioritise the Child Protection Plan.

It is acknowledged that there are some practice variations across Ayrshire with North and South Ayrshire having adopted the Signs of Safety model. For workers practicing within the above areas, there will be one singular plan referred to by the child's name e.g., A's Plan. This is irrespective of whether there is child protection involvement.

13.5 Referral to the Children's Reporter

It is important to note that a referral to the Children's Reporter can be done at any time it is likely that the child is in need of protection, guidance, treatment or control, and that a Compulsory Supervision Order might be necessary.

The grounds for a hearing are that the Principal Reporter, following child protection assessment, is satisfied that one of the conditions in s67(2) of the [Children's Hearing Scotland Act 2011](#) exists and that it is necessary for a Compulsory Supervision Order be made for the child (or an existing order be reviewed) ([Guidance on referral to Reporter](#)).

CPPMs must consider whether a referral to the Children's Reporter is or is not required if this has not already been done.

Where the CPPM has identified immediate risk of significant harm to the child, action should be taken without delay, using emergency measures.

Any decision to refer to the Children's Reporter should be actioned straight away. A referral to the Principal Reporter should:

- 1) clearly state that the intention is to make a referral and
- 2) include relevant and proportionate information which outlines the reasons for the referral, and the child's plan and a full assessment of risk and need.

Section 14: Core group

Key Information:

- The core group must meet within 15 working days of a CPPM.
- Core group Meetings should subsequently be held every 4 weeks.
- Where circumstances prevent a 4-week Core group Meeting being from being held, the time between meetings should never exceed 6 weeks.
- The core group will activate contingency plans promptly when progress is not made, or circumstances deteriorate.
- 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.

14.1 What is the Purpose of the Core group?

The Core group are those who have direct and on-going involvement with the child or young person and/or family. They are responsible for implementing, monitoring and reviewing the Child Protection Plan, in partnership with children and parents.

14.2 Who is responsible for convening and chairing the Core group?

Social work services are responsibility for convening and chairing the meeting. The Lead Professional will coordinate the Core group and the meeting will be chaired by the Social Work Team Manager.

14.3 Timescales

The first core group will be arranged at the end of the CPPM and held within 15 working days of the CPPM. Thereafter Core groups should be held on a 4-weekly basis.

14.4 Who should attend the core group?

The CPPM will determine the membership of the core group and should include only those professionals who will be working directly with the child or young person and their parents/carers.

Consideration should be given to inviting the following:

- The child or young person
- Parents, carers and family members including all those with parental responsibility.
- Support person or advocate for the child or young person and/or family

- Social worker and other social work practitioners essential to the formation of the plan
- Police should continue to be involved if there is continuing police involvement in the case.
- Foster Carers – carers may require to be supported to attend.
- Education, Early learning and/or childcare staff or most appropriate education professional
- Midwife, Health Visitor, School Nurse, Family Nurse
- Child and Adolescent Mental Health Services (CAMHS) if involved.
- Adult mental health services/addiction services where appropriate
- Third sector organisations supporting children and families.
- Housing/support workers
- Representative of the Armed Forces, in cases where there is a service connection.

14.5 Responsibilities of the Core Group

Members of the core group have joint responsibility for:

- collecting, analysing information to inform the assessment of need and risk
- reviewing and maintaining the multi-agency integrated chronology
- the formulation and implementation of the detailed child protection plan, specifying who should do what, by when.
- implementing the child protection plan and agreeing what resources will be required to ensure the effectiveness of the plan.
- ensuring progress against specified outcomes for the child or young person as identified in the child protection plan.
- making recommendations to subsequent CPPM's about future protection plans in line with the child or young person 's needs.
- attending core group meetings and reviewing progress to ensure that there is no drift in achieving the aims of the Child Protection Plan
- coordinating the contacts and the frequency of visits specified in the child protection plan.
- ongoing analysis of the risk of harm to the child and information shared with all core group members.
- core group members are responsible for keeping a record of the outcome of the meeting within their own agency recording systems.
- core group members have responsibility individually and collectively to identify any escalating concerns and put in place contingency plans when required core group Chair must convey any significant changes to the CPPM Chair immediately or at the latest within 3 calendar days.

14.6 Reaching Decisions in the Core Group

Core group members are responsible for reviewing the progress of the outcomes set out in the child protection plan and consider whether any changes need to be made to the plan. Members need to ensure that contingency plans are in place should there be concern about the child or young person's safety or wellbeing.

Participants of the core group need to contribute to the assessment and analysis of risk and make a recommendation to the review CPPM on the need for the Child's name to remain or be removed from the Child Protection register.

If the core group assess that the risk of significant harm to the child or young person has been sufficiently reduced and the child or young person is no longer in need of a Child Protection Plan, they can recommend to the review CPPM that the child or young person's name should be removed from the child protection register.

Where there is no consensus the core group chair will bring this to the attention of the chair of the CPPM.

14.7 Child Protection Plan

The child protection plan should be updated after each core group to reflect changes in the child's circumstances.

Section 15: Review Child Protection Planning Meetings

Key Information:

- **Review CPPMs should be held within six months of the CPPM.**
- **Pre-birth review CPPM will be held within 3 months and thereafter 6 monthly.**
- **Thereafter, reviews should take place six-monthly, or earlier if circumstances change**
- **A core group can also trigger the request for a review.**

15.1 Removing a child's name from the register.

The decision to remove a child's name will be made at a review CPPM at which all the relevant agencies are represented, as well as the child or young person and their family.

When a child's name is removed from the register, the child or young person and their family must be informed.

Where a child or young person is no longer considered to be at risk of significant harm and the Child Protection Plan no longer forms part of a child's plan, their name should be removed from the child protection register by the review CPPM (referred to as de-registration). The child or young person and their family/carers may still require ongoing support, and this should be managed through the child's plan.

15.2 Review of pre-birth CPPMs

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

Where a Child Protection Plan is in place prior to a child's birth, the child must not be discharged from hospital following birth until a core group/ pre-discharge meeting has been held.

This meeting should include the Core group members and the child's relevant family members, as well as hospital-based maternity ward staff.

The purpose of this meeting is to agree arrangements for the care of the child following discharge from hospital. This should include consideration of the role and level of involvement of community-based supports. Where the decision of this meeting is that

the child would be at risk of significant harm by being discharged to the care of their parent/s, the Child Protection Plan should be amended to reflect this, and proportionate action should be taken to keep the child safe.

Further consideration of pre-birth support and safety planning can be found in **Part 4** of the [National Guidance for Child Protection in Scotland 2021, updated 2023](#).

Section 16: Dissent, Dispute and Complaints

This could include challenges about the inter-agency process, decision making and outcomes, challenges by children/young people or their parents/carers about the CPPM decisions or complaints about practitioner behaviour.

Local guidelines set out how dissent, and dispute or complaints will be resolved, and decisions approved.

16.1 Pending dispute resolution

If actions are required to ensure the child's immediate safety, they should be prioritised and progressed without delay.

- The child or young person's name should be added to the Child Protection Register
- The Child Protection Plan should be developed
- The agencies and services involved in child protection work have complaints procedures, which should be followed where there is a complaint about an individual practitioner

16.2 Practitioner issues

When a practitioner wishes to raise an issue about the process, or disagree (dissent) with the CPPM decisions, communication and concerns should be channelled through their agency line management. All participants should express a view whether they agree or not with the CPPM decision whether they agree or not. There should be clearly defined local arrangements for challenging inter-agency CPPM dissent.

16.3 Parent/carer

If a parent/carer wishes to challenge the decisions of the CPPM, they should follow processes defined in local procedures.

If the complaint is about a specific practitioner, they should follow the relevant agency's complaints procedures.

16.4 Children & Young People

Children and young people should have access to guidance that they can understand about how to challenge a decision or make a complaint from any of the practitioners with whom they have contact. Advocacy support may assist children with this. Where Advocacy is not in place consideration should be given to a referral being made.

Section 17: Criminal Injuries Compensation

When working with children who have experienced trauma and abuse consideration should be given to whether the child or young person meets the criteria for Criminal Injuries Compensation.

Children who have suffered harm either within or out with the family as a result of abuse may be eligible for criminal injuries compensation. [Criminal Injuries Compensation Scheme 2012](#). Other children or non-abusing adults who have a loving relationship with the abused child or young person may also be eligible for compensation if they suffer a mental injury as a result of witnessing the abuse or its immediate aftermath.

Professionals should be aware of the scheme and should consider whether any child or young person for whom they are responsible is eligible to apply. They should also ensure that applications are progressed timeously.

17.1 Who is eligible?

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.

These time limits can only be extended in exceptional circumstances. The [Criminal Injuries Compensation Authority](#) (CICA) does not need to wait for the outcome of a criminal trial if there is already enough information to make a decision on a case, so application can be made without delay for this reason. Decisions are made on 'balance of probabilities.' ([Criminal Injuries Compensation Act 1995](#)).

17.2 Consideration of Criminal Injuries Compensation at CPPMs

Consideration as to whether or not the Criminal Injuries Compensation Scheme may apply should be a standing item at all initial and review CPPMs (or 'Looked After' Reviews if appropriate). It is the responsibility of the Chair of the review to ensure that reasons are recorded within the record of the meeting as to why the decision was reached whether to proceed or not to proceed with an application. It is acknowledged that there is practice differences across Ayrshire as to whether this is considered and discussed during a CPPM or separately by the Chair and lead professional.

It is crucial that scrutiny is given to the above as the local authority can be held liable if it fails to make a claim. Action may also be taken against the local authority if it accepts an inadequate offer of compensation on behalf of a child or young person. Children and young people who have been abused in residential care are also entitled to claim compensation.

Appendix A: Definitions of Harm

Physical abuse is the causing of physical harm to a child or young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after.

There may be some variation in family, community or cultural attitudes to parenting, for example, in relation to reasonable discipline. Cultural sensitivity must not deflect practitioners from a focus on a child's essential needs for care and protection from harm, or a focus on the need of a family for support to reduce stress and associated risk.

Emotional abuse is persistent emotional ill treatment that has severe and persistent adverse effects on a child's emotional development. 'Persistent' means there is a continuous or intermittent pattern which has caused, or is likely to cause, significant harm. Emotional abuse is present to some extent in all types of ill treatment of a child, but it can also occur independently of other forms of abuse. It may involve:

- This can occur online,
- conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person,
- exploitation or corruption of a child, imposition of demands inappropriate for their age or stage of development,
- repeated silencing, ridiculing or intimidation,
- demands that so exceed a child's capability that they may be harmful,
- extreme overprotection, such that a child is harmed by prevention of learning, exploration and social development,
- seeing or hearing the abuse of another (in accordance with the [Domestic Abuse \(Scotland\) Act 2018](#))

Child sexual abuse (CSA) is an act that involves a child under 16 years of age in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening this can happen online. For those who may be victims of sexual offences aged 16-17, child protection procedures should be considered. These procedures must be applied when there is concern about the sexual exploitation or trafficking of a child. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at or in the production of indecent images, in watching sexual activities, using sexual language towards a child, or encouraging children to behave in sexually inappropriate ways.

Child sexual exploitation (CSE) is a form of child sexual abuse this can also happen online. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a person under 18 into sexual activity in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation

does not always involve physical contact. It can also occur through the use of technology. Children and young people can be at risk of financial extortion through being persuaded to send images of themselves through the internet. Children who are trafficked across borders or within the UK may be at particular risk of sexual abuse.

Criminal exploitation refers to the action of an individual or group using an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity in exchange for something the victim needs or wants, or for the financial or other advantage of the perpetrator or facilitator. Violence or the threat of violence may feature. The victim may have been criminally exploited, even if the activity appears consensual. Child criminal exploitation may involve physical contact and may also occur through the use of technology. It may involve gangs and organised criminal networks. Sale of illegal drugs may be a feature. Children and vulnerable adults may be exploited to move and store drugs and money. Coercion, intimidation, violence (including sexual violence) and weapons may be involved. Online harm should also be considered.

Child trafficking involves the recruitment, transportation, transfer, harbouring or receipt, exchange or transfer of control of a child under the age of 18 years for the purposes of exploitation. Transfer or movement can be within an area and does not have to be across borders. Examples of and reasons for trafficking can include sexual, criminal and financial exploitation, forced labour, removal of organs, illegal adoption, and forced or illegal marriage.

Neglect consists of the persistent failure to meet a child's basic physical and/or psychological needs, which is likely to result in the serious impairment of the child's health or development. There can also be single instances of neglectful behaviour that cause significant harm. Neglect can arise in the context of systemic stresses such as poverty and is an indicator of both support and protection needs. Workers should consider the impact poverty may have when assessing neglect.

Female genital mutilation (FGM) is an extreme form of physical, sexual and emotional assault upon girls and women which involves partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. Such procedures are usually conducted on children and are a criminal offence in Scotland. FGM can be fatal and is associated with long-term physical and emotional harm.

Forced marriage is a marriage conducted without the full and free consent of both parties and where duress is a factor. Duress can include physical, psychological, financial, sexual, and emotional abuse. Forced marriage is both a child protection and adult protection matter. Child protection processes will be considered up to the age of 18 years. 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'.

Appendix B: Summary of lawful basis for sharing personal information

Public interest or public task	Necessary for performance of a task carried out in the public interest, which is laid down by law, or in the exercise of an official authority, for example a public body's tasks, functions, duties or powers.
Vital interests	Necessary to protect someone's life or, for example, if a child is deemed to be at risk of significant harm.
Legal obligation	Necessary to comply with a common law or statutory obligation.
Consent	Unlikely to be an appropriate basis for sharing information about a child protection concern, as outlined above in this section.
Legitimate interests	Only if public authorities are processing data outside the scope of their tasks as a public authority; and therefore, unlikely to be an appropriate basis.
Contract	When necessary, in performance of a contract entered in to by an Individual and therefore unlikely to be relevant in this context.

Appendix C: Information to consider when making a referral

Name role/contact details of person reporting concern
Key contacts
Name of the child or young person, age, date of birth and home address if possible
Name/address/phone of parents/carers or guardians
Culture/language/understanding: any considerations in communication?
Name of child or young person's school, nursery/ early learning centre or childcare
Is it known if the child or young person is on the Child Protection register?
Immediate needs and concerns
What is the nature of the child protection concern?
Where is the child or young person now?
How is he/she/they now?
Physically: does he/she/they have any known injuries or immediate health needs, and do they require medical treatment?
Emotionally: how is he/she/they right now and what does he/she/they need immediately for their reassurance/understanding?
Communication and understanding; is he/she/they able to communicate without interpreting/without additional support for communication?
Is the child or young person safe now?
If not, in your view, is there action that might be taken to make them safe?
Record of concerns: When did these concerns first come to light? What happened? (For example, because of an injury? through what this or another child or young person has said? because of how a child or young person appears? or due to e.g., parental behaviour?)
Is a person (s) believed to be responsible for harm to a child or young person?
If so, what is/are their name/address/occupation/relationship to the child or young person known?
Are you aware if this person has/these persons have access to other children? (Name, age and address details of such children if available?)
If the concern was raised by this child or young person, then who has spoken to him/her?
Is the person who has spoken to the child or young person available to be spoken with?
What has the child or young person said to this point? (Please note and share)
What he/she/they has been asked, when and by whom? (Please note and share)
If concerns were not reported when they first arose, was there a reason for this

Appendix D: Reporting a child concern to Children and Families Social Work

Concerns about harm to a child from abuse, neglect, exploitation or violence should be reported without delay to social work or in situations where risk is immediate, to Police Scotland. Prompts below are not an assessment. They may support accuracy in an initial outline of concerns, assisting prompt, efficient response. Local reporting protocols apply.

Name role/contact details of person reporting concern.

Key contacts

- Name of the child, age, date of birth and home address if possible
- Name/address/phone of parents/carers or guardians
- Culture/language/understanding: any considerations in communication?
- Name of child's school, nursery/ early learning centre or childcare
- Is it known if the child is on the Child Protection register?

Immediate needs and concerns

- What is the nature of the child protection concern?
- Where is the child now?
- How is he/she /they now?
- Physically: does he/she/they have any known injuries or immediate health needs, and do they require medical treatment?
- Emotionally: how is he/she/they right now and what does he/she/they need immediately for their reassurance/understanding?
- Communication and understanding; is he/she/they able to communicate without interpreting/without additional support for communication?
- Is the child safe now?
- If not, in your view, is there action that might be taken to make them safe?

Record of concerns

- When did these concerns first come to light? What happened? (For example, because of an injury? through what this or another child has said? because of how a child appears? or due to e.g., parental behaviour?)
- Is a person being persons are believed to be responsible for harm to a child?
- If so, is/are their name/address/occupation/relationship to the child known?
- Are you aware if this person has/these persons have access to other children? (Name, age and address details of such children if available?)

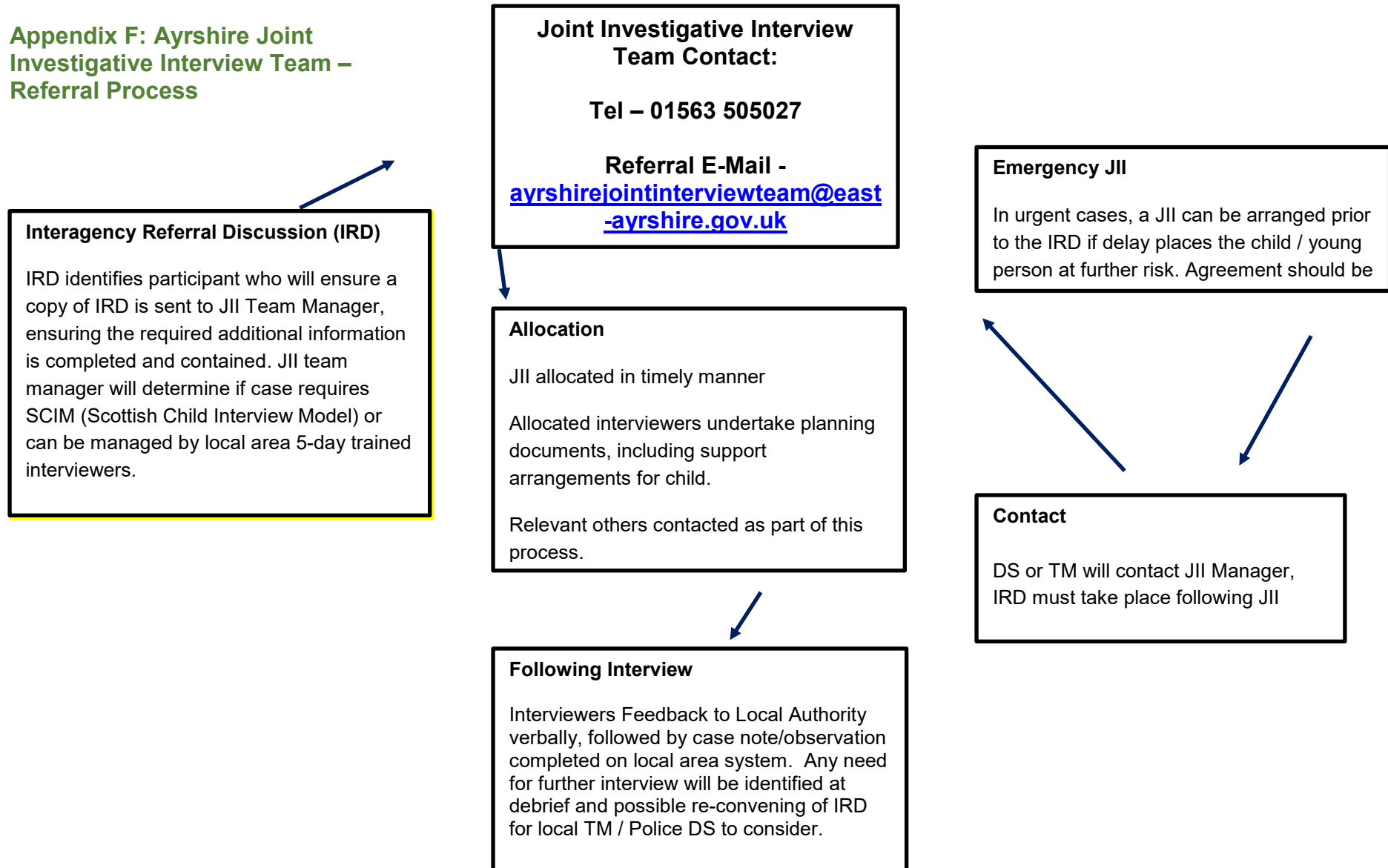
- If the concern was raised by this child, then who has spoken to him/her?
- Is the person who has spoken to the child available to be spoken with?
- What has the child said to this point? (Please note and share)
- What he/she/they has been asked, when and by whom? (Please note and share)
- If concerns were not reported when they first arose, was there a reason for this and what has prompted reporting now?

Appendix E: Child Protection Timescales

Stage	Activity	Timeframe
Identifying concern	Reporting concerns to Social Work or Police	Immediately
IRD	Inter-agency referral discussion (IRD) when a child protection concern exists, and the risk of harm is immediate	As soon as practicable ; usually with 24 hours of the initial concern.
	IRD when a child protection concern exists but the risk of harm is not immediate	As soon as practicable after the concern being raised.
	Pre-birth IRD	Subject to the urgency within the situation and estimated due date.
	Joint Investigative Interview	As soon as practicable
	Medical Examinations	Within 24 hours
	IRD record agreed and filed for each agency	Within 5 days of the IRD
CPPM	Child Protection Assessment	Within 21 days of the IRD
	Invitations to the CPPM	Participants should be given a minimum of 5 days' notice of the decision to convene a CPPM
	Convening a CPPM (including initial CPPM)	Within 28 calendar days of the of the IRD following concern being raised.
	Pre-birth CPPM	Should take place no later than 28 weeks pregnancy , or in cases of late notification as soon as possible and within 28 days .
	Transfer CPPM	Within 21 working days of the transfer's receipt
	Review CPPM	Within 6 months of the initial CPPM and thereafter 6 monthly or earlier if circumstances change significantly.
	Review Pre-birth CPPM	Within 3 months of the previous CPPM
	Early review CPPM following inquirate CPPM	Must be reconvened within 10 working days
	Decision Letter circulated	Within 1 working day
	Record of CPPM distributed	Within 5 working days
Core group	Initial Core group Meeting	Within 15 working days of the CPPM
	Core group meetings held thereafter	Every 4 weeks , never exceeding 6 weeks between Core groups
	Referring to the Review Team of any significant changes to the child protection plan	Within 3 calendar days

Stage	Activity	Timeframe
	Core group meetings held following de-registration	Minimum of 2 Core group meetings to be held following de-registration

Appendix F: Ayrshire Joint Investigative Interview Team – Referral Process

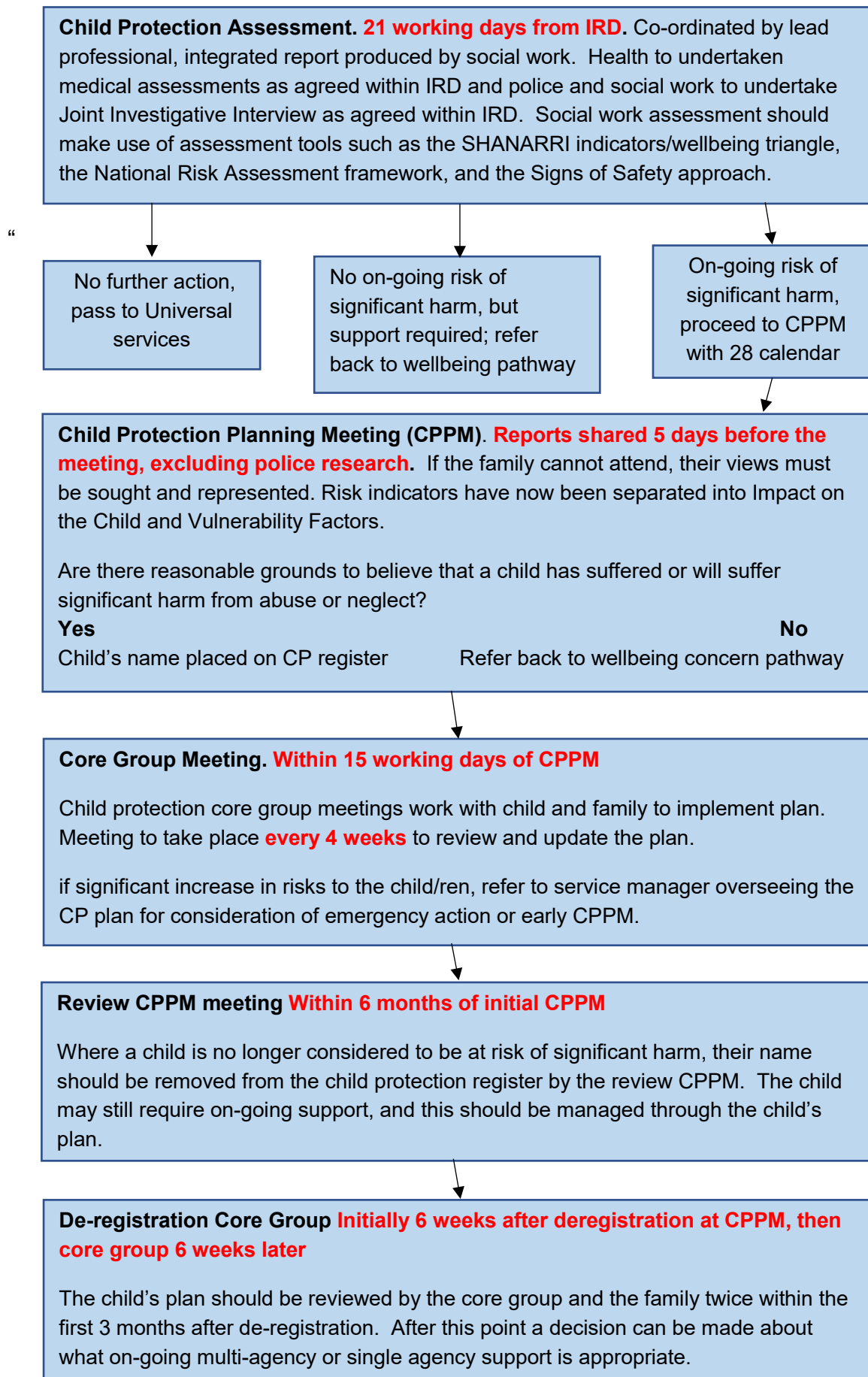


Appendix G: Ayrshire Joint Investigative Interview Team

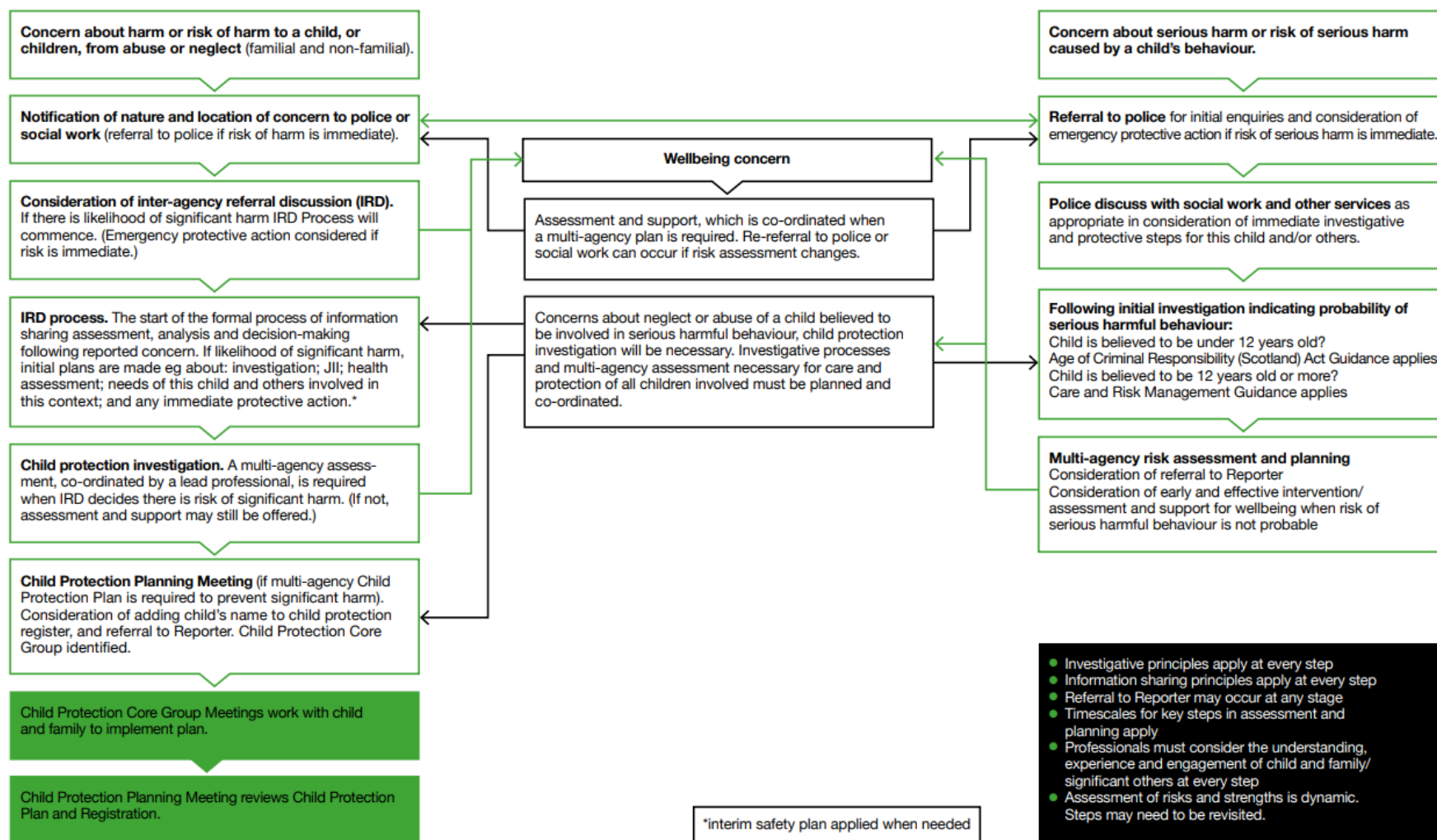
Referral Form

Referrer:	
Local Authority/Police Division:	
IRD Date:	
Name of Child/YP & DOB:	
Address:	
Allegation/Concern:	
Additional Info: (additional needs, key considerations)	
Parent/Carer Name:	
Parent/carer Telephone Number:	
Siblings to be interviewed:	
Allocated Social Worker / Enquiry Officer:	
Contact Number:	
JII Team Manager	(Completed by Joint Investigative Interview Team Manager)
Allocated to:	(Completed by Joint Investigative Interview Team Manager)
Provisional JII Date:	(Completed by Joint Investigative Interview Team Manager)
Venue Proposed:	(Completed by Joint Investigative Interview Team Manager)
Notes: (Enquiry Officer details. TM details where Police have referred, consent & gender preference)	

Appendix H: Child Protection Assessment and Planning Flowchart



Appendix I: National Guidance 2021 (2023) Child Protection Process Flow Chart



([Alternative long description]);

Harm or risk of harm to a child, from abuse or neglect;

- notification of the nature and location of concern to police or social work
- Consideration of inter-agency referral discussion (IRD),
- IRD process
- Child protection planning assessment.
- Child protection planning meeting.
- Child protection core group meetings (to implement plan followed by reviews of the Child Protection Plan and Registration)

Wellbeing concern

- Assessment and support
- Concerns about neglect or abuse of a child believed to be involved in serious harmful behaviour, child protection assessment will be necessary.

Risk of harm to a child, from abuse or neglect, wellbeing concern and concern about serious harm or risk of serious harm caused by a child's behaviour.

- Referral to police
- Police discuss with social work and other services.
- Following initial child protection assessment indication probability of serious harmful behaviour
- Multi-agency risk assessment and planning