Argyll and Bute Child Protection Committee

Inter-Agency Referral Discussions

Practitioner Guidance

V1

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Contents Page Number

Appendices

Child Protection and Inter-Agency Referral Discussions

1. Definition of a child

The National Guidance for Child Protection in Scotland (2021) states that child protection procedures may be considered for a person up to the age of 18, however does acknowledge the legal boundaries of childhood and adulthood are variously defined and the overlaps in these.

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 persons' needs and circumstances.

Full consideration should be given to whether Child Protection or Young Person's Support and Protection Procedures (YPSP) for young people who are at risk of harm in their community, whether this risk is a consequence of their actions or the behaviour of others. (*At the time of writing, the YPSP protocol is being reviewed, appendix will be added to this guidance at a later date*)

Universal services should also seek to identify pregnant women who will require additional support. There must be local assessment and support processes for high-risk pregnancies. (Please refer to Argyll & Bute Pre Birth Guidance for more information)

IRDs should be considered for children pre-birth and for young people until the point of their 18th birthday, while also considering the overlaps detailed above.

Full information in relation to the overlaps in Guidance and Legislation can be found below –

https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021/pages/3/

2. Inter-Agency Referral Discussions (IRD) – Definition and Purpose

The National Guidance for Child Protection in Scotland (2021) defines an IRD as -

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

IRDs are required to ensure 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.

3. Young Person Support and Protection (YPSP)

IRD's should also be considered and convened when there are concerns about young people up to the age of 18 who may be at risk of harm whether that be from their own behaviours or actions, or from any other source in the community. YPSP procedures should be considered when co-ordinated assessment and planning is required to ensure the safety of a young person. YPSP procedures mirror those in Child Protection in relation to importance, timescales, sharing of information, and a co-ordinated response to reduce and mitigate risk.

4. The Initiation of an IRD (including consideration of Equal Protection)

An IRD is a critical phase in risk assessment and follows the notification of a child protection concern. Where information is received by Police, Health or Social Work that a child may have been abused or neglected and/or is suffering or is likely to suffer significant harm, an IRD **must** be convened as soon as reasonably practicable.

Any report of an assault on a child should be considered for IRD, this forum will decide whether Child Protection or Equal Protection procedures should be followed. This guidance replaces previous guidance on Equal Protection (See Appendix 11) The need (or not) for IRD in Equal Protection should be discussed as part of the morning triage meetings.

An IRD will co-ordinate decision-making about any investigation and action that may be required to ensure the safety of children.

Any agency can request that an IRD takes place, and the decision for an IRD to take place should be agreed by Social Work, Police and Health.

If the decision is not to conduct an IRD e.g. because the threshold for significant harm has not been met, this decision must be recorded in writing with justification and a note of which services were involved in making that decision.

5. Who is involved in an IRD

Representatives from Police, Social Work, Health and Education/Early Learning and Childcare will be involved in the IRD.

Information gathering should also involve any other Services working together to ensure child safety, as appropriate. This may include Third Sector services.

IRD participants **must** be sufficiently senior to assess and discuss available information and make decisions on behalf of their agencies.

- **Within Social Work Services, this will be Team Managers**
- **Within Police, this will be Police Sergeants or Officer suitably trained**
- **Within Health, this will be a relevant health professional**
- **Education, this will be the Child Protection Co-ordinators / Named Person/Member of Education Central Team (out with term time)**

Participants **must** have access to agency guidance and support, in relation to this role.

Core agencies must plan together to ensure co-ordinated action

Social Work – Lead responsibility for enquiries relating to children who are experiencing/are likely to experience significant harm, shared responsibilities to keep the child safe

Police – Lead responsibility for criminal investigations relating to child abuse and neglect, and share responsibilities to keep the child safe.

Health – Lead responsibility for the need and nature of recommended health assessments as part of the child protection process.

Education – Provide key information relating to child and their family.

These are separate but interconnected processes which require joint information gathering, information sharing, assessment and decision-making.

Core agencies and relevant services consulted at the IRD stage must research the information systems available to them in order to share **necessary**, **proportionate** and **relevant** information for the purpose of **effective decision-making**. This should be an analysed account rather than a description of agency involvement.

6. Timing of an IRD (Including when Out of Hours)

The IRD must be convened as soon as reasonably practical, and should take place **no later than two working days of the notification being received**.

Where there is a risk to the life of a child or the likelihood of immediate risk or significant harm, intervention to protect should be immediate, with the IRD meeting being convened when practical.

The Child Protection process may have to begin out-with core hours, with a focus on immediate protective actions and interim safety planning. A comprehensive IRD must be completed as soon as practical. This should normally be on the next working day.

7. Comprehensive IRD

An IRD must be co-ordinated and may be a process rather than a single event.

Information must be gathered, shared and recorded at each meeting, in order to support co-ordinated decision-making and response. This discussion may take place in person or by telephone conference or video conference.

All core agencies must participate. Professionals attending IRD should provide a written report with their agency information relevant to the concerns being raised. **This report should be sent to the chair or designated admin support in advance of the IRD meeting, or if this is not possible, then within 24 hours of IRD taking place.** If the report is sent following the IRD then it should not contain any information not shared at the meeting (see appendix 4 for report template)

The IRD provides a strategic basis for authorisation for the next stage in joint or single-agency assessment.

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
- Decisions and planning

Participants must consider how the priority considerations above will lead to decisions about:

- What decisions must be taken about the immediate safety and wellbeing of this child and/or other children involved?
- Is an inter-agency child protection investigation required?
- Is a single-agency investigation and follow-up preferred and why?
- If no further investigation is required, what are the reasons for this?
- Is a joint investigative interview (JII) required and, if so, what are the arrangements for this? (Including any consideration of barriers to communication or any other needs pertinent to the child or young person) . There may be exceptions whereby the JII/SCIM interview has been agreed prior to the formal IRD meeting taking place.
- Is a medical examination required? If so, should this be a comprehensive medical examination, a specialist paediatric forensic examination or Joint Paediatric Forensic Examination for cases of potential non-accidental injury or suspected sexual abuse?
- Is early referral to the Principal Reporter needed for consideration of grounds for compulsory measures?

If a child protection investigation occurs, a CPPM will follow within **28 calendar days** of the concern being raised unless there is an IRD decision that this is not required. A senior manager within the statutory social work service may insist, on review of available information, that a CPPM is held.

Exceptions to the 28-calendar day timescale must be agreed by the accountable Senior manager within the statutory Social Work Service. He or she must be satisfied that an interim safety plan is in place, has been shared with those who are key to the plan and is effective up to the date of CPPM. Reasons for extension must be recorded and agreed by the relevant senior manager.

If a CPPM is not necessary, proportionate, co-ordinated support may still be required.

An IRD process is closed when a reasoned and evidenced inter-agency decision has been made and recorded about joint or single-agency assessment and action up until the point of either:

- Child Protection Planning Meetings (CPPM)
- Decision made that a CPPM is not required

Closure may also follow a reasoned interagency decision to take no further immediate action.

8. IRD Record (see appendix 2)

All aspects of the IRD must be recorded, including:

- Incident and IRD Details
- IRD Participants
- Full details of children and adults involved
- Summary of concerns raised
- Details of agency information shared
- Summary of discussion points
  CP Threshold/Risk of Significant harm
  JII required (including details of any communication barrier for child, potential for transcript being essential for SCRA/Criminal Proceedings)
  Views of the Child
  Need for Medical examination
  Consideration of any other children potentially at risk
  Consideration of referral to SCRA
  Safe Care considerations and details of any safe care plan
  Any other considerations
- Decisions and Summary of Actions to be completed
- Details of any dissent or disagreement

Once completed, the IRD record should be shared with IRD participants as soon as possible, preferably within 48 hours ** **NB where there is dissent, IRD record will remain open until resolution. ****

9. Lack of Consensus

If any agency involved in the IRD disagrees with the decisions being made and consensus cannot be reached, then this should be escalated to senior managers within core services:

- Social Work – Service Manager
- Police Detective Inspector
- Health – Child Health Manager
- Education - Inclusion Manager or Equivalent

The managers from each of the services should meet as soon as is practical in order to reach a decision, either to uphold the decisions made, or to reconvene the IRD.

The points of disagreement and resolution from the dissent meeting must be documented on the original IRD record.

There should be no delays in protective action as a result of the disagreement and majority decision will apply to avoid any delay.

Feedback on the outcome should be provided to IRD participants

10.When more than one child is involved

Concerns that relate to multiple families or a group of children may necessitate a level of 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.

An individual IRD meeting/record should be convened for individual children who aren't siblings/members of the same household.

11.Child Protection Investigation following IRD (See Appendices 2&3)

When the IRD agrees that a child protection threshold has been met and further assessment is required then a Lead Professional should be identified. The Social Work Team manager should alert the Care Assessment and Reviewing Officer (CARO) that a CPPM will be required within 28 days.

A lead professional who will be a qualified social worker is required within a child protection investigation, to ensure co-ordination of assessment and next steps within a developing but coherent single plan. They provide a point of contact for family/ carers/advocates/guardians and professionals who need sufficient understanding of what is happening stage by stage. They may provide a signpost for additional advice and support.

In concluding the investigation and assessment, the social worker will produce a report (Child Protection Investigation report) which should be presented to the CPPM. **CPPM should take place with 28 days of concerns being raised.**

Investigation concludes that CPPM is not required

If, on completion of the investigation and assessment, it is felt that CPPM is **not** required, then social work will complete IRD Appendix 1 form, detailing the outcome of the assessment and provide rationale as to why CPPM is not required. This will then be shared with IRD participants and consensus sought on the recommendation that no CPPM is required, if any agency disagrees then IRD should be re-convened to discuss this.

12.Reconvening the IRD Meeting

An IRD meeting can be reconvened if new information arises which could lead to a reconsideration of the required inter-agency response. An IRD will be reconvened in line with the child protection investigations timescales in place.

The National Guidance for Child Protection in Scotland (2021) investigation timescales is 28 calendar days, therefore should any information out with this timescale be highlighted this will be treated as a new IRD.

Appendix 1: Notification of CP Assessment Outcome

IRD Details	
IRD Ref No:	
IRD Date:	
IRD Chair:	

Client Details:	
Child Name:	
Child DOB:	
Child Eclipse No:	
Child Name:	
Child DOB:	
Child Eclipse No:	
Child Name:	
Child DOB:	
Child Eclipse No:	
Child Name:	
Child DOB:	
Child Eclipse No:	

Outcome of CP Assessment

CP Assessment completed by:	
C&F Worker:	
SW Team Leader:	

DISSENT
(**NB**: If you do **NOT** agree with outcome of CP Assessment, please contact Social Work Team Manager **within 2 working days** in order that a further IRD can be convened) If you do **NOT** agree with the outcome of the CP Assessment, please state reason, (along with name, agency & contact details):

Appendix 2: A&B IRD Record

IRD - Template (ABC) - FINAL (4).docx

Appendix 3: IRD Social Work Admin Support Process

Step	Notification / Action	Responsible
1	Referral received & decision taken to hold IRD	Social Work Team Manager (& partner agencies)
2	Organise date/time and send out calendar invite **NB:** Please remember to include Admin in discussions around date/time of meeting in order to ensure minute taker availability	Social Work Team Manager
3	Details of referral & IRD to be sent to Area C&F Admin generic mailbox	Social Work Team Manager
4	Create IRD form & save as 'draft' in Child Protection section of client's electronic drive file Details to be added to Area IRD Log **NB:** Each Area IRD log will generate an 'IRD ref no', which will be added to the form once created	AREA ADMIN
5	Any information received for IRD to be sent on to relevant Area C&F Admin generic mailbox	All agencies
6	IRD form to be populated with referral details, agency information, and decisions from meeting	AREA ADMIN
7	Once completed by Admin, IRD form to be emailed to Social Work Team Manager for checking/authorising	AREA ADMIN
8	IRD to be checked, signed and Admin notified	Social Work Team Manager
9	IRD saved as 'final' in client electronic file and distribute to partner agencies involved	AREA ADMIN
10	Update Area IRD LOG	AREA ADMIN
11	Where the outcome of the IRD is that a Child Protection Assessment is to be completed, notification of the outcome of said assessment to be sent to Area Admin mailbox. *(IRD – Appendix 1 Notification of Outcome of CP Assessment)* Outcome of CP Assessment to be distributed to IRD attendees.	Social Work Team Manager AREA ADMIN

	Any agency **NOT** in agreement with outcome of CP Assessment should contact the Social Work Team Manager to convene a further IRD.	ALL AGENCIES

Appendix 4: Template for agency information sharing

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

getting it right for every child

Please indicate agency you represent below:		
Health	☐	
Education	☐	
Other	☐	*(specify):*

Child Details:					
	Forename	Surname	Aliases	DOB / CHI	School / Seems No.
Child 1					
Child 2					
Child 3					
Child 4					
Unborn			EDD		

Principal Carers:			
Name	Relationship to Child	Aliases	DOB / CHI
Home Address			

Town	
Postcode	
Tel No	

GP Details:	
GP Name	
Practice Code & Area	

Named Person:	

Reason for IRD:	
Date of Incident:	Date of IRD:

Utilising the principles of GIRFEC please consider the wellbeing of the child/children in relation to concern raising the Initial Referral Discussion.

Protective Factors:

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Text Box Tools tab to change the formatting of the pull quote text box.]

Adverse Factors:

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Text Box Tools tab to change the formatting of the pull quote text box.]

Professionals Overall Assessment / Analysis:

Consider the 5 Key Questions and Resilience Matrix in order to identify risk of harm.

Completed By	
Print Name	
Designation	
Contact No:	
Date	

Appendix 5: Joint Investigative Interviews (JII)

An IRD will decide on the need for a JII, the purposes of which are to:

- Learn the child's account of the circumstances that prompted the enquiry
- Gather information to permit decision-making on whether the child in question, or any other child, is in need of protection
- Gather sufficient evidence to suggest whether a crime may have been committed against the child or anyone else
- Secure best evidence as may be needed for court proceedings, such as a criminal trial; or for a children's hearing proof

National Guidance on Joint Investigative Interviewing: current guidance on Joint Investigative Interviewing of Child Witnesses in Scotland (2011) is under revision in line with the Scottish Child Interview Model, as described below.

The Scottish Child Interview Model (SCIM) is a new approach to JII which is being piloted in Scotland (2021). 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 that is of high quality. This can be used as Evidence in Chief in court for criminal and children's hearings processes.

The SCIM has five connected components: strategy, planning, action, outcomes and support and evaluation. Interviewers are trained in forensic interviews of children.

Argyll and Bute began to implement the hybrid SCIM model in 2023 and key Partners form part of the SCIM Implementation group. We are working to increase our capacity to fully embed the SCIM model, however in the meantime will continue working to a hybrid model

The purpose of the IRD will be to decide whether a JII/SCIM interview is required, however further discussions around which type of interview and planning for this will be undertaken by Police and Social Work outside of the IRD meeting. All Partners will be sufficiently involved in the planning depending on their role and knowledge about the child/young person to ensure the interview meets the JII/SCIM requirements.

SCIM Model Background and Overview https://bit.ly/3Mm2WCT

SCIM Model of Practice

https://www.cosla.gov.uk/__data/assets/powerpoint_doc/0020/45425/Scottish_Child_Interview_Model_of_Practice.pptx

Appendix 6: Age of Criminal Responsibility

Planning – Inter Agency Referral Discussions

Planning has different elements: planning for the wider needs of the child as a result of the behaviour, planning for consideration of the need for an investigative interview, and planning for the interview itself. Planning for interviews should be included as part of organisations' wider planning for the needs of the child where possible.

The Act places specific responsibilities on the police and local authority in relation to a multi-agency approach to investigative interviews. This approach includes all stages in planning and action, including consideration of the need for an interview; and consideration

Inter-agency referral discussions (IRDs) are established mechanisms that allow a multi-agency approach for children and their needs. They should inform the consideration of an investigative interview. Guidance on holding an IRD for ACR purposes is aligned with the principles and approach for child protection IRDs and are outlined in the operational guidance for investigative interviews of any interim safety planning needed to protect the child from significant harm.

Operational Guidance on ACR Investigative Interviews

https://socialworkscotland.org/wp-content/uploads/2021/12/ACRA-Operational-Guidance-for-Social-Work-and-Police-final-Dec-2021.pd)

As outlined in the Age of Criminal Responsibility (Scotland) Act 2019: List of Places of Safety (Age of Criminal Responsibility (Scotland) 2019: list of places of safety - gov.scot (www.gov.scot), if the need arises and a place of safety is required for a child under the age of 12 then it is anticipated that this will be progressed without delay. Discussions will be held with Police, Social work, Health and Education to establish a place of safety timeously – whether this be during the day or out of hours. These discussions will be recorded formally at an IRD held at a later stage and before any investigative interview is held.

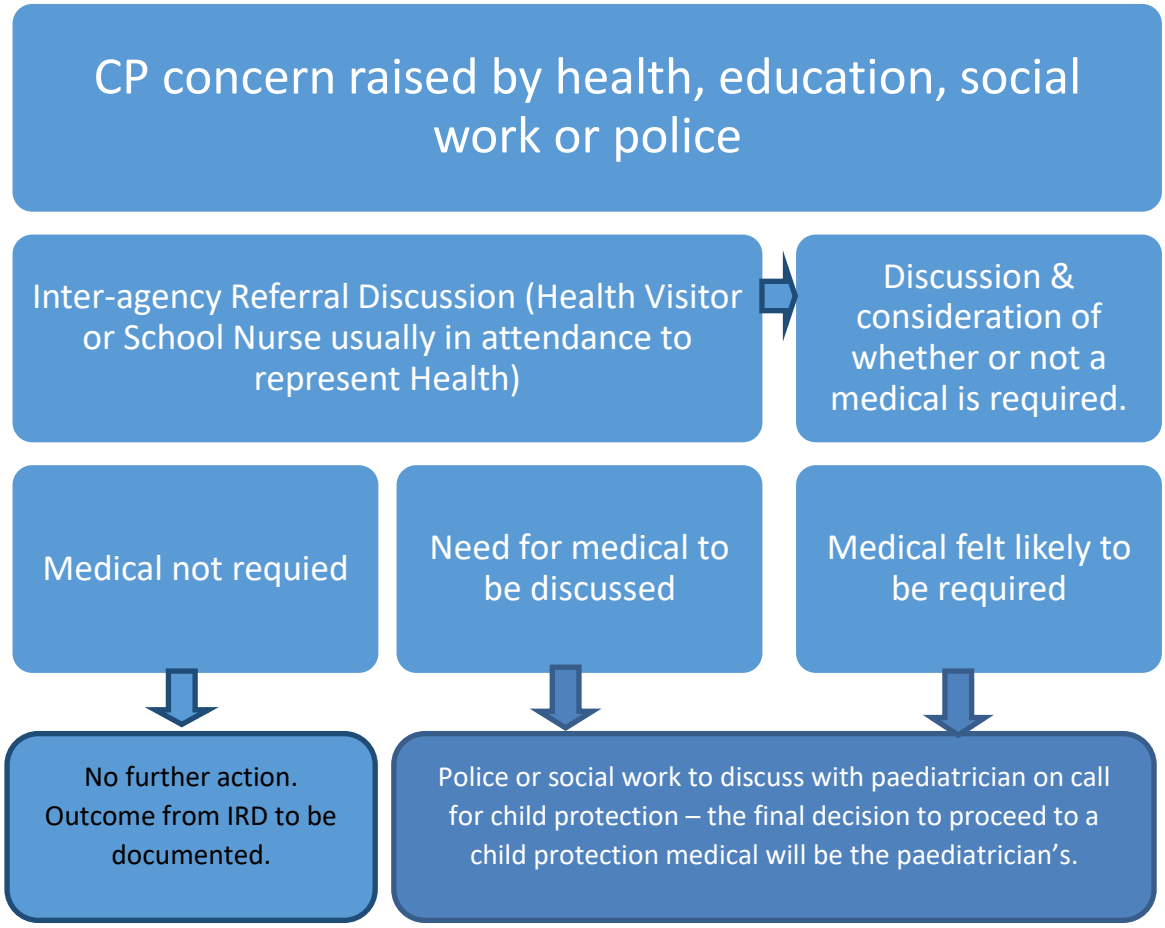
In essence any ACRA IRD will be a process of information sharing, assessment, analysis, and decision making.

The full Act can be found here -

Age of Criminal Responsibility (Scotland) Act 2019 (legislation.gov.uk)

Appendix 7: Health Assessments and Medical Examinations

Pathway to access to child protection medical assessments for infants, children and young people, 0 to 18 years of age



For Child Protection medical considerations contact the NHSGGC Public Protection Service

0141 451 6605 (Monday –Friday 09:00 – 17:00)

In the first instance, Police or Social Work staff will contact the Public Protection Service

A Public Protection Nurse Advisor will record key contact details and a brief case description. The PPNA will contact the on call paediatrician who will liaise with the PPNA and the caller.

Out of hours Contact the Royal Hospital for Sick Children hospital switchboard 0141 201 0000

Request to speak to the on-call Paediatrician for Child Protection.

If it is agreed that a child protection is required the paediatrician will take responsibility for organising the room and time in discussion with police or social work. Police or social work teams will ensure the child is brought for the medical at the agreed time, with someone who can provide consent.

Special considerations

Age thresholds Child protection medicals are carried out when indicated for infants, children and young people aged up to 16 years.

For young people aged 16 and 17, a discussion may be held regarding the need for a health assessment in respect of children in care, suspected trafficked young people and those already well known to paediatric clinical services. In all cases an IRD must have taken place.

Consent and choice

A person with parental rights and responsibilities must consent to the medical, imaging, investigations and the writing and sharing of the report with police and social work teams. The consent form in the national proforma must be used for all child protection medicals, even if carried out jointly with forensic medical examiners.

Children and young people who are Gillick competent (also known as Fraser competence) can provide their own consent but this must be clearly documented.

The consent form has specific sections for consent to investigations and photography but a separate form must be used if using medical illustration services to capture imaging of injuries.

Children and young people must be routinely given a choice about who accompanies them in a child protection medical assessment, including not having a relative or social worker present.

Children and young people with disabilities

Children, young people, and families who have a disability should be provided with appropriate support in an environment that is accessible and developmentally suited to their needs. Consider use of the Birnie child development centre, the Children's Unit or the Shores (forensic medicals or child sexual abuse only usually).

Appendix 8: Emergency Measures to Protect Children and Young People at Risk of Significant Harm

Summary of legal options

Urgent action may be required before or after a CPPM to protect a child from actual or likely significant harm, or until compulsory measures of supervision can be put in place by the children's hearing system. There are a variety of options to fit circumstances. Where legal measures are being considered, early consultation with local authority legal services may be appropriate.

Voluntary accommodation. When a child's parents or carers do not object, the local authority may accommodate the child to keep the child safe whilst concerns about the child'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. Others in the child's extended family or social network may offer to look after the child in the interim. This is provided for under s25 of the Children (Scotland) Act 1995. A local authority may provide accommodation for any child within their area if they consider that to do so would safeguard or promote the child's welfare. A local authority must provide accommodation for any child who, residing or having been found within their area, appears to them to require such provision because no-one has parental responsibility for the child, or the child is lost or abandoned, or the person who has been caring for the child is prevented, whether or not permanently and for whatever reason, from providing him with suitable accommodation or care.

A child may request refuge and if the child 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)

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 has been, or is being, treated in such a way that the child is suffering or is likely to suffer significant harm; or the child has been, or is being, neglected, and as a result of the neglect the child is suffering or is likely to suffer significant harm; or the child is likely to suffer significant harm if the child is not removed to and kept in a place of safety; or the child is likely to suffer significant harm if the child does not remain in the place at which the child is staying (whether or not the child is resident there) and the order is necessary to protect the child from that harm or from further harm (s39 of the 2011 Act)

Child assessment order: The 2011 Act (sections 35 and 36) makes provision for the local authority to apply to the Sheriff for a child assessment order if it has reasonable cause to suspect that a child has been, or is being treated or neglected in such a way that 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 child protection order exist, he/she may issue a child protection order instead.

Police Emergency Powers Police Emergency Powers can be used to remove a child to a 'place of safety' where the same grounds for applying for a Child Protection Order exist, but it is decided that there is a need for emergency action to protect your child. The power to remove a child only lasts for 24 hours. Thereafter the police (or another person) must apply to the Sheriff for a Child Protection Order to secure the child's place of safety if it is still considered that one is required.

Appendix 9: Interim Safety Planning

Guidance on immediate safety planning before a CPPM is held:

- the purpose of an interim safety plan is to ensure a child's safety as immediately as necessary until such time as a CPPM is held
- An interim safety plan is about safety right now. It is operational immediately
- Those who are participants in the plan must understand and agree what they must do to ensure a child's safety. Those party to the plan should be known sources of security for the child
- The way that the child will be seen and heard during the period in which the plan is in place must be part of the plan. The child will be supported in understanding who they can speak with or contact at any time. A child's version of the plan is recommended, developed with the child's help and understanding as appropriate in each situation
- The safety plan must be recorded and shared with professionals and with the family. It should be in plain language and practical detail, with no acronyms and no professional jargon
- the needs and the harm that the plan address must be defined
- If risk of harm is high in a specific context, this will be specified. Agreement must be defined about how to avoid or minimise this risk
- The actions that persons or services will take will be described
- The ways in which the plan is monitored and the way in which any person or service party to the plan can immediately signal concern must be defined
- Contact details for those with defined responsibilities within the interim safety plan will be included
- Domestic abuse considerations should be evident in safety planning

Effective safety planning will depend on practitioner-applied awareness of:

- the child's trauma from abuse, and from seeing and hearing abuse
- physical, emotional, educational, developmental, social, behavioural impact on child
- the non-abusing parent's need for a safe space to talk and a safe way of receiving information (away from perpetrator)
- the perpetrator's pattern of coercive control
- multiple impact on income, housing, relationships, health
- how support for non-abusing parents will also support children
- when a non-abusing parent's ability to parent has been compromised
- protective factors in the child's world relevant to safety plans
- the children's needs for advocates that they trust
- potentially heightened risk following separation
- multi-agency approaches that keep women's and children's needs at the centre.

Appendix 10: Involving Children and Families in the process

Children must be helped to understand how child protection procedures work, how they can be involved, and how they can contribute to decisions about their future.

Children's views must be sought and listened to at every stage of the child protection process, and given information about the decisions being made as appropriate to their age, stage and understanding. Preparation is needed for key meetings.

When a child has additional support needs, is deaf or has a hearing impairment, has a disability, or when English is not their first language, advice and support is required to ensure that they are fully involved in what is happening.

Where a child is unable to verbally communicate or understand due to their cognitive ability or their age, observations about interactions between the child/parent or any other observations about the child's behaviour should be noted and shared.

Some children may have experienced grooming, or coercion including threats, and they may fear reprisals if they disclose. In some instances, a child or young person may be too distressed to speak to investigating agencies, or they may believe that they are complicit in the abuse.

A thorough assessment should be made of the child or young person's needs, and services provided to meet those needs. Therapeutic, practical and emotional support may be required. Consideration should be given to confidential and independent counselling services for victims and families.

Agencies who know the child or adult, including Third Sector organisations, may be involved in planning the investigation to ensure that it is managed in a child-centred way, taking care not to prejudice efforts to collect evidence for any criminal prosecution.

Parents and carers should be treated with respect. Where possible and appropriate they should be leading contributors to safety planning. They should be given as much information as possible about the processes and outcomes of any investigation. Parents and carers should feel confident about their part in safety plans. They need to be confident that practitioners are being open and honest with them so that they, in turn, feel confident about providing vital information about the child, themselves and their circumstances. Working in partnership with one or more family members is likely to have long-term beneficial outcomes for the child, and staff must take account of a family's strengths as well as its weaknesses. Practitioners must seek to achieve a shared understanding with parents about concerns and about steps needed to ensure safety.

Parents, carers and family members can contribute valuable information, not only to the assessment and any subsequent actions, but also to decisions about how and when a child will be interviewed. Children and families need time to take in and understand concerns and processes. The views of parents and carers should always be recorded and taken into account. Decisions should also be made with their agreement, whenever possible, unless doing so would place the child at risk of significant harm or impede any criminal investigation.

Parents and carers, and children of sufficient age and understanding, should be given a written record of decisions taken about the outcome of an investigation, unless this is likely to impede any criminal investigation. In addition to receiving a copy of the decisions (which may include interim safety planning), they should be given the opportunity to discuss the decisions and their implications with a social worker or another relevant professional to ensure shared understanding. This does not mean, however, that parents or carers should attend all meetings which are held in connection with their family. Sometimes, it will be appropriate and necessary for practitioners to meet without parents or carers in order to reflect on their own practice in a particular case, consider matters of a particularly sensitive or confidential nature, or deal with a matter which is likely to lead to criminal inquiries. Consistent and reliable relationships between professionals, parents and carers are an essential part in development of trust.

When there are child protection concerns and one of the parents or carers has learning difficulties, the use of an independent advocacy service, where available, will be considered by the lead professional. Professionals should be skilled, or seek appropriate support, in communicating with parents with learning disabilities. Practitioners need to take time when communicating. Verbal and written information should be accessible for the person. Extra time will be needed to talk through what is happening.

In cases of familial abuse, practitioners should ensure the non-abusing parent or carer is involved as much as possible. Practitioners need to be wary of making judgements on parents and carers who are likely to be in a state of shock and experiencing great anxiety. While the priority should always be the protection and welfare of the child, practitioners should attempt to engage with the non-abusing parent/carer and determine what supports are necessary to help them care for the child.

Those involved in joint planning and decision-making will consider:

- How information about the investigation can best be exchanged and shared with the child, taking into account their capacity and maturity
- How information can best be exchanged and shared with family and whether information should not be shared if this may jeopardise a police investigation or place the child, or any other child, at risk of significant harm
- Feelings and views of the child about aspects of investigation
- How the IRD decisions can be reviewed as necessary if significant new information arises
- Keeping a named person appropriately informed and involved; identifying a lead professional and professionals in the Core Group who will work with the interim safety plan

At the earliest opportunity consideration should also be given to the age and developmental needs of the child/ren involved in the IRD. This should include their –

- Linguistic abilities
- Memory retrieval capacities
- Suggestibility
- Effects of stress and trauma

In all investigations, decisions and plans, the additional support needs for each child must be taken into account, including:

- health concerns
- emotional distress
- speech and language
- translation requirements
- risk of self-harm
- additional supports relating to disabilities and all protected characteristics
- The racial and cultural context in which the harm has arisen must be considered in IRD, preparatory to investigation and next steps in engagement or support.

Appendix 11: Equal Protection

Children (Equal Protection from Assault) Act 2019

The Act was implemented on 7th November 2020, it removed the common law defence of reasonable chastisement from the law in Scotland.

Removal of the defence provides children with the same legal protection from assaults as adults.

This means that all forms of physical punishment of children became against the law in Scotland from that date.

Physical punishment or physical discipline can take many forms, including (but not limited to) smacking, skelping, spanking and slapping. (National Guidance for Child Protection s 4.144)

This guidance replaces previous guidance issued in Argyll &Bute relating to the consideration of Equal Protection.

Since the implementation of the Act we have reviewed our response to this, with consideration of learning and insight gained.

It is now the procedure in Argyll & Bute that any concern raised relating to any alleged assault on a child should be considered for IRD to ascertain what protective measures may be required. These cases should be discussed at morning triage meeting to seek agreement as to whether IRD is required or single agency response from police.

This approach will provide multi-agency decision making and should ensure a safe and consistent approach.