

Multiagency Toolkit for Gathering the Voice of Children and Young People



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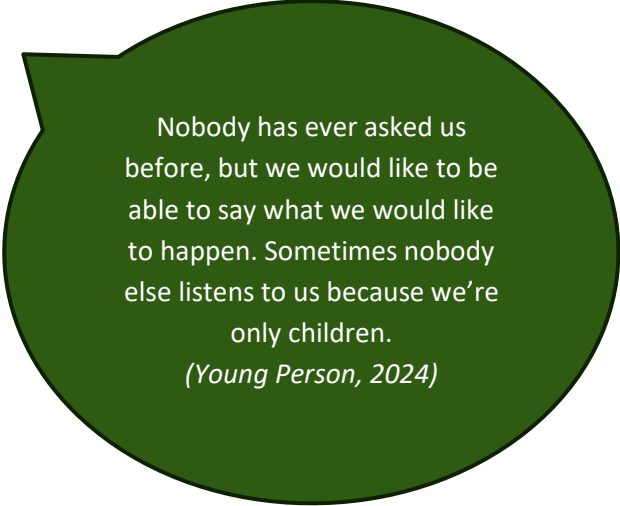
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1. Introduction and context

Under the [United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Act 2024](#), public bodies must uphold children's right to express their views and consider these explicitly in decisions affecting them.

This Toolkit is the operational guidance for the Moray Partnership to meet this statutory obligation by embedding a child's voice into the Getting It Right for Every Child (GIRFEC) framework. GIRFEC is the national approach that guides all multi-agency practice in assessing, planning and improving children's well-being and protection. In order to meet this obligation and ensure that children's views are heard, they feel valued, and their perspectives are accurately reflected in decision-making, we must communicate with them effectively and be cognisant of their preferences, age and stage of development. This will also build trust, help identify their needs and enable the development of child-centred approaches. When children and young people's voices are heard and their perspectives are valued, it can lead to improved outcomes in various areas, including their well-being, education, and overall development.



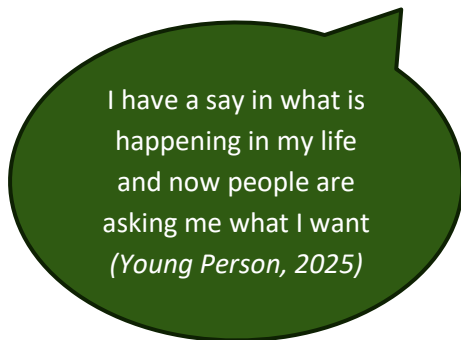
Nobody has ever asked us before, but we would like to be able to say what we would like to happen. Sometimes nobody else listens to us because we're only children.

(Young Person, 2024)

This approach is founded on the Lundy Model of Participation, which sets the standard for meaningful engagement, particularly in challenging child protection contexts:

- **Space:** Ensuring safe, appropriate opportunities for children to express their views.
- **Voice:** Supporting children to express their views, including pre- and non-verbal communication.
- **Audience:** Ensuring their views are clearly communicated to decision makers.
- **Influence:** Ensuring the child's views are explicitly considered in the final decision, with a clear rationale provided - especially when decisions, made for the paramount purpose of safety and protection, do not align with their wishes.

This toolkit aims to equip practitioners across the Partnership with strategies and tools to uphold children’s rights, reap the benefits outlined above, and fulfil their responsibilities to ensure that:



- Children’s views are gathered and explicitly considered by the practitioners who have the strongest relationships with them (including when decisions are made that are not in line with their views in assessments and reports).
- Children are involved in the development of their care plans and safety plans.
- Any feedback they may have in relation to services and processes is shared with the appropriate teams with developmental functions.

2. Scope

This procedure applies to all staff and will be implemented from **9 December 2025**. Any additions or potential exemptions will be considered on an exceptional basis by the **Moray Child Protection Committee (CPC)**.

All staff and groups with responsibilities for child protection must comply with this guidance. The CPC is responsible for communicating the procedure to relevant stakeholders and ensuring it is accessible on appropriate websites. All partner agencies must also ensure that corresponding internal policies are developed and implemented to support these requirements.

3. Participation in decision-making during meetings

The participation of children and young people in their own meetings is essential; it ensures they have a meaningful say in decisions affecting their lives, helping them feel valued and included. To support this, lead professionals and practitioners are expected to:

- **Encourage** children to attend meetings concerning them, where appropriate.
- **Record** the reasons if direct attendance is not possible or appropriate and outline how their views will be gathered instead.

Moray has developed **Better Meeting Guidance** for social workers and independent reviewing officers to offer children and young people a greater voice, more choice, and increased participation in hearings and meetings. <http://intranet.moray.gov.uk/secure/docs/file147281.pdf>

4. Preparing to gather views

Effective communication is the foundation for gathering the perspectives of children. Common barriers include failing to listen or adjust to specific needs, insensitivity to cultural impacts, and being incognisant of personal bias and assumptions.

Practitioners are expected to promote effective communication by:

- **Building strong relationships** founded on honesty and transparency to foster trust, safety, and respect.
- **Evidencing a trauma-informed approach** by validating feelings and creating inclusive environments.
- **Educating children** on their right to be heard and the processes that uphold this. Practitioners can support this by sharing resources such as the Barnardo's/Children's Rights Unit guidance or the Young Scot '**Activate Your Rights**' webpage, which help children understand their right to fair treatment.
- **Ensuring children have a full understanding** of their situation and the options available.
- **Accurately documenting input** within assessments, noting the specific methods used to capture their voice.
- **Sharing information** with relevant partners at appropriate times.
- **Using clear, simple language** and allowing sufficient time for the child to process and respond.
- **Paying attention** to both verbal and non-verbal cues.
- **Summarising and feeding back** to ensure mutual understanding.
- **Selecting appropriate questioning techniques**, such as open-ended "W" questions (who, what, where, when, why) to encourage broader responses.
- **Adapting communication styles** based on needs (e.g., disability, age, culture) and preferences as outlined in Table 1.

Table 1 below outlines key considerations when preparing to gather the views of the child.

Table 1 Key considerations in relation to needs and preferences when gathering the views of children

Method	What to look for/ask the child	Considerations
Direct contact	<p>What are the child/young person's views, opinions and wishes?</p> <p>To what extent do they understand their current situation?</p>	<p>Is the level of engagement age-appropriate and reflective of the child's understanding?</p> <p>Does the approach reflect the child's level of understanding?</p> <p>What outcomes do they want to achieve?</p>
Communication	<p>Is the child able to express themselves clearly?</p> <p>Is additional support required (e.g. due to disability, trauma, language barriers, or cultural factors)?</p>	<p>Is an interpreter or advocate required?</p> <p>Would visual aids (photographs, images, or symbols) assist the process?</p> <p>Are there known past events that could inhibit the child's ability to speak freely?</p>
Observations	<p>What is the child's presentation? (e.g. happy, sad, lively, or lethargic).</p> <p>Do any health issues impact their ability to engage?</p> <p>What triggers specific emotions, and what provides them with comfort?</p> <p>How do they interact with family members and other adults?</p> <p>Does the child demonstrate strong attachments or concerning behaviours?</p>	<p>Monitor facial expressions and body language; do these match verbal responses?</p> <p>Observe the child's relationship with parents and carers. Does their behaviour change in their presence?</p> <p>Consider the benefits of interviewing the child both with and without their caregivers.</p> <p>Use aids such as role play, puppets, clip art, and "feelings boxes" to assist engagement.</p> <p>If the child displays concerning behaviour, consider further investigation.</p>
Physical environment	<p>Where do you feel most comfortable talking?</p>	<p>Select a space away from busy corridors or traffic. Use soundproofing or white noise to mask unavoidable external sounds.</p>


	<p>Is there anything that makes you feel uneasy here? Would you like the lights brighter or dimmer?</p> <p>Do you want to sit closer or further away?</p>	<p>Keep the space tidy and free from unnecessary objects that might distract the child.</p> <p>Silence device notifications and keep non-essential screens out of sight.</p> <p>Maintain a pleasant temperature and use non-harsh, adjustable lighting.</p> <p>Verify the venue is physically accessible (e.g. wheelchair access, appropriate seating, and accessible toilets).</p>
Child's comfort and choice	<p>Would you prefer to talk here, or somewhere else?</p> <p>Is there a particular chair you'd like?</p> <p>Do you want to sit at a table or on the floor?</p> <p>Would you like a drink or a snack?</p>	<p>Providing small options can significantly reduce anxiety and increase a child's feeling of safety.</p> <p>Where safe and feasible, suggest alternative locations (e.g. a quiet school space, a children's centre, or a purpose-built interview room).</p> <p>Allow the child to determine the physical distance and positioning between themselves and the practitioner.</p> <p>Provide access to cushions, blankets, or familiar toys to help them feel secure.</p> <p>Explicitly agree on the use of breaks, including how long they should last and how the child can ask for one.</p>
Cultural sensitivity	<p>Are there any specific customs or traditions that are important to you or your family when discussing difficult topics?</p> <p>Is there anything about this environment that feels uncomfortable due to your background?</p>	<p>Formal offices can be intimidating for some families; consider if a less formal venue would better facilitate engagement.</p> <p>Respect specific norms regarding mixed-gender interactions; consider if the gender of the practitioner or co-worker is a significant factor.</p> <p>Remain mindful of differing expectations regarding physical proximity and contact.</p>



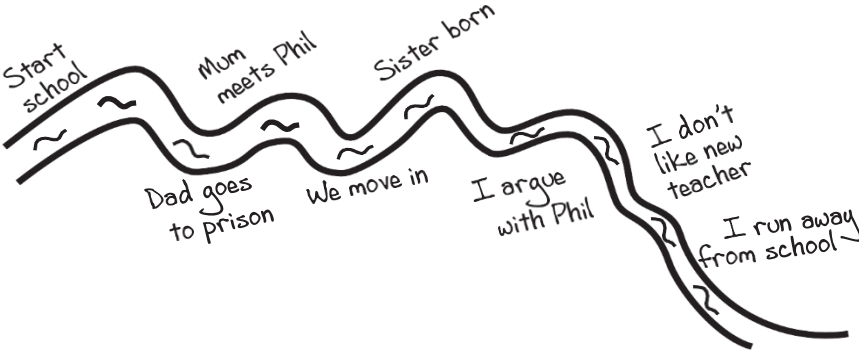
		<p>Ensure refreshments respect religious or dietary requirements (e.g. Halal, Kosher, or vegetarian and vegan options).</p> <p>Provide interpreters where necessary and adopt respectful communication styles. Avoid jargon.</p> <p>Be cognisant of varying perceptions of authority figures, which may affect openness. Invest time in building rapport and trust.</p>
<p>Presence of trusted adults/ advocates</p>	<p>Would you like someone to support you today, such as a parent, carer or advocate?</p> <p>Who do you feel safest with?</p> <p><i>(Explain the roles of any adults present and why they are there).</i></p>	<p>The child's wishes should be prioritised where safe. However, this must be balanced against the requirement for an unbiased and confidential environment.</p> <p>Assess whether a specific adult's attendance might inhibit the child, particularly if allegations involve that individual or their close associates.</p> <p>Explain the function of an Independent Advocate, who supports the child's voice without being involved in the case or decision-making.</p> <p>Ensure every person in the room understands their specific purpose and the boundaries of their involvement.</p> <p>Verify that any accompanying adult understands what information can be shared and with whom.</p> <p>Ensure all parties, including any supporting adults, provide consent for recording where applicable.</p>

5. Tools for gathering the views of children and young people

Table 2 (below) presents tools and creative approaches to assist practitioners in gathering the views of children, including those with Speech, Language and Communication Needs.

Table 2 Tools for gathering the voices of children

Tool	Description and guidance
(Digital) Storytelling	The use of stories, metaphors, and scenarios to help children express their perspectives. This approach allows children to project their feelings onto fictional characters or situations, making it easier to discuss sensitive topics.
Blob Trees	<p>These trees are used to facilitate discussions regarding a child's emotions and mindset. The template depicts figures in various scenarios that children can relate to. Practitioners should ask the child to select the character they currently identify with to initiate a conversation about their well-being.</p> <p>Guiding questions include:</p> <ul style="list-style-type: none"> - Which one do you feel like? - Which figure seems happiest? - Which one confuses you? - Which character would you like to be like? <p><i>See Appendix 1 for the template.</i></p>
Drawings and Paintings	<p>Many children find it easier to express complex emotions and personal experiences through creative art rather than verbal communication. Practitioners can use free-drawing or specific prompts (e.g. "Draw a place where you feel safe") to initiate discussion. Templates can be found at https://www.socialworkerstoolbox.com/wp-content/uploads/2020/10/All-about-me-direct-work-sheets-and-activities.pdf</p>
Eco-Maps and Genograms	<p>These visual tools help children to map out their family structures and wider support networks. Genograms focus on biological and legal family ties, while Eco-maps illustrate the quality of relationships with people and agencies in the child's life (e.g. friends, school, or clubs).</p> <p><i>Templates are available in Appendix 2.</i></p>
Faces	<p>Visual prompts such as faces allow children and young people to identify and communicate their emotions. Faces could be preferred cartoons, photographs, basic line images, or drawn by the child/young person themselves. An example is provided below, but scales could be sad-happy; calm-angry; worried-confident; nervous-at ease, etc.</p> <div style="text-align: center;">  <p style="margin: 0;">Awful Not very good Okay Really good Fantastic</p> </div>

	<p>See Appendix 3 for an alternative template or access the Tusla My Feelings Workbook for additional resources.</p>
<p>Feelings ladder</p>	<p>This tool enables children to identify their position on an emotional scale. Practitioners can use the ladder to explore why a child has placed themselves at a specific level and what changes might help them move higher or lower.</p> 
<p>Hot Air Balloon</p>	<p>This is a solution-focused planning tool that encourages children to consider their goals, the resources they need, and the support required to achieve them. Using an image of a hot air balloon—either provided as a template or drawn by the child—responses are recorded on or around the drawing.</p> <p>Guiding questions include:</p> <ul style="list-style-type: none"> - Where are you going? (The destination/goal) - What makes the fabric of your balloon? (What makes the plan strong?) - Who do you want in the basket with you? (Support network) - What might blow you off course? (Potential challenges) - What might stop your plan from taking off? (Barriers) - What do you need to keep in balance to make it work? 
<p>Life Paths (or Life River)</p>	<p>This tool helps children map their life journey to date, highlighting recurring patterns and significant milestones. It serves as an effective reflective tool to facilitate difficult conversations in a non-threatening way.</p> <p>The practitioner draws a winding line, river, or snake across a page, marking the date of birth at the start and the child's current age at the end. The child is then encouraged to plot pivotal events along the path, noting relevant ages, emotions, and experiences.</p> <p>To convey relationships and feelings, children may use symbols, drawings, colours, or collaged images rather than relying solely on text.</p> <p>Below is a life river example.</p> 

<p>Mind Mapping</p>	<p>This offers a way to provide a safe and creative environment for children and young people to share their views. It provides ‘memory hooks’ to retrieve information using colours and pictures. Using Mind Mapping can assist in structuring the order of words, accessing memory, sequencing events, and prioritising issues. To complete a mind map, practitioners will:</p> <ul style="list-style-type: none"> - Create the main topic in the centre with a strong coloured image. - Use thick curved lines branching off from the main idea using assorted colours to depict each idea. - Be creative and use strong images, colours and pictures. - Make any written words clear. <p>An example is provided below.</p>
<p>Safety house</p>	<p>This tool provides a framework for involving children in the planning stage of social work interventions. It allows them to define:</p> <ul style="list-style-type: none"> - What life will look like in the child’s safety house and the people who will live there? - People who the child thinks should visit and how they should be involved. - People the child sees as unsafe. - Rules of the Safety House - Safety Path: using the path to the house as a scaling device for the child to express their readiness to reunite or safety in the family. <p><i>Template available in Appendix 4.</i></p>
<p>Scaling questions</p>	<p>This solution-focused technique helps children and young people notice what is working well, recognise their progress, and explore preferred futures by imagining how a situation might look further up the scale.</p> <p>When using scaling, it is essential to start by defining what the numbers at each end of the scale represent. Practitioners might ask questions such as:</p> <ul style="list-style-type: none"> - Where would you place your current situation on the scale? - What number would you be happy to reach? - What is keeping you at that number rather than the one below?

	<ul style="list-style-type: none"> - How will you know when you have moved up a point? What will be different? - What would things look like if you reached 10?
The Wizard and the Fairy Tool	<p>Use the Fairy’s or Wizard’s clothes to explore and record the child’s worries and problems from their own perspective.</p> <p>The Fairy’s wings and the Wizard’s cape represent the positive aspects of the child’s life; the wings enable the Fairy to ‘fly away’ from her problems, while the cape ‘protects’ the young Wizard, ‘making his problems invisible’ for a time.</p> <p>In the star of the Fairy’s wand, or the spell bubble of the Wizard’s wand, the practitioner and child record the child’s wishes and hopes for the future, exploring how they would like their life to look.</p> <p><i>Template available in Appendix 5.</i></p>
Three Houses	<p>This creative, interactive tool helps children and families identify safe people, places, and feelings. It is designed to explore three key aspects of a child’s life, each represented by a different house:</p> <ul style="list-style-type: none"> - House of Worries: A safe space to list and discuss their concerns, challenges, and anxieties. - House of Good Things: A place to share positive aspects of life, encouraging a focus on strengths, achievements, and sources of happiness. - House of Hopes and Dreams: An area to express aspirations and future goals, helping to set targets and work towards better outcomes. <p>Practitioners facilitate the process using guiding questions and prompts. The child can choose to either draw or write their responses, making the activity highly personalised.</p> <p><i>Template available in Appendix 6.</i></p>
Traffic lights	<p>The traffic light system acts as a visual scale to gather views on various topics, using green for positive, amber for neutral, and red for negative. This technique is a simple, effective way for children to reflect on and communicate their feelings about specific issues or events.</p>
Using visual aids Including photographs, videos, pictures, cartoons, puppets and roleplay	<p>These mediums can facilitate the exploration of sensitive topics and a child’s lived experiences. When using these aids, appropriate consent must be obtained, and robust safeguards must be considered.</p> <p>Further guidance on using puppets can be found via the Health and Social Care Partnership toolkit – Consulting Youngest Children.</p>
Written communication, Diaries or Journals	<p>These tools provide a private space for children to record their thoughts, feelings, and concerns. Using journals can be particularly effective for those</p>

	who find verbal communication challenging or who prefer to process their experiences over time.
Well-being Web	<p>This interactive tool engages children and young people in measuring their own outcomes. It also serves as a framework for discussion, focusing on an individual's potential rather than their problems.</p> <p>Detailed practitioner guidance and the tool itself are available via Moray Council's Wellbeing Web.</p>
Dedicated "Yes/No" or Simple Choice Apps (often for AAC - Augmentative and Alternative Communication)	<p>These apps are specifically designed for non-verbal or minimally verbal individuals, typically presenting large, clear "Yes" and "No" buttons alongside corresponding symbols or emojis.</p> <ul style="list-style-type: none"> - Dedicated Apps: Examples such as "Yes or No" by Real Autism Solutions and "Yes/No" by I Can Do Apps provide simple buttons, often accompanied by auditory feedback. Developed in collaboration with speech and language therapists, these tools focus on clear, uncluttered interfaces. - Customisable AAC Platforms: Comprehensive apps (such as TouchChat or Proloquo2Go) allow practitioners to create highly simplified boards. These can be restricted to "Yes" and "No" options, or "Like" and "Don't Like" (using thumbs up/down icons).
Talking mats	<p>Talking Mats is a visual communication framework designed to help individuals with communication difficulties express their views. The system can be used as a physical tool with printed cards or accessed via a digital platform.</p> <p>For more information visit Talking Mats Improving communication, improving lives</p>
Having My Say	<p>The Disability Team has adapted the 'Having Your Say' form to improve accessibility for children and young people with additional support needs.</p> <p>A further template is available to explore broader aspects of an individual's life, helping to identify specific areas where they may require support.</p> <p><i>Templates available in Appendix 7.</i></p>

Further direct work templates and activities can be found at:

[Social Worker's Toolbox: All About Me Sheets](#)

6. Tools for gathering, interpreting, and responding to pre- and non-verbal views of children

To effectively capture and act upon a child's non-verbal 'voice', practitioners must observe their responses closely, documenting and interpreting them with accuracy. This section outlines Moray's established approach for recording and understanding the perspectives of pre-verbal or non-verbal children.

6.1. Observing non-verbal views

Observation is a vital tool for understanding the behaviours and reactions of children and young people in various situations, activities, or events. It provides essential information regarding:

- Their likes, dislikes, and methods of expressing feelings.
- What soothes or settles them, versus what causes distress, stress, or over excitement.
- Whether they utilise an adult as a 'safe base'.
- Their physical presence around staff and peers (e.g., appearing relaxed, fidgety, or uncomfortable).
- Their primary response to stress (fight, flight, or freeze).
- Levels of engagement or disengagement with specific tasks.
- The nature of their peer relationships.
- Self-regulation strategies they use to support themselves.

Practitioners Expectations:

- **Identify Patterns:** Carry out observations over multiple sessions at different times of the day and week. This ensures that fleeting factors do not skew the overall assessment.
- **Validate Findings:** Wherever possible, check assumptions or conclusions about feelings with the child directly.
- **Exercise Caution:** Avoid making snap judgements or hasty conclusions.
- **Quantify Observations:** Note the duration and intensity of non-verbal cues (e.g., "Child maintained a rigid posture for five minutes").
- **Apply the ABC Model:** Consider Antecedents, Behaviours, and Consequences to understand the function of a behaviour:
 - o **A (Antecedent):** What happened immediately before the cue? (e.g., a loud noise or a parent entering the room).
 - o **B (Behaviour):** The specific non-verbal cue observed (e.g., flinching or ducking the head).
 - o **C (Consequence):** What happened immediately after? (e.g., the practitioner changed the topic).
- **Preparation:** Ensure communication records are up to date and research the child's preferred method of communication.
- **Collaboration:** Liaise with those who know the child best to develop a tailored involvement plan.
- **Relationship Building:** Provide various opportunities for the child to build rapport with you, facilitating more effective communication.
- **Structured Assessment:** Use the areas outlined in Table 3 (below) to guide observations as appropriate.

Table 3 Environmental and Situational Considerations

Environment	
Home	Observe the child in their familiar surroundings. How do they interact with their toys, personal space, and the general atmosphere? Do they appear relaxed, constrained, or hyper-vigilant?
Nursery/School/Care Setting	Monitor interactions with peers and other adults. How do they handle transitions or structured activities? Note if their behaviour differs significantly from that observed at home.
Supervised Contact Sessions	This is a crucial environment. Pay close attention to the non-verbal responses to the contact adult(s). Are they seeking proximity, avoiding eye contact, displaying tension, or seeming relaxed? Note any changes in presentation before, during, and after the session.
Clinical/Office Setting	Assess how the child reacts to an unfamiliar environment and the practitioner. Does initial apprehension ease over time or persist throughout the meeting?
Interactions with others	
Parents and Primary Carers	Monitor how the child responds to the touch, voice, gaze, or requests of their caregivers. Look for reciprocal smiles and comfort-seeking, as well as signs of fear or withdrawal.
Other Children	Observe whether they initiate play, share, or resolve conflicts. Do they appear socially confident, isolated, or aggressive during peer interactions?
Professionals	Note the reaction to your presence, voice, and attempts at engagement. Does the child display curiosity, apprehension, or indifference?
When Alone Unobserved (briefly and ethically)	Observe how the child occupies themselves when they believe they are unobserved. Do they appear calm, anxious, or engage in self-soothing? (Note: This refers to natural state observation, not covert surveillance).

6.2. Recording non-verbal cues during observation

Accurate and objective documentation is paramount, as it forms the basis for informed interpretation and a shared understanding within multi-agency teams.

Practitioners are expected to:

- **Describe rather than interpret (initially):** Notes must be a factual record of what was seen and heard, rather than the practitioner’s immediate assumptions. Documentation should focus on observable actions and sounds.
- **Maintain Objectivity:** Ensure that the language used is neutral and free from bias or emotive adjectives that have not been evidenced.

Table 4 below provides specific examples of how to transition from interpretive language to descriptive, factual recording.

Table 4 Examples of interpretive vs descriptive language

Interpretation	Description
Child looked scared	Child widened their eyes, pulled back, and hid behind a chair.
Baby was distressed	Baby arched their back, cried loudly without tears, and stiffened their limbs when picked up by the parent
Teenager was withdrawn	Teenager sat with arms crossed, avoided eye contact throughout the interview and responded to questions with one-word answers in a flat tone.

- **Use Sensory Language:** Detail what was observed through sight, sound, and touch (where appropriate and consensual). For example: "voice trembled", "skin appeared clammy", or "hands were clenched".
- **Quantify Where Possible:** Use specific measurements or estimations to provide clarity. For example: "avoided eye contact for approximately 80% of the session", "rocked body repeatedly for two minutes following the event", or "cried for 15 minutes".
- **Note Context:** Always include the circumstances surrounding the observation. For example: "during the transition from free play to snack time", "when discussing school", or "during supervised contact with father".
- **Record Details:** Ensure every entry is clearly marked with the date, time, and the name of the observer.

6.3. Interpreting non-verbal views

Practitioners may utilise the interpretation methods outlined in Tables 4 and 5. However, it is recognised that no single practitioner possesses the full range of knowledge required to understand every child's complex non-verbal world. Practitioners are expected to collaborate with specialist services when they observe:

- **Unclear or Ambiguous Cues:** If a child's non-verbal communication is puzzling, inconsistent, or leaves the practitioner unsure of its significance.
- **Persistent or Escalating Concerns:** When warning signs (as outlined in the previous section) continue or intensify despite initial interventions and observations.
- **Suspected Trauma, Abuse, or Neglect:** In cases where non-verbal communication is the primary indicator of potential harm, but the child is unable to articulate their experiences verbally.
- **Known Developmental Conditions:** For children with diagnoses such as autism spectrum disorder (ASD), learning disabilities, cerebral palsy, or other complex needs where interpretation requires specialist expertise.

Table 5 Interpretation frameworks for non-verbal cues

Interpretation framework	Description
The "Traffic Light" System	<p>A simplified grading tool to categorise immediate observations:</p> <ul style="list-style-type: none"> - Green (Go/Okay): Cues indicate comfort, engagement, and relaxation. Action: Child seems settled; continue interaction. - Amber (Caution/Observe): Cues suggest mild discomfort, confusion, or slight disengagement. Action: Monitor closely and consider adjusting your approach. - Red (Stop/Assess): Cues indicate significant distress, fear, pain, or aggression. Action: Immediate concern; intervention or specialist support is required.
The "Function of Behaviour" Query	<p>When interpreting a cue, practitioners should consider if it is a sign of:</p> <ul style="list-style-type: none"> - Physical Need: Discomfort or pain (e.g. grimacing, clutching a body part). - Emotional State: Fear, sadness, or anger (e.g. trembling, flat affect, or clenched fists). - Sensory Overload: Overwhelm (e.g. covering ears or rocking). - Attachment/Connection: Seeking proximity or clinging. - Non-Verbal Refusal: A "No" expressed through pushing away or turning the head.
Baseline vs. Deviation	<p>An assessment of consistency:</p> <ul style="list-style-type: none"> - What is this child's typical non-verbal style? - Is the observed cue a deviation from their "normal"? <p>A significant change in behaviour is often more clinically concerning than a consistent, long-term trait.</p>

Table 6 Prompts for reflecting on infant communication

Facial Expression	Eye Contact	Voice and Vocalisation	Touch	Gestures	Body Movement and posture	Proximity to Carer
Connected	Focused	Quiet/Loud	Affectionate	Self-soothing	Active	Close Far
Alert	Engaged	High tone	Avoidant	Flapping	Slumped	Direct Slight
Detached	Maintenance	Low tone	Rough	Persistent Pointing	Relaxed	Distant
Flat	Holds Seeking	High-pitched	Violent	Sociable Accepting	Playful	Continued
Emotional	out Present	Low-pitched	Gentle	Reciprocal	Listless	Convenient
Fixed	Absent	Babbling	Aggressive	Heightened Turn-taking	Flopped	Nearby
Distressed	Observant	Cheerful	Concerned	Co-operative	Unsettled	Consistent
Visual	Attuned	Expressive	Pushing	Free	Settled	Intermittent
Anxious	Eyes Lowered	Imitating	Warm	Aerated	Restricted	Out of sight
Interested	Responsive	Protesting	Unexpected	Imitative	Enthusiastic	Checking in
Wary	Unresponsive	Interactive	Curious	Hostile	Tense	Pushing away
Happy	Turns Away	Copying Caring	Firm	Boisterous	Agitated	In vicinity
Blank	Drowsy Fleeting	Booming	Friendly	Violent	Confident	Sociable
Surprised	Suspicious Bright	In Tune	Playful	Hesitant	Controlled	Overbearing
Sad	Glancing Staring	Verbalising	Forceful	Powerful	Slowed	Intrusive
Focused	Searching Gazing	Feeble	Trembling	Dramatic	Mobile	Uncomfortable
Serious	Darting	Faint	Nervous	Threatening	Calm	Returning
Euphoric	Hostile	Penetrating	Soothing	Abrupt	Fearful	Isolated
Distracted	Brief	Piercing	Sympathetic	Thoughtful Exaggerated	Careful	Domineering
Smiley		Silent Raised	Impulsive	Willing	Cautious	Invasive
Defiant		Soft Weak	Explorative	Unwilling	Lively	Comfortable
Aware		Whispering	Instinctive	Carefree	Content	Within reach
Attentive		Joyous	Tactile	Eager Spirited	Compliant	Immediate
Expressive		Enthused	Comforting		Trusting	
Cheerful		Interrupting	Determined		Enlivened	
Confused			Vigorous		Spontaneous	
Engaged					Imaginative	
Lack of					Soporific	
Scowling					Tenacious	
Joyful					Closed	
Repulsed					Languid	
Lost					Restless	
Bewildered					Expansive	
Stimulated					Absorbed	
Shut down						
Indifferent						
Fearful						

6.4. Responding to non-verbal cues during observations

Table 7 (below) suggests how practitioners might manage situations when observing and interpreting non-verbal cues from children and young people.

Key Considerations for Using the Table:

- **Contextual Understanding:** Non-verbal cues must be interpreted within the child's individual context, developmental stage, cultural background, and current situation. A single cue is rarely definitive; instead, look for patterns, intensity, and consistency over time and across different environments. What constitutes 'typical' behaviour for one child may be a warning sign for another.
- **Developmental Stages:** Account for age-specific nuances. For example, a specific behaviour (such as shyness) may carry a very different meaning in a toddler compared to a teenager.
- **Cultural Nuances:** Eye contact, personal space, and emotional expression vary significantly across cultures. Where necessary, consult with cultural specialists or community leaders to ensure accurate interpretation.

Critical Warning Signs:

Observations may occasionally reveal critical warning signs indicating that a child is at risk of significant harm (e.g., displaying signs of extreme fear). Practitioners observing such signs must take immediate action in accordance with the **Support and Protection of Children and Young People** procedure.

Table 7 Interpreting and responding to non-verbal cues

Observation (Specific Behaviour)	Potential Interpretation (What it might mean)	Action/Response (What to do)	Key Considerations / When to Consult
<p>Child/Infant: Avoids eye contact, hunches shoulders, pulls away, shrinks, tries to hide. For example, when a practitioner enters the room, a child instantly ducks their head and turns their back. During a family discussion, a teenager slides lower in their chair and avoids looking at a specific parent.</p>	<p>May indicate fear, discomfort, anxiety, feeling unsafe, shame, or previous negative experiences. Could be a trauma response (e.g., 'freeze' or 'fawn' response), or a sign of an inhibited communication style.</p>	<p>Do not force interaction. Offer a comforting presence at a distance. Use gentle, calm tone. Introduce play, gentle activities, or a safe space (e.g., soft toys, blanket). Consult with a trauma specialist/child psychologist. Observe across different contexts and interactions. Document precise triggers (e.g., "Child withdrew when X mentioned," "Child hid when Y entered room").</p>	<p>Context: Does this occur with specific individuals? In specific environments? Is it persistent? Does it relate to a known event? Consult: Child Psychologist, Play Therapist, Trauma Specialist if persistent or linked to suspected abuse.</p>
<p>Infant/Baby: Arches back, cries inconsolably despite comfort, stiffens limbs, throws head back, pulls away from touch. For instance, an infant arches away from a parent during feeding, or stiffens when placed in their cot despite appearing tired.</p>	<p>May indicate significant distress, pain, overstimulation, strong negative reaction to a person/environment (e.g., fear of a carer), or severe discomfort. May also be a sign of underlying health issue, feeding difficulties, or neurological concern.</p>	<p>Assess for immediate needs: (hunger, wet nappy, discomfort). Change environment: (reduce noise, lights). Observe parent/carer response closely: How do they attempt to soothe? Is their response effective or dismissive? Consult with health visitor/paediatrician immediately. Document precisely where/when this occurs, duration, and triggers. If linked to a specific person, record interactions.</p>	<p>Context: Is this behaviour sudden or ongoing? Does it occur during specific caregiving interactions (e.g., feeding, nappy changes)? Consult: Health Visitor, Paediatrician, Child Protection Medical Consultant.</p>
<p>Child (any age): Persistent withdrawal, flat affect (lack of emotional expression), apathy, very limited spontaneous</p>	<p>May suggest deep emotional distress, depression, neglect, profound anxiety, or a trauma response (e.g., disassociation). Can</p>	<p>Prioritise engagement: Seek to build rapport gently and consistently through shared activities rather than direct</p>	<p>Context: Has this been present for a long time, or is it a sudden change? Is it consistent across all environments (home, school, social</p>

<p>communication (verbal or non-verbal). For example, a child sits alone, doesn't engage in play, stares blankly, and shows no change in expression even when spoken to directly. A teenager consistently gives one-word answers, avoids social interaction, and shows no interest in previously enjoyed activities.</p>	<p>also be a symptom of certain developmental conditions (e.g., autism spectrum disorder).</p>	<p>questioning. Create a predictable, safe environment. Do not dismiss as 'quiet'. Consider referral for specialist assessment (Child Psychology, CAMHS). Ensure sufficient one-to-one time. Document frequency and duration of observed states.</p>	<p>settings)? Consult: Child Psychologist, CAMHS, Educational Psychologist, Speech and Language Therapist (for communication barriers), GP (to rule out physical causes).</p>
<p>Child (any age): Repetitive movements (rocking, head banging, hand flapping) when distressed or overwhelmed. For instance, a child bangs their head rhythmically against a wall when upset or rapidly flaps their hands when overstimulated by noise. A teenager might pick at their skin or pull-out hair when anxious.</p>	<p>May suggest self-soothing in response to anxiety, stress, trauma, or overstimulation. Can also be a characteristic of neurodevelopmental conditions (e.g., ASD). If self-harming, it indicates significant internal pain or an attempt to regulate overwhelming emotions.</p>	<p>Reduce sensory input if overstimulated (e.g., quiet space, lower lights). Offer calming strategies: (weighted blankets, fidget toys). Ensure safety if self-harming. (e.g., remove harmful objects, provide supervision). Consult with a Child Psychologist, CAMHS. Explore potential triggers with the child (if verbal) or through observation.</p>	<p>Context: When does this occur (triggers)? Is it a new behaviour or long-standing? What is the intensity and duration? Does it escalate? Consult: Child Psychologist, CAMHS, Occupational Therapist (for sensory regulation), Autism Specialist (if ASD suspected or diagnosed).</p>
<p>Child (any age): Extreme fear, panic, or distress in the presence of a specific individual, or when that individual is mentioned. Becomes agitated, tries to leave, cries, or "freezes." For example, a child clings to a practitioner and starts crying uncontrollably when a specific adult walks into the room or becomes completely unresponsive ("freezes") when their name is called.</p>	<p>Strong indicator of abuse, fear of that individual, or trauma related to that person. The child may associate that person with danger or past harm. This is a safeguarding alert.</p>	<p>Prioritise child's safety. Do not leave the child alone with that individual. Document observations immediately and precisely, including the specific individual involved and the child's reaction. Initiate safeguarding procedures. Seek specialist advice from Child Protection Lead/Police. Avoid forcing interaction.</p>	<p>Context: Is this a new or consistent reaction? Is there any known history of concern about this individual? Are there any visible injuries or other signs of harm? Consult: Child Protection Lead, Police Child Protection Unit, Child Psychologist. This requires immediate action and multi-agency collaboration.</p>

<p>Child (any age): Sudden, unexplained onset of regressive behaviours (e.g., bed-wetting, thumb-sucking, baby talk in an older child; increased clinging). For example, a previously toilet-trained 7-year-old suddenly starts wetting the bed daily, or an independent 5-year-old becomes extremely clingy to their primary carer.</p>	<p>May indicate significant stress, trauma, anxiety, or emotional insecurity. This is often a child's unconscious way of coping with overwhelming feelings or seeking comfort associated with an earlier, safer developmental stage. It can also be a sign of neglect or a response to significant change.</p>	<p>Acknowledge and validate the underlying distress. Do not punish or shame the child for these behaviours. Provide extra comfort and reassurance. Explore recent changes or stressors in the child's life. Consider referral for child psychology assessment if persistent or impacting daily functioning. Document the onset, frequency, and any associated events.</p>	<p>Context: Has there been a recent significant change (e.g., house move, family conflict, new person in home)? Has the child experienced a traumatic event? Consult: Child Psychologist, Health Visitor, GP (to rule out medical causes for bed-wetting), School/Nursery Staff (for changes in behaviour across settings).</p>
<p>Child (any age): Excessive 'people-pleasing', overly compliant, or displaying a 'false maturity'. For example, a young child acts like a miniature adult, trying to soothe or care for adults; or a child always agrees and never expresses their own needs or wants, even when given the opportunity.</p>	<p>May indicate a 'fawn' trauma response, where a child learns to appease others to ensure their safety. It may also suggest they've had to take on adult roles prematurely due to neglect or parental difficulties, or that their own needs have been consistently ignored. It can mask significant emotional needs.</p>	<p>Encourage age-appropriate behaviour: Gently redirect attempts to 'parent' adults. Provide opportunities for play and typical childhood activities. Actively invite their opinion and validate their right to have their own needs/wishes. Observe interactions with caregivers for signs of role reversal. Consider referral to Child Psychology or family therapy.</p>	<p>Context: Is this a long-standing pattern? Is it consistent with all adults? Does the child have responsibilities beyond their age? Consult: Child Psychologist, Family Therapist, Educational Psychologist</p>
<p>Child (any age): Hyper-vigilance, constantly 'scanning' the environment, easily startled. For example, a child frequently looks over their shoulder, jumps at sudden noises, or seems unable to relax, always on edge.</p>	<p>May suggest a child is in a perpetual state of alert due to perceived threat, often seen in children experiencing ongoing trauma, neglect, or living in unpredictable/unsafe environments. Their nervous system is constantly activated.</p>	<p>Create a calm, predictable, and safe environment. Speak in a soothing, low voice. Avoid sudden movements or loud noises. Explain what you're doing before you do it. Help the child identify safe places or people. Consult with a trauma specialist or child psychologist. Provide clear boundaries and routines. Document what triggers these responses.</p>	<p>Context: Is there a history of trauma, domestic abuse, or neglect? Is the home environment unpredictable? Consult: Trauma Specialist, Child Psychologist, CAMHS.</p>

7. Considering the child’s voice in assessments and reports

As noted in the Introduction, public bodies are not only obliged to gather the 'voice' of the child but must also give it due weight during decision-making. This section outlines how to integrate these perspectives into assessments and meetings, and how to communicate decisions that do not align with the child's expressed wishes.

7.1. Considering the views within assessments and meetings

To ensure practitioners consistently evidence the child’s voice and demonstrate how it has influenced decision-making, all assessments, reports, meetings, and care plans **must** address the areas outlined in Table 8.

Table 8 The child's views within assessments and meetings

Area to capture	Description and example
Child/young person's stated views/wishes	<p>A clear and concise summary of what was heard directly from the child or young person. Use direct quotes where impactful, alongside their overall perspective. Avoid interpretation; focus on accurate representation.</p> <p><i>Example: "Liam (9) expressed a strong wish to stay in his current school, stating, 'All my friends are here, and it's the only normal thing.' He also said he misses his mum and wishes 'she would get better so she could look after me again.'"</i></p>
Infant/non-verbal child’s needs/requests	<p>A summary of observations of the infant/non-verbal child's behaviour and emotional state as a way of understanding their needs, wishes, and experiences. Since the child is non-verbal, the focus is on interpreting their communication through actions, sounds, and interactions. The aim is to create a clear, compassionate record of their perspective, based on what they were observed to be "saying" through their behaviour.</p> <p><i>Example: "Anya (18 months) demonstrated a strong bond with her foster carer, consistently seeking comfort and reassurance from them, especially in new environments. She would crawl to the carer and raise her arms to be picked up whenever she was startled by a loud noise or when an unfamiliar person entered the room. During feeding, she showed obvious signs of distress (crying, pushing the spoon away) when offered a new food, but was content and calm (smiling, making happy cooing sounds) when given her preferred pureed vegetables. Her health visitor noted that Anya was more relaxed and engaged in play when in a quiet, low-stimulation environment. This indicates she communicates a preference for predictability and a need for a sense of safety and security."</i></p>

<p>How views/wishes were considered</p>	<p>Transparently explain the thought process and discussions that took place regarding the child's stated views. This demonstrates that their voice was actively weighed.</p> <p><i>Example: "Liam's wish to remain at his current school was discussed. It was acknowledged that school provides him with stability and a positive peer network. This was a key factor in the decision-making around his placement. His feelings about missing his mum were noted as a significant emotional factor, informing the need for consistent emotional support and direct work."</i></p>
<p>How needs/wishes of infant/non-verbal child were considered</p>	<p>Document how the observations of the non-verbal communication (behaviours, responses, cues) were actively considered and used to inform decisions. This section demonstrates that the child's perspective, though non-verbal, was central to the planning and decision-making process.</p> <p><i>Example: "Anya's strong need for a predictable and secure environment was a primary factor in the care planning. It was decided that she would remain with her current foster carer, who has a proven ability to provide the stability and consistent emotional support Anya needs. Her distress at new foods was acknowledged, and a phased, sensitive introduction to new tastes was planned with the foster carer and health visitor. This approach ensures Anya's comfort and emotional well-being are prioritised, while still promoting her developmental milestones. The plan also includes ensuring quiet time and minimal stimulation to manage her observed sensory sensitivities."</i></p>
<p>Decision and rationale</p>	<p>State the final decision clearly and provide the explicit reasons behind it, demonstrating the link to the child's views.</p> <p><i>Example: "Decision: Liam will live with his paternal aunt and uncle in the same geographical area.</i></p> <p><i>Rationale: Liam expressed a wish to remain at his school; living with his aunt and uncle, who reside within the catchment area, allowing him to continue attending his current school, preserving his peer relationships and routine. This care arrangement also provides a safe, stable, and nurturing environment, addressing the identified risks in his parental home. His expressed desire for stability and connection was central to identifying this care arrangement option."</i></p>
<p>Decision and rationale in case of infant/non-verbal child</p>	<p>Clearly state the final decision and provide the explicit reasons behind it, demonstrating how it directly links to the observed needs and behaviours of the infant or non-verbal child.</p> <p><i>Example: "Decision: Anya will remain in long-term foster care with her current carers, Mr and Mrs Davies, with a care plan focused on providing a stable and nurturing environment that prioritises her emotional and sensory needs.</i></p> <p><i>Rationale: The decision is directly informed by the observations of Anya's behaviour, which show a clear and significant attachment to her current foster carers. She communicates a strong need for security, predictability, and a low-stimulation environment. Disrupting this living arrangement to move her to a new setting would cause significant emotional distress and developmental regression, as demonstrated by her reactions to new people and situations. Mr. and Mrs. Davies have shown a deep understanding of Anya's communication</i></p>

	<i>and needs, and their home provides the stable, calm, and nurturing environment she requires to thrive. The care plan, therefore, focuses on solidifying this care arrangement to ensure her continued well-being, growth, and security, directly addressing her non-verbal communication of her needs."</i>
Feedback plan for child/young person	<p>Outline when, how, and by whom the decision and rationale will be communicated back to the child. This ensures proactive planning for communication.</p> <p><i>Example: "The decision and rationale will be communicated to Liam by his social worker (Name) during their visit on [Date] at [Time], at his aunt and uncle's home. The feedback will be delivered verbally, with the aid of a visual 'storyboard' explaining the changes and reasons, allowing space for questions and emotions."</i></p>
Feedback plan for infant or non-verbal child	<p>Outline a plan for communicating decisions to an infant or non-verbal child. This involves explaining how the child's emotional and physical responses will be monitored and how their primary caregivers will be supported to ensure the child feels secure and understood throughout the process.</p> <p><i>Example: "The decision for Anya to remain with her current carers will be communicated to her through consistent, secure, and nurturing actions. The social worker will monitor Anya's emotional and physical well-being through direct observation during weekly visits for the next month. The foster carers will be supported in using familiar routines and comforting language to reassure Anya that her environment is safe and stable. We'll use a photo book with pictures of her and her carers to reinforce a sense of belonging. The foster carers will provide feedback on any changes in Anya's sleeping, eating, or emotional state to ensure she is adjusting well to the permanency of her living arrangements."</i></p>

7.2 Feedback conversations

As noted above, it is imperative that practitioners feed decisions back to the children. Table 9 below provides a checklist for preparing for and conducting feedback conversations.

Table 9 Checklist for feedback conversations

Consideration/action	Check
<i>Prior to the conversation</i>	
Decision clarity: Have I understood the final decision and its rationale thoroughly?	
Simplicity: Can I explain the decision clearly and simply, using language appropriate for the child's age?	
Rationale explanation: Have I identified the key reasons for the decision, particularly focusing on safety and well-being?	
Voice validation: How will I explicitly acknowledge and validate the child's stated views/feelings, even if the outcome is different?	
Emotional preparedness: Am I prepared to manage potential strong emotions (anger, sadness, confusion) from the child?	

Communication Aids: Do I have any visual aids, analogies, or examples ready to assist understanding?	
Logistics: <ul style="list-style-type: none"> - Is the chosen environment safe, private, and comfortable for this conversation? - Is there enough time allocated for the conversation and potential questions/emotions? - Who else needs to be present (e.g., another trusted adult, advocate)? - Who else needs to be informed <i>before</i> or <i>after</i> this feedback conversation (e.g., carers, parents, other professionals)? 	
During the conversation	
Open with validation (e.g., "Thank you for sharing your thoughts with us. We listened carefully to what you said about [their views/wishes]." "Your feelings about this are really important to me.")	
State decision clearly (e.g., "After thinking very carefully about everything, including what you told us, we have decided that [state decision]." Consideration if the decision does not align with their wishes, "Even though this decision might not be exactly what you wanted, I want you to know that your voice was a really important part of our discussions.")	
Checking for understanding (e.g., "Can you tell me in your own words what we've just talked about?" (This is the most effective way to check comprehension, rather than just "Do you understand?"). "What did you hear me say about why we made this decision?", "Does that make sense?" (Follow up with "What part doesn't quite make sense?" if they say no or look confused.) "Is there anything you're not sure about?", "Do you have any questions for me right now?")	
Explain rationale (e.g., "The reason for this decision is [explain reasons, linking to safety/well-being, using age-appropriate language and aids].") Please see section 7.2. guidance on explaining rationale for decisions that do not align with the wishes of the child.	
Acknowledge feelings (e.g., "How does that feel to hear? It's okay to feel [sad/angry/confused] about this." "What's going through your mind right now?", "Was there anything I said that surprised you?", "Is there anything about this decision that you're particularly worried about?")	
Offer space for questions (e.g., "Do you have any questions for me about this decision?")	
Listen actively: Pay attention to verbal and non-verbal cues (e.g., body language, eye contact, tone of voice) to assess understanding and distress.	
Reinforce availability (e.g., "What do you need from me/us now?". "I'm here to talk more about this whenever you need to. We can also talk about [next steps/how to make the best of the situation]." "When would you like to talk about this again?" (Especially for significant or difficult decisions). "Is there anything else on your mind that you want to talk about, even if it's not about this decision?")	
Safety net (e.g., "Who else could you talk to if you're still feeling [emotion] or have more questions?" a trusted family member, teacher, independent advocate)	

7.3 When we can't act on wishes: explaining the rationale to the child

At times, decisions may not align with the views or wishes of the child. On such occasions, an empathetic, honest, and safety-focused communication with the child is key. Table 10 below outlines areas to consider and examples when practitioners are explaining a decision and its rationale to a child.

Table 10 Areas to consider when explaining a decision to a child

Area	Description and example
Safety and well-being	<p>Always emphasise that the primary reason for any decision, particularly one that deviates from a child's wish, is for their paramount safety, protection, and long-term well-being.</p> <p><i>Example: "We heard what you want, and it's really important to us. Sometimes, adults have to make decisions that keep you safe and help you grow up strong, even if they're not what you might choose right now."</i></p>
Age-appropriate communication strategies	<p>Young children (e.g., under 8): simple language, concrete examples, and analogies they can relate to. Drawings, simple diagrams, "social stories," or puppets can help illustrate complex ideas in a relatable way.</p> <p><i>Examples: "Even though you wish X, we need to do Y to keep you safe, like how we wear a seatbelt in the car even if we don't want to because it keeps us safe on the road." or "It's a bit like when you want to stay up late, but mum or dad says no because you need sleep to be healthy and strong for school."</i></p> <p>Pre-teens (e.g., 9-12): Introduce slightly more complex reasoning, focusing on consequences and protective factors. Simple pros and cons list (explained verbally), flowcharts, or a "decision tree" to show the different paths considered.</p> <p><i>Examples: "We understand you really want to [wish], and we thought about it a lot. However, if we did [wish], it might mean that [potential negative outcome] which could put you at risk of [harm/difficulty]. Our job is to make sure you're safe, so we've decided to do [decision] because it means [positive protective outcome]."</i></p> <p>Teenagers (e.g., 13+): Engage in more detailed, respectful discussions about risks, protective factors, legal duties, and the rationale behind complex decisions. Acknowledge their developing capacity for understanding. Open dialogue, written summaries if preferred, opportunities to meet with other professionals involved may be used.</p> <p><i>Examples: "We genuinely considered your preference for [wish], and we appreciate you sharing that. The reason we've arrived at [decision] is due to [specific risks/legal obligations/professional assessment]. We need to ensure that [specific safety outcome]. Let's talk through the various factors that led to this conclusion."</i></p>
Reinforce value	<p>Always reiterate that the child's voice was genuinely heard, valued, and played a part in the discussion, even if the outcome is different.</p>

	<i>Examples: "We heard you clearly, and your thoughts were important in our discussions. They really helped us think this through. Here is why we landed on this decision..." or "Thank you for telling us what you think. It is really helpful for us to understand your feelings, even when the final decision has to be different to keep you safe."</i>
No false promises	Never make promises that cannot be kept or offer false hope. Be honest about limitations and realities, even if difficult. If something is uncertain, state it as such. <i>Example: "We're going to try our best to make X happen, but sometimes things don't go exactly as planned, and we might need to think about other options to keep you safe."</i>

8. Implementation plan

1. Title of document	Multi-Agency Toolkit for gathering the voice of children and young people
2. Owner of document	Child Protection Committee
3. What is it? (e.g., new policy, updated policy, guidance etc.)	New multi-agency toolkit and guidance
4. Where is it stored?	Intranets and Moray Protects
5. What is the implementation date/timeframe?	February 2026
6. Dissemination methodology (e.g. Cascade through snr officers and individual services, team meeting approach, Locality approach, Launch event, Focus Groups, Event based approach, 7 min Briefings)	
<p>Social Work</p> <ul style="list-style-type: none"> - Cascade via email briefing (from MCPC inbox) - Discuss at PDC - Discuss at team meetings <p>Health</p> <ul style="list-style-type: none"> - Cascade via email briefings (from MCPC inbox) <p>Education</p> <ul style="list-style-type: none"> - Cascade via email briefings (from MCPC inbox) - In-service days or child protection event <p>Police</p> <ul style="list-style-type: none"> - Cascade via email briefings <p>Add subheadings in reports including IRD, CPPM, Core Groups to cover the subheadings in the voice consideration in assessments and reports (7.1)</p>	
7. Stakeholders (audience), their roles, and responsibilities	
<p>Lead professionals:</p> <ul style="list-style-type: none"> - Ensure that the voice of the children they work with is gathered, recorded, and explicitly considered in all assessments and reports - Ensure that children are explained the decisions as outlined 	

- Approach line management for support in relation to gathering and considering the views of the children

Staff delivering services directly:

- Work with the lead professional in ensuring that the voice of the children they work with is gathered and explicitly considered in decision making
- Work with the lead professional to communicate decisions and rationales to children.

Line management:

- Communicate practice expectations around children's voice (within team meetings and supervision).
- Quality assure that assessments and reports have the views of the child and consider these explicitly.
- Quality assure that the decisions are fed back to children.
- Provide space for reflection and guidance in relation to gathering the view of children, considering these in assessments/reports and to feeding decisions back to children.

Management:

- Champion the importance of children's voices by communicating practice expectations.
- Participate in relating quality assurance processes, as required.

Staff with responsibilities around self-evaluation and quality assurance:

- Participate in the impact assessment of this procedure and quality assurance activities in relation to the voice of the children.

8. Training Needs Assessment

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

Mandatory initial, regular refreshers and advanced multi-agency training sessions for all staff involved organised by MCPC.

Peer-to-peer learning opportunities or communities of practice to share experiences and best practices.

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

Current quality assurance in relation to IRDs and CPPMs take note of the voice of the child in reports and assessments. A summary of the most recent reports, focusing on the voice of children is to be produced by the MCPC Quality Improvement officer. This is with a view to establish a base.

A new summary is to be produced 6-9 months after implementation to compare results with the baseline.

9. Quality assurance

A four-pronged approach is applied to the quality assurance of children's voice in reports/assessments and decision-making, ensuring compliance with the United Nations Convention on the Rights of the Child (UNCRC) (Incorporation) (Scotland) Act 2024:

1. Setting and Upholding Practice Standards (Oversight)

This prong ensures that the practice of gathering and considering views is embedded as **'normal business'** and overseen by managers.

- **Line Management Oversight:** Quality assurance is provided by **line management in the first instance**, as part of 'normal business' and routine supervision. Managers must verify that views are accurately captured, explicitly considered, and that any non-attendance is justified and compensated for.
- **Practice Standards:** This toolkit itself, and the principles it outlines, establishes the minimum expected standards for practitioners across the Partnership.

2. Monitoring and Measuring Performance (Activity)

This prong collects evidence to measure performance against the toolkit's standards.

- **Impact Assessment:** The **impact assessment outlined above** constitutes a formal quality assurance activity. This involves reviewing a sample of reports or case files to measure the effectiveness and consistency of recording children's views.
- **Direct Feedback (External Monitoring):** The Children's Policy Team is tasked with using Moray Engage to gather direct feedback from children and young people on whether they feel heard and understood throughout processes.

3. Reviewing and Analysis (Self-Evaluation)

This prong establishes a mechanism for continuous learning and identification of gaps.

- **Audit and Review: Quality assurance in all assessments and reviews** must be explicitly completed, requiring practitioners and managers to sign off that the child's views have been appropriately sought, recorded, and explicitly considered in the recommendations and final decision (including when decisions are not in line with their views). This ensures views are actively linked to outcomes.

4. Continuous Improvement and Governance (Action)

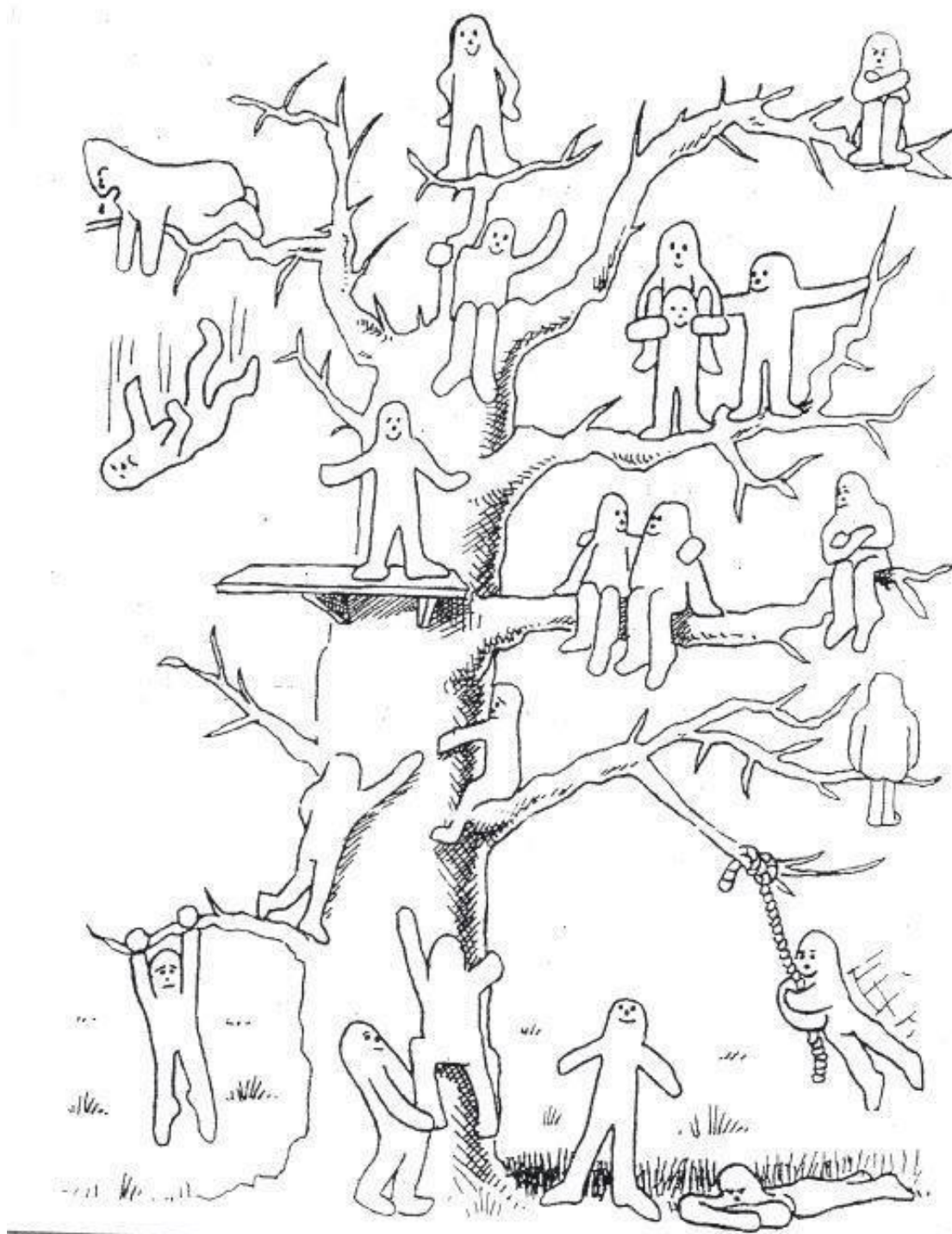
This prong ensures findings are translated into systemic change.

- **Governance and Reporting:** All quality assurance data and findings in relation to the voice of the children are to be communicated to the Child Protection Committee (CPC) via either the Child Protection Implementation Group (CPIG) (regarding the impact of the toolkit) or the

Data and Self-Evaluation subgroup. This governance structure ensures that successes and necessary improvements are actioned across the entire Partnership.

This comprehensive approach ensures that the commitment to the child's right to be heard is systematically **planned, checked, audited, and acted upon.**

Appendix 1 - Blob tree template

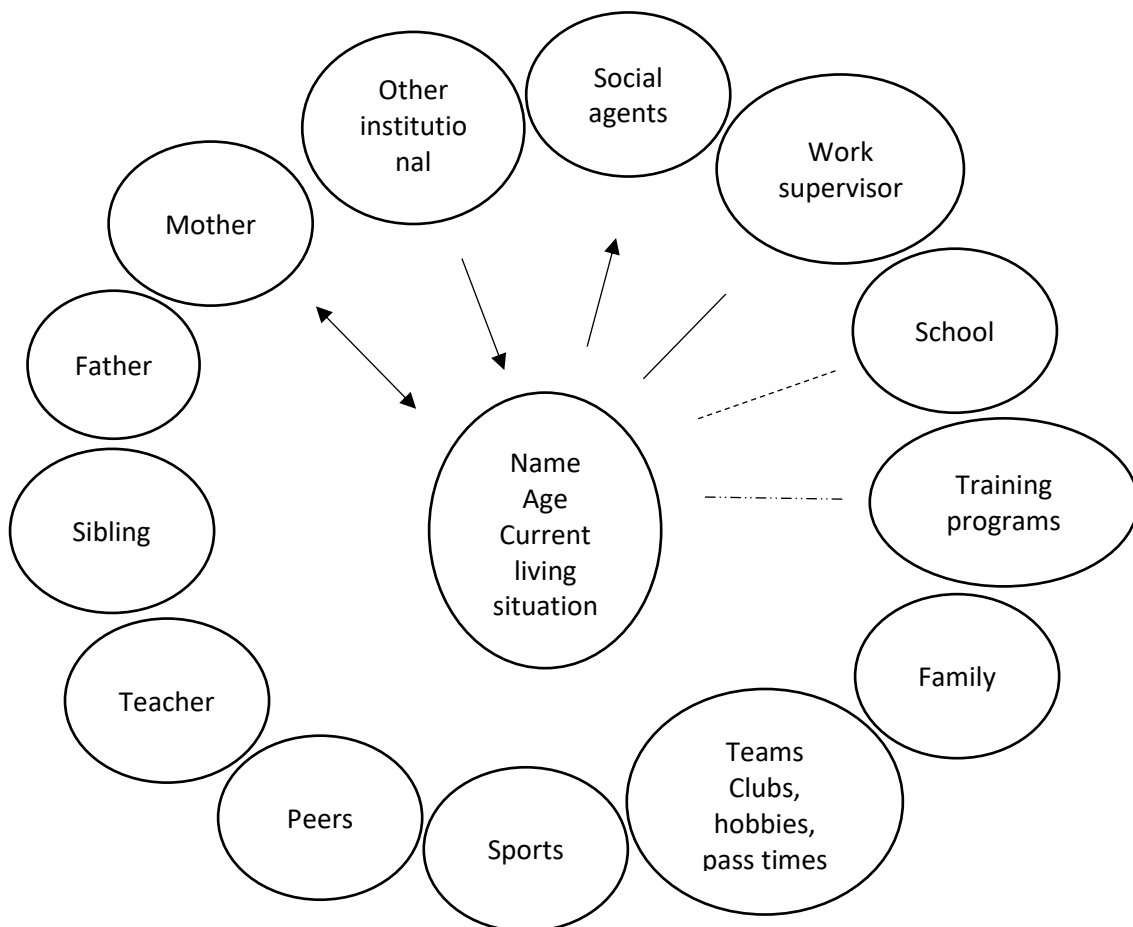


Appendix 2- Ecomaps and Genograms templates

Ecomaps

The Ecomap is a simple visual assessment tool used to highlight relationships between a child, their family and their social network. The social worker and child/family together map out the key connections between the child, the family and their ecological environment. Identifying these links clarifies and organises information displaying familial dynamics, raising issues about the character and reciprocity of relationships, and access to or absence of available resources.



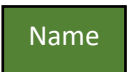






Key			
→	One-way flow of energy/impact	————	Strong connection
↔	Two-way flow of energy/impact	- - - - -	Tenuous connection
		- · - · - ·	Stressful connection


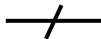


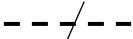


Genograms

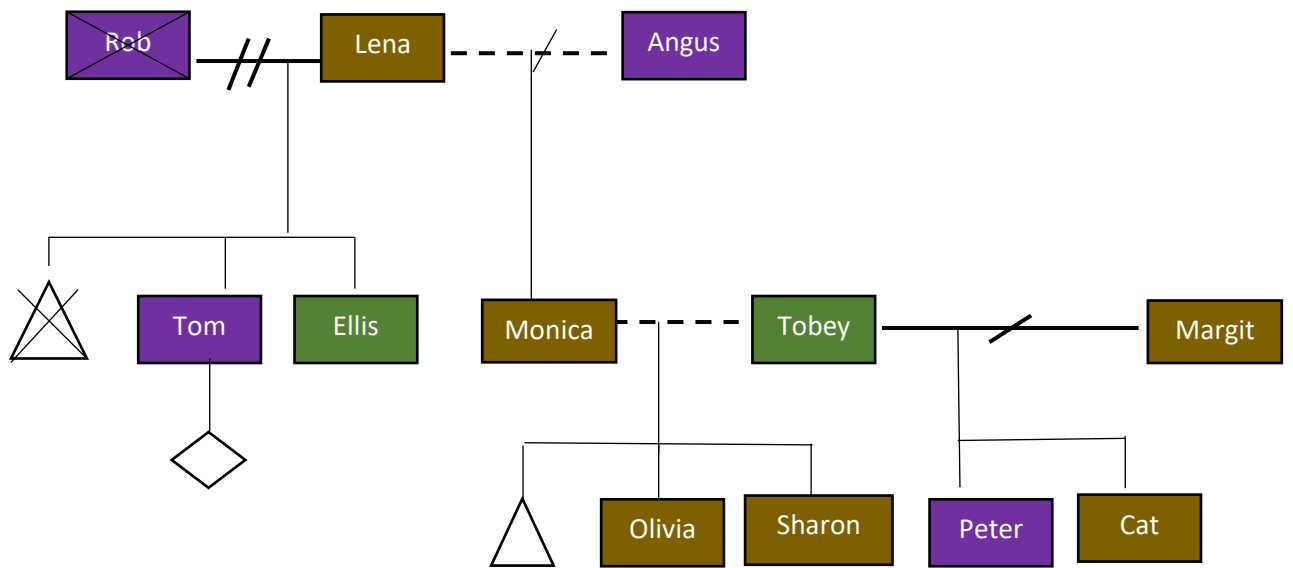
A family tree or genogram helps to provide a readily accessible picture of current family relationships over three or more generations. It provides information about key family members and shows how the child/children sit within the complex dynamics of their families.

For ease of creation, these symbols can be copied and paste into assessment documents.

Household symbols			
	Female adult or child		Female adult or child who has died
	Non-binary adult, child or young person		Non-binary adult, child or young person who passed
	Male adult or child		Male adult or child who has died
	Pregnancy		Miscarriage
	Pet		

Relationship symbols			
	Enduring relationship (marriage/civil partnership)		Separation of a married couple, children remain with the parent on one side of the diagonal line
	Adult, non-marital couple relationship		Divorce of a married couple, children remain with the parent on one side of the diagonal line
	Breakup of a couple		

Example:



Appendix 3 – Feelings Template

How do you feel ?



calm



angry



sleepy



sad



happy



worried



shy



confused



shocked



bored

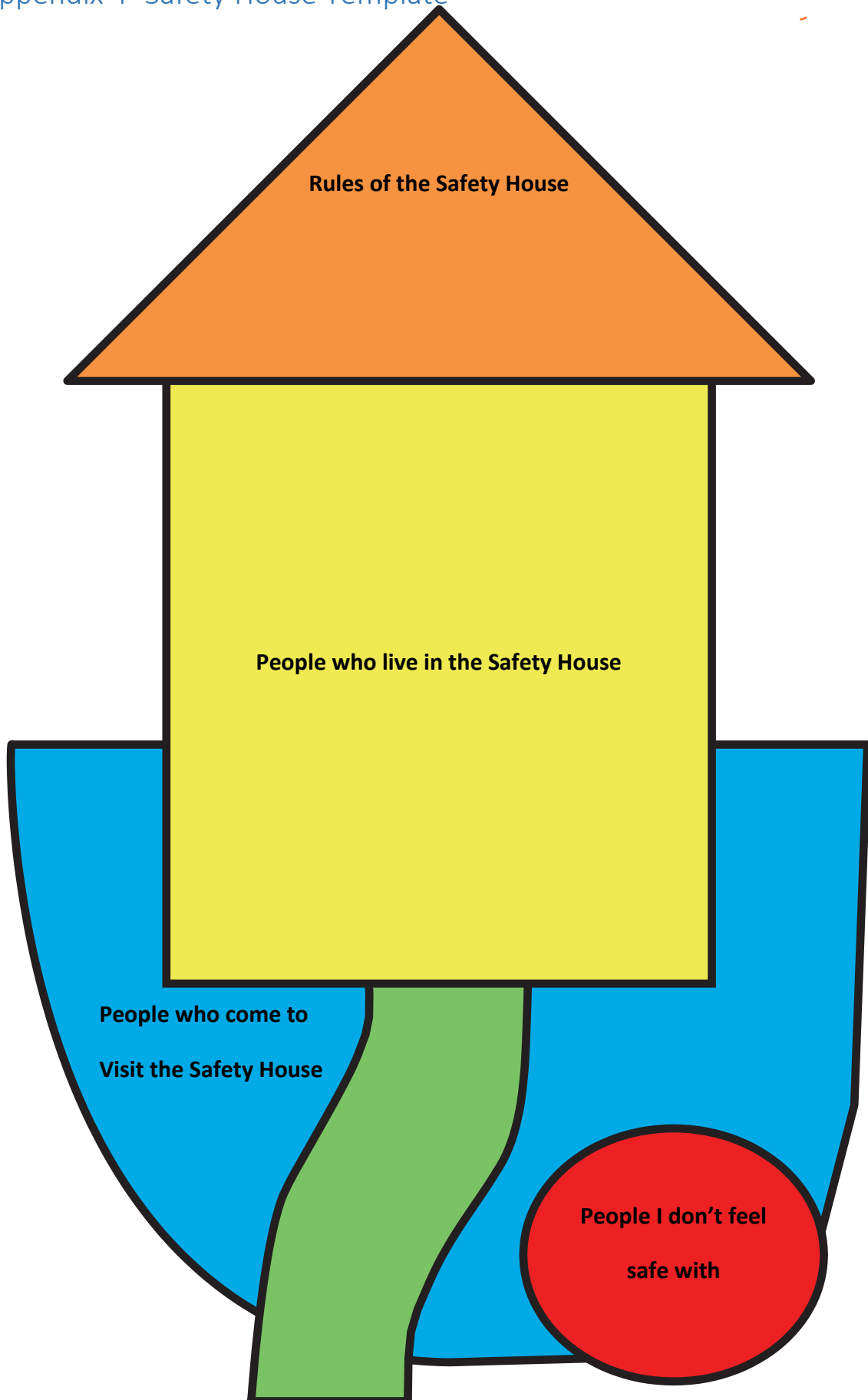


hurt



afraid

Appendix 4- Safety House Template



Appendix 5 - The Wizard and Fairy Tool Template



Appendix 6 – Three Houses templates

More information and templates can be found at <https://www.socialworkerstoolbox.com/wp-content/uploads/Free-three-3-houses-template-worksheet-pdf-social-work-download.pdf>

MY THREE HOUSES

HOUSE OF GOOD THINGS

This is the house where you write or draw all the good stuff in your life. Think about the people, places, and things that make you feel happy, proud, or safe.

- ➔ What do you enjoy doing the most?
- ➔ Who are the people, places and things that make you feel good?
- ➔ What are the best things about your day or week?

HOUSE OF WORRIES

This house is for the things that might be bothering you. It is a space to put down anything that makes you feel upset, stressed, or unsure.

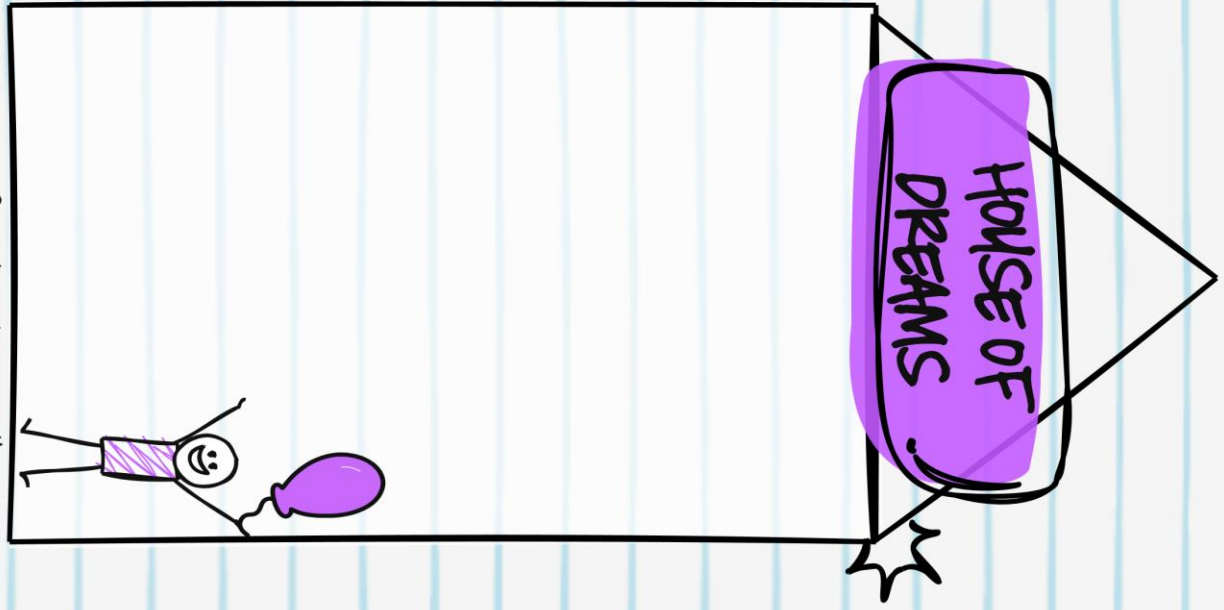
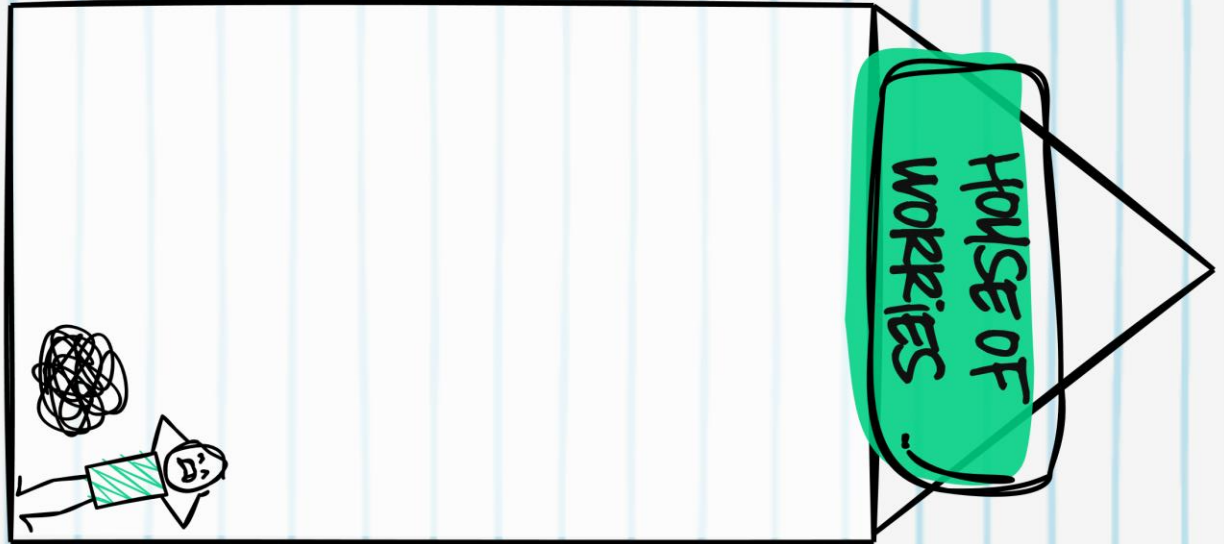
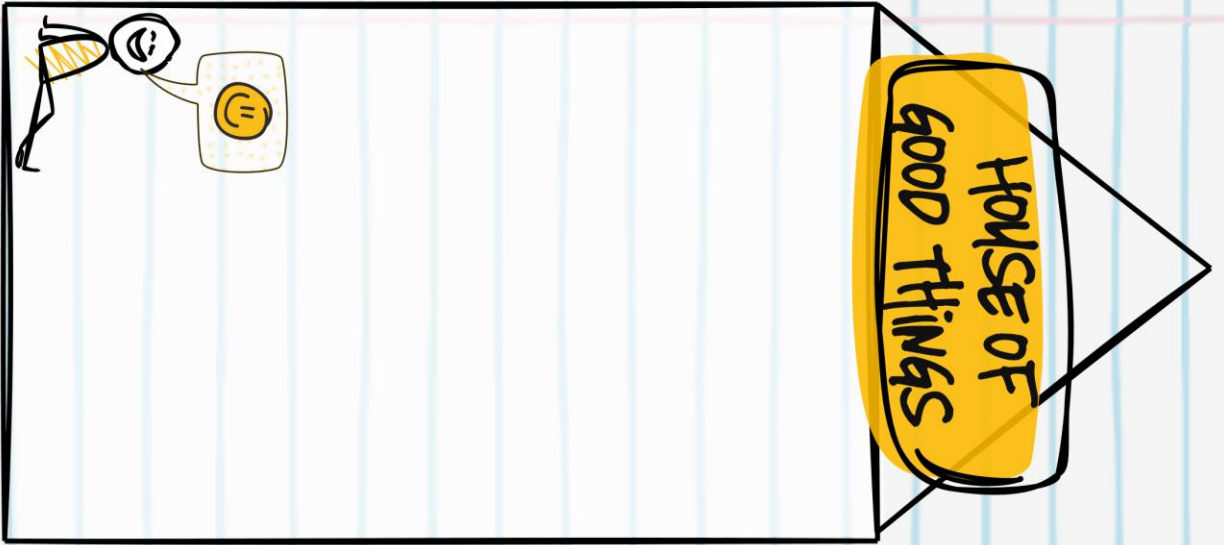
- ➔ Is there something you wish would stop or change?
- ➔ What is making you feel worried, sad, or confused?
- ➔ Are there things you find hard to talk about?

HOUSE OF DREAMS

This house is about your hopes for the future and changes you want in your life. Write or draw anything you imagine—big or small.

- ➔ What needs to change in your life right now?
- ➔ What are your dreams? Is there something you would love to learn, try, or experience?

www.SocialWorkersToolbox.com



Appendix 7 – Having My Say templates

Having My Say



My Name: _____ My Age: _____ Date: _____



Good Things: Things that make me happy, things that I enjoy, what makes me smile, how do I communicate when I am happy and regulated – how do adults around me know that I am enjoying something or feeling happy?
Hard Things: Things I don't like, things that are difficult and things I want to be different – how do I communicate when I am sad or upset?
What Works Well for Me: How the adults around me can help ensure my views are heard, what I need from adults, services and environments
Any other important things I want the Team Around Me to know about:

I like:
 •

I do not like:
 •



Important People to Me

•

My birthday is:
My home language is:
My Faith is:



My Communication

I can:
 •

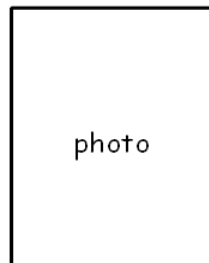
I am working on:
 •



I am good at:
 •



Hi! My name is ... I am ... years old.



I can find it tricky when:
 •

You can help me by:
 •



Strategies to engage me include:
 •



My Health and Self Care

Diagnosis/ medical info; ...

I can:
 •
 •
 •

I need help with
 •



My Box

Photos of child doing their favourite things.



Appendix 8 – Additional Reading

The following links and webpages all hold some interesting and valuable information and practice guidance that will help in gathering children and young people’s voices.

Title	Link
The Lundy Model of Participation	https://participationpeople.com/wp-content/uploads/2020/11/Compressed-PP-_-Lundy-Model-Explained-2.pdf
NSPPC – How can we hear and facilitate the voice of the child	https://learning.nspcc.org.uk/research-resources/practice-points-series/voice-child?utm_campaign=20241211_KIS_Case-reviews_December&utm_content=See%20practice%20points&utm_medium=email&utm_source=Adestra
'Engagement: Seen, Heard, Included' exploring tools and methodologies to support meaningful engagement and participation of disabled children	https://www.alliance-scotland.org.uk/policy-and-research/policy/getting-to-know-getting-it-right-for-every-child/engagement-seen-heard-included/
Good practice examples from 'Hearing the voice of children and young people with moderate, severe or multiple and profound learning disabilities	https://www.corc.uk.net/media/2878/good-practice-examples-hearing-the-voice-of-children-and-young-people-with-moderate-severe-or-multiple-and-profound-learning-disabilities.pdf
Further tools to engage with children with additional needs	https://www.southampton.gov.uk/children-families/childrens-social-care/southampton-safeguarding-children-partnership/professionals/themes-guidance-and-toolkits/neglect-toolkit/children-additional-needs/practical-tools/practical-tools-and-ideas/
Voice of the Infant Best Practice Guidelines and Infant Pledge, Scottish Government, 2003	https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2023/03/voice-infant-best-practice-guidelines-infant-pledge/documents/voice-infant-best-practice-guidelines-infant-pledge/voice-infant-best-practice-guidelines-infant-pledge/govscot%3Adocument/voice-infant-best-practice-guidelines-infant-pledge.pdf
Decision-making: children and young people's participation	https://www.gov.scot/publications/decision-making-children-and-young-peoples-participation/pages/advice-and-support/
Activate Your Rights (Accessible Version)	https://young.scot/get-informed/getting-your-rights-taken-seriously/