



Ayrshire and Arran Working Model for Interagency Referral Discussions (IRDs)

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Prepared By: Multi agency SLWG

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(Subject to change as the process evolves)

Lead Reviewer: Multi agency SLWG

Dissemination Arrangements:

- EA CPC
- SA CPC
- NA CPC

CHILD PROTECTION AND INTERAGENCY REFERRAL DISCUSSION

1. Interagency Referral Discussion (IRD) - Definition & Purpose

An IRD is the start of the formal interagency process which allows for information to be gathered and shared in order to inform decision making as to whether or not a child or unborn child is in need of protection, or may be exposed to current or future risk.

An IRD involves tripartite discussion (Police, Health and Social Work) about the level of concern and what immediate actions and processes are required to address these.

The National Guidance for Child Protection in Scotland (2014) states that all staff that work with and/or come into contact with children and their families have a role to play in child protection. That role will range from identifying and sharing concerns about a child or young person to making an active contribution to joint decision-making and/or in planning an investigation to support the child or young person concerned. Child protection is closely linked to the risk of significant harm and/or significant concern.

An IRD is required to ensure coordinated inter-agency child protection processes up until the point a CPCC is held; or until a decision is made that a Child Protection Case Conference (CPCC) is not required. As such an IRD is dynamic and may comprise a series of discussions as information is gathered

Significant harm is a complex matter and subject to professional judgement. It will be informed by multiagency assessment of the circumstances of the child and their family. Where there are concerns about harm, abuse or neglect, these must be shared with the relevant agencies so that they can decide together whether the harm is, or is likely to be, significant. (Scottish Government, 2014).

2. When is an IRD initiated?

The three key agencies who initiate and take part in IRDs are Police, Social Work and Health.

The IRD is initiated when social work, police or health has received information or a referral which indicates a sharing of concerns is required to assess the safety and wellbeing of a child, unborn child or young person and appropriate action needs to be taken in response.

Normally the information received will indicate a high level of vulnerability and it falls into the category of a child protection concern or a referral. It may be a new concern about an existing case, a new referral or in response to an accumulation of concerns.

The IRD is the first stage in the formal process of **joint assessment** in child protection and the purpose is to facilitate **information sharing, critical analysis of risk and joint decision making**.

The IRD is therefore an information sharing, assessment and joint decision-making mechanism in relation to a child, unborn child or young person about whom there is a

significant concern. Any siblings of that child or young person and any other child or relevant adult closely linked to the child in question should also be considered as part of the IRD.

Where a child is of school age, Social Work have the responsibility to consult with Education as part of the information gathering; however if this information is not immediately available, this should not delay the IRD. There may be circumstances where Education are invited to participate in IRDs as appropriate.

- An IRD must always be considered where there are concerns in relation to the care and protection of a child or young person (**Appendix 1**).
- Joint decisions must always be recorded by the key agencies involved using the **Initial Referral Discussion Template (Appendix 2)**.
- The IRD will come to a decision as to whether or not a Child Protection Investigation is required.

3. Professionals involved

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

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

Social Work	-	Team Manager
Police Scotland	-	Detective Sergeant, Public Protection Unit
Health	-	Child Protection Advisor (NHS Ayrshire & Arran)

Requesting an IRD will not delay the need for Social Work and Police taking action when the initial assessment of risk is that immediate protective measures to secure the safety of the child are required. Health will be informed of this decision as soon as practical.

4. IRD Process

Having received a referral or notification of significant concern and taken appropriate immediate necessary action, an IRD will take place between Social Work, Police, and Health within 24 hours of the initial significant concern or harm being raised, or convened as soon as reasonably practical if this is outwith hours.

The professionals participating in the IRD must ensure that attempts are made to communicate with the child's named person, and where appropriate, the Lead Professional of the Child's Plan, prior to the IRD taking place.

Each agency is responsible for populating their own information in the relevant section of the IRD Recording Form. Information should be clear and concise as to where the risks, if any, exist. This should not be a cut and paste but should be a synopsis of relevant information. Each agency should ensure that only information relevant to the concerns identified are

included in the form.

Thoughtful consideration should be given to the language used when describing family circumstances and statements made should be evidence based.

On receiving a Child Protection concern/referral the receiving agency is responsible for initiating the IRD process and will act as the 'the lead' co-ordinating the subsequent discussions.

The IRD participants will come to a decision as to whether or not to proceed to Child Protection Investigation and the IRD decisions will be clearly recorded.

A written record of the **Initial Referral Discussion (Appendix 2)** must be completed by the 'the Lead' timeously and emailed to the other IRD participants who should respond by confirming their agreement with the decisions made and advising of any amendments.

In all cases the IRD may take place by telephone but where necessary, a face-to-face meeting should take place.

The IRD template/record is not intended to record findings of any subsequent investigation but should provide information and a summary of the IRD which will evidence how the outcomes from the IRD were reached.

5. Out of Hours Provision

Outwith core hours it may be necessary for social work and/or police to focus only on immediate protective actions with the understanding that a more comprehensive multi agency IRD will continue as soon as practical. By default, this should normally be on the next working day.

Out of hours is defined as:

- Monday – Friday between the hours of 5pm and 9am
- All day Saturday and Sunday
- Public Holidays

During these times an immediate action discussion should take place between Ayrshire Urgent Care Service (AUCS), Police and (if required) the on-call Consultant Paediatrician.

On the immediate next available working day details of this immediate action should be passed to the appropriate locality SW team who will complete the IRD template and instigate an IRD with partner agencies.

6. Medical Examination / Comprehensive Medical Assessment

A thorough assessment of the child's health needs is an essential element in joint investigations. Although it may not provide evidence that a child has been physically abused or neglected, a comprehensive assessment of a child and family's medical history, and the child's health can assist the planning and management of any investigations and inform the multi-agency risk assessment. This assessment, alongside information from Police Scotland, Social

Work and other services where appropriate, can help determine whether further investigation is necessary.

The Child Protection Advisor will prompt consideration of the need for a comprehensive or forensic medical assessment and commence initial gathering of information from Health services in relation to the concern raised. The Child Protection Advisor will also determine who will contact the Health Visitor or School Nurse to avoid duplication, as well as alerting GP's and any other relevant health staff of the concern being raised.

The Paediatrician identified to undertake the medical examination will make the final decision on the examination taking place after consultation with the Child Protection Advisor, Lead Professional/Social Worker and Detective Sergeant from the PPU.

7. IRD in Pre-Birth Child Protection

Child protection concerns identified in pregnancy should be referred into the IRD process no later than 24 weeks gestation where possible to ensure a pre-birth Child Protection Case Conference (CPCC) can be convened prior to 28 weeks in pregnancy as appropriate following assessment.

The purpose of a pre-birth Child Protection Case Conference (CPCC) is to decide whether serious professional concerns exist about the likelihood of harm through abuse or neglect of an unborn child when they are born. A pre-birth CPCC should take place no later than at 28 weeks pregnancy or, in the case of late notification of pregnancy, as soon as is possible from the concern being raised but always within 21 calendar days of the concern(referral) being raised. (Scottish Government, 2014).

The Management of High Risk Pregnancy Guidance (2019) should be adhered to for pregnancies considered "High Risk" up to 24 weeks in pregnancy.

8. IRD Outcomes and Action Plan

During the IRD, joint risk analysis of the information gathered combined with the detail of the Child Protection referral, will inform the shared decision as to whether to proceed to a Child Protection Investigation and / or what other actions, if any are necessary, this will include who will inform the Named Person.

During the IRD process the following options should be considered for each child / unborn child:

- The immediate safety of the child, and what safety measures are required to keep the child safe
- Child Protection Alert/Investigation,
- Medical Examination or other appropriate health assessment for the child,
- Joint Investigative Interview,
- Single agency assessment (specify by whom)
- Multi-agency assessment (specifying Lead Professional)
- Other (please specify)

Discussion should also consider and agree who is the appropriate person to advise parents /carers on the outcome of the IRD if this is appropriate

The Social Worker/Team Manager from Social Work will ensure that the recording of the IRD (Appendix 2) is held within the electronic file of each child discussed. A Significant Event will also be recorded on the child's multi-agency Chronology noting that an IRD has taken place. The Child Protection Advisor will complete the IRD template on Care Partner

9. Resolving disagreements

In the exceptional circumstance that consensus between Team Manager, Detective Sergeant and Child Protection Advisor cannot be reached in terms of how the IRD is progressed, details of the concern and the discussion(s) will be considered by the Detective Inspector of the Public Protection Unit, Social Work Senior/Service Manager and the Nurse Consultant for Child Protection who will look to reach a consensus.

The agency that does not agree with the majority recommendation will have the responsibility to escalate the decision to the appropriate senior person highlighted above for further consideration.

If no consensus can be reached by this senior group within two working days (or sooner as required), then the decision on Child Protection will default to the majority recommendation and will then be progressed as the formal decision to which all services must adhere.

Embracing the principles that the child's / unborn child's safety and wellbeing is paramount in any decision making process; if the majority feel that a child does require Child Protection intervention, then an Alert and Investigation will be progressed until a resolution has been reached There should be no delays in protective action as a result of the disagreement and the majority decision will apply to avoid delay beyond 24 hours

Any reason for lack of consensus must recorded on the Initial Referral Discussion Record completed by 'the Lead'.

10. Quality Assurance

The IRD process and associated decision making will be routinely audited to evaluate:

- adherence to the process,
- information sharing guidance
- quality of the critical analysis, decision making
- planning for the child / unborn child.

Each respective local authority area will have in place a self-evaluation mechanism for this and will report to their respective Child Protection Committee's on a regular and routine basis for assurance purposes.

Identifying layered learning opportunities in order to recognise patterns of practice or context of concerns; and to maximize and support improvement will be achieved by the following:

- Within each local authority area multi agency self-evaluation for practitioners to inform

- and improve practice
- Across Ayrshire multi agency and multi authority evaluation to share learning across the region

Email Communication

Agency	Secure Email Address
Health	AA-UHB.ClinicalVulnerableChildrensHealthTeam@nhs.net
Police	AyrshireFPU@scotland.pnn.police.uk
EAC&F SW	EACProtectionAdmin@east-ayrshire.gcsx.gov.uk
NAC&F SW	CPADMIN@north-ayrshire.gcsx.gov.uk
SAC&F SW	irdinformation@secure.south-ayrshire.gov.uk

ALL EMAILS MUST BE HEADED- "IRD"& FOR THE ATTENTION OF "The Name of the Professional" from POLICE, HEALTH AND SOCIAL WORK WHO PARTICIPATED IN THE IRD.