West Dunbartonshire Child Protection Committee

Guidance for Undertaking

Inter-Agency Referral

Discussions

Version :	1	Owner	Child Protection Committee
Effective date:	January 2024	Review date:	September 2025

Documents Management Details

Document Management Category	Details
Title	West Dunbartonshire's Child Protection Committees Inter-Agency Referral Discussion Guidance (2022)
Writer	Natasha Macpherson, Child Protection Lead Officer
Approved by	Child Protection Committees & Public Protection Chief Officers Group
Date Approved	Sept 2023
Date Effective	January 204
Review Date	Sept 2025
Version Number	1.0
Version Number & Date of superseded version (if applicable)	This Guidance replaces the update and Guidance for all staff involved in Initial Referral Discussions (IRD) (2017)
Rational for introduction / drive for change	To align the 2017 guidance with the National Guidance for Child Protection in Scotland (2021).
Summary of substantive Changes (if applicable)	Change of name from Initial Referral Discussion to Inter-Agency Referral Discussions. Aligned to the National Guidance for Child Protection in Scotland (2021).
Lead Officer	Natasha Macpherson, Child Protection Lead Officer
Consultation and approval process	IRD steering group consulted in the writing of this guidance. Presented to the Child Protection Committee and ratified in Sept 2023.

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.

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.

Furthermore, local services must ensure sufficient continuity and co-ordination of planning and support for each vulnerable young person at risk of harm as they make their individual transitions.

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/

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.

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) (previously known as an initial child protection case

conference) is held, or until a decision is made that a CPPM is not required/that alternative action is required.

3. The Initiation of an IRD

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.

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

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

4. 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 the Senior Social Worker**
- **Within Police, this will be the Police Sergeants or Officer suitably trained**
- **Within Health, this will be a Public Protection Nurse Advisor**
- **Education, this will be the Child Protection Co-ordinators / Named Person**

They **must** have access to agency guidance, training and supervision in relation to this role.

Social work services have lead responsibility for enquiries relating to children who are experiencing or are likely to experience significant harm and assessments of children in need.

The police have lead responsibility for criminal investigations relating to child abuse and neglect; and share responsibilities to keep the child safe.

A designated health professional will lead on the need for and nature of recommended health assessments as part of the process.

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

Core agencies must plan together to ensure co-ordinated action.

It will usually be appropriate to involve and integrate additional information relevant to the task from a named person or other professionals who know the child well at the IRD stage. Education, and early learning and childcare are critical sources of contextual information about each child of nursery or school age.

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.

5. 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 48 hours 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 must not be delayed pending receipt of information gathering/sharing.

The IRD 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.

6. IRD Process

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. Factors such as urgency and geography will determine how the IRD is affected.

All core agencies must participate.

All aspects of the IRD must be recorded, responsibility for which must be agreed/confirmed when an IRD is started.

At a minimum, the record must include –

- The time and reason for starting an IRD
- The professionals attending
- The information shared
- Discussions held
- Decisions made (including consideration of options)
- Any lack of consensus, and the manner in which lack of consensus has been escalated and resolved, without delay.

This information will form a single core IRD record, to be shared by participating agencies. Partners within West Dunbartonshire have agreed that the minute of the IRD meeting will be shared within **48 hours of the meeting taking place**. The Chair of the IRD will have the responsibility for sharing this within timescales, however all Partners involved in the IRD meeting will ensure they have shared all relevant information with the Chair in a timely manner to ensure this timescale can be met.

West Dunbartonshire's IRD paperwork can be found below –

NEW amended WD
IRD Recording form

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) takes place**
- **Decision is made that a CPPM is not required**
- **Decision is made that no further immediate action required.**

Locally, a meeting takes place between the Social Work Team Leader, Senior Social Worker and Social Worker 7 calendar days prior to the anticipated child protection planning meeting to discuss whether a child protection planning meeting is required. These discussions take place following consultation by the Social Worker with key Partners to ensure all Partners are in agreement with this recommendation. Once it has been agreed no child protection planning meeting is required, the IRD is closed on the Social Work Carefirst system. The Social Worker is then responsible for updating Partners of the outcome of the investigation.

7. Priorities

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 who will carry it out, location of interview and in what timescales). 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.

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

Exceptions to the 28 calendar day timescale must be agreed by the accountable Team Leader 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.

8. 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. Local areas will require quality

West Dunbartonshire will begin to implement the hybrid SCIM model in March 2023 and key Partners form part of the SCIM Implementation group.

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.

9. Age of Criminal Responsibility

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)

10.Health Assessments and Medical Examinations

Is a medical examination required?

In all cases brought to IRD the need for medical examination must be discussed, agreed and documented. A discussion with the appropriate medical team is required to plan the type and timing of any medical assessment or examination.

The medical examination of a child for whom there are child protection concerns aims:

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

The decision to carry out a medical examination and the decision about the type of medical examination is made by a paediatrician informed by a multi-agency discussion with Police, Social Work and other relevant health staff.

Through careful planning, the number of examinations must be kept to a minimum. The decision to conduct a medical examination may:

- follow from an IRD and inter-agency agreement about the timing, type and purpose of assessment
- follow when a child or young person presents directly to health services e.g. an emergency department.

This includes the possibility of self-referral for victims of rape and sexual assault who are over 16 years old.

Full information on medical examinations can be found below at section 3.6.8 –

https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021/pages/6/

11. Emergency Legal Measures to Protection Children and Young People at Risk of Significant Harm

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.

All references to 'the 2011 Act' are to the Children's Hearings (Scotland) Act 2011. Where legal measures are being considered, early consultation with local authority legal services may be appropriate.

Full information on Legal Measures available can be found at section 3.9.2 below –

https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021/pages/6/

12. 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. It should be in plain language and practical detail, with no acronyms and no professional jargon
- the needs and the harm that the plan must 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 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

Police must always be notified of a threat to life or injury of a person. When a child is affected or is likely to be affected by such a risk, police will immediately consider the need for an IRD; and an IRD would normally be expected unless there is clear and sufficient evidence to discount the risk of significant harm deriving from such a threat.

13.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. Guidelines should be agreed with local Procurators Fiscal and counselling and welfare services on disclosure of information to avoid the contamination of evidence.

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.

Equally, practitioners should be sensitive to the impact of abuse and the subsequent investigation on siblings and extended family members. Consideration should be given to their needs in such circumstances, and to the likely impact on their ability to deal with the situation.

14.Considerations

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.

15.When more than one child is involved

Concerns that relate to multiple families or a group of children may necessitate a level of additional co-ordinated case discussion to that of the individual IRD for each child. This should allow consideration of context and patterns of concern; and lead to a strategic and co-ordinated response.

16.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.

17.Lead Professional

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 support to gain sufficient understanding of what is happening stage by stage. They may provide a signpost for additional advice and support.

The IRD record should identify this person before closure.

18.What happens when there is a lack of consensus?

If any agency involved in the IRD disagrees with the decision of any party and where a compromise cannot be reached, consultation with senior managers from core agencies should take place in order to reach a decision.

The points of disagreement and resolution must be recorded on the IRD Record.

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.

19.Quality Assurance and Review of IRDs

The National Guidance for Child Protection in Scotland (2021) explicitly states local areas should ensure that quality control systems are in place to support consistent standards, recognition of patterns in practice or context of concerns, and improvement.

Within West Dunbartonshire, the IRD Steering Group is responsible for the quality assurance of IRDs. This will be achieved by –

- **Regularly reviewing IRDs via multi-agency auditing from pre-birth to 18 years old.**

A audit team with representation from across Services has been established, is led by Police and meet quarterly to audit a sample of IRDs. This is in turn fed back to the Child Protection Committee, highlighting any good practice examples or any areas for further development.

The National Guidance for Child Protection in Scotland (2021) states a vehicle for secure electronic sharing of the IRD Record between core agencies promotes effective and consistent practice; and makes review, quality assurance and analysis of trends feasible.

20.Interface with other Processes

Children and young people who are believed to have harmed others may also require co-ordinated information sharing and decision-making. They may also have experienced abuse.

Investigative processes must safeguard and protect their wellbeing as a primary consideration. IRDs are the lynchpin of effective processes when concerns arise about children who have caused serious harm to others. Where this is the case, Care and Risk Management processes should be considered, along with the Age of Criminal Responsibility (Scotland) Act 2019.

Appendix 1 –

Inter-Agency Referral Discussion (IRD) Flowchart