Interagency Referral Tri-partite Discussions

(IRTD)

Interagency planning and decision making procedures for responding to allegations or concerns about children at risk.

Revision 1 of “Final Draft"
Changes - updating out of hours health contact
6th May 2016
1. General Principles

Effective information sharing is a key activity of each agency in order to support the assessment of whether a child is at risk of suffering from harm and to ensure that responses to concerns are considered, proportionate, well planned and executed timeously. In order to make decisions, each agency will share relevant information. This will include information on the child, any other children in the family or who may be at risk and key adults who have involvement with the child.

Where there are or may be concerns that a child has suffered or may be exposed to a risk of significant harm information sharing and decision making is undertaken through a formal Inter-agency Referral Tri-partite Discussion (IRTD) process.

Any agency which believes that a child is at risk of significant harm can request an IRTD. Where a request is received one will always be convened.

2. Information sharing

Where there is any uncertainty as to whether information held by an agency is relevant, it will be shared in the IRTD to determine its relevance.

Each agency will consider and share information that indicates a potential risk to professional staff. This might include previous aggressive or violent behaviour, infectious disease or mental health issues.

There is an expectation on the part of the core agencies that each will thoroughly research the information systems available to them and thereafter share information with their partners to enable effective decision making. These systems will include single agency and shared information systems, both paper based and electronically stored.

These sources of information can be extensive, may vary on a case by case basis and should consider all information held by agencies on all members of a household including siblings and parents or carers. This will require health named public health nurses to access parental health and mental health information.

3. What is an IRTD?

An IRTD is the process of joint information sharing, assessment and decision-making about child protection concerns. Professionals will consider other children who may be at risk and any potential risks to vulnerable adults, not only the child who is subject to the referral. The IRTD is not a single event, but takes the form of a process or series of discussions.

An IRTD will normally take place before any agency proceeds with an investigation, unless emergency measures are required to secure a child’s safety. An IRTD should take place before either a Joint Investigative Interview (JII) or Joint Medical Examination takes place and continue as required to coordinate planning and
decision-making until such time as the IRTD process agrees the investigation is concluded.

The core agencies to the IRTD are Health, Police and Social Work services; where possible the child’s Named Person should also be included.

- In most instances social work will initiate an IRTD on receipt of any referral which indicated that a child may be at risk of significant harm and a child protection investigation may be required. This will be convened as a matter of urgency.
- IRTD’s may be carried out face to face, by lync conference call, VC or tele conference to avoid delay.
- The IRTD must be carried out as soon as practicable and in all cases within 24 hours of referral.

4. Out of Hours

Out with office hours the IRTD will be conducted between the Social Work Emergency Service social worker and a police officer of supervisory rank and the on call consultant paediatricianas below; decisions will be made and recorded as for any IRTD.

Where an IRTD has been conducted out with office hours an IRTD involving the Health Visitor or School Nurse and Named Person should normally be convened by Social Work on the first working day.
5. Roles and Responsibilities

In all cases Social Work, Police and Health must participate in the IRTD. Where possible the child’s Named Person should also participate.

**Health** - The IRTD will in most instances be conducted by the Health Visitor or School Nurse. Where they are not available the social worker should contact Child Health Administration on 01631 518 988 who will identify a suitable representative.

Where there are concerns about serious physical injury or sexual abuse the IRTD should be conducted with the Community Paediatrician/CPA. They should be contacted through Child Health Administration on 01631 518 988.

Out of hours the IRTD Health contact is:
- On call Consultant Paediatrician at the RAH on 0141 887 9111 for cases of Physical Abuse or Neglect (other abuse excluding sexual abuse)
- Child Sexual Abuse (Before 13th birthday): on call Consultant Paediatrician for Child Protection at Royal Hospital for Children 0141 201 0000
- Child Sexual Abuse (13 years and older): Glasgow Archway 0141 211 8175

**Police** - The IRTD will be conducted within Public Protection Units by a suitably trained and experienced officer of supervisory rank.

Where specialist unit staff are not available or it is out of hours, the IRTD should be conducted by an officer of the rank of Sergeant or above.

Where there are difficulties contacting a Police Sergeant the on call Police Inspector should be contacted.

**Social Work** - The IRTD will be conducted by a trained and experienced member of Social Work staff ordinarily a Practice Lead or other designated experienced child protection practitioner as identified by the Practice Lead. Out of hours the IRTD will be completed by the Social Work Emergency Service on call Social Worker with reference to the on call manager if required.

**Named Person** - The Named Person holds key information about the child, where possible they should be included in the IRTD and share relevant information and contribute to decision making.

During School Holidays - where the Named Person is a member of education staff information can be accessed via Argyll House - Contact either School Services Support Manager on 01369 708509 or Administrative and Management Information Officer on 01369 708578 during office hours.
6. IRTD Decision Making

The IRTD must agree the most appropriate response to a concern and identify whether the concerns should be responded to under the child protection procedures or whether an alternative response is more appropriate;

**No Further Action** - Sufficient information to decide that no further action is required at that time by the core agencies. Information passed back to Named Person.

**Further enquiries** - Further enquiries are required to determine whether or not a child protection investigation is required. Where the IRTD agrees this it must specify what further actions are required by whom and agree a date to reconvene the IRTD to review the available information.

**Child’s Plan Meeting** - The threshold for a child protection investigation is not met however the child may need additional supports. The Named Person requested to convene a CPM to complete a universal child’s assessment and plan.

**Single Agency Investigation** – Threshold for a CP investigation not met and available information suggests that this is the best way to proceed, the single agency should conduct further investigations on their own. The need for a further IRTD must be considered.

**Child Protection Case Discussion** - The IRTD can conclude that the child is not at imminent risk of harm and a CP case discussion is required to fully share all available information to agree the way forward, or in cases of complex sexual abuse, trafficking, suspected child sexual exploitation etc a CP case discussion is required to plan and coordinate the investigation.

**Child Protection Joint Investigation** - Where the information suggests that the threshold for a CP investigation is met the IRTD will plan how the CP investigation will be conducted.

**Immediate protective action** - The IRTD may identify a need for immediate action to remove the child from their current environment and move them to a place of safety or to put in place other emergency protective arrangements. This may require the exercise of Police emergency powers or application for a Child Protection Order

**Vulnerable Adults** – The IRTD must consider whether the available information indicates any potential risk to a vulnerable adult and identify what further actions may be required – See *Joint Guidance on Interface between Child and Adult Protection*.

**In addition the IRTD must consider and make decisions on the following:**

- Need for legal measures ie Child Protection Order or Exclusion Order,
- What further information is required, who will be responsible for gathering this, by when and whether this will be carried out jointly or by a single agency.
• Whether a Joint Investigative Interview (JII) is required and, if so, arrangements for this, including who will carry it out.
• Whether a medical examination is required, how this will be arranged the nature and timing of this, and who will carry it out.
• What support is required for the child and who will provide it.
• Whether there is risk to any child other than the subject of the referral.
• Whether consent is required from parents/carers, who will obtain this and what information, will be passed to parents/carers, even if consent is not being sought.
• What feedback will be given to the initial referrer at this stage, and who will provide this.
• The initial referrer/agency might continue to have close contact with the child/family and must not be compromised by lack of information.
• In considering all of these issues, timescales and the sequence of actions must be decided upon and recorded.

In all situations the IRTD must consider arrangements for further interagency planning and decision making and what additional protective measures are required pending conclusion of any inquiries/investigations

7. Dealing with Disagreement

While the levels of staff who will participate in IRTD’s is agreed, this does not remove the accountability of senior managers for processes carried out on their behalf.

On the rare occasions that agreement cannot be achieved during an IRTD, the matter will be referred to Locality Manager, a more senior police officer and Consultant Nurse.

Recording of IRTD

Every stage of IRTD will be fully recorded without delay. Social Work will complete the relevant electronic form which will be circulated by e-mail to all participants and a copy appended to each agency record.

8. Further Discussions

Following the initial IRTD any number of further IRTDs may be required prior to completion of the investigation; all further discussions will be recorded as with earlier IRTD’s, according to the IRTD process.
9. Concluding the Investigation

At the conclusion of every child protection investigation, whether single agency or joint, all three core agencies and the Named Person will share and assess the information gathered and make a final decision regarding the matter.

Consideration will be given at this time to ongoing support or request for assistance from other agencies for a child/family and any ongoing protective arrangements regardless of the outcome of any investigation.

The initial referrer must be provided with feedback and the IRTD will determine what information will be appropriate and who will feedback to the initial referrer. These discussions, and any decisions, will be recorded as with IRTD’s.

A Target date should be set for the completion of the CP1 which should be shared with all participants in the IRTD.

Decisions for the concluding discussions:

- **No Further interagency child protection action** – Child’s Plan meeting to be convened by Social Work. NB; this may also include where the child is looked after and accommodated and planning is to be progressed through Childs’ Plan Meetings (LAAC planning and review processes)
- **Child protection Case Conference** – Threshold for a ICPCC is met

In addition the final IRTD will also consider whether the allegations/concerns should be referred to SCRA and who should do this.

*These are the only options available at the outcome of a CP investigation; it is not competent to proceed to a Case Discussion or “professionals meeting” on conclusion of a CP investigation.*
10. Medical Examinations

Unless there is an urgent need for emergency medical treatment consideration of the need for medical examinations should always be made in consultation with a health professional and must be considered as part of the IRTD.

During office hours the Health Visitor or School Nurse is responsible for arranging the medical examination. Where there may be a need for a forensic examination the medical will be arranged following consultation between the Police and Community Paediatrician.

**Minor Injury** – non-specialist medical carried out by a local GP to document injury, assess immediate medical requirements and need for specialist opinion if appropriate.

**Child under 2 years / Serious Physical Injury/ Immediate admission required / Burns, Bites or other forensic concerns** – Contact Consultant Paediatrician RAH 0141 887 9111

**Child Sexual Abuse**
For children under 13 years contact Consultant Paediatrician for Child Protection at the Royal Hospital for Children - 0141 451 6605
For children 13 years and older – contact Glasgow Archway 0141 211 8175

**Neglect** – Comprehensive health assessment will be carried out by suitably qualified health practitioner identified by the Community Paediatrician or on call nurse based on level of risk and need as soon as required.

Out with office hours medicals may need to be arranged by Police and Social Work as above following discussion with the on call paediatrician at RAH.

**Consultant Paediatrician Advice**

An on call consultant paediatrician is available for advice with complex medical issues or concerns.
During working hours – 01631 518 988
Out of Hours – Consultant Paediatrician RAH - 0141 887 9111.
Information for Health Staff

Core Process

The involvement of NHS staff is an essential component in decision making and the multi-agency assessment of children at risk of child abuse and neglect. Key to this is seeking out, evaluating and sharing information from a range of possible sources within the NHS and actively contributing to decision making about the most appropriate way to respond to concerns or allegations.

It is acknowledged that a full picture of the family’s health circumstances and background will not always be readily available, particularly when initially contacted as part of an IRTD. Gathering and sharing this information is a key element of the interagency assessment process.

Where the IRTD decides to proceed with a child protection investigation or that further information is required; the health information will be collated and recorded using the early information sharing paperwork and this should be e-mailed to the Social Worker and Advanced Nurse Vulnerable Groups within 48 hours of the IRTD. Where significant new and additional health information comes to light after the submission of the early information sharing paperwork this should be shared with the social worker at the earliest opportunity and confirmed by e-mail.

When contacted as part of an IRTD the Health Visitor or School Nurse will be the conduit for NHS information to inform risk assessment and decision making; this will require the Health Visitor or School Nurse to actively seeking out and consider health information from across health disciplines and about all members of a household including siblings and parents and carers. This must always include consideration of;

- Health Visiting and School Nursing records
- Discussion with GP and consideration of information in GP records
- Well-being indicator status and ‘My World’ assessments
- Immunisations status
- Referrals to other health services such as CAMHS, AHPs and specialist clinics etc
- Previous reports to Reporter
- Accident and Emergency attendance
- Significant or repeated failure to attend at appointments

In addition it may involve;

- Contact with Mental Health or addictions services in connection with parents or carers
- Contact with other specialist services
- Consideration of information held by AHPs, CAMHs, etc

Where these checks indicate that a health professional holds very significant information for the investigation or where there are complex issues of risk or professional judgement the Health Visitor or School Nurse should recommend further discussion between the Social Worker and/or the Police and the relevant
Health Professional, e.g. GP, Addictions Worker, or Psychiatrist, to ensure that this information is effectively communicated and considered within the wider investigation and decision making.

Where families are new to the area and records have not been transferred the Named Health Visitor or School Nurse will need to contact previous Health Authorities and GP practices for information.

**Arrangement of Medical Examinations**

Where the IRTD identifies that a medical is or may be required the Health Visitor or School Nurse is responsible for liaising with the Community Paediatrician to confirm the most appropriate type of medical, who should undertake this and when it should be undertaken. In most circumstances the Community Paediatrician will arrange the medical and liaise with Social Work and Police about this.

**Role of Advanced Nurse Vulnerable Groups**

The Advanced Nurse Vulnerable Groups is available for advice to health staff on child protection concerns during business hours and provides support and advice to members of staff involved in child protection cases and referrals. Health Visitor or School Nurse should contact the Advanced Nurse Vulnerable Groups for support and guidance as required following requests for information under the IRTD process; The Advanced Nurse Vulnerable Groups is available to provide;

- Child protection supervision for staff which assists with decision making
- Advice and support to initial enquiries into incidents involving the protection of children
- Advice on best practice, confidentiality and sharing of information, and legislation in relation to child protection
- Intervene when there are difficulties accessing health information from other disciplines