



## **Interagency Referral Discussions (IRD)**

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

Reviewed: October 2020

**Revision 3 of "Final Draft"**

**Changes –**

**Out of hours health contact 6<sup>th</sup> May 2016**

**Police single point of contact 31<sup>st</sup> July 2018**

## Health pathway, dealing with disagreement process and Care First IRD from 1st August 2019

### 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 Discussion (IRD) process.

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

A child is defined as someone who has not attained the age of sixteen years or is over the age of sixteen years and has not attained the age of eighteen years and in respect of whom a supervision requirement is in force. For the purposes of human trafficking and Child Sexual Exploitation **a child is any person under 18 years of age.**

'Child protection' means protecting a child from child abuse or neglect. Abuse or neglect need not have taken place; it is sufficient for a risk assessment to have identified a *likelihood* or *risk* of significant harm from abuse or neglect.

Where any agency/ professional is concerned about how their child protection concerns are being responded to they should escalate this to the relevant manager at the earliest opportunity (see section 7)

### 2. Information sharing

Where there is any uncertainty as to whether information held by an agency is relevant, it will be shared in the IRD 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 in accordance with GDPR.

### **3. What is an IRD?**

An IRD 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 IRD can be a single event, but can also take the form of a process or series of discussions if follow up is required.

An IRD will normally take place before any agency proceeds with an investigation, unless emergency measures are required to secure a child's safety. An IRD 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 IRD process agrees the investigation is concluded.

The core agencies to the IRD 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 IRD 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.
- IRD's may be carried out face to face, by lync conference call, VC or tele conference to avoid delay.
- The IRD must be carried out as soon as practicable and in all cases within 24 hours of referral.

#### **IRD Detective Sergeant**

The L Division IRD Detective Sergeant post was instigated to improve the Police IRD response to Partners with a view to promoting more effective/efficient partnership decision making at the earliest point in Child Protection enquiries.

The process for raising/sharing concerns will be unchanged. The Police Risk and Concern Hub Staff will still raise VPD's and then make contact with IRD DS to arrange an IRD.

The IRD Detective Sergeant will hold IRDs and make *initial decisions* (with partners) as to the safeguarding of children and whether or not a child protection or police investigation is required.

If a (joint) decision is made that an investigation is required, the partner discussion will focus on how that should look in the initial stages (medical, JII etc.). It may subsequently be decided (jointly) that a Medical and/or JII should take place.

If deemed significant, the enquiry will be passed to PPU for progression. It may be appropriate for the Child Protection DI or DS for that local authority area to undertake additional IRD's as the enquiry progresses up to and including where necessary a concluding IRD and the end of the investigation and for consideration of Case Conference.

Multi-Agency decisions reached during an IRD are not subject to change by a single agency and should the decisions agreed require revisiting this will be done within an IRD.

#### **During office hours**

The referring Social Worker calls ONE telephone number which is the Risk and Concern Hub based in Dumbarton Police Office:

**01389 822143**

This will be available between **9am and 5pm Monday to Friday**

The **IRD DS will carry out IRDs in relation to PPU enquiries (0900 to 1700 hours Mon-Frid)**, if not available due to annual leave, etc. it will default to the Child Protection DS for that local authority area.

#### **4. Out of Hours**

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

Where an IRD has been conducted out with office hours an IRD 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 IRD. Where possible the child's Named Person should also participate.

### **Health**

The IRD will in most instances be conducted by the Health Visitor or School Nurse.

Where there may be a need for a forensic examination the medical will be arranged following consultation between the Police and Paediatrician from the Royal Hospital for Children

#### Out of hours the IRD Health contact is:

- 17.00 – 22.00hrs Royal Hospital for Children Child Protection Consultant on call via switchboard 0141 201 0000 for cases of Physical Abuse or Neglect (or other abuse excluding Sexual abuse), (Appendix 1)
- 22.00 – 09.00hrs Royal Hospital for Children Paediatric Medical Registrar 0141 452 4678
- Child Sexual Abuse ( before 13<sup>th</sup> birthday): on call Consultant Paediatrician for Child Protection at Royal Hospital for Children 0141 201 0000 , (Appendix 2)
- Child Sexual Abuse ( 13years and older): Glasgow Archway 0141 211 8175, (Appendix 2)

If the IRD is proceeding to a Child Protection Investigation and an urgent medical examination is required Social Work or DI/DS from Police Protection Unit (PPU) or Health Practitioner are responsible for informing the Child Protection Unit 0141 541 6605 with all the relevant information to ensure a medical appointment is arranged timeously.

#### Urgent cases include

- Under 1 with unexpected bruising / injury
- Serious Physical Injury

- Child Sexual Abuse

The Greater Glasgow & Clyde Child Protection Service will be able to offer advice and support on any concerns regarding a child/young person as well as

- Advice on medical/health assessment required
- Assist with arranging the medical if required

## **Police**

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

Please note the person receiving this call will not conduct the IRD, they will take basic details and arrange for a suitably trained officer to participate in the IRD See appendix for checklist of information required by police.

Should referrals require to be made after 5pm, then local police offices can be contacted on existing telephone numbers where there may still be PPU staff on duty.

If there is no response from these numbers, then contact **101** and ask to speak to the **Response Sergeant** covering your area. They will be able to assist in the management of any CP risk and they themselves will seek CID support if required.

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

**Social Work** - The IRD 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 IRD 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 IRD 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/ 704000 or Administrative and Management Information Officer on 01369 708578 during office hours.

## 6. IRD Decision Making

The IRD 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 IRD agrees this it must specify what further actions are required by whom and agree a date to reconvene the IRD 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 IRD must be considered.

**Child Protection Case Discussion** - The IRD 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 IRD will plan how the CP investigation will be conducted.

**Immediate protective action** - The IRD 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 IRD 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 IRD 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 IRD must consider arrangements for further interagency planning and decision making and what additional protective measures are required, pending conclusion of any enquiries/investigations

## **7. Arrangement of Medical Examinations**

Where the IRD identifies that a medical is or may be required Social Work or DI/DS from Police Protection Unit or Health representative will be responsible for liaising with the NHS GG&C CP services **0141 451 6605** to confirm the most appropriate type of medical required, who should undertake this and when it should be undertaken. Social Work would need to be informed also.

(Appendix 1 & 2) describe the pathway's to follow for medical examination

(Appendix 3) has the timescales for the various medicals to be completed.

## **8. Consultant Paediatrician Advice**

An on call consultant paediatrician is available for advice with complex medical issues or concerns.

During working hours – **0141 451 6605**

Out of Hours – Consultant Paediatrician Royal Hospital for Children **0141 201 0000**

## 9. Dealing with Disagreement

While the levels of staff who will participate in IRD'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 IRD, about whether to convene an IRD or about how a child protection concern should be responded to, the concerned professional must, at the earliest opportunity, contact their relevant agency lead - Locality Manager, a more senior police officer, Education Manager or Consultant Nurse.

## 10. Recording of IRD

Every stage of IRD will be fully recorded without delay. Social Work will complete the relevant electronic form on Care First and circulate to all participants by e-mail - same working day. Each participant is responsible for ensuring a copy of the IRD form is appended to each agency record.

## 11. Further Discussions

Following the initial IRD any number of further IRDs may be required prior to completion of the investigation; all further discussions will be recorded as with earlier IRD's, according to the IRD process.

## 12. 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 IRD 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 IRD's.

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

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 ICPC is met

In addition the final IRD 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.*

## **Information for Health Professionals**

### **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 IRD. Gathering and sharing this information is a key element of the interagency assessment process.

Where the IRD 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 paper work and this should be e-mailed to the Social Worker and Advanced Nurse Vulnerable Groups within 48 hours of the IRD. 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 IRD 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
- 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;

Liaising 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. 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.

### **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 IRD 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

### **Police Concern HUB- IRD Checklist**

Please ensure you are asking the referring Social Worker the following questions when collating information to raise an IVPD.

Always record the time at which a referral is made.

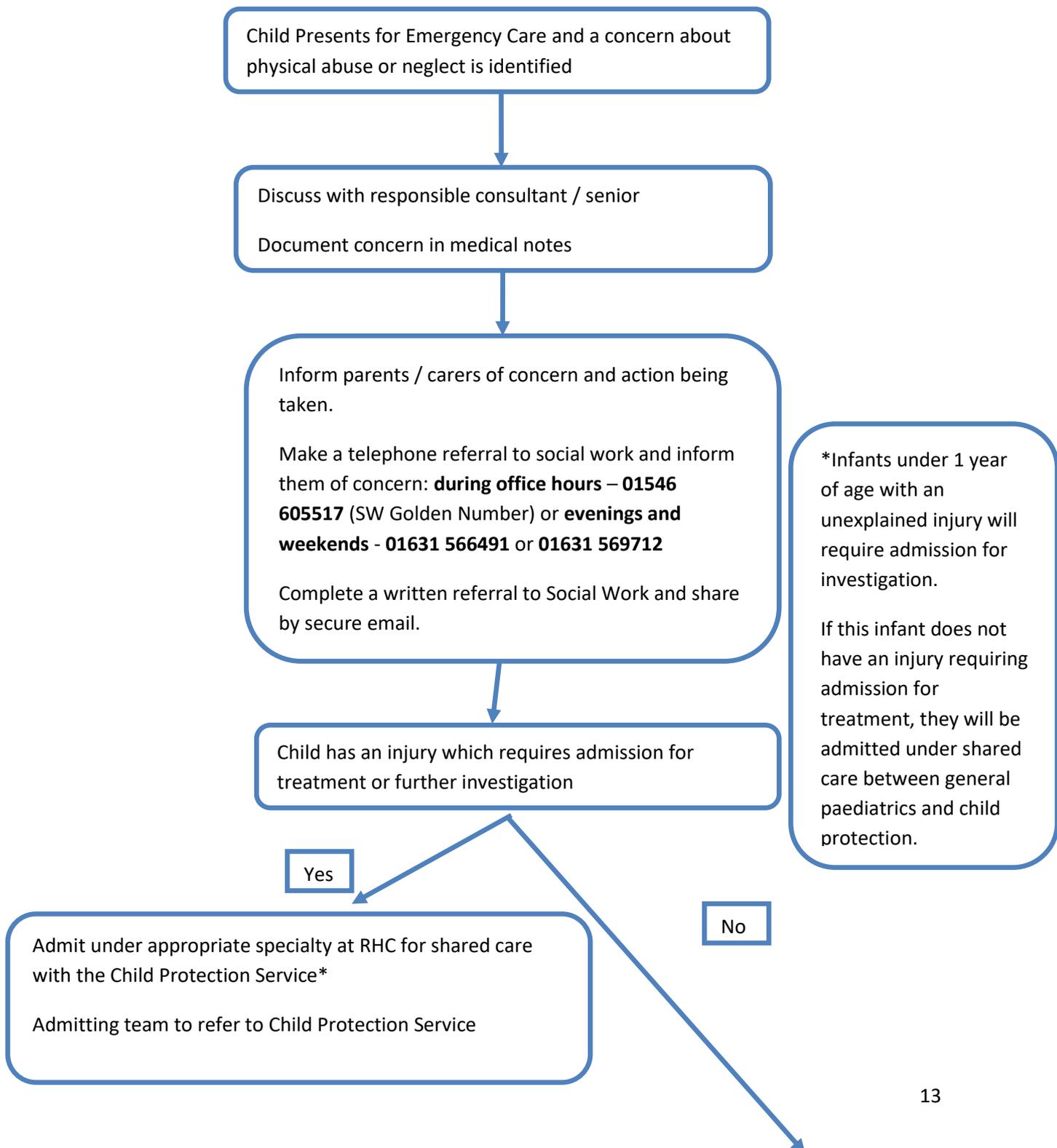
- Name of Social Worker, job title, contact telephone number
- Name, DOB, address, school attended, named person of child referred
- Details of child's parents and siblings (DOBs and addresses to allow checks)
- Summary of concern- Why are you phoning to make a referral. You are looking at this point for a brief summary of the concern. This can be as simple as "Child has attended school today with a black eye, when asked about it, he has said that Dad was drunk last night and punched him to the face during an argument about homework"
- Where is the child presently? Are they aware/ willing to speak to the Police
- Is there anything which requires immediate Police action? Is there a child who requires to be urgently safeguarded (IE Call from SWD saying, we have just received a call from Mum saying her partner is in her house and has/ is assaulting their child- This situation SHOULD NOT be an IRD at this stage but should be STORM incident for Police to attend immediately)
- What information do SWD have about this child/ family? Are there any orders in place (residency orders/ supervision orders)
- What is their proposed course of action (sometimes SWD can phone to say they are proposing taking something to Case Discussion, we are required to agree to this)
- Will the calling SW'er be the one carrying out the IRD- if not who will be? (name/ contact number etc)
- Is there anything else the SW'er thinks is relevant to the referral at this time?

### **YOUR ACTIONS**

- Notify PPU Supervisor of referral (must be verbal, email will not suffice)
- Raise and complete iVPD- allocate to respective PPU supervisor

**Appendix 1**

**Pathway of care for children presenting for Emergency Care when there is a concern of Physical Abuse or Neglect**





**Referral to Child Protection Service**

**Mon – Fri – 09:00 -17:00 – Contact CPS advice line (0141 451 6605)**

**Weekend and ALL evenings until 22:00 – RHC Child Protection Consultant on call via Switch 0141 201 0000**

**22:00 – 09:00: Contact Paediatric Medical Registrar RHC (0141 452 4678) who will discuss patient and call CPS consultant if required**

Child presents for Emergency Care with a disclosure or parental concern of Child Sexual Abuse (CSA)



Child requires immediate care and treatment of genital or physical injury

Yes

No

Medical Assessment in A&E

Document Concern in Notes

Inform parents / carers of concern and action being taken.

Make a telephone referral to Police and Social Work and inform them of concern.

Complete written referral to Social Work and share by secure email.

Admit under Paediatric Surgical team for shared care with Child Protection Service.



Assessment by medical senior including history and general examination

Document Concern in Notes

Inform parents / carers of concern and action being taken.

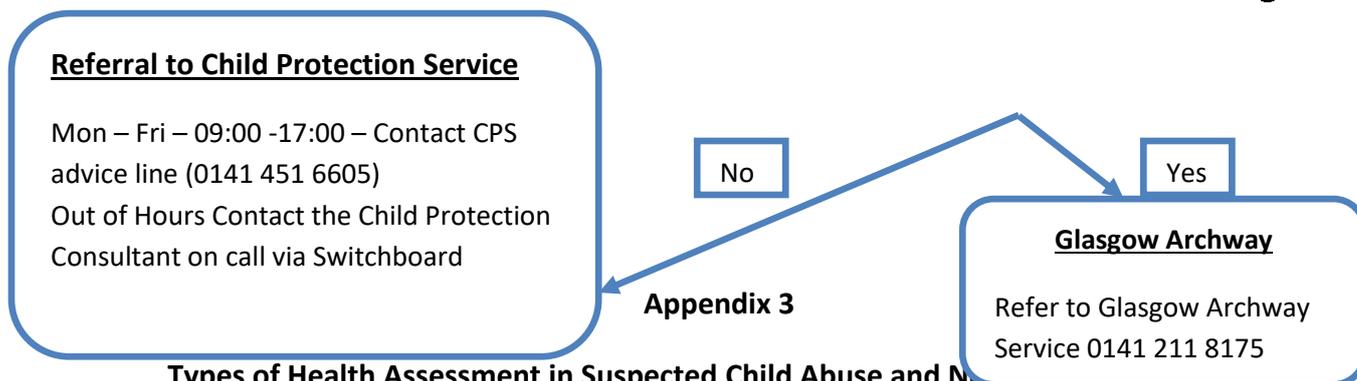
Make a telephone referral to Social Work and inform them of concern.

Complete written referral to Social Work and share by secure email.

Med Senior to contact appropriate service for further advice or support if required



Child / Young Person 13 years or older



## Types of Health Assessment in Suspected Child Abuse and Neglect

### Argyll & Bute Health and Social Care Partnership

#### Emergencies - Immediate

In an emergency, children or young people with suspected abuse or neglect may be taken to the nearest Emergency Department for the provision of immediate medical care and onward referral as clinically required. Consent may not be required for provision of emergency medical care.

#### Suspected NAI – within 24 hours

Specialist Child Protection Paediatric Assessment at Royal Hospital for Children:

This will be urgently requested after social work / police involvement (usually after IRD), if there are acute signs and symptoms suggestive of physical abuse. The decision to carry out a child protection medical is made by a paediatrician. It is a single doctor examination and should be carried out by an experienced paediatrician, who has additional skills in child protection. A standardised proforma is used for recording clinical assessment including history, examination and any investigations planned. Photographs may be taken, and a medical report will be completed as part of the assessment. Young children may need admission to a paediatric ward for further tests e.g. CT scan, skeletal survey, eye examination, blood investigations, which may require an overnight stay.

#### Rape or Acute Sexual Assault in past 7 Days – within 12 hours

#### Historic Sexual Abuse more than 7 days ago – within two weeks

Joint Paediatric/Forensic Assessment at Royal Hospital for Children (before 13<sup>th</sup> birthday) or at Glasgow Archway (after 13<sup>th</sup> birthday):

The timing of the forensic medical examination should be person centred and trauma informed. It should be performed following discussions with the child / young person, the forensic examiner, and paediatrician. Examinations between 10pm and 8am should be avoided unless there is an urgent medical need to conduct an examination.

#### Neglect – within four weeks

Comprehensive Medical Assessment in child's locality as an outpatient:

This specialist paediatric assessment would be indicated if there are concerns about neglect, or chronic abuse over a period of time, and is usually carried out as part of a social work investigation. It requires a number of additional tasks to be completed inc. collation of all previous medical records from HV, school nurse, GP, Hospital and Emergency Department and CAMHS records. A chronology would be expected prior to examination, and any social work reports made available. A full medical report will be shared with social work and copies sent to the Named Person and GP.

## Consent

For planned medicals that form part of a child protection investigation consent is required from a person with parental responsibility. Children over 12 may be able to consent to their own examination but should be supported by a responsible adult who knows the child.

## Appendix 4

### Health Process for Initial Referral Discussion

**Initial Child Protection concern Social Work Practice Lead will contact the Health Visitor or School Nurse**

**Response time to return call to Social Work Practice Lead should be within two hours**

**Using the SBAR communication tool in the first instance the HV/School Nurse will:-**

1. Get background information on the CP case under investigation
2. Verbally provide available health information
3. Ensure the Social Worker records the verbal health information on the e-form



**As part of the IRD investigation the Health Visitor or School Nurse in all cases will endeavour to:-**

- Examine Health Visiting and School Nursing records for relevant information
- Provide Well-being indicator status and 'My World' assessments
- Immunisations status
- Referrals to other health services such as CAMHS, AHPs, specialist clinics etc
- LAC assessments & paediatrician records
- Accident and Emergency attendance
- NHS24 reports
- Significant or repeated failure to attend at appointments



**If the IRD is proceeding to a Child Protection investigation and an URGENT Medical Examination is required Social Work OR DI/DS from Police Protection Unit (PPU) OR Health Practitioner are responsible for informing the Child Protection Unit with all the relevant information to ensure a medical appointment is arranged timeously**

**PLEASE NOTE: If immediate medical attention is required child should be taken to the nearest A&E Department**

**Urgent medical examinations include:**

- Under 1 with unexplained bruising / injury
- Serious Physical Injury
- Child Sexual Abuse

**Non Urgent Medicals**

Seek advice from CPA in order to ascertain if GP assessment is required or planned non urgent medical to be arranged.

The IRD e sharing document must be completed within 48 hours and sent to the Advanced Nurse Vulnerable Groups



**GGC Child Protection Service will be able to offer advice and support on any concerns regarding a child/young person as well as:**

- Advise on medical/health assessment required
- Assist with arranging the medical if required

