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1 Inter-agency Referral Discussion (IRD) - Definition & Purpose

An IRD is the start of the formal inter-agency 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 Scotland, 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 who work with or have contact with children and their families have a role in child protection. That role will range from identifying and sharing concerns about a child or young person, to contributing to decision making, or in planning an investigation to support the child or young person.

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

2 When is an IRD initiated?

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

The IRD is initiated when Social Work, Police Scotland or Health has received information or a referral which indicates that sharing information 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 a child already known, 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.

- An IRD must always be considered where there are concerns in relation to the care and protection of a child or young person.
- Joint decisions must always be recorded by the key agencies involved using the Initial Referral Discussion Template (Appendix 11.2).
- 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 - Designated Officer for Child Protection

Requesting an IRD will not delay the need for Social Work and Police Scotland 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.

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.

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 Scotland, and Health within 24 hours of the initial significant concern or harm being raised or convened as soon as reasonably practical if this is out with 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. The Designated Health Lead should ensure that information from the child's GP record is obtained.

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.

In Orkney the initial IRD will be recorded by the Police Public Protection Unit Designated Officer and circulated to attendees. This record must be copied into relevant systems within each agency. Any subsequent IRD meetings will be recorded by the Lead Agency.

A written record of the IRD (Appendix 11.2) must be completed by the 'the Lead' timeously and emailed to the other IRD participants. Attendees should confirm any required amendments in writing within 24 hours. IRD meetings in Orkney often require video or teleconference facilities which will be used to facilitate inter-agency participation including professionals based in Orkney's outer islands and Police based in Inverness.

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 Scotland 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 Orkney Out of Hours Service (OOH), Police Scotland and (if required) the on-call paediatrician at Royal Aberdeen Children's Hospital, NHS Grampian.

On the immediate next available working day details of this immediate action should be passed to the Social Work 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 Designated Officer for Child Protection 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 Designated Officer for Child Protection 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 Designated Officer for Child Protection, Lead Professional/Social Worker and Detective Sergeant from Police Scotland.

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 can be convened prior to 28 weeks in pregnancy as appropriate following assessment.

The purpose of a pre-birth 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).

Additional Support Pathway for Women with Vulnerabilities (September 2020) should be adhered to for pregnancies considered "High Risk". Available from this [link](#), under 'related downloads'.

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 (JII)
- 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 11.2) 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 Designated Officer for Child Protection, on receiving the IRD record will forward it to the relevant Health Team to ensure it is added to C-cube or paper records for West Mainland Health Visitors.

9 Resolving disagreements

Disagreements at any stage which cannot be resolved at the IRD, will be referred to the Chief Social Work Officer and Detective Chief Inspector, Public Protection Policy Unit, Divisional Headquarters, Inverness. A decision will be reached within one working day and fed back to the Operational Manager and IRD Sergeant.

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 one working day (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; and
- planning for the child / unborn child.

Our Partnership has a self-evaluation mechanism for this and will report to the Public Protection Committee (Child Protection) on a regular and routine basis for assurance purposes.

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

- Multi agency self-evaluation for practitioners to inform and improve practice
- Multi agency and self-evaluation to share learning as required

10.1 Email communication



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.

Agency	Secure Email Address
Police Scotland	HighlandandIslandsInterAgencyReferralDiscussion@scotland.pnn.police.uk
Social Work	csfw@orkney.gov.uk



11 Appendices

11.1 Appendix | Acronyms

Acronyms	Definition
CPR	Child Protection Register
C&AP	Child and Adult Protection
CPCC	Child Protection Case Conference
GP	General Practitioner
IRD	Inter-agency Referral Discussion
JII	Joint Investigative Interviews
OPPC	Orkney Public Protection Committee
PARIS	PARIS is the case recording and record management database system for OHAC.
PPR	Pupil Profile Record
SCRA	Scottish Children's Reporter Administration



11.2 Appendix | Initial Referral Discussion Recording Form

(Source:P0318-FORM-007 Version 1.0)

1. Record of Child Concern or Protection Investigation and Assess

Names of Designated Officers:	
Time and date / method / issue discussed / action (by whom)	
What are we worried about? (Risk heightening factors)	
What is going well? (Risk reducing factors)	
What needs to happen? Actions by whom and when	

2. Need for Joint Investigative Interview

Has joint investigative interview been considered?	
<i>(To learn the child's account of the circumstances, to gather information to see if the child is in need of protection, to gather sufficient evidence regarding a possible crime, to gather evidence which may lead to a referral to a children's hearing)</i>	
Please give details why joint investigative interview is required / not required:	
Names of investigating team members if known at this stage:	
<i>(Arrange briefing to develop interview plan, consider: Parental consent; who will lead the interview; where, when and who will support the interview; gender balance of the interviewing team; any communication or special needs)</i>	
Where and when joint investigative interview to be carried out:	



3. Health Needs and Medical Examination

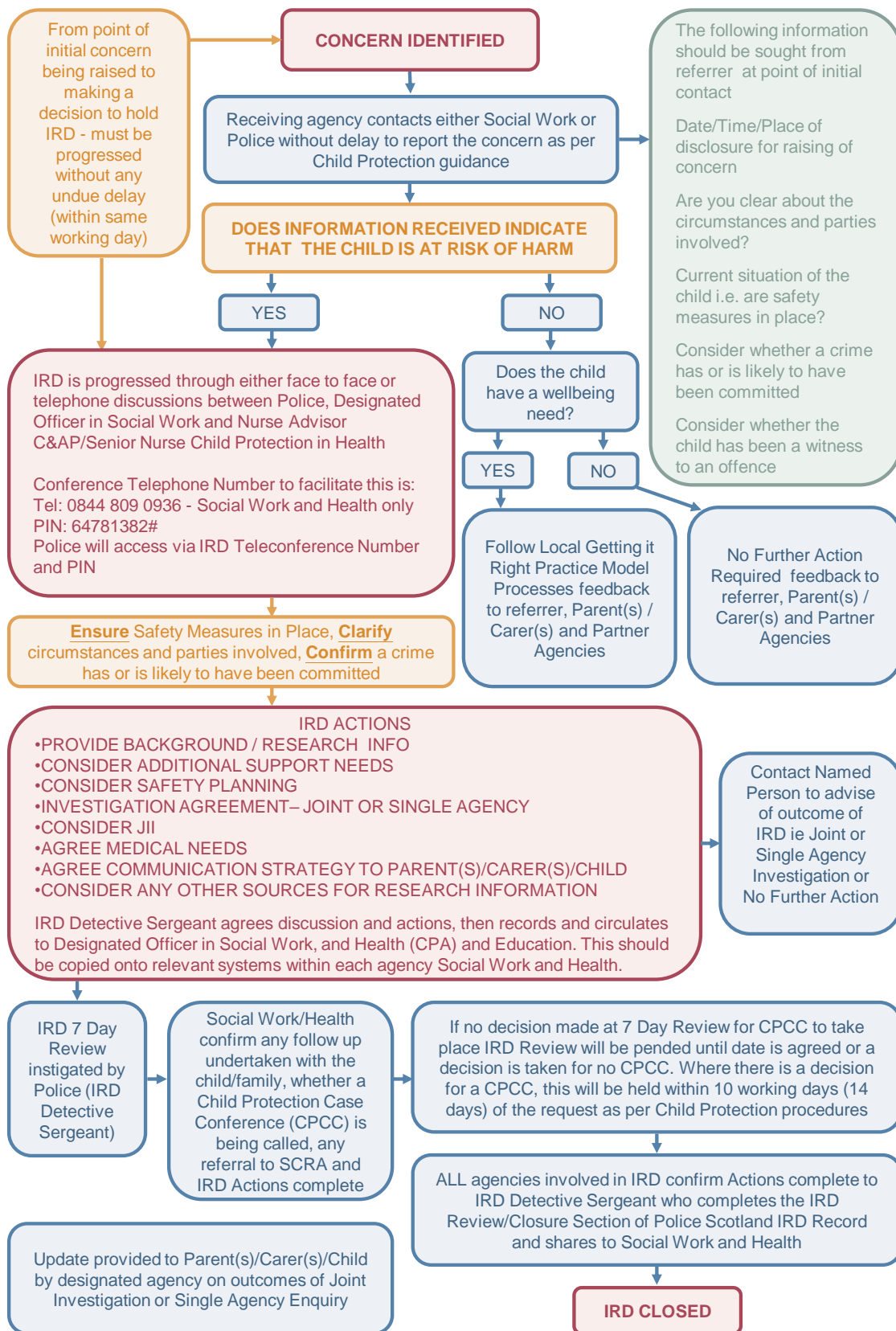
Have the child's health needs been considered by a health professional?	
Has consultation with the specialist child protection medical service been considered? (If NO, please give reasons)	
Please give details why medical examination is required / not required: <i>(name and role of examining doctor; where and when examination was carried out and who was present; details of specialist paediatric or joint paediatric / forensic examination)</i>	

4. Outcome of Investigation and Assessment

Is concern recognised as child protection?	
Please complete the following:	
No further action	
Single agency solution (who ?)	
Multi agency solution (who?)	
Proceed to child protection case conference	
Reason for this outcome	
Referral to the reporter at this stage?	
Feedback:	
To referrer:	
To parents / carers	
To child / witnesses	
Reason for delay	



11.3 Appendix | Highlands and Islands IRD Protocol





CONFIRM:

- **WHO HAS LAST SEEN THE CHILD AND WHEN**
- **WHERE IS THE CHILD NOW**
- **WHAT THE IMMEDIATE SAFETY AND CARE ARRANGEMENTS ARE FOR THE CHILD**

RESEARCH CHECKS IN PREPARATION FOR INTER-AGENCY REFERRAL DISCUSSION

INITIAL CHECKS BY CHILDREN'S SOCIAL WORK

- Log Child Protection register check, research registration history including if the child has been on another local authority CPR
- Social Work database with reference to adult(s) as well as children's services and note: legal status record, chronology, whether child has disability
- Looked after child and placement history
- Child Protection and looked after child history for siblings, step siblings and half siblings
- Allocated worker
- Child's network
- Professional network
- Other agency checks – Housing, Third sector, previous local authority areas

POLICE SCOTLAND

- Police National Computer
- Criminal History System
- Vulnerable Persons Database
- Criminal Intelligence
- Incident Logging
- Legacy files
- STORM

HEALTH

- Check child health records
- Chronology
- Check GP records
- Discuss GP information with GP practice – if appropriate
- Consider any disabilities and how these impact on the child
- Consider protective factors
- Consider risk factors

EDUCATION

- Check PPR for Child Protection Chronology
- Risk factors
- Protective factors
- Communication issues/requirements
- Disability
- Risk taking behavior
- Family circumstances - risks and supports
- Health issues
- Circumstances of other significant family members i.e. siblings
- Evidence in reaction to the current enquiry which becomes relevant

All agencies must follow all internal procedures



12 Related Documents and Resources

Related documents and resources	
	Additional Support Pathway for Women with Vulnerabilities (September 2020). Available from 'Related Downloads' https://www.orkney.gov.uk/Service-Directory/S/child-protection.htm
	National guidance for child protection in Scotland (2014) https://www.gov.scot/publications/national-guidance-child-protection-scotland/pages/12/
P0318-GUID-006	Orkney Inter-agency Child Protection Guidelines. Available from: https://www.orkney.gov.uk/Service-Directory/S/child-protection.htm

13 Version history

Document status				
Version	Status	Date	Amended by	Reason / overview
0-0-A	Draft	05 August 2020	JL	Initial draft
0-0-B	Draft	14 October 2020	GO/PU/KA/LM	Initial partner overview comments added. (M. Swannie, D. Hall, J. Lyon, P. Urquhart, M. Mackie). Comments responses added.
0-0-C	Draft	05 Nov 2020	KA/LM/GO	Track changes accepted and holds retained for further checking
0-0-D	Draft	16 Nov 2020	KA/PU/LM/GO	Remaining document holds addressed. Submitted to delivery meeting 20 Nov 2020 for approval. Note change in product number: Previously P0318-GUID-007-001, now allocated P0318-PROC-002.
1.0	Live	27 Nov 2020	LM/GO	Partner comments addressed. Issued for use.