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

The National [Guidance for Child Protection in Scotland 2021 – Updated 2023](#), 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 of Initial Child Protection Planning Meetings (CPPM) is held; or a decision is made that a CPPM is not required. As such an IRD is dynamic and may comprise a series of discussions as information is gathered.

IRD's should also be held when children are on a child protection plan and new concerns regarding significant harm arise i.e. a physical injury or concerns regarding sexual abuse.

1.1 Definition

An inter-agency referral discussion (IRD) is the start of the formal process of information sharing, assessment, analysis and decision-making following 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.

1.2 Purpose

IRDs are required to ensure a co-ordinated inter-agency child protection process up until the point a Child Protection Planning Meeting (CPPM) is held, or until a decision is made that a CPPM is not required/that alternative action is required.

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

1.3 Consideration of the for an inter-agency referral discussion

This next critical phase in risk assessment and response follows 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 without undue delay. Child sexual exploitation, child criminal exploitation and child trafficking are complex and often hidden forms of abuse that are often under-reported. Where there is a concern a child is at risk of, or has experienced exploitation and/or trafficking, an IRD should be held.



An IRD will co-ordinate decision-making about such investigation and action as may be needed to ensure the safety of children involved as outlined below. If the decision is not to conduct an IRD e.g. because the threshold for significant harm has not been met, this decision must be recorded in writing with justification and a note of which services were involved in making that decision. The referral may still be shared with other relevant agencies for follow-up through GIRFEC processes.

Other routes to protect children are available and should be pursued when the threshold for an IRD is not met.

The National Guidance provides guidance on the IRD process is [here](#).

2 Information Sharing Guidance

Sharing relevant information is an essential part of protecting children from harm.

Practitioners and managers in statutory services and the voluntary sector should all understand when and how they may share information. Practitioners must be supported and guided in working within and applying the law through organisational procedures and supervisory processes. Within agencies, data controllers and information governance/data protection leads should ensure that the systems and procedures for which they share accountability provide an effective framework for lawful, fair and transparent information sharing. Where appropriate, data sharing agreements must be in place.

For the purposes of Child Protection information sharing that is protective must be:

- Relevant
- Timely
- Proportionate
- Accurate
- Necessary
- Lawful

The National Guidance for Child Protection in Scotland 2021 – Updated 2023 provides further details on information sharing and the core principles which can be found here: [Information Sharing: Inter-Agency Principles](#).

If in doubt about the boundaries of information sharing, practitioners should seek advice from their line managers. Further consultation may be necessary with agency advisors for GIRFEC and/or child protection. There should also be a governance lead to consult about the sharing of information in principle, without disclosing the identity of the individual. In any circumstances, agreement or disagreement and course of action or intervention should be recorded.



3 When is an IRD instigated?

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 any agency.

An IRD is initiated when Social Work, Police Scotland or Health has received information or a referral which indicates a child may have been abused or may be at risk of significant harm and that sharing information is required to assess risk or appropriate protective action is required to ensure the care and protection of a child, unborn child or young person.

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.

- An IRD must always be considered where there are concerns in relation to the care and protection of a child or young person and the IRD threshold is met.
- Joint decisions must always be recorded by the key agencies involved using the Initial Referral Discussion Template (Appendix 11.3).
- The IRD will come to a decision as to whether or not a Child Protection Investigation is required, single or joint agency between social work and Police.

4 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 - Children's Health Services Representative

Practitioners in police, social work and health must participate in the IRD; participation of other professionals, particularly those from education (including local authority education services, independent schools, GASS or nursery provision) or ELC, should be considered based on their involvement with the child.

Information gathering should involve Education/ELC; and other services working together to ensure child safety, as appropriate. Requests for information may include Third Sector and other relevant services. 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.

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, however provided, 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.

Requesting an IRD will not delay the need for Social Work and Police Scotland acting when the initial assessment of risk is that immediate protection are required to protect a child from significant harm. Health will be informed of this decision as soon as practical.

The initiating agency should complete the IRD invite template (Appendix 11.2), thereafter IRD members to confirm IRD invite list is full and final to ensure all relevant professionals are invited to share information and inform decision making.

Where a child is in receipt of an education provision (inclusive of nursery children), 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. Education should be invited to the IRD if the child(ren) are in receipt of any education provision (inclusive of Nursery and Early years). To support information gathering, any other professionals involved with the child should also be invited i.e. third sector organisations.

If the child is a resident at Papdale Halls of Residence, the Named Person (Education) should extend the IRD invitation to the relevant staff at the Papdale Halls of Residence and notify the agency initiating the IRD, who will ensure Papdale Halls of Residence staff are included in the IRD and involved in any relevant investigatory actions and safety planning.

Where relevant, any other professionals involved with the child should also be invited to the initial and review IRD for the purposes of information gathering i.e. third sector organisations. Again, this should not delay the IRD.

If there are concerns regarding injuries or bruising to a child/ a view that a child protection medical is required, the on-call Paediatrician at Aberdeen **MUST** be invited into the initial and review IRD (by the NHS representative) to lead on any health actions. Guidance on child protection medicals can be found [here](#).



5 IRD Process & Timings

5.1 Process

An IRD must be co-ordinated. It 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.

The initiating agency should take responsibility for the arranging, convening and minuting the meetings in initial stages.

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. – Social Work, Police & Health.**

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)
- decision made that a CPPM is not required

Closure may also follow a reasoned interagency decision to take no further immediate action.

5.2 Timing

The IRD must be convened without undue delay. 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.

Having received a referral or notification of the risk of significant harm or concern of harm having occurred 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.

If IRD's are scheduled out with the 24-hour period, all Core members need to agree that there is no immediate need to safety plan and rationale for this is clearly recorded on all core members databases.

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.



Relevant health information should be sought from the GP Practice where appropriate. This should not delay the IRD.

Each agency is responsible for populating their own information in the relevant section of the IRD Recording Form in advance of the meeting. 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.

In agreement with Police Scotland N Division:

On receiving a Child Protection concern/referral the referring agency is responsible for initiating the IRD process and will act to facilitate co-ordination of the subsequent discussions, unless it is felt that another of the Core members is best placed to facilitate the discussions, whereby a consensus will be reached by a majority recommendation.

Where there is disagreement regarding the threshold, further information or clarity should be sought to outline the explanation of significant risk of harm to determine if the threshold has been met or not. Partners should come to an agreed position. Where an agreed position cannot be attained, this must be recorded and escalated to the Service Manager/ Senior Police Officer / Appropriate Manager to resolve and come to an agreed position.

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.

This record must be copied into relevant systems within each agency. Any subsequent IRD meetings will be initiated by Social Work, no later than the 7th working day - Any of the core members can initiate a review IRD. **A Review IRD should occur no later 7 days from the initial IRD.** A Review IRD will ensure (all agencies involved in the IRD) can be confident in adherence to agreed actions in both joint and single agency enquiries.

Note: The Local Partnership agencies have agreed that attempts will be made to review **ALL** IRD's as per the above 7-day timescale.

A written record of the IRD (Appendix 11.3) must be completed by the 'the Lead' timeously and emailed to the other IRD participants within 48 hours. 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, Paediatricians based in Aberdeen and Police based in Inverness.



The IRD should be a process rather than a single event and it may be that review meetings need to be held to further gather, share and record information to support co-ordinated decision making and response by the core agencies.

It can be agreed at the initial IRD that a review meeting will be required, or one requested at any point during the child protection enquiry or at its completion to come to a final joint decision on the action that should be taken. Members of the initial / review IRD's should be consulted before a decision is taken to close an IRD.

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)
- Decision made that a CPPM is not required
- Closure may also follow a reasoned interagency decision to take no further immediate action

All decisions must be clearly reflected and record in the IRD record alongside an agreed safety plan which identified tasks and time scales to protect the child or young person.

Many concerns raised over a child's wellbeing will not need a child protection investigation. In these circumstances, information cannot be lawfully shared through the IRD process, however a co-ordinated response may still be necessary and other available information sharing routes must be considered.

If a decision is reached that no further child protection measures are required, the IRD should consider whether a co-ordinated child's plan may still be beneficial through a GIRFEC approach.

Note: Where a decision is made that no Child Protection action is required but a Team around the child meeting (TAC) would provide further support, the first TAC meeting will occur no later than 15 days from the review IRD.

5.3 Priorities

IRD provides a strategic basis for authorisation for the next stage in joint or singleagency 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

5.4 Decision Making and Planning

Participants must consider how 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? ([Guidance on complex investigations may be found in Part 4 of the National Child Protection Guidance 2021 \[updated 2023\]](#))
- 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.)
- 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? (See below on timing considerations for medical examinations.)
- is early referral to the Principal Reporter needed as the child is in need of protection, guidance, treatment and/or control, and a Compulsory Supervision Order requires to be considered

6 Orkney Out of Hours Provision

Out with core hours it may be necessary for Social Work and/or Police Scotland to trigger an IRD 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.

OOH managers should record any initial IRD discussions that take place as fully as possible on the IRD template. 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, where required, instigate a comprehensive IRD with partner agencies.



7 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 and/or sexually 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.

Paediatrics should be invited to all IRD's where Medical Examination / Comprehensive Medical Assessments are considered and will make the professions decision as to if their attendance is required. In cases where it is evident that a paediatrician is required to attend, the Children's Health Services Representative will contact the Royal Aberdeen Children's Hospital Child Protection Service and request that a paediatrician attends.

The Children's Health Representative 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 Children's Health Representative will also determine who will contact required health professionals such as:

- Health Visitors
- School Nurse
- CAHMS
- CMHT

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 Children's Health Representative, Lead Professional/Social Worker and Detective Sergeant from Police Scotland. Please refer to the local child protection medical guidance and flow chart. Please note that there are no Paediatricians based at the Balfour Hospital therefore the on-call Paediatrician at Aberdeen will decide whether the child needs to be conveyed to Aberdeen for a child protection medical or whether the health assessment can take place at the Balfour with their support and consultation. Under no circumstances should child protection medicals be undertaken without consultation and guidance from the on-call Paediatrician.



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

The purpose of a pre-birth CPPM 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 CPPM 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).

If a child protection plan is agreed at a Child Protection Planning Meeting, it should also be accompanied by a birth plan, which is developed and reviewed by the core group in preparation for the birth. Upon birth, a hospital discharge planning meeting is required prior to the newborn being discharged to include parents/ carers, midwifery, any relevant hospital staff and Social Work and anyone else deemed relevant. The discharge planning meeting will cover the following areas as a minimum (may require more dependent on the specific needs of the newborn child), living and care arrangements upon discharge, location of discharge (home environment), will include a review of the actions within the child protection plan, frequency of visits and who will undertake these, whether announced or unannounced, anyone with whom the child should not have contact with/ any supervised contact arrangements, agreement on any required safety plans and agreement for any parent/ child attendance at required appointments.

Additional Support Pathway for Women with Vulnerabilities (September 2020) should be adhered to for pregnancies considered “High Risk”. Available from this [link](#).



9 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,
- Scottish Child Interview Model (SCIM)
- 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 12.23) 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 Children's Health Representative on receiving the IRD record will forward it to the relevant Health Team to ensure it is recorded in the child's health records.

A review IRD will take place within 7 working days (if required), to review the actions of the child protection investigation and confirm the decision as to whether a child protection planning meeting is required and to review the action from the initial IRD. All professionals invited to the initial IRD should be invited to the review and agree the actions have been fully undertaken and should receive a record of the discussion.



10 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. An appropriate timeframe for resolution will be agreed at the IRD and referred without delay, partners should seek resolution within 24 hours.

The Independent Chair of Orkney Public Protection Committee should be advised for information and to ensure any learning is captured.

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

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



Embracing the principles that the child's / unborn child's safety and wellbeing is paramount in any decision-making process; if the majority feel that a child does require Child Protection intervention, then an Alert and Investigation will be progressed until a resolution has been reached



There should be no delays in protective action as a result of the disagreement and the majority decision will apply to avoid delay beyond 24 hours

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



11 Quality Assurance

The national guidance for child protection – 2021 [updated 2023] 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. Quality assurance would usually be achieved through:

- *regular reviews of IRDs by senior representatives of core agencies*
- *where parallel processes are set up for categories of risk, (e.g. in relation to ‘screening’ apparently high-risk situations pre-birth), then they should be no less robust in terms of information sharing, recording, authority of decision-making and quality assurance*
- *a vehicle for secure electronic sharing of the IRD Record between core agencies in line with data protection legislation promotes effective and consistent practice; and makes review, quality assurance and analysis of trends feasible”*

The IRD process and associated decision making will be routinely audited via the quarterly IRD review group 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.

Arrangements will be made for a local independent multi-agency audit of practice every two years, reported to OPPC and COG.

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 across the islands as required

This process should involve random sampling of IRD cases to avoid the misrepresentation of the general standard of practice.

There will be specific instances which require additional discussion and analysis. Where these cases arise, they should be considered out with the data collected within the self-evaluation unless selected by chance.



11.1 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
Health	Pre School age: ork.namedpersonservice@nhs.scot School Aged: ork.schoolnurses@nhs.scot Child Protection Paediatricians: gram.cpinfo@NHS.scot
Police Scotland	HighlandandIslandsInterAgencyReferralDiscussion@scotland.police.uk
Social Work	csfw@orkney.gov.uk



12 Appendices

12.1 Appendix | Acronyms

Acronyms	Definition
CPR	Child Protection Register
C&AP	Child and Adult Protection
CPPM	Child Protection Planning Meeting
GP	General Practitioner
IRD	Inter-agency Referral Discussion
OPPC	Orkney Public Protection Committee
PARIS	PARIS is the case recording and record management database system for OHAC.
PPR	Pupil Profile Record
SCIM	Scottish Child Interview Model
SCRA	Scottish Children's Reporter Administration



12.2 Appendix | IRD Invite Template

IRD Invite template (to be completed by referring agency and reviewed by core members in advance of the meeting):

Agency	Professional details (agency/staff member invited), designation, and contact details	Attended, gave apologies?
Police		
Social work (can be more than one if more than one social worker involved in case i.e. fostering SSW)		
Health (Health Visitor, School Nurse, Paediatrician or other health professionals involved)		
Education		
CAMHs		
Criminal Justice		
Housing		
GP		
Adult Mental Health services		
Other Professional involvement with family i.e. third sector partner		



12.3 Appendix | Initial Referral Discussion Form

An Internal Agency Referral Discussion Template has been developed by Police Scotland and agreed across Shetland, Orkney, Highlands and the Western Isles. This document is held by each service but can be requested from Police Scotland PPU where required.

OFFICIAL: POLICE AND PARTNERS



Highland & Islands Child Protection Inter-agency Referral Discussion

Reference No:

VB.1 CT937 25

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SECTION 1 (Referral)	
Child's Name:	<input type="text"/> DOB: <input type="text"/>
Address:	<input type="text"/>
Gender:	[SELECT]
School Attended:	<input type="text"/>
Additional Support / Needs:	<input type="text"/>
Current Location:	<input type="text"/>
Date of Incident:	Click here to enter a date.
Date Referring Agency Aware:	Click here to enter a date.
Primary Category of Harm:	[SELECT]
Summary of Significant Harm	
<input type="text"/>	

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Parent / Carer's Name:	<input type="text"/>	DOB:	<input type="text"/>
Relationship to Child:	<input type="text"/>	PR:	[SELECT]
Address:	<input type="text"/>		
Contact Details:	<input type="text"/>		
Parent / Carer's Name:	<input type="text"/>	DOB:	<input type="text"/>
Relationship to Child:	<input type="text"/>	PR:	[SELECT]
Address:	<input type="text"/>		
Contact Details:	<input type="text"/>		
Are Parent(s) / Carer(s) Aware:	[SELECT]		
Sibling's Name:	<input type="text"/>	DOB:	<input type="text"/>
Address:	<input type="text"/>		
Sibling's Name:	<input type="text"/>	DOB:	<input type="text"/>
Address:	<input type="text"/>		
Suspect's Name:	<input type="text"/>	DOB:	<input type="text"/>
Address:	<input type="text"/>		
Contact Details:	<input type="text"/>		
Is Suspect Aware:	[SELECT]		
Currently at Risk:	[SELECT]		
Hub Research Requested:	[SELECT] (Police Only)		
Referring Agency:	[SELECT]		
Referrer Name:	<input type="text"/>		
Referrer Contact Details:	<input type="text"/>		
Date Submitted:	Click here to enter a date.	Time:	<input type="text"/>
Delay in Referral:	<input type="text"/>		

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The Referrer completing this form should now distribute through agreed management route without delay. Please include distribution to HighlandandIslandsInterAgencyReferralDiscussion@scotland.police.uk. Each agency must ensure a copy is retained in line with their agency's data protection requirements.

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SECTION 2 (Inter-Agency Referral Discussion)	
Date:	Click here to enter a date.
Time:	<input type="text"/>
Has there been an IRD for this child in the previous 2 years:	[SELECT]
Summary of Discussion & Agreed Rationale	
Police Representative & Contact Details: Social Work Representative & Contact Details: Health Representative & Contact Details: Education representative & Contact Details:	
Police Information Shared:	<input type="text"/>
Social Work Information Shared:	<input type="text"/>
Health Information Shared:	<input type="text"/>
Education Information Shared:	<input type="text"/>
Other Information Shared:	<input type="text"/>
Summary of Discussion:	<input type="text"/>
Agreed Actions & Rationale:	<input type="text"/>
Safety Planning:	<input type="text"/>

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Allocated Social Worker:	<input type="text"/>	Open Experience:	[SELECT]
Accommodation Status:	[SELECT]	Open Child's Plan:	[SELECT]
Legal Status:	[SELECT]		
Health Visitor:	<input type="text"/>		
General Practitioner:	<input type="text"/>		
Named Person:	<input type="text"/>		
Education Status:	[SELECT]	Attendance%:	<input type="text"/>
Investigative Ownership:	[SELECT]		
Interview Agreed:	[SELECT]	YRI Briefing:	[SELECT]
Medical Examination:	[SELECT]	Consent:	[SELECT]
CPPM:	[SELECT]		
Is immediate safety planning required to ensure the safety of the child:	[SELECT]		
Is escalation required as a result of no consensus being reached:	[SELECT]		
Embedded Documents:	<input type="text"/>		

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SECTION 3 (IRD Review)	
Date:	Click here to enter a date.
Time:	<input type="text"/>
CPPM Arranged:	[SELECT]
All Actions Completed:	[SELECT]
Enquiry Outcome:	[SELECT]
Legal Measures:	[SELECT]
Staff Welfare Issues Considered:	[SELECT]
Details of Review	
<input type="text"/>	
Practice Issues Identified:	[SELECT]
Initial Referrer Updated:	[SELECT]
Feedback from Family:	<input type="text"/>
IRD Closure Date:	Click here to enter a date.

VB.1 CT937 25

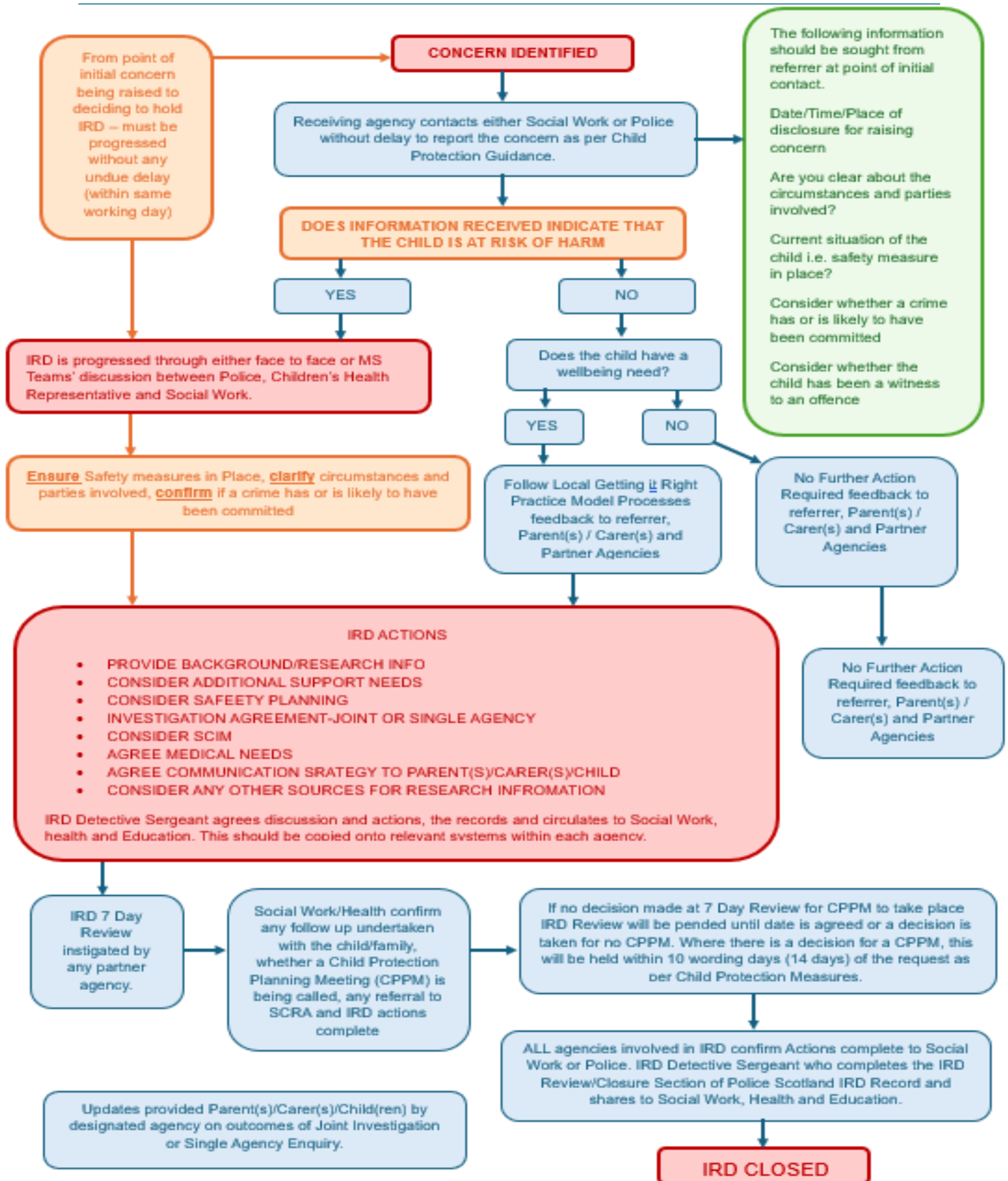
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12.4 Appendix | Highlands and Islands IRD Protocol





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
- 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

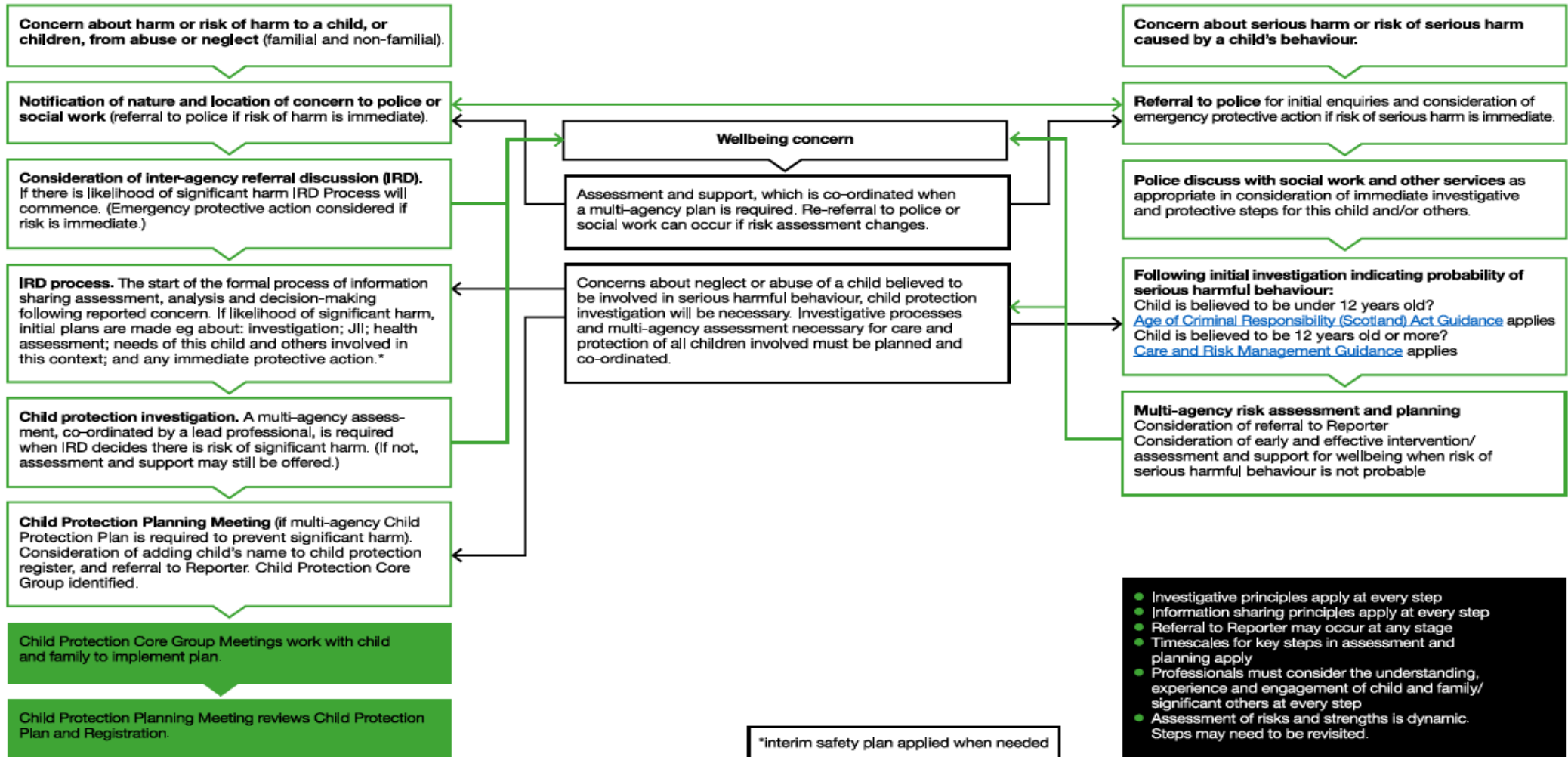
- Check PPR for Child Protection Chronology
- Risk factors
- Protective factors
- Communication issues/requirements
- Disability
- Risk taking behavior
- Family circumstances - risks and supports
- Health issues
- Circumstances of other significant family members i.e. siblings
- Evidence in reaction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

All agencies must follow all internal procedures



12.5 The Child Protection Process as outlined within the National Guidance

Child Protection Process





13 Related Documents and Resources

Related documents	
P0318-GUID-006	Orkney Inter-agency Child Protection Guidelines
Held at NHS Orkney	Additional Support Pathway for Women with Vulnerabilities (September 2020)

14 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 P0318-PROC-002.
1.0	Live	2021	JL/PU/KA/LM/GO	Document agreed locally.
2.0	Draft	2024	DM/AB/GW/KR	Draft document with amendments for circulation
2.1	Draft	26/02/2025	OPPC & CHC	Final amendments for circulation via CPC.
2.2	Draft	21/05/2025	OPPC & CHC	Final consultation amendments.
2.2	Approved	27/05/2025 & 10/06/2025	N/A	OPPC approval & COG Approval