



Tayside Practitioner's Guidance: Inter-Agency Referral Discussions (IRDs)



Document Control

Guardian / Keeper:	Angus CPC Dundee City CPC Perth and Kinross CPC NHS Tayside Police Scotland – Tayside Division
Version Number:	1.0
Approval Date: Angus CPC Dundee City CPC Perth and Kinross CPC TRIC PG5	04/03/2020 04/02/2020 21/01/2020 21/07/2020
Publication Date:	21/07/2020
Effective From:	21/07/2020
Review Date:	Continuous
ECHR Compliant:	Yes
Diversity Compliant:	Yes
Data Protection / GDPR Compliant:	Yes
FOI Compliant:	Yes
Health & Safety Compliant:	Yes

Table of Contents

DEFINITION	4
PURPOSE	4
HOLDING AN IRD	4
TIMING OF AN IRD	4
THE ROLE OF THE IRD CHAIR	5
PARTICIPANTS OF AN IRD	5
GATHERING INFORMATION	6
OUT OF HOURS	6
DISCUSSION & DECISION MAKING AND OUTCOMES	7
RECORDING THE IRD	8
FINAL DEBRIEF	8
ALLEGATIONS AGAINST FOSTER CARERS OR APPROVED KINSHIP CARERS	8
ALLEGATIONS AGAINST A MEMBER OF STAFF OR VOLUNTEER	9

TAYSIDE INTER-AGENCY REFERRAL DISCUSSIONS (IRD) GUIDANCE

DEFINITION

An Inter-Agency Referral Discussion (IRD) is the start of the formal process of information sharing, assessment, analysis and decision-making, following a reported concern about the 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 any concern about an unborn baby that may be exposed to current or future risk. An IRD *must be held* where there are concerns that a child or young person is in need of care and protection from harm, abuse or neglect, or where there is a likelihood of, or risk of significant harm, abuse or neglect.

PURPOSE

An IRD is the starting point to determine the next steps. An IRD allows those present to share and exchange information proportionately; to make an initial multi-agency assessment of risks; to agree whether a child protection investigation is necessary and to decide the next steps, including immediate safety planning. An IRD also ensures that a coordinated and agreed inter-agency approach is adopted.

In the following circumstances, an IRD should always be held:

- Risk of Child Sexual Exploitation – the CSE Advisor must be invited to attend
- Risk of Human Trafficking – a concurrent referral must also be made under the National Referral Mechanism.
- Risk of Radicalisation – a concurrent referral to PREVENT should be considered.

HOLDING AN IRD

Police, Social Work and Health are the designated as the *core agencies* responsible for deciding whether an IRD should be convened. However, any service / agency can request an IRD. On arriving at a decision that an IRD is necessary, the *core agencies* must, as a matter of urgency, consider any immediate risks to the child or young person and whether emergency protection measures are necessary.

In practice, an IRD is not a single one-off event, but rather a dynamic process which can include a series of ongoing discussions and / or meetings. It is the decision-making forum which discusses and implements an immediate protection plan; holds it under review; identifies key workers and their specific roles and responsibilities during the course of the investigation.

An IRD can take place face-to-face at a meeting or it can be a virtual meeting by way of tele / video conferencing. Urgency and geography will determine the nature of the IRD, but the underlying principle is that the *core services and agencies* participate in the sharing of relevant information.

TIMING OF AN IRD

How quickly an IRD is arranged is a matter for professional judgement by the *core agencies* involved (Police, Social Work, Health). The first consideration must always be the need to act to protect a child or young person from significant harm. If the initial information suggests the child or young person is at immediate risk of significant harm, then the timing of the IRD must reflect this, even if all the information or relevant people cannot be assembled.

An IRD must not be delayed unnecessarily, simply because one service / agency is not available or not in agreement with the requirement to hold an IRD. In these circumstances, the IRD must go ahead and information from that service / agency should be shared and exchanged as soon as possible.

It is also possible that, due to the urgency of the situation, immediate action is required to protect a child or young person and the IRD process commences after the safety of the child or young person is secured.

THE ROLE OF THE IRD CHAIR

The role of the Chair is critical. The Chair should ensure that all persons invited to the IRD understand its purpose, function and the relevance of their particular contribution.

The Chair should facilitate information sharing, exchange and analysis, making sure that each practitioner has the opportunity to participate and contribute in a meaningful and constructive way in the joint decision-making process.

Whilst any service / agency can call for an IRD, it will be social work and / or the police who assume the responsibility for arranging an IRD and who will act as chair of the IRD.

PARTICIPANTS OF AN IRD

As *core agencies* Police, Social Work and Health must be involved when a decision has been made to convene an IRD and must participate in an IRD. Education and any other service / agency who hold relevant information should also be invited to attend an IRD where appropriate.

Attendance at an IRD should be seen as a priority. Attendees must have sufficient delegated authority from their service / agency to fully participate in an IRD; contribute to an IRD; be empowered to make decisions at an IRD and should have received sufficient training.

The following people should attend the IRD:

- A representative from each core agency
- The person fulfilling the role of the Named Person and Lead Professional
- Any practitioner who has current, direct involvement with the child or family
- If practicable, the social worker and police officer who will be undertaking investigation and / or joint investigative interview
- The CSE Advisor where there is an identified risk of CSE
- The practitioner making the referral or the practitioner to whom the child disclosed
- Any other practitioner identified as having relevant expertise
- Where the suspected perpetrator is a child or young person, the person fulfilling the role of their Named Person and Lead Professional

Those present must identify the risks to the child or young person, taking into account vulnerabilities and / or protective factors. The focus must be on keeping the child or young person safe and protected from any further risk of harm, abuse or neglect. It is important that all practitioners fully participate in the IRD process, showing professional curiosity without fear of constructive challenge where appropriate.

During school holidays it may be necessary for the relevant Education representative to access the Education records and share relevant information at IRD.

GATHERING INFORMATION

It is absolutely essential that an IRD has detailed, accurate and up to date information in order to understand the risk and make sound decisions. It is therefore crucial that all services / agencies afford this task the highest priority.

Services / Agencies who hold information could include Police, Health, Social Work, Education, Voluntary Organisations, Mental Health Services, Substance Misuse Services, Neighbourhood Services, Housing Services and SCRA but this list is not exhaustive.

All practitioners should share all relevant information held by their respective services / agencies. If there is a doubt about the relevance of certain information, then it should be shared at the IRD. It is important that information which indicates a potential risk to practitioners is also shared.

The information shared should relate to:

- The child or young person for whom there is a concern
- Siblings of that child or young person, including those living in a different household
- Other children or young people connected to the child
- Significant adults who are involved or associated with the child or young person
- Other children or young people with whom the suspected perpetrator may have contact
- If the perpetrator is a child or young person, all of the above in relation to him / her

Social Work should ensure that information is drawn from records held within all relevant local authority services. Chronological histories, covering significant events, should be extracted from each service / agency's records and shared.

Information gathering and sharing, like assessment, is an ongoing process. Information shared at one stage of the process is unlikely to be all that is available. Practitioners should continue to seek more information to allow for the most accurate assessment and robust decision-making on behalf of the child or young person at each and every stage.

OUT OF HOURS

The Social Work Duty Co-ordinator must discuss with the Area Control Room Supervisor (Police Scotland 101 or 999), how to proceed.

If it is considered that there is a need for immediate action then an IRD will be held but this will not delay the need to secure the immediate safety of the child or young person. As much information as possible, should be gathered from all the *core agencies* who should all be included in the IRD.

If the concern has been raised by hospital staff they must be included in the IRD which will normally take place at the hospital.

In exceptional circumstances, such as when there must be a direct response to the immediate concern, the IRD can be conducted by telephone. Full details must be recorded and fed into the IRD which will re-convene on the next working day.

DISCUSSION & DECISION MAKING AND OUTCOMES

The IRD must determine the following although this list is not exhaustive:

- Is the child or young person currently safe from any further risk of harm, abuse, neglect and / or exploitation?
- Has all relevant service / agency information relating to the concern been shared and exchanged proportionately; including historic concerns; are there any gaps and is further information required; who is responsible for gathering this further information?
- Has the safety and wellbeing of the child or young person been carefully considered?
- Has the safety and wellbeing of any sibling; other child or young person in the household; or any other connected child or young person been carefully considered?
- Has a crime or offence been committed against the child or young person, and if so by whom?
- Has a crime or offence been committed against any sibling; other child or young person in the household; or any other connected child or young person, and if so by whom?
- If the suspect is a child, in addition to the risk presented, has consideration been given to his/her needs and how these will be met, including the need for Care and Risk Management (CARM)?
- Do the circumstances warrant a Joint Child Protection Investigation, a Single Agency Response or some other outcome? It will be rare that no further action is necessary – who is responsible for further actions?
- Has an initial multi-agency assessment of risks, vulnerability and / or protective factors been agreed and have diversity issues been carefully considered e.g. ethnicity, culture, additional support needs, requirement for interpreter, signer, and gender of interviewer?
- Is there a requirement for Joint Investigative Interview and if so, who is responsible for briefing the interviewers?
- If a Joint Investigative Interview has already taken place, have full details of its content been shared?
- Is a Medical Examination required and if so, who is responsible for discussing this with the on-call Consultant Paediatrician?
- Is any consent required from parents / carers and what is the contingency plan should consent be refused?
- Is the level of risk to the child or young person, sibling; other child or young person in the household; or any other connected child or young person, such that there is a need to consider further legal measures, i.e. a Child Protection Order, Assessment Order or Exclusion Order?
- Is a referral to the Children's Reporter warranted and if so, who is responsible for submitting referral within 5 working days of the IRD?
- Is there a need to convene a Child Protection Case Conference?
- Has feedback been agreed for the original referrer and who will provide this?
- What information is to be provided (if any) to the child and family and if so who is to provide this? Has a form of words been agreed?
- Are the multi-agency decisions agreed and actions planned sufficient, necessary and proportionate in the circumstances?
- Has there been any dissent from the IRD process and has this been recorded and escalated?

RECORDING THE IRD

It is vitally important that information relating to an IRD is collated and recorded accurately and communicated timeously, including to those who may not have attended.

This must be recorded in each service / agency's records according to their own guidelines. All practitioners at an IRD must fully understand what has been discussed and agreed. They should also make use of the IRD Template to prepare for an IRD and during the IRD meeting.

During and after the IRD, the IRD Template will be completed, recording clear timescales and sequence of actions, with roles and responsibilities assigned to named individuals including co-ordinating visits / contacts and feeding back outcomes to each other. The IRD Template will then be signed by all practitioners and distributed.

Any dissent or disagreement which has been raised at the IRD will be recorded. Individuals should then refer to their own service / agency's escalation process.

FINAL DEBRIEF

Several IRD meetings may have taken place prior to a Final Debrief.

The purpose of the Final Debrief is to ensure that:

- All actions have been completed
- All new information has been shared
- All risks and concerns have been identified and addressed
- Any learning has been identified, and to
- Confirm ongoing single service / agency interventions and supports

ALLEGATIONS AGAINST FOSTER CARERS OR APPROVED KINSHIP CARERS

If there is an allegation against a Foster Carer or approved Kinship Carer then a Designated Manager (Social Work) must attend the IRD. The Designated Manager (SW) will not hold separate meetings or undertake separate activity. Instead, the Designated Manager (SW) will be part of the IRD process and will incorporate their responsibilities into agreed and existing child protection procedures.

The role of a Designated Manager (SW) is to oversee concerns about the welfare or safety of a Care-Experienced (Looked-After) child or children, who are being cared for by Foster Carers or approved Kinship Carers. This will not be limited to the child or young person specified in the referral, but will include other children or young people for whom the Carers have responsibility or contact.

Each person undertaking the role of Designated Manager (SW) will have been briefed and trained in the role, be familiar with the content of the Scottish Government guidance on this subject, how it is interpreted and applied locally, and will inform other IRD participants of the extent of their role and responsibilities.

ALLEGATIONS AGAINST A MEMBER OF STAFF OR VOLUNTEER

When a child or young person makes an allegation against a member of staff or volunteer who is engaged in any service / agency involved in Education and Children's Services, Health Services, Public Protection Services etc, a Senior Manager of that service / agency should be asked to attend the IRD. This person should have no direct Line Management / Supervision against that member of staff or volunteer.

This will be discussed and agreed by Social Work and Police prior to the IRD to ensure there is an appropriate level of independence. This will allow the Senior Manager to consider any personnel matters that may require their attention. Where the allegation relates to personal circumstances, the IRD must consider what steps if any, need to be taken when and by whom, to make their employer and / or any regulatory body aware of the circumstances.

In these circumstances a member of the relevant service / agency Human Resources Department will also be informed.