INTERAGENCY REFERRAL DISCUSSION – OPERATIONAL GUIDANCE FOR NEW IRD FORM.

The purpose of this document is to provide practitioners involved in Interagency Referral Discussions (IRDs) with operational guidance to aid them in their completion of the new IRD form which will be launched across the Northeast (Aberdeen City, Aberdeenshire and Moray) late 2022.

This guidance should be read in conjunction with the new IRD form and your own organisational guidelines relating to IRDs.

The National Guidance for Child Protection in Scotland 2021 pages 91 to 95, provides guidance on the decision to hold an IRD; and on IRD purposes, components and process.

Attached as appendices to this document are example (anonymised) IRD forms using the new template that you can refer to in order to aid your completion of same.

The majority of boxes on the new IRD form are self-explanatory and appear on the IRD forms currently in use, therefore some boxes/sections will not be referred to in this guidance document.

When completing the new IRD form please make sure you are using the latest version of Adobe Reader and do NOT use Preview or any other application while filling in the form.

At the end of the guidance is a 'Best Practice' section which has been completed to highlight some of the learning identified from the Quality Assurance of IRDs which takes place on a monthly basis across all three local authority areas.

SECTION 1 – REFERRAL AND CHILD/FAMILY DETAILS

Key family members not in household (page 1);
A key family member is constituted as someone who plays an active role in the child's life and would have some connection to the matter for which an IRD is being held, for example a grandparent who routinely cares for the child whom a disclosure has been made to, a sibling whom the child frequently sees and may have witnessed events. Details of any family members being considered as part of safety plans should be entered here also.

Rationale for delay in IRD within timeframes/set (page 2);
Across the North East we endeavour to carry out IRDs within a two hour period from referral however it is acknowledged that this is not always achievable for a variety of reasons. It is expected that the vast majority of IRDs take place at least same day. If there is a delay this should be documented within this box, explaining rationale as to why and any safety plans put in place pending IRD.

Key details of child protection concern, text box (page 2);
This box should contain a brief description of what the concern is that has led to the IRD. It should also contain any actions/safety planning that has taken place prior to the IRD, for example was home visit carried and what was the outcome of same.

Is the child/young person care experienced (page 2);
This refers to either currently or previously care experienced.

Provide details of health or additional support needs (page 3);
It is important to document considerations given to the potential impact(s) of any disabilities and additional support needs and how these will be addressed. Also if known document the contact details of other professionals who could be contacted in relation to these needs, for example Speech and Language Therapy (if not themselves part of the IRD).

Has the child been subject to a previous IRD (page 3);
Need to document the date of the IRD was, nature of what happened, who the perpetrator(s) was (if applicable), i.e. parent, sibling, family member, peer, and outcome of IRD, i.e. joint Interview and medical examination.

Confirm CP registration carried out (page 3);
Require to note date of registration, categories for registration, date came off register (if applicable).

Information regarding how EXPLOITATION has been considered (page 3);
When dealing with investigations, especially those of a sexual nature, we must consider whether or not the child is being, or is at risk of being, exploited. Exploitation covers not only Child Sexual Exploitation (CSE), but Child Criminal Exploitation and Human Trafficking. Whilst it is appreciated a definitive answer may not be known at the time of the IRD the potential for exploitation should always be considered and any risks discussed, documented and mitigated as appropriate, following National and Local Guidance in place for dealing with same.

SECTION 2 – AGENCY INFO AND RISK ASSESSMENT (pages 4 to 8);

Each agency participating in the IRD is responsible for the information they provide All information provided should proportionate and relevant to the IRD, not a cut and paste of all previous involvement.

For those children/families that are well known to agencies it is requested that the research being shared is emailed to the minute taker. This ensures the sharing agency takes responsibility for their own data and also alleviates the pressure on the minute taker. Any information sent should be relevant, proportionate and not just a cut and paste of databases.

As is often the case more than one professional attends the IRD per agency, in particular health. Should this happen please clearly document who is in attendance and their specific role.

SECTION 3 – OUTCOME OF IRD

Multi agency planning process (page 10);
For those instances where the threshold is not met, nor warrants, a joint investigation, however participants agree that multi-agency support is required for the child/family. For example, joint home visit between Social Work and Health Visitor or an agreement to organise a Multi-Agency Meeting.

Joint Investigation (page 10);
Medical Examination. If a forensic medical examination is requested, whether that be physical or sexual, a Police Forensic Medical Examiner must be present in addition to the Consultant Paediatrician. For these types of medical examinations Police must be present, should any samples require to be taken possession of. It is also good practice for the Police 'photographer' (scene examination) to attend in order that any injuries can be photographed from an evidential perspective.

Joint Investigative Interview. This is where the child requires to be formally interviewed by a trained Police Officer and trained Social Worker.

Consent to JII (page 10);
It should be noted that consent is not required (under the guidelines for interviewing child witnesses) to carry out a JII, however it is recognised as good practice to gain this prior to any interview. There will be occasions whereby consent cannot be sought in advance of a JII due to the impact this may have on an enquiry and this should be discussed and documented as part of the IRD.

It is further recognised that during the IRD it likely that the issue of consent to JII will not have been broached with the child or their parent/carer.

This section should be used to document who will contact the parent/carer and when.

Harmful behaviours (page 10);
Consideration should always be given to identifying behaviours displayed by the child that are impacting on their wellbeing and, or, the wellbeing of others. Looking beyond the incident in question are there underlying concerns that require to be addressed to prevent the child placing themselves, or others, at further risk in the future? Where appropriate consider, for example, the use of Care and Risk Management Meetings and Behaviour Reporting Forms. Please refer to your own agency processes in relation to these.

Is a CPPM required, Is a continued IRD required, Referral to SCRA (page 11);
It is acknowledged that the answer to the above questions may not be known at the time of the IRD and will become more apparent as the investigation unfolds. For cases however where the answer is known this will allow for timely planning.

Where IRD feels additional information is needed before decision making, it should highlight the need for a continued IRD.

It is important to highlight the requirement to keep partner agencies updated throughout an investigation and not just provide updates at a reconvened IRD.

Other Legal Measures (page 11);
In addition to the rationale as to why legal measures are required it is important to document, for clarity, who has responsibility for applying/progressing these measures, taking into account consideration of risk assessments around same.

It is important to make early contact with respective Legal Departments should legal measures be a distinct possibility. Early consideration will also allow for timely planning in relation to emergency accommodation etc.

Escalation to Senior Management (page 11):
As per the National Guidance for Child Protection in Scotland 2021, “if any agency involved in the IRD disagrees with the decision of any party and where a compromise cannot be reached, consultation with senior managers from core agencies should take place in order to reach a decision. The points of disagreement and resolution must be recorded on the IRD Record (page12). There should be no delays in protective action as a result of the disagreement”.

Is a referral being made to Children’s Rights Service (page 11);
It is important that children/parents are updated about this service as appropriate, whilst the investigation progresses. This should be seen as prompt for staff to consider at the point of IRD.

Please refer to your own organisational guidelines/processes relating to Children’s Rights Services.

Feedback from child/parents/family (page 11);
It is acknowledged that this is unlikely to have been received from the child, parents or family at the time of IRD however any feedback or views known to date should recorded. Should the child or their family been involved in any previous Child

Protection investigations and their attitudes or views at the time are known these should be documented if it is felt they could impact on the current investigation.

Analysis and Agreed Actions (page 12);
The outcome of the IRD should be summarised including key actions, who is doing what, and what (if any) safety plans are in place.

SECTION 4 – OUTCOME OF RECONVENED IRD

Investigative update box (page 13);
A brief overview of investigation to be documented. For example, disclosure during JII, result of medical examination, has someone been charged with offence, ongoing safety plans etc. It is also important to highlight the response of parent/carers as their ability/willingness to engage with supports and/or take appropriate action to safeguard the child will be key to informing further decision making.

CPPM, SCRA, Other Legal Measures (page 13);
As the investigation will have progressed more information should be available to better inform these decisions. Ensure rationale is provided.

CONTINUATION SHEETS (pages 15 & 16);

To be used as appropriate. Please clearly identify which section of the IRD you are using the continuation sheet for.

BEST PRACTICE

As highlighted on page 1, quality assurance groups across Aberdeenshire, Aberdeen City and Moray, meet once a month to review IRDs to ensure they continue to be held, and recorded, to high standard. Where appropriate and required feedback/learning is shared with those directly involved in the IRD.

Some best practice learning that has been highlighted and should be borne in mind is as follows;

Chairing the IRD and taking minutes;
It is recognised as current practice that either Police or Social Work will chair/minute the IRD. Over time with the implementation of the new CP guidance this may expand to involve other agencies. It is a recognised practice across all three local authority areas that the responsibility as to who will chair/minute normally lies with who, Police or Social Work, had the referral made to them.

Moving forward could we please ensure that where possible, the same person is not chairing the IRD and taking the minutes. This discussion should take place between Police and Social Work prior to the IRD, at the time of organising. The agency (Police or Social Work) who had the referral made to them will maintain responsibility for taking the minutes. Discussion should then be had around chairing the IRD.

It remains the case that all IRD records should be agreed (and filed as per your own organisational guidelines) within 7 days of the IRD.

Where an IRD is being held in respect of more than one child (even if from the same family) a separate IRD record should be produced for each child. Shared information can be cut and pasted between the records, but information individual to a child should only be included in their record, unless the information has specific relevance to the overall investigation.

Decisions and Agreed Actions;
A good quality record of IRD will ensure that decisions and agreed actions are clearly stated. It should be clear who should be taking responsibility for each action and the rationale for decisions should be evident from reading the record.

Health SPOC;
The Health SPOC must be contacted when arranging health attendance for the IRDs. There have been occasions when arrangements for the Consultant Paediatrician to attend have been made directly with Royal Aberdeen Children's Hospital (RACH). If you have discussed the need for an IRD directly with the Consultant Paediatrician, for example a direct referral from RACH relating to a non-accidental injury, please ensure the Health SPOC is also notified of the IRD for recording purposes.

Out of Hours IRDs;
For those child protection referrals that are received 'out of hours' it is important that any discussions that take place between partner agencies is documented. It is accepted that often this conversation takes place between Police and Social Work and we should be clear as to whether or not we are having an IRD, or sharing

information/implementing a safety plan, in lieu of an IRD taking place next working day. If it is clear an 'out of hours IRD' is being held then the IRD form should be completed as per normal practice. If the conversation that takes place is not the IRD as such, then this conversation/plans/outcome must be documented on the IRD form within the Key Details of Child Concern section (see guidance above, page 2).

If an IRD takes place out of hours, information from those agencies unable to attend (most likely Education) should be sought at the earliest opportunity and added to the IRD document.

Wording;
It must be remembered that children/families can request copies of their files which can include IRD records therefore careful consideration as to the wording used when completing the form. Please avoid for example using terminology like 'alleges' which provide a negative connotation that what has been disclosed may not be true or is just one person's word. As opposed to using the word 'alleges', the word 'disclosed' should be used.

Confidence to make a decision;
It is important that any participants attending an IRD ensure they are prepared and have consulted their respective Line Managers should they feel they require any support or guidance. Whilst it is acknowledged that there will be those IRDs that require participants to seek managerial support/advice regarding the outcome, these should not be the norm. Those participating in the IRD should feel confident enough to provide opinion and make decisions. Decision making at the IRD should not be unduly delayed due to lack of confidence from participants.

For those less experienced in participating in IRDs it is possible/suggested, that you listen in to other IRDs. Contact should made with the person chairing the IRD prior to this.

Age of Criminal Responsibility Act (ACRA);
A child cannot be held responsible for harmful behaviour that amounts to a crime or offence that occurred when the child was under 12; and cannot be arrested or charged with offences.

ACRA criteria – has a child while under the age of criminal responsibility caused, or risked causing significant/serious or sexual harm to another person?
If the answer is yes, this is an ACRA incident and should be recorded as an ACRA IRD.

There is a specific ACRA IRD form, used nationally (held by Police), for those occasions where the ACRA criteria is met. Please also refer to your own organisational guidelines for further details relating to ACRA.