Aberdeenshire Child Protection Committee

Aberdeen City Child Protection Committee

Moray Child Protection Committee

Child Protection Partnership

Please make sure you are using the latest version of Adobe Reader and do not use Preview or any other application while filling in this form.

Record of Inter-Agency Referral Discussion

Section 1 – Referral and Child/Family details

Child's details:

First name: | Surname: | DoB: *dd/mm/yyyy*

Address: | Postcode:

Community Health Index (CHI) Number: | Scottish Candidate Number (if applicable):

Where applicable, School attended:

Ethnicity: Select from this drop down menu

Family Details: *Remember to include details of all people living in the household including non-family members.*

Name	DoB *dd/mm/yyyy*	Relationship to child	Address

Key family members **not** in household

Name	DoB *dd/mm/yyyy*	Relationship to child	Address

Date & time of disclosure/ concern raised (if applicable)

Date *dd/mm/yyyy*

Time *HH/MM eg. 14:30*

Date & time of referral to SW / Police

Date *dd/mm/yyyy*

Time *HH/MM eg. 14:30*

Date & time of decision to proceed to IRD

Date *dd/mm/yyyy*

Time *HH/MM eg. 14:30*

Date & time of IRD

Date *dd/mm/yyyy*

Time *HH/MM eg. 14:30*

Rationale for delay in IRD

Interim safety plan

Key details of child protection concern: Select from this drop down menu

Secondary category of concern (if applicable): Select from this drop down menu

Please provide details of how child is at risk of significant harm

Referrer contact details:

First name:

Surname:

Role:

Phone number:

Email:

	Yes	No
Is the child/ young person care experienced?	○	○
Please detail any potential impact on CPI		

	Yes	No	Not Diagnosed
Is the child considered to have or does the child have a recognised disability?	○	○	○

Provide details of health or additional support needs. Document what if any impact they could have on the CPI.

	Yes	No
Has the child been subject to a previous IRD? *If so, detail below*	○	○
Detail. Including dates and topic of concern.		

	Yes	No
Confirm CP registration check carried out	○	○
Detail. Including dates and categories of registration.		

Section 2 – Agency info and Risk Assessment

(Important to note in this section where agencies or professionals felt to be significant are not present at IRD ie consultant paediatrician may be present but school nurse or H/V also may be vital)

Police

Name:		Role:		Email:	
Name:		Role:		Email:	

Discussion, Research & Info Shared:

Name: | Role: | Email:

Name: | Role: | Email:

Discussion, Research & Info Shared:

Health

Name: Role: Email:

Name: Role: Email:

Name: Role: Email:

Discussion, Research & Info Shared:

Education

Name: | Role: | Email:

Name: | Role: | Email:

Discussion, Research & Info Shared:

Any other relevant agency or professional

Name: Role: Email:

Name: Role: Email:

Discussion, Research & Info Shared:

Section 3 - Initial risks and signs of safety

Risks and vulnerabilities identified

Signs of safety/resilience and protective factors identified (to include any interim safety plans)

	Yes	No	Not Known
Has the child been exploited, or is at risk of being exploited	○	○	○

Please provide details of initial concerns and considerations *(refer to Nat Guidance and any localised strategy and extended guide)*

Please document any views of the child/and or their family (if known)

Section 4 - Outcome of IRD

Please click the check box with a tick next to the agreed decision below and provide the rationale for that decision:		
Single agency response	*(who and what actions have been identified?)*	☐
Multi-agency Planning Process (i.e no further child protection action)	*(Who and what actions have been identified)*	☐
Joint Investigation	*(Please provide relevant details)*	☐
	Medical examination Select from this drop down menu	☐
	(Any relevant details relating to the medical examaination)	☐

	Yes	No
Is a CPPM required/recommended prior to the conclusion of any CP investigation?	◯	◯
Consider carefully, record why required and reasons it meets significant risk		
Referral to SCRA	◯	◯
Consider carefully, record why required.		
Other Legal Measures (CPO/CAO)	◯	◯
Consider carefully, record why required		

Agreed Actions:

With rationale and allocation to whom with timescales. To include updating child and family.

Police

Social Work

Health

Education

Other

Current support network for child and family, now and moving forward. *(consider Bairns Hoose/recovery pathway referral where appropriate)*

	Yes	No
Is a reconvened IRD required?	○	○

If no, how will partners be updated

Chaired by: _____ Date: _____ *dd/mm/yyyy*

Recorded by: _____ Date: _____ *dd/mm/yyyy* Distributed on: _____ *dd/mm/yyyy*

Section 5 - Reconvened IRD

Date of reconvened IRD	

Agencies update:

Police

Name: | Role: | Email:

Name: | Role: | Email:

Discussion, Research & Info Shared:

Social Work

Name: | Role: | Email:

Name: | Role: | Email:

Discussion, Research & Info Shared:

Health

Name: Role: Email:

Name: Role: Email:

Discussion, Research & Info Shared:

Education

Name: Role: Email:

Name: Role: Email:

Discussion, Research & Info Shared:

Other

Name: Role: Email:

Name: Role: Email:

Discussion, Research & Info Shared:

Please document any views of the child/and or their family

Updated risks and vulnerabilities

Updated signs of safety/resilience and protective factors (to include any safety plans)

Please click the check box with a tick next to the agreed decision below and provide the rationale for that decision:			
		Yes	No
Child Protection Planning Meeting	*(Rationale)*	○	○
Child Planning Meeting	*(Rationale)*	○	○
Single Agency Response	*(Rationale)*	○	○
Referral to SCRA	*(Rationale)*	○	○
Other legal measures such as a Child Protection Order	*(Rationale)*	○	○
Referral to Children's Rights Service	*(Rationale)*	○	○
Bairns' Hoose	Will we require further Bairn's Hoose Support. *(Provide details)*	○	○

Agreed Actions of reconvened IRD:

With rationale and allocation to whom with timescales. To include updating child and family.

Police

Social Work

Health

Education

Other

Current support network for child and family, now and moving forward.
(consider Bairns Hoose/recovery pathway referral where appropriate)

Chaired by: **Date:** *dd/mm/yyyy*

Recorded by: **Date:** *dd/mm/yyyy* **Distributed on:** *dd/mm/yyyy*

For use by Senior Management from core agencies, if this IRD or reconvened IRD was escalated to you, please record your decision and rationale here:

Recorded by:

Date:

dd/mm/yyyy

Distributed on:

dd/mm/yyyy

Continuation sheet