

**Inter-Agency
Referral
Discussion
(IRD)**



**Pan
Lanarkshire
Multi-Agency
Guidance**

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ACKNOWLEDGEMENT

This document is a revised version of the 2017 Initial Referral Discussion – Notification of Child Protection Concern, Multi-Agency Protocol, now referred to as Inter-Agency Referral Discussion (IRD) – Pan Lanarkshire Multi-Agency Guidance and has been written in partnership with North Lanarkshire Council, South Lanarkshire Council, NHS Lanarkshire, and Police Scotland and both Child Protection Committees.

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Inter-Agency Referral Discussion (IRD)

1. Definitions

1.1 Interagency Referral Discussion (IRD)

An inter-agency referral discussion (IRD) is 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 brothers / sisters or other children within the same context. This includes an unborn baby that may be exposed to current or future risk.

An IRD takes place whenever a Child Protection Referral is received by one of the core agencies and indicates that a child has suffered, is suffering or may be at risk of significant harm, abuse, or neglect.

The IRD provides the strategic direction for the Child Protection Investigation through a process of joint information sharing, assessment and decision making following these reported concerns of abuse or neglect of a child or young person.

The IRD can be a process rather than a single event, which is co-ordinated. Information must be gathered, shared, and recorded at each meeting, in order to support co-ordinated decision-making and response by the core agencies, namely Police, Social Work, Health and Education.

Where concerns exist in relation to multiple families / children, a strategic and coordinated response will be required.

Additional agencies including adult services, or third sector agencies may also contribute information to inform the decision-making process.

1.2 Child

A child is defined within the Children and Young People (Scot) Act 2014 as anyone under the age of 18. However, for the purposes of an IRD a child will include

- Young People aged 16 -18yrs who are Looked After at home or away from home
- Children or young people under 18 years where Child Sexual Exploitation (CSE) or Criminal Exploitation has been identified as a concern
- Those subject to Care & Risk Management (CARM) arrangements

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. There will be occasions where IRD's are reconvened if required, this will require professional judgement.

The purpose of an IRD is to:

- Consider the need for a Child Protection Investigation
- Consider the child or young person's safety and wellbeing
- Consider whether the information or intelligence suggests a crime and/or significant harm may have been, is being or is likely to be committed against a named child or young person
- Identify any immediate support(s) or legal measures for the required for the child or young person and who will provide it
- Identify any further information required to inform the IRD decision making process and if further information is required, who will be responsible for gathering it

Additionally, in setting the strategy for any Child Protection Investigation, the IRD will:

- Agree what further action is required, e.g. whether a Joint Investigative Interview (JII) is required and, if so, the arrangements for this within agreed timescales
- Decide whether a medical examination is required, the nature of it e.g. a comprehensive medical examination; specialist paediatric or joint paediatric/forensic medical examination
- Decide what information can be shared with the child, young person, and family. Full information may not be shared if this could jeopardise a police investigation or place the child, young person, or any other child or young person, at risk of significant harm

3. Criteria

Where information is received by police, health, social work, or education 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 as soon as reasonably practicable of the concern being received.

Where MARAC or MATAAC processes identify children at risk, consideration should be given to referring the child / children for IRD.

Consideration will also be given to holding an IRD:

- Where concerns of significant harm are raised in respect of an unborn child and there is not sufficient time to follow usual pre-birth assessment procedures.

- Following a child death where the circumstances give concerns of significant harm towards any brothers / sisters.

3.1 Thresholds

Heads of Service / Senior Managers across all agencies are responsible for ensuring that staff within their nominated service area are trained to recognise and take action in relation to signs of, and reports of, abuse and neglect. Heads of Service / Senior Managers should ensure staff are aware of appropriate and consistent thresholds which apply to a NOCPC leading to an IRD which will determine whether a Child Protection Investigation is required.

WHAT IS THE THRESHOLD FOR NOCPC?

The determination of the appropriate threshold is about distinguishing between concerns about a child's welfare which can be met by GIRFEC planning by universal services or by voluntary involvement with families and those concerns which merit the involvement of child protection services.

When considering submitting a NOCPC, abuse or neglect need not have taken place; it is sufficient for a risk assessment to have identified a likelihood or risk of significant harm from abuse or neglect. Child abuse is any action by another person, adult, or child that causes significant harm to a child or young person. It can be physical neglect, emotional neglect, sexual abuse, or exploitation within or out with the family. The section "what is child abuse and child neglect?" within the [National Guidance for Child Protection in Scotland \(2021\)](#) must always be considered in deciding where abuse, harm or neglect has occurred. These can be quickly accessed in the West of Scotland Online Child Protection Procedures.

Agencies must be clear that they can evidence risk before making a notification of concern.

Any agency raising a NOCPC must ensure that their own agencies processes are followed prior to its submission to ensure they are satisfied that the appropriate threshold has been met. If deemed necessary, this may include a reflective discussion with a Line Manager / Senior Manager / CP Advisor.

It is important to note that where a NOCPC is received, the source of agreement as to whether the concern about the child meets the threshold for a Child Protection Investigation is the IRD process. This threshold is not a single agency decision.

4. IRD Meeting Process and Recording

4.1 Instigation

The decision to convene an IRD can be made by Police, Health, Social Work and Education, but a request to consider an IRD may be made any agency.



Heads of Service / Senior Managers across all agencies are responsible for ensuring that staff within their nominated service area are made aware of appropriate and consistent thresholds which apply to a NOCPC leading to an IRD / investigation taking place.

4.2 Process

Core agency representatives will be responsible for joint decision making within the IRD. They must be sufficiently senior to assess and discuss available information and to make decisions on behalf of their agency. This would normally be a Senior Social Worker; a Detective Sergeant; the identified Child Protection Advisor, NHS Lanarkshire, and an appropriate Education Manager. On some occasions, senior managers from private schools, nurseries, adult services or third sector organisations may be included for the duration of the IRD.

The IRD will be held via Microsoft Teams or dedicated conference call lines coordinated by Lanarkshire Police Division's IRD Unit. They will also be responsible for the population and subsequent circulation of the IRD record. Where agency structures do not commit a dedicated resource to the IRD process they must ensure availability at **ALL** times during the arrangement and participation stages of an IRD to prevent any significant delays.

All participants must consider all aspects contained in **section 2.1** above and also:

- Assume responsibility for the research of information systems available to them for the **necessary, proportionate, and relevant information** to be shared
- Take forward any agency actions, completing within timescale and reporting back where a continued IRD discussion is required
- Feedback to other agency / services and the referrer, where appropriate

The IRD should not be treated as a Child Protection Planning Meeting but as a forum for a timely decision on whether to proceed to an investigation, and to consider if a JII is required. The information sought, gathered, and shared should be for the preceding 3-year period only unless professional judgment deems an extended period would be necessary and should relate to:

- The child or young person about whom there is a concern
- Any relevant information about brothers / sisters of that child or young person
- Other children connected to that child or young person where relevant
- Any relevant information about key and/or significant adults who are involved and/or associated with:
- Any relevant information about other children in the household of the suspected perpetrator and any other children to whom the suspected perpetrator has access.

4.3 Recording

All aspects of the IRD must be recorded in the single IRD record (See Appendix 1), facilitated by Police Scotland. However, immediately following the conclusion of the IRD, **ALL** participating core agencies will provide a clear and succinct synopsis of the information shared, in written format via secure e-mail to [Lanarkshire IRD Unit](#). This will be inserted into the single IRD record. The completed record will be shared with participants within 1 working day who should check for accuracy and highlight any amendments within 1 working day from receipt of the record. The IRD record will then be accepted as an accurate reflection of discussions and actions and stored by each agency securely and in line with Data Protection requirements.

The IRD record is **NOT** intended to record findings of any subsequent investigation. Its key purpose is to record the joint decisions and action taken by participants in the IRD process.

For recording out of hours please see 4.5 below.

4.4 Closure

Whilst the National Guidance for Child Protection Scotland (2021) offers a broader definition of closure a Pan Lanarkshire decision has been made that the IRD process is closed when a reasoned and evidenced inter-agency decision has been made where either the CP investigation is initiated, or a decision is taken for no further no action.

4.5 Out of Hours

Where an IRD is initiated out of hours, this is recognised as the start of the IRD process. It is anticipated the discussion will require to be reconvened during the next working day. This will enable all core agencies to share relevant information to better inform the decision making around the progression of any Child Protection Investigation initiated out of hours.

See Section 1 of Appendix 1 for Out of Hours IRD.

The “working hours” of North Lanarkshire Social Work Emergency Service (SWES) and South Lanarkshire Emergency Social Work Service (ESWS) are as follows:

North Lanarkshire

Monday – Thursday 1630hrs - 0100hrs

Friday 1600hrs - 0100hrs

Saturday - Sunday 0830hrs - 0100hrs

South Lanarkshire

Monday – Friday 1645hrs – 0145hrs

Friday 1615hrs – 0145hrs

Saturday – Sunday 0745hrs – 0145hrs

Out with these hours Senior Social Workers/ Team Leaders are contactable on an “on call” basis.



The principle of an IRD remains the same out of hours, although it is recognised that the primary focus will be around mitigating any immediate risks and ensuring the child or young person is safe.

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.

When a NOCPC or police concern is received by SWES/ESWS, an IRD will take place between the duty Senior Social Worker/Team Leader and the on duty Public Protection Unit (PPU) Sergeant ensuring communication with other agencies where required. The coordinating agency during out of hours is Social Work and the duty Senior Social Worker/Team Leader will assume responsibility for the population and subsequent circulation of the IRD record (See Appendix 1).

In the event that there are no PPU Sergeants available, a relevant CID or uniform Sergeant should be contacted to participate.

A follow up IRD will be held within 1 working day with all core agencies.

Where a referral is received by the duty Senior Social Worker/Team Leader at SWES/ESWS during the on-call period, action should be focused on the immediate safety of any children or young people at risk. Where this falls over a weekend period a relevant update will then be sent to the next SWES/ESWS shift on duty, otherwise to the relevant Social Work Locality. The IRD will be held not later than 48 hours of the original concern being received. This is also the case where an IRD is held out of hours.

4.6 Age of Criminal Responsibility (ACR) Act 2019

As outlined in the [Age of Criminal Responsibility \(Scotland\) 2019: List of Places of Safety](#) , if the need arises and a place of safety is required for a child under the age of 12 then it is anticipated that this will be progressed without delay. Discussions will be held with Police, Social work, Health and Education to establish a place of safety timeously – whether this be during the day or out of hours. These discussions will be recorded formally at an IRD held at a later stage and before any investigative interview is held. In essence any ACRA IRD will be a process of information sharing, assessment, analysis, and decision making. The full Act can be found here [Age of Criminal Responsibility \(Scotland\) Act 2019](#)

5. Outcomes

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.

A number of actions are possible from the IRD and any outcomes will be agreed, jointly and explicitly by all core agencies. The record of the IRD should clearly identify any action being taken to safeguard the child / children or young person. During the IRD process the following options should be considered, these are not exhaustive or mutually exclusive and more than one may be required.

- **Emergency Legal Measures**

Having shared information in the IRD, consideration must be given to whether immediate action is required to protect the child / children or young person from further harm by requesting removal of either the child / children or young person or the alleged perpetrator from their residence i.e. Child Protection Order, Exclusion Order, Police Emergency Powers or a Child Protection Assessment Order; taking into account the threshold of the likelihood or risk of significant harm which will need to be evidenced at the Sheriff Court.

- **Child Protection Investigation**

If at IRD there is a collective decision from the information shared by core agencies that there is a likelihood or risk of significant harm that requires further investigation, a Child Protection Investigation should be initiated. A Child Protection Investigation can either be undertaken jointly by Police and Social Work or as a single agency by either of the statutory partners.

- **Joint Investigative Interviews (JII)**

Where it is determined necessary to establish the facts in relation to a potential crime or offence involving a child a Joint Investigative Interview (JII) between Police and Social Work should be requested if appropriate. The IRD record will form the basis of background information which will inform areas for exploration in the JII.

Further information can be obtained via the Lanarkshire JII Team based at Blantyre.

- **Medical Examination**

The IRD supports discussion to ensure that consideration is given to the need for a medical, inclusive of siblings. Although a medical examination is not a requirement in every case where it is determined that a Child Protection Investigation is necessary, it must be considered in all cases. The medical examination should only be dispensed where the appropriate health professional determines those managing the investigation are satisfied that they can achieve the purposes of the investigation without it.

The reasons for proceeding or not proceeding with a medical examination/ assessment should be clearly recorded in the IRD Record. The health care agency representative (Child Protection Advisor, Child Protection Service, NHS Lanarkshire) will lead on discussions which relate to the medical and health needs of the child. If all agencies agree that a comprehensive medical assessment would be beneficial, the child

protection advisor should discuss, agree, and arrange this with the on-call Child Protection (CP) Paediatrician. If a joint forensic or specialist paediatric medical examination is required, then the Child Abuse Investigation Unit (CAIU) contacts the CP Paediatrician to arrange. (See Appendix 2)

If a medical is not indicated within an IRD, social work can contact the CP Paediatrician at any time throughout their investigation to reconsider a medical should this be felt to be beneficial as the investigation progresses.

- **Other Action**

If a Child Protection Investigation is not initiated but it is considered the child / children or young person may be 'in need', partners should consider who is best placed to provide ongoing support to the child / children or young person and wider family or whether there is a requirement for a multi-agency assessment. The [GIRFEC National Practice Model](#) should be considered.

- **No Further Action**

Where the decision is taken that no further action is required at the time of the IRD, partners should ensure that relevant and proportionate information is recorded in individual agency records and shared with the relevant lead professionals involved.

In all cases the outcome of the IRD should be fed back to the original referrer by their agency representative present at the IRD. Where an agency does not receive feedback, this should be followed up and outcome recorded in the child's file.

6. Lack of Consensus

Where any agency involved in the IRD disagrees with the decision of any party and a compromise cannot be reached, this will require escalation to Senior Social Work managers, Detective Inspector Child Abuse Investigation Unit, Lead Nurse Child Protection (NHSL) and Education Manager where appropriate.

Each participant from IRD will be asked to provide their manager with a synopsis of their analysis of risk that has led to their decision making. Following receipt of information, all Senior Managers will convene a conference call to discuss and agree the outcome. The points of disagreement and resolution must be recorded on the IRD record. There should be no delays in protective action as a result of the lack of consensus.

7. Re-convening

On some occasions, there may be a requirement to reconvene an IRD as enquiries progress should further information be received by any of the core agencies or where the initial IRD required to make decisions based on the information that was available to them at the material time. In these instances, the original IRD Record must be updated accordingly.

8. Where incident occurs out with Lanarkshire

Irrespective of the location of any incident which results in the submission of a NOCPC or police concern that requires an IRD, the host for that IRD should be the police locality where the incident occurs. All core agency representatives from relevant areas should also be consulted and will be invited to participate.

9. Quality Assurance and Governance

Arrangements for multiagency monitoring and quality assurance of the IRD process will be progressed by each Child Protection Committee individually, but with a recognition for shared learning across both local authority areas. All core agencies will have responsibility to drive forward learning, where identified on a single and multi-agency basis.

This guidance document will remain a live document and can be subject of routine Pan Lanarkshire review as deemed necessary. Please contact the Lead Officer Child Protection in your area for further information about this guidance as required.

Where the agency concerned note a concern that requires further single agency assurance, the agency representative will consult with colleagues and report back to next IRD Audit Group meeting.

10. Child Protection Case Discussion / Planning Meeting

Local Child Protection Procedures include the option to convene a Child Protection Case Discussion at the initial referral stage where a case is particularly complex. Where a Child Protection Case Discussion / Planning Meeting is convened as a direct replacement for an IRD this will act as the information sharing and decision-making forum regarding the need for a Child Protection Investigation.

The same core agencies must be present and the same considerations will be given and recorded, including the need for a JII and/or medical examination.



Inter-Agency Referral Discussion (IRD) Record

Referral Details			
Primary Concern:		Additional Concern(s):	
Click here to select primary concern			
Out of Hours Referral	Referring Agency	Details of referrer	Contact Number
SELECT	SELECT		
Date and time referral received	Date and time IRD commenced:	Date and Time IRD Completed	Role/ relationship of Referrer to child
Provide any reason for delay :			

Child/Children subject of Concern				
	Child 1	Child 2	Child 3	Child 4
Name				
DOB				
Gender				
Address				
School				
CHI				

Parents, Siblings, or other significant nominals					
Name	DOB	Gender	Address	School (if relevant)	Relationship

IVPD Reference <i>(if available)</i>	
Initial Nature of Concern <i>(brief overview)</i>	
Section 1 - Out of Hours IRD <i>(Only complete where IRD process is commenced out of hours otherwise go to section 2)</i>	
<i>Select participants</i>	
Police	<input type="checkbox"/>
Details -	
Social Work	<input type="checkbox"/>
Details -	
Health	<input type="checkbox"/>
Details -	
Other	<input type="checkbox"/>
Details -	
Brief Notes of Discussion <i>(including rationale for decision making)</i>	
Agreed Outcomes	
Does IRD require to be continued	SELECT
Provide reason -	
<p>*On completion forward to relevant Social Work Locality, LanarkshireIRD@scotland.pnn.police.uk, Lan-UHB.ClinicalChildprotection@nhs.net and namedpersonservice@northlan.gov.uk or namedpersonservice@southlanarkshire.gov.uk</p>	

Section 2 – IRD Record

Participants:			
	Name	Designation	Contact details (include e-mail)
Police			
Social Work			
Health			
Education			
Other			

Summary of Agency checks and information shared.

(Brief synopsis of relevant, proportionate, and necessary information as provided by each owning agency)

Police	
Social Work	
Health	
Education	
Other	

Summary of concerns and possible risks identified:

Decisions of IRD including rationale	
<i>Ensure safety of ALL listed children are being considered</i>	
Proceed to Child Protection Investigation	
Lack of consensus (if relevant)	
Lead Agency	
JII Required	
Single Agency Action	
Medical Examination required (Making reference to type of examination if relevant)	
Safety Plan	
Any further actions identified, including details of ownership	
Does IRD require to be reconvened	

IRD Record complete by		Date	
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Reconvened IRD
<i>* If the IRD re-convened please provide dates of re-convened discussion, changes to discussion participants, new information gathered, changed to risk assessment along with any other relevant detail</i>

MEDICAL EXAMINATIONS

The primary reasons for a medical examination or assessment would be:

- To identify the health, emotional developmental needs of the child and decide if any interventions are required.
- Interpretation of medical evidence is to provide an opinion on medical abuse.
- To secure forensic evidence where appropriate.

There are 3 main types of medicals undertaken within the child protection process: comprehensive medical assessment, specialist paediatric medical examination and joint forensic medical assessment.

Consent for medicals must be obtained in one of the following:

- from a parent or carer with parental rights
- from a child / young person assessed to have capacity
- from a person over 16 with no learning difficulties
- through a court order

Comprehensive medical assessment

This type of examination is undertaken if there are concerns about neglect or chronic abuse over a period of time. It is important that the examining doctor has all the relevant information about the cause for concern and the known background of the family or other relevant adults, including previous instances of abuse/neglect or suspected abuse/neglect. Wherever possible, information from the joint investigative interview should be available.

Specialist paediatric medical examination

This examination provides a comprehensive assessment of the child, establishing the need for immediate treatment and ongoing health care as well as providing a high standard of forensic evidence to sustain any criminal or care proceedings and offering reassurance and advice to the child and carers. The examination is intended to encompass both the child's need for medical care and the legal requirement for evidence in a single examination.

Joint paediatric/forensic examination

The joint paediatric/forensic examination combines a comprehensive medical assessment with the need for corroboration of forensic findings and the taking of appropriate specimens for trace evidence including, for example, semen, blood or transferred fibres. The presence of two doctors in the joint paediatric/forensic examination is important for the corroboration of medical evidence in any subsequent criminal proceeding and is also good medical practice.

Process

The on-call CP Paediatrician is available between 9am and 9 pm and can be contacted via the main switch board at University Hospital Wishaw (UHW) on - 01698 361100.

Examinations normally take place on ward 19 UHW. The CP Paediatrician requests attendance of social work and/or police as appropriate, parent/carer of the child to attend at the point of examination in order to provide consent and medical history of the children. Social work should fully brief the examining doctor of the background and the current situation and depending on the nature of the case, police may be in attendance.

Where consultation is required with NHS Greater Glasgow & Clyde (e.g. child admitted in Glasgow) this can be accessed;

- During office Hours (0900- 1700hrs) NHSGGC Child Protection Unit, 0141 451 6605
- Out of Hours - Request Child Protection Consultant, 0141 201 0000

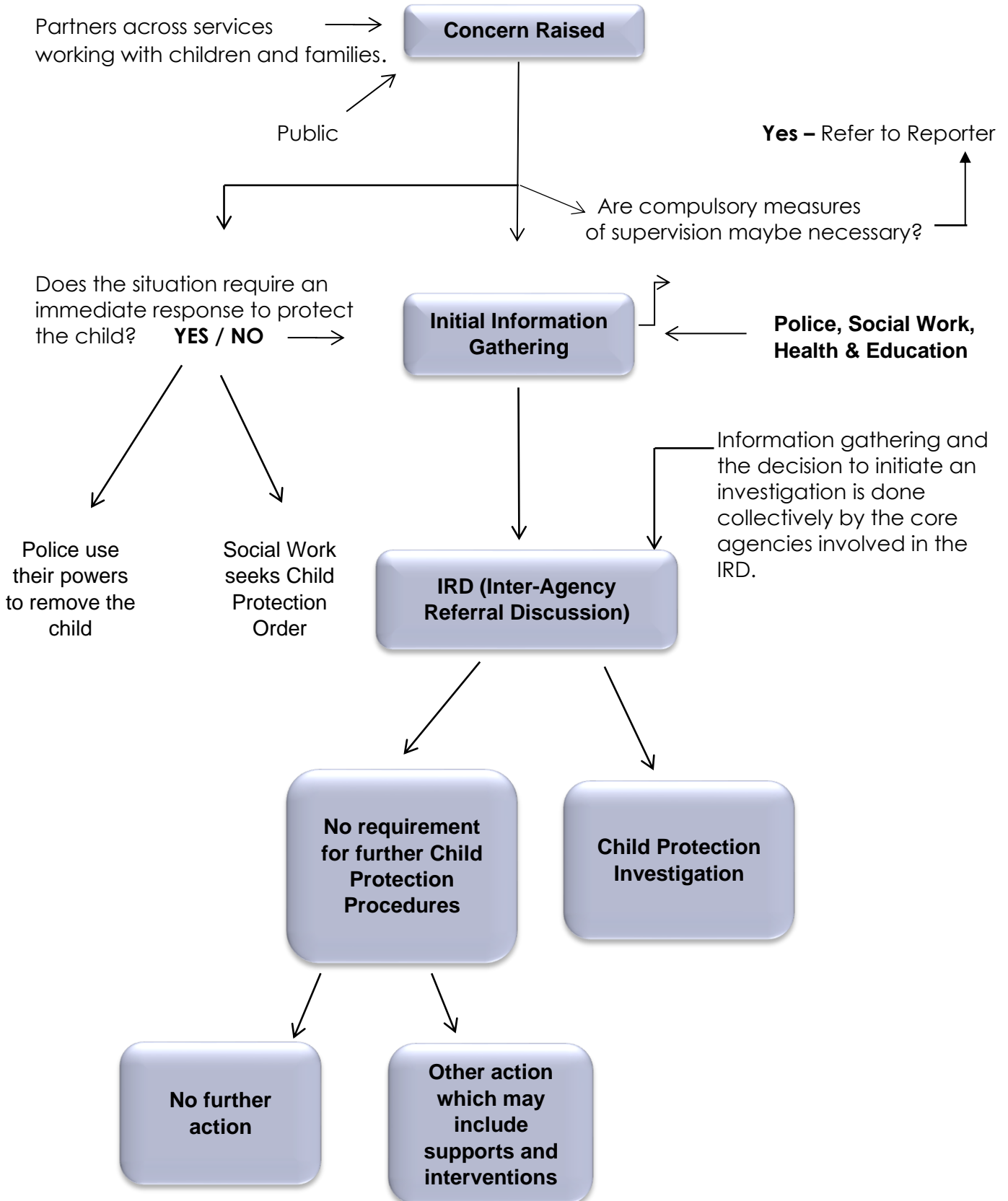
• **Joint Investigative Interview (JII)**

The decision to conduct any JII following the submission of a NOCPC or police concern that amounts to Child Protection must be made during an IRD, except where emergency measures are taken. When considering this requirement, the IRD should take cognisance of the following:

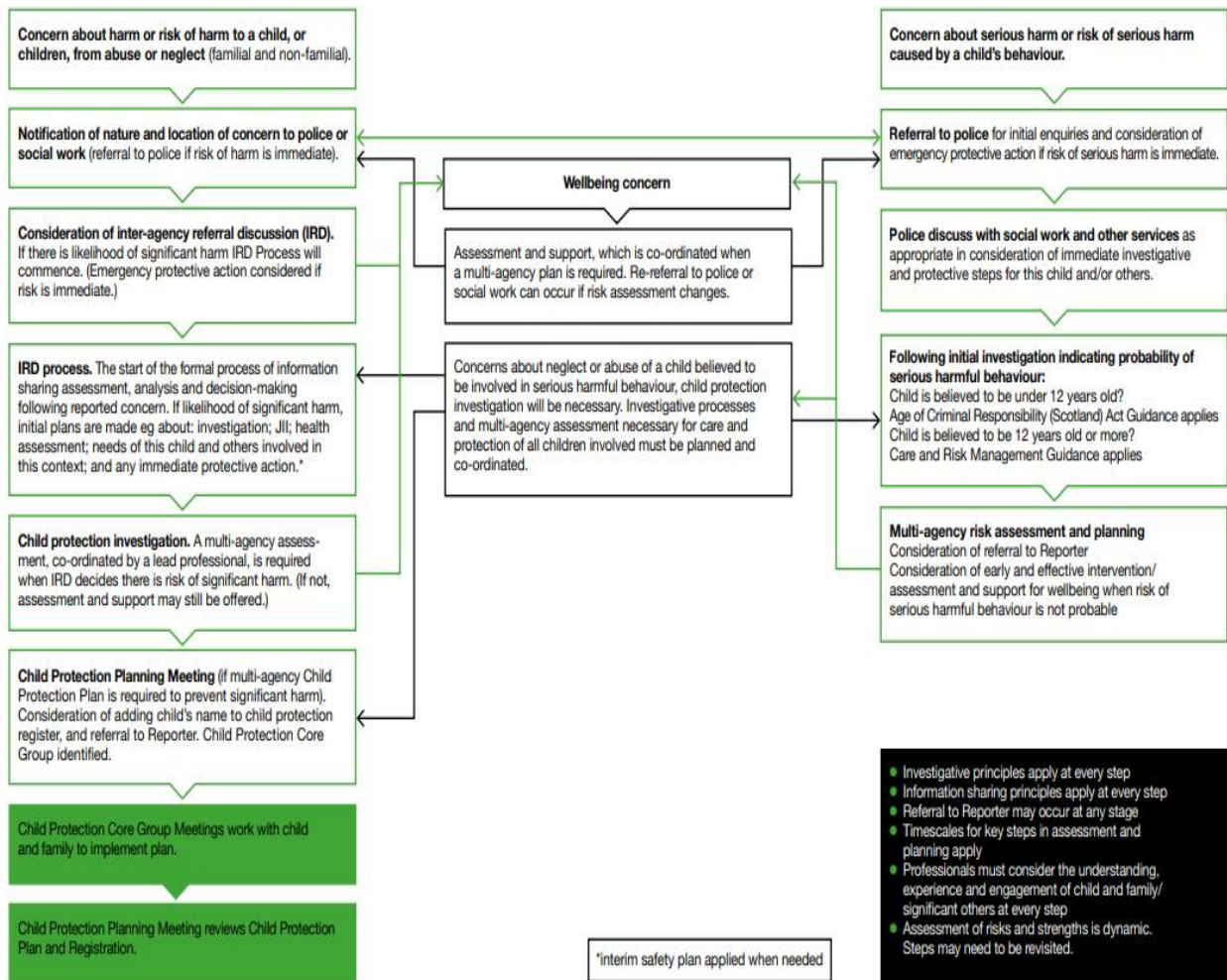
- views of the child and or young person to participate in a JII.
- any known speech or language barrier
- any other complex needs
- any requirements for additional supports

The decision to conduct or not to conduct a JII must be clearly documented within the IRD record, including any rationale leading to this decision.

Inter-Agency Referral Discussion (IRD) Flowchart



Child Protection Process



- Investigative principles apply at every step
- Information sharing principles apply at every step
- Referral to Reporter may occur at any stage
- Timescales for key steps in assessment and planning apply
- Professionals must consider the understanding, experience and engagement of child and family/significant others at every step
- Assessment of risks and strengths is dynamic. Steps may need to be revisited.

Source: [National Guidance for Child Protection in Scotland \(2021\)](#)