



# **The Moray Community Planning Partnership**

## **Inter-Agency Referral Discussion Procedure**

**Obsolete if printed**

This procedure is available in different formats and languages on request.

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## 1.0 Purpose

This procedure will ensure that staff within the Moray Community Planning Partnership are aware of the purpose of an Inter-Agency Referral Discussion (IRD) and how it should be carried out.

## 2.0 Who and Where this Procedure applies

This procedure is for all staff within the Moray Community Planning Partnership who are involved with the protection and wellbeing of children.

An IRD is a Child Protection multi-agency discussion which is initiated where it is suspected that a child has suffered, is suffering, or is at risk of suffering significant harm or abuse. The IRD culminates in a single event from a series of discussions between the four key agencies and any other service and/or agency which may be involved with the child and/or have relevant information relating to that child.

The IRD will come to a decision as to whether or not to proceed to a Joint Investigative Interview (including subsequent planning for that and any medical examination that may be required) and/or any other action deemed necessary (Initial Child Protection Case Conference, assessment, provision of services, planning processes or no further action).

**Note** – any subsequent meeting(s) after an IRD has taken place will be called a '**Child Planning Meeting**' as per the Moray GIRFEC pathway. These meetings include parent(s) and/or relevant family members; however where it is not appropriate for the parent(s) and/or relevant family members to attend (i.e. not in a child's best interest) then the reasons for excluding them should be clearly recorded in the minute.

## 3.0 Inter-Agency Referral Discussion (IRD) Procedure

### 3.1 Initial concerns raised

A referral highlighting a child protection concern may be raised by any one of the key agencies. This may be a new concern on an existing case, a new referral or involve an accumulation of concerns; such as neglect.

The receiving agency will undertake an initial review of their records, including chronologies, to gather information on the child, family members, and relevant others to facilitate a robust multi-agency risk assessment and ascertain what action is required. This can be completed using agencies' individual risk assessment tools or by using the generic risk assessment tool in the National Risk Assessment Framework.

The receiving agency will make contact with the other key agencies to alert them of the referral and to gather information to inform the decision. This will include the Named Persons/ key workers of ALL children in the household or connected to the household (ie regular visitors to the address). The following contacts should be used (details can be found at **Appendix 1**):

- Social Work – Triage Team (Intake and Assessment)
- Police – IRD desk or 101 out of hours (role can be found at **Appendix 2**)
- Health – relevant Named Person or Specialist Nurse for Child Protection
- Education – relevant Head Teacher or Named person

Where legitimate child protection concerns exist, the IRD process is initiated.

If practitioners are unclear about whether a concern about a child meets the threshold for an IRD, they should first speak with their line manager and if agreed then call the Social Work Triage Team within Intake and Assessment or the Police IRD desk (or 101 out of hours).

The IRD will be initiated on the same day the referral is received. The IRD will not be delayed due to partner agencies not being available; in this situation staff should address the child protection concerns immediately as normal. As a result an IRD should not be called in the days after this initial referral is received, instead a '**Child's Planning Meeting**' should be initiated, and the reasons for parents/carers not being involved should be clearly recorded.

In usual circumstances, an IRD will take place before any joint investigation proceeds; however a joint investigation will not be delayed because an IRD cannot take place immediately between the four key agencies.

### **3.2 Contributing to an IRD**

Contributing to and taking part in an IRD is compulsory.

The IRD minute template, which can be found at **Appendix 3**, will be used to minute the IRD during the actual meeting. This should be signed off by all staff at the conclusion of an IRD. This typed completed minute, with electronic signatures, will be disseminated to all staff who attended the IRD the same day where possible but no later than 5 working days from the IRD taking place.

For IRD Meetings the service initiating the IRD are responsible for ensuring that the minute is completed and distributed to all those involved. The only exception to this is where Education initiate the meeting, in such instances Social Work will ensure that the minute is completed and distributed to all those involved.

All parties should reach agreement on the conclusion of an IRD. Any disagreements at an IRD should be recorded in the minute where the majority decision will stand. This can be escalated to Line Management where necessary. Good practice includes the expectation that constructive challenge amongst colleagues is in the best interests of children. Where members of staff from any agency believe concerns regarding a child are not being addressed this should be escalated through Line Management until a satisfactory conclusion is achieved.

Any of the following staff can chair an IRD if available:

- Team Manager, Social Work
- Senior Social Worker
- Sergeant or Detective Sergeant, Police Scotland
- Inspector or Detective Inspector, Police Scotland
- Specialist Nurse for Child Protection, NHS Grampian
- Named Person or Lead Professional (except Education)

If a Chair from the above list cannot be identified then the receiving agency for the referral should Chair the IRD.

All agencies must review their records in relation to ALL family members and relevant/significant others, where possible, to ensure decisions are made with all the relevant information present. This can include paper files, electronic information storage systems or individual practitioners' working knowledge. Chronologies must be reviewed to help identify patterns of behaviour or cumulative concerns. Contributing merely the working knowledge of the family/attendance records of a child is not acceptable.

IRDs should not be delayed unnecessarily because not all information has been sourced. Any additional information which is relevant but cannot be sourced within the specified timescales can be included in the *child's planning or child protection case conference meeting* following an IRD.

Practitioners and agencies will be expected to share relevant and appropriate information in relation to the child or young person, siblings, family members, household members and other significant adults in the child/ young person's life to enable effective decision making to take place. This will include protective factors and any concerns they have in relation to threatening or violent behaviours, hostility, non-engagement or concerns regarding potential risks to staff.

Information provided must be concise and clear as to what the risks are, if any, exist. Any specific terms (e.g. medical terms or acronyms) must be explained.

It may, occasionally, be necessary for an agency to undertake a visit to the family to ascertain further information/clarity. In these circumstances the IRD should not be initiated until after the visit. This should not be confused with visits to inform an investigation or subsequent assessment/support which will take place after the IRD.

### **3.3 The Inter-Agency Referral Discussion**

The information and decision making process for an IRD is routinely undertaken through multi-agency phone conversations but may also take the form of a meeting. A meeting should always be the preferred option where possible.

IRD's should constitute a discussion about levels of concern, what the risks are, and what actions and processes are required to address these. The immediate safety of the child should always be a priority at an IRD.

Specifically, an IRD will consider and make decisions on –

- Any approach to Moray Council Legal Services for advice and assistance as to whether any immediate legal measures can be taken (Child Protection Order, Assessment Order, Exclusion Order etc)
- Agreeing specific timescales, sequences of actions, roles and responsibilities for action planning or further assessment.
- Joint Investigative Interview planning and preparation
- Appropriateness of a referral to the Paediatric Consultant to consider any necessary medical examination
- Provision of support during or after the investigation
- Requesting a Child Protection Case Conference. If progressing to CPCC the IRD minute needs to be emailed to the reviewing team as an immediate action to meet timescales for a CP Conference.
- Other measures available to protect children
- Risk to other children connected to the child in question
- Consent from parents/ carers if necessary, and who and how to obtain this
- Feedback to parents/ carers, the referrer and the child where appropriate
- Any referral to the Children's Reporter.

All agencies involved in IRDs have an equal role in agreeing the level of concern risk, identifying risks, and contributing to decision making.

Once those actions and processes have been identified, including whether further assessment or multi agency action planning is required, the IRD is complete and should be signed off accordingly.

Upon receiving the IRD minute this should be stored in:

- Social Work – Childs file and electronically on Carefirst
- Police – Childs file and/or electronically with Police IRD desk
- Health – Community Child Health Record, GP record and medical case notes
- Education – The pupils Child Protection File. This file is linked to, but not held within, the child's Pupil Progress Record (PPR)
- TSi – Agency record

Recording of an IRD should include a brief synopsis of the information shared during the discussion and should follow the IRD minute template which can be found at **Appendix 3**.

Discussions around risk, protective factors, resilience, the child's needs and any action plan made at the IRD will be fed directly into the National Risk Assessment Framework (NRAF) which will inform the Child's Plan. This information on risk assessment **MUST** be recorded in the minute.

The NRAF should not be completed during an IRD but it should be planned for in this meeting and a date set for completion. If moving to Initial Child Protection Case Conference please see the [Child Protection Case Conference Procedure](#) for more information.

It may be the case that an IRD does not identify any Child Protection concerns but rather wellbeing concerns. In these situations, the Named Person should be informed and appropriate measures put in place to ensure the wellbeing needs of the child are met. A flow chart of the potential processes involved can be found at **Appendix 4**.

Chronologies must be updated as appropriate.

### **3.4 Pre Birth Cases**

In cases where a pre-birth referral is received a '**Child's Planning Meeting**' will take place, and the reasons for not involving the parents will be clearly recorded. An IRD will only take place in these circumstances where the referral meets the criteria as stated in **Who and Where this Procedure applies 2.0** above.

Contact will be made with relevant agencies as detailed above to gather initial information with regard to immediate risk. Where a pre-birth assessment is required this will be allocated and the Social Worker will continue as per existing procedures in conjunction with relevant agencies.

### **4.0 Responsibilities**

- I. Chief Officers are responsible for ensuring that policies are in place to support the protections of children and young people along with training for all staff, elected members and volunteers.
- II. Heads of Service/ Service Managers are responsible for ensuring that staff within their nominated Service Area are made aware of this procedure and have access to training and procedures which reflect how staff within their service area will address any Child Protection or wellbeing concerns.
- III. Heads of Service/ Service Managers must ensure staff are enabled to contribute to IRD's in accordance with this procedure.
- IV. All staff will ensure that they have undertaken relevant Child Protection training and are aware of the action they should take regarding Child Protection or wellbeing concerns appropriate to their roles and responsibilities.



Relevant staff from the key agencies (Police, Social Work, Education and Health) MUST contribute to IRD's in accordance with this procedure.

## 5.0 Definitions

**Child:** a child is defined differently depending on the legislative context, but generally speaking a child is someone who has not attained the age of 16 years. That said, when the Children and Young People Act 2014 comes into effect a child will be defined as anyone under the age of 18.

**Child Abuse:** Child abuse is any action by another person, adult or child, that causes significant harm to a child. It can be physical, sexual or emotional

**Child Protection:** protecting a child from child abuse or neglect. 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. (National Guidance for Child Protection 2014)

**Key Agencies:** The four key agencies involved with IRD's are the Police, Social Work, Education and Health.

**Named Person:** a Named Person is the point of contact for children, young people, families and for practitioners or members of the public, when they have a concern about a child or young person The Named Person has a responsibility to promote, support, and safeguard children's wellbeing. Until a child starts Primary School the Named Person will be the Health Visitor, from then until they are aged 18 the Named Person Service will be provided by the Education Authority (generally a Head Teacher for Primary and Guidance Staff for Secondary).

**Parent:** a parent is defined as any person who has the parental rights and responsibilities for a child. Aside from a mother or father these can include foster and adoptive parents and carers, including those who may have substantial care of a child.

**Wellbeing:** eight indicators are used to assess a child's wellbeing and identify any concerns. GIRFEC highlight the need for all children to feel Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included.

## 6.0 Related Strategies/ Policies /Legislation

- Children and Young People (Scotland) Act 2014
- Children's Services Plan 2013-16
- CPCC Guidance
- Children (Scotland) Act 1995
- Data Protection Act 1998
- Freedom of Information (Scotland) Act 2002

- Initial Referral Discussion Protocol
- Integrated Children’s Services Plan 2015-16
- Moray 2023
- National Information Sharing Guidance 2014
- The Community Planning Partnership Child Protection and Wellbeing Policy
- The Community Planning Partnership Child Protection and Wellbeing Reporting Concerns Procedure.
- The Human Rights Act 1998 and Equality Legislation

## **7.0 Equalities Statement**

The Equality Act 2010 imposes a duty on public authorities to have due regard to the need to eliminate unlawful discrimination, promote equality of opportunity and to foster good relations between groups who share a protected characteristic and those who don’t. The protected characteristics under the Act are: sex, race, disability, pregnancy and maternity, religion or belief, sexual orientation, marriage and civil partnership and gender reassignment.

The Moray Community Planning Partnership (CPP) will not and does not discriminate on any grounds. The Moray CPP advocates and is committed to equalities and recognises its responsibilities in this connection. The Moray CPP will ensure the fair treatment of all individuals and where any individual feels that they have been unfairly discriminated against, that individual shall have recourse against the individual partner to whom the concern relates to in line with the individual partners complaints procedures.

In relation to equality of information provision, the Moray CPP will ensure that all communications with individuals are in plain English, and shall publish all information and documentation in a variety of formats and languages. Where required, the Moray CPP will use the services of its translation team to enable effective communication between the Moray CPP and the individual. Where an individual has sight, hearing or other difficulties, the Moray CPP will arrange for information to be provided in the most appropriate format to meet that individual’s needs. The Moray CPP will also ensure that there are no physical barriers that could prohibit face to face communications.

## **8.0 Data Protection**

The Data Protection Act 1998 governs the way information is obtained, recorded, stored, used and destroyed. The Moray CPP complies with all the requirements of the Act and ensures that personal data is processed fairly and lawfully, that it is used for the purpose it was intended and that only relevant information is used. The Moray CPP will ensure that information held is accurate, and where necessary kept up to date and that appropriate measures are taken that would prevent the unauthorised or unlawful use of any “personal information”.

## **9.0 Freedom of Information**

The purpose of the Freedom of Information (Scotland) Act 2002 is to “provide a right of access by the public to information held by public authorities”. In terms of section 1 of the Act, the general entitlement is that a “person who requests information from a Scottish public

authority which holds it is entitled to be given it by the authority". Information which a person is entitled to is the information held by the public authority at the time that the request is made. This is a complex area of the law that can overlap with the Data Protection Act and other legislation.

All Freedom of Information requests are to be sent to the relevant partner agency

## **10.0 Human Rights Act**

The main rights and freedoms covered in the Human Rights Act 1998 are:

Right to life; freedom from torture; freedom from slavery and forced labour; right to liberty and security; right to a fair trial; no punishment without law; right to respect for private and family life; freedom of thought, belief and religion; freedom of expression; freedom of assembly and association; right to marry; prohibition of discrimination; peaceful enjoyment of property; right to access education and right to free elections.

Public authorities must ensure, in discharging functions, that they don't act in a manner incompatible with the Human Rights Act. Where it is likely that an individual's rights may be infringed upon then such action must be done under legal authority, have a legitimate aim and be necessary in a democratic society ie proportional in terms of finding a balance between carrying out a necessary statutory duty and infringing upon the person's human rights. It is also important that any interference is non-discriminatory.

All parts of this policy and associated procedures will comply with the Human Rights Act.

## **11.0 Performance Monitoring**

In order to comply with its service commitments, the Moray CPP sets performance standards in relation to its policies and will monitor its achievement of these standards.

## **12.0 Review and Feedback**

This policy will be reviewed on 1 April 2018 and every 2 years after that. Feedback can be sent to Stuart Lamberton, Partnership Officer for Child Protection, and will be included in the next review.

## Key Agency Points of Contact

The key Agencies points of contact for the IRD process are –

### Social Work

Protecting Children's Team	01343 554370
Intake and Assessment - East	01542 837222
Intake and Assessment - West	01343 563937
Continuing Support Team - West	01343 557922
Continuing Support Team – East	01542 837236 (Buckie)
	01542 554100 (Keith)
Out of hours Service	08457 565656

### Police

The Police IRD Desk will be staffed by Detective Sergeants **Monday to Friday 7am to 5pm, and 7am to 3pm at the weekends.** Contact can be made on telephone number **01224 306918**

Out with the Police IRD Desk hours, contact is via 101 and cover will be provided by either the Public Protection Unit Detective Sergeant (PPU DS), or a suitably experienced Police Sergeant (PS) nominated by the Duty Inspector, as follows -

**Monday to Friday 5pm to 10pm - Duty PPU DS**

**Monday to Friday 10pm to 7am, and Saturday/Sunday 3pm to 7am - Suitably experienced PS nominated by the Duty Inspector**

	Monday	Tuesday	Wednesday	Thursday	Friday
7am - 5pm	IRD Desk DS	IRD Desk DS	IRD Desk DS	IRD Desk DS	IRD Desk DS
5pm - 10pm	PPU DS	PPU DS	PPU DS	PPU DS	PPU DS
10pm - 7am	PS	PS	PS	PS	PS
	Saturday	Sunday			
7am - 3pm	IRD Desk DS	IRD Desk DS			
3pm - 7am	PS	PS			

### Health (including School Nurses)

Buckie Health Visiting Team      01542 833757 (Ardach)  
    01542 837028 (Seafield)  
    01343 820230 (Fochabers)

Keith Health Visiting Team              01542 881009

Speyside Health Visiting Team      01340 882107 (Aberlour and Dufftown)  
    01343 567728 (Rothes – Aligned to Maryhill)

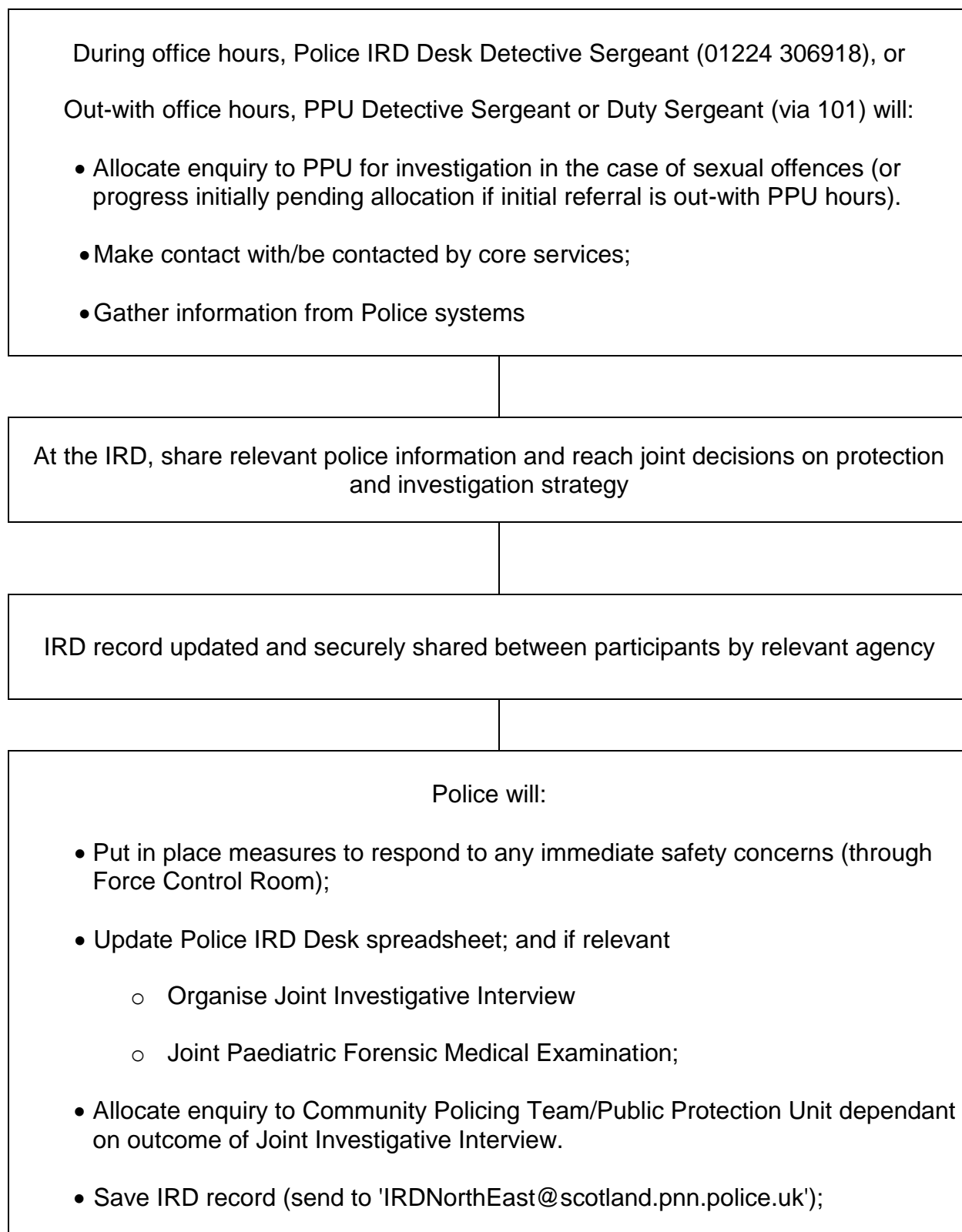
Maryhill (Elgin) Health Visiting Team      01343 567728

Linkwood (Elgin) Health Visiting Team      01343 553088 (Glassgreen)  
    01343 562105 (Community)

Lossiemouth Health Visiting Team	01343 816330
Forres Health Visiting Team	01309 678875
Paediatric Consultant	01343 567511
Paediatric bleep	0845 4566000
Specialist Nurse for Child Protection	01343 554391

Education

(School holidays periods – 01343 563374)

**ROLE OF POLICE**

**Inter-Agency Referral Discussion minute template**

Agency	Name
Police	
Social Work	
Education	
Health	
Other	

Date of IRD		Time of IRD	
Venue			

Child/children's details				
Name	Address	DOB/EDD	CareFirst	School

Parents, Siblings and Significant Others				
Name	Address	DOB	Relationship	School

**Concerns Raised by**

Agency	Name

Details of Concern

Systems/Records and Agency Checks
Police - Summary
Social Work - Summary
Education - Summary

Health – Summary
Others – Summary

<b>Risks Identified &amp; Protective Factors</b>
<p><b>Risks:</b></p>  <p><b>Protective Factors:</b></p>

**OUTCOMES**

Decision	(please tick)
No further Action	
Single Agency Support	
Single Agency Investigation	
Further Multi-agency assessment	
Joint Investigation	
Consideration for a Medical Examination	
Other legal measures (please state)	
Child Protection Case Conference	
Referral to Children’s Reporter	

**Actions identified**

Action	Who is responsible?	By when?
<i>Who will advise Referrer</i>		
<i>Who will advise Parent(s) / Child(ren)</i>		
<i>Who will advise Named Person</i>		

**TEAM AROUND THE CHILD**

Lead Professional	Agency
Named Person	Agency

**IRD SIGN OFF**



Agency	Name	Date Signed off

