

Forth Valley Inter-Agency Child Protection Guidance

Inter-Agency Referral Discussion Procedure



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This document should be read in conjunction with [national-guidance-child-protection-scotland-2021-updated-2023](#)

Version	Date	Author	Changes	To be reviewed
0.7	April 2023	FV IRD Steering Group/Policies, FV Procedures and Protocols		March 2024
0.8	April 2025	FV IRD Steering Group FV Policies, Procedures & Protocols	2.1 Removal of IRD conclusion at point of CPPM or decision not to proceed to CPPM. 2.1 Update to all sections to reflect age of the child and 16 & 17 yr olds will always be viewed as children.	March 2027

			2.2 Link to Pre-birth Pathway 2.7 Update to JII section and SCIM Guidance Update to ACRA section Update in respect of IRD in relation to unexpected child deaths	
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1. Introduction

The Scottish approach to child protection is based upon the protection of children's rights. The Getting It Right For Every Child (GIRFEC) policy and practice model is a practical expression of the Scottish Government's commitment to implementation of the United Nations Convention on Rights of the Child (UNCRC). This requires a continuum of preventative and protective work.

There are consistent threads running between enabling, preventative and protective work applying the GIRFEC approach. They may be distilled in the below ways:

- The timing, process, and content of all assessment, planning and action will apply to the individual child, and to their present and future safety and wellbeing. Their views will be heard and given due consideration in decisions, in accordance with their age, level of maturity, and understanding.
- Services will seek to build on strengths and resilience as well as address risks and vulnerabilities within the child's world.
- Partnership is promoted between those who care about and have responsibilities for the child – it entails a collaborative approach between professionals, carers, and family members (if appropriate).

The National Guidance for Child Protection in Scotland 2021 outlines that statutory and non-government agencies should work together with parents, families and communities to prevent harm and to protect children from abuse and neglect. It recognises that physical and emotional safety provides a foundation for wellbeing and healthy development. There are collective responsibilities to work together to prevent harm from abuse or neglect from pre-birth onwards, including safe transitions of vulnerable young people towards adult life and services.

Staff responsible for responding to these concerns should be aware that even apparently low-level concerns may point to more serious issues and of the potential risk of significant harm for a child. Staff should be sufficiently skilled in gathering information and carrying out initial risk assessments to ensure that children at risk of significant harm are not overlooked. Practitioners should consider all cases with an open mind and not make any assumptions about whether abuse has, or has not, occurred. It is important to share relevant information

with the appropriate people or agencies. Practitioners need to be alert to the possibility of abuse both of children they already know and in cases where concerns about child abuse or neglect are not stated at the outset.

1.1 - What is Child Protection?

Child protection (CP) refers to the processes involved in consideration, assessment, and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of harm. Child protection guidance provides overall direction for agencies and professional disciplines where there are concerns that a child may be at risk of harm. Child protection procedures are initiated when police, social work or health professionals determine that a child may have been abused or may be at risk of significant harm. Child protection involves:

- Immediate action, if necessary, to prevent significant harm to a child.
- Inter-agency investigation about the occurrence or probability of abuse or neglect, or of a criminal offence against a child. Investigation extends to other children affected by the same apparent risks as the child who is the subject of a referral.
- Assessment and action to address the interaction of behaviour, relationships and conditions that may, in combination, cause or accelerate risks.
- Focus within assessment, planning and action upon listening to each child's voice and recognising their experience, needs and feelings.
- Collaboration between agencies and persistent efforts to work in partnership with parents in planning and action to prevent harm or reduce risk of harm.
- Recognition and support for the strengths, relationships and skills within the child and their world to form a plan that reduces risk and builds resilience.

1.2 - What is harm and significant harm in a Child Protection context?

Protecting children involves preventing harm and/or the risk of harm from abuse or neglect. A child protection investigation is triggered when the impact of harm is deemed to be significant.

'Harm' in this context refers to the ill treatment or the impairment of the health or development of the child, including, for example, impairment suffered as a result of seeing or hearing the ill treatment of another. 'Development' can mean physical, intellectual, emotional, social, or behavioural development. 'Health' can mean physical or mental health. Forming a view on the significance of harm involves information gathering, putting a concern in context, and analysis of the facts and circumstances.

There is no legal definition of significant harm or the distinction between harm and significant harm. The extent to which harm is significant will relate to the severity or anticipated severity of impact upon a child's health and development.

It is a matter for professional judgement as to whether the degree of harm to which the child is believed to have been subjected, is suspected of having been subjected, or is likely to be subjected is 'significant'. Judgement is based on as much information as can be lawfully and proportionately obtained about the child, his or her family and relevant context, including observation.

Professional judgement entails forming a view on the impact of an accumulation of acts, events and gaps or omissions, and sometimes on the impact of a single event. Judgement means making a decision about a child's needs, the capacity of parents or carers to meet those needs, and the likelihood of harm, significant or otherwise, arising.

When there are concerns that a child may be the victim of a crime, may have experienced or may experience significant harm, and these concerns relate to the possibility of abuse or neglect, then police or social work must be notified. Along with other relevant services they will form a view as to whether the harm is or is likely to be significant. Professionals must also consider what harm might come to a child from failing to share relevant information, within the terms of their respective duties. Police and health also have single-agency duties in relation to protection from harm.

In assessing whether harm is or may become 'significant', it will be relevant to consider:

- The child's experience, needs and feelings as far as they are known.
- The nature, degree, and extent of physical or emotional harm apparent.
- The duration and frequency of abuse and neglect.
- Overall parenting capacity.
- The apparent or anticipated impact given the child's age and stage of development.
- Extent of any premeditation.
- The presence or degree of threat, coercion, sadism, and any other factors that may accentuate risk to do with child, family, or wider context.
- IRDs must be undertaken when there is reason to believe a child may have been trafficked or exploited. IRD should also be considered immediately when Child Sexual Exploitation or Child Criminal Exploitation are suspected.
- The particular vulnerability of disabled children should be considered.

Sometimes, a single traumatic event may constitute significant harm – for example a violent assault, suffocation, or poisoning. More often, significant harm results from an accumulation of significant events, both acute and long-standing, that interrupt, change or damage the child's physical and psychological development.

The definition of “abuse and neglect” is outlined in The National Guidance for Child Protection in Scotland 2021:

Abuse and neglect are forms of maltreatment. Abuse or neglect may involve inflicting harm or failing to act to prevent harm. Children may be maltreated at home; within a family or peer network; in care placements; institutions or community settings; and in the online and digital environment. Those responsible may be previously unknown or familiar, or in positions of trust. They may be family members. Children may be harmed pre-birth, for instance by domestic abuse of a mother or through parental alcohol and drug use.

1.3 - Core Agencies

Inter-Agency Referral Discussion (IRD) is a multi-agency public protection process that uses common language and the IRD acronym across both Child & Adult Protection. That said, the practice and process within Children and Families and Adult services operates differently and is framed and shaped by different legislation, policy and procedures.

The core agencies within Forth Valley are Health, Police and Social Work. Education is an important partner who will be involved in IRDs involving children and siblings of school age or who attend early years provision. Information gathering may also involve other key services including third sector and adult services.

There is an expectation on the participants that each will thoroughly research the information systems available to them and thereafter share a concise **summary** of all necessary, **relevant** and **proportionate** information with their partners to enable effective decision making.

2. IRD

2.1 - Interagency Referral Discussion (IRD) - Definition & Purpose

An inter-agency referral discussion (IRD) is the start of 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. This will relate to familial and non-familial concerns, and of siblings or other children within the same context and can also include an unborn baby that may be exposed to current or future risk.

The decision to convene an IRD can be made by police, health or social work, but a request to consider an IRD may be made by any agency.

IRD's are required to ensure a co-ordinated inter-agency child protection process.

An IRD provides a strategic basis for authorisation for the next stage in joint or single-agency assessment. As such an IRD will give priority consideration to:

- The interim and on-going safety and needs of the child/children involved.
- Level of potential risk to the child/children and to others in this context.
- Evidence that a crime or offence may have been committed or may be committed against a child or any other child within the same context.
- Legal measures that may be necessary.

The IRD must be convened as soon as reasonably practical. Where there is a risk to the life of a child or the likelihood of immediate risk or significant harm, intervention must not be delayed pending receipt of information gathering/sharing.

While child protection procedures may be considered for a person up to the age of 18, the legal boundaries of childhood and adulthood are variously defined. Although the differing legal definitions of the age of a child can be confusing, the overriding priority is to ensure that a vulnerable young person who is, or who may be, at risk of significant harm is offered appropriate support and protection.

No person should be denied a protective service because of uncertainty about the legal category into which they fit.

Any child IRD for 16 -17 year olds should therefore consider the inclusion of adult services.

Concerns that relate to multiple families or a group of children may necessitate a level of additional co-ordinated case discussion to that of the individual IRD for each child. This should allow consideration of context and patterns of concern; and lead to a strategic and co-ordinated response.

An IRD can be reconvened if new information arises which could lead to a reconsideration of the required inter-agency response.

2.2 - When is an IRD initiated / Timescales?

The IRD should be convened within 24 hours of receipt of concern, or as soon as reasonably practical. All decisions will be based on risk assessment and prioritisation agreed by core agencies. **Where there is a risk to the life of a child or the likelihood of immediate risk or significant harm, intervention must not be delayed pending receipt of information gathering/sharing.**

Any delay in the IRD being convened should be clearly recorded, **with the rationale and interim safety plan outlined in eIRD record. An interim safety plan would always be agreed as part of the IRD and shared with core agencies. Those who are participants in the plan must understand and agree what they must do to ensure a child's safety.**

Where information or intelligence is received in respect of an unborn child that may be exposed to current or future risk, an IRD will be convened. [Pre-Birth-Pathway](#)

It is accepted that, out of hours, the IRD may focus only on **immediate protective actions** with the understanding that it will continue the following day.

2.3 - Information Sharing

NHS Forth Valley, Falkirk Council, Clackmannanshire Council, Stirling Council and Police Service of Scotland have signed an Information Sharing Agreement in respect of Interagency Referral Discussions and the shared use of the eIRD system.

Where there is a child protection concern, relevant information should be shared with police or social work without delay, provided it is necessary, proportionate, and lawful to do so. The lawful basis for sharing information should be identified and recorded. A

summary of what constitutes a lawful basis, and what you need to consider in trying to identify the appropriate lawful bases for sharing can be found at the end of this section. Agency data protection leads should be able to advise where doubt about the appropriate lawful basis exists.

It is the role of designated police, social work, and health staff to consider whether there may be a risk of significant harm, and if so, to progress necessary action through child protection procedures. This will include careful consideration and a plan for how to communicate with the child and family, including where there is no further action required.

Practitioners with child protection concerns may share relevant information in order to:

- Clarify if there is a risk of harm to a child.
- Clarify the level of risk of harm to a child.
- Safeguard a child at risk of harm.
- Clarify if a child is being harmed.
- Clarify the level of harm a child is experiencing.
- Safeguard a child who is being harmed.

Professional judgement must always be applied to the available evidence about each specific emerging concern, and about what is relevant, proportionate, and necessary to share. The concern must be placed in the context of available observed and recorded information about the particular child, their needs and circumstances.

Guiding principles

Information shared must only be that which is necessary for child protection purposes.

Individuals about whom information is being shared should not be put under pressure to consent to the sharing of their information. They should be informed and involved in such a way that they understand what is happening and why.

They should also be told what information about them is being shared, with whom and why this is necessary, unless to do so would be detrimental to:

- The best interests of a child.
- The health or safety of a child or another person.
- The prevention or detection of crime (e.g. creating a risk of harm to a child).

or

- The apprehension or prosecution of offenders.

or

- It is not reasonably practical to contact the person.
- It would take too long given the particular circumstances (e.g. where you have to act quickly).
- The cost would be prohibitive.
- There is some other compelling reason.

Information sharing must be:

- Timely in relation to the child protection concern.
- Secure in the manner in which it is shared.
- Explicit in the records about any dispute in facts or opinions shared.

Shared information and records held must:

- State with whom the information has been shared and why.
- Be accurate and up to date.
- Be explicit about reasons for sharing or not sharing information.

Information sharing that may be viewed as interfering with the right to private family life can only be lawful if it is done in a way that is proportionate to the achievement of a legitimate aim.

Summary of lawful bases for sharing personal information	
Public interest or public task	Necessary for performance of a task carried out in the public interest which is laid down by law, or in the exercise of an official authority, for example, a public body's tasks, functions, duties or powers.
Vital interests	Necessary to protect someone's life or, for example, if a child is deemed to be at risk of significant harm.
Legal obligation	Necessary to comply with a common law or statutory obligation.
Consent	Unlikely to be an appropriate basis for sharing information about a child protection concern, as outlined above in this section.
Legitimate interests	Only if public authorities are processing data outside the scope of their tasks as a public authority; and therefore unlikely to be an appropriate basis.
Contract	When necessary in performance of a contract entered in to by an individual and therefore unlikely to be relevant in this context.
Reference: Lawful basis for processing ICO	

2.4 - Discussion and Decision Making during IRDs

The IRD is the vehicle used by core agencies to share all relevant available information between them and any other relevant agency, to enable multi agency decision making and set the strategy for actions agreed and decisions made (see IRD decisions below).

The priority considerations of the IRD are:

- The safety and needs of the child/children involved.
- Level of risk faced by child/children and by others in this context.
- Evidence that a crime or offence may have been committed or may be committed against a child or any other child within the same context.
- Legal measures that may be necessary.

IRD Decisions

IRD participants must consider how these discussions will lead to decisions about:

- What decisions must be taken about the immediate safety and wellbeing of this child and/or other children involved? Is an inter-agency child protection investigation required?
- Is a single-agency investigation and follow-up preferred and why?

- If no further investigation is required, what are the reasons for this?
- Is a joint investigative interview (JII) required and, if so, what are the arrangements for this? (Including who will carry it out, location of interview and in what timescales.)
- Is a medical examination required? If so, should this be a comprehensive medical examination, a specialist paediatric forensic examination or Joint Paediatric Forensic Examination for cases of potential non-accidental injury or suspected sexual abuse? Medical examinations of 16 and 17 year olds will be reviewed on a case by case basis.
- Is early referral to the Principal Reporter needed for consideration of grounds for compulsory measures?
- Proceeding to a Child Protection Planning Meeting?
- Proceeding to a Pre Birth Planning Meeting?
- Proceeding to a Care and Risk Management Meeting?

Further Considerations of IRD

It is also for the IRD participants to consider:

- How information about the investigation can best be exchanged and shared with the child considering their capacity and maturity.
- How information can best be exchanged and shared with family and whether information should not be shared if this may jeopardise a police investigation or place the child, or any other child, at risk of significant harm.
- Feelings and views of the child about aspects of investigation.
- Keeping a named person appropriately informed and involved; identifying a lead professional and professionals in the Core Group who will work with the interim safety plan.

If a child protection investigation occurs and a CPPM is to follow, this will be within 28 calendar days of the concern being raised unless there is an IRD decision that a CPPM is not required.

If a CPPM is assessed as unnecessary, then proportionate, co-ordinated support may still be required.

2.5 - IRD Record

All aspects of the IRD must be recorded. The Record must include the time and reason for starting an IRD, the professionals attending, the information shared, discussions held, reasoned decisions (including consideration of options), any lack of consensus, and the manner in which lack of consensus has been escalated and resolved, without delay. This will form a single core IRD record. This is done utilising the eIRD system which is the shared database across all the involved agencies in the IRD.

Please refer to Forth Valley eIRD Child Protection User Guide.

2.6 - Medical Examination / Assessment

The health assessment of a child for whom there are child protection concerns aims:

- To establish what immediate treatment the child may need.
- To provide a specialist medical opinion on whether child abuse or neglect may be a likely or unlikely cause of the child's presentation.
- To support multi-agency planning and decision-making.
- To establish if there are unmet health needs, and to secure any on-going health care (including mental health), investigations, monitoring and treatment that the child may require.
- To listen to and to reassure the child.
- To listen to and reassure the family as far as possible in relation to longer-term health needs.

The decision to carry out a medical assessment and the decision about the type of medical examination is made by a paediatrician informed by multi-agency discussion with police, social work, and other relevant health staff. Through careful planning, the number of examinations will be kept to a minimum. The decision to conduct a medical examination may follow an IRD and inter-agency agreement about timing, type, and purpose of assessment. Where possible, when a medical is likely, the Paediatrician should attend the IRD.

Types of medical examination

The main types of medical examination that may be undertaken within the Child Protection process are:

1. Joint Paediatric Forensic Examination (JPFE). Examination by a paediatrician and a forensic physician. This is the usual type of examination for sexual assault and is often undertaken for physical abuse, particularly infants with injuries or older children with complex injuries.

2. Single doctor examinations with corroboration by a forensically trained nurse. These are sexual assault examinations undertaken for children and young people aged 13-16. In some areas/situations a JPFE would occur, and in all areas/situations JPFE should be considered. Medical examinations of 16 and 17 year olds will be reviewed on a case by case basis.

3. Specialist Child Protection Paediatric/Single Doctor/Comprehensive Medical Assessment. This type of examination is often undertaken when there is concern about neglect and unmet health needs but may also be used for physical abuse and historical sexual abuse. Comprehensive medical assessment for chronic neglect can be arranged and planned within localities when all relevant information has been collated. However, there may be extreme cases of neglect that require urgent discussion with the Child Protection Paediatrician.

Consent

Consent must be obtained in one of the following ways:

- From a parent or carer with parental rights
- From a young person assessed to have capacity
- Through a court order

The Age of Legal Capacity (Scotland) Act 1991 allows a child under the age of 16 to consent to any medical procedure or practice if, in the opinion of the qualified medical practitioner, the child is capable of understanding the nature and possible consequences of the proposed examination or procedure. Children who are assessed as having capacity to consent can withhold their consent to any part of the medical examination, for example, the taking of blood, or a video recording. Consent must be documented within medical notes and must reflect which parts of the process have been consented to and by whom. This includes consent to forensic medical examination.

If the local authority believes that a medical examination is required to find out whether concerns about a child's safety or welfare are justified, and parents refuse consent, the local authority may apply to a Sheriff for a child assessment order, or a child protection order with a condition of medical examination. This is still subject to child's consent (under section 186 of the 2011 Act).

Timing

Timing of the medical examination is agreed jointly by the medical examiners and the other agencies involved. This will be discussed within the IRD and recorded accordingly.

Please refer to [national-guidance-child-protection-scotland-2021-updated-2023](#) sections 3.81 – 3.105 .

2.7 Joint Investigative Interviews (JII)

It is anticipated that the vast majority of JIIs are completed by the Forth Valley Child Interview Team in line with the Scottish Child Interview Model. The Stepwise Joint Investigative Interview model may be used if necessary.

Please refer to [SCIM Guidance](#)

Disclosure of child

It is important that the child's **exact words** are recorded in the '**Details of concern**' part of the IRD and are **not summarised**. This will support the interviewers in their planning should they need to use the child's words of disclosure during interview.

Seeking the child's view on taking part in a joint investigative interview is particularly important to ensure they feel empowered to report their concerns.

- When recording information at IRD please specify **where** information has come from, for example, if the class teacher, then name them and provide contact details, so it is clear who the best person is to clarify information. Child's view, understanding and willingness to participate in interview.
- Details of who provided the explanation of the JII to the child and gained informed consent.
- Person and contact details of who knows the child best.
- Are they capable of being interviewed?

Following interview, a debrief will take place. If there is any information that suggests an IRD should be reconvened, for example if the interview raises concerns for others not in the original referral, then the Forth Valley Child Interview Team manager will liaise with the local authority team leader/manager and IRD Detective Sergeant. If the child requires a further interview, the interviewer will inform the local authority social worker and team manager.

It will be the responsibility of the Child Interview team managers who carried out the briefing and debriefing to update the interview section on EIRD.

2.8 - Care and Risk Management (CARM)

Care and Risk Management (CARM) processes will be considered where a child (aged 12-17) is assessed as presenting a risk of serious harm.

Progression to CARM processes is a multi-agency decision, aligned with established Child Protection processes. This discussion will take the form of an IRD and similar to Child Protection should take place, where possible, within 24 hours of the risk being identified.

The purpose of this IRD is to ensure appropriate information is shared to clarify the situation and inform risk assessment and interim safety planning. The options for IRD outcome remain the same as within wider Child Protection processes and will consider if the threshold is met for Initial Child Protection Planning meeting, initial CARM meeting, or if alternative processes can appropriately manage the risks identified depending on the presenting needs of children and young people.

Where this is not possible to meet the 24 hour timescale for convening an IRD, immediate safety measures should be put in place and agency protocols followed with referral to CARM process initiated at the earliest opportunity.

2.9 - Age of Criminal Responsibility (Scotland) Act 2019 (ACRA)

The principles and approach to an ACRA IRD are similar to those already outlined; however, the purpose differs in that it will be held in response to reports of significant /serious physical or sexual harm by a child under 12 years old.

An ACRA IRD will coordinate decision making and planning and will assess whether the provisions of the Act apply if this has not already been established. At the IRD, where possible, Police should relay any intentions to make an application for a Sheriffs Order for Search or Forensic Data and Samples and will provide a rationale for such action.

Police and Social work will work together to determine what is in the best interests of the child and the appropriate approach to the investigation.

Additionally, the ACRA IRD will consider the welfare and wellbeing of any other child who has been impacted by the incident under investigation and consider if a CP IRD is required.

All core agencies will participate in an ACRA IRD to ensure all services work together. The ACRA IRD will be recorded on eIRD as per recording processes.

2.10 - Child Death

A collaborative and co-ordinated inter-agency approach is necessary in situations of a sudden or unexplained death of a child or infant where Police have appointed a child death Senior Investigating Officer. Alongside the child death investigation exists a responsibility for ensuring the safety and wellbeing of any other children or infants in the household or yet to be born that may be affected. An IRD should therefore be instigated in respect of the deceased child and consider surviving siblings and other relevant children.

IRD is the recommended mechanism to ensure early, multi-agency and co-ordinated decision making. This will enable appropriate single-agency or multi-agency support, assistance, and intervention for families where this is required or provide assurance that no further action is necessary. It will also be crucial to guiding the early stages of Police investigation and provide essential information to be passed to the Procurator Fiscal and Pathologist. It should be considered that we have a duty to the deceased child and their family to ensure their death is investigated to the highest possible standards while remaining sensitive to any surviving family members.

2.11 - Lack of Consensus

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 as per [FV Multi-Agency Guidance for Escalation](#)

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 disagreement.

3. Process and Administration

3.1 - IRD Process and Administration

The agency who calls the IRD, is the originator and has responsibility for the collation of the discussions and agreed actions and administration of the eIRD record. The originator will raise and record the eIRD form including the outcome of the Discussion / Actions agreed including the rationale for the decisions made. It is the responsibility of each agency to populate and update their respective information sharing fields within agreed timescales (5 days).

Please refer to Forth Valley eIRD Child Protection User Guide.

Education representatives have limited access to the eIRD system. Local processes have been created for information to be collated and input into the system by Social Work partners.

3.2 - IRD for children living out with the area

Children from Forth Valley who are Looked After across border in another local authority may still be subject to child protection concerns that require an IRD. The Forth Valley local authority who manages the child's protection plan will lead in the Social Work aspect of the IRD even if the child protection concern is out with Forth Valley.

Discussions between all Forth Valley core agencies and their counterparts in the local authority where the harm occurred must be held to determine who is best to attend the IRD and to ensure all relevant information is available for the decision making process. It may be that core agencies from both Forth Valley and the local authority where the harm occurred will attend the IRD if this is in the best interests of the child and this will be on a case by case basis. Discussions with agencies outwith Forth Valley must take place prior to IRD and not retrospectively.

3.3 - Out of Hours / EDT Process

During the out of hours (OOH) period discussions are held but they are not formally recorded as an IRD. Currently there is limited capability across Health and Police for full IRD's to be held.

It is recognised that Police and Social work will continually collaborate OOH with each agency recording the note of concern on their respective systems and agreeing immediate actions and interim safety plans. Formal IRD processes will then commence within the normal business hours.

3.4 - Quality Assurance / Review

Those involved in the Quality Assurance / Review process must be of a level to provide a management overview across the business areas concerned. Ensuring the management overview requires the group membership to remain as:

- Detective Inspector from Public Protection Unit, Police Scotland.
- Service Manager, Social Work – Falkirk, Stirling, Clackmannanshire.
- Department Manager for CP Service for NHS Forth Valley.
- Team / Service Manager, Education – Falkirk, Stirling, Clackmannanshire.

The broader remit of the review group is to consider the standard of risk assessment, planning and decision making by those involved in the IRD and an assessment of the quality of joint work undertaken in the process.

Local Areas should ensure quality control systems are in place to support consistent standards, recognition of patterns in practice or context of concerns, and improvement' Quality assurance would usually be achieved through:

- regular reviews of IRDs by senior representatives of core agencies
- where parallel processes are set up for categories of risk, (e.g., in relation to 'screening' apparently high-risk situations pre-birth), then they should be no less robust in terms of information sharing, recording, authority of decision-making and quality assurance
- a vehicle for secure electronic sharing of the IRD Record between core agencies promotes effective and consistent practice; and makes review, quality assurance and analysis of trends feasible'

The above model proposes single agency sign off once each designated staff member is satisfied all agreed actions are complete and the IRD meets the agreed standards as described above, with a further monthly 'deep-dive' quality assurance review at management level of an agreed sample of IRD's; a minimum dip sample of 5 IRDs per Local authority area is expected.

Finally, the proposed model empowers all staff across agencies to refer in any concerning IRD's to their respective managers should they feel they require further scrutiny and review.

It is not anticipated that the review group will overturn the decisions made at IRD unless serious omissions are evident. However, following review, the IRD may be referred back to revisit specific points. Dip sampling approval will be adopted alongside other discussion whereby consensus has not been reached in order for development and learning.

The eIRD holds a record of discussions held and actions raised at the Review Group meetings.

It is also the purpose of the review group to give consideration to any identified learning and development needs. It is the responsibility of each agency to ensure their respective staff members are regularly reviewing and updating eIRD's.

Learning and development needs specific to any individual practitioner will be discussed with them and / or their line manager directly. A record will be kept of individual issues identified to inform any organisational learning and development requirements. These will be referred to the Quality Assurance sub-committees for consideration and then onwards to the Child Protection Committee (CPC) as required.

A significant amount of preparation is required for each meeting of the Review Group. Each group member is required to carry out the appropriate preparation prior to the meeting to allow for the meeting to be carried out in a timeous manner so each selected IRD from dip sampling can be discussed.

3.5 – Closure of IRD

All core agencies are responsible for the closure of IRD's. Each agency has the responsibility for closing their respective led IRD's on the eIRD system.

IRD's can be closed in 2 ways:

- Through IRD review group activity
- Through single agency review on basis agency is satisfied that all information, rationale and decisions are documented accordingly.

This process is in line with the national guidance.

4. Appendices

A – Agencies Working in Partnership on Interagency Referral Discussions

Health

Child Protection Nurse Advisor/ IRD Nurse can be contacted during normal office hours on 01786 477420 or 07787 152107.

Where urgent, Out of Hours Child Protection Discussions can be held with Consultant Paediatricians on call on 01324 566000.

Police

Within the specialist Forth Valley Public Protection Services, a suitably trained and experienced Detective Officer.

Where specialist unit staff, are not available or out of hours, the duty Sergeant or Inspector covering the area of concern to be contacted via the Force Service Centre on 101 or in an emergency 999.

Social Work

The Team Manager or other designated staff member from the local area. (Terminology varies across the Forth Valley).

Out of Hours, the Emergency Duty Team Senior Social Worker will be contacted on 01786 470500.

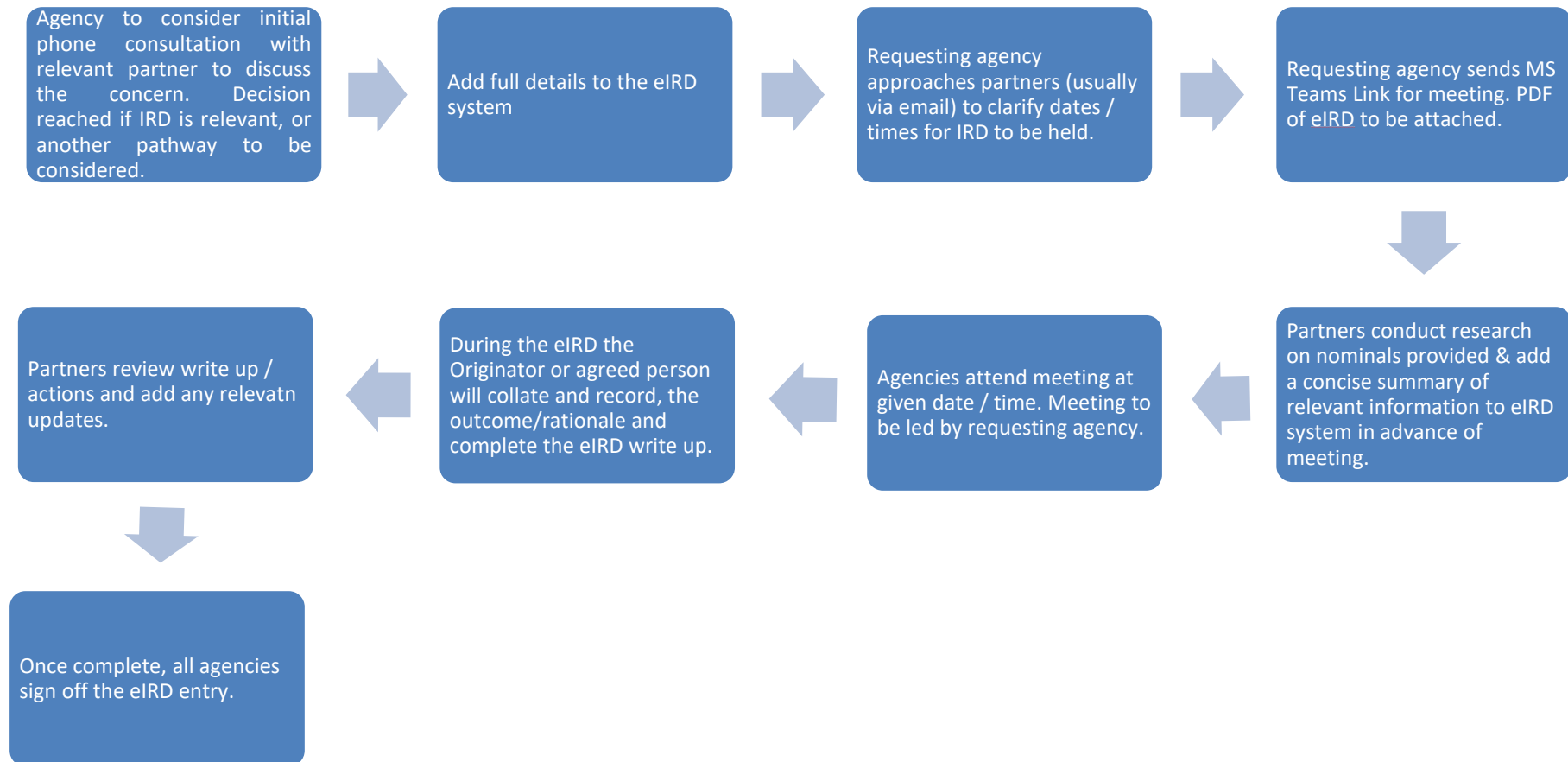
Education

Falkirk

The designated officers from each local authority area. This would generally be the Head Teacher or Child Protection Co-ordinator. During school holidays the Quality Improvement Team or equivalent will perform this task.

Clackmannanshire and Stirling

The designated officers from each local authority area. This would generally be the Head Teacher or Child Protection Co-ordinator. During school holidays the Quality Improvement Team or equivalent will perform this task.

B – Process Flow of IRD Process

C – Process Flow of Out of Hours/EDT Process