East Lothian and Midlothian Public Protection Committee

Child Protection Inter-agency Referral Discussion Threshold and Outcome Guidance

Approved EMPPC 21/06/2022

This guidance should be read in conjunction with the Edinburgh and the Lothians Multi-agency Child Protection Procedures 2023

Contents

Inter-Agency Discussion (IRD)

An IRD is the start of the formal process of information sharing, assessment, analysis and decision making where one or more of the core agencies assess that there is a risk of significant harm to a child up to the age of 18 years. This may be in relation to familial and non-familial concerns, concerns about siblings or other children within the same context and unborn babies (between 12 – 24 weeks gestation).

An IRD ensures a coordinated inter-agency response to a child protection concern. It facilitates sharing of relevant information at an early stage and ensures that decision making is informed by the perspective of all core agencies. An IRD will determine appropriate investigations, assessments and immediate action to be taken to ensure the safety of any child who has experienced or is at risk of significant harm.

An IRD is a process, rather than a single meeting or discussion.

When a child is subject to an Inter-agency Referral Discussion (IRD) there are a variety of possible outcomes such as no further action, single or joint agency follow up, multi-agency meeting, Child Sexual Exploitation strategy meeting, Vulnerable Young Person's Meeting or any other meeting that is required to reduce and manage the identified risk/s etc.

Thresholds for Inter-agency Referral Discussion (IRD)

Where a referral is received by any of the core agencies they will carry out an initial assessment of the information.

Where the information indicates a very low level of concern, the matter may be diverted for appropriate action. If the matter is deemed to relate to child protection and the child may be at risk of **'significant harm'**[1], the Inter-agency Child Protection Procedures will apply. The 'core agencies' of Police, Social Work and Health undertake to:

1. Jointly assess the situation and decide how best to progress the matter, with the welfare of the child being paramount.
2. Treat every referral seriously, gather all of the information available to them, assess and analyse this jointly and make decisions based upon such information.
3. Identify a professional from one of the core agencies, who will be responsible for providing feedback to the referrer regarding action taken because of their concerns and a timescale for doing so. This is particularly important where the referrer, or their organisation, continues to have ongoing contact with the child and/or family.
4. Except in cases of immediate urgency, the core agencies will not enter independently into any course of action without consultation with partner agencies.
5. An inter-agency referral discussion is the first stage in the process of joint information sharing, assessment and decision-making about risk to children. It is not a single event, but is a process or series of discussions, where information is discussed, and a coordinated response agreed by the core agencies.
6. An Inter-agency referral discussion will take place before any agency proceeds with an investigation, except where emergency measures are taken, and before either a joint

[1] Please refer to Edinburgh and the Lothians Multi-agency Child Protection Procedures 2023

investigative interview or joint medical examination takes place (please refer to P6 for further detail).

7. IRD should be considered for unborn babies between 12 – 24 weeks gestation and in accordance with the thresholds noted below. Any Child Protection Planning Meeting should take place no later than 28 weeks of pregnancy and in the case of late notification as soon as practical but within 21 days of notification.

Always IRD

1. Unexpected child deaths.
2. Children presenting with potentially non-accidental injuries (in consultation with the examining doctor or health professionals), no explanation for injuries or injuries that are inconsistent with the explanation given. For injuries to a non-mobile baby/child, refer to the Child Protection Protocol for the **Management of Unexplained Bruising in Non-Mobile Babies – Inter-Agency Information**.
3. Evidence to support physical assault.
4. Where a younger child aged under 13 years old is engaging in sexual activity (as per national and local procedures).
5. Where an older child aged 13 years and older is engaging in sexual behaviour where there are concerns about power, exploitation, coercion or consent.
6. Children for whom there are cumulative concerns or significant concerns about neglect and where that pattern of caregiving is impacting on the health, development or welfare of the child.
7. Evidenced pattern of emotional abuse.
8. Evidence of sexual or potential sexual abuse.
9. Parental problematic drug or alcohol use that is presenting a significant or immediate risk to the child.
10. Drug/alcohol related parental deaths.
11. Domestic Abuse and/or Coercive Control where there is a serious episode or a pattern of cumulative instances, where this has a significant impact on a child or where there is immediate risk to the child. Refer to the **EMPPC Multi-agency Risk-Assessment Conference (MARAC) Operating Protocol.**
12. Where there is a parent/carer and/or someone living in the same house as the child/young person, who has completed death by suicide.
13. Where there has been an unexplained death in the child's home, irrespective of whether the child was present or not.
14. Any child/young person who is placing themselves at significant risk. Refer to the **Vulnerable Young Person's Protocol**
15. Any child who is alleged to have committed harmful sexual behaviour
16. Contact (direct or indirect) with a known or suspected sex offender or a parental relationship with a known or suspected sex offender.
17. Any child or young person subjected to/at risk of Female Genital Mutilation. Refer to **Edinburgh and Lothian's Inter-agency Female Genital Mutilation Procedures**.
18. Any child or young person subjected to/at risk of Forced Marriage. Refer to **Scottish Government - Multi Agency Guidelines: preventing and responding to forced marriage** *– Updated 2014*.
19. Child or young person is being groomed and/or evidence of childhood sexual exploitation. Refer to **EMPPC – Inter-agency Guidance on Child Sexual Exploitation**.
20. Any child who has been a suspected or actual victim of human trafficking.

21. Missing young people in accordance with the **EMPPC Children Missing from Non-Local Authority Resources** and where the young person has placed themselves at risk or come to harm.
22. Any missing child / young person who has a medical condition that requires daily medication (oral or injection). The exception would be those taking medication for ADHD or Melatonin, although this should be considered in accordance with the welfare of the child and discussed with a medical professional who knows the child.
23. Where there are concerns evidenced regarding fabricated or induced illness.

This is not an exclusive list and if in doubt, an IRD should be raised.

Potentially IRD

1. Any child/young person where there are concerns of non-compliance with medication which is putting the child/young person at risk and/or there are concerns about the management of this condition by them or their carer. Please note in the first instance these concerns should be discussed with a medical professional who knows the child. This will then help to determine if an IRD should take place.
2. Marac referrals which involve children are now routinely sent for screening to Children and Families Duty/Intake Teams. Active consideration of an IRD, and recording of such should be evidenced in each child's file.
3. Where a child is participating in harmful social media – consider who and age of people involved, any vulnerabilities, power imbalances and recipients of the message(s).
4. Third party disclosure of abuse.
5. Where parental mental health is impacting on the health, development or welfare of the child.
6. Violence or threats of violence within the home environment between family members or associates of the family.
7. Where there are concerns that the child may be engaging in extremist or terrorist behaviour or may have a close connection with another person who may be engaging in extremist or terrorist behaviour. Refer to **Prevent Guidance Note and Referral Pathway**.

Essential considerations

1. Risk associated with any siblings and any other child present at the time of the incident should be identified and considered for IRD.
2. Information sharing is a key activity of each agency in order to support the assessment of whether a child is at risk of or suffering significant harm. Ensure that each individual child's safety is considered, and the response recorded within that child's record.
3. Consideration should always be given to all children associated with adults involved in the IRD who are cause for concern.
4. In situations relating to domestic abuse, the Safe and Together Model principles and critical components should be considered as part of IRD assessment and planning.

5. How information about the investigation can best be exchanged and shared with the child taking into account their capacity and maturity.
6. 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.
7. Feelings and views of the child about aspects of the investigation.
8. Consider other supports and protective factors versus risks.
9. Ensure the agreed Interim Safety Plan is shared with the child and parent/carer where appropriate. Refer to **Appendix 1. EMPPC – Child Protection Interim Safety Plan Guidance and Checklist (page 9).**
10. Ensure there is a lead professional and professionals in the core group identified to work the Interim Safety Plan, with each action for each agency clearly defined.
11. How the IRD decisions will be reviewed as significant information arises.

Potential Outcomes

Joint investigative interviews (JII) / Video Recorded Interviews (VRI)

- All Joint Investigative Interviews (JII) will be agreed as part of an IRD, including child witness interviews. Refer to **Appendix 2: Scottish Child Interview Model Flowchart**.
- By 2024, all JII of children must be undertaken using the Scottish Child Interviewer Model (SCIM). Until this is fully adopted into practice a blended approach to JII has been agreed.
- All JII should be undertaken by a SCIM trained Social Worker and Police Officer unless, due to volume of interviews or unavailability, it is necessary to revert to the JII five day model. The IRD determines the overall strategy of the Child Protection investigation and will agree which approach is used, for example, SCIM or 5 day trained interview process.
- If the JII five day model is used, 'Guidance on Joint Investigative Interviews of Child Witnesses in Scotland (Scottish Government, 2011)' is the key reference in these circumstances.
- All SCIM interviews must be line managed by a trained SCIM manger. For allocated cases the SCIM interviewer and SCIM manager will work in collaboration with the allocated Social Worker/Team Leader.
- An IRD should always consider the complexity of the presenting information and decide which model should be used in interview.
- JII should never be used for the sole purpose of gathering information.

- **Please refer to Appendix 2: Scottish Child Interview Model Flowchart and Appendix 3: Age of Criminal Responsibility Flowchart**.

Emergency Powers and Evidential Matters

There are different thresholds and rules of evidence for different procedures when protecting children.

Emergency Measures to protect a child and Referrals to the Reporter **can be considered when there is insufficient evidence for a criminal charge** or conviction but sufficient evidence for Emergency Measures to protect and or Referral to the Reporter.

Medicals

An IRD will identify whether a medical of a child is required and if so what type

- Joint Paediatric and Forensic Medical Examination (JPFME) - this is for criminal cases requiring a corroborated standard of evidence or opinion from two doctors, usually a trained specialist paediatrician and a forensic physician. The decision for this type of medical is agreed during the IRD process.
- Comprehensive Medical Assessment (CMA) – holistic medical assessment to explore concerns relating to signs and symptoms of neglect or possible injury that is likely to be non-accidental.
- Specialist Medical Assessment (SMA) – holistic medical assessment undertaken by a trained specialist Paediatrician to explore Child Protection concerns such as child sexual abuse usually when there is not enough concern for a JPFME.

The Acorn Suite is the name of the clinic that undertakes the above outlined medical examinations.

- Vulnerable and Looked after Child Medical (formally called the VALAC clinic and now called the Rowan) – undertaken in a planned way either following an IRD or via a referral from Social Work or Looked After Children's Nurse when a vulnerable child in care has suspected medical issues. This is a long and comprehensive assessment of a child's medical needs.
- Referral to other Specialist Medical Services such as mental health services or genitourinary medicine for sexually transmitted screening following a sexual assault etc.

Alternatives to Child Protection Planning Meetings

- In cases of Childhood Sexual Exploitation (CSE) a CSE Strategy meeting should always be considered and chaired by Police Scotland. Refer to **EMPPC Inter-Agency Guidance on Childhood Sexual Exploitation.** In cases where the threshold for a CSE strategy meeting is not met but concerns remain consider the use of the **Vulnerable Young Person's Protocol.**
- In cases of a young person under the age of 21 identified as a serious risk of harm to themselves or others due to their own behaviour (such as harmful sexual or violent behaviour towards others), consider holding a Vulnerable Young Persons Meeting. Refer to **EMPPC Inter-agency Vulnerable Young Person Protocol**. Each Local Authority has identified Leads that should be contacted. This Protocol Incorporates Scottish Government Guidance around Care and Risk Management (CARM).
- Concerns relating to extremist or terrorist behaviour are managed under the UK Government's CONTEST Strategy . Refer to **EMPPC – Prevent Guidance Note and**

Referral Pathway. This sets out a detailed pathway for management which includes a Prevent Professional Concerns Case Conference and the need to link with their Nominated Single Point of Contact (SPOC).

Child Protection Planning Meeting

- Where at least one core agency within the IRD/investigation has determined the need for a CPPM and that the child/young person is at significant risk of harm (and are clear regarding the reasons/evidence for this) a Child Protection Planning Meeting must be initiated.
- All agencies should record their decision and their reason for proceeding to an Initial Child Protection Planning Meeting. (ICPPM)
- The IRD has looked at what is working well/strengths versus what we are worried about/risks as part of the decision to go to a Child Protection Planning Meeting.
- Child Protection Planning Meeting is proportionate to the age and stage of the child/children involved when considering risk and impact of any acts of commission or omission.
- IRD has considered any legal measures in place that are a protective measure for the child/children (i.e., looked after and accommodated). Home supervision requirement with an identified care plan that covers identified risks to the child/young person.
- Always consider the impact of the process in increasing risk.
- Refer to specialist guidance (trafficking, forced marriage, CSE (Child Sexual Exploitation), FGM (Female Genital Mutilation) and PREVENT where appropriate).

Appendix 1 – EMPPC Child Protection Interim Safety Plan Guidance and Checklist

Interim Safety Plans (ISP)

Any child that is subject to an IRD should have an agreed multi-agency Interim Safety Plan (ISP) that is recorded from the start of the IRD.

Parents and children (where appropriate) should contribute and be supported to contribute to the planning and solutions to reduce risk and maximise safety.

The ISP should be updated as necessary (proportionate to the current assessment and analysis of risk) and last until the conclusion of the IRD or until a Child Protection Planning Meeting or any other risk management meeting has taken place (CSE strategy Meeting, CARM, VYPP etc.) The Interim Safety Plan is a multi-agency responsibility, and all agencies must contribute to its planning and implementation. The ISP should be shared with the people who are expected to deliver it, including the child and family as appropriate. If the child has been admitted to hospital, there will be an opportunity to discuss and agree the ISP through the discharge planning meeting.

The ISP must identify any protective factors that are in place for the child (including siblings as necessary) and clearly identify who is involved and responsible for any actions as well as the monitoring of the plan. The ISP must remain up to date and reflect any change in the child's circumstances and/or updated information throughout the investigation or assessment.

The purpose of an ISP is to ensure that there is an identified plan of protective action to minimise the identified risks and maximise the immediate safety of the child and allow for a further period of assessment or investigation to take place.

Every child's ISP should reflect their personal circumstances and it should be clear who is responsible for each action point.

Interim Safety Plan EMPPC Standards

- The ISP should state who is going to visit the child in their home/current environment, a minimum of weekly for the duration of the ISP.
- The ISP should be discussed and shared with the child, if over the age of 5, and the parent(s)/primary care givers. Who and how this has been achieved should be noted on the eIRD.
- Clearly state and record who will speak to the child on their own about the risks relating to the IRD during the period of the ISP.
- The IRD should ensure each agency contributes and records clear actions/timescales and who is doing what for the duration of the ISP. For example. Record that the school or nursery are aware they should contact social work if the child does not attend as expected. If a child subject to an ISP is absent, a home visit should be undertaken within 24 hours, depending on the level of risk and concern.
- The ISP should identify who the protective adults are and ensure they are clear about their role and how they will assist in the monitoring and protection of the child for the duration of the ISP.

- Record the detail of any bail conditions and agree contingences should these be breached.
- Each agency should update the ISP as and when necessary or as agreed by the IRD team throughout the duration of the IRD
- Set out a clear contingency plan in the event of further concerns or increased risk
- Record that the parents / carers / protective adults and alleged perpetrator (where safe) understand and agree with the ISP.
- The planning of the ISP should consider any associated service generated risks.

Recording and communicating the ISP

The ISP should be recorded within the relevant section of E-IRD and reference any ongoing safety plan which will remain in place after the IRD is closed. Rationale for decision making should be clearly reflected in the E-IRD recording. The ISP should be updated by all agencies throughout the investigation / assessment as required.

It will be the responsibility of the professionals involved in the IRD to disseminate the agreed multi-agency ISP to the relevant people within their agency, child/relevant family member/network and other agencies involved and ensure they are updated of any changes made to the plan.

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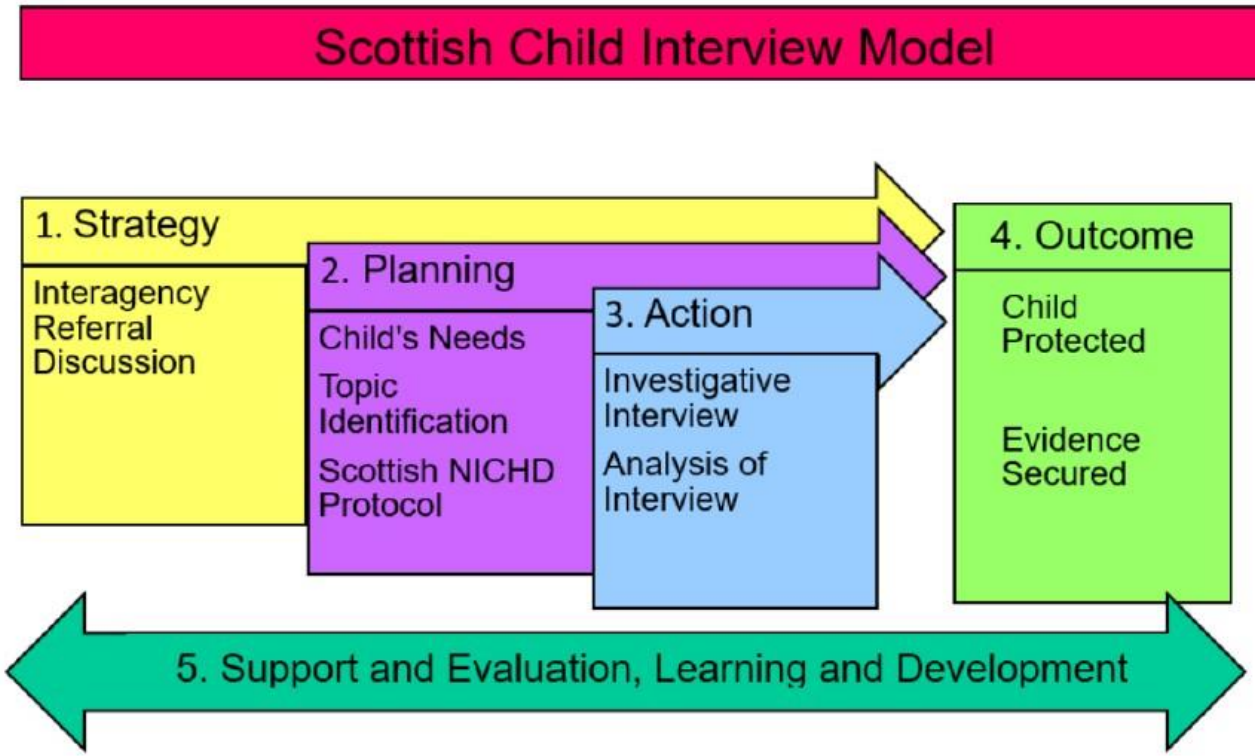
Appendix 2: SCIM Flowchart



All five components must be implemented for children to experience the intended benefits of the approach

Scottish Child Interviewing Model

A child-centred approach to planning interviews is vital in securing the best evidence and providing the necessary support for the child before, during and after the interview.

The analysis of interviews will help lead professionals in co-ordinating with others in planning for the support, protection and recovery of the child.

The analysis of interviews will also aid decision-making in respect of any crime committed.

For Indicators of positive practice throughout this process– please refer to National Guidance for Child Protection in Scotland 2021: Practice Insights No1. practice-insights (2).pdf

CP Referral made to a Core agency

Inter-agency Referral Discussion (IRD)

- Determines the overall strategy of the CP investigation and identifies the aims and objectives of the JII
- Consent to interview should be sought and considered early within the IRD
- IRD participants oversee and coordinate all stages of the CP investigation
- Trained Interviewers are identified
- If the Age of Criminal Responsibility (ACR) criteria is met refer to ACR Flowchart / guidance

Child Protection Multi-Agency Response

- Emergency Legal Measures
- Interim Safety Plan
- Medical Examination
- Initial Child's Planning Meeting (Previously known as Initial CP Case Conference)
- VYPP Meeting
- CSE Strategy Meeting
- Referral to Reporter
- Refer back to SW for further assessment, intervention, support

Joint Investigative Interview (JII) required? YES

- Record decision and rationale for decision to JII
- The Interview Plan is developed by Police and SW Interviewers (sufficient time must be allowed for this)
- Child's needs are considered before, during and after the interview
- Information is collated from those who know the child well
- Practical arrangements are considered and agreed
- Planning is dynamic and takes account of any new information that arises

Joint Investigative Interview

- The IRD will agree which interviewing approach is used.
- The child can request a specific gender of interviewer
- De-briefing takes place – evidence and any information is analysed to inform further CP planning and any other identified supports the child/family may require
- JII submitted to Scottish Children's Reporters Administration and/or Crown Office & Procurator Fiscal Service as required

Support and Evaluation, Learning and Development

Appendix 3: ACRA Flowchart