



Multi-agency Child Protection Guidance

Interim Replacement of Section 1 - Responding to Child Protection Concerns

November 2009

Please ensure that the existing Section 1 in all copies of the 'Guidance for the Protection of Children and Young People'(CYPPC) in your possession (hard copy and electronic) is marked as redundant and replaced by the attached

Introduction to Re-written Section

The Hawthorn/Wilson Significant Case Review Report contained a number of recommendations relating to practice at the time when a concern is reaching the point at which professionals are beginning to consider invoking formal child protection procedures. In particular, the SCR report considered Initial Referral Discussions (IRDs) - When is an IRD necessary and who makes that decision; Who attends and IRD; What information needs to be shared at an IRD; What decisions it makes; What it does to ensure management and monitoring of subsequent action?

The Child Protection Improvement Task Group, set up to establish robust procedures for reviewing and updating procedures and guidance in the wake of the HMIe inspection report earlier in 2009, decided that the appropriate way to deal with implementation of the Hawthorn/Wilson recommendations was to re-write Section 1 of the existing multi-agency guidance.

At the time of publication (November 2009), this is an interim update of Section 1. The outcomes of the work being carried out by other Task Groups working on the child protection improvement plan, may require further updates of this guidance. A full review of the multi-agency guidance will be completed by March 2010.

This note introduces the new, interim, Section 1, which follows this introduction. It highlights what the differences are between the new and the former version. This guidance is effective from 9th November 2009.

Key points of Improvement

- The guidance clarifies what an IRD is and when it should be used. Particularly, it makes the point that an IRD is for a specific purpose. That it should be convened when the criteria for one is met, and should not be used a vehicle just to bring people together who may have concerns that could be discussed more informally or in a professional network meeting. In other words, appropriate but more discerning use of IRDs should be made.
- Core Agencies - The idea of Police, Social Work and Health being Core Agencies is introduced. This means they have a key role in terms of decision-making at the beginning of the IRD process.
- There is emphasis on what role those at an IRD have in ensuring that a clear plan, along with processes for reviewing and updating actions ahead of a case conference, or other final decision-making activity, is in place.
- The guidance shows that there is a role for an IRD when there is an accumulation of concerns as well as when there is a specific incident
- It is made clear that timing of an IRD is a matter for professional judgement on the part of those identified as being responsible for convening it.
- Allied closely to the above point, is guidance stressing the balance to be struck with making sure there is time for people to gather information to be shared at the IRD, with the need not to delay the process inappropriately. The need for everyone to check all their systems for information and share it is strongly made.

Multi-agency Child Protection Guidance

Replacement of Section 1 - Responding to Child Protection Concerns

1.1 Core Agencies

For the purposes of this section of the guidance, there are three "**Core Agencies**". These are Tayside Police, NHS Tayside and Dundee City Council Social Work Department.

NB - The term 'core agencies' as used in this context should be distinguished from the 'core group' that will be brought into being should a child's name be subsequently placed on the child protection register. The 'core agencies' for this part of the guidance, are those responsible for deciding whether an IRD should be convened and for ensuring that the processes and actions set out in this section are followed.

1.2 Acting on a Concern that a Child or Young Person may be at Risk of Significant Harm

Everyone needs to know **what** action to take **and** has a responsibility to do something if they are concerned about the safety or welfare of a child or young person. **Doing nothing is not an option.** Decisions as to how best to address needs and protection issues are a matter for professional judgement, informed by knowledge, principles, policies and guidance. Decisions must be based on the assessed needs of the child and what it is believed will best meet those needs.

There are a number of levels of concern that a person might have about a child or young person. It is not the purpose of this section of the guidance to signpost all the routes that a person might follow in order to share their concerns with another. The purpose is to provide guidance on what to do when the concern is that a child or young person may be at risk of significant harm and in need of protection.

This section of the guidance relates to those times when:

- awareness of an alleged 'event' triggers a high level of concern
- one more concern, which of itself might not prompt child protection concerns, becomes part of a cluster of concerns about the care of a child or young. This will include concerns about domestic abuse, parental substance misuse or parental mental health.
- concern is expressed about the risks to which an, as yet, unborn child may face once it is born.

For all those who do not work either directly or indirectly with children, young people and families, information is available on '*What do if you have Concerns*' at <http://www.scotland.gov.uk/library5/education/pcyp04-00.asp>) and in leaflets in various public places and offices around Dundee, as well as on the CYPPC website.

The section below is for professionals who work directly or indirectly with children, young people and families.

If you are unsure of your knowledge or your role and responsibilities in relation to child care and protection, you should consult your line manager or take steps to access written procedures and appropriate staff development opportunities.

1.3 Referral for a possible Child Protection Investigation

The local authority has a duty to inquire into the circumstances of a child or young person if abuse or neglect is suspected or alleged. Within Dundee City Council, that duty is delegated to the children's service division of the social work department. Tayside Police has a duty to prevent crime and to investigate if there is reason to believe that a crime may have been committed. Health services have a duty in terms of promoting the health of a child and to assist in the gathering of forensic evidence.

There is no clear line defining when a child in need becomes a child in need of care and protection. You should always share your concerns or suspicions. No-one will criticise you if it turns out that your concerns are unfounded. However, speaking with someone immediately about your concerns or suspicions may save a child from further harm.

When you have concerns about a child or young person, you may be unsure whether the concerns are serious enough to be considered a 'child protection' concern. You *must* nevertheless share your concerns with a senior member of staff working with child protection within your own organisation (e.g. in schools, the designated Child Protection Officer) or with a member of the Child Protection Team at Seymour Lodge or the social work department's access team.

If you have reason to believe that a child or young person has been abused, is being neglected or is in need of some measures of protection, you *must* bring your concerns to the immediate attention of the police and/or the children's services division of the social work department or, if you are working within an organisation with a recognised route of referral, share your concerns immediately within your organisation in line with established procedures.

If the child or young person is already involved with the social work department, the concern should be made known to the relevant social worker or his/her team manager.

If you do not know whether the social work department is already involved, or unsure of the name of the case responsible social worker, then this can be checked by contacting the social work department access team, or any social work office.

If the social work department is not already involved with the child or young person, then the concern should be made directly to the social work department's child protection or access teams

The referral should be ***confirmed in writing within 2 working days.***

Those who share concerns with police or social work should expect to be involved in the initial phases of information gathering and sharing. This could involve attendance at an Initial Referral Discussion (IRD).

1.4 Action following a Concern being raised - Gathering Information

** Also see section on Timing of an IRD*

The purpose of information gathering and sharing is to allow those involved to assess the risk and protective factors that exist for a child or young person and to decide what, if any, further action is required to support and protect him or her.

Ahead of the IRD taking place, the core agencies share a responsibility to initiate a process of information gathering. Everyone involved in this activity should be aware of the principles of consent and information-sharing in relation to child protection concerns.

The information sought, gathered and shared should relate not only to the child or young person about whom there is concern, but siblings of that child, other children connected to that child and any key and/or significant adults who are involved and/or associated with the child in question. For example, social work should ensure that information is drawn not only from records held within Children's Services, but from Criminal Justice Services and Adult Care Services as appropriate. Information gathered should include current and relevant historical information.

The important element at this stage is for those leading the information gathering activity to ask, 'Who might have information that may be relevant' and pursue these inquiries. This could include voluntary organisations, substance misuse services, the Council's Education, Leisure and Communities or Housing Departments, or Housing Associations, and SCRA.

Please note this list is not exhaustive but should be regarded as a prompt.

Chronological histories that set out significant events should be extracted from records and shared at IRDs. If the information indicates that any adult was previously part of another family grouping, then it should be established whether there were concerns about children and/or relationships in that family, and information about those concerns extracted and shared.

Every person, from whatever agency, who becomes involved at this stage of information gathering, assessing its significance and decision making, must afford this task the highest priority. The task is to gather and share as much information as possible. If workload conflicts are created, these should be referred immediately to the person's line manager.

Each agency should share the information that is available to it that may be relevant to the assessment. In the event of uncertainty whether information held is relevant, it should be shared in the IRD, which will in turn agree what information is relevant. If in doubt the information should be shared.

When sharing information, each agency will also share with each other information which indicates any potential risk to practitioners.

Everyone responsible for gathering information in this phase of activity is also responsible for making sure that it is available at the IRD. It is a matter of judgement on the part of the social work and police managers to decide who needs to attend the IRD in order to explain or interpret the information provided (see section on 'Attendance at IRD' below).

Information gathering and sharing, like assessment, is an ongoing process. Information shared at one stage of the process might not be all that is available. So, professionals should continue to seek more information that might be available so that, at subsequent points in the process, a more complete picture is presented.

Where there is concern that a child or young person is a potential victim of human trafficking (for the purposes of commercial sexual exploitation, domestic servitude or labour exploitation) an IRD should be held in every case. A referral must also be made under the National Referral Mechanism at the earliest possible opportunity. The process of making a referral under the National Referral Mechanism should take place concurrent with the procedure set-out within this document and with all other Child Protection procedures.

1.5 Initial Referral Discussion (IRD)

Purpose of the IRD

When the core agencies decide that the information indicates that a child or young person **may be at risk of significant harm**, then an IRD shall be arranged.

The IRD is the first stage in the process of joint child protection assessment following a referral to the social work service or the police. It is an information-sharing, assessment and decision-making forum in relation to a child or young person about whom there is concern, any siblings of that child or young person and any other child, young person or relevant adult closely linked to the one in question. It will also identify key workers and their specific roles and responsibilities.

The IRD as a part of a Process

Whilst an IRD brings people together to share information and make decisions, in those cases where the decision has been to invoke child protection procedures (e.g. investigation), it should be seen as part of a process.

That process will involve one or more debriefing meetings during the investigative and initial assessment phase; i.e. until a final decision is made on the course of action to be followed and, in cases where the decision is that child protection case conference should be arranged, until that case conference takes place.

The purpose of these debriefing meetings is to:

- ascertain what information has been obtained to date
- identify and/or assess ongoing risk
- make a decision on how to proceed with the investigation

- make a plan to support and protect the child or young person, which will include the allocation of further tasks to individuals and agencies, and the setting of timescales.

The question of who needs to be involved in these meetings is a matter for professional judgement on the part of those involved in the process, informed by reference to what the purpose of the meeting is, as above.

The outcome of these discussions must be recorded in an agreed format and a written record supplied to each participant. The record should address each of the bullet points immediately above. In particular, any change to a plan previously agreed must be highlighted and be ratified by those attending the meeting at which a previous plan was agreed.

Initiating the IRD

When a referral is made to social work and/or the police expressing concern that a child or young person may be in need of protection, then the relevant social work team leader and police sergeant will:

- immediately assess the information provided
- contact the duty Advanced Nurse Practitioner (Health) for any additional relevant information available to the core agencies
- consider both of the above alongside any other information they have immediate access to and jointly agree whether or not the child may be at risk of significant harm and, therefore, whether an Initial Referral Discussion (IRD) should be convened. . When there is a concern that a child or young person may be a victim of human trafficking, an IRD should always be held.

The purpose of this activity is to conduct initial checks and decide whether the information indicates that an IRD is required.

If it is decided that an IRD should take place, this should happen in accordance with this guidance. If it is decided that an IRD is not required, then this must be recorded by police and social work, with the reasons stated. The person who receives notification of the concern must contact the person who relayed that concern, explain the decision reached and suggest alternative actions that could be pursued.

When an IRD is to be convened in the case of a child or young person already involved with social work, the officers already involved from that and other agencies shall come together at an IRD to consider the additional concern now made known and decide what, if any, further action may be required. In the case of a child already named on the child protection register, this IRD would be attended by members of the Core Group (see **Multi-Agency Guidance relating to Core Groups**).

Timing of an IRD

How quickly an IRD is convened after a concern is expressed is a matter for professional judgement on the part of the core agency officers involved. The factors they have to balance are the need to act quickly, the time required to gather information and how quickly relevant people can be brought together. The overarching consideration must always be the need to act to protect a child or young person from significant harm.

In normal circumstances, it will be desirable to have complete information upon which to base joint decisions, and there may be occasions when the Core Agencies need to make decisions informed only by the incomplete information available to them at the time.

If the initial information suggests the child is at immediate risk of significant harm, then the timing of the IRD must reflect this even though all the information or relevant people cannot be assembled. If urgency demands it, an IRD will proceed with only the Core Agencies in attendance. Such an urgent meeting should also address the requirements of investigation planning.

It is also possible that, due to the urgency of the situation requiring immediate action to protect a child, the IRD/Debriefing process commences after the safety of the child is secured. Whether this is the case is a matter for professional judgment on the part of the social work team leader and police sergeant involved at the time.

Attendance at IRD

The IRD is a key part of the child protection process and there is a duty on those with information and responsibilities in the process to fully participate and understand their role and contribution.

Not every person who provided information may be required to attend. Agencies that have current, direct involvement with the child or young person and/or other connected children or adults should be present. The social work and police manager responsible for initiating the process must decide whether other providers of information should be present to provide interpretation or analysis of the information provided.

In some circumstances, it may not be possible for all of these to attend within the timescale the circumstances demand. When this is the case, arrangements should be made for as much information as possible to be shared. Participation via telephone conferencing or the submission of written information by e-mail or fax are alternative ways in which an agency representative can contribute.

When an adult, against whom an allegation is being made, is a member of staff of a service involved in child care, health, public protection or education services, then a senior manager of that agency or service should be asked to attend the IRD. This will allow them to consider any personnel matters that may require their attention. Similarly, if the allegation is against a foster carer, the social work service manager responsible for the support of the foster carer should be asked to attend.

Decision Making at an IRD

An IRD will make and record decisions on a number of issues including:-

- the need for immediate legal measures – Child Protection Order, Assessment Order, Exclusion Order
- setting clear timescales and sequence of actions, with roles and responsibilities assigned to named individuals. This will include **co-ordinating actions; e.g. visits/contacts and feeding back outcome of these to each other**

- whether the appropriate action is to continue intervention under child protection procedures and conduct a child protection investigation, or in cases where an investigation is not required, to recommend a child protection case conference*
- what alternative action is appropriate if child protection procedures are not to be followed; e.g. *referral to another multi-agency forum (such as JAT) or service (such as New Beginnings); direct referral to one or other single agency; no further action*
- how to secure additional information and who is responsible for doing so, how that will be shared between meetings of those involved, and how actions might be modified in the light of such information
- the risk to any other siblings and/or children connected to the child or young person in question
- the appropriateness of a referral to the Children's Reporter (**NB:** any such referral should be made within 5 working days of the date of the IRD)
- consideration of any matter of consent from parents/carers (if necessary), who is to obtain this and how
- the provision of information and support to the child or young person and their family during and after the child protection investigation

It is for those present at an IRD to decide if the discussion, at that time, will move into the phase of

- Joint Investigative Interview planning and preparation and,
- planning for liaison with the Procurator Fiscal

or whether this is left to a subsequent meeting involving those to be directly involved in that work.

Where the IRD considers that a medical examination may be required, the police sergeant should make early contact with the paediatrician on call to establish whether a joint paediatric/forensic examination is required. The paediatrician should be contacted via the **custody nurse** (Tel: 01382 591585 or 07786 524880) who will arrange for the paediatrician to return the call. If the case presents out of hours, the custody nurse will contact the consultant paediatrician on call at Ninewells Hospital.

If a joint paediatric/forensic medical is required, the custody nurse will arrange to contact the police surgeon to attend at an agreed time and place. In some circumstances the paediatrician may need to speak to the police surgeon directly to discuss the case.

All decisions made at an IRD must be recorded, along with a summary of the discussion and considerations that led to the decision being made. This record should be provided to each person attending or who was invited to attend but could not or made a contribution by some other means; e.g. submission of written information, etc.

* In cases where a cluster of concerns has been noted and considered and there is no need to carry out further investigation, neither for legal purposes nor to further inform the assessment, then the IRD can recommend to the appropriate SWD Service Manager that the appropriate action is to proceed directly to a child protection case conference.

If this is the case, then the IRD must agree the (SMART) interim protection plan that will be in place. This plan will have the same status and should be accorded the same importance as a child protection plan made at a child protection case conference.

Those involved (including any professional involved but unable to attend the IRD) will act as the Core Group for the purposes of the interim protection plan and **collectively** carry the responsibilities of implementing and monitoring the implementation of the plan.

If the SWD Service Manager decides against convening a child protection case conference, he or she must specify how the interim protection plan is to be managed beyond the time of his/her decision.

When the IRD has decided to pursue a child protection investigation, then it must agree **actions with timescales** to protect the child or young person during the investigation and up to the time of any child protection case conference that may be arranged. Actions may develop and change as the investigation proceeds. If so, those directly involved with members of the family should be part of the decision-making, implementation and management of that interim protection plan.

Resolving Disagreements

If a referrer disagrees with the decision of the core agencies not to convene an IRD, then that person should request that the relevant Social Work Service Manager, Police Inspector and Child Protection Nurse Consultant liaise and make a binding decision.

If those involved in an IRD process disagree with the decision of a social work Service Manager about whether or not to convene a child protection case conference, the matter should be referred to the social work Children's Services Head of Service, who shall consult with the Detective Chief Inspector and Child Protection Nurse Consultant and make a binding decision.

When the situation happens 'out-of hours', then the senior social work manager on duty and the duty Detective Inspector should be asked to make the binding decision.

1.8 Feedback to the Referrer

Whoever expressed the concern needs to know that they will receive feedback on the outcome. The responsibility to provide feedback rests with the person who received the information in the first place.

The purpose in providing feedback is not only to assure the person who expressed the concern that action has been taken, but so that they can play an appropriate role in supporting the child, young person or family. Whilst action to secure the safety and well-being of the child is the priority, there should be no unnecessary delay in ensuring that feedback is provided. The timing and nature of the feedback must take account of the role and status of the person to whom it is being given. Data Protection legislation requirements and principles must be applied.

The person providing feedback should ensure that the fact that it has happened is recorded in case records. The same person must ensure that the principles of *information sharing* have been explained to the child, young person and his or her family.

1.9 Information to the Child or Young Person and his/her Carers

The provision of information to the child or young person and those caring for him or her about what is happening, why and what is going to happen next must always be a central part of planning and action. Not only do these people have a right to be informed, but appropriate information sharing and involvement by those most directly affected is likely to lead to a more effective engagement and a better outcome for child or young person.

If a carer is believed or suspected to be responsible for any significant harm that the child may be suffering, then particular attention must be paid to what information can be shared with him or her. However, professionals should proceed on the basis that sharing information does lead to better outcomes and make decisions accordingly.

The plan resulting from an IRD and any updates to it as the matter progresses must set out what information is to be shared, with whom, when, by whom.

1.10 Abuse by Organised Networks and/or cases involving Multiple Victims or Perpetrators

In cases involving multiple victims or perpetrators or when there is suspicion that abuse might be happening within an organised network, all that is stated above applies. In such cases, it is particularly relevant that management of the decision-making process and of the conduct of any child protection inquiries is clearly established, agreed and recorded. Senior Officers from Tayside Police and the Social Work Department should be involved in the Initial Referral Discussions. The command structure for the inquiry should be agreed, as should the time frames and formats for update and review meetings during the course of the inquiries.

Recording also assumes particular importance in such inquiries. Other agencies should be guided by Tayside Police in relation to the collation and analysis of information, given their expertise in gathering, storing and handling intelligence, and access to such resources as the Scottish Intelligence Database (SID).