Health pathway, dealing with disagreement process and Care First IRD from 1st August 2019

1. General Principles

Effective information sharing is a key activity of each agency in order to support the assessment of whether a child is at risk of suffering from harm and to ensure that responses to concerns are considered, proportionate, well planned and executed timeously. In order to make decisions, each agency will share relevant information. This will include information on the child, any other children in the family or who may be at risk and key adults who have involvement with the child.

Where there are or may be concerns that a child has suffered or may be exposed to a risk of significant harm information sharing and decision making is undertaken through a formal Inter-agency Referral Discussion (IRD) process.

Any agency which believes that a child is at risk of significant harm can request an IRD. Where a request is received one will always be convened.

A child is defined as someone who has not attained the age of sixteen years or is over the age of sixteen years and has not attained the age of eighteen years and in respect of whom a supervision requirement is in force. For the purposes of human trafficking and Child Sexual Exploitation **a child is any person under 18 years of age.**

'Child protection' means 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.

Where any agency/ professional is concerned about how their child protection concerns are being responded to they should escalate this to the relevant manager at the earliest opportunity (see section 7)

2. Information sharing

Where there is any uncertainty as to whether information held by an agency is relevant, it will be shared in the IRD to determine its relevance.

Each agency will consider and share information that indicates a potential risk to professional staff. This might include previous aggressive or violent behaviour, infectious disease or mental health issues.

There is an expectation on the part of the core agencies that each will t]TJET I21 028.19 0 Kom. PAR

These sources of information can be extensive, may vary on a case by case basis and should consider all information held by agencies on all members of a household including siblings and parents or carers. This will require health named public health nurses to access parental health and mental health information in accordance with

Child Sexual Abuse

The Greater Glasgow & Clyde Child Protection Service will be able to offer advice and support on any concerns regarding a child/young person as well as Advice on medical/health assessment required Assist with arranging the medical if required

Police

Where specialist unit staff are not available or it is out of hours, the IRD should be conducted by an officer of the rank of Sergeant or above.

6. IRD Decision Making

The IRD must agree the most appropriate response to a concern and identify whether the concerns should be responded to under the child protection procedures or whether an alternative response is more appropriate;

No Further Action - Sufficient

Vulnerable Adults – The IRD must consider whether the available information indicates any potential risk to a vulnerable adult and identify what further actions may be required –See *Joint Guidance on Interface between Child and Adult Protection*.

In addition the IRD must consider and make decisions on the following:

Need for legal measures ie Child Protection Order or Exclusion Order, What further information is required, who will be responsible for gathering this, by when and whether this will be carried out jointly or by a single agency. Whether a Joint Investigative Interview (JII) is required and, if so, arrangements for this, including who will carry it out. Whether a medical examination is required, how this will be arranged the nature and timing of this, and who will carry it out.

Liaising with Mental Health or addictions services in connection with parents or carers

Contact with other specialist services

Consideration of information held by AHPs, CAMHs, etc

Where these checks indicate that a health professional holds very significant information for the investigation or where there are complex issues of risk or professional judgement the Health Visitor or School Nurse should recommend further discussion between the Social Worker and/or the Police and the relevant Health Professional, e.g. Addictions Worker, or Psychiatrist, to ensure that this information is effectively communicated and considered within the wider investigation and decision making.

Where families are new to the area and records have not been transferred the Named Health Visitor or School Nurse will need to contact previous Health Authorities and GP practices for information.

Role of Advanced Nurse Vulnerable Groups

The Advanced Nurse Vulnerable Groups is available for advice to health staff on child protection concerns during business hours and provides support and advice to members of staff involved in child protection cases and referrals. Health Visitor or School Nurse should contact the Advanced Nurse Vulnerable Groups for support and guidance as required following requests for information under the IRD process; The Advanced Nurse Vulnerable Groups is available to provide;

Child protection supervision for staff which assists with decision making Advice and support to initial enquiries into incidents involving the protection of children

Advice on best practice, confidentiality and sharing of information, and legislation in relation to child protection

Intervene when there are difficulties accessing health information from other disciplines

Police Concern HUB- IRD Checklist

Please ensure you are asking the referring Social Worker the following questions when collating information to raise an IVPD.

Always record the time at which a referral is made.

- Name of Social Worker, job title, contact telephone number
- Name, DOB, address, school attended, named person of child referred
- Details of

Appendix 1

Pathway of care for children presenting for Emergency Care when there is a concern of Physical Abuse or Neglect

Consent

For planned medicals that form part of a child protection investigation consent is required from a person with parental responsibility. Children over 12 may be able to consent to their own examination but should be supported by a responsible adult who knows the child.

Appendix 4

Health Process for Initial Referral Discussion

Initial Child Protection concern Social Work Practice Lead will contact the Health Visitor or School Nurse

Using the SBAR communication tool in the first instance the HV/School Nurse will:-

- 1. Get background information on the CP case under investigation
- 2. Verbal