



Child Protection – Inter-Agency Referral Discussions Standard Operating Procedure

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Owning Department:	Specialist Crime Division – Public Protection
Version Number:	1.00
Date Published:	02/09/2019

Compliance Record

Equality and Human Rights Impact Assessment (EqHRIA) Date Completed / Reviewed:	11/06/2019
Information Management Compliant:	Yes
Health and Safety Compliant:	Yes
Publication Scheme Compliant:	Yes

Version Control Table

Version	History of Amendments	Approval Date
1.00	Initial Approved Version	14/08/2019

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1. Purpose

- 1.1 This Standard Operating Procedure (SOP) supports the Police Service of Scotland, hereafter referred to as Police Scotland, Policy for Child Protection.
- 1.2 This SOP does not replace existing good practice in relation to early information gathering and validating information between multi-agency professionals.
- 1.3 The SOP aims to deliver clear guidance for officers about the purpose, required conduct and management of decisions and actions resulting from, an Inter-Agency Referral Discussion (IRD). This will ensure Police Scotland's timely and effective participation in the IRD process; that those undertaking IRDs on behalf of Police Scotland are of sufficient rank and have been provided with training to undertake such discussions and there is a consistency in approach within Police Scotland resulting in appropriate and defensible protection and investigation strategies raised.

2. Introduction

- 2.1 One of Police Scotland's main priorities is to protect people at risk of harm. This is of particular importance within child protection. For the purpose of the SOP 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. Children's Hearings (Scotland) Act 2011. For the purposes of Human Trafficking and Child Sexual Exploitation a child is any person under 18 years of age.
- 2.2 The National Guidance for Child Protection in Scotland 2014 provides that the term '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.
- 2.3 Equally, in instances where a child may have been abused or neglected but the risk of future abuse has not been identified, information sharing will still be necessary to make an assessment about future protection and/or support.
- 2.4 Abuse and neglect are forms of maltreatment which, by their very nature, include the commission of crimes or offences. Somebody may abuse or neglect a child by inflicting, or by failing to act to prevent, significant harm. Children can be abused in any setting; within a family setting; an institutional setting, in the community, online etc. They can be abused by individuals to whom they are related, who are in a position of power or authority, their peers, someone they have recently engaged with or, more rarely, a stranger.
- 2.5 Further information can be obtained in the Child Protection PSoS SOP.

3. Background

- 3.1 The Police and Fire Reform (Scotland) Act 2012 places a statutory duty on police officers to protect the public and investigate on behalf of the Procurator Fiscal; therefore child protection is a fundamental part of the duties of all police officers.
- 3.2 Local authorities have a statutory duty to safeguard and promote the well-being of children in need in their area and, in so far as is consistent with that duty, promote the upbringing of children by their families by providing a range and level of services appropriate to children's needs (Social Work Scotland Act 1968 and Children (Scotland) Act 1995).
- 3.3 In summary, criminal investigations relating to child abuse and neglect are the responsibility of the police while the local authority is responsible for enquiries relating to children who are suffering or are likely to suffer significant harm and assessments of children in need. **These are separate but interconnected processes which require joint information gathering; information sharing and decision making.**
- 3.4 The IRD and, in particular, the initial information gathering phase and decisions thereafter, are fundamental to Child Protection Investigations.

4. Guiding Principles

- 4.1 The principles and values underlying this SOP reflect the principles set out by the United Nations Convention on the Rights of the Child, the most relevant elements being:
- Children and young people must be protected from harm
 - Children and young people must be protected from sexual abuse which includes all forms of sexual exploitation involving inducement or coercion.
 - Children and young people must be protected from being abducted, sold or moved illegally to a different place out with their country or for the purpose of exploitation.
- 4.2 A Getting it Right for Every Child (GIRFEC) approach, which is underpinned by values and principles reflected in legislation, standards, procedures and professional expertise, promotes the safety and well-being of individual children and young people.
- 4.3 In addition the Children and Young People (Scotland) Act 2014 places children and young people at the heart of planning and services and, amongst other considerations, ensures that their rights are respected across all partner agencies.

5. GDPR

- 5.1 The Data Protection Act 2018 came into force on 25th May 2018. This enacted and incorporated the General Data Protection Regulations (GDPR) and the Law Enforcement Directive (LED).
- 5.2 Article 6 of GDPR provides the lawful bases for processing / sharing data. Those relevant to this SOP are Legal Obligation (the processing is necessary to comply by law i.e. Children's Hearing (Scotland) Act 2011) and Public Task (the processing is necessary to perform a task in the public interest or official functions; the task has a clear basis in law).
- 5.3 Article 9 of GDPR provides the lawful bases for processing / sharing special category data. Those relevant to this SOP are substantial public interest (shall be proportionate to the aim pursued) and provision of health or social care (necessary for the provision of health or social care or treatment).
- 5.4 It must be clear that the sharing of information is necessary, proportionate, justified and relevant to do so and must be balanced with Human Rights (Article 8 ECHR).
- 5.5 Consideration must be given to seeking of views of parent / guardian of child(ren) under 12 years of age and seeking views of those over 12 years of age and this should be recorded accordingly. **Notwithstanding, it should be noted that exemptions can apply as per GDPR guidance as follows:**
- Where informing an individual would be prejudicial to the prevention/detection of a crime or the apprehension /prosecution of an offender
 - Where informing an individual might present a serious, identifiable, risk of harm
 - Where informing the subject of concern, due to lack of capacity/maturity, would not be justified or proportionate
- 5.6 Further information can be found in the Data Protection Act 2018.

6. Child Protection - General

- 6.1 Information about suspected or actual child abuse or neglect (See Appendix D) can come to police attention from a number of sources. These include victims, witnesses, health service, social work or education professionals, housing providers, third sector organisations, anonymous reporters or police officers through routine contact with the public.
- 6.2 This may arise as a result of a single, sometimes traumatic event. Similarly, child abuse or neglect can involve patterns of behaviour or an accumulation of individual events that, together, constitute significant harm. As such, police officers may be presented with an apparently minor issue, which does not

itself constitute concern, but which actually forms part of a pattern of abuse. It is also possible that concerns about children which appear to be unconnected are actually part of a pattern of abuse by the same offender or different but connected offenders.

- 6.3 Significant harm to children can give rise to both a criminal investigation and an assessment of risk and need running concurrently. The police have a duty to carry out thorough and professional investigations into suspected or reported criminal acts. Enquiries may, therefore, give rise to information that is relevant to ongoing decisions that will be taken by both social work and police in clear consultation with health, and often education during the IRD process. The findings from social work, health and education assessments and the police investigation must be used to inform the child's plan and may also contribute to legal proceedings, whether criminal, civil or both.
- 6.4 The purpose of joint investigations is to establish the facts regarding a potential crime or offence against a child, and to gather and share information to inform the assessment of risk and need for that child, and the need for protective action.
- 6.5 When undertaking a joint investigation, core agencies, specifically police; social work and health, will have, at times, different responsibilities to fulfil. Notwithstanding, core agencies must plan associated activities together and carry out their respective tasks in a co-ordinated way. Where the child attends nursery or is school aged, education should also be reflected as a source of information. This includes Joint Investigative Interviews (JII); Joint Paediatric Forensic Medical Examinations (JPFME); and any other assessments.

7. What are Inter-Agency Referral Discussions?

- 7.1 As stated in the Scottish Government National Guidance, an Inter-agency Referral Discussion (IRD) is the first stage in the process of joint information sharing, assessment and decision making about risk to children and, as such, is the central mechanism to co-ordinate inter-agency child protection processes up until the point a child protection case conference (CPCC) is held or a decision made that a CPCC is not required.
- 7.2 An IRD is not usually a one off discussion. It is more likely to be a series of discussions between a representative of each of the core agencies where relevant information held by them and other key services is shared and agreement is reached as to what the co-ordinated response to the information **should be**.
- 7.3 An IRD will take place **before** any agency proceeds with an investigation **and before** either a Joint Investigative Interview, Joint Paediatric Forensic Medical Examination or other single or joint enquiries commence, **except where emergency measures are required**. This does not prevent officers undertaking time critical actions that do not involve the child where a crime or offence is suspected e.g. crime scene protection and examination; securing

other passive data such as CCTV; obtaining statements from other potential witnesses.

- 7.4 It may be necessary to reconvene the IRD as enquiries progress to review strategies and evaluate outcomes if further information is received by any of the core agencies which would require the initial agreed response strategy to be reconsidered
- 7.5 While it is desirable to have comprehensive information on which to base joint decisions, there may be occasions where core agencies (police, social work and health) need to make decisions on the information available to them at the time. This may also require consulting with education for additional information or assistance. (Refer to Section 10, Information Sharing – Immediate Risk of Significant Harm)
- 7.6 In the event the IRD concludes that there is no requirement for any of the core agencies to carry out an investigation, the finalised police concern may be shared in line with the national concern hub business processes.

8. When Does an IRD Commence?

- 8.1 Where information or intelligence is received by police, social work or health that a child may have been abused or neglected and / or is suffering or is likely to suffer significant harm, an IRD must be convened as soon as reasonably practicable.
- 8.2 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.
- 8.3 Where there has been a child death and there are surviving siblings, taking cognisance of the circumstances, an IRD should be considered.
- 8.4 It is accepted that, overnight, the IRD may focus only on **immediate protective actions** with the understanding that it will continue the following day.
- 8.5 The officer who receives the information or intelligence that a child has been, is being or is likely to be abused or neglected and / or may be at risk of significant harm will:
- Inform his/her line manager immediately
 - Inform the local designated IRD Detective Sergeant (or if outwith hours the PPU Sergeant or 'on call' Detective Inspector) for progression of the IRD.
 - Raise a child concern form

9. Who Participates in IRDs?

- 9.1 All three core agencies, police; social work and health, must participate in the IRD thus reinforcing the current national guidance.

- 9.2 Notwithstanding, information gathering should involve other key services as appropriate, including education, third sector organisations and adult health and social care services. Whilst it is essential that relevant services are engaged in information gathering and sharing, the ultimate decision to launch a child protection investigation is the responsibility of the police and social work in consultation with health.
- 9.3 An IRD may take place in person or by telephone conference or video conference. The medium for the IRD will be determined by various factors, including urgency and geography. All core agencies must participate.
- 9.4 All divisions must identify designated Detective Sergeant(s) who will undertake IRDs within a local authority area. Decisions made during IRD will set the protective and investigative strategy therefore the designated Detective Sergeants must be trained, experienced investigators in the area of child protection.
- 9.5 During office hours IRDs will be carried out by the designated IRD Detective Sergeant. Outwith office hours they will be carried out by another designated PPU Detective Sergeant with suitable experience in carrying out IRDs.
- 9.6 In the event that there are no PPU Detective Sergeants experienced in conducting IRDs on duty out of hours, the 'on call' Detective Inspector will conduct the IRD and should be notified of the circumstances without delay.
- 9.7 A PPU Detective Sergeant or 'on call' Detective Inspector, who carries out an IRD out with hours, must brief the local designated IRD Detective Sergeant on their return to duty of the full circumstances of the IRD and any decisions made. The local designated IRD Detective Sergeant will thereafter be responsible for any ongoing discussions required in respect of that child and any other child.
- 9.8 The designated IRD Sergeant is crucial to the investigation and will provide direction to other officers on the initial investigative strategy, based on decisions made and information learned during the IRD process.
- 9.9 It is expected that social work and health, or any other relevant agency, participants will be sufficiently senior to assess and discuss available information and make decisions on behalf of their agencies.
- 9.10 Notwithstanding, managers remain accountable for processes carried out on their behalf and on the rare occasion that agreement cannot be achieved during an IRD the local designated IRD Detective Sergeant will escalate the matter to the Divisional Public Protection Detective Inspector or Detective Chief Inspector or if out with hours, the on call DI for further discussion and decision. Each agency will have their own routes for escalation.

10. Training

10.1 An officer who occupies the position of IRD Detective Sergeant should sit within the Divisional Public Protection – Child Abuse Investigation Unit structure and should have undertaken, at a minimum, the following training:

- Investigators Development Programme (IDP)
- Initial Child Protection Training Course
- Inter Agency Referral Discussion Training Course

11. Information Sharing – Immediate Risk of Significant Harm

11.1 Where there is a risk to the life of a child or the likelihood of immediate risk of significant harm, intervention **must not** be delayed pending receipt of information gathering / sharing. Police and Social Work **must** use their statutory child protection powers / responsibilities and act immediately.

11.2 When considering whether emergency action is necessary police and social work must always consider the needs of other children in the same household, in the household of a suspected perpetrator and any other children the suspected perpetrator has access to.

11.3 Police officers must only remove a child using their emergency powers granted under terms of Section 56, Children’s Hearing (Scotland) Act 2011 in exceptional circumstances where there is insufficient time or it is impracticable to seek a Child Protection Order (CPO) or for reasons relating to the immediate safety of the child. When such powers are used the officer will immediately inform their line manager and the local designated IRD Detective Sergeant or, if outwith hours, the PPU Sergeant or ‘on call’ Detective Inspector to allow for an immediate IRD to take place to plan next steps and ensure that legal duties in terms of informing relevant persons are discharged.

11.4 Subject to agreement and satisfactory background checks, social work can where appropriate seek agreement from parents/ carers who hold parental rights and responsibilities to place children with relatives on a voluntary basis. Where it is determined that a civil order is required (such as a CPO – Child Protection SOP), the local authority children and families social work service will ordinarily make the application. If an application is made by anyone other than the local authority this decision should be agreed in partnership with the core agencies (in consultation with legal services).

12. Information Sharing

- 12.1 The effective sharing of information and engagement between professionals and agencies is essential for the successful identification of risk; assessments; investigations and service provision.
- 12.2 There is an expectation that core agencies and any other relevant agencies will thoroughly research the information systems available to them and thereafter share information during IRDs to enable effective decision making. The source of information can be extensive and may vary on a case by case basis. However, the minimum checks to be carried out by Police Scotland will include:
- Criminal History System (CHS)
 - Police National Computer (PNC)
 - Scottish Intelligence Database (SID)
 - Interim Vulnerable Person Database (iVPD)
 - Relevant Command and Control System for Division
 - Divisional Crime Recording System
 - PND
 - Legacy Databases
- 12.3 If, through the minimum checks, an individual is identified as having a record on Violent and Sex Offender Register (VISOR), full details must be obtained at the earliest opportunity.
- 12.4 The potential for relevant information held on legacy databases must be considered and, in some cases, open source information may be useful.
- 12.5 The local designated IRD Detective Sergeant will liaise with the Concern Hub, who will take responsibility for the research of the information systems as outlined above. The Concern Hub will present a package of information to the designated IRD Detective Sergeant to facilitate information sharing during IRDs and thus enable effective decision making.
- 12.6 It is important that aside from core agencies other relevant services e.g. education, adult health and social care sector are consulted about any information they may hold on the child and family that might affect decision making and child protection investigations, such as age and developmental difficulties which may affect the ability to examine or interview the child. If this information is not available at the point of the IRD the core agencies should agree who will undertake this action.
- 12.7 Notwithstanding this, while it is desirable to have complete information on which to base joint decisions, there may be occasions when the core agencies need to make decisions on the information available to them at the time.

- 12.8 Where there are uncertainties as to whether information held is relevant but could potentially affect action to protect the child, Police Scotland will share the information during IRDs to determine its relevance.

13. Discussion and Decision Making During IRDs

- 13.1 The IRD is the vehicle used by core agencies to share all relevant available information between them and any other relevant agency, to enable decision making and set the strategy for any child protection investigation. The IRD will:

- Consider the child's safety and well-being.
- Consider whether the information or intelligence suggests a crime or offence may have been, is being or is likely to be committed against a named child or any other child.
- Identify the level of risk faced by the named child and whether any immediate legal measures are necessary;
 - For example, consider whether a **Child Protection Order or Exclusion Order** is required due to evidence of risk of significant harm to any child;
 - Or a **Child Assessment Order** where there is reasonable cause to suspect a child is suffering or is likely to suffer significant harm and there is a lack of co-operation from parent(s)/carer(s) to enable assessment to be satisfactorily conducted;
- Consider the safety and well-being of other children in the same household, or other children the suspected perpetrator may have access to, whether in a household or elsewhere;
 - For example, **residential care establishment; school; institution or the community**
- Identify any support required for the child and who will provide it.
- Identify any further information required to inform the IRD decision making and if further information is required, who will be responsible for gathering this.

Additionally, in setting the strategy for any Child Protection Investigation, the IRD will:

- Agree what further action is required, for example whether a (JII) is required and, if so, the arrangements for this, including who will carry it out and in what timescales. (Guidance on Joint Investigative Interviewing of Child Witnesses in Scotland)
- Discuss the basis for any criminal investigation and any processes other agencies might need to know about in addition to joint evidence.
- Decide whether a medical examination is required, the nature of it e.g. a comprehensive medical examination; specialist paediatric or joint

paediatric/forensic medical examination, the timing of it and who will perform it

- Decide what information must be shared with the child and family on the basis that information is not shared if this may jeopardise a police investigation or place the child, or any other child, at risk of significant harm
- Agree that where consent is required for the purpose of Joint Interview from parents/carers, identify who will obtain this and what information will be passed to parents/carers and record if consent is not being sought.
- Discuss that explicit and formal parental consent is required prior to any child protection medical examination, unless the child or young person is considered by the medical practitioner to have capacity to give consent on their own behalf (Children (Scotland) Act 1995). The IRD will then agree who will pursue consent with a parent, and / or decide if a court order is required. (see Section 17)
- Determine any action necessary to mitigate any potential impact on individual children in terms of membership of protected groups, for example; age, nationality, ethnicity, any communication needs, including identifying the child's first language and the need for an interpreter, and any disability.
- Determine whether the referral falls within the definition of a 'complex child abuse' investigation or 'critical incident' (see the Critical Incident Management PSoS SOP) and, if so, the need to brief core agency managers to consider whether a multi-agency 'gold structure' is required
- Decide what feedback (if any) is necessary and proportionate, who it should be provided to, why it is being provided and who will give the feedback.

13.2 In considering all of these issues, the sequence and timescales of actions must be agreed and recorded in an auditable format.

13.2 Any information shared, all decisions reached and the basis for those decisions must be clearly recorded.

14. Information Sharing – Child Suspect

14.1 An IRD would not routinely be carried out for a child suspected of serious harmful behaviour or criminal behaviour unless there is the suggestion that the child has been, is being or is likely to be abused, neglected or is at risk of significant harm.

14.2 In these circumstances an IRD should be considered to accurately assess the risk posed as partner agencies may hold vital information or evidence in this regard.

15. Recording of IRDs

- 15.1 Every stage of each IRD will be recorded and referred to as the IRD Record. The IRD Record could be described as the core agency decision log, which would include a record of information shared; discussions and decisions made. Such a record is essential to apply a sound methodical approach and enable core agency participants to explain their decision making rationale at a later date.
- 15.2 It is recognised that some Divisions of Police Scotland already have in place electronic IRD systems, accessible by all three core agencies. The use of such systems will remain business as usual. A minimum data standard will be agreed to be recorded on the Police Scotland National IRD form which will be populated in addition to the information recorded on existing electronic IRD systems.
- 15.3 The rest of this section in relation to minimum data standards, how IRDs are documented, stored and the decisions and outcomes updated is currently subject to review.

16. Actions from IRDs

- 16.1 A number of actions are possible from IRDs and any outcomes will be agreed jointly and explicitly by all 3 core agencies. The actions; ownership of tasks; time scale and sequence of events will all be recorded on the IRD Record. The following provides a list of IRD outcomes. These are not mutually exclusive and more than one outcome may be required as a result of an IRD.
- **Other Legal Measures** –i.e. Child Protection Order; Exclusion Order; Police Emergency Powers; Child Assessment Order (Section 11 of the Child Protection SOP)
 - **Joint Investigation** – will be carried out where there is reasonable cause to believe a child has been abused or neglected and is or is likely to be at risk of significant harm and it is in the best interests of the child.
 - **Single Agency Investigation** – Where an assessment of information suggests that this is the best way to proceed, the single agency must conduct further investigation on their own and update the IRD on progress i.e. where there is reasonable cause to believe a child has been abused or neglected but the assessment is that they are not at risk of significant harm then it may be agreed a police only investigation commences. Conversely, when the information does not provide the child has been a victim of abuse or neglect but there are concerns regarding their safety and well-being, it may be agreed that a social work only investigation commences. This does not prevent the single agency reconvening the IRD if enquiries subsequently provide that a crime may have been committed or that the child may be at risk of significant harm.

- **Referral to Principal Reporter** – where concerns about the child are such that it is assessed that the child is in need of protection, guidance, treatment or control and that it may be necessary for a compulsory supervision order to be made in relation to the child, a referral must be made to the Principal Reporter
- **No Investigation** – Sufficient information may be available to decide that no further child protection action is required at that time by any of the core agencies however the information may be shared in line with the national concern hub business processes.
- **Voluntary Support** – There may be a need for agencies or other organisations to provide support to a child and/or family on a voluntary basis
- **Child Protection Case Conference** – Where there are professional concerns that a child is at risk or there is a likelihood of significant harm as a result of abuse or neglect, a decision must be taken to convene an initial Child Protection Case Conference.

17. Parental Consent

- 17.1 There is no legal requirement to obtain parental consent to investigate a child protection concern or to carry out the associated IRD process.
- 17.2 There is also no legal requirement to obtain consent to interview a child, however, wherever possible, officers engaging with parents or carers should try to gain their full co-operation in any decisions, actions or measures necessary to protect their child from abuse or harm.
- 17.3 There are occasions where consent of the parent or carer will not be sought. This decision would be taken where it is deemed to be in the best interests of the child (or any other child e.g. sibling) and would include circumstances where seeking consent would impede any investigation or harm the child or any other child.
- 17.4 Explicit and formal parental consent will be required prior to any child protection medical examination, unless the child or young person is considered by the medical practitioner to have capacity to give consent on their own behalf (Children (Scotland) Act, 1995).
- 17.5 Where a parent or carer is unwilling to give their consent to a medical assessment of the child or young person, and the young person is not considered to have capacity to give consent on their own behalf, the court may be asked to grant an order such as a Child Assessment Order or Child Protection Order (Children’s Hearing (Scotland) Act, 2011) to allow the child to be medically examined without parental consent.

18. Consent of the Child

- 18.1 The explicit consent of the child is not required to progress a Child Protection Investigation where it is considered necessary to investigate to protect the child or another child. However, the views and wishes of the child should be taken in to account in any action taken and documented accordingly.
- 18.2 Formal consent is not required to carry out joint action, such as a Joint Investigative Interview (JII), but will rely on implied consent from the child or young person.
- 18.3 In respect of medical matters, a child or young person may consent, on their own behalf, to medical procedures and treatments, provided that in the opinion of a qualified medical practitioner they are capable of understanding the nature and possible consequence of the treatment/ procedure. (Section 2(4) Age and Legal Capacity (Scotland) Act 1991).
- 18.4 Where a child is deemed to have legal capacity to consent to a medical examination, they have the right to withhold their consent to any part of the examination even where parental consent has been given or where a court order authorising a medical examination has been granted.

19. Review and Sign-off of IRDs

- 19.1 While review and sign off procedures for IRD may be carried out on a single agency basis, it is best practice that managers from all the core agencies are involved in the review and sign off process. It is recommended that Divisions link in with Local Authorities and health to create IRD Review Groups to encourage this multi-agency review process.
- 19.2 The purpose of the review is to ensure governance over the IRD process, to confirm that agreed actions have been discharged, to improve multi-agency working and to identify / share learning.
- 19.3 From a Police Scotland perspective the IRD will be reviewed by the Child Protection Detective Inspector and preferably with multi agency partners after a seven day period. The agreement with multi agency partners to review on the basis of this frequency might need to be sought at a local level.
- 19.4 If at this time a decision has not been made as to whether a Child Protection Case Conference (CPCC) is required, the IRD may be pended where appropriate, for example where social work are carrying out short term work in the first instance to provide support and monitor improvement.
- 19.5 The IRD should remain open or pended (depending on individual circumstances of each case) until such a decision is made. Where the decision is made to convene a CPCC, this should be held as soon as possible and no later than 21 calendar days from the notification of concern being received, as per the National Guidance for Child Protection in Scotland 2014.

19.6 The IRD should be signed off within 14 days of the final outcome of the IRD.

20. IRD Actions out with Originating Division

- 20.1 Where a child subject of IRD is subsequently accommodated or hospitalised outwith their home Division, the local designated IRD Detective Sergeant must notify PPU in the receiving Division and forward a copy of the Child Concern form, IRD record and decisions, specifically highlighting if any action requires to be taken in the receiving Division. It is anticipated that our core agency partners will replicate this and brief their counterparts in the receiving area. This will assist in facilitating core agency consultation if action requires to be taken while the child is in that location.
- 20.2 In the event that IRD actions passed to the receiving Division cannot be discharged, this must be notified without delay to the originating Division who hold the IRD, to allow for further decision making.

21. IRD Where Incident Occurs outwith Home Division

- 21.1 If a child is residing in a division other than their habitual place of residence e.g. on holiday when it is assessed they may be at risk of significant harm, either as a result of a single incident or an accumulation/escalation of concerns, a common sense approach should be followed and the Division who is best suited to protect the interests of the child (or any other child) at that time will arrange the IRD.
- 21.2 Best practice may be to have the Divisional IRD Detective Sergeant representatives from both the area where the incident occurred and the home address during the IRD (whether in person or by means of teleconference). It would be envisaged that partner agencies would replicate this model.

22. Information Management

- 22.1 Relevant documentation will be retained in line with the Police Scotland Record Retention SOP.

List of Associated Legislation

- Age of Legal Capacity (Scotland) Act 1991
- Children and Young People (Scotland) Act 2014
- Children and Young Person (Scotland) Act 1937
- Children's Hearing (Scotland) Act 2011
- Children (Scotland) Act 1995
- Data Protection Act 2018
- European Convention of Human Rights
- Police and Fire Reform (Scotland) Act 2012
- Social Work Scotland Act 1968
- United Nations Convention on the Rights of the Child
- Victim and Witnesses (Scotland) Act 2014
- Social Work Scotland Act 1968
- Children (Scotland) Act 1995

List of Associated Reference Documents

Policy

- Child Protection SOP

Standard Operating Procedures

- Child Protection SOP
- Critical Incident Management SOP

Guidance

- The National Guidance for Child Protection in Scotland 2014
- General Data Protection Regulations (GDPR) and Law Enforcement Directive (LED)
- Guidance on Joint Investigative Interviewing of Child Witnesses in Scotland

List of Associated Forms

- Child Concern Form (accessed via the interim Vulnerable Persons Database)

Glossary of Terms

Categories of Abuse

- Physical
- Emotional
- Sexual
- Neglect

Child Abuse and Child Neglect – Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting, or by failing to act to prevent, significant harm to the child. Children may be abused in a family or in an institutional setting, by those known to them or, more rarely, by a stranger.

Assessments will need to consider whether abuse has occurred or is likely to occur. (National Guidance for Child Protection in Scotland 2014)