



Protection

Child centred

Justice



Scottish Child Interview Model for Joint Investigative Interviewing – Emerging Learning

Health Data – Learning from North Strathclyde JII Partnership

September 2021

When the first two pilot sites for the Scottish Child Interview Model for joint investigative interviewing went live in practice in 2020, a dataset to capture relevant JII information was agreed and implemented.

This data set is comprehensive and includes a wealth of data in respect of the interview as well as information about individual children.

The starting point for gathering health data was focused around the Interagency Referral Discussion (IRD) and recording whether a medical examination had been agreed at IRD and, if so, what type of medical was undertaken and where.

Once the sites went live in practice, it became apparent that this framing of health data was too narrow and did not sufficiently reflect the complexity of this area of practice.

Data in respect of some medical examinations were not captured via this centralisation of data around the IRD because of variance in how and when decisions were made in respect of this type of health intervention for individual children.

The numbers of acute medicals were noted to be very low and this prompted consideration of the wider health needs of these children. Many children who experience a joint investigative interview are vulnerable and already known to different agencies.

This led to expanding the health data collected within the North Strathclyde JII Partnership. (See Appendix for additional data spreadsheet).

For each child who experiences a joint investigative interview in North Strathclyde, activity is undertaken with the NHS Greater Glasgow and Clyde Child Protection Unit to track health intervention for that child.

This includes services such as school nursing and health visiting, through to specialist services such as CAMHS and LAC. Awareness raising activity has also been undertaken across these health services to highlight the new model for JII and encourage health staff to more proactively consider the role they may have with such children, particularly following the JII. This awareness raising activity has led to improved recording of health service involvement with individual children.

While consideration of a child's health needs has always been a key feature of IRD's, this additional focus on gathering this data has helped to improve this aspect of attending to a child's needs, an opportunity that has arisen due to the wider improvement work underway to implement the new JII model.

Gathering information about the needs of these children in relation to their recovery from abuse and neglect is important information in any context but for North Strathclyde, it is critically informing their development of Scotland's first Barnahus. A deeper understanding of the health needs of children who experience a JII provides key information that will shape and influence the support and recovery services being developed to ensure improved longer-term outcomes for children.

Appendix

Health Data Spreadsheet developed by North Strathclyde Partnership

Columns A to G are completed by the JII Team Co-ordinator and the spreadsheet is passed to the Lead Nurse for Child Protection within NHS Greater Glasgow and Clyde who completes columns H to J and returns the spreadsheet to the JII Team Co-ordinator who can then include fuller health data in local reporting.

A	B	C	D	E	F	G	H	I	J
Month/Year	Forename	Surname	Date of Birth	Date of IRD	Primary Concern	Did the IRD agree a medical examination?	Was there Health action prior to IRD?	Was there Health action following IRD?	Any ongoing health intervention?

Guidance for completion of columns G to I:

Column G	Guidance Note
Yes - Forensic Medical	Joint examination involving Police Forensic Medical Examiner and Child Protection Consultant
Yes - Forensic Medical Archway	Joint examination involving Police Forensic Medical Examiner and Sexual Health Doctor at Archway
Yes - Specialist Medical Acute	Medical Examination by Child Protection Consultant - can be one or two doctors
Yes - Comprehensive Medical Assessment	Comprehensive Medical Assessment by Community Paediatrician
No	

Column H	Guidance Note
No health action prior to IRD	Child Protection Unit (CPU) did not undertake any action prior to IRD
Yes - medical examination prior to IRD by community paediatrician	Medical examination undertaken prior to IRD
Yes - CPU gathered information from specialist health services	CPU contacted health services in advance of IRD to gather information and/or request input at IRD
Yes - CPU invited specialist health service to IRD	CPU contacted health services in advance of IRD and extended invite to IRD

Column I	Guidance Note
No health input required	Assessed at IRD that no health input is required
No health input undertaken	Expected health input not undertaken
Yes - liaison with statutory services and plan agreed	Relevant health service received task, reviewed record, liaised with statutory services and agreed plan
Yes - liaison, plan agreed and contribution to child protection assessment	Relevant health service received task, reviewed record, liaised with statutory services and contributed to the child protection assessment (eg, provision of chronology)

Column J	Guidance Note
No ongoing health intervention required	Child's health has been assessed and no need identified
Awaiting health intervention	Child health need identified but service not available
Yes - via CAMHS	Child health need identified and being met by CAMHS
Yes - via Health Visiting	Child health need identified and being met by health visiting
Yes - via School nursing	Child health need identified and being met by school nursing
Yes - via LAC	Child health need identified and being met by LAC service
Yes - via GP	Child health need identified and being met by GP