



**GRAMPIAN MULTI-AGENCY
ADULT PROTECTION INITIAL REFERRAL
DISCUSSION (IRD) PROTOCOL**

JUNE 2021

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Responsibilities for review of this document:	
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Revision Date:	Previous Revision Date:	Summary of Changes (Descriptive summary of the changes made)	Changes Marked * (Identify page numbers and section heading)
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*Changes marked should detail the section(s) of the document that have been amended i.e. page number and section heading.

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1. Introduction

- 1.1. Initial Referrals Discussions (IRD's) have been long established in Child Protection and are a vital process to share information and make joint decisions. IRD's allow professionals to consider an adult support and protection report, share initial research and information, and then agree a response on a multi-agency basis.
- 1.2. All three Adult Protection Committees in Grampian agreed that IRD processes should be standardised on a Grampian-wide basis. As a result, this protocol was developed by Aberdeen City, Aberdeenshire and Moray Health and Social Care Partnerships in conjunction with Police Scotland and NHS Grampian.
- 1.3. The Initial Referral Discussion, similar to the process in Child Protection, will be a telephone or virtual information gathering and decision making forum. The participants will be NHS Grampian, Police Scotland and the relevant local authority social work team responsible for adult protection screening. The target should be for the IRD to occur within **48 hours** of the Referral being raised.
- 1.4. The introduction of this IRD protocol aims to improve multi-agency information sharing and joint decision making for adult support and protection throughout Grampian.

2. Purpose of an IRD

2.1. An IRD is not a case conference or a professionals meeting. Its purpose is to facilitate and support the sharing of relevant information to support **initial** decision making about an adult at risk and their circumstances.

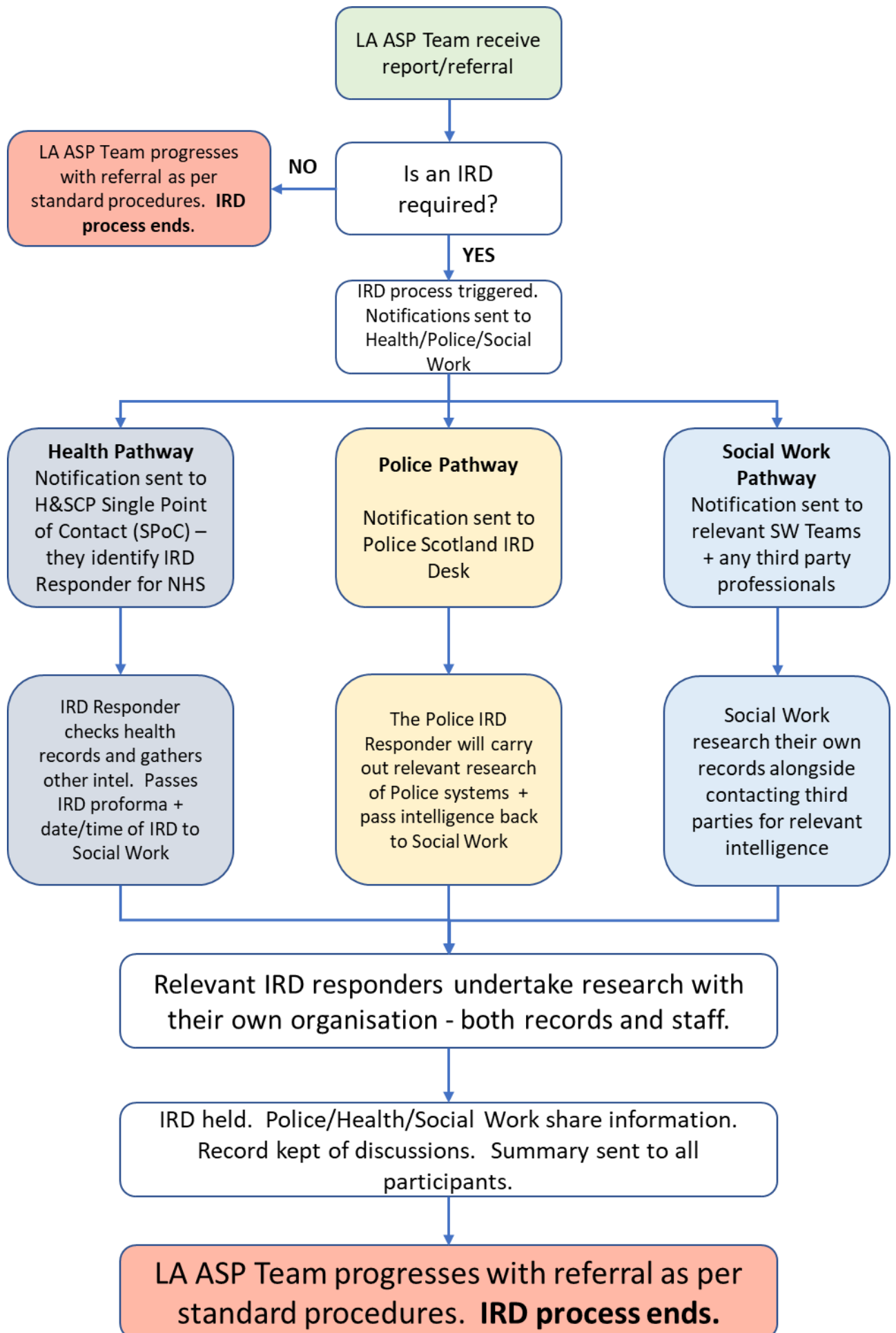
2.2. An IRD should include, as part of the multi-agency discussions:

- Confirmation that immediate actions have been taken to make the adult safe in the short-term. [if not an immediate protection plan should be agreed].
- Identification and sharing of relevant information, to determine if an ASP Investigation is required.
- Determination as to whether a police investigation is required, (if criminality is suspected).
- Establishing what type of investigation is required (e.g. individual or large scale).
- Agree a lead for any investigation and establish the involvement of other agencies.
- Consider what alternative (non-ASP) support and protective measures are required.
- Initial planning of an ASP Case Conference, pending any investigatory work being initiated.

2.3. An IRD should be considered in the following circumstances:

- The adult is at serious risk of harm and the decision is taken to proceed to ASP Investigation
- The need for multi-agency investigation/intervention/information is immediately apparent
- The decision is made to progress to Large Scale Investigation
- A change of risks in an existing case that requires a high level of intervention e.g. protection order
- The decision to proceed further under ASP procedures is considered 'borderline' and would benefit from multi-agency consideration.

- 2.4. IRD's are also a legitimate mechanism to discuss situations where an adult has had 5 separate adult support and protection reports in a rolling two year period that have **not** resulted in any adult protection investigatory activity.
- 2.5. For the avoidance of doubt, this multiagency protocol governs Initial Referral Discussions related to individual adults at risk only. If it is believed that an ASP report relates to more than one individual where the origin of the harm is the same – this should be managed via the specific Large Scale Investigation IRD process as set out in the Grampian multiagency procedures and guidance.



3. Initial Referral Discussion Process – Health Guidance

- 3.1. The local authority social work department will contact the nominated Health Single Point of Contact (SPoC) within the relevant Health and Social Care Partnership.
- 3.2. The SPoC will check health records to ascertain if the potential adult at risk is known to any NHS professionals/teams. This could be community nursing teams, community psychiatric nurses, ward staff, allied health professionals, learning disability nursing, and integrated alcohol/drug service staff, amongst many others.
- 3.3. GP's will **not** be the default professional for attending IRD's – however may be the correct professional to attend if they have had significant involvement with the adult at risk, or are the only professional involved.
- 3.4. The SPoC will contact the relevant NHS professional and inform them that an IRD is required and give the details of the adult at risk. The professional identified by the SPoC will now be referred to as the **Health IRD Responder**. The IRD Responder will then inform the local authority social work department of their name and details + their availability to attend an IRD – this will occur **within 24 hours of contact**, to ensure there is no overall delay in scheduling the IRD.
- 3.5. If the SPoC is unable to source, for any reason, an appropriate IRD Responder, they should escalate to the NHS Grampian Public Protection Team immediately.
- 3.6. The local authority social work department will schedule the IRD and send joining instructions to the IRD Responder for the meeting. The IRD meeting will occur by telephone or virtual session and will last no longer than 20 minutes.
- 3.7. Prior to this meeting, the IRD Responder will have checked relevant health records to establish if there is any relevant information that supports the consideration of the adult support and protection report. The IRD Responder should also contact other health professionals who could have relevant information to inform the IRD.
- 3.8. The IRD Responder will participate in the IRD, sharing relevant health information and participate in discussions around next steps – ensuring the adults' health needs are fully considered.
- 3.9. The IRD Responder will record the IRD has happened in the adult's health records alongside the immediate outcome.
- 3.10. An IRD record will be provided by the local authority social work team to both the adult at risk's GP and the IRD Responder (if different). When received this should be added to the adult at risks health records.

IRD assessment tool – Health (this tool can be used by the IRD Responder to support the collection of health information; it is not a requirement)

Current or previous (last 2 years) health professionals providing a service to the Adult

Knowledge that would impact on the assessment that the adult has a mental or physical disability or impairment

Knowledge that would impact on the assessment that the adult is at risk of harm

Knowledge that would impact on the assessment that the adult is unable to protect themselves.

Any additional information

4. Initial Referral Discussion Process – Police Guidance

- 4.1. The local authority social work team will e-mail an IRD notification to IRDNorthEast@scotland.pnn.police.uk - following up with a phone call (01224 306918) in the case of urgent requests.
- 4.2. The IRD request will indicate
 - The name and date of birth of the adult and other significant involved people
 - The purpose of the request for information
 - The requested time of the IRD teleconference
- 4.3. The Police Officer receiving the IRD request should nominate a named staff member to progress the IRD (**Police IRD Responder**). Any issues with this should be highlighted at this time.
- 4.4. The Police IRD Responder will carry out relevant research of Police systems with the information being available at IRD.
- 4.5. The presumption of Police attendance will be applied to all IRDs, however in certain circumstances where Police are unlikely to be required in the decision making process, it may be acceptable to share Police research with the lead agency and consult with them regarding the requirement for Police attendance. Unless agreed otherwise with the lead agency, Police will attend all IRDs.
- 4.6. The nominated Police Officer will take part in the teleconference, sharing relevant information and take part in discussion around next steps.
- 4.7. If a criminal investigation is required, discussion will occur about the impact on the ASP process. The Police IRD Responder will ensure any criminal investigation is undertaken timeously.
- 4.8. Police participation at an ASP IRD should be recorded via a VPD entry. This should document what information was shared and what actions will be taken as a result of the IRD.
- 4.9. In all cases a written IRD record will be provided by the social work lead agency within 24 hours.
- 4.10. If a Case Conference date is agreed, the Police IRD Responder will direct that invitations be sent via the Concern Hub as per existing arrangements for attendance to be facilitated.

5. Initial Referral Discussion Process – Local Authority Social Work

NOTE: Because the three separate local authority areas in Grampian configure their adult support and protection operational activity differently – this section of the document captures the process in general terms only.

For further detail, please see each local authority area's own operational procedures.

- 5.1.** Local Authority Social Work will make the decision if an IRD is required and allocate a **Social Work IRD responder**.
- 5.2.** Local Authority Social Work sends IRD notification email to Health and Police.
- 5.3.** The IRD notification template will indicate:
 - The name and date of birth of the adult and other significant involved people.
 - The reason an IRD is occurring.
 - A request to Health to set time/date for IRD to occur. The target will be for the IRD to occur within 48 hours of the notification being sent.
- 5.4.** The Local Authority Social Work Team responsible for the IRD will check electronic files and contact any SW professional (currently involved – both community and acute services) to establish if there is any additional information held that supports the adult protection IRD process.
- 5.5.** The Local Authority Social Work Team will gather information from any other required professional or non-professional which would support the IRD discussion e.g. Care Inspectorate, Housing, Office of the Public Guardian, 3rd Sector organisation, carer.
- 5.6.** Upon receipt from the Health IRD Responder of a date/time for the IRD, the Local Authority Social Work Team will send joining instructions to IRD participants for the IRD meeting. The IRD meeting will occur by telephone or virtual conference and will last no longer than 20 minutes.
- 5.7.** The Local Authority Social Work Team will facilitate the IRD, sharing relevant information and take part in discussion around next steps.
- 5.8.** The IRD will:
 - Confirm immediate actions have been taken to make the adult safe in the short-term - if this has not occurred, an immediate protection plan will be agreed.
 - Identify and share relevant information, to determine if an ASP Investigation is required.

- Determine if a police investigation is required, if criminality is suspected.
- Establish what type of investigation is required (e.g. individual or large scale).
- Agree a lead for the investigation (ASP Investigation Lead) and establish involvement of other agencies.
- Agree a date for an Adult Protection Case Conference
- Decide what alternative (non-ASP) support and protective measures are required.
- Record the IRD in the adult's social work record. [This will document what information was shared and what actions will be taken as a result of the IRD.]
- Provide an IRD summary to health and police contacts. This will be provided within 24 hrs of the IRD.