



Interagency Referral Discussion (IRD)

Operational Procedure

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1. Introduction

1.1 This guidance is for operational practitioners with responsibilities for Adult Support and Protection (ASP) key processes in Forth Valley. This includes Forth Valley Local Authority Council Officers, NHS Forth Valley Nurses and Police Scotland Public Protection Unit Officers. This guidance is also for the supervisors and team managers in each service named.

1.2 It is good practice to share this guidance with the Care Inspectorate, Mental Welfare Commission, Office of Public Guardian, and Healthcare Improvement Scotland given their anticipated involvement in IRD where there is simultaneous inquiry and investigation linked to their scrutiny responsibilities.

2. Information Sharing

2.1 The support and protection of adults at risk of harm is everyone's responsibility and everyone's job. This cuts across all aspects of private life and professional business. We all have a responsibility duty, individually and collectively, to protect vulnerable people in our communities.

2.2 Existing legislation, including the General Data Protection Regulations, does not prevent sharing and/or exchanging of relevant information where there is belief or concern about the protection of adults at risk.

2.3 The Act specifically allows for disclosure of information with or without consent where a person knows or believes an adult is at risk of harm. This information should be shared only with those who need to know, be proportionate to the harm it will prevent, and be relevant to the concern. More detailed information on information sharing is available in the [ASP Code of Practice](#) pages 34 – 39

2.4 In addition, Forth Valley has an Information Sharing Agreement for Interagency Referral Discussion (IRD) which all partners have signed. This agreement was approved in April 2022 to support implementation of our shared electronic IRD database (eIRD) The eIRD process data flow is available in Appendix 1.

Why do we need to share ASP information?

Organisations need to share safeguarding information with the right people at the right time to:

- prevent death or serious harm;
- coordinate effective and efficient responses;
- enable early interventions to prevent the escalation of risk;
- prevent abuse and harm that may increase the need for care and support;
- maintain and improve good practice in safeguarding adults;
- reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse;
- identify low-level concerns that may reveal people at risk of abuse;
- help people to access the right kind of support to reduce risk and promote wellbeing;
- help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour;
- reduce organisational risk and protect reputation.

3. Duty to Cooperate

3.1 Several bodies have a duty to co-operate under the Act, [Section 5](#) . Health Boards and Healthcare Improvement Scotland, Police and Councils. Section 5 outlines a further number of service providers who contribute to the protection of adults at risk, including, The Mental Welfare Commission, Office of Public Guardian, and Care Inspectorate.

3.2 Bodies named in the Act have unequivocal responsibilities to cooperate with the Council undertaking ASP inquiries; to notify the council of an adult who may be at risk of harm; and to cooperate with others named. Other organisations who are not specifically named should also cooperate with ASP processes where requested, to achieve the best outcome for the adult(s) at risk of harm.

4. Inquiries

4.1 Inquiries under [Section 4](#) of the Act are carried out by the council's adult social work service and follow that council's adult support and protection procedures. An inquiry is used to gather information to determine if the person meets the [three-point criteria](#) and if any action is required to intervene.

4.2 The council should consult and work in partnership with other agencies and conduct inquiries to establish where there is a need for the use of investigatory powers and further intervention. This is where IRD provides strength to inquiries.

4.3 In some cases a Council Officer will conduct an inquiry with the use of investigatory powers (a visit, an interview with the adult, a medical examination of the adult, the examination of records) prior to IRD. This will be assessed on a case-by-case basis and relevant to the support and protection of the adult. An example of this type of risk assessment-based approach would be where there is some urgency to physically see the adult and provision interim safety planning prior to IRD.

5. Interagency Referral Discussion (IRD)

5.1 IRD's are a focussed part of the **inquiry stage** of our ASP Key Processes. IRD's are an effective process to support discussion to be held with relevant representatives from social work, health, police and any other partner agency with knowledge of the adult at risk of harm. The sharing of information between professionals/agencies supports shared decisions about the best way to proceed, including use of investigative powers and further immediate safety planning.

5.2 An IRD may be initiated by any of the statutory agencies in line with local ASP procedures. It is not a single/isolated event but should be the first stage of a series of discussions where information is reviewed, and a co-ordinated response agreed by the relevant agencies.

5.3 The '3 point criteria' applies to adults at risk of harm as defined by the act and those who may be 'likely' to be at risk of harm. An IRD can serve as a crucial multiagency assessment whereby the consideration of all the relevant information assists with decisions about ability to safeguard and the effects of any conditions and undue pressure.

5.4 The Legislation outlines that the overarching decision about the '3 point criteria' rests with the Council. Related to this a Council Officer should always lead any subsequent ASP investigation.

5.5 An IRD checklist is available at Appendix 2. This tool is designed to act as an aid memoir for participants and to promote consideration of a wide range of factors important to the support and protection of adults at risk at inquiry stage.

6. Harm Reduction Protocol IRD

6.1 The purpose of the Forth Valley Adult Care Harm Reduction Protocol is to ensure a joint response to 'adults in need' when those adults regularly come to the attention of services and where there is ongoing concern for their safety/wellbeing but where existing legislation or procedures may not apply to that person.

6.2 It encourages partner agencies to proactively share information and, when certain thresholds have been reached, to consider the arranging of an IRD to jointly assess risks and decide if risk management plans are required.

6.3 It is important that we have shared, clear and cooperative escalation practices across public protection. The [Forth Valley Adult Care Harm Reduction Protocol](#) sets these out and partners agencies must apply these for escalating concerns.

7. Large Scale Investigation (LSI)

7.1 Where an LSI is indicated the participants of the IRD need to have the necessary seniority to make this decision. The social work member should be in a manager position and the police member should be either the detective sergeant or detective inspector for Adult Protection.

7.2 At IRD partners may be discussing harm to an adult or adults which identifies the need for a complex and wide-reaching investigation. This approach requires considered planning and coordination. This is commonly referred to as a large-scale investigation (LSI).

7.2 A LSI would be indicated in a situation where a report received about an adult at risk gives rise to concerns that other adults are at risk have or may have been harmed:

- in a care home, hospital, or day care or
- in receipt of a service from a particular resource and
- were harmed by the same perpetrator(s) or
- where the nature or degree of harm or neglect raises questions about the standard of care and the possibility of multiple victims.

The protocol is also intended to assist where adults at risk are:

- living independently but linked by a common perpetrator

7.3 Where the decision at IRD is that a LSI is necessary the [Forth-Valley-Large-Scale-Investigation-Protocol](#) should be followed and a LSI planning meeting arranged.

8. Involvement

8.1 The IRD will take place between the Adult Social Work Service and the following core agencies:

- Police Scotland (Usually a Detective Sergeant or Detective Constable)
- A relevant health representative (Usually a nurse)

8.2 The Care Inspectorate should be consulted and/or involved when a registered care and support service is implicated/involved in the inquiry.

8.3 Healthcare Improvement Scotland should be consulted and/or involved where a NHS hospital/service, and/or independent healthcare service is implicated/involved.

8.4 There is a wide range of partner agencies who may hold important information that will assist decision making and this should be gathered and checked out by core participants prior to IRD.

8.5 The sharing of information and planning of approaches can be conducted by phone, electronically on TEAMS, or in person. It is important to be mindful of level of participation and timings, an IRD is not an adult protection case conference. The key consideration is that discussions take place as soon as reasonably practicable and in line with the support and protection needs of the adult(s) at risk.

8.6 If all participants are not available at the same time slot in the assessed timeframe, the initiating agency will coordinate a series of discussions with all necessary partners.

9. Initial Tripartite Contact

9.1 Adult Social Work Service will be the initiating agency in the majority of IRD's given they receive adult support and protection referrals and have a duty to make inquiries, including multiagency inquiries into these.

9.2 Police Scotland and NHS Forth Valley may initiate an IRD where they have recognised and responded to an incident or series of incidents which highlight that an adult(s) is at risk of or likely risk of harm. This is where more immediate discussion is necessary and the delay through making an adult support and protection referral to the Council would potentially cause detriment to the adult. Examples of the thresholds for these critical Police or Health initiated discussions include:

- The adult(s) is at immediate risk of harm
- An accumulation or escalation of concerns which indicate significant harm

- Complex situation(s) which require a multi-agency risk assessment / management plan

9.3 The initiating agency will contact IRD partners prior to creating the IRD on the system to carry out a 'sense check' and agree if an IRD is required.

9.4 All partners should keep up to date their directories to enable ease of contact between agencies, review and share these regularly and ensure they have the correct allocation of practitioners available to support timely IRD.

9.5 The designated eIRD single point of contact (SPOC) for each agency must ensure that their practitioners are trained in IRD, that this is refreshed at agreed intervals and that they have an active log in and are competent in the use of the eIRD system.

9.6 Council and Police users of eIRD must reset their Akamai Password every 30 days. If the password expires, Akamai Passwords can only be reset by the NHS ICT Service Desk – 03333 23 23 10

10. Initiating an IRD on the electronic system

10.1 Out with urgent situations and following the 'sense check' the agency initiating the IRD will do so prior to the discussion taking place. They will inform participants when they have populated the first 3 tabs on the electronic system (1. Adult Details, 2. Concerns and 3. Information Sharing)

10.2 Partners will then log on to the system to add their own additional information to these tabs prior to the discussion. This information should be recorded clearly, concisely and avoid any jargon. It is accepted that information may be copied from an agencies own database however this should be kept to a minimum and a concise summary relevant to the harm reported should be recorded. If you mention an individual by name, please state who they are, for example, support worker, neighbour, friend etc.

10.3 Participation and preparation are important factors which contribute to the quality of IRD's and thereafter the support and protection of the adult(s). Be prepared to:

- ✓ Review your agency's records for all involved adults – this is important.
- ✓ Include the adult at risk of harm, source of concern/alleged perpetrator and any others involved.
- ✓ Where known, provide an overview of the adults' conditions and circumstances and how these may be affecting them.
- ✓ Bring with you your professional knowledge and experience as a senior practitioner in your field.
- ✓ Analyse information shared, chronological data and participate in a shared risk assessment.
- ✓ Contribute to the discussion, analysis of risk and actions including when your agency doesn't hold much recorded information prior to the discussion, you still have valuable contributions.

11. Recording the discussion

11.1 The Risk Assessment and Decisions tab will be used by the initiating agency to record the risk analysis, protective factors, actions, and decisions. Rationale for decisions should be recorded and it should be clear who is responsible for each action and the timescale for completion of this.

11.2 It is important to record relevant to ASP legislation, for example:

- *Agreed Action – A Council Officer inquiry using investigatory powers will be conducted including a visit to and interview with the adult at risk of harm. This will be completed within 2 working days.*

- *Agreed Action – A Council Officer and nurse inquiry using investigatory powers will be conducted including a visit to, interview with and medical examination of the adult at risk of harm. This will be completed within 1 working day.*

- *Agreed Action – A Council Officer and police inquiry using investigatory powers will be conducted including a visit to and interview with the adult at risk of harm. This will be completed within 2 working days.*

11.3 Where at IRD stage a decision is taken that there will be a parallel criminal/Police investigation this does not negate the need for further inquiries including the use of investigative powers under ASP legislation by the council. A Council Officer will always lead on ASP key processes.

11.4 It is very important that actions and reasons for decisions are recorded timeously. This must be completed within 24 hours of the discussion.

11.5 Each adult must have their own individual IRD form in situations where a discussion is taking place about more than one adult at risk.

11.6 In addition, the IRD process and outcome should be recorded on each agencies database. This allows this information to be visible to practitioners who are not registered eIRD users.

12. Completion of actions

12.1 Each agency should update the eIRD to provide each other with progress towards and outcomes of actions. Where there is any delay with this the initiating agency should prompt partners for these recorded updates.

13. Partner updates

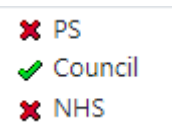
13.1 On the completion of investigatory actions and other actions partners will liaise to agree the IRD outcome, for example:

- No further adult protection action.
- Proceed to adult protection case conference.
- Further investigative adult protection actions.

13.2 A clear and decisive decision should be made aligned to adult support and protection key processes. A rationale for this decision must be recorded and agreed by participants following which each agency will use the electronic database to 'sign off' the IRD.

13.3 A quick way to observe which agencies have signed off an IRD is to review the 'complete' column on the eIRD form summary page. A green tick represents sign off with a red cross representing sign off is outstanding. The yellow triangle tells you that all partners have signed off the IRD.

ID ^{↑↓}	Type	Council	Agency Owner	Date Raised ^{↑↓}	Name	Actions	Locked By	Last Edited ^{↑↓}	Complete	Summary
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14. Managing Disagreements

14.1 From time to time despite good multiagency collaboration and cooperation in adult support and protection we might have disagreements. In these situations, it is important that operational practitioners work together to resolve these at this level. This may involve further discussions or face to face meetings.

14.2 Should this operational resolution activity not be effective matters should be escalated to the line managers in each agency to discuss and make decisions at this level.

14.3 It may be that operational partners identify that there are systems issues or practice issues which are common in disagreements. It is good practice to highlight these to the IRD review group at the earliest opportunity to enable guidance and direction to be given and in order that multiagency collaboration and cooperation is not affected.

14.4 There should be no delays in protective action resulting from a disagreement and the safety of the adult at risk of harm should always be the priority.

15. IRD Review Group

15.1 The IRD review group have a role in providing quality assurance to IRD's across Forth Valley. Managers from Social Work, Health and Police meet to review a sample of IRD's. This is to support operational quality assurance carried out on a day-to-day basis by team managers.

15.2 The Care Inspectorate provide a [Quality Indicator Framework](#) for adult support and protection key processes. 1.4 and 1.5 of this framework applies to inquiry and investigation. A *very good* IRD should involve prompt and cohesive multiagency inquiry. Please see Appendix 4 for detail.

15.3 The IRD review group will also assess the quality of IRD's looking at several other factors including:

- That the reason for holding the IRD appears the correct decision
- The IRD was timely and in keeping with the support and protection of that adult
- Who took part in the IRD is recorded
- Those involved are appropriate to the situation (and include SW, Police, Health and, if appropriate other agencies)
- The sharing of appropriate information at the IRD has happened.
- The rationale for decisions is clear.
- The decisions reached seem appropriate and reasonable to the situation and in keeping with the support and protection of the adult.

15.4 Following each review the IRD Review Group will identify areas of good practice and areas for continued improvement and share these with IRD participants and their managers.

15.5 The IRD review group will report the findings from quality assurance activity to the relevant Adult Protection Committee or subgroup on a 6 monthly basis, thereafter, agreeing actions to support continued improvement.

15.6 The membership of the IRD review group for adults includes:

- ASP Lead Officer, Falkirk
- ASP Lead Officer, Stirling, and Clackmannanshire
- DI Police Scotland Public Protection Unit
- Nurse Consultant, NHS Forth Valley

16. Closure of IRD

16.1 All core agencies are responsible for the closure of IRD's. This will occur in 2 ways:

- Through IRD review group activity
- Through single agency review once IRD outcome decisions and actions are agreed and signed off

16.2 The IRD review group will select open and closed IRD's for review to ensure that necessary oversight is given to IRD's closed using both methods.

16.3 A guide on how to close an IRD on the electronic system is available at Appendix 4.

17. Training

17.1 Forth Valley Adult Protection Committee's provide training for the intensive workforce responsible for our ASP Key Processes, this includes IRD. This training is for Social Work, Police and Health practitioners who either participate in IRD or support this process, for example, Council Officers. Training together in this Key Process is important for our cohesive practice. Training is available on a quarterly basis, is face to face and practitioners can enrol [here](#)

17.2 It is recommended that practitioners refresh this training every 3 years. This is mandatory for Council Officers.

17.3 In addition to IRD training, those registered and using the eIRD system must receive navigation training from their agencies SPOC for eIRD. This will be arranged on a demand basis and can be delivered on TEAMS or face to face.

18. IRD Practitioners Forum

18.1 An IRD Practitioners Forum is scheduled every quarter to support this Key Process, the practitioners responsible for it and our collective continuous improvement. This forum is open to practitioners across Forth Valley from adult and children's services.

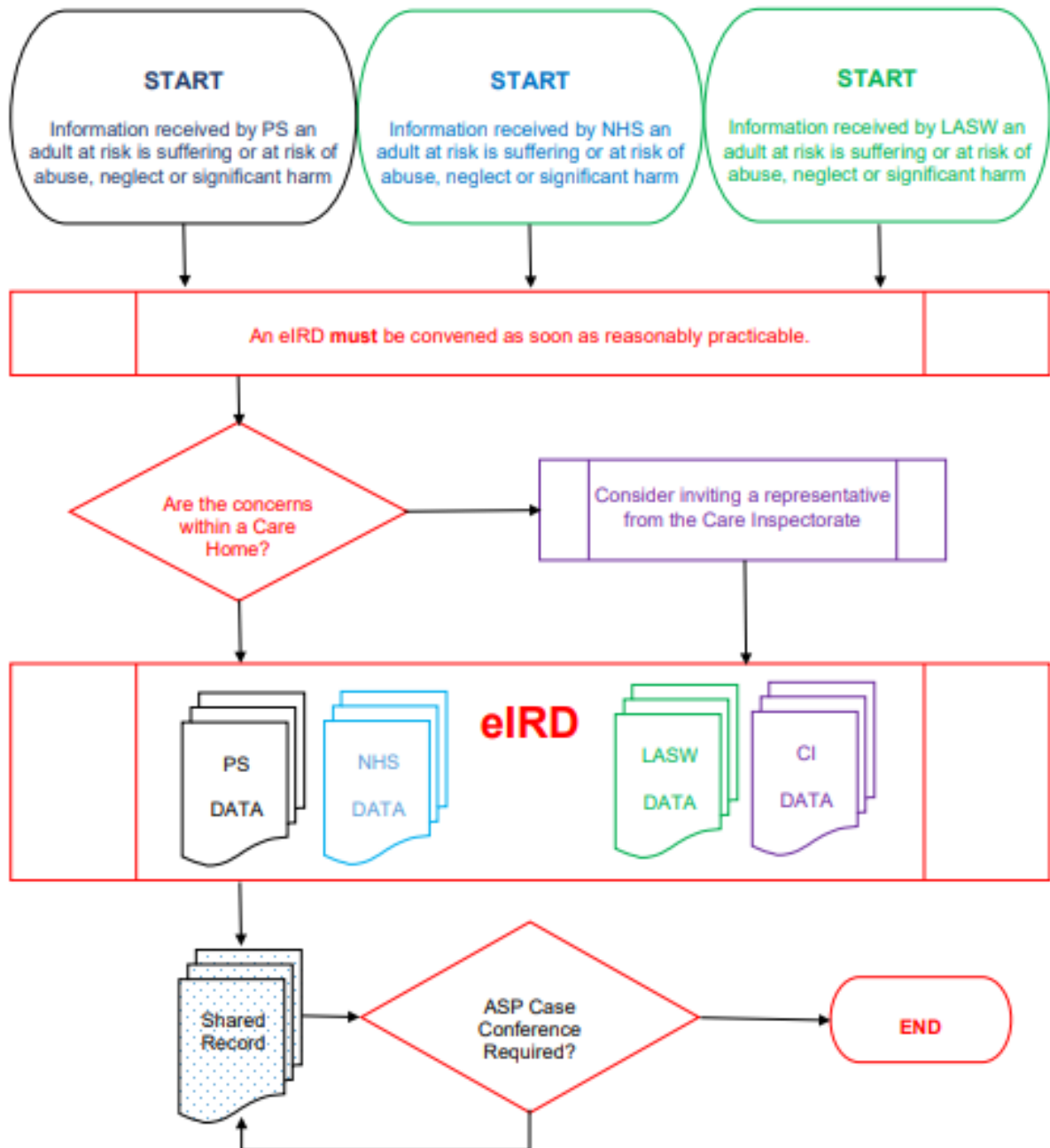
18.2 The forums are held online and are supported by members of the IRD review group. If you would like to receive an invitation for the forums, please contact your relevant member of the IRD review group.


19. IRD Steering Group

19.1 Forth Valley has an IRD Steering Group who are responsible for meeting on a quarterly basis to oversee IRD across public protection. This includes our inquiry process, continued eIRD implementation and use, learning and development in IRD and quality assurance.

20. List of Appendix

- Appendix 1 – EIRD Process Data Flow
- Appendix 2 – IRD Checklist
- Appendix 3 – IRD and Investigation Quality Indicators
- Appendix 4 – Closing and IRD on the electronic system

eIRD Process Data Flow – Adult Support and Protection (ASP)


AREAS FOR DISCUSSION AND CONSIDERATION	
Share all available information from referral and initial inquiry to assist joint, informed decision making.	
Establish what further information is required and detail this.	
Analyse risk and chronological information.	
To decide the timescales and the personnel to conduct further inquiry with use of investigative powers, including: a visit; an interview with the adult; a medical examination of the adult; the examination of records. (Always lead by a council officer)	
If a crime has or may have been committed Police Scotland will decide if a criminal investigation is required.	
Consider the evidence available, and how further evidence will be obtained including whether medical/forensic evidence is available and how further medical/forensic examination should be undertaken.	
To consider any wider Public Protection matters.	
Decide who should be interviewed, who will conduct the interview, what type of interview is required e.g., investigative interview technique, when and where this will take place and who will brief/debrief the staff involved.	
To consider whether any urgent action is needed to protect the adult(s) while the investigation takes place.	
Decided whether a large-scale investigation is needed if more than one adult may be at risk.	
Consider the adult's level of capacity regarding the concerns. Where there is any uncertainty about capacity to seek medical opinion on this and prepare the capacity screening tool.	
Where the adult has a Guardian or Power of Attorney to decide what powers/decisions they have and what role they might play in the investigation	
Consider if the adult will benefit from independent advocacy.	
Consider the possible need to use the Appropriate Adult Service for interviewing victims, witnesses, or suspected persons.	
Consider potential risks to staff through investigations.	

No Illustration	Quality indicator	What very good looks like	What weak looks like
1.4	1.4. We carry out prompt and cohesive multi-agency inquiries into adult protection concerns – including adult protection concerns related to regulated services - which competently determine whether to proceed to a full investigation. And any other measures to protect and support the adult at risk of harm.	1.4.1 We carry out all key adult protection processes timeously. We carry out prompt and cohesive multi-agency inquiries into adult protection concerns – including adult protection concerns related to regulated services - which competently determine whether to proceed to a full investigation. And any other measures to protect and support the adult at risk of harm are considered.	1.4.1 There are often delays in our execution of key adult protection processes. We often delay carrying out inquiries about intimated adult protection concerns. This has the potential for serious adverse impact on adults at risk of harm. Sometimes initial inquiries are not competently carried out. This includes inquiries about adult protection concerns related to regulated services. Adults at risk of harm might remain unsafe and unprotected.
1.5	1.5. We carry out competent, prompt, multi-agency, in-depth investigations into adult protection concerns that correctly identify the way forward. These are timeously and fully recorded.	1.5.1 We carry out competent, prompt, multi-agency, in-depth full investigations into adult protection concerns that correctly identify the way forward. These are timeously and fully recorded. And the rationale for key decisions is recorded. Clear arrangements – which are widely understood by staff – are in place for multi-agency consideration of the findings from our adult protection investigations.	1.5.1 Full investigations of adult protection concerns can: <ul style="list-style-type: none"> • <i>be subject to delays</i> • <i>not involve all the relevant partners</i> • <i>lack rigour and competency in respect of how they are carried out</i> • <i>not identify what needs to be done to ensure that the adult at risk of harm is safe and protected</i> • <i>lack multi-agency consideration of the investigation findings</i> • <i>be sparsely or inaccurately recorded</i> • <i>be subject to unacceptable delays in the recording of adult support and protection investigations.</i> • <i>not record the rationale for key decisions.</i>

An IRD must be closed at Manager Level, who is on the IRD Review Group. The reason behind the level of management is so IRDs can be reviewed transparently. If there are any issues arising from the IRD, the manager can speak to the staff concerned.

An IRD can be signed off during an IRD Review Group meeting, or by the initiating agencies manager who sits on the review group.

1. Go into the 'Open' IRDs list.

2. Once all of the agencies have signed off their respective areas this symbol appears  which means it is ready to either be discussed at the next IRD Review Meeting or closed by the initiating agencies Manager, once they are satisfied it can be closed.

3. Go to 'Edit' option the IRD that requires to be closed.

4. Review the IRD content, then move to 'IRD Outcomes'

5. Scroll down the page and you will see the participants who have signed off the IRD. An IRD can only be closed once all agencies have signed it off.

Sign Off			
Agency:	Name	Location	Telephone Number
Social Work:	Ms Margaret Lewis	kilncraigs	07805 821096
Police:	<input type="text" value="DC Daniela Macdonald"/> Sign as me	<input type="text" value="PPU Larbert"/>	<input type="text" value="01324 574929"/> Clear all
Health:	Mrs Louisa Power	NHSFV CP Unit	01786 477420
Decisions/Actions Agreed:	<input type="text" value="--Select--"/>		

6. If it has been discussed at the Review Group then a comment can be made accordingly. Otherwise the manager clicks on the "Closed by Review Group" button.

Decisions/Comments of IRD review		
		Search: <input type="text"/>
Description	By	Created
Date & time of discussion not completed. Information Sharing: Education Rep details not completed. Review information relating to SW support and concerns re lack of resources noted. Follow up by Police noted on VPD by DI Wilson should have been captured on IRD.	Mrs Lorna Hood, NHS Forth Valley	02/03/23 12:23 PM
		Previous 1 Next

Closed by IRD review group

Note: To complete an IRD