

APPENDIX 11

ORGANISING AND CHAIRING AN INITIAL REFERRAL DISCUSSION

1 Initiating the Initial Referral Discussion

When a referral is made to the Community Care Services Local Authority Social Work Department expressing concern that a person may be an adult at risk then the relevant social work Team Manager will:

- immediately assess the information provided
- consider the above alongside any other information they have immediate access to and discuss with Service Manager whether or not the person may be at risk of significant harm and, therefore, whether an initial referral discussion should be convened.

If it is decided that an initial referral meeting should take place, this should happen in accordance with this guidance. If it is decided that an initial referral meeting is not required, then this must be recorded, with the reasons stated. The person who receives notification of the concern must contact the person who relayed that concern, explain the decision reached and suggest alternative action that might or will be pursued.

When an initial referral meeting is to be convened in the case of a person already involved with social work, the staff already involved from that and other agencies shall come together at an initial referral meeting to consider the additional concern now made known and decide what, if any, further action may be required.

When an initial referral meeting is to be convened in the case of a person not known to social work, the staff member who received the concern, along with the allocated Council Officer and their Team Manager should come together at an initial referral meeting to consider the concern made known and decide what action may be required.

2 Timing of an initial referral meeting

How quickly an initial referral meeting is convened after a concern is expressed is a matter for professional judgement on the part of the Service Manager involved. The factors he or she will have to balance are the need to act quickly, the time required to gather information and how quickly relevant people can be brought together. The overarching consideration must always be the need to act to protect a person from significant harm.

In normal circumstances, it will be desirable to have complete information upon which they base joint decisions, and there may be occasions when the core agencies need to make decisions informed only by the incomplete information available to them at the time.

If the initial information suggests the person is at immediate risk of significant harm, then the timing of an initial referral meeting must reflect this even though all the initial referral meeting will proceed with only the core agencies in attendance. Such an urgent meeting should also address the requirement of investigation planning.

It is also possible that, due to the urgency of the situation requiring immediate action to protect an adult, the initial referral meeting (Debriefing) process commences after the safety of the person is secured. Whether this is the case is a matter for professional judgement on the part of the Social Work Team Manager and Service Manager involved at the time.

However, in all cases, an initial referral meeting must be held within 5 working days of the decision to call it unless there are extenuating circumstances, in which case the Service Manager may agree a longer timescale. He or she must record the reasons for this in the Detailed Record and in the minute of the initial referral meeting when it is held

Attendance at initial referral meetings

The initial referral meeting is a key part of the adult support and protection process and there is a duty on those with information and responsibilities in the process to fully participate and understand their role and contribution.

Not every person who provided information may be required to attend. Agencies that have current, direct involvement with the person and/or other connection to associated children or adults should be present. The Service Manager responsible for initiating the process must decide whether other providers of information should be present to provide interpretation or analysis of the information provided.

In some circumstances, it may not be possible for all of these to attend within the timescale the circumstances demand. When this is the case, arrangement should be made for as much information as possible to be shared. Participation via telephone conferencing or the submission of written information by e-mail or fax are alternative ways in which an agency representative can contribute.

When an adult, against whom an allegation is being made, is a member of staff of a service involved in care, health, public protection or education services, then a senior manager of that agency or service should be asked to attend the initial referral meeting. This will allow them to consider any personnel matters that may require their attention.

If Police have been involved in the referral, or it is alleged or suspected that a crime may have been committed - police should be informed of the initial referral meeting and an invitation extended for their attendance where appropriate.

3 Decision Making at an initial referral meeting

An initial referral meeting will make and record decisions on a number of issues including:-

- the need for immediate legal measures (see Appendix 14 - Protection Orders);
- the setting of clear timescales and sequence of actions, with roles and responsibilities assigned to named individuals. This will include coordinating actions; e.g. visits, contacts and feeding back outcomes of these to each other;

- whether the appropriate action is to continue intervention under Adult Support and Protection procedures and conduct an adult protection investigation, or in cases where an investigation is not required, to recommend an adult protection case conference;
- what alternative action is appropriate if Adult Protection Procedures are not to be followed; e.g. referral to another part of Community Care Services (e.g. Home Care); referral to another agency or no further action;
- how to secure additional information and who is responsible for doing so, how that will be shared between meetings of those involved, and how actions might be modified in the light of such information;
- the risk to any other adults and/or children connected to the person in question;
- consideration of any matter of consent from Guardians (if necessary), who is to obtain this and how;
- the provision of information and support to the person and their family/carers during and after the adult protection investigation

All decisions made an IRD must be minuted with details recorded, along with a summary of the discussion as consideration that led to the decision being made. This record should be provided to each person attending, those who were invited to attend but could not do so and to those who made a contribution by some other means; e.g. submission of written information, etc.

There may be cases where a cluster of concern has been noted and considered and there is no need to carry out further investigation, neither for legal purposes nor to further inform the assessment. In such circumstances the initial referral meeting can recommend to the appropriate Service Manager that the case should proceed directly to an Adult Protection Case Conference.

Those involved (including any professional involved but unable to attend the initial referral meeting) will act as core group for the purposed of the interim protection plan and **collectively** carry the responsibility of implementing and monitoring the implementation on the plan.

If the Service Manager decides against convening an adult protection case conference, he or she must specify how the interim protection plan is to be managed beyond the time of his/her decision.

When the initial referral meeting has decided to pursue an adult protection investigation, then it must agree **actions with timescales** to protect the person during the investigation and up to the time of any adult protection case conferences that may be arranged. Action may develop and change as the investigation proceeds. If so, those directly involved with the adult and cares/members of the family should be part of the decision-making, implementation and management of the interim protection plan.

4 Resolving Disagreements

If a referrer disagrees with the decision of the core agencies not to convene an initial referral meeting, then that person should request that the relevant Service Manager, liaise and make a binding decision.

If those involved in an initial referral meeting process disagree with the decision of a Service Manager about whether or not to convene an Adult Protection Case Conference, the matter should be referred to the Head of Community Care Services in the Social Work Department, who shall consult with the senior Police and Health colleagues and make a binding decision.

5 Feedback to the Referrer

Whoever expressed the concern needs to know that they will receive feedback on the outcome. The responsibility to provide feedback rests with the person who received the information in the first place.

The purpose in providing feedback is not only to assure the person who expressed the concern that action has been taken, but so that they can play an appropriate role in supporting the person or family. Whilst action to secure the safety and well-being of the adult is the priority, there should be no unnecessary delay in ensuring that feedback is provided. The timing and nature of the feedback must take account of the role and status of the person to who it is being given. Data Protection legislation requirements and principles must be applied.

The person providing the feedback should ensure that the fact that it has happened is recorded in case records. The same person must ensure that the principles of *Information Sharing* have been explained to the adult and his or her family/representative/guardian.

6 Information to the Person and his/her Carers

The provision of information to the person and those caring for him or her about what is happening, why and what is going to happen next must always be a central part of planning and action. Not only do these people have a right to be informed, but appropriate information sharing and involvement by those most directly affected is likely to lead to a more effective engagement and a better outcome for the person.

If a carer is believed or suspected to be responsible for any significant harm that the adult may be suffering, then particular attention must be paid to what information can be shared with him or her. However, intervention should proceed on the basis that sharing information does lead to better outcomes and make decisions accordingly.

The plan resulting from an initial referral meeting and any updates to it as the matter progresses must set out what information is to be shared, with whom, when, by whom.

7 Harm by Organised Networks and/or cases involving Multiple Victims or Perpetrators

In cases involving multiple victims or perpetrators or when there is a suspicion that harm might be happening within an organised network, all that is stated

above applies. In such cases, it is particularly relevant that management of the decision-making process and of the conduct of any adult protection inquiries is clearly established, agreed and recorded. Senior Officers from Tayside Police and the Social Work Department should be involved in the initial referral discussion. The command structure for the inquiry should be agreed, as should the time frames and formats for update and review meetings during the course of the inquires.

Recording also assumes particular importance in such inquiries. Other agencies should be guided by Tayside Police in relation to the collation and analysis of information, given their expertise in gathering, storing and handling intelligence, and access to such resources as the Scottish Intelligence database (SID).