

**Fife Health
& Social Care
Partnership**



Reporting Harm, Inquiry and IRD

**Aide Memoire for Social Work Contact Centre
and Assessment and Care Management staff**

Fife Adult Support & Protection

www.fifedirect.org.uk/adultprotection



Indicators of harm and harmful situations

Shared living situations:

The risk of harm may be increased from staff and other service users in shared settings.

Challenging behaviour:

Communication difficulties and learning disability.

Social isolation:

Harm can occur in socially isolated settings because there is the opportunity to keep the harm hidden; the presence of others can lead to intervention and sanctions.

Carer issues:

Harm can occur where the carer has additional pressures, whether unintentional or wilful.

Undue Pressure:

An act of persuasion, coercion or threat that deprives the adult of freewill. The adult may be the victim of undue pressure due to the trust relationship that is required in supportive relationships, and may not be aware that undue pressure is influencing their decisions.

Who is an adult at risk of harm?

Any person aged 16 years or over who:

- Is unable to safeguard their own wellbeing, property, rights or other interests;
- Is at risk of harm; and
- Because they are affected by disability, mental disorder, illness, physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected. (Section 3.1)

All three elements must be met. For example, having a particular condition does not automatically mean that the adult is at risk of harm.

The Adult Support and Protection (Scotland) Act 2007 (the Act) (section 53) outlines harm as all harmful conduct, in particular, physical, psychological, financial and self-harm. The Act also is not limited in its use to people who lack capacity; having capacity is not a barrier to support and protection under the Act.

Young adults aged 16-18 may also be subject to child legislation, indeed for individuals who have been “looked after” there may be provision until 25. Reports of harm for young adults must be progressed with this in mind.

The Act references that an adult is at risk of harm if:

- Another person's conduct is causing (or is likely to cause) the adult to be harmed, or
- The adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm (section 3.2)

The Act also differentiates between Harm and Serious Harm. Serious Harm can be an accumulation of events, both acute and longstanding.

Consider:

- The nature, degree and extent of harm
- The duration and frequency
- The degree of threat and coercion
- The impact on the person

Identification of serious harm provides increased powers to address the circumstances if necessary.

Duty to report and the Reporting Harm Protocol

As an employee of the local authority you have a duty to report when you know or believe that an adult is at risk of harm. Fife Reporting Harm Protocol outlines the key steps.

Where you have been working with an adult for a while it is possible to miss the significance of changes in their presentation, with a corresponding increase in risk. It is important to recognise and report harm even if there is continuing care in place. **Report and share the risks.**

Inquiry

Every report of harm referral, must be subject to an Inquiry (Section 4). The purpose is to establish if the adult referred meets the criteria and that there may be a need to intervene.

The Inquiry will consider the adult's wellbeing, property or financial affairs and is an assessment of the circumstances and an assessment of risk.

Every Report of Harm, whether in a cluster or over a more extended period of time, must be subject to Inquiry:

- to take account of the cumulative nature of some harmful circumstances, or
- to assess increasing risk, or
- to check if an adult, who has previously refused support and/or protection intervention, may now wish to engage

Some agencies have referral forms to convey more than one type of referral. You may need to confirm the status of any report of harm referral by reading the detail on any information and by checking with the referrer, because the headline given may not convey the status accurately.

Inquiries will be proportionate to the circumstances presented.

Others may hold pertinent information, or should be made aware of the report of harm, particularly if the adult has a current protection plan.

Where the adult is not already known to the service, seeking views of other agencies and sharing information about the report of harm to build an assessment is important.

Occasionally, the degree of risk or urgency of response will require the Inquiry to be superseded by an Investigation (Visit and Interview). There is still a need to plan with relevant partners to ensure that account is taken of all considerations. Use the Inter-agency Referral Discussion (IRD) process/template to record the plan.

Repeat referrals? Start a chronology and populate with previous reports of harm, decisions reached and any actions offered/taken to date.

You must confirm that each criterion is met or not and why (evidence).

For some individuals it may not be possible to establish whether one or more of the criteria is or is not met. The outcome of this would be “not established”. This will require progression to a Visit and Interview.

1. Unable to safeguard own wellbeing, property, rights or other interests

The first criterion is not defined beyond this in the Act. The Act’s Code of Practice provides some useful information on how to approach it. You must consider the whole of the adult’s circumstances before reaching a conclusion.

Where one type of harm is present, there may be others.

”Unable”- lacking the skills, means or opportunity to do something. Having capacity does not automatically mean that an adult is able to safeguard themselves.

2. At risk of harm

The second criteria: it is necessary to identify a source or type of harm/s the adult has been, is or is likely to be exposed to. It is not necessary for harm to have occurred for this criterion to be met.

3. More at risk than others because of an additional vulnerability

Mental disorder, Physical disability, Illness, Mental Infirmity or Physical Infirmity.

It is not necessary for the adult to have a mental disorder that would require compulsory treatment under mental health legislation for this criterion to be met. It may be that the impact of their mental illness is enough to impede their ability to safeguard themselves.

There are many individuals in receipt of care and support, often in regulated care settings, for whom criteria 1 and 3 are permanently met.

Mental and physical infirmity are often associated with age but may also apply to younger individuals who are more vulnerable to harm than others but don't have an illness, physical disability or mental disorder.

Where the decision is that the adult is not an adult at risk of harm your recording will clearly demonstrate how you have arrived at this conclusion.

If there are children or others for whom the adult has caring responsibility you must also take account of any risk to which they may be exposed to.

Where the criteria are met you will need to consider how you will inform the adult if they are not already aware of your involvement.

Problematic alcohol and drug use

Temporary problematic alcohol or drug use alone does not mean the adult is at risk of harm. BUT, this issue may co-exist and on occasion contribute to a physical or mental illness or condition such as alcohol related brain damage.

This co-existing condition may render the adult at risk of harm.

Interagency Referral Discussion (IRD)

While the duty to Inquire is embedded in legislation, an IRD is not. However, it provides the mechanism through which the Inquiry is conducted. The IRD template provides the means to evidence Inquiry, the conclusions reached and plans for next steps.

Involve other relevant agencies in your inquiries, including the referring agency.

Share sufficient information from the report of harm plus any relevant and proportionate additional related information in records.

The agencies contacted should provide you and the others involved with relevant information they hold on the adult in question. This information exchange provides the basis for the assessment of whether the adult is at risk of harm, covered earlier.

Public bodies named in Act have a duty to cooperate with each other to support Local Authority Inquiries.

GPs are not named in the Act. There is guidance outlining how GPs might support Inquiries under the Act.

An IRD is not a one way stream of information, but an exchange of relevant information between relevant others. The legal basis for this is covered in Section 5 of the Act.

Give consideration to holding IRD meetings, either virtually (conference calls) or in a suitable venue. This is particularly relevant where the harm/circumstances reported are complex and/or serious or where there have been multiple referrals.

Where IRDs are undertaken via a series of phone calls the responsibility for accurate and proportionate information sharing will rest with the social worker.

The IRD purpose is to:

- Share relevant information and jointly analyse the risk/s, including if the harm is serious
- Consider whether a crime has been committed
- Consider and agree any immediate protective measures
- Establish whether there is a need for an investigation and agree plans for doing so
- Consider whether a Large Scale Investigation is required
- Consider access to advocacy and other supportive measures **(a duty once three-point test is confirmed)**

Fife ASPC Information Sharing Protocol lists all agencies who are signed up to share pertinent information and to cooperate, and the legal basis under which this can occur.

Depending on the outcome, the next steps will vary:

If the adult is at risk of harm:

- The adult will be offered a supportive and/or protective intervention under relevant protective legislation.
- Consider a case conference.

If the adult is not at risk of harm or one or two of the criteria are met:

- Consider an offer of advice or assessment for services under eligibility criteria or review of any service in place to ensure it takes account of the recent report of harm referral.

An adult at risk who refuses intervention increases the risk. Inter-agency agreement on how to address provides a defensible position and ensures agencies will be aware of the circumstances should the adult come to the attention of services again.

If the criteria is not established or not fully established or the circumstances suggest that despite the criteria being met there is a need for more information (the views of the adult, the home circumstances, access to records etc.):

- Visit to and Interview of adult under section 7 of the Act in order to establish if the adult is at risk or undertake other investigative steps under this section (Medical examination, Examination of records, Protection Orders)

Where the information gathered and the views of all are that the adult is not at risk of harm and not assessed as currently in need of services, or all necessary action was taken at point of referral:

- No further action beyond recording the decision and why.

For any referring agency which has not contributed to the IRD use the agreed feedback paperwork.

An Inquiry/IRD should be concluded and feedback provided within 5 days of the report of harm referral being received.

A decision to take no action when accompanied by a considered rationale is an appropriate response. Be sure, however, that any safeguards you believe are in place actually are, and are known to the relevant parties and agreed to.

Send on the completed IRD template to those agencies who have contributed to the IRD.

Be clear about any actions you wish them to take.

The template has the generic email addresses of NHS, Police and Fire Service for ease.

**ONLY SEND TO THOSE AGENCIES
WHO HAVE CONTRIBUTED**

Next Stages of the ASP Process

- 1 Visit
- 2 Interview/s
- 3 Medical examination
- 4 Examination of records
- 5 Council Officer report
- 6 Initial Case Conference
- 7 Review Case Conference

The next stages are laid out in full in the Social Work ASP Procedures and Inter-agency ASP Guidance.

Information to support communication with the adult can be found at:
www.fifedirect.org.uk/adultprotectioneasyread