Multiagency Escalating Concerns Protocol

Management Information

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1. Introduction

1.1 The purpose of this protocol is to ensure the protection of Adults at Risk of Harm (AARH) across Falkirk, and in particular those adults who repeatedly come to the attention of partner agencies at times of high risk behaviours, distress and crisis.

1.2 Where an adult is considered to be at risk of harm by partner agencies and the '3 point test' is indicated or likely indicated, details of the individual and the circumstances which give rise to these concerns are recorded on a Multi-Agency Adult Protection Referral Form (AP1 Form) or a Vulnerable Person's Record (VPR) in the case of Police Scotland. These reports are shared with Adult Social Work Services and should be done so in a timely manner.

1.3 All adults have a right to live dignified independent lives free from harm, regardless of their age, disability, gender, illness, race or culture. The increasing number of adult protection incidents within our society emphasises the need for coordinated and committed action to ensure that adults who are at risk of harm receive early, effective and appropriate support and protection.

1.4 The Adult Support and Protection (Scotland) Act 2007 imposes significant requirements for partner agencies to accurately record and share information and work effectively across organisations to ensure necessary measures of support and protection are afforded to AARH.

1.5 Falkirk Adult Support and Protection Committee has strategic oversight of the Multi-Agency arrangements in place to support AARH and these are documented within ASP guidelines, protocols and procedures. You can find these here

1.6 This protocol does not replace existing procedures for protecting AARH, but seeks to complement these by identifying those persons at risk of ongoing harm where the application of legislative criteria is not immediately clear or agreed. It is intended to make sure that partners apply professional curiosity, prevention and inclusive practice to minimise that risk through a partnership problem solving approach. It is intended that this protocol will enhance existing practices by developing a more robust response for AARH who frequently come to the attention of partner agencies and where escalation is indicated. The Adult Care Harm Reduction Protocol sets out 2 escalation thresholds and should be read in conjunction with this protocol. You can find this here

2. Definitions

2.1 The Adult Support and Protection (Scotland) Act 2007 section 3(1) considers an "Adult at Risk" to be persons over the age of 16 who:

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

2.2 The definition is known commonly at the 'three point test'. All three factors must be met for an adult to be considered an AARH under the Act. The presence of a particular condition does not constitute this. It is the whole of a person's particular circumstance that combine to make them more vulnerable to harm than others.

2.3 It may not always be possible to determine if an individual fits this specific definition. For the avoidance of doubt where any person is suspected to be an AARH under the Act by partner agencies they must be treated accordingly. An inclusive application should be adopted, the definition is wide and discharging the early stages of the ASP Journey will ensure robust inquiry, that adults are supported into the correct pathway at an early stage, avoid duplicate and unproductive work and improve the experience of adults living in Falkirk.

2.4 Conditions fluctuate and in turn abilities, external factors out with an adults control also change. It is important that whilst considering important historical and chronological information that previous application of the 'three point test' is not uniformly applied. Each assessment is unique and should be assessed as so.

2.5 An adult is considered to be an AARH under the Act 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.

2.5 "Harm" includes all harmful conduct and, in particular, includes:

- Conduct which causes physical harm;
- Conduct which causes psychological harm (for example fear, alarm or distress);
- Unlawful conduct which appropriates or adversely affects property rights or interests (e.g. theft, fraud, embezzlement or extortion);
- Conduct which causes self-harm

Note: This is not exhaustive and no category of harm is excluded simply because it is not explicitly listed. In general terms, behaviours that constitute "harm" can be physical, neglect, psychological, self harm, self neglect, financial, sexual or a combination of these. What constitutes serious harm will be determined on a case by case basis.

3. Scope

3.1 This protocol is designed for all adults within the Falkirk area who are identified as at risk of ongoing significant harm through their contact with partner agencies.

4. Principles

4.1 This protocol should be read as guidance only and cannot anticipate every situation. Anyone working with an AARH in a professional capacity should use their judgement to take whatever action is deemed necessary to protect and safeguard the adult, based on an assessment of risk for the individual.

4.2 Our joint aim is to identify those adults that are most vulnerable in our communities and to ensure they are afforded the appropriate measures of inquiry, assessment, care and support as early as possible. This includes adults whom the 'three point test' is not clear for however they remain at high risk of harm including engaging (or likely to engage) in conduct which causes (or is likely to cause) self-harm.

4.3 This will be achieved through improved inter-agency communication and information sharing regarding individuals who repeatedly come to the attention of partner agencies and are 'hard to reach' or 'hardly reached'. As outlined in the Adult Care Harm Reduction Protocol this will be a staged process based on agreed triggers in order that the appropriate level of response is afforded to escalating concerns.

5. Procedures for Adult at Risk

5.1 All agencies will continue to respond to incidents involving AARH under the Act in accordance with existing multiagency arrangements and Adult Protection Procedures.

5.2 Where an AARH is identified by partner agencies the details should be recorded on the aforementioned AP1 form or Vulnerable Persons Database forwarded to the relevant Social Work Practice Team for them to carry out their ASP duties including screening, inquiry and consideration of action.

5.3 Under the Adult Support and Protection legislation, Social Work have a duty to inquire into all situations where an adult is believed to be at risk.

5.4 Not all AARH referrals, however, lead to Social Services intervention under the ASP Act for a variety of reasons including:

- individual concerns/incidents being assessed at a lower threshold than that which would require intervention;
- remedial activity is carried out by the adult, their family or involved agencies
- individuals not meeting the definition of an Adult at Risk under the 2007 Act or
- concerns solely arising from or relating to suspected mental health issues which require medical treatment or intervention or Care Programme Approach.

It is important however that where ongoing risk is assessed that screening professionals can conclude with certainty that information has been shared with the appropriate assertive outreach agency for their prompt follow up and that all efforts have been made to assist the adult into support services. The Escalating Concerns Group will have responsibility for ensuring that effective information sharing and early and effective intervention is taking place across partner agencies.

6 Professional Curiosity

6.1 Professional curiosity is a combination of looking, listening, asking direct questions, checking out and reflecting on information received. It means:

- ✓ testing out your professional hypothesis and not making assumptions
- ✓ triangulating information from different sources to gain a better understanding of individuals and family functioning
- ✓ getting an understanding of individuals' and families' past history which in turn, may help you think about what may happen in the future
- ✓ obtaining multiple sources of information and not accepting a single set of details you are given at face value
- ✓ having an awareness of your own personal bias and how that affects how you see those you are working with
- ✓ being respectively nosey

6.2 A lack of professional curiosity can lead to missed opportunities to identify less obvious indicators of vulnerability or significant harm, assumptions made in assessments of need and risk which are incorrect and lead to wrong intervention for individuals and families.

6.3 When receiving and reviewing referrals the inquiring practitioner should apply professional curiosity by ensuring that any assumed follow up by other agencies is taking place or scheduled to take place proportionate to the risk identified. Where inquiry identifies that these arrangements are not in place steps should be taken to arrange and support these. Being certain of this involves making direct contact with the adult and referring partners.

6.4 A conversation needs to take place with the adult to make valid inquiries, listen and check out information. It may be that a signposting letter is sent out following conversations affirming recommendations or where a conversation has not be possible however this should not be the sole form of communication. We know that adults experiencing crisis often do not prioritise correspondence or may not even be staying at the address held on agency records. Again we need to check this out.

7. Procedures to Address Escalating Concerns

7.1 In order to ensure that adults who come to the attention of services at times of high risk behaviours, distress and crisis do not continually fall below intervention thresholds where no action is taken, the following procedure has been agreed so that partner agencies can effectively respond to ongoing or escalating concerns. It is important that single agencies agree and apply escalation thresholds and that these are well known by practitioners. A list of these can be found at Appendix 1.

7.2 Partners should be considering escalation when their escalation thresholds are triggered. At operational level this should include essential good dialogue between multiagency partners. This process is outlined in the Escalating Concerns Protocol Flowchart at Appendix 2.

7. 3 This dialogue and partnership working is an opportunity for professionals with a statutory responsibility towards an adult, where there are concerns regarding harm or risk of harm, to share those concerns and consider how best to respond to them. It will not always be the case that the adult will be identified as meeting the criteria for legislative intervention or other risk management frameworks. However if there is agreement that the adult remains at risk of ongoing significant harm an Escalating Concerns Case Conference can be considered and convened.

7.4 In some circumstances partner agencies can find it difficult to come to a shared agreement about which way to proceed. It is important that this disagreement does not result in no action or disjointed action. The Escalating Concerns Protocol can provide a clear avenue for collaborative resolution and/or escalating professional disputes and disagreement.

7.5 The overall objective of use of the protocol is to minimise the risks to the individual and any delay in this through a partnership problem solving approach. Consideration will be given to the full circumstances of the individual in order that the appropriate supports and pathways are identified including the offer of voluntary or third sector support where statutory intervention is not appropriate.

8 Escalating Concerns Case Conference

8.1 As outlined where the 'three point test' or other eligibility criteria does not apply/cannot be agreed, the risk of significant harm is ongoing and previous risk management plans have not reduced presentations of high risk behaviours, distress and crisis single agencies should consider convening an escalating concerns case conference. This is an opportunity for partner agencies to collaborate, share information and provide a more in-depth risk assessment. Doing so will allow the development of shared multiagency risk management plans. These may include a degree of scenario planning whereby the adult and services are clear on risk scenarios and where to seek the correct care and support. Developing a clear plan which is shared will be helpful to the adult, their family and all partners. Please see Appendices 3 -6 for the stepped approach checklist and documentation for convening an escalating concerns case conference.

9 Coordination and recording of Information

9.1 An Escalating Concerns Case Conference should be arranged within 10 working days of identifying the need for one.

9.2 It is the responsibility of the partner who has identified the need for escalation to coordinate and take a record of the meeting. A notification, including documents from the meeting should be sent to the following mailbox. AdultEscalatingConcerns@falkirk.gov.uk

9.3 The agency coordinating the case conference will be responsible for the recording, sharing and maintenance of agreed risk management plans.

10 Adult Participation

10.1 It is the responsibility of the coordinating agency to convene the case conference in a way that will promote the adults attendance and participation. This should include providing information about the protocol, applying flexibility and preparing the adult for attendance.

10.2 The adult may wish to have a friend, relative or other attend alongside them, this should be supported wherever possible.

10.3 Where an adult informs the coordinator that they do not wish to attend the case conference it should still take place and ongoing encouragement for participation maintained. Existing legislation, including the General Data Protection Regulations, does not prevent sharing and/or exchanging relevant information where there is belief or concern about the protection of adults at risk.

11 Escalating Concern Tools

11.1 This protocol was coproduced with adults who have experience of trying to access supports to recover from high risk behaviours, distress and crisis. They let us know 'What they valued most' during times of crisis and their experiences both good and bad when negotiating our care and support landscape. The following tools are the product of that coproduction and are shared to assist all involved.

11.2 The 'What I value most' tool was devised using results from a social media consultation with members of Forth Valley Recovery Community. These tools represent the things that adults locally value most and name as helping them recover from times of crisis. The tools can be used by professionals to think about assessment and areas of support however can also be used as a tool with the adult they are working with, asking what is valuable to them for example. Tools can be found at Appendix 1 and 2.

12 Quality Assurance

12.1 The Escalating Concerns Group will provide quality assurance oversight for escalating concerns. They will have a remit to:

- Improve multiagency risk assessment and management practice and interventions
- Ensuring that necessary effective information sharing is taking place
- Promoting good practice in this area including sharing examples of good practice that can be built upon
- Ensuring that those likely to have first point of contact with adults are sharing information effectively and applying good principles of professional curiosity
- Promoting the best model of multi-agency working for ensuring effective and early interventions
- Developing and maintaining the guidance required to support and embed effective multi-agency working
- Carrying out single and multiagency audit of escalating concerns cases
- Overseeing use of the escalating concerns protocol including quality assurance and reporting on this into public protection committees
- Receiving review requests of complex cases from operational teams

12.2 The group membership will include representation from: Falkirk Health and Social Care Partnership, NHS Forth Valley, Police Scotland, Housing, Third Sector, Scottish Ambulance Service and Scottish Fire and Rescue Service.

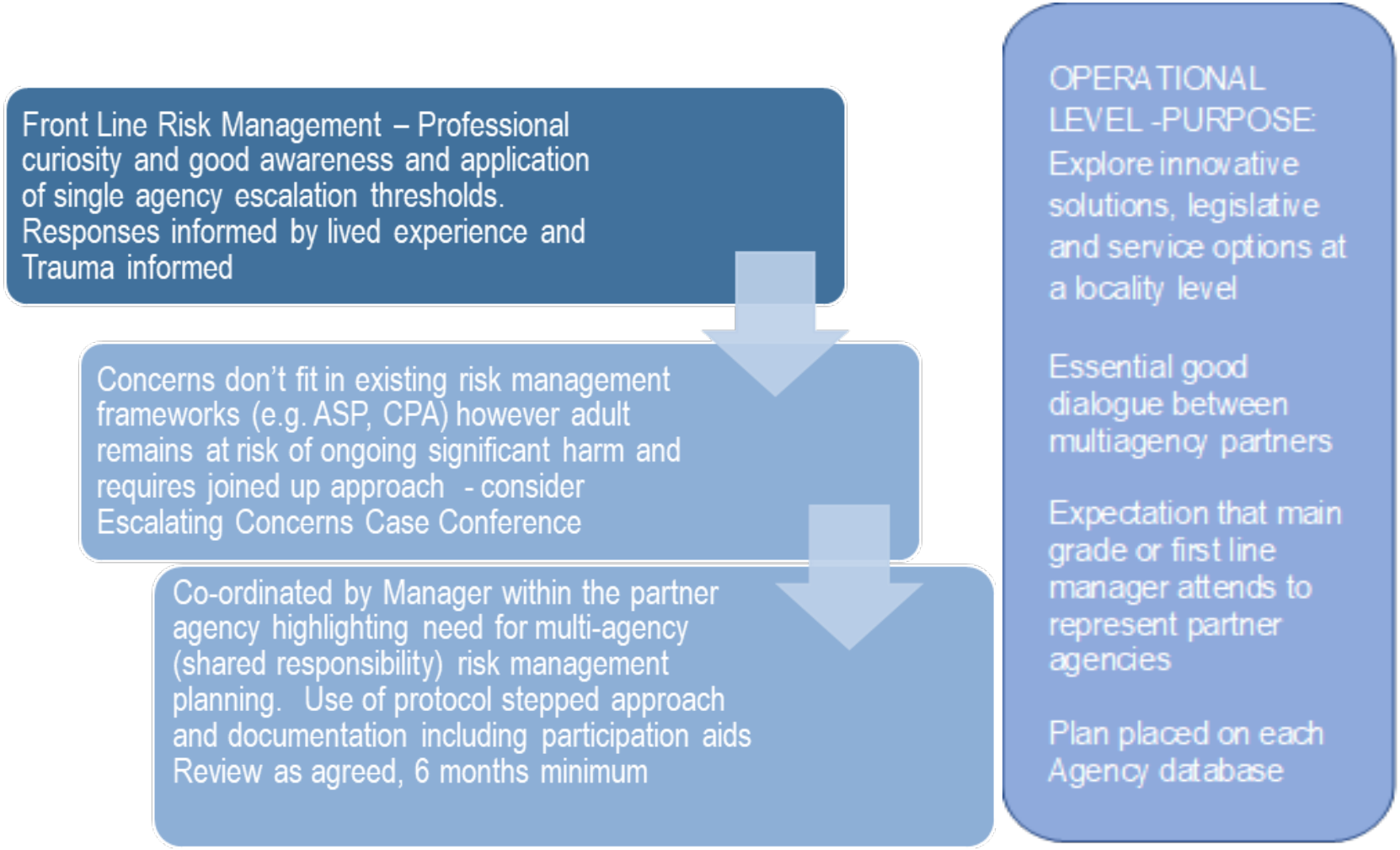
Appendix 1

Multiagency Escalation Thresholds

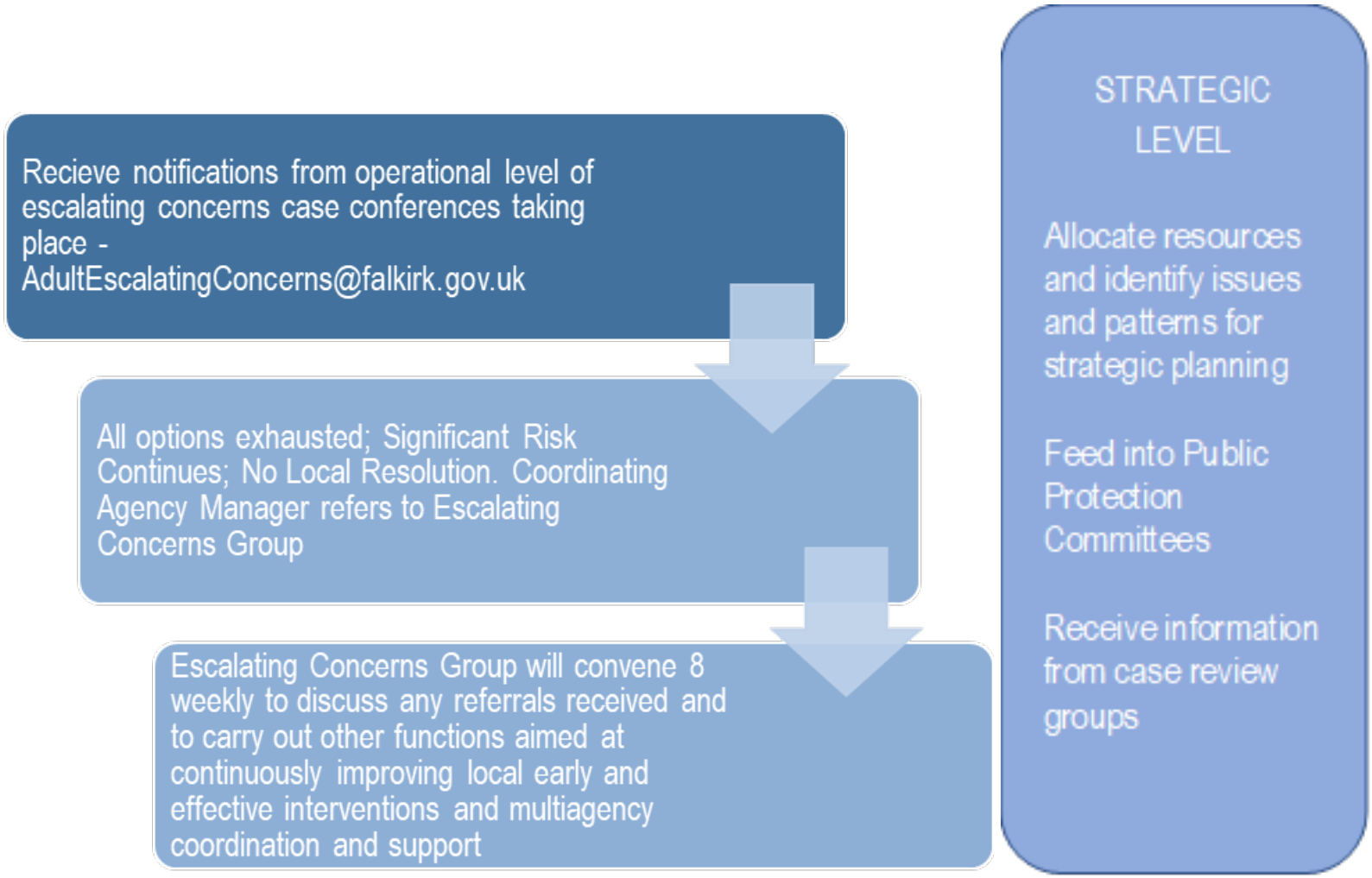
First Escalation Threshold	Second Escalation Threshold
Where an individual comes to the attention of any agency on three occasions over a 90-day period then this First Escalation Threshold is met	Where an individual comes to the attention of any agency on six occasions over a 90-day period the Second Escalation Threshold is met
Actions Required	Actions Required
In such situations the identifying agency must collate all available information that relates to risk and prepare an internal summary report which contains all available relevant information That agency must then notify the relevant Adult Social Work Services Duty Team and advise that this First Threshold has been reached. Where agencies agree the adult has met this First Threshold and where it is likely they are at risk and likely to come to the attention of agencies again then those involved should consider the need to hold an Inter-agency Referral Discussion (IRD) Where the decision is reached that an IRD is not required then each agency involved should make a note of this decision and the reasons for it and that the issue has been considered.	When this Second Threshold has been met the identifying agency must refer this matter to the Adult Social Work Services Team Manager On receipt of this referral, the Team Manager and referring agency will consider the case for holding an escalating concerns case conference for relevant managers/agencies to review the case. The purpose of this meeting is to ensure the ongoing/escalating concerns and risks are addressed at the appropriate level in each organisation and review of any actions agreed/undertaken at the IRD if held after the first stage escalation threshold had been met Where the decision is reached that an escalating concerns meeting is not required then each agency involved should make a note of this decision and the reasons for it and that the issue has been considered.

Appendix 2

Falkirk Escalating Concern Flowchart – Operational Level



Falkirk Escalating Concern Flowchart – Strategic Level



Appendix 3

Invitation to Escalating Concern Case Conference

Adults Name	Date of Birth	Address

Date of Meeting	Time	Venue

Coordinating Agency	Chair Person	Lead Worker

Invitation List

Agency	Name	Email Address	Attendance – Y/N

Appendix 4

Escalating Concerns Case Conference Report

(The following template should be used by the lead worker to provide attendees with an overview prior to the Escalating Concerns Case Conference. The report should be clear, concise and avoid any jargon)

Date:

Adults Name	Date of Birth	Address

Will the adult be participating in the case conference? (Y/N)

If the adult will not be attending please use the space below provide more details including any other steps that are being taken to aid participation

Section 1 – Background (provide a summary of rationale for application of the escalating concerns protocol)

Section 2 – Current Concerns and any immediate actions taken

Section 3 – Risk Assessment (provide clear information on the nature and level of risk/s, likelihood of recurrence, particular triggers or risky circumstances that heighten the risks and any protective factors)

Section 4 – Adults views and wishes linked to risk of harm

Appendix 5

Chronology of Significant Events Date:

Developing a multiagency chronology of relevant events can - help the adult and others involved to identify risks, patterns and issues - highlight seemingly unrelated events or information - aid understanding of the immediate or cumulative impact of events - improve sharing and understanding of information across agencies - inform decision making - help the adult make sense of their past/present - done effectively it keeps the adult at the centre

Date of Event	Brief Detail of Event	Agencies/People Involved	Outcome/Consequences for the adult

Appendix 6

My Shared Plan Date:

Risk Situation	Risk of harm	Things that help me in this situation	Other people that can help me	What kind of help

Appendix 7

'What I Value Most'

Appendix 8

'What I Value Most'

Escalating Concerns – A Guide for Service Users and Carers

What is an Escalating Concerns Meeting and what will it do?

An Escalating Concerns Meeting is a place where you can meet with all the people involved in helping you to get all the support you need, at the right time and in the right way. We asked people about their experiences of trying to get help and they let us know that it can be overwhelming and sometimes we aren't very joined up. This can make this difficult. We want to improve experiences by coming together when there are ongoing risks in people's lives so you can recover and live the life you want. Everyone will come together at a time that is good for you so you can explore all the local supports in your community, who can help and how they can help you get back control and focus on the things that you value and matter to you most. Everyone will be committed to supporting you with any risks in your life and making you feel safe and supported with clear routes to support when you need them.

Who Will Be Involved?

The people who can help you will be involved to support you to develop a plan that we can all share. Often this can be the people who have had recent contact with you. Below is a list of who may be involved however you can discuss this with the worker who is arranging the meeting.

• NHS Forth Valley – a doctor, nurse, GP
• Adult Social Work Services – a social worker, occupational therapist
• Police Scotland - Police Officer
• Falkirk Council Housing – a Housing Officer
• The Scottish Ambulance Service – a paramedic
• Other organisation – a support worker or manager
• Voluntary organisations – a volunteer or supporter
• Your family or if you have an informal carer (if you wish)
• Any other important person in your life who you want to be involved
Remember… Let us know of anyone else you feel should be involved

How Will The Support I Require Be Planned?

Sometimes getting an understanding of your recent and past history can help you and those involved think about what may happen in the future or how best to support you with your wishes about your future. We will look at a relevant timeline linked to the risks that you are experiencing and then create a shared plan together looking at things that would help and who can provide that help. We will write this in a plan and everyone will have a copy so we are clear on what matters to you most and how you would like to be supported.

If you have any other questions before your meeting please ask the person arranging it. The next page is a space to make some notes to help you prepare and list the things you want to discuss.

My Notes or List Date:

The Most Important things to me are:

1.
2.
3.
4.
5.

The changes I would like support to make are:

1.
2.
3.
4.
5.