Oxfordshire Safeguarding Adults Board

Oxfordshire Multi-Agency Procedure

Working with people who do not engage with services/or are deemed ineligible to receive services

The following guidance should be read as a supporting document in conjunction with the Oxfordshire Safeguarding Adults Board Oxfordshire Multi-Agency Safeguarding policies and procedures.

This version: Version 7 – October 2017

<u>Introduction</u>

Safeguarding and the prevention of harm are the responsibility of all agencies. This guidance does not change existing referral pathways for services.

This document provides guidance around practice relating to adults who because of their circumstances may have difficulties protecting themselves from harm, but do not meet the threshold for intervention by the Safeguarding Adults Team. The guidance builds on existing areas and examples of good practice in Oxfordshire.

People who fall within this category may include:

- Adults who may at risk of harm or exploitation due to their circumstances or other vulnerabilities e.g. age, social isolation

- Adults who are at risk of harm or victimisation due to their lifestyles or specific needs e.g. sex workers, homelessness, drug users, personality disorder

- Adults who repeatedly come to the attention of local services.

- Adults who go repeatedly missing.

- Care leavers who are over 18.

- Adult survivors of child abuse including child sexual exploitation.

If staff are unsure whether to follow this guidance for a particular case, a discussion, initially with their line manager, should take place and if appropriate with a member of the Oxfordshire Safeguarding Adults Team.

The procedure should be followed when or if any of these situations arise:

- All efforts to engage with the person have been exhausted and there remains a concern regarding the person's health and wellbeing, or risk to others.

- The person does not meet the criteria for services but the agency known to the individual has a concern regarding their ongoing health and wellbeing.

- The person does not meet any criteria for services but is known to professionals and come to the attention of local services repeatedly.

- A risk assessment has been undertaken which indicates the situation has reached a high level of risk (as determined by the individual agencies).

- Statutory powers if appropriate are being considered by the individual agency.

This guidance needs to be followed where there are concerns about the level of risk, and all other reasonable attempts to minimise this risk have failed.

Where there is believed to be any risk to children a referral **MUST** be made to the children's Multi-Agency Safeguarding Hub immediately. If during the course of

implementing the procedures the criteria for a safeguarding adults' referral are met a referral **MUST** be made to Adult Social Care.

Where there is a difference of opinion as to the appropriate route this should be escalated to the Safeguarding Board's Business Manager as per the Escalation Policy.

Aims Of The Guidance

- To intervene at an early stage and prevent the escalation of risk

- To improve outcomes for adults at risk who are not engaging with services.

- To develop a person-centered, multiagency coordinated response.

- For agencies to work in partnership and share information to ensure best outcomes for the person.

Responsibilities

1. Where a person is believed to be at risk but local authority safeguarding duties do not apply then other supporting agencies will have responsibility for considering and coordinating a multi-agency response[1].

2. Local authority safeguarding duties continue to apply to an adult who:

- has needs for care and support that cannot be met my universal or generic services (whether or not the local authority is meeting any of those needs), **and**
- is experiencing, or at risk of, abuse or neglect, **and**
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect
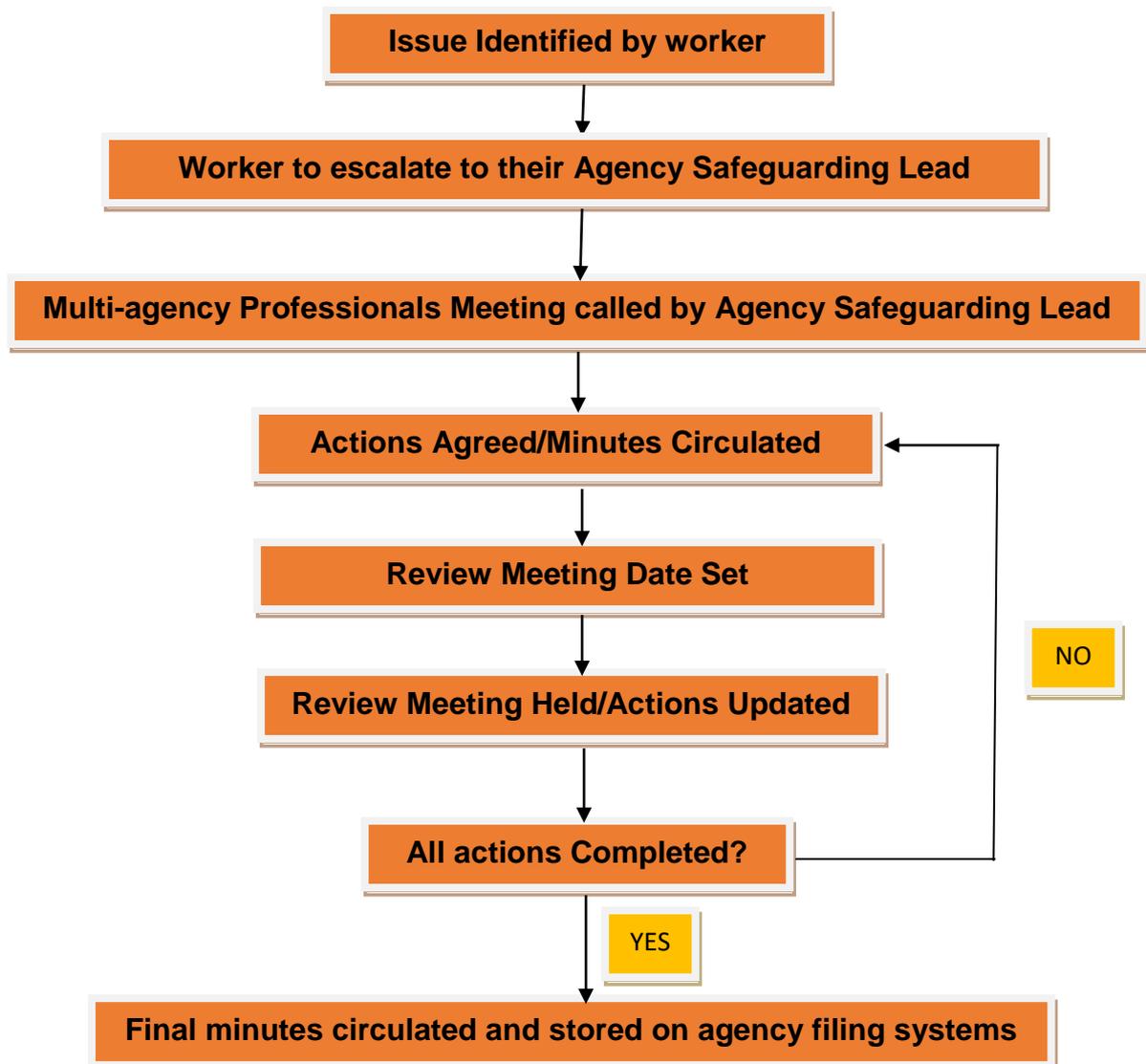
Factors to consider on using this procedure

- Internal escalation within your own agency must have been completed first before using this procedure.

- Information sharing by all agencies is implicit for this guidance. Consent should be sought to share information as per local information sharing protocol, unless to do so places the person or those around him/her at further risk of harm. If in doubt, please refer to the Oxfordshire Safeguarding Adults Board Information Sharing Protocol.

- It should be documented in the minutes of the meetings whether consent has been given and the rationale for sharing information where consent has not been given.

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[1] For further information, please refer to the Oxfordshire Safeguarding Adults' Board Threshold of Needs Threshold (http://www.osab.co.uk/professionals/multi-agency-procedures/).

- Throughout the process it is important that decisions and actions are accurately recorded, and a record made of those involved in the decision making process, including next steps.

- This is a multi-agency process and each agency is required to nominate a lead worker to agree actions and make operational decisions.

- If mental capacity has not been considered it should be as soon as possible.

- Have all existing processes been considered and tried and escalation within your own services been undertaken?

- Is there an existing multi-agency forum that may be appropriate for example MAPPA/ MARRAC?

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Procedural Flowchart

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┌─────────────────────────────────────┐
│       Issue Identified by worker     │
└─────────────────────────────────────┘
                  │
                  ▼
┌───────────────────────────────────────────────┐
│ Worker to escalate to their Agency Safeguarding Lead │
└───────────────────────────────────────────────┘
                  │
                  ▼
┌──────────────────────────────────────────────────────────┐
│ Multi-agency Professionals Meeting called by Agency Safeguarding Lead │
└──────────────────────────────────────────────────────────┘
                  │
                  ▼
┌─────────────────────────────────────┐
│    Actions Agreed/Minutes Circulated │◄────────┐
└─────────────────────────────────────┘         │
                  │                              │
                  ▼                              │
┌─────────────────────────────────────┐         │
│        Review Meeting Date Set       │       [NO]
└─────────────────────────────────────┘         │
                  │                              │
                  ▼                              │
┌─────────────────────────────────────┐         │
│  Review Meeting Held/Actions Updated │         │
└─────────────────────────────────────┘         │
                  │                              │
                  ▼                              │
┌─────────────────────────────────────┐         │
│       All actions Completed?         │─────────┘
└─────────────────────────────────────┘
                  │
                [YES]
                  │
                  ▼
┌───────────────────────────────────────────────────────┐
│ Final minutes circulated and stored on agency filing systems │
└───────────────────────────────────────────────────────┘
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Multi-agency Professional Meeting

- It is the responsibility of the primary agency[2] to ensure the person is informed that this meeting is taking place and why.

- The purpose of the meeting will be to consider the situation and clarify the possible options and whether any further action can be taken.

- Invite all agencies who have, or could have had, involvement with the individual. The group should always include a representative from Adult Social Care, Police and Health services (both physical and mental health). Other services involved with the person should also be invited to the initial meeting, for example Fire and Rescue Service.

- The meeting should be called by the primary agency identifying concerns. The same agency should also Chair the meeting unless otherwise agreed with one of the three required organisations (Adult Social Care, Police or Health). For example, a small charity may feel they lack the expertise to effectively Chair a multi-agency meeting and therefore are encourage to ask one of the three required organisations to Chair or co-Chair the meeting.

- There should be a separate minute-taker. Minutes should be circulated to all those invited to the meeting within 5 working days. It is the responsibility of each agency to hold these appropriately.

- A risk assessment (appendix A) should be completed by the primary agency and discussed at the first meeting and updated in light of information from other agencies.

- It is the collective responsibility of all those who attend the meeting to identify and discuss the risks and consider the following:

  - What is the risk?

  - What is already in place to reduce the risk?

  - What are the options for mitigating the risk?

  - What are the barriers for removing risk?

  - What action needs to be taken?

  - Agree action plan, with timescales and named leads.

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[2] The agency who identifies the issue that this procedure is being used to discuss.

- Agree a review meeting date.

- Engagement and communication strategies should be discussed at the meeting. The group should identify who is best placed to engage with the person and inform them of the decisions that have been made.

- A copy of the outcome documentation should be sent to the OSAB@oxfordshire.gov.uk.

Review Meeting (See Appendix A for suggested risk assessment tool)

- Agencies will share any new information.

- Review actions and agree a revised action plan, with named leads and timescales.

- Update the risk assessment.

- If insufficient progress has been made, consider an alternative approach. Staff may need to explore other flexible, creative solutions.

- Agreement needs to be reached on the way forward. It may be necessary to escalate the concerns to senior management level if risks continue to the person and others continue to be assessed as high risk.   At this stage consider raising a safeguarding concern.

- The chair of the meeting should discuss the case with their line manager following this meeting as a matter of course.

- As part of the plan, identify and agree at what point another meeting may be required, i.e. if issues change significantly or there are new concerns

- Any ongoing support must be clearly identified and agreed by relevant agencies.

- The outcome should be shared and agreed with all partners engaged in the process.

- A copy of the outcome documentation should be sent to the OSAB@oxfordshire.gov.uk.

Sharing Learning

Any learning and good practice can be shared with colleagues and wider networks, including the Safeguarding Adults Board through the Business Manager for the OSAB

Governance & Accountability

Adult Social Care, Police and the Clinical Commissioning Group will meet quarterly to review the work of this group. As the process has been developed under the OSAB banner this oversight will form part of the work of the OSAB Executive. The Governance

will be reviewed after six months.

This is meant to be a dynamic process and this pathway will be amended as learning is developed.

Appendix A: Multi-Agency Risk Assessment

Stage 1. Circumstances of Incident/s leading to enquiry

(Summarise the current issue in the context of previous concerns that has prompted the request for information including whether consent has been obtained)

Stage 2. 8 Risk Domains

(organise info under most appropriate heading in a chronological (date) order last incident / episode recorded first)

IF THERE ARE CHILD PROTECTION OR ADULT SAFEGUARDING ISSUES THEY SHOULD GO TO THE MASH OR ADULT SAFEGUARDING SERVICE RESPECTIVELY.

1. **Domestic Abuse**
2. **Drugs/Alcohol/Substance**
3. **Mental Health** (vulnerability of subject / others)
4. **Missing Person**
5. **Violent Offences**
6. **Criminal Behaviour**
7. **Behaviours of Concern** – **Carers / Significant adults**
   (consider; manipulation / coercive control / exploitation / deceit)
8. **Other Concerns** (not included above)
   (consider; harmful traditional practices, isolation, trafficking etc.)

Stage 3. Summary and assessment of risk

(consider previous episodes of risk, DA assessments and how the presenting issue effects the risk status and potential harm to the subject or others)

Stage 4. Evaluation of harm and suggested control / intervention measures

(consider RARA: - Reduce, Avoid, Remove, Accept (risk)

Stage 5. Supervisory Review

(information shared must be lawful. Is it NPR? (Necessary, Proportionate, Relevant).

Apply professional judgement and signpost intelligence gaps.

Appendix B: Multi-Agency Risk Assessment Recording Sheet

Person: Date of this assessment:

Address: Agencies involved:

What is the risk? Consider risk to the person AND to others	Risk: Reduce, Avoid, Remove, Accept	What action has already been taken?	What action needs to be taken? By who? By when?