**Engagement Escalation Protocol**

Triggered following a Multiple Report of Harm Inter-agency Referral Discussion when the outcome is option 3

**Introduction:**

The Engagement Escalation Protocol is initiated following a Multiple Report of Harm Inter-agency Referral Discussion where the outcome is that the adult meets the 3 point criteria, there is risk of serious harm, and the adult is unlikely to or has refused to engage with previously offered interventions under adult support and protection legislation and has capacity to do so.

Learning from Significant Case Reviews has identified a theme that individuals that agencies have difficulty in establishing a rapport with and who resist or undermine attempts to engage with offers of inter-agency support and protection may not have had the full risks taken account of. This can lead to social isolation and a risk to the health and wellbeing of the adult.

This protocol sets out a framework for agencies to use to find solutions, where possible, to working proactively with adults at risk of harm who are reluctant or refuse to engage with agencies. Only by working together with a shared responsibility can adults in such situations be potentially supported and protected. The protocol should be read in conjunction with partners own policies and procedures.

**Purpose:**

This protocol has been developed to provide professionals with an escalation framework to facilitate effective inter-agency working with adults at risk of harm who have the capacity to make choices which place them at risk of serious harm through:

* self-neglect
* risk-taking behaviour, or
* refusal of services assessed as necessary.

A key aim is to encourage the adult to engage with support and protection intervention and be an active participant in the process.

This approach builds on the Multiple Report of Harm Protocol and is designed to inform and advise staff on how and when to escalate to this stage.

**Criteria for initiating the Engagement Escalation Protocol**

An adult

* who meets the Adult Support and Protection (Scotland ) Act 2007 3 point criteria, and
* who is at risk of serious harm[[1]](#footnote-1)
* who is unlikely to or has refused to engage, or there is evidence of disguised compliance with previously offered support and protection intervention and
* who has capacity to decline support and protection
* where there is/may be a public safety interest

**It is recognised that there is a complex balance required to be established between the duty of care and statutory requirement with respect for autonomy and self-determination. This inter-agency process provides a mechanism to ensure that no individual member of staff or agency is exposed to this balancing act alone.**

**Engagement Escalation Protocol:**

Research indicates that when agencies have difficulty in engaging with adults at risk of serious harm it is important for staff to be prepared to work at the adult’s pace, and therefore the case may remain open and active for a long period.

As with all other processes connected with Adult Support and Protection, Social Work Services, on behalf of the local authority, are the lead agency and will be responsible for coordinating the approach with the adult to maximise engagement, reduce risk, reduce duplication and achieve a positive outcome.

The IRD report initiated to address the multiple reports of harm will record the outcome, and, where agreed, that the escalation process will now be initiated. An inter-agency chronology[[2]](#footnote-2), triggered by the multiple reports of harm, will be key to the first engagement escalation meeting.

**Purpose of the Engagement Escalation Meeting**:

The Engagement Escalation meeting is the forum for agreement that the outcome of the multiple report of harm IRD is established and that there is a need to have an escalated inter-agency response to the risks and concerns identified.

The meeting will be chaired by a service manager because the standard ASP process has been exhausted and therefore, as well as risk to the adult from their reluctance or refusal to engage with previously proposed intervention, there is also a need for senior manager oversight to review, guide and support staff to ensure every avenue has been explored and that there are no blind spots in decision-making processes.

The aim will be to agree strategies and approaches which may encourage the adult to engage and therefore reduce the risk it is believed they are exposed to. This will include consideration of which agency may have the best opportunity of initiating or building on any current connection that exists, with continuing support from the inter-agency partnership.

An inter-agency chronology and engagement checklist will support discussions and help identify any channels to engagement not yet explored.

**Prior to the Engagement Escalation Meeting:**

In preparation for the first engagement escalation meeting the adult must be made aware of the outcome of the multiple report of harm IRD: consideration of how this is achieved and who undertakes this exercise should have occurred during the multiple report of harm IRD. The goal is to encourage the adult to engage with any involved agency. It is not necessary for the adult to attend the Engagement Escalation meeting, however it is important that they are aware that agencies are concerned and wish to work with the adult to reduce the risk they are exposed to.

Advocacy services must be a consideration and offered, as they may provide continuity and input that the adult may find impartial and helpful.

**Planning the Engagement Escalation Meeting:**

Prior to the meeting, the Social Work Service Team Manager will circulate the inter-agency chronology and engagement checklist. The chronology should include any new reports of harm which have been made since the multiple report of harm IRD meeting.

The checklist template once populated provides evidence of all support opportunities already tried and may provide a source of alternatives to explore which may encourage some level of engagement with the adult, or address some of the barriers to engagement.

The checklist should be populated based on what is known to date. Agencies can add to this (and the chronology) so that an agreed full picture can be presented at the meeting.

**During the Engagement Escalation Meeting:**

The Inter-agency Engagement Escalation Group (EEG) meeting will consider the inter-agency chronology and checklist. The group will consider engagement opportunities untapped as yet, and agree approaches to engage with the adult and reduce risk. This will include identifying the most relevant single point of contact (SPOC) who will maintain a contact loop with EEG.

A protection plan will be populated at the meeting and circulated to all participants and key actions and contingencies recorded on profile notes.

The proposed actions and who will complete these will be agreed, with timescales. (For example request an assessment of capacity). The standard Protection Plan template will be used to record actions.

Consider Undue Pressure: is there an influence on the adult from another source which is encouraging the adult to decline support. Any evidence of this would support use of protection orders (banning order) in order to support the adult at risk receive support or protection without the undue influence of a third party.

Engagement Escalation Meetings will continue until there is consensus that the level of engagement has increased and level of risk has decreased to a point where the adult no longer meets the Engagement Escalation criteria. As previously indicated it is anticipated that the process of building a rapport that provides the means to support a reduction in risk may take some time. The frequency of meetings should align with ASP Case Conference process (at 3 monthly intervals), however engagement between the single point of contact and adult will be commensurate with needs of the adult and risks identified.

**Criteria for Success and ending of the escalation process:**

1. The engagement escalation protocol will cease when the adult no longer meets the criteria on the basis the adult is no longer at risk of **serious** harm. Therefore it is of paramount importance that defensible decision making is clearly recorded.
2. At this stage it is possible the adult may still meet the criteria for an adult at risk and therefore “standard” adult support and protection practice would resume, but there will no longer be a requirement to report to the escalation oversight group. Standard adult support and protection process is likely to be the maintenance and monitoring of the protection plan formulated during the engagement escalation meeting process, and therefore likely to follow the case conference, core group and case conference review process/cycle.[[3]](#footnote-3) It will be important to maintain and build on the engagement the adult is participating with.
3. When it is agreed that the adult no longer meets the 3 point criteria of an adult at risk then it is possible that the single point of contact or the most appropriate agency will maintain links with the adult

Where there is no consensus that the Engagement Escalation Protocol can end, which cannot be resolved through discussion, the process should continue, while reference to the ASPC Dispute Resolution Protocol[[4]](#footnote-4) is pursued.

**After/between Engagement Escalation meetings:**

The circulation and maintenance of the inter-agency chronology and checklist is the responsibility of the allocated social worker who will ensure it is circulated between meetings so all updates can be captured for discussion at the following meeting.

As the worker acting as the single point of contact may have significant engagement or attempts at engagement with the adult between meetings an agreement about a process for reporting/information sharing with EEOG members must be agreed and pursued.

It will also be important that there is appropriate between meeting support for SPOC, as necessary, as this intensive and challenging activity will require sensitive debriefing.

**Working with the adult:**

A single point of contact (SPOC) that the adult has some relationship with or one who is tasked with making a bridge must be identified. This person then is the constant; the conduit between the engagement escalation oversight group and the adult. This person may also provide the bridge between the adult and other professionals as necessary.

It is likely that the options for support may need to be broken down into smaller chunks or progressions which may afford the adult the opportunity to engage with an approach which is manageable for them to process.

Practical barriers to the adult’s engagement opportunities should be considered and solutions offered; for example access to transport to attend, time of day for visits.

While the Engagement Escalation meetings are an important part of addressing the challenges presented in working positively with individuals at risk of serious harm, the real action is likely to be on a 1-2-1 basis with the adult, working at their pace to achieve and maintain small goals. This will require “stickability” from which ever member of staff from which ever agency the adult has established some kind of positive relationship. Support from line management will be required for staff providing this level of protracted engagement attempts.

The remaining inter-agency professionals will operate through this conduit to achieve a position where the adult is no longer at risk of serious harm and is engaged sufficiently that the overall risk has reduced to a position where the escalation process can be withdrawn, though some agency engagement may persist.

**Strategies for engaging with the adult**

The single point of contact will be someone who may already be known to the adult, who may be more likely build a rapport with the adult.

There will be a need to work at the adult’s pace, recognising and building on demonstrations of cooperation. First steps should be about safety; other issues can be addressed later.

Approaches that have worked well are where there is an offer of practical support to begin to build trust. Establish if there are days or times that the adult is more receptive to engagement and make arrangements when it’s likely the adult will be at their most receptive.

It is unlikely there will be rapid progress and the worker will require flexibility of approach, resilience and patience. Be reliable, honest and turn up on time and let the adult know you are in it for the long haul.

Be honest with the adult about why agencies are concerned but emphasise that you want to offer support on their terms.

**Engagement Checklist**

**The engagement checklist can be used to as a prompt to establish the widest range of potential service involvement with the adult, beyond those involved in the Multiple Report of Harm IRD. It is anticipated this could be initiated in advance of first engagement escalation oversight meeting and added to during the meeting.**

**It will help confirm that all attempts to engage the adult, their family and friends have been pursued or help identify actions which could still be pursued which may increase engagement opportunities**

|  |  |  |
| --- | --- | --- |
|  | **Possible Engagement Opportunities: the adult may have some degree of engagement with services that are unaware of the reports of harm. Establishing links with those agencies for information and potential constructive engagement under this process with the adult could follow.** | **Include date of update of decisions. List evidence and measures.** **A tick is not sufficient.** |
| **1** | All appropriate efforts to engage the adult at risk following the previous reports of harm have been pursued; * you have been unsuccessful in engaging the adult at risk
* you believe the adult to be at risk of **serious** harm.
 |  |
| **2** | Advocacy services have been considered, and/or offered. Consider offering at each contact if initially refused. | Considered |
| Offered  |
| **3** | There have been 2 or more IRD’s but there has been no resolution because * the Adult does not want to engage
* has the capacity to do so\*, and
* is making choices which place them at risk of serious harm through
	+ self-neglect
	+ risk taking behaviour, or
	+ refusal of services.
 |  |
| **4\*** | You have fully considered whether there are any grounds to request an assessment of capacity.  |  |
| **5** | You have completed or attempted to complete a Personal Outcome Support Assessment (POSA) and the Adult has not engaged with the process and you believe this choice places them at risk of serious harm through * self-neglect
* risk taking behaviour or
* refusal of services
 |  |
| **6** | You have fully considered the use of protection orders.Including consideration of Undue Pressure |  |
| **7** | You have considered whether there are health issues which are placing the adult at risk of serious harm and if so, have attempted to engage the GP and/or appropriate NHS Services including (as relevant)* Sexual Health Services
* Mental Health Services
* Psychological Services
* Alcohol and Drug Services
* You have checked whether the Adult is using Accident and Emergency Services, including Ambulance Service; and the Adult has not engaged and you believe this choice places them at risk of serious harm through self-neglect, risk taking behaviour or refusal of services.
 | GP |
| Sexual Health Services |
| Mental Health Service  |
| Psychological Services |
| Alcohol and Drug Services  |
| Other health service |
| **8** | You have attempted to engage the Adult with appropriate community and social services, including (as relevant)* Housing and Homeless services due to accommodation issues.
* Fire Service
* Voluntary Sector supports
* Communities and Neighbourhood services
 | A&E/Ambulance services |
| Housing and Homeless service |
| Fire Service  |
| Communities and Neighbourhood services |
| **9** | You have considered / referred to MARAC for domestic violence. |  |
| Considered |
| **10** | You have checked if the Adult has any dependencies (i.e. children, pets etc.) and that appropriate measures have been/are put in place.  | Referred |
| **11** | Criminal Justice Services have been contacted to establish if there is involvement. |  |
| **12** | You have checked that the adult has access to appropriate welfare benefits. |  |
| **13** | Legal services have been consulted Consider inviting legal to the meeting (be clear why) |  |
| **14** | You have attempted to engage with and involve family and friends, where known. List. |  |
| **15** | Other? |  |

**Flow Chart of Engagement Escalation Protocol:**

**Triggered following Multiple Report of Harm IRD meeting**

**1**

**Adult meets 3 point test and is at risk of serious harm**

**Has already or is likely to decline intervention, OR**

**Has significant history of disengaging with agreed support/protection plan, OR**

**There is evidence of disguised compliance**

**2**

 Engagement Escalation Protocol Initiated by:

Inter-agency chronology expansion

Initiation of engagement checklist (this will help establish which agencies may be in contact with adult so could contribute to the process and ensure the fullest picture is known and understood)

Circulated to relevant inter-agency partners

**3**

 Inter-agency Engagement Escalation Oversight Group (EEOG) Meeting arranged

Consider inter-agency chronology

Consider engagement opportunity gaps

Agree approaches to engage adult and reduce risk (Single point of contact) and contact loop with EEOG

**4**

 Work towards engagement with adult through building rapport and trust

Negotiating

At the adult’s pace

Being sensitive and persistent

Starting with what can be agreed

**5**

Information-sharing as necessary, will be consolidated at regular meetings to consider progress/barriers

 Between meetings reporting/info sharing with EEOG as agreed

Between meeting support for SPOC, as necessary

**Repeat 4 and 5 till 6 achieved**

**6**

The cycle of engagement attempts and meeting to update will be repeated until the risk is reduced, the harm is no longer considered serious and the adult is engaging with support positively. It is anticipated at this point the Engagement Escalation Protocol will cease, though other appropriate mechanisms to support, monitor and engage may continue as necessary in a de-escalation process.

1. Serious harm: see guidance on what constitutes serious harm in Inter-agency ASP Guidance page 19 [↑](#footnote-ref-1)
2. Inter-agency chronology guidance: page 65 Inter-agency ASP Guidance and in the SW ASP Procedures [↑](#footnote-ref-2)
3. Case Conference, Core Group and Case Conference Review process can viewed in Fife Inter-agency ASP Guidance and SW ASP Procedures. [↑](#footnote-ref-3)
4. The Dispute Resolution Protocol is available on the ASPC staff pages of FifeDirect [↑](#footnote-ref-4)