**Adult Case Conference Protocol**

This protocol has been agreed by the Adult Support and Protection Committee to authorise and guide relevant statutory agencies to convene a Case Conference in circumstance where an adult is deemed to be at risk or poses risk to others and **DOES NOT MEET** the three-point criteria that defines an adult at risk of harm.

This procedure does not replace agency referral or legal process and should not be used as a referral short cut or as an attempt to pass responsibility to a single agency.

**Purpose**

This protocol sets out the roles and responsibilities of statutory agencies and other partner agencies in the planning and convening a case discussion where an adult is at risk and a multi-agency approach needs to be considered.

It can be applied in circumstances where an adult –

* Does NOT meet the three-point criteria of an adult at risk of harm
* Is otherwise deemed to be at risk, as noted below (2a) and
* Existing working practices and mechanisms are neither applicable or successful.

**Scope**

From time to time, adults are referred and/or known to public agencies, including emergency services, who are not adults at risk as defined by the Adult Support and Protection (Scotland) 2007 Act (ASP), but who are deemed to be at risk or pose a risk to others.

The adult may be difficult to support in a way that manages or reduces risk due to factors such as –

* challenging social care supports by presenting risks to self or others, which cannot be managed or contained;
* refusing to engage or cooperate with services;
* having no or limited insight into their circumstances and the risk that this creates;
* self-harming repeatedly or self-neglecting, but does not meet the criteria for admission to hospital;
* having low self-esteem and / or repeatedly engaging in risky behaviour, possibly also compounded by problematic alcohol &/or drugs use;
* having dangerous behaviours, which fall out-with MAPPA, MARAC, Mental Health legislation, or other existing multi-agency processes;
* placing themselves and others at risk from fire;

requiring complex coordinated multi-agency arrangements to reduce or eliminate harm. This may be evident due to repeated referrals, perhaps to a range of agencies, or information suggesting that the risk to, or caused by, the adult may be increasing or there are more minor risks which appear to be accumulating and escalating.

Further consideration of the ASP Multiple Report of Harm Protocol is recommended here and should be followed if relevant. Where it does not apply at this time then this Protocol should be used to convene a multi-agency case conference.

**Agencies Responsible**

Existing arrangements offer partner agencies the opportunity to explore how to manage risk and how to work cooperatively, however from time to time such informal arrangements are insufficient to manage the risks involved and in such circumstance this Protocol will apply.

The Protocol offers an agreed multi-agency process where an adult meets the above criteria (2a); then **ANY statutory agency may plan and convene a case conference** to consider the adult’s circumstances in a multi-disciplinary way. This will also facilitate agencies to meet their duty of care to an adult at risk in the above circumstances. It applies to –

* Fife Council (including Housing Services);
* NHS Fife (including independent health practitioners, allied health professionals and GPs);
* Police Scotland;
* Scottish Fire and Rescue Service;
* the Care Inspectorate;
* the Mental Welfare Commission; and
* the Office of The Public Guardian.

Independent Service Providers in Fife should seek the agreement to the convening and managing of a Case Conference with one of the partners named above, in relevant circumstances.

**Responsibility of Agencies**

Where an adult meets the above criteria (2a); then **ANY named agency** may plan and convene a case conference to consider the adult’s circumstances in a multi-disciplinary way. For the purposes of this protocol, this agency will be known as **‘the lead agency’**.

The Case Conference would normally be –

* Scheduled, convened, and chaired by a manager in ‘the lead agency’ (as above)
* Informed through relevant other agencies information and participation
* Informed by the attendance and participation of the adult.

When a case conference is convened, it is expected that **other agencies will cooperate** by providing relevant information and an informed manager / relevant staff member will attend the Case Conference.

**Purpose of the Adult Case Conference**

Care will be taken to ensure that the case conference and any planning is consistent with the principles set out above and respond to any situation including where the adult refuses to cooperate, as noted below.

The purpose of the Case Conference is –

* to share and consider information from relevant agencies;
* to engage with, and hear from, the Adult at risk who should be enabled to participate
* to explore actions that can be taken to minimise risks to the individual and / or from the individual, through a partnership approach in the first instance;
* to develop a shared **‘Adult Risk and Protection Plan’** that seeks to eliminate or reduce any risks identified;
* to identify and commit relevant resources that facilitates the ‘Adult Risk and Protection Plan’;
* to agree a core group to oversee the ‘Adult Risk and Protection Plan’;
* to agree a timescale for the review of the ‘Adult Risk and Protection Plan’;

The Case Conference is built on the foundation of multi-agency working, and as such, attendees should not expect that a single agency will assume sole responsibility.

It will explore local solutions to eliminate or reduce the risk and consider relevant services, legislation and innovative options and attendees will seek to agree shared responsibilities. This will include understanding of the roles and responsibilities of relevant agencies, and their staff who will deal with chronic situations of risk and crises and consider steps to enhance this where necessary.

The Case Conference may be alert to gaps in resources, systems and knowledge and seek to advise relevant agencies on this.

**The Case Conference FLOW CHART**

The following flow-chart sets out the expected process.

|  |  |  |
| --- | --- | --- |
| **The Adult** | **The Process** | **lead Agency** |
|  |  |  |
| Adult does not meet ASP criteria |  | Agency engaged with the Adult |
|  | **Risk Identified**  Informal local discussion to remove/reduce risk |  |
| Adult presents continued risk concerns |  | Agency checks if Adult meets criteria for another relevant Multi-Agency approach |
| ‘Lead Agency’ continues to engage with the adult | **Risk Assessed**  Concern doesn’t fit in existing risk management frameworks (e.g. ASP, MARAC, MAPPA) |  |
|  |  | ‘Lead Agency’ communicates the need for Case Conference and schedules it |
|  | **Case Conference Scheduled**  Relevant agencies invited |  |
| Adult encouraged and supported to attend Case Conference |  | ‘Lead Agency’ highlights risk concerns and seeks relevant information and engagement from others |
|  | **Case Conference Held**  Chaired & Minuted by the ‘Lead Agency’.  Relevant agencies attend |  |
| Adult participates |  | Relevant & informed staff attend and contribute |
|  | **Risk and Protection Plan** agreed |  |
| Adult engaged |  | Plan recorded in each agency data base |
|  | **Case Review**  in agreed timescale |  |

**Adult Case Conference Practice**

The Lead Agency will seek to engage relevant other agencies in a spirit of cooperation around the needs of the adult at risk. Therefore -

* Scheduling and convening the Case Conference will be done in discussion with relevant partners;
* The ‘lead agency’ will ensure that the Case Conference is chaired by a manager who is familiar with the case;
* The Case Conference will be guided by the ‘agenda’ as below and attendees will consider all available and relevant information;
* It is expected that other agencies will cooperate by providing relevant information and an informed manager / relevant staff member will attend the Case Conference and participate;
* Relevant other agencies may be invited even if no current involvement where their expertise is required;
* The Case Conference will aim to include and be informed by the attendance and participation of the adult;
* Carers or family members may also be asked to participate where this is considered relevant and appropriate;
* Attendees are expected to be within their own settings and with partner agencies to assist in the management of risk.

The Case Conference will –

* Consider and assess the risk identified and aim to identify relevant supportive arrangements in a collaborative and innovative way and together with the adult create a **‘Risk and Protection Plan’**. This will detail individual and collective actions and responsibilities with appropriate timescales;
* Identify a lead person, or a small core group, to co-ordinate the plan, with authority to seek a reconvening of the Case Conference should this be inadequate;
* Set a timescale for the latest date to review the effectiveness of the plan and / or any change in circumstances;
* Commit to share the **‘Risk and Protection Plan’** by bringing it to the attention of relevant staff and recording it formally in their respective recording systems.
* Following the Case Conference, the ‘Lead Agency’ will compile the minutes and the Risk and Protection Plan and circulate it to those present, those who were unable to attend and to any other relevant agency that is required to participate in the plan itself.

|  |
| --- |
| **RECORDING**  It is vital that the Case Conference minutes, and the Risk and Protection Plan are recorded and flagged in all agencies systems for ease of future access and for reference, should circumstances change. |

**Optimising the Adult’s attendance and participation**

An invitation to attend is not in itself sufficient, and consideration should be given to ensuring –

* The venue for the case conference is not intimidating to the adult or carers and any access or cultural needs have been considered;
* Ensuring that the number of professionals involved is not overwhelming for the adult which causes them not to attend e.g. reports could be provided by some agencies where their attendance is not essential;
* Appropriate communication aids, translation / sensory impairment services are provided;
* Individuals from minority ethnic communities have access to any relevant translation and communication support where required;
* The purpose and process of the meeting has been fully explained both before and during the meeting including the use of accessible information;
* Attendance for part of the meeting is possible if there are areas which an individual finds too distressing and there is an appropriate facility to support this. Video case conferencing could also be considered;
* When someone is unable to attend or contribute through lack of capacity or illness, advocacy and representation are facilitated;
* Adults at risk should not be required to confront those alleged to have caused harm in any meetings and arrangements should consider this;
* Where the person alleged to have caused harm may also be considered an adult at risk, a separate case conference should be held.

**Where the Adult refuses to cooperate**

Significant Case Reviews have identified a theme where agencies have difficulty engaging due to the refusal of the adult to cooperate. This can lead to increased risk with the potential of social isolation and a risk to the health and wellbeing of the adult. In these circumstances, and consistent with the scope of this protocol, an Adult Risk and protection Case Conference should be considered.

An Adult Risk and Protection Case Conference should be considered, particularly in circumstances where the risk to self or others is high, to discuss and 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 –

* the agency that 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 developed for the purposes of guiding understanding and discussion, and helping identify any channels to engagement that have not yet been explored;
* how to maximise engagement, reduce risk, reduce duplication, and aim to achieve a positive outcome;
* Undue Pressure that may influence the adult to decline support and should be considered;
* A Risk and Protection Plan (detailed as above) should be populated at the meeting and circulated to all participants and key actions and contingencies recorded on profile notes.
* Encouraging staff and their agencies to work at the adult’s pace, and appreciate that the case may remain open and active for a long period.

Moving forward, a single point of contact should be identified to –

* Maintain contact with the individual if possible;
* Receive updates from partner agencies and maintain the inter-agency chronology.

The Case Conference may require to convene again, or until there is evidence that the level of engagement has increased and level of risk has decreased to a point where the adult no longer poses significant risk to self or others.

Please see below for the Adult Case Conference Invitation Template.

Dear

**INVITATION TO ADULT CASE CONFERENCE CONCERNING:…**

A Case Conference is to be held, regarding the above-named person, on………. at……….to which you are invited.

You have been identified as someone who may provide a useful contribution in relation to the above mentioned, it would therefore be of great value if you could attend this conference.

Should you be unable to attend personally, having your written comments regarding the contact with the person or family to date, and your assessment of the present situation would assist the conference. It would be helpful if you could notify me of your availability to attend, whether you are sending a representative, or intend to submit a report.

Please note that only the recipient of this invitation or their representative has been invited to the adult case conference, and any other parties who wish to attend must consult with the meeting organiser who will request permission from the above named person

Please complete and return the attached slip within seven working days.

A list of those invited is also attached.

Yours sincerely