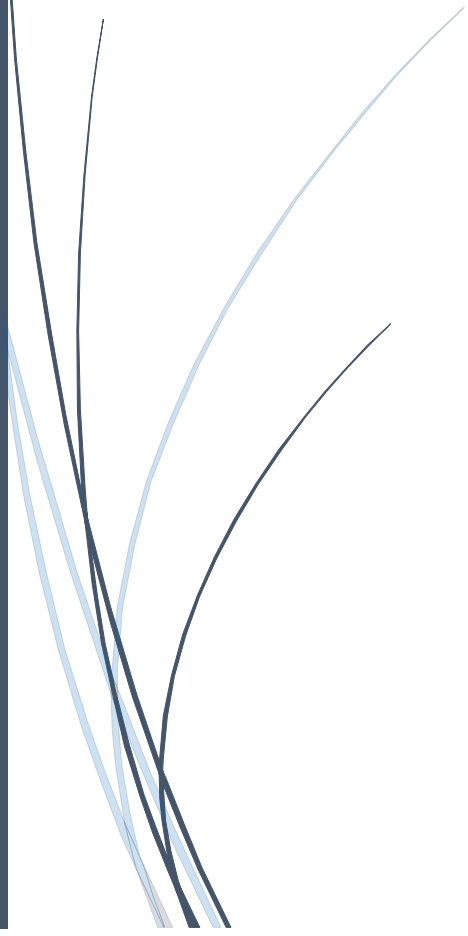
Failure to Engage Service Users Framework

Engagement and Support

Staff Support

Supporting adults who experience difficulties engaging with services in Nottingham City



Nottingham Crime & Drugs Partnership

Working together to reduce crime, disorder & the misuse of drugs and alcohol

The following framework is for use by all services in Nottingham City when they are working with adults who do not engage and there are concerns of risk of harm or other safeguarding factors.

Nottingham City Domestic and Sexual Violence and Abuse Safeguarding Group developed this framework and would like to acknowledge that this framework is adapted from Slough Safeguarding Adults Board.

Membership of the Nottingham City Domestic and Sexual Violence and Abuse Safeguarding Group consists of colleagues from the following agencies: Nottingham Crime and Drugs Partnership, Greater Nottingham Clinical Commissioning Group, CityCare, Nottingham City Adult Services, Nottingham City Children's Services, Nottingham University Hospitals Trust, Nottinghamshire Healthcare Foundation Trust, Juno Women's Aid, Notts SVSS, Equation and Nottingham City Council Community Cohesion.

Version 2b – August 2020 Final

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Nottingham City Failure to Engage Service Users Framework

Version 2

1. How to use this Framework

This document is a resource to integrate into existing policies and practice with regards to a person's support. The framework provides support options for staff as well as the person the agency is trying to support.

2. Introduction

Recent Safeguarding Adult Reviews and Domestic Homicide Reviews have identified support and processes are required for service users and professionals when trusting relationship with services users who have mental capacity are not developed or maintained, which in turn may impact on them accessing services.

Adults who have complex and diverse needs who do not engage with services (for whatever reason), are often known to different agencies. Their needs are generally longstanding and recurring and they may put themselves and others at risk.

This framework needs to be followed where there are concerns that there is a level of risk which professionals find unacceptable, and all other reasonable attempts to minimise this risk have failed.

Where the adult has parental responsibility for any children / or the children are living in the household, there is a statutory duty for all agencies to ensure the safety of the children and referrals to children's social care is mandatory.

This framework can and should be used by any agency from the statutory and voluntary sector.

3. Aims of the Framework:

- To improve outcomes for adults at risk who do not engage with services.
- To develop a person-centred, multi-agency / multi-disciplinary co-ordinated response.
- For agencies to work in partnership and share information to ensure best outcomes for the person.
- Understand agency barriers which stop people engaging.
- Understand a person's circumstances which are barriers to prevent them from engaging.
- Support to staff for closing cases where everything has been done to engage the person.

4. Definition of a complex person

Dr Lyndsay Harris, Assistant Professor in Criminology at Nottingham University undertook research into the pilot project Response to Complexity[1], which sought to provide a coordinated response to support survivors of domestic and sexual abuse with complex needs.

The research evidenced that there were multiple definitions of "complex needs" and some sectors did not like the terminology and further labelling people. It also identified 'that there was different understanding of the term 'complex needs' across the statutory and voluntary sector. This often meant that some services which would be suitable for survivors with multiple disadvantage are inaccessible due to a defined criteria of eligibility'.

'This led to efforts to reconsider "complex needs" in the context of protected characteristics and issues that intersect to disadvantage survivors/victims. It is argued that when discussing victims/survivors with complex needs this should be understood as:

"*Victims / survivors who experience multiple disadvantages and require a person-centred, trauma-informed approach* ***but experience barriers and challenges in accessing essential services,*** *which would enhance their safety, well-being and quality of life*." (Harris 2017)'[2].

5. Guiding principles

- People who have the mental capacity to make decisions about their lives also have the right to make restricted choices / or 'unwise' / 'unsafe' decisions. The person may also have limited or no options/choices if they are being controlled or coerced by another person refer to section 6 for the definition of control and coercion. However, their choices may impact upon others and/or leave them at risk of harm; this process will consider how best to balance these conflicting views.
- Information sharing by all agencies is implicit for this framework; consent should be sought to share information from the service user, unless to do so places the person or those around him/her at further risk of harm. At which point a Safeguarding Referral should be made to the local authority if the service user has care & support needs.
- Staff should seek advice from senior managers throughout the process, regarding safeguarding and legal options.

[1] R2C is a Department of Communities and Local Government (DCLG) 6 month funded project.

[2] Response to Complexity: OPCC Women's Safety Reference Group, 28th February 2018, Dr Lyndsey Harris, Assistant Professor in Criminology, Nottingham University.

- This is a multi-agency / multi-disciplinary process and each agency is required to nominate a lead worker of sufficient seniority, to agree actions and make operational decisions.

- Instigate a multi-agency / multi-disciplinary meeting.

- One agency should be identified as the lead agency and this will be decided at the initial meeting, taking into account which agency is best suited to this role.

- If there is a service that is able to maintain a relationship with the service user then they should ensure that the individual remains "visible" to the other services by sharing relevant information with those services / agencies.

6. Understanding barriers to engagement:

- Systems - The methods an agency uses to contact an individual.
    - *E.g. person will not open letters but letters are automatically generated.*
    - *E.g. is provision / support time limited, "Did not attend / engagement policies" and case closure.*
    - *English is not the person's spoken language.*

- Perceived ideas about an agency and what they can provide to that individual.
    - *E.g. failed interactions with this agency before.*
    - *E.g. "word of mouth" - negative experiences with a service.*
    - *E.g. does not understand what the agency can do to support / signpost.*

- Threat / fear of agency involvement and consequences for the person and or family.
    - *E.g. social care removing the child.*
    - *Charge or custodial sentence for the offender.*

- The individual does not see the concerns as a problem.
    - *E.g. Lifestyle choice.*
    - *It is not a priority for them at this time, e.g. dealing with their housing issues as opposed to drug & alcohol addiction*

- The services required are not commissioned / thresholds to accessing services are too complicated leading to people not feeling able to engage as the service cannot meet this individuals needs
    - *E.g. difficulty accessing housing.*
    - *E.g. the overlap of a person's multiple needs / multiple disadvantages.*
    - *The location and accessibility of the service – disabilities, travel cost and time.*

- Control and coercion by another person.
  Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.
    - *E.g. domestic abuse, modern slavery and / or gangs.*

- Fear of consequences from others for engaging.
    - *E.g. threats from: gang members, the wider community (honour based violence), family members and / or the perpetrator.*

- Staff may not be clear or be aware of: processes, information sharing agreements, protocols and who they can share information with and when.
    - *E.g. documents not easily accessible to staff.*
    - *E.g. staff do not understand the trauma the person experienced due to domestic and sexual abuse, modern slavery, and gangs.*
    - *E.g. appropriate training is required.*

7. When to instigate this Framework

As a single agency you have exhausted all options to engage the person and the risk remains high or a concern. Refer to Appendix B for the referral pathway.

Ensure escalation to a manager within your own agency to either, instigate a multi-disciplinary meeting / multi-agency meeting and agree who should be invited, or refer the person to an existing and appropriate multi-agency / multi-disciplinary forum. To consider General Data Protection Regulation (GDPR) Article 6 for the legal process of sharing the persons information with other agencies, when the person has capacity but difficulties in engaging. Depending on the persons circumstances this can be done under *Vital Interests* of that person or others (generally life or death matters), *Public Task* or *Legitimate Interests*.

Senior management oversight is required throughout the process. Staff from each agency should discuss the case with their line manager following meetings and not carry risk on their own.

'Research has highlighted that when there is a coordinated approach to service provision for survivors with complex needs this improves the quality of service provided. In the R2C project led by a steering group the results have included:

a) Increased cooperation and awareness of constraints of partner agencies.

b) Ability to highlight training needs and provide access to additional training for all stakeholder partners.

c) A reduction in the number of inappropriate referrals between agencies and the number of times a survivor has to 'tell their story'.

d) Survivors reported that they were no longer being "passed from pillar to post" without getting anywhere'[3].

[3] Response to Complexity: OPCC Women's Safety Reference Group, 28th February 2018, Dr Lyndsey Harris, Assistant Professor in Criminology, Nottingham University.

8. Stages in the process to determine the risk and needs of the individual:

- If mental capacity has not been considered it should be ascertained as soon as possible. If the person lacks capacity “best interest” decisions should be followed.
- Ascertain whether any children or other vulnerable adults are at risk. If there are children at risk you MUST refer to Children’s Safeguarding immediately
- Have all existing processes been considered and tried? Is there an existing multi-agency / multi-disciplinary forum that may be appropriate or utilised? Either for the meeting or as an action from the meeting.
- Obtain relevant legal advice if necessary/appropriate.
- Discuss with your line manager whether to proceed with or continue a multi-agency meeting / multi-disciplinary team meeting and alternative options.
- Contact the Safeguarding Adults Team for discussion about the case and agree a way forward, if the adult has care and support needs.
- Are services meeting the needs of the person? Review what needs are being met and consider the gaps.
- Conducting regular assessments is not possible if the person won’t engage but should be seen as a risk
- Is there a safe number to contact the person or ways of sending / leaving and a “safe message” if she/he does not answer the phone or withheld numbers dependent on the persons individual risks.
    a. Female survivors - contact Juno Women’s Aid DSVA Helpline on the professional number 0115 947 6490 (9:00-17:00 Mon-Fri), for advice on options and further advice.
    b. Male survivors - contact Equation Domestic Abuse Service for Men on 0115 960 5556 (9.30-16.30 Mon-Fri), for advice and options.

9. Support and Engagement Multi-agency Meeting / Multi-Disciplinary Team Meeting

The purpose of the meeting will be to consider the situation (by sharing all relevant information) and clarify what further action can be taken, making the necessary recommendations.

Invite all agencies who have, or could have had, involvement with the person or anyone else living in the home. Consider inviting the service user or someone to act as their representative.

Map the circumstances by reviewing all events / information – risks, concerns identified and what has been shared. Do not look at events in isolation.

These meetings should include a separate minute taker. The meeting should be chaired by the lead agency identifying concerns, unless otherwise agreed.

The level of risk should be identified at the first meeting and updated in light of information from other agencies. The use of a risk assessment tool may assist with determining risk.

Risk should be regularly reviewed.

It is the collective responsibility of all those who attend the meeting to discuss the risks and consider the following within your standing agenda:

- What is the risk / concern?
- Do we know what the service users want & why they cannot engage at this time?
- What is already in place to reduce the risk?
- What are the barriers for removing risk?
- What action needs to be taken?
- Where has safety increased and risk reduced?
- Ways / means of empowering her/him.
- Are statutory powers being considered?
- Agree action plan, with timescales and named leads.
- Agree a review meeting date.
- Identify who is best placed to engage with the person and inform her/him of the decisions that have been made.

All representatives at the meeting should receive copies of the meeting minutes. The actions agreed at the meeting should be progressed and monitored, working to agreed timescales. Regular assessments of the person should take place.

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.

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.

To ensure an accurate view of the person's mental capacity, assessment should be regularly considered throughout the process.

10. 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 with the person, reflect on the interactions and consider an alternative approach. Decisions need to be set that are realistic and if not achievable clearly noted why, e.g. not possible to refer service user to a project as its funding has ceased / closed all referrals.
- This review process will be ongoing until the risks are managed. This does not mean that the risks have been completely negated, but that they are at a point where the multi-agency / multi-disciplinary group is able to act and react in a planned and consistent way. At this point of the process, regular meetings can be stopped. If the person is still not engaging refer to section 12.
- As part of the plan or if regular meetings are going to cease, identify and agree at what point another meeting may be required, i.e. if issues change significantly or there are new concerns
- Can support timescales be increased if required? E.g. to assist with building trust and time to work on the complexity of issues the person may have.

11. Ongoing Support

When risks are at a level where they are considered to be managed, consider what support is needed to meet any ongoing needs and ensure the well-being of the person and anyone else living within the home.

If an agency has fulfilled their support and has to close the case they must inform other agencies that they are doing so by either informing the lead agency (if multi-agency / multi-disciplinary meetings are still taking place), or inform all agencies that were involved.

Any ongoing support must be clearly identified and agreed by relevant agencies. This should include any services that are commissioned.

The outcome should be shared with the senior management within your organisation e.g. through supervision / case management reviews.

12. If the individual is unable to engage

- The individual worker must seek support from their agencies senior management team.
- If all members of the Multi-agency Meeting / Multi-Disciplinary Team (MDT) are satisfied that all options / efforts have been exhausted this should be clearly documented in all agencies records and escalated to managers.

- Provision must be made for the person to be able to seek support at a time that suits them. Joint work with other agencies may be required to meet this e.g. weekend or evening meetings.

- A risk assessment has been undertaken which indicates the situation has reached a level of risk that is unacceptable to professionals involved. Are there options / thresholds now available due to the increase in risk?

- Consider statutory powers for the person to engage.

- The Multi-agency Meeting / Multi-Disciplinary Team (MDT) may decide to delegate an individual to keep contact e.g. every 3 months call to person / staff.

    - This needs to be monitored by senior management and the lead agency to ensure these cases are tracked and regularly reviewed by a senior manager.

- Individual workers must be offered supervision by senior managers and their individual organisations will carry the risk of closing the case when the person will not engage and it has been evidenced that all options have been exhausted. This decision will have been decided (when all options exhausted) through the Multi-agency Meeting / Multi-Disciplinary Team. All members of the multi-agency / multi-disciplinary meeting and their senior managers must agree that there are no further options available.

13. Sharing Learning and Development

- Any learning and good practice should be shared with immediate colleagues and wider networks, including the Safeguarding Adults Board.

- Everyone has responsibility - commissioners, service providers and multi-agency / multi-disciplinary partnerships to recognise how their services might facilitate a person centred approach to address any wider barriers to essential services. Even though the person is not engaging, agencies need to keep the persons needs at the centre.

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

Review Date

To be reviewed January 2022.

Appendix A **Multi-Agency Risk Assessment**

Date of assessment:

Name of person being assessed:

Address:

Agencies involved:

What is the risk? Consider risk to the person AND to others	**What is already in place to reduce the risk?**	**What are the barriers to removing the risk?**	**What action needs to be taken? By who? By when?**

Appendix B Process for Service Users who are unable to engage