

# Escalating Concerns Procedure



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## **1. Purpose**

This procedure provides guidance on managing cases relating to adults where existing frameworks are not appropriate or able to reduce levels of risk and where a multi-agency approach may be beneficial.

The significant case review "Not my problem" (Mental Welfare Commission, 2007) highlighted the risks resulting from agencies turning individuals away or failing to engage with them effectively because they do not fit the criteria of a particular service. This framework seeks to facilitate a multi-agency process to:

1. Provide an operational risk management framework for adults (over the age of 16) who have been formally assessed as not meeting the criteria for formal, legislative risk management frameworks (e.g. Adult Support and Protection), but where the agency involved remains concerned that the adult is at risk of harm. This Protocol provides an alternative multi-disciplinary approach to risk management.
2. Provide a multi-disciplinary forum for organisations to explore all possible risk management options for individuals being risk managed under existing risk management frameworks but are assessed as being at unmanageable high levels of risk.
3. Promote multi-disciplinary responsibility for risk management and to support staff who deal with crises and chronic situations of risk, thereby removing responsibility from a single agency.
4. Encourage solution focused ways of working within and across service boundaries in the interests of risk management.
5. Allow all options to be explored and where the risk is agreed as intractable, to acknowledge this on a multi-disciplinary basis, thus ensuring decision making is defensible.

The framework does not replace single agency risk management arrangements and instead seeks to build on and complement these by providing a multi-agency dimension. Professionals must consider, implement and evidence that relevant local procedures or protocols, statutory frameworks/legislation and operational policies have been tried and tested before progressing to an Escalating Concerns Meeting.

This protocol recognises that in complex cases, professionals are often dealing with long-term and entrenched behaviours of adults and therefore this framework aims to provide an effective, coordinated and multi-agency response to these 'critical few' cases.

## **2. Principles**

The following principles will be used to inform appropriate interventions once an individual is being risk managed under the procedure. These are:

- All interventions will be the least restrictive option that will provide benefit to the person
- The person must be supported to participate as fully as possible in the process. This includes:
  - keeping them informed of the process as far as it pertains to them;

- having regard for their wishes and feelings (past and present);
- supporting the person to participate in meetings in a way that best suits them (e.g. in person, via videoconferencing, providing a statement);
- support from a carer or an independent advocate etc.;
- assisting them with any communication needs they might have; and
- making the person aware of advocacy services they are eligible for and supporting them to link into those services.

### 3. Procedure

1. The agency concerned that an individual is at risk of harm makes an Adult Protection referral to the relevant Contact Centre – clearly outlining their concerns and why they believe the person is at risk of harm consistent with [East Lothian and Midlothian Public Protection Committee Adult Support and Protection Policy and Procedures](#).
2. A Duty to Inquire will be undertaken following the referral (and should be completed within seven calendar days) to determine whether the person's circumstances meet the '3-point test' of Adult Support and Protection (Scotland) Act 2007 or whether other legislation applies (i.e. Mental Health (Care and Treatment) (Scotland) Act 2003 or Adults with Incapacity (Scotland) Act 2000).
3. If it is evidenced that the individual's circumstances do meet the '3-point test' they will be risk managed under Adult Protection.
4. If they do not meet the '3-point test', or any other legislative criteria, but are still at high levels of risk, the Council Officer should inform the referrer of the outcome of the DTI within one working day. At this stage, the referrer should be advised that they can make a referral under the Escalating Concerns Procedure. The referrer can obtain a copy of the referral form from the Council Officer or [emppo@eastlothian.gov.uk](mailto:emppo@eastlothian.gov.uk).
5. If the adult is already being risk managed under Adult Support and Protection Procedures, all risk management options within these procedures have been exhausted, and there is unanimous agreement that levels of risk remain high, a referral can be made by the Chair of the APCC, within one working day of the decision.
6. The Service Manager in Social Work with the operational lead for Adult Protection (or their manager) will screen the referral within one working day of receipt and will make a decision about the need for referral to an Escalating Concerns Meeting. The Service Manager will notify the referrer within one working day of their decision.
7. If the manager who screens assess that other action could be taken without the need for referral to an Escalating Concerns Meeting, the manager (as per 6 above) will provide a detailed written response with clear reasons to the referrer.
8. The Chair of the Escalating Concerns Meeting (ECM) will be decided by a manager above the level of Service Manager in Social Work. The Chair will determine who needs to be invited to the ECM and this must include senior managers who can authorise risk management, including solution focussed responses. Invitations will be issued at the earliest opportunity but within the 28-day timescale of the decision that an ECM is necessary.
9. Information to be provided to the Escalating Concerns Meeting will include:

- The Escalating Concerns meeting will follow a standard agenda (Appendix 1).
  - Council Officer's DTI assessment.
  - Referring agency's ECM referral report based on their documented risk assessment.
10. The ECM will assess the risk(s) and responses using the framework outlined at section 4.
  11. All agencies will record that an ECM has taken place and the minute/action plan should be held on the person's record on each agency's client recording system.
  12. The ECM will meet at a frequency appropriate to manage risk but no longer than three months between meetings. As part of the action plan, the ECM will determine the need for any additional meetings of a smaller group of professionals to focus in more detail on individual areas of risk management between ECMs (ECM Core Group).
  13. The ECM will decide if there should be a further ECM. The ECMs will continue until:
    - a. There is unanimous agreement at the ECM that it can be evidenced that risk management is stable; or
    - b. It is unanimously agreed by the ECM that they cannot evidence any benefit to the person by continuing the risk management under the ECM;
    - c. The adult's circumstances meet the criteria of another risk management framework, or
    - d. The adult is deceased.

## **4. Effective Risk Assessment**

### **Definition of risk**

Risk can be defined as "the possibility of beneficial and harmful outcomes, and the likelihood of their occurrence in a stated timescale".

### **Principles**

Risk identification, risk assessment and risk management are core elements of any risk assessment framework. Key principles of these include:

- Involvement of the adult and any carer/relative.
- Multi-agency working to identify, assess and manage the risk.
- Evidence based practice – use knowledge from research, theory and experience to understand the adult's experience.

Risk is a dynamic process. Static risk factors are those things that do not change (e.g. historical factors such as childhood history of abuse). Dynamic risk factors are things that have the potential to change (e.g. someone's state of mental health). Risk is therefore fluid, shaped by a range of events and movement in the context and setting where it occurs. In approaching the risk assessment, there is a need to take into account not just the current picture and past history, but future potential and capacity to change.

Effective risk management is underpinned by clear, timely information sharing within and across organisations, using an agreed framework and common language about risk. The TILS risk management framework will be used to analyse the risk for the adult who is risk managed under this procedure. Analysing risk will involve considering the interaction of the following component parts:

- Type of Harm.
- Imminence of Harm.
- Likelihood of Harm.
- Severity of the Impact of Harm.

### **Risk Responses**

Risk management involves taking active steps to limit the impact of a risk occurring. This can sometimes be known as the 'four Ts'. For any risk management plan, it is important to know what the response is. At the Escalating Concerns Meeting the response should be decided, and whether you are seeking to:

- Treat the risk - putting in measures to reduce the likelihood of the risk happening, or reduce the severity of the impact (e.g. corporate appointeeship to manage the risk of financial harm).
- Terminate the risk - to remove the risk altogether (e.g. may involve the adult moving to live somewhere else if the risk of the person living alone cannot be safely managed).
- Transfer the risk - transfer the consequences of a risk event to another party (e.g. power of attorney).
- Tolerate the risk - involves accepting the risk but putting in place contingency plans for managing the risk if it occurs. This may be necessary where all options have been explored, everything has been put in place, but the risk cannot be reduced (e.g. not putting in an overly restrictive action that potentially could have unintended harmful consequences).

All options require good recording and support defensible decision making.

The ECM will develop a SMART plan for addressing the risks that have been identified and assessed. Consider using a tool such as SWOT analysis (identifying strengths, weaknesses, opportunities and threats) when reviewing the effectiveness of the SMART plan.

Any risk management plan must be proportionate and focussed on the prevention, reduction or elimination of future risk of harm. Risk assessment should be seen as a dynamic process, not an event.

In addition, the Escalating Concerns Procedure encourages solution focussed risk-management, if this is required to manage risk for the adult(s) on this occasion. Therefore, risk can be managed, where necessary, in a way that is out with normal service response in order to achieve the desired benefit to the adult. This could mean:

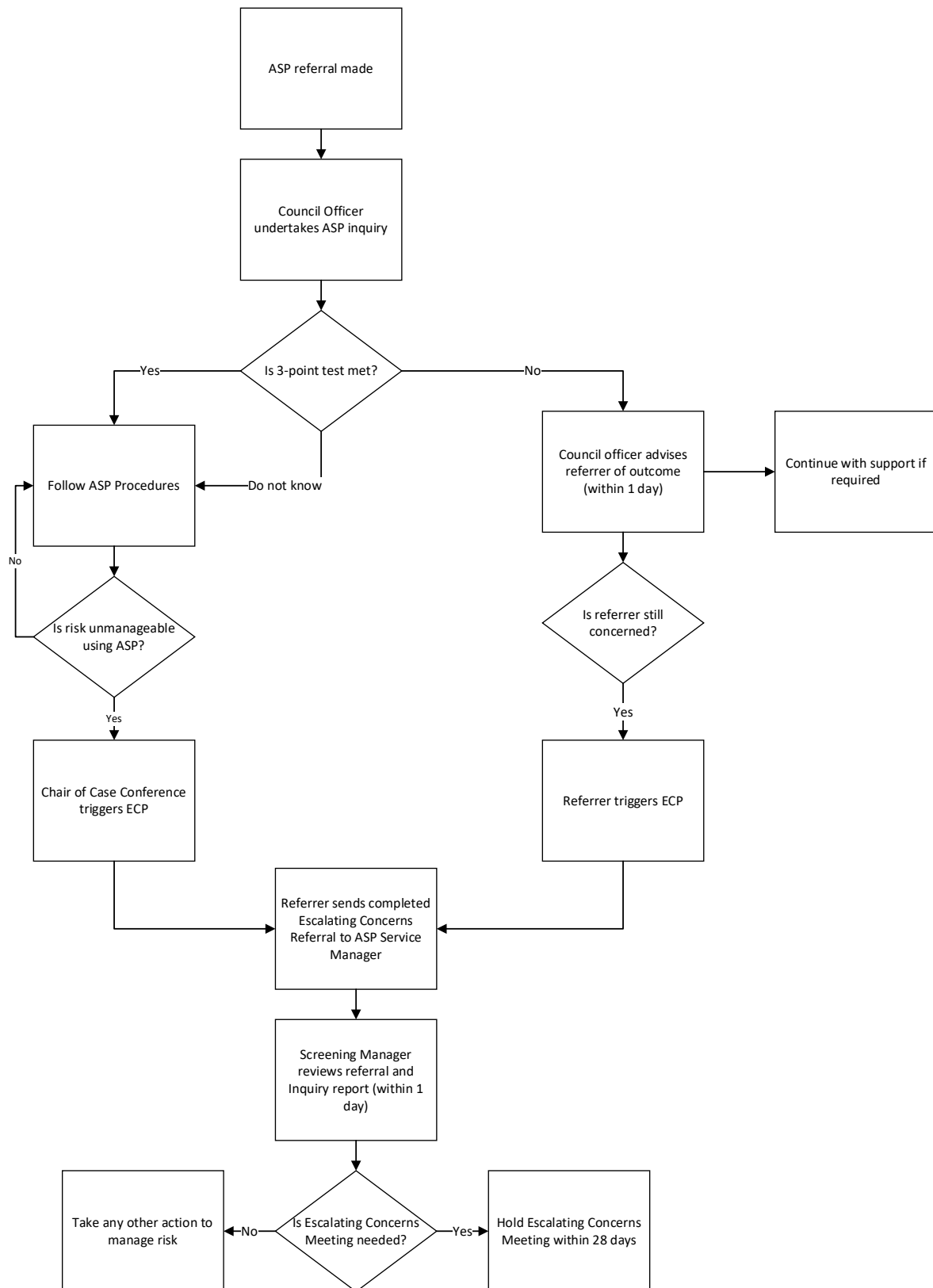
- Allocating resources not usually allocated and/or
- Being flexible with service criteria.

## 5. Information Sharing

Effective information sharing is crucial to the success of risk management under this procedure. Local information sharing protocols will be used to ensure information is shared proportionately and in a timely manner.

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## 6. Appendix 1 - Process





## 7. Appendix 2 – Referral Form

**Note - Email Adult Support and Protection Lead Officer at [emppo@eastlothian.gov.uk](mailto:emppo@eastlothian.gov.uk) for editable version of the referral form.**

### 1. Details of Adult

Date of referral	
Name of Adult	
Date of Birth	
Agency ID	
Home Address	
Current Address	

### 2. Brief outline of the adult's circumstances and reason for referral

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### 3. Current Risk Management Plan

Risk	Action to Manage Risk	Owner of Action	Brief summary of outcome and impact. How effective has this action been to manage the risk, and if not, provide details to explain.
Add lines as necessary			

### 4. Have you exhausted all options for risk management that are normally at your disposal?

Yes	No

### 5. Identification of Harm. At least one type of harm must be imminent, likely and severe for referrals to be accepted (refer to guidance notes overleaf)

Type of Harm	Imminence of Harm (Low; Medium or High with supporting analysis)	Likelihood of Harm (Low; Medium or High with supporting analysis)	Severity of Impact of Harm (Low; Medium or High with supporting analysis)
Add lines as necessary			

### 6. What other supports or interventions should be put in place to manage the risk for the adult?

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## 8. Appendix 3 Harm Identification (TILS Risk Assessment Framework)

