# Criteria for escalation – complete the following:

(**All of these** must be met, or the form will be returned; there are notes to aid completion from page 3 below)

1. **An adult with care and support needs has been identified as being at risk of significant harm, is well known to one or more agencies with repeated concerns or presentation, but there is no established plan to manage ongoing needs**.
* What are the eligible care and support needs identified? (Include **pen picture** of current situation):
* What is the most significant harm / abuse identified?:
1. **The person has the mental capacity to make relevant decisions but has consistently refused essential services or interventions, which could result in significant harm.**
* Please provide evidence of mental capacity assessment; include consideration of executive capacity (i.e. can the person actually carry out an action they indicate that they will do):
* Have trauma informed approaches been used to understand refusal of support?:
* What does the group feel are the barriers to engagement for the individual?:
1. **Current multi-agency approaches have not been able to mitigate the risk of this significant harm.**
* Describe what multi-agency approaches have been taken so far - include chronology of interventions, which agencies have been involved and action taken to date:
* What has worked well:
* What are the group still worried about:
* Detail the risk, including likelihood and impact scores before and after mitigating actions:
* Explain why the multi-agency group feel they have no further interventions to offer, which agencies have what concern:
1. **There is concern about the individual’s ability to manage their**: (*tick all that apply*)

[ ]  Personal care and hygiene

[ ]  Home environment

[ ]  Activities of daily living such as shopping

[ ]  Health conditions

[ ]  Finances

[ ]  Safety

[ ]  Protection from abuse and neglect

1. **One or more of the partners has concerns about the individual and believe a multi-agency senior management discussion would be of benefit.**
* Detail the agencies who have agreed this case needs escalating to Multi-agency Senior Manager Review:

**\*\* Please also attach copy of most up to date risk assessment \*\***

Person completing this form: ……………….

Your organisation: ……………………….

**Senior officer in organisation** that has agreed this case should be considered for multi-agency senior management level review - **referrals will not be accepted without this.**

:

Name …………………………

Job role …………………………

Form to be emailed to NSAB@norfolk.gov.uk

# Notes for completing this referral form

**Section 1** – ensure that eligible care and support needs, and the harm / abuse identified are clearly set out.

The Care and Support (Eligibility Criteria) Regulations 2014 describe the eligibility threshold for adults with care and support needs. The threshold is based on identifying how a person’s needs affect their ability to achieve relevant outcomes, and how this impacts on their wellbeing. To have needs which are eligible for support, the following must apply:

• The needs must **arise from or be related to a physical or mental impairment or illness.**

• Because of the needs, the adult must be unable to achieve **two or more** of the following outcomes:

* managing and maintaining nutrition
* maintaining personal hygiene
* managing toilet needs
* being appropriately clothed
* being able to make use of the adult’s home safely
* maintaining a habitable home environment
* developing and maintaining family or other personal relationships
* accessing and engaging in work, training, education or volunteering
* making use of necessary facilities or services in the local community including public transport, and recreational facilities or services
* carrying out any caring responsibilities the adult has for a child

By not achieving these outcomes, there is likely to be a significant impact on the adult’s wellbeing.

Set out the most significant harm or abuse – there are 10 categories of abuse under the Care Act:

* Physical
* Emotional / psychological
* Financial
* Sexual
* Organisational
* Neglect and acts of omission
* Discriminatory
* Domestic
* Modern slavery and human trafficking
* Self-neglect and hoarding

**Section 2** – consideration of the person’s mental capacity **must** have been made through the process to date, as it will be integral to any proposed intervention / support offered and should be evidenced.

**Section 3** – there is an expectation that for the individual case to be escalated up for this level of review, that significant work will already have taken place within a multi-agency framework. If this has not been relevant, please explain why.

Difficulties convening multi-agency meetings are not a reason to escalate using this review process, instead please refer to the NSAB ‘Managing Professional Difficulties’ guidance linked in section 2.2.

There is also an expectation that **robust risk assessment** using an agreed tool(s) has taken place (either single or multi-agency) to achieve a clear understanding of exactly what any risk is and the impact on the individual or others. This should include, but is not limited to, thinking about actual and potential risk, degree and impact as well as levels of mitigation. There should be evidence linking the risk identified to the harm specific to that person.

Simple example:

* ‘they smoke and it’s a fire risk’ – too general and gives no idea of the actual risk
* ‘the person smokes, and due to mobility issues will drop cigarettes that are still smouldering by their chair, which is close to the newspapers they read every day and put to the side of the chair also – there are already notable scorch marks on the carpet and side of their chair. There are smoke alarms and they have been given a small extinguisher to use, as well as a fireproof bucket, but their mobility means that it is still possible to drop on the floor.” – much more specific about the potential, actual risk with mitigations.

Please **attach the most up to date risk assessment** with the referral.

**Section 4** – sets out some specific areas to help identify where the concerns are impacting day to day

**Section 5** – as set out above, there is an expectation that multi-agency discussion / joint working is in place, and involvement to date (which may have been lengthy) has been unable to mitigate certain high level risks. This questions helps us to see where there is more than one agency with this level of concern.