

Right Care Right Person

Concern for Safety – Adult Social Care Response Checklists:

Background:

Right Care Right Person (RCRP) is a national operating model which provides clarity on the role and responsibilities of all agencies when there are concerns for a person's welfare but the Police are not the appropriate agency to respond. RCRP seeks to ensure the public are provided with the right care, responded to by the right person with the right skills, and training and experience to best meet their needs. It aims to ensure people who call the Police get the best possible support and service.

Whilst the Police will continue to respond to situations where there is a real and immediate risk to life or of serious harm, the Police will no longer respond to situations where the concerns do not meet this threshold (see Appendix C).

Purpose:

This checklist is to provide practical guidance to adult social care staff where there is a concern for a person's safety (ie concern for welfare). The checklist covers 6 scenarios:

- A) Where the individual is known already to Adult Social Care
- B) Where the individual is known already to another health or welfare agency
- C) Where a concerned member of the public contacts the Police with a concern over a person's safety.
- D) Where a concerned member of the public contacts Adult Social Care with a concern over a person's safety and the individual concerned is not already known to Adult Social Care.
- E) Concern for safety for people whose location is unknown (whether or not known to Adult Social Care).
- F) Concerns for safety that meet the Police criteria under RCRP.

If, having followed the appropriate checklist there is disagreement over responsibility please follow the escalation process in Appendix A.

A) Where the individual is known already to Adult Social Care

- 1) Where a social care team has a concern over the safety of a person already known, that team will take responsibility for making enquiries into the welfare/safety of the individual.
- 2) If there is concern about the risk of suicide, please use the attached Suicide Risk Guidance – see Appendix B. If the Person is in a public place and is displaying symptoms of a mental disorder then the Police may have powers under S136 of the Mental Health Act to take the person to a place of safety.
- 3) The worker responsible for making the enquiries will review the Liquid Logic record to assess the level of risk to inform the next step.
- 4) The worker will check other relevant systems as appropriate.
- 5) The worker will check with any other agency known to Adult Social Care which is also involved with the individual to inform and assess the level of risk.
- 6) The worker will attempt to contact the person by phone or by any other means familiar to the person such as email, etc.
- 7) Depending on the circumstances, a decision should be made in discussion with a line manager about how many times they should ring, at which intervals and over what period of time e.g. a worker may agree to try phoning hourly over the morning. If the worker is unable to successfully contact the individual the worker will consider contacting the following:
 - Family
 - Neighbours
 - GP
 - Any other relevant agency including 3rd sector if appropriate.
- 8) If a visit is required it is recommended that a risk assessment is completed, and that workers visit in twos if appropriate.
- 9) If another agency is involved, consider a joint visit with a member of that agency such as CPN/drug and alcohol worker/housing support worker/care agency.
- 10) If a visit is carried out but there is no response, a decision should be made about whether to make a second attempt to visit. Regardless of the decision,

make appropriate checks (e.g. speak to neighbours, look through windows to check not on the floor/unresponsive etc).

- 11) Put a note through the door to explain that you have been trying to speak to the person.
- 12) Consider further contacting the MerseyCare Crisis Line and updating the Local Authority Emergency Duty Team if necessary.
- 13) If the worker is unsure if reporting a concern for safety is appropriate, they should discuss this with their Manager and consult the Merseyside Police RCRP checklist (Appendix C) to consider if there is a Policing purpose or power for attendance.
- 14) If the worker believes that the circumstance of the referral meets the criteria for Concerns for Safety in line with the Merseyside Police guidance, then it should be reported by calling 101 or 999 if it is an emergency e.g. if there is concern that there is an immediate risk to life.
- 15) Once all reasonable steps as outlined above have been taken and no contact has been made, and there is concern that the person is in the house and unable to respond (e.g. due to being unconscious) escalate to a line manager and consideration should be given to contacting NWS and/or the Police to discuss the threshold for forced entry.

B) Where the individual is known already to another health or welfare agency

- 1) Where the individual is known already to another health or welfare agency then that agency will **take the lead** in making the enquiries into the safety of the individual. This will include primary care, such as a district nurse, but the role of the GP will need to be discussed with him/her. Depending on their level of involvement it may not be possible for the GP to take on this responsibility.
- 2) If the other health or welfare agency makes a reasonable request for **support** from Adult Social Care (i.e. asking for someone to go with a member of that agency to attempt a visit), then the Manager or Senior Practitioner for the Adult Access team will consider this request based on an assessment of risk from the information shared by the lead agency.

C) Where a concerned member of the public contacts the Police with a concern for a person's safety.

- 1) The Police will undertake their deployment toolkit to determine whether or not it meets the threshold for Police response.

- 2) The Police will advise the member of the public what the next best course of action may be.

D) Where a concerned member of the public contacts Adult Social Care with a concern for safety and the individual concerned is not already known to Adult Social Care

- 1) The Customer Contact Centre will undertake the same checks as outlined in section A.
- 2) If the Customer Contact Centre finds out that the individual is known to another agency, then that agency will be expected to take the lead in undertaking further enquiries to the safety of the person.
- 3) If the Adult Contact team cannot identify another agency involved with the individual then the team will refer to Adult Access to undertake the same actions as if the person were known and consider a joint visit to the person's home, once all other checks have been exhausted (see section A)

E) Concerns for safety checks for people whose location is unknown (whether or not known to Adult Social Care)

- 1) Adult social care does not have a search and rescue capability. The Customer Contact Centre, Adult Access or relevant community team, if known, will undertake the checks listed in section A) from 1-7.
- 2) This check will include A&E
- 3) Consideration may be given to undertaking a home visit if there is evidence that the person may now have returned. Risk should be considered and whether this visit should be made by 2 people.
- 4) If efforts to contact the person or establish their whereabouts have been unsuccessful, and a concern still exists, then consider if they are a missing person. Contact the Police via 101 and make a Missing from Home report. Answer the questions asked by the Police and inform them of all the checks made so far so that work is not duplicated. This helps support the Police risk assessment and where it is appropriate the Police will commence an investigation.

F) Concerns for safety that meet the Police criteria under RCRP

- 1) Merseyside Police has a responsibility to deal with core policing matters. The following are core roles of the Police:

- To protect life and property. Where it is considered that there is an immediate, real and substantial risk to the life and/ or a risk of serious injury to the person or any other person. In the case of a child, there is a reasonable belief that the child is suffering or is at risk of suffering immediate and significant harm as set out in Section 47 of the Children's Act 1989.
 - Prevention and investigation of crime. The circumstances mean there is a reasonable belief that a crime has been, is being or is about to be committed.
 - To keep the King's peace.
- 2) If a practitioner is concerned about the welfare of a child, individual or family and meets the criteria of a concern for safety in line with the Merseyside Police guidance, then it should be reported by calling 101 (or 999 if an emergency).
- 3) If a practitioner is unsure if a Police Concern for Safety Check is appropriate, they should discuss this with their manager and consult the Merseyside Police RCRP guidance to consider if there is a Policing purpose or power for attendance. See Appendix C.
- 4) If a practitioner contacts the Police and the Police say they do not feel deployment is appropriate but having followed all the above stages, the practitioner disagrees they should say "I'd like to trigger an escalation".

Appendix A

Escalation Procedures:

Merseyside Police: have a 2 stage escalation process which can be triggered if there is a disagreement between the caller and the call handler regarding Police deployment. This can be triggered by advising that there is a disagreement and “I’d like to trigger an escalation”.

Disagreements between agencies: The safeguarding system within Merseyside takes collective responsibility for the welfare and safety of all its residents.

Effective communication is vital when responding to concerns for safety.

Concerns for safety must never be left unresolved. Where there is a concern on the part of any individual professional that the system is not working effectively to resolve a concern for safety then the following escalation process should be followed:

Stage one Initial attempts to resolve low level problems should be made between practitioners and agencies when a disagreement arises. It should be recognised that differences in status and/or experience may affect the confidence of some workers to pursue this without support. However, all members of staff have a professional duty to raise concerns about the safety and well-being of service users and to act promptly.

Stage Two Any worker who feels that a decision is not safe or is inappropriate, and/or where it has not been possible to resolve the disagreement through Stage One discussion, must escalate their concerns as soon as possible to their supervisor/manager. Their line manager should then raise the concerns with the relevant opposite manager.

Stage Three If the problem is not resolved at stage two, the respective supervisors/managers must escalate the concern to their senior managers e.g. Head of Service to escalate to the relevant designated leads such as for the ICB, local authority, Police, NWAS who may also be involved and prepared to intervene to resolve the unresolved concern for safety.

Appendix B: Guidance if there is a suicide risk.

Levels of Risk – Low, Medium & High

Low Risk:

The conversation may include some of the following:

- Whilst they have fleeting thoughts of suicide, they have no plan to carry it out
- They have not attempted suicide before
- They have plans for future
- They have no known mental health problems

This level of risk is about BEING AWARE and “keeping an eye”.... checking in with someone regularly.

Medium Risk:

The conversation may include some of the following:

- Whilst they are thinking of suicide, they have no plans to act on them in immediate future
- They may be self-harming
- They may be experiencing significant life events e.g. bereavement, job loss or relationship break down
- They may have mental health problems and be experiencing poor mental health
- They may have limited support

This level of risk indicates you need to be thinking about some kind of “INTERVENTION” to provide proactive support for the person.

High Risk

The conversation may include some of the following:

- They have suicidal intent
- They have made a plan
- They feel they may act impulsively to carry out suicide
- They have access to the means to take their life
- They have limited or no real protective factors
- They live alone
- They have mental health problems

When this level of risk is evident, you need to be taking EMERGENCY ACTION.

Appendix C: Merseyside Police RCRP Decision making considerations

Decision-Making Toolkit Considerations

- Is there an immediate risk to life / serious harm?
- Is there a ‘present and continuing’ risk to any other person, other than the subject?
- Is a crime suspected of being committed?
- Are the police required to provide a physical restraint to save life?
- Is the location of the individual known? – Have reasonable enquiries been made to establish the whereabouts?
- Who is reporting the concern? Member of the Public/Partner Agency
- Is the subject under 18-years. Is there an immediate safeguarding risk to prevent significant harm?

