

One Minute Guide to Meetings

Safeguarding/S42 Meeting

Adult Safeguarding meetings are held under the Care Act 2014 and in line with 4LSAB Multi-Agency Safeguarding Policy 2016 to find out what the concern is, and what we need to do to support and empower adults at risk to keep safe. We may also need to carry out an enquiry to learn more about the situation. And, sometimes, you may need a safeguarding plan to make sure the concern does not happen again.

Safeguarding meetings are held so that we can all get together in order to:

- Establish the facts
- Hear the views and wishes of an adult at risk
- Identify if further action is needed to ensure the safety and wellbeing of an adult at risk

There are two types of Safeguarding meeting. The first is to decide if an enquiry is needed and what it should involve – Safeguarding Planning Meeting.

If an enquiry is needed, this meeting will decide:

- Who will do the enquiry
- Who they will speak to
- When they will do it

When the Section 42 enquiry is finished, we will usually organise a final Safeguarding meeting. This meeting is to make sure that everyone knows what has happened – Safeguarding Review meeting. At Safeguarding Review meetings, we will discuss with the adult at risk or their representative what has happened and what needs to happen next.

We will:

- Establish the facts
- Hear the views and wishes of the adult at risk
- Identify if further action is needed to ensure the safety and wellbeing of the adult at risk. If risk of abuse/neglect remains, we will consider what can be done to minimise existing concerns, and to prevent future abuse/neglect. A Safety Plan will be created/reviewed if appropriate.

We record all our actions on our electronic recording system; notes from the meeting are shared with everybody who attended or as agreed at the meeting.

Professionals Meeting

- Means something different to each agency
- Can be single agency, or can have other professionals invited in
- Person at risk not invited
- To discuss specific cases, care and treatment, incident, risk, professional challenge or disagreement etc.
- Can be a one off or regular meeting – called when a discussion with other professionals is needed
- Can be called at short notice in a crisis
- Should be called because there is a legitimate reason for getting professionals together, but does not have a specific framework advising when one should be called

Best Interest Decision Meetings:

Any actions carried out on behalf of someone who lacks the mental capacity to make the decision for themselves must be in their best interests.

When making a best interest decision, steps should be taken to engage the person themselves, all the evidence available needs to be considered, and the following need to be balanced:

- Past and present wishes of the person;
- Any belief and values that influence how they would make the decision for themselves;
- The views of family and friends; or an IMCA if only paid for carers involved and the decision related to major medical treatment or issues about residency;
- The views of other professionals involved;
- How the decision will affect the person, their health and wellbeing;
- Whether the person may recover capacity and the decision can be delayed;
- Consider if there are other options that may be less restrictive of the person's rights.

There only needs to be a meeting when there is a more complex decision or there are issues, such as a number of people involved with differing opinions which conflict.

The decision maker must record the individual's views and discussions with others, along with the outcome of the decision.

If there is not agreement about the best interest decision, then it may be that an application to the Court of Protection is required with regards the decision.

Integrated Locality Meeting (ILS)

- **Adult Social Care led** meeting in the 3 localities
- **Weekly scheduled meeting**
- Part of preventative framework in the Care Act
- discuss individuals who require a multi-agency response **to prevent needing statutory services**
- multi-agency meeting
- **Not attended by the individual** being discussed
- Individuals discussed may or may not be open to safeguarding

Multi-disciplinary Team Meeting (MDT)

- Can mean something different in each agency
- Is a type of Professionals Meeting (see above)
- Purpose is to coordinate a number of different teams or agencies all working with one person
- Looks at an individual's health needs – behaviour, cognition, physical/emotional needs, communication, mobility, nutrition, continence, skin integrity, breathing, drug/medication/symptom control and also altered state of consciousness
- Structured and planned in advance around a specific event e.g. discharge from hospital

- Person at risk, relative or carers may or may not be involved – each case is different

MARAC (Multi-agency Risk Assessment Conference)

MARAC - A MARAC, or multi-agency risk assessment conference, is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.

After sharing all relevant information about a victim, representatives discuss options for increasing safety for the victim and turn these options into a co-ordinated action plan. The primary focus of the MARAC is to safeguard the adult victim.

MAPPA

MAPPA is the statutory process through which the police, probation and prison services work together with other agencies to assess and manage violent and sexual offenders in order to protect the public from harm. It is a system of sharing information and combining resources to maximise the risk management in place for each individual offender. The Police and/or Probation Service have a responsibility to manage those offenders who meet the criteria for statutory MAPPA management (based on qualifying offence), these include Category 1 sex offenders, Category 2 violent offenders, and Category 3 offenders – known as the critical few.

This meeting will be chaired by either the Police Detective Inspector or Probation Senior Probation Officer

Potentially Dangerous Person Meeting (PDP)

A PDP is a person who is not currently managed under one of the three MAPPA categories, but whose behaviour gives reasonable grounds for believing that there is a present likelihood of them committing an offence or offences that will cause serious harm.

Examples of PDPs include:

- a person charged with domestic abuse offences on a number of occasions against different partners but never convicted of offences that would make them a MAPPA-eligible offender
- an individual who is continually investigated for allegations of child sexual abuse but is never charged or never receives a civil order, but whom agencies still believe poses a serious risk of sexual harm to children
- a terrorist suspected but not convicted of an offence
- where a community psychiatric nurse (CPN) shares information with the police that a patient with mental ill health has disclosed fantasies about committing serious violent offences. The patient is not cooperating with the current treatment plan, and the CPN believes serious violent behaviour is imminent.
- a person who has committed offences abroad that had they been committed here would result in the offender being managed under MAPPA.

These types of individuals could still benefit from active risk management but would not be managed under MAPPA. This management would usually involve two or more agencies, although there may be cases where only the police are involved. There must be a present likelihood of the subject causing serious harm in order for their case to be managed.

Although there is no statutory multi-agency framework to govern PDPs, a multi-agency approach is considered good practice. The CJA 2003 provides the legislative framework for the responsible authority to establish arrangements in relation to MAPPA offenders, but this **does not** extend to PDPs. The police, however, can decide that the risk posed by a PDP requires them to retain and share information. The authority to do so lies in the positive obligations under the European Convention on Human Rights (ECHR), as incorporated under the Human Rights Act 1998. These are Article 2 (the right to life) and Article 3 (the right to freedom from torture or inhuman or degrading treatment or punishment).

For a person to be classified as a PDP, the Head of Public Protection (Police) must sign an endorsement. This meeting will be chaired by police Detective Inspector.

CPA (Care Programme Approach)

The CPA is still used within Mental Health.

- It is the means by which a treatment plan is planned and delivered to patients who are in secondary care MH Services.
- Active service user involvement and engagement is at the heart of this style of approach. Self-care is promoted and supported wherever possible.
- Those subject to CPA will have a Care Co-ordinator who is responsible for ensuring all appropriate assessments are completed and update accordingly.
- There are two levels (those on CPA and those under Standard Care).
- Criteria for CPA can include the following:
Current or potential risks (including) Suicide, Self-Harm, Harm to others (including history of offending), relapse history requiring urgent response, Self-neglect/non concordance with treatment plan, vulnerable adult, adult/child protection etc. Exploitation, financial difficulties related to Mental Illness, Disinhibition, Physical/emotional abuse, Cognitive impairment, Recent or current admission to hospital under Section of the Mental Health Act, dual diagnosis and those involved with multiple services/support.
- Those on standard care get appointed a Lead Clinician, whereas CPA are allocated a CCO.
- Minimum review of CPA status is no less than once every six months, but can be more frequent if required.

High Risk Domestic Abuse (HRDA)

HRDA - High Risk Domestic Abuse (HRDA) meetings

These are daily meetings in the Multi-Agency Safeguarding Hub (MASH) that consider the highest risk domestic abuse incidents. The HRDA meeting is chaired by a police representative and has a core attendance of:

- Children's Services, via MASH
- Adult Health & Care, via MASH
- a MASH health professional
- a specialist domestic abuse worker

The HRDA meetings relocate work from MARAC to MASH. This ensures:

- families affected by domestic abuse receive a faster, coordinated response
- support and interventions are provided closer to the timing of the incident
- a specialist domestic abuse worker ensures the voice of the victim/survivor is represented at the planning stage
- a consistent threshold is applied to high risk domestic abuse cases

There is currently no HRDA process covering the Isle of Wight

Multi-agency Risk Management (MARM) Meeting

- Can **only be called** in line with the 4LSAB MARM Framework
- Can be called by **any agency** – it is not an adult social care responsibility
- Is only for cases in which all other meetings have **already been held or considered (*including Safeguarding where the Section 42 (1) statutory criteria is met*)**, and there is still a high level of unmanageable risk
- Is not a crisis meeting at short notice
- Multi-agency meeting – deciding which agency to invite is on a case by case basis
- Cannot be used instead of safeguarding process
- Called when needed rather than a regular schedule
- **Always involves the person at risk**, either by them attending (with or represented by an advocate where appropriate) or by their views and wishes being central to the meeting

MARM Taskforce

- Called by Housing once a month to discuss rough sleepers
- Individuals identified for Housing First will be discussed
- Individuals are not invited as it is an overall and general discussion
- Does not relate to just one person
- Cannot be called in urgency

Team Around the Person (TAP)

Team Around the Person (TAP) is a support mechanism when a person is in crisis. This is part of the Citizen Advice Help Through Crisis support (HTC).

If a person applies to HTC for food or fuel, if they have a disability or health concern, they are automatically referred to TAP. 'People Matter IOW' then contact them to see if they would like further ongoing support; this is led by them. Tasks that may be carried out include writing letters to debtors, sorting out benefit claims and making calls and referrals to other agencies. People Matter IOW then, with consent, draw up an action plan that the person owns and works with them to achieve this. There is no time limit to this and can be as little or as much as they need.