

IOM Safeguarding Board

Adults at High-Risk Escalation Panel

Terms of Reference

Introduction

The Adults at High-Risk Escalation Panel (AHREP) is a multi-agency meeting that brings together senior managers from across agencies to collectively respond to complex situations of severe-critical risk to vulnerable adults over the age of 18, and their communities.

The panel does not case manage but provides a point of escalation and consultation for open cases, where existing multi-agency mechanisms, (for example Safeguarding Adult procedures or Complex Case management meetings) have exhausted efforts and risks remain high to the adult and/or to the public.

Circumstances may include:

- Self neglect and hoarding – severe/critical risk
- Complex care eg. mental health needs, problematic behaviours coming to frequent attention of police; frequent attenders at the Emergency Department with non-medical emergency.
- Frequent missing persons
- Community Anti-Social Behaviour leading to significant harm to vulnerable adults and others within their communities
- Adults at high risk from exploitation including modern slavery

Exclusion Criteria

- Cases that meet criteria for Manx Public Protection Arrangements (M- PPA)
- Cases that have not been the subject professionals meetings/ multi disciplinary team meetings.
- Safeguarding Children: All agencies should 'Think Family' and consider the needs of children involved in any case. Concerns relating to children should be referred under Safeguarding Children procedures.

Aims & Objectives

The overall objective is to safeguard adults and local communities to prevent further risk of harm. The panel will advise on the best approach to manage the overall risk to the adult/community and on effective safety planning strategies. Escalating concerns to the panel, should assist in the management of the risk to the adult and others impacted. However, in doing so it will also consider and manage the behaviour of any perpetrator.

The aims are:

- To ensure that focus is maintained on the wellbeing/safety of the adult, others within their environment and local communities.
- To provide support for practitioners, along with constructive scrutiny and challenge to steps already taken by practitioners/agencies involved.

- To assure relevant policies, procedures and legal process have been considered and followed.
- To evaluate whether reasonable and necessary steps have been taken to reduce risks of harm and to advise on additional measures that could be taken in a risk management plan.
- To be solution focused in mitigating remaining risks, including sanctioning additional resources and creative approaches beyond the usual agency remit and procedures.
- To assure there is effective partnership working, including information sharing and to resolve any barriers that are negatively impacting on plans to reduce risks to the adult or others.
- To sanction decisions to end involvement where all alternative measures have been explored.

Membership

The AHREP is chaired by Senior Manager from Adult Social Care, Health or Police on a rotation basis. The panel will be chaired by the Assistant Director of Adult Social Work, for the initial six months.

Core Membership:

- Adult Social Care
- Community Health
- Mental Health
- Police
- Probation (only if relevant to the individual concerned)
- Department Health and Social Care (ad-hoc attendance and involvement in picking up strategic issues)
Housing

Other agencies may be invited to attend as relevant to circumstances of the case e.g. Housing; Fire and Rescue; Environmental Health; 3rd Sector

Membership should be by senior managers who are accountable for their service, and who have sufficient authority to sanction risk management plans; deploy staff and allocate resources.

Frequency and Quoracy

The AHREP is scheduled on an ad hoc (as & when) by exception basis. The circumstances of the case will determine the urgency of convening a panel but as a minimum, the panel should be convened within 15 working days of receipt of a referral. The meeting may be held virtually through Teams platform or face-to-face. Quoracy is three of the Core membership agencies.

Referral Routes

The lead agency¹ should complete a referral and send via AHREPPreferrals.ManxCare@gov.im.

It is expected that members of the AHREP will read the submitted referrals in advance of the meeting.

¹ Defining the lead agency will be on a case-by-case basis but will usually be the statutory service most relevant to the adult's primary presenting need or who has greatest involvement with the adult.

The referring agency attends the AHREP to present the case including a resume of actions already taken.

Accountabilities

AHREP is a mechanism through which agencies can better discharge their statutory responsibilities and protect adults and the public in a co-ordinated manner. It is essential that each agency is clear about their responsibilities and accountability to avoid high risk cases becoming lost. **The AHREP can aide coordination of a response but the responsibility to take appropriate actions rests with individual agencies; it is not transferred to the panel.**

Where there is disagreement between AHREP members that cannot be resolved, the IOMSB escalation procedures should be utilised. [Escalation Policy](#)

The AHREP has no specific budgetary or official decision-making powers outside of each representative agency's legal duties.

Information shared at the panel is confidential and is only used for the purpose of reducing the risk of harm to those at risk. Information that is shared is governed by information sharing agreements, and the permissive provisions of the Data Protection Act.

Presentations to the AHREP must be made with the adult's consent *unless* there is a vital or public interest, in line with IOM Safeguarding Board Information Sharing Guidance.

AHREP will review the risk assessment and management plan and endorse or suggest revisions. Members may commit to actions on behalf of their service, aimed at progressing the multi-agency response and reducing risks. It is the responsibility of the presenting practitioner/AHREP representative to ensure identified actions are implemented and followed up.

It is assumed that each case will not need to return to the AHREP.

Minutes of the AHREP will be taken by Chair/lead agency and distributed to participants. A learning log of effective resolutions and other systemic learning will be maintained.