

# Lambeth Safeguarding Adults Board

## Complex Case Framework

## Multi-Agency Risk Management Tool

Approval date	March 2025
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The Complex Case Pathway was first developed by the LSAB in 2021. This is a revised version following a LSAB task and finish group attended by SAB members in March 2025.



# Complex Case Framework

## IDENTIFY

**A professional has concerns about the risk of harm to a person, and the following all apply:**

- The person does not live in a registered care home\*
- The risk of harm derives from the person themselves (through their unmet self-care needs), rather than a 3<sup>rd</sup> party\*
- The unmet self-care needs are problematic to manage and the risk of harm is increasing.

*\*Local safeguarding processes should be always be used for people living in care homes, or where a 3<sup>rd</sup> party (for example another person or a service) is the source of the risk*

## RESPOND

Agency that identifies the concern is the **first responding agency**, this agency having responsibility for **advancing the concern** at this stage. Two actions must occur;

**1. Report an adult safeguarding concern**

**2. First responding agency identifies other 'relevant agencies' that**

- are currently providing support to that person
- may add expertise to the assessment of risk
- is the person's GP

## ORGANISE

**Arrange virtual multi-agency risk meeting involving 'relevant agencies'**

- Consider if other pre-arranged meeting could be utilised to cover the requirements of the complex case risk assessment

## ACTION

**Virtual multi-agency risk assessment meeting takes place**

- First responding agency presents overview of case/ concerns
- Relevant agencies share information
- Risks are reviewed in more detail
- Create action plan and review period
- **Lead agency** identified , replacing first responding agency
- Record minutes and actions (see Appendix for template)

**Lead agency shares and oversees action plan**

**Action plan and risks are reviewed at subsequent meetings until risks are reduced or are stabilised.**

Possible Safeguarding enquiry process

## **Guidance notes for using the Complex Case Pathway/ Framework**

### **IDENTIFY**

This pathway is principally to be used for people who may be exhibiting behaviours related to self-neglect, however it is also relevant for any vulnerable adult who may be refusing or disengaging from one or more service.

It can also be helpful in situations where there are concerns that a vulnerable person presenting with self-care risks does not meet the criteria for one or more essential services, and the concern is about the person '*falling through the gap*' of service provision.

The pathway is not to be used when the source of risk originates from another person or service. Please always refer such concerns through standard safeguarding processes.

This pathway is only relevant for adults whose usual place of residence is in a community setting, rather than in residential care (where standard safeguarding processes should be followed).

### **RESPOND**

It is essential that the agency that first identifies the concern takes initial ownership of it.

It is important to immediately refer any concern of this nature through standard safeguarding processes within your organisation. However, there may be occasions when a safeguarding concern will subsequently not meet Section 42 criteria for an adult safeguarding enquiry and an alternative response is required to enable a multi-agency evaluation of risk and an agreement on what actions need to be done and by whom.

Therefore, in addition to reporting the safeguarding concern (if felt needed) the first responding agency should also lead on contacting and bringing together other agencies and services that it feels are relevant to the risks presented.

This would usually include services already involved known to the person, but it may also include professionals, services or organisations that can bring appropriate expertise to the situation, for example the Fire service if there are perceived fire risks, or a Mental Capacity Act lead if expertise is needed around the persons decision making capacity. It is always necessary to contact the GP Practice, as the GP is the key baseline service. The purpose of the initial contact is to inform other agencies of the concerns and invite them to a multi-agency risk meeting.

## ORGANISE

Meetings can be held online or in person, the most important factor where there is risk, is that this is done without delay. If you are unable to get agreement for attendance of a key person for this meeting then please escalate with your relevant representative.

It can also be useful to consider whether the person is subject to any other forthcoming professional forum, such as a hospital discharge planning meeting, or service care review, as the pathway multi-agency risk meeting could easily dovetail with any pre-arranged forum.

## ACTION

The multi-agency risk meeting is the forum where the issues are outlined, risks are assessed and action plan to mitigate that risk is formulated. This is led by the lead professional who identified the concern and is best placed to apply this framework.

It is important at this stage to identify the lead agency overseeing delivery of the action plan. The lead agency will not necessarily be the same as the first responding agency. For example, it is essential to clarify whether the concerns have met the criteria for a formal adult safeguarding Section 42 response.

If a Section 42 enquiry is underway, it must be incorporated into this process. A Safeguarding Adults Manager from the local authority should attend the meeting and will take the lead in developing and overseeing the action plan. If there is no safeguarding Section 42 process, then the lead agency should be the agency that is best placed to oversee the risks. *For example: If highest risk relates to disengagement from health re insulin this should be led by health team with oversight.*

Identifying the lead agency should take into consideration the duties and responsibilities of the respective agencies involved, as well as practical issues such as the needs and risks of the person, and the likelihood of that agency being able to have a consistent and continuous relationship with the person, that is not time limited.

GP practices are often in a good position to be the lead agency, particularly if the risks are predominantly around healthcare needs, or the other services involved are subject to frequent change and can't provide the person with crucial longer-term support and oversight of risk.

### **Supervision and support for practitioners**

Working with people who may benefit from a multi-agency approach as outlined in this pathway is not easy. As a practitioner, it is often difficult to know how to manage or mitigate the risks and

issues which arise. There are usually no quick wins or easy solutions. It may take a long time, weeks or even months, before risks have reduced or interventions have worked. This type of safeguarding work, which is often focused in the preventative space, can be demanding and stressful. It might require skills of negotiation, risk management and leadership.

It is essential that professionals involved in using the pathway, particularly those who are leading on meetings, assessing risk and formulating action plans, gain support from their respective organisational safeguarding teams through, for example, formal safeguarding supervision sessions. The Lambeth Safeguarding Adults Board has produced a [safeguarding supervision guide](#) which can support organisations to use safeguarding supervision effectively.

### Innovation and creativity

The pathway aims to support a cohort of people who are often not compliant with traditional service delivery or interventions. Because of this, the professionals involved may need to devise potentially innovative and creative approaches to mitigate the risks evident.

For example, a person with significant health needs but is mistrustful of health services may engage more readily with other services. Those other services may become the crucial link between the health services and the person, supporting the monitoring of the person's well-being and encouraging engagement. It is helpful then to frame the risk meetings not as forums where services are simply delegated tasks and responsibilities, but as opportunities for professionals to come together, allowing time and space for them to think creatively about solutions to the risks.

### Information sharing

Sharing information is a fundamental part of safeguarding, including in preventative work—which this pathway is designed to support. However, it remains essential that professionals consider the relevant legal frameworks before sharing any information.

The SAB has an [Information Sharing protocol](#) which agencies are signed up to.

If you are unsure about information sharing in relation to this pathway, please speak with your organisation's safeguarding or information governance lead for guidance.

### Consistency of professional input

This approach will work best for a person when the professionals involved in the pathway are consistent and are able to provide longevity of support for the case. This commitment helps to promote an effective working knowledge of the risks and challenges for the case, as well as developing an understanding of what interventions work, or do not work, for the individual.

### Escalation for MDT approach

This initiative is led by the Lambeth Safeguarding Adults Board (LSAB), and all partner agencies represented on the Board have formally signed up to the framework.

It was developed in response to risks identified in Safeguarding Adult Reviews (SARs), where adults experienced harm due to the absence of a coordinated, multi-agency approach and insufficient information sharing.

If you're experiencing difficulties in securing attendance from a particular agency at meetings, please speak with your organisation's safeguarding lead or LSAB representative. They can escalate the matter to the appropriate contact within that agency.

## APPENDIX

Complex Case Pathway/ Framework Multi-Agency Risk Meeting Template	
Name of adult:	
Venue:	
Date and time of meeting:	
<b>Step 1: Multi-agency involvement (15 min)</b>	
<b>1. Introductions, roles of attendees and apologies:</b> <i>ensure contact details are shared for future communication/follow up</i>	
<b>2. Purpose of the meeting</b> <i>This meeting is convened under the Complex Case Pathway/ Framework guidance to bring together all relevant and/or involved agencies to identify and agree actions to mitigate risks.</i>	
<b>3. Confidentiality and information sharing issues</b>	
<b>4. Background of adult and summary of concerns</b>	
<b>5. Details of each agency's involvement/concerns</b> <i>Confirm whether there is any agency no longer involved due to services being refused. What has been tried already by each involved agency? What was the outcome?</i>	
<b>Step 2: Where are we now? (10 minutes)</b>	
<b>6. What is the adult's perspective of the situation and their wishes?</b> <i>Where possible, try to facilitate the person attending the meeting- what support would be required? If the adult is not attending, ensure that their views are sought prior to the meeting.</i>	
<b>7. Details of mental capacity to make a decision regarding ability to prevent harm and self-neglect:</b> <i>Decision(s) and associated risks and consequences against which mental capacity (including 'executive functioning') has been assessed. How capacity assessment was carried out, when and by whom. Is a legal view required?</i>	
<b>8. Assessment of risk:</b> <i>Agree severity of risks identified</i>	



Step 3: Problem Prioritisation (5 minutes)			
9. Which of the above issues will be of the most benefit to focus on first? Consider who these will be of most benefit to?			
10. What is working well at the moment? Identify strengths of the adult and in existing support.			
Step 4: Action planning (10 to 15 minutes)			
11. Identify specific actions, person responsible, target dates and feedback mechanisms			
Action	Who is responsible	Feedback to	Completion date
Step 4: Long term risk management plan (10 to 15 minutes)			
Area of risk	Measure in place	Who is responsible	Type of measure (new/existing)
Step 5: Closure and future follow up			
12. Who will send out a copy of the minutes and plan?			
13. Is a further meeting required?			
<b>Note:</b> Any agency can re-initiate the Complex Case Pathway/ Framework risk meeting if the circumstances change following the implementation of the above agreed action plan and new risks are presented that cannot be managed through existing arrangements.			