



**Supporting Agencies in the Management of Complex Multi Agency Enquiries.**

**Joint Safeguarding and Criminal Investigations Protocol.**

**Version 4**

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## 1. Section 1

### 2. Introduction.

The objective of this protocol is to help Local Authorities and the Police manage cases where there is a joint section 42(1) Care Act, and Complex Criminal Investigation.

When such investigations are running parallel there will be complex, competing demands, with agencies making decisions regarding information sharing, which significantly impact on the other parties involved. The overarching priority of all of those involved in the investigations must be to protect those whose circumstances triggered the concerns, and others subsequently identified during the enquiries from further harm.

Learning from the 2021 Adam SAR commissioned by the West of Berks Safeguarding Adults Board recommended that:

“...to improve the efficacy of future practice, a multi-agency protocol is developed to provide guidance and a structure for the management of complex multi-agency enquiries. This should not only include arrangements and membership requirements for a strategic group, but also consider how a tactical group is formed and led to deliver the operational activity.”

Policing responsibilities under The Care Act 2014 created a legal framework to ensure that key organisations with responsibilities for adult safeguarding work together. Adult safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. Adult safeguarding procedures under the Care Act 2014 apply to adults at risk with care and support needs

Policing has a crucial role to play in the identification, support and safeguarding of adults who are at risk of harm. Perpetrators will target those with specific vulnerabilities, eg, mental ill health, substance misuse, isolation, learning disabilities, cognitive ability, to commit or assist in the commission of their crimes, as they know they will be easier to groom, manipulate and threaten and as victims' they are less likely to report their experience for many reasons.

The Care Act 2014 provides a statutory framework for working in partnership in cases where adults at risk have care and support needs. The following guidance will assist agencies in the management of complex joint investigations, and the sharing of information, where it has been determined that there will be a joint section 42 and criminal investigation.

The protocol has been developed so that once a complex joint investigation has been instigated, there is clear, identified, senior oversight, from staff within the respective organisations not directly involved with the investigations, who will be able to objectively support the operational teams regarding resourcing, information sharing protocols, and the management of the investigations.

The guidance, tools and information within this framework have been adapted by Reading Borough Council, West Berkshire Council, Wokingham Borough Council and Thames Valley Police from the following sources:

- 2.1.1. A Positive Approach to Risk & Personalisation: A Framework - ADASS West Midlands, Joint Improvement Partnership & NHS West Midlands
- 2.1.2. National Police Chiefs Council - Common Law Police Disclosures
- 2.1.3. College of Policing Authorised Professional Practice – Major Investigation & Public Protection
- 2.1.4. Risk Taking for Positive Outcomes - Cumbria County Council
- 2.1.5. Best Practice in Positive Risk Taking - London Borough of Hounslow
- 2.1.6. Promoting Choice: Positive Risk Management - Gloucestershire County Council

### **3. Identifying the correct framework to manage the joint investigation:**

- 3.1. Within Policing, and the Local Authorities, there are long established protocols in relation to safeguarding, risk management, and information sharing. This protocol has been specifically raised to offer guidance after a safeguarding concern has been reviewed, discussed and agreed as a joint criminal and section 42 investigation, and has such complexity that it requires the decision making of a senior member of either the Local Authority or Thames Valley Police. It does not replace guidance and protocols already in place for the vast majority of safeguarding investigations which should be managed in the first instance through local Care Management procedures and/or Safeguarding processes where appropriate. However, eligibility, criteria, and/or engagement/disagreement of agencies may mean that these processes will be exhausted without a suitable joint investigation management plan, leading to a delay in risk management, support, or information sharing.
- 3.2. Referrals to the Joint Safeguarding and Criminal Investigation Protocol processes cannot be made outside of the host local authorities or Thames Valley Police. If referrers believe that a joint investigation is of such complexity that it requires the oversight of the Joint Safeguarding and Criminal Investigation Protocol, then it should be escalated to the manager of the host Local Authorities Safeguarding Adults Team.

### **4. Information Sharing**

- 4.1. Information gathering and sharing is key to the assessment, identification and management of risk.

The use and sharing of information will respect confidentiality and the principles outlined in the Data Protection Act and Caldicott guidelines and will be proportionate to the level of risk to be managed and to the circumstances of the individual.

<https://www.gov.uk/government/groups/uk-caldicott-guardian-council>

- 4.2. The Pan Berkshire Information Sharing protocol can be found at:

<http://www.sabberkshirewest.co.uk/media/1407/pan-berkshire-sab-information-sharing-protocol-v10.pdf>

- 4.3. Consider the use of the Common Law Disclosure Scheme for professionals and persons in positions of trust suspected of adult abuse, so that employers are aware of risks posed by people seeking or in caring roles:

[Police Common Law Disclosures \(college.police.uk\)](http://college.police.uk)

**5. Relevant Legislation in regards to JSCIP**

<p><b>Duty of care</b></p> <p>A duty of care is established in common law in relation to all services. For an action to succeed in negligence there must be an identified duty of care. An action will only be successful where a duty of care is breached through negligent acts or omissions and where injury is suffered as a result.</p> <p>A duty of care is an obligation requiring that a reasonable standard of care is exercised when providing support (or omitting to provide support) that could foreseeably harms others. Councils, health bodies, private care providers and individual care staff owe a duty of care to individuals to whom they provide services.</p> <p>An individual with capacity may choose to take risks. In some circumstances, a court may decide that the individual consented to the risk, and therefore find that the duty of care will not have been breached. Providers and/or commissioners could however, be exposed to litigation if they place people in a position of risk, there being an important distinction between putting people at risk and enabling them to choose to take reasonable risks.</p> <p><b>Human Rights</b></p> <p>There is a duty on all public authorities and bodies carrying out functions of a public nature, not to act incompatibly with rights protected under the European Convention of Human Rights (ECHR) and this can extend to a positive duty to protect rights. This duty does not apply to private bodies, such as private care homes, when they are not exercising functions of a public nature.</p> <p>Article 8 of the ECHR concerns the right to respect for private and family life, home and correspondence. Article 8 is not an absolute right, but any interference with it must be justified and proportionate.</p>	<p><b>The Care Act 2014</b></p> <p>Part 1 section 1 places a general duty on a local authority to promote the individual’s well-being having regard to the following matters:</p> <p>(3)(a) the importance of beginning with the assumption that the individual is best-placed to judge the individual’s well- being;</p> <p>(b) the individual’s views, wishes, feelings and beliefs;</p> <p>(c) the importance of preventing or delaying the development of needs for care and support or needs for support and the importance of reducing needs of either kind that already exist;</p> <p>the need to ensure that decisions about the individual are made having regard to all the individual’s circumstances (and are not based only on the individual’s age or appearance or any condition of the individual’s or aspect of the individual’s behavior which might lead others to make unjustified assumptions about the individual’s well-being);</p> <p>(d) the importance of the individual participating as fully as possible in decisions relating to the exercise of the function concerned and being provided with the information and support necessary to enable the individual to participate;</p> <p>(e) the importance of achieving a balance between the individual’s wellbeing and that of any friends or relatives who are involved in caring for the individual;</p> <p>(f) the need to protect people from abuse and neglect;</p> <p>(g) the need to ensure that any restriction on the individual’s rights or freedom of action that is involved in the exercise of the function is kept to the minimum necessary.</p> <p>Section 9(5) of the Care Act 2014 imposes a duty to involve the adult, any carer the adult has, any person whom the adult asks the authority to involve, or where the adult lacks capacity to ask the authority to involve, any person who appears to the authority to be interested in the adult’s welfare. Under section 9(6) English authorities must also consider whether and, if so, to what extent, matters other than the provision of care and support could contribute to the achievement of the outcomes the adult wishes to achieve.</p> <p><b>Health and Safety</b></p>
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<p><b>Equality Act 2010</b> The Equality Act 2010 brings together all previous equality legislation and covers eight protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion, or belief, sex and sexual orientation. The Act includes a new separate public sector equality duty which is set out in s148.</p> <p><b>Mental capacity Act (MCA) 2005</b> The MCA has been in force since 2007 and applies to England and Wales. The primary purpose of the MCA is to promote and safeguard decision-making within a legal framework. It does this in two ways:</p> <p>by empowering people to make decisions for themselves wherever possible, and by protecting people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process.</p> <p>by allowing people to plan ahead for a time in the future when they might lack the capacity, for any number of reasons, to make decisions for themselves.</p> <p><b>Making Safeguarding Personal (MSP)</b> Is an initiative which aims to develop a person-centred and outcomes focus to safeguarding work in supporting people to improve or resolve their circumstances.</p>	<p>There is a legal duty placed on all employers to ensure, as far as is reasonably practicable, the health, safety and welfare at work of all employees. In addition there is a duty to protect the health and safety of other people who use services. The Health and Safety Executive endorses a sensible approach to risk, so that health and safety legislation does not prevent reasonable activity.</p> <p><b>Public Interest</b> Decisions about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others to protection.</p> <p><b>Vital Interest</b> The Data Protection Act 1998 provides a lawful basis for processing where:</p> <p>“...processing is necessary in order to protect the vital interests of the data subject or of another natural person.”</p> <p><b>Criminal Procedures &amp; Investigations Act</b></p> <p><a href="https://www.gov.uk/government/publications/criminal-procedure-and-investigations-act-code-of-practice">https://www.gov.uk/government/publications/criminal-procedure-and-investigations-act-code-of-practice</a></p>
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## 6. Section Two

### 7. The Joint Safeguarding and Criminal Investigations Protocol (JSCIP)

#### 8. Rationale

- 8.1. This guidance has been produced to help all staff and managers understand the purpose and process of the JSCIP. A multi-disciplinary case conference must have taken place with all relevant agencies prior to applying to the JSCIP panel process.

#### 9. The Purpose of the JSCIP

- 9.1. The purpose of the JSCIP is to provide a forum where staff at different levels can seek high level approval, decision making and support when the complexity of the investigation, or a disagreement regarding information sharing requires decision making/advice above the Team Manager/Detective Inspector. This is likely to be where there is a disagreement between services regarding information sharing.

## 10. What Support Can The JSCIP Panel give?

- 10.1. Support, guidance and direction to staff in the management of complex cases, including conflict resolution.
- 10.2. Agreement in the risk decision making and flexible and creative use of resources to respond to complex needs.
- 10.3. A consistent approach to managing complex risk decision making, where risk to independence is balanced with the risk of not supporting choice.
- 10.4. Assist the Local Authority with understanding time frames, and disclosure issues regarding material obtained during the Police investigation.
- 10.5. The panel is there to support and validate recommendations on what would be reasonable in terms of managing the risks, information sharing, safeguarding while balancing the needs of a criminal investigation.
- 10.6. If the risk is so significant, the panel retains the right to refuse the plan and oversee the meeting of identified needs in a way determined by the panel.

## 11. Membership of the Panel

- 11.1. Membership for the panel will vary to reflect the expertise and knowledge required when reviewing cases from different client groups.
- 11.2. The JSCIP Panel will consist of a core membership of:
  - 11.2.1. Chair (LA Safeguarding Lead, Detective Chief Inspector)
  - 11.2.2. Safeguarding Adults team member and/or Relevant Manager
  - 11.2.3. Relevant key worker
  - 11.2.4. Thames Valley Police Specialist – Domestic Abuse Detective Inspector or Detective Sergeant.
  - 11.2.5. Health (by exception)
  - 11.2.6. Public Health (by exception)
  - 11.2.7. Other relevant agencies (by exception)

## 12. Referrals to the JSCIP

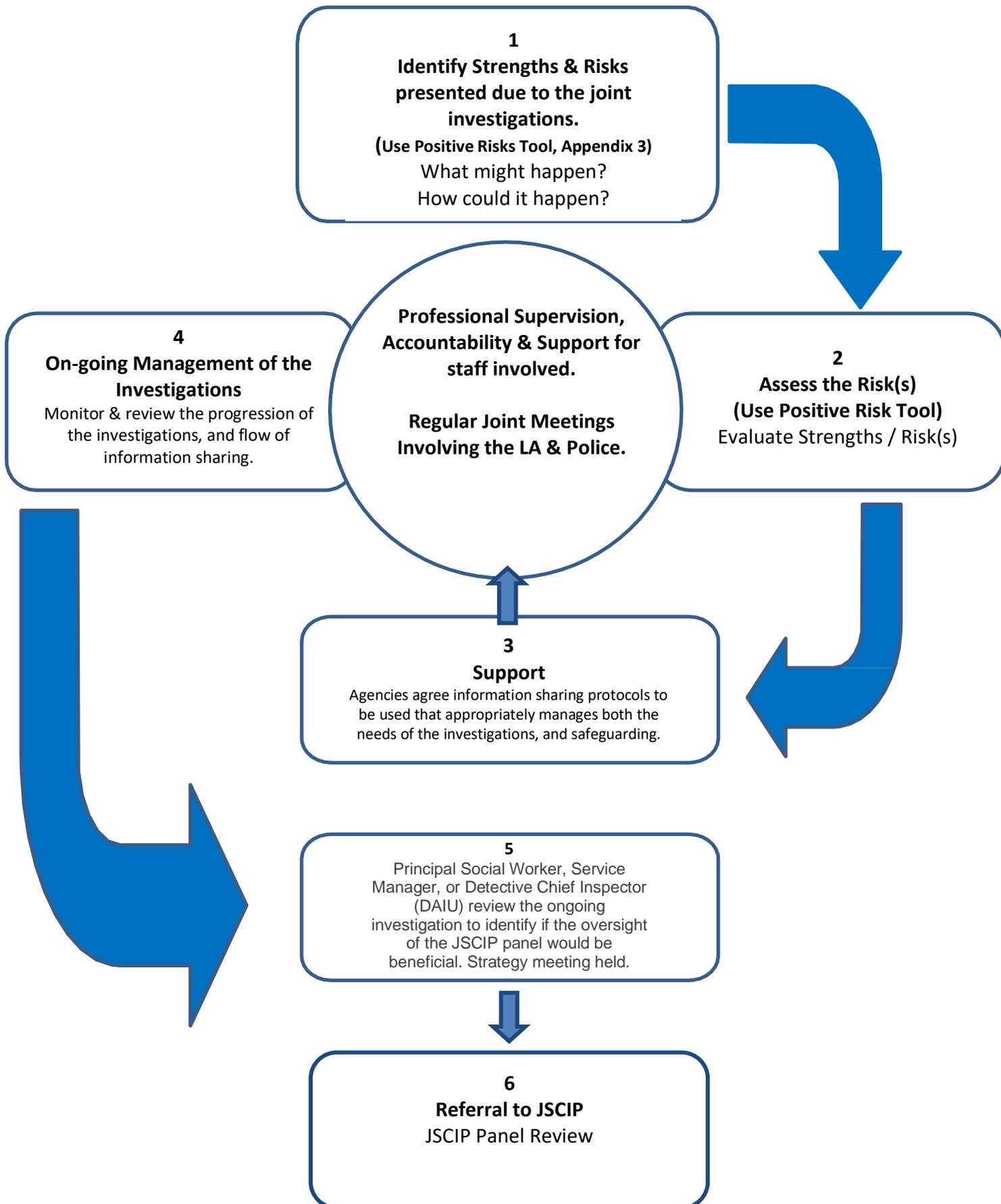
- 12.1. Managers and staff should ensure they have followed the JSCIP Process Flowchart (Appendix 2) and complete the JSCIP referral Form A (Appendix 4). The JSCIP Panel outcome will be communicated to all relevant parties by the Chair of the Panel using Form B (Appendix 5).

## 13. Appendices

- 13.1. Appendix 1 – Investigation Management Process prior to JSCIP Referral
- 13.2. Appendix 2– JSCIP Process Flowchart
- 13.3. Appendix 3 – Positive Risk Management Tool
- 13.4. Appendix 4 – JSCIP – Form A (Referral)
- 13.5. Appendix 5 – JSCIP – Form B (Outcomes)

## 13.6. Appendix 6 - JSCIP Review

Appendix 1 –Process prior to JSCIP Referral



## Appendix 2– JSCIP Process Flowchart

**Completion of Risk Management Tool (Appendix 3) & Support Plan – under S42, Care Management Procedures or Criminal Investigation.**

**Strategy Meeting – To discuss if the JSCIP would be beneficial.**

**Managers agree the case should go to JSCIP Panel**

**Presenting staff member (LA or TVP) Completes JSCIP Referral Form (Appendix 4) for Panel and sends to Line Manager**

**Referrer to advise Panel Administrator (relevant hosting LA) of persons attending & any particular requirements**

**Administrator to send case details to Panel Members**

**Referrer / Manager ensures all details are recorded**

**Panel Meeting**

**Administrator completes Form B (appendix 5) and sends minutes / notes to Referrer and Panel Chair within 5 working days (urgent action to be sent immediately)**

**Administrator sends all agreed minutes / notes/ actions to all Panel Attendees**

**Allocated worker to record outcomes and recommendations on case records and ensure any follow up requirements are recorded. Pick up at future Panels as required**

### Appendix 3 – JSCIP

This tool **must** be completed as a record of:

- the risks identified during the risk assessment process
- the perceived level of risk of the individual, anyone advocating for them / acting in their Best Interests
- the perceived level of risk of any carer
- the perceived level of risk the professional leading on the assessment
- the desired outcomes agreed
- actions agreed to manage the risk, by whom and by when
- any risk identified which for which it has not been possible to agree outcomes or actions, details of why this is the case and what actions to be taken to resolve this
- timescales for review of the investigation management plan
- agreed information sharing protocols.

<b>Individual Name</b>	
<b>Date informed of Referral</b>	
<b>Unique Reference Number:</b>	
<b>NHS No:</b>	
<b>Occurrence/Crime Reference</b>	

Please provided details of all those involved in the JSCIP Process:

<b>Name</b>	<b>Job Role / Organisation / Relationship to the Customer</b>

Please list all specialist assessments which have been considered as part of JSCIP Process:

<b>Assessment</b>	<b>Undertaken by:</b>

**Framework for Managing the  
Joint Safeguarding and Criminal  
Investigations Protocol for Complex  
Cases**

Please record risks identified, perceived level of risk for (Customer Name and ID) \_\_\_\_\_

If it has not been possible to possible to agree outcomes and/or actions to be taken for any of the risks please including details of why this is the case and what actions to be taken to resolve this.

Identified Risk	Risk Level (Individual)  Referrer to fill out  H / M / L / U	Risk Level (Professional)  H / M / L	Risk Level (Carer)  Referrer to fill out  H / M / L	Outcome Agreed (or reason for non-agreement)	Action / Intervention Agreed– by whom this will be undertaken and by when
1.					
2.					
3.					
4.					
5.					

If it has not been possible to possible to agree outcomes and/or actions to be taken for any of the above risks please including details of why this is the case and what actions to be taken to resolve this.

Key: H = High Risk; M = Medium Risk; L = Low Risk; U = Unable to ascertain

Please give a summary of the Risk Management Plan here (including the timescales and review date):

**Timescale:**

**Review Date:**

**Appendix 4 – JSCIP – Form A (Referral)**

<b>Customer Name:</b>	<b>ID:</b>	<b>Date:</b>
<b>Name of Keyworker:</b>	<b>Key Team:</b>	
What is the customer’s mental capacity in respect of the issues being presented? How is the persons voice represented?	<b>Details:</b>	
What actions/decisions/assistance are you requesting from the panel?		
Are there issues of conflict between agencies (Yes/No) If yes please give details:		
What escalation/case management protocols have already been utilised.		
What are other agencies.		
Signed: (Staff member) Team:	Signed: (Manager’s signature) Date:	
<b>Please attach: Current Assessment(s); Support Plan, Investigation summary, and any other relevant documentation regarding the management of this case decision.</b>		

**Appendix 5 – JSCIP – Form B (Outcomes)**

<b>Customer Name:</b>	<b>ID:</b>	<b>Date of Panel:</b>
<b>Name of Keyworker:</b>	<b>Key Team:</b>	
<b>Panel Chair:</b>		
Attendees:		
Was Assessment presented?	Yes / No	
Was Support Plan presented?	Yes / No	
Any other documentation?	Yes / No	
Please specify:		
Panel Decision:		
If no give details:		
Actions		
Any other comments:		
JSCIP Progression Meetings required?	Yes/No	
If yes, dates .....		

Signed (Chair of Panel):

Date:

## Appendix 6 - JSCIP Review

This tool **must** be completed as a record of the review of the success of the Joint Safeguarding and Criminal Investigation Protocol and should include the perception of the individual, or anyone advocating for them / acting in their Best Interests, the Practitioner and any carer in relation to the:

- risks identified during the risk assessment process
- desired outcomes agreed
- agreed actions
- timescales

<b>Individual Name</b>	
<b>Date informed of Referral</b>	
<b>Unique Reference Number:</b>	
<b>NHS No:</b>	

Please provide details of all those involved in the JSCIP:

<b>Name</b>	<b>Job Role / Organisation / Relationship to the Customer</b>

**JSCIP Review**

Please record perception of the success of the Risk Management Plan level in terms of the extent to which the risk has been reduced or resolved. Where risks have increased or new risks are identified further assessment and risk management must be undertaken.

Identified Risk	Perception (Individual)	Perception (Professional)	Perception (Carer)	Action/Intervention Agreed– by whom this will be undertaken and by when
1.				
2.				
3.				
4.				
5.				

**Please give a summary of the Risk Management Review here (including any future review date):**

**Future Review Date:**