**REFLECTION ON LEGAL AND POLICY FRAMEWORK IN MULTI-AGENCY CARE**

          While working as a support care worker, the case of Alex provided some critical insights into current legal and policy frameworks required in a multi-agency working environment. With the complexity of his case, several policies and legal frameworks came into force. This paper provides a brief reflection of Alex’s case in the context of the legal and policy frameworks relevant to the case.

**Alex Case**

Alex, an 80-year-old Jamaican living in Parkview Nursing home, was diagnosed with paranoid schizophrenia. Among the different anomalies that he presented were smashing people with his walking stick, showing aggressive behaviour towards other patients and staffs as well as pulling other people from the toilet for him to use. He shouted every time to scare people and seems to falsely claim that he not eating was the basis of his aggressive behaviour towards other patients. The care worker reported all the issue to the manager who later called in the doctor who diagnosed Alex with depression and put him on anti-depressant drugs. Despite the treatment, he still manifested in his aggressive behaviour. The manager then called his social worker to come to pick him with the social worker arranging for the police to come to section him and prevent the possible harm that he may have further caused to other patients.

**Legal and Policy Frameworks**

This case provided a unique insight into multi-agency working, the role of the social worker, safeguarding of adults against harm, handling of the mentally ill, among other issues that are deeply insulated in different legal and policy framework (Stevens, 2013). Clearly, Alex’s aggressive behaviour posed a significant threat of harm to other patients. As such, a functional and highly robust multi-agency was mandatory. The No Secret guidelines provide some of the most significant tips on the approaches followed in establishing the multi-agency collaboration including the role of the social caregiver among other parties in such instances (Dunn, 2015). It requires that the partnership working between the statutory agencies create a framework of inter-agency arrangement with the local agencies collaborating and working together in the context of the overall framework of Department of health guidance on such joint working (Salmon, 2014).     Under such circumstance, the social service authority should provide the leading role in the coordination of such activities with all the agencies involved operating under their lead officer (England, 2015). This was clearly evident in the case of Alex, whereupon realisation of increased aggressive behaviour despite the treatment, the social care worker called the police to section him to prevent harm to other patients that he had consistently posted. Among the members of the inter-agency group included the commissioner of health and social care services, the provider of health and social care services, the probation department, the police and other relevant law enforcement officers among other agencies (Sloper, 2014). The involvement of the doctor as the caregiver in Alex’s case, the social worker, and the police clearly pointed at the level of multi-agency and the close cooperation that existed in the case.

While working in a multi-agency group, the legal framework is essential for the overall success of the process and aimed at protecting the rights and privileges of the patients and all the concerned individuals (Perkins et al., 2017). Coming into play, in this case, is the mental capacity Act of 2005 (Dunn, 2015). The Act provides a statutory framework to empower and protect people purportedly lacking the capacity to make decisions for themselves hence establish a framework for the caregivers to decide on their behalf. Evidently, Mr Alex lacks the capacity to make the decision due to his continued expression of aggressive behaviour despite the support and the treatment given in the Nursing home. In making the decision to section Alex from the rest of the patients in the Nursing facility, such decision was for the best of his interest as it protected him from the self-harm. Besides, placing Alex on the anti-depressant failed to leave limited choices for the less restrictive measures to contain his behaviour (England, 2015).

Among other legal requirements, as a social worker, maintaining the confidentiality of the patient is highly imperative (Association of Directors of Social Services, 2015).  Due to his extreme aggressiveness, obtaining personal consent may be applicable in this case and was largely not incorporated. However, Mr Alex was entitled to confidentiality even as his case was handled at a multi-agency level.  To effectively deliver on their mandates, the multi-agency system involved clarified the roles and responsibilities of each agency, the procedure of handling the case including future response and referrals and most importantly a dissemination plan to ensure that information was timely and accurately passed to the right agencies at the right time (Sloper, 2014). Collectively, these policies and legal framework ensured the effective handling of the case (Dunn, 2015).

**Barriers in Multi-Agency Working**

The multi-agency task force leads to faster, effective and holistic management of the situation at hand as in the case of Alex. However, several barriers present that limit and slows down the ability to effectively deliver on its core mandates. The first problem was communication challenges. In most cases, there was a need of communication between Nursing home manager, the doctor, social worker and the police department (Dunn, 2015). Due to unforeseen circumstances, communication was either unclear or ineffective. The proper was for addressing the communication issues that arise in a multi-agency setting as in the case of Alex was creating and defining two-way communication channel between all the agencies involved hence leading to better and more effective communication. The territorial issue also came into play where different agencies such as the social work, healthcare, and police department exhibited inter-agency mistrust and jealousy that hindered the delivery of care (Association of Directors of Social Services, 2015).  Such problems were addressed through the creation of a cooperative atmosphere where all the agencies involved could freely and respectively share ideas and equipment to ensure successful management of the Alex case (Pinkney et al., 2018).

In conclusion, Alex case was an intriguing case that set the multi-agency operation in motion. Through various policies outlining the formation and delegation of duties under such setting and the legal frameworks that controlled the practice of different agencies in respect to the subject in question, it clearly pointed at the essence of inter-agency collaboration. Core challenges included communication and territorial issues that were successfully overcome.

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