A framework for multi-agency working in situations involving risk to service users

Guidance on the identification, assessment and management of risk

A Making Safeguarding Personal approach

Contents

1	Introduction	4
2	Purpose and scope	5
3	Summary framework for multiagency working with risk	5
4	Core principles and definition of safeguarding adults	10
5	Legal context	11
6	Balancing choice, independence, wellbeing and safety	14
7	Identification, assessment and management of risk: a framework	16
8	Supporting effective risk work	18
Appendix 1	A supported decision tool example	20
Appendix 2	Well Being Safety Grid example	22
Annex 1	Multi-agency procedures for working with those at risk who do not access services	23
Annex 2	Multi-agency procedures for working with adults who have a learning disability and are at increased risk due to their complex health and social care needs	30
Annex 3	Risk tool - template	37

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The framework is closely based on guidance shared by Slough Safeguarding Adults Board (SAB) during the Making Safeguarding Personal programme in 2013/14. (The Slough guidance was originally based upon Surrey SAB's guidance). These are both used extensively in this resource.
This has subsequently been developed and updated by a multiagency task and finish group of the Bracknell Forest Safeguarding Adult's Board to form a firm basis for this resource.

The following Safeguarding Adults Boards (SABs), partnerships and / or councils have offered risk guidance in use locally to inform this framework and/or it has been accessed on a website:

ADASS, West Midlands Joint Improvement Partnership & NHS West Midlands
Hampshire; Southampton; Portsmouth and Isle of Wight SABs
LB Hounslow SAB
Reading Borough Council Adult Social Care Department
Surrey County Council SAB
Wakefield SAB

A review of Making Safeguarding Personal alongside a range of partners to the Southampton Safeguarding Adults Board has helped to inform this work.

1 Introduction

Working with risk and Making Safeguarding Personal

Making Safeguarding Personal means adult safeguarding:

- is person-led
- is outcome-focused
- engages the person and enhances involvement, choice and control
- improves quality of life, wellbeing and safety

Within the Care and Support Statutory Guidance this is set in the context of the six core safeguarding principles: empowerment; prevention; proportionality; protection; partnership; accountability and the wellbeing principle.

This framework is rooted in those principles, aiming to facilitate the individual's involvement and engagement and to secure wellbeing alongside safety. It promotes a robust, proactive partnership approach that achieves a joined-up understanding of the nature and level of risk across partner agencies. This forms a firm basis for working with the individual and their situation to identify and assess risk, to decide with them whether the risk is acceptable or whether steps need to be taken to reduce or to manage it.

At the heart of this framework there is a priority for practice, which is to get alongside people sufficiently to understand what a particular situation or decision means *for them* in the context of *their* life and relationships and what matters to them (what 'wellbeing' means for them). This requires confident and competent conversations that encourage this focus. The Department of Health[i],[1] in its guidance on working with risk, includes an appendix which is called a 'supported decision tool'. (Department of Health, 2007, pp49-51). This may be helpful in supporting staff to have the necessary conversations. This is reproduced in part in Appendix 1. (Although produced some years ago this is in step with current statutory guidance and core principles). A partnership approach helps, offering the possibility of selecting members of staff or professionals who know the individual best to establish the relationship within which the conversations can take place.

Regular and proportionate monitoring and review of situations involving risk *alongside the individual* is crucial. This enables all involved, including the service user, to understand whether actions are having a positive impact or whether the action plan needs to change. This will support the individual in reviewing initially requested outcomes and negotiation of outcomes. Engaging and supporting individuals in making informed decisions about risk is more likely to result in sustainable action plans than approaches where actions are 'imposed' upon people.

This resource is part of a suite of resources aiming to support development of Making Safeguarding Personal across and within partner organisations. These are available on the Association of Directors of Social Services (ADASS) website. These include an overarching

[1] https://lx.iriss.org.uk/sites/default/files/resources/Independence,%20choice.pdf

document to support Safeguarding Adults Boards in a whole partnership approach to Making Safeguarding Personal. This offers valuable context to the following risk framework.

2 Purpose & scope

What does this framework offer?

The framework puts in place standards that are transparent in indicating how risks will be identified, assessed and managed and the way in which potential outcomes will be evaluated alongside individuals against a common set of standards and principles. This is consistent with the wellbeing principle and with the six core safeguarding principles set out in the Care and Support Statutory Guidance (Department of Health, 2016).[ii] It is set within the wider legal context.

The framework supports accountability across organisations in complex situations. It offers an alternative to the kind of practice where risks are simply communicated from one partner agency to another with little ownership or proactive activity taking place to impact on the risk. Accountability is one of the core principles for safeguarding adults set out in the Care and Support Statutory Guidance (Department of Health, 2016) where, from the individual's perspective, it is defined as "I understand the role of everyone involved in my life and so do they." The approach identifies clear actions for named individuals against specific areas of concern. It advocates a lead coordinating professional for complex situations involving risk to support clarity for all involved.

The framework is intended to support commissioners in their evaluation of approaches to working with risk within provider services. Commissioners might consider embedding the principles of this framework into contract monitoring.

A range of serious case reviews (SCRs) and safeguarding adult's reviews (SARs)[2] indicate the need for robust and consistent practice across organisations in understanding and addressing risk alongside individuals. This framework is established to support a joined-up approach across organisations. It is based on shared principles and values, evidenced best practice and legal obligations.

It can be applied by any professional who is working with circumstances where there is risk of harm, whether or not those circumstances constitute a safeguarding concern. The framework is intended to be used for early intervention and prevention as well as to address responses to significant and/or safeguarding concerns. The latter will be addressed within the local safeguarding adult's policy and procedures, but this framework will help to support robust protection planning alongside the individual. It can be applied at different levels and to varying degrees in a range of situations involving risk in people's lives.

The framework complements rather than takes the place of existing policies and tools within organisations. It does not replace those existing arrangements; it provides a multiagency

[2] For example:
Westminster Safeguarding Adults Board (2011) *A Serious Case Review in Respect of Mr BB, died 2011, Executive Summary*
Dorset County Council Safeguarding Adults Board (2012), *Serious case review in respect of female adult JT, died May 2012; overview Report*
Camden Safeguarding Adults Board (2015*) Serious Case Review in respect of ZZ, Executive Summary,*

dimension to those built on shared principles and best practice. Agencies will need to promote and explore the application of this framework in their own work: how far current practices and processes sit comfortably within this set of principles; what priority actions are required to ensure that they do; whether internal policy in this core area of business is in need of development in view of developments in legislation and policy.

It will be helpful to make links from this framework to quality assurance processes (for example those of Safeguarding Adults Boards) to facilitate monitoring of any patterns relating to prevalent areas of risk (which, for example, a Safeguarding Adults Board may wish to address in its strategic plan) and monitoring of practice through, for example, case file audits.

There is a range of local forums and processes in place which aim to support working with risk. This framework is intended to support these, informing discussion and decision making. The approach underlines the importance of bringing partner organisations together to identify and/or resolve situations involving risk, whether or not a specific forum exists to address the particular presenting issues. Councils may find it helpful to clarify for all organisations the range of local arrangements that exist for working with specific areas of risk such as MARAC (Multi Agency Risk Assessment Conferences), MAPPA (Multi Agency Public Protection Arrangements) and so on.

Assessment, management, monitoring and review of risk will often be carried out within existing standard processes of assessment and care planning. There will be situations which demand a more detailed and extensive assessment, examining a range of information and drawing on a range of expertise from a number of agencies/sources. Comprehensive application of this framework will support working in those situations. It will be the case that in some situations, application of the principles of the approach will suffice in supporting good practice. For example, the whole range of information/insights is not usually available at the point of first contact with an individual, but the principles set out here can still be applied even at this early stage. It is not helpful to be too specific about where and how this framework applies. It is based on shared values and principles and as such may be supportive in the range of circumstances.

Multi Agency Risk Recording Tool?

A range of policies, guidance and frameworks on working with risk have been seen in producing this resource. Some of these set out a scoring matrix or 'heat map' to highlight the level of severity and likelihood of impacts of harm. Some of these do not reflect a balancing of benefits and harms to the individual. Department of Health guidance on risk for people with dementia underlines the need, in using such a chart, to 'consider 'each 'risk' (behaviour or activity) as a balance between quality of life and risk. Here there is no scoring system. Rather, the research suggests, 'it can be used to trigger a meaningful discussion between the key parties involved. If necessary, you might want to add a column that considers risk to others....' The guidance offers a 'personal risk portfolio or 'heat map', [providing 'a framework in which to consider risk].' (See Department of Health, 2010 p 51)[iii] A tool which supports discussion in this way, whether in the form of a chart such as that described in this Department of Health (2010) guidance or simply recorded under headings as set out in this resource is suggested as more effective within a personalised and positive approach to working with risk. What is important is to reflect a balance between wellbeing and safety, a multiagency perspective involving the individual's views and preferences and transparency in recording ad making assessments and decisions. A multi-agency risk assessment and risk management

recording tool that may be helpful in guiding and recording conversations and decision making (consistent with the advice in this resource) is included as Annex 3.

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[i] Department of Health, 2007, *Independence, choice and risk: a guide to best practice in supported decision making*

[ii] Department of Health (2016) *Care and Support Statutory Guidance*

[iii] Department of Health, 2010, *Nothing ventured, nothing gained; Risk Guidance for people with dementia*

<table>
<tr><td colspan="3">3 Summary framework for multiagency working with risk: a Making Safeguarding Personal approach</td></tr>
<tr><td colspan="2">Safeguarding:
Working in partnership to prevent and stop the experience of abuse and neglect
Making sure the adult’s wellbeing is promoted
Where appropriate having regard to their wishes, feelings and beliefs in deciding on action. (DH, 2016,14.7)[3]</td><td>Making Safeguarding Personal is:
“Person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety” (DH, 2016 14.15)</td></tr>
<tr><td colspan="3">The Wellbeing principle
“Organisations should always promote the adult’s wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating “safety” measures that do not take account of individual well-being” (DH, 2016, 14.8)</td></tr>
<tr><td>Consider the legal context including:
The Care Act (2014)
The Human Rights Act (1998)
The Mental Capacity Act (2005)
in weighing up the necessary balance between wellbeing and safety alongside the person</td><td rowspan="2">Empowerment

Prevention

Proportionality

Protection

Partnership

Accountability</td><td>Balancing wellbeing and safety within a shared framework:
What is the risk decision/choice?
What are the benefits to the person and others inherent in a particular decision/course of action? What is the significance/impact of these for the individual/others?
What is the likelihood of these coming about?
What are the potential harms? Impact? Likelihood?
What can be put in place to influence likelihood/impact?</td></tr>
<tr><td>Inform and support risk decisions and actions through:
Conversations with the individual, considering necessary support including of an advocate
Partnership working and sharing information
Consideration of the mental capacity of the individual and the impact of this</td><td>Accept or manage the risk putting clear plans in place for:
Multiagency engagement (information sharing and actions) and clarity about who is in a coordination role; who is responsible for what and when?
Individuals and professionals/staff understand everyone’s role</td></tr>
</table>

[3] Care and Support Statutory Guidance, DH, March 2016

Robust recording Monitoring and review proportionate to the level of risk		Ongoing support and opportunities for individuals to reflect on and negotiate decisions Monitoring and reviewing the decision and actions alongside the individual proportionate to the level of risk
Staff support: organisational culture; effective supervision; guidance on escalation, learning and development including opportunities for reflection		

4 Core principles

The Care and Support Statutory Guidance, (Department of Health, 2016) sets out core principles for adult safeguarding. These form a basis for this framework for working with risk.

The wellbeing principle

"Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as 'the wellbeing principle' because it is a guiding principle that puts wellbeing at the heart of care and support". (Department of Health, 2016, para 1.3)

"Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual well-being" (Department of Health, 2016, para 14.8)

'Wellbeing' is a broad concept, and it is described as relating to the following areas in particular:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal
- suitability of living accommodation
- the individual's contribution to society (1.5; statutory guidance)

All partners should ask, 'are our safeguarding approaches specifically focused on promoting well-being alongside safety? Is a Making Safeguarding Personal approach facilitating understanding of what promotes wellbeing in peoples' lives?'

Appendix 2 includes a tool that may be helpful in supporting consideration of the extent to which wellbeing is a prominent feature in working within situations involving risk.

The six safeguarding principles (set out in 14.3 of the statutory guidance):

- Empowerment
- Prevention
- Proportionality

- Protection
- Partnership
- Accountability

These must inform the way in which all organisations work with adults alongside *Making Safeguarding Personal*.

The above principles are reflected in the definition of safeguarding adults as set out in the statutory guidance:

"people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action". (Department of Health, March 2016)

Person-centred and positive approaches to risk consistent with Making Safeguarding Personal are at the heart of achieving this balance.

"Ideas about risk are personal and are built up over a lifetime"
"A willingness to take risks can be a crucial part of a person's self-identity" *Nothing* Ventured Nothing Gained: Risk guidance for people with dementia, (Department of Health, 2010, p21)

Risk is often viewed in terms of danger or negative outcomes. It must be acknowledged that taking risk can have positive benefits for individuals. This emphasis must be at the heart of risk assessment and risk management practice. This links to the wellbeing principle.

5 Legal context

Core principles including within the following legislation must underpin all risk work:

- Care Act, 2014
- Human Rights Act, 1998
- Mental Capacity Act, 2005
- Equalities Act, 2010
- Mental Health Act, 2007
- Crime and Disorder Act 1998
- Data Protection Act 1998

"Sensible risk appraisal is not striving to avoid all risk… (It aims) in particular to achieve the vital good of the elderly or vulnerable person's happiness. What good is it making someone safer if it merely makes them miserable?" *(Justice Munby MM (An Adult) (2008) 3 FLR 788; (2009) 1 FLR 443*

The State's obligations under Article 8 (Human Rights Act) are not merely substantive; they are also procedural. Those affected must be allowed to participate effectively in the decision-making process. 'It is simply unacceptable (and an actionable breach of Article 8) for a Local Authority to decide, without reference to P and her carers, what is to be done and then merely tell them (to 'share' with them) the decision."
(Lord Justice Munby, July 2010, Keynote Address to the LAG Community Care Conference 14th July 2010)

The following extracts from the Care and Support Statutory Guidance (Department of Health, 2016) offer a range of indications of expectations which support participation of individuals in risk appraisal and decision making in the context of working with risk:

- supporting adults to think and weigh up the risks and benefits of different options when exercising choice and control (para 14.37)
- Professionals and other staff need to understand and always work in line with the Mental Capacity Act 2005 (MCA). They should use their professional judgement and balance many competing views. They will need considerable guidance and support from their employers if they are to help adults manage risk in ways and put them in control of decision-making if possible. (para 14.56)
- The provisions of the Care Act are intended to promote and secure wellbeing. Under the definition of wellbeing (see Chapter 1, Para 1.5), it is made clear that protection from abuse and neglect is a fundamental part of that. Identification and management of risk is an essential part of the assessment process; the risk to an adult of abuse or neglect should be considered at this point. (para 14.62)
- The welfare of the adult and others, including children, is paramount and requires continued risk assessment to ensure the outcome is in their interests and enhances their wellbeing. (para 14.91)
- Where an adult lacks capacity to make decisions about their safeguarding plans, then a range of options should be identified, which help the adult stay as much in control of their life as possible. Wherever possible, the adult should be supported to recognise risks and to manage them. Safeguarding plans should empower the adult as far as possible to make choices and to develop their own capability to respond to them. (para 14.97)

The following *legal judgement in respect of Peggy Ross* contains helpful guidance in working with risk and related issues of mental capacity. It indicates the necessary balance in considering wellbeing alongside safety and is a useful resource for learning and development.
IN THE COURT OF PROTECTION Case No (mentalhealthlaw.co.uk)

The issue of *'duty of care'* is an important consideration in decision making. A recent Serious Case Review underlines the central role of robust risk assessment in considering a duty of care. "For ...those who owe such a duty it is ...helpful in practical terms to offer support in understanding the positive steps that they would need to take to avoid any claim of negligence or breach of *Duty of Care*. In simple terms for negligence to be established harm must have occurred, the harm must have been reasonably foreseeable and a failure to act must be seen to have directly resulted in harm."

This implies that carers and the organisations that employ them must as part of fulfilling a duty of care identify or facilitate identification of any potential risk of harm (risk assessment) and put in place any measures indicated by the assessment to mitigate the likelihood of harm". (From SCR in respect of ZZ, Camden Safeguarding Adults Partnership, July 2015)[iv]
Duty of Care is a complex legal issue that may require specific advice.

Sharing Information

Sharing information is a key consideration in the necessary partnership working in situations of risk.

The Data Protection Act and the Crime and Disorder Act 1998 form a legal basis for requirements on information sharing.
The following guidance supports practice:

Seven golden rules for information sharing

1 *Remember that the Data Protection Act is not a barrier* to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

2 *Be open and honest with the person* (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3 *Seek advice if you are in any doubt*, without disclosing the identity of the person where possible.

4 *Share with consent where appropriate* and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

5 *Consider safety and well-being*: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

6 *Necessary, proportionate, relevant, accurate, timely and secure*: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

7 *Keep a record* of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

(Published by the Department for Children, Schools and Families, and Communities and Local Government, 2008)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417696/Archived-information_sharing_guidance_for_practitioners_and_managers.pdf

Knowing when to share information on identified risks and where to go to in order to share information about specific areas of risk is the responsibility of all organisations/ professionals, including awareness of relevant local thresholds and guidance. This must be clear and specific points of referral must be accessible. This information, about specialist advice and services, is particularly important information for Emergency Duty Services to hold.

6 Balancing choice, independence, wellbeing and safety

The impact of an individuals' choice must be carefully considered including in respect of: level/likelihood of potential harm; the range of aspects of the wellbeing of the individual; relevant legislation and in particular the Mental Capacity Act; person centred practice; potential contribution and responsibilities of a range of agencies (including front line provider services). A multi-agency meeting, with the individual present or their views represented, will sometimes be necessary and helpful to facilitate assessment, decision making and any necessary risk management plans and activity.

The following advice will support practice.

Choice must not be used as an excuse for inaction: there is a responsibility to help the individual explore their decision and to understand the level of risk inherent in it. Regular opportunities must be offered to review that decision. A decision not to work with one agency may still allow contact with others who can maintain awareness of the situation and be proactive if the situation deteriorates. Issues of mental capacity and the core principles of the Mental Capacity Act (2005) must be considered and reference made to any other legislation relevant to the decision/situation.

The rights and safety of others: the rights and choices of one individual will have to be balanced against the rights of others who may be put at risk by their choices. People do not have the right to put others at risk through their decisions/choices.

Where an individual has mental capacity to make decisions and chooses to live with a level of risk, declining support/services, they will sometimes have a right to do so. They must however be fully supported to understand the implications of their decision and offered regular opportunity to review/change their decision. They must be supported to understand any civil or criminal justice options open to them. They must formally consent to and take responsibility for the consequences of their decisions where they are able. This needs to be recorded. Advice and guidance of the range of relevant and/or involved organisations must be brought into play. The level of risk must be understood by all involved and monitored and reviewed regularly with roles and responsibilities of professionals within this clearly specified. (Frequency of review dependent upon level of risk) alongside the individual. Risk to others must be considered.

The Care and Support Statutory Guidance supports this approach:
"…where a competent adult explicitly refuses any supporting intervention, this should normally be respected. Exceptions to this may be where a criminal offence may have taken place or where there may be a significant risk of harm to a third party. If, for example, there may be an abusive adult in a position of authority in relation to other vulnerable adults [sic], it may be appropriate to breach confidentiality and disclose information to an appropriate authority. Where a criminal offence is suspected it may also be necessary to take legal advice.

Ongoing support should also be offered. Because an adult initially refuses the offer of assistance he or she should not therefore be lost to or abandoned by relevant services. The situation should be monitored and the individual informed that she or he can take up the offer of assistance at any time". (Department of Health, 2016, para 14.95)
"If the adult has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information with relevant professional colleagues. This is to enable professionals to assess the risk of harm and to be confident that the adult is not being unduly influenced, coerced or intimidated and is aware of all the options. This will also enable professionals to check the safety and validity of decisions made. It is good practice to inform the adult that this action is being taken unless doing so would increase the risk of harm". (Department of Health, 2016, para 14.92)

One local risk management framework supports this 'active rather than a passive' approach to supporting an adult whose circumstances place them at risk and who is reluctant to accept support...'Information and advice about how to minimise risk should be given to the individual who, with capacity, has refused to accept support together with information about how they can access reassessment in the future should they change their mind. It is important that the decision (either by the adult or agency) is kept under constant review and re-evaluated as circumstances change or new information becomes available.'[v] (Southampton, Hampshire, Isle of Wight and Portsmouth Safeguarding Adults Boards, March 2016)[4]

Whenever an agency makes a decision not to support an individual's choice: the decision will be based on clearly recorded evidence including a robust risk assessment and risk management plan. This will be discussed with the person concerned and, where appropriate their carer, and take account of any relevant legislation. It is essential that decision-making demonstrates a balance between respecting and supporting the person's wellbeing, independence and right to make their own decisions whilst ensuring that any obligations arising from any duty of care are met. Even when an individual is indicating that they wish to accept a high level of risk, this should not prevent the assessor from involving other agencies to share information about the risk and agree any available actions that will reduce or monitor the risk. The individual must be aware that this is happening.

Decisions to withdraw services/support

Decisions to withdraw support/ services when an individual declines or is reluctant to engage must take the above advice into account. Serious Case Reviews (SCRs) such as that of Ms ZZ (Camden SAB, 2015) draw attention to necessary key considerations in these circumstances. This clearly needs to be considered on an individual basis by each agency involved.

The SCR into the case of Ms ZZ states (p44):
"If an individual declines support then all of these will be important considerations:

- A risk assessment must be carried out to determine the level of seriousness of each identified risk

[4] http://www.hampshiresab.org.uk/wp-content/uploads/Multi-Agency-Risk-Management-Framework-16-02-16.pdf

- Intervention must be person-centred, understanding the individual and their context and involving them as far as possible in understanding the risk assessment and the alternatives for managing the risk
- Information should be shared with other relevant professionals who may have a contribution to make in managing or monitoring the risks
- Consideration must be given to the mental capacity of the individual and whether they require support in their decision making or, following an assessment that the individual lacks capacity, whether a best interests decision might be appropriate".[5]

In complex situations it is important to identify one professional who takes the lead in coordinating efforts to monitor and manage the risk.

7 Assessment and management of risk: a framework to support individual organisations *and* to bring together risk assessments and plans to manage risks across agencies

Risk assessment is about gathering information about a risk decision, identifying: all the potential outcomes (positive and negative); the impact/severity of the potential harm; the significance for the individual of potential benefits and harms of a decision; and the likelihood of each outcome occurring. This will support decisions. This approach facilitates consideration of wellbeing as well as safety in that it looks at the benefits to the individual of the course of action alongside the potential harms.

Agencies will use a range of terminology particular to their own agency/area of work. The following is compatible with all of these even if the terminology may vary. For example, this framework refers to outcomes and likelihood whereas some organisations refer to impact and probability.

The framework for risk assessment

The following framework will facilitate an objective, open and accountable approach to risk assessment. *It must embrace the above principles and legal framework.* It is capable of bringing together specialist or individual agency assessments into one holistic assessment. It encourages informed professional judgement and a weighing up of the best course of action *for and with the individual* bearing in mind the needs not only of the individual but also of others, the public interest, and organisations. The framework supports staff and the individual, facilitating open and shared decision making. It guards against risk averse practice.

The suggested framework for risk assessment consists of the following key elements:

Where a risk decision/choice is being made the assessment focuses on identifying each of the potential *outcomes/impacts* along with the *significance/severity* of the impact and the *likelihood* of those outcomes occurring.

It is important to be clear and specific about the risk decision/choice under consideration.

[5] 5071e288-1135-d1cc-4514-d29c06eebe76 (camden.gov.uk)

Identify outcomes/impact:

- What are the potential benefits inherent in the risk decision/choice?
- What are the potential harms inherent in the risk decision/choice?
- Who could be affected? (the individual; their carers/family; the public; the organisation)
- What is the likelihood and level/severity/significance of the impact to the person in all domains of life (including for example: safety; sustainability of care/living arrangements; independence; wellbeing; choice)

A focus on 'benefits' to the person of a decision or course of action is important and in line with the wellbeing principle (Department of Health, 2016, para 1.1) '*The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life'*. It is vital to balance personal priorities (relating to all aspects of 'wellbeing' as set out in the Care and Support Statutory Guidance (Department of Health, 2016, para 1.5) and wishes with objective risk factors. **What does the person want to achieve by taking or continuing with this risk?**

What are the potential benefits to the individual? Are there any wider benefits? What does this indicate about the severity of the risk to independence, wellbeing and choice if those benefits are not realised? Benefits might include for example: maintaining independence, choice and/or control; maintaining relationships; sustaining involvement in work/interests/education; enhanced self-confidence. Not taking the decision will therefore imply a level of risk in these areas of the individual's life.

Likelihood; How likely is it that the identified benefits/harms will occur?
This again relies upon a holistic understanding of the person including historical factors. Factors to be taken into account when assessing likelihood include:

- Past history
- Mental Capacity of the person facing the risks (a person who has the ability to understand the risk may be in a position to take action to mitigate the risk)
- Attitude to risk taking
- Motivation to succeed
- Data (records of behaviour, mood, medication, weight, medical condition, hygiene, skin condition etc.)
- Recent history
- Success so far (It may be possible to take small steps towards achieving a more significant goal)
- Sustainability of carer's role
- Multi-agency view/level of consensus amongst professionals
- Environment
- The extent to which informal networks can contribute (family, friends, neighbours); professionals alone cannot ensure safety.

- Any research evidence which might suggest an increased risk (e.g. risk of suicide; risk of domestic abuse; risk of fire)

These factors need to be openly explored alongside the individual.

Based on this assessment (incorporating the views and wishes of all involved parties) a decision must be made as to whether to proceed with a planned action/decision. If the decision is to proceed, a proportionate plan to manage any identified risks will be needed.

Risk management

The above approach will support a plan to manage risks that is specific and where accountability is clear. The aim will be to reduce the likelihood of potential harmful outcomes and to increase the possibility of beneficial outcomes for the person in each area of risk to wellbeing or safety identified. This should be incorporated into an action plan for the individual indicating clear accountability for necessary actions (who will do what, how and when in respect of each identified area of risk?) It is important in complex situations to agree one person who acts as lead coordinating professional and to agree monitoring and review arrangements/timescales.

This should also be incorporated into existing single agency plans for the individual e.g. support plans; contingency plans; Care Programme Approach (CPA) plans as well as where necessary into a multiagency risk management plan.

This structure and accountability in protection planning is important, increasing the possibility of minimising risks by collective action and reducing the tendency towards discussion of risk with no assertive/perceivable impact on outcomes.

Reviewing

It is essential that any decision or action plan that is created is reviewed at regular intervals, which should have been identified in the action plan. This is to establish the extent to which there is an impact (through arrangements set out in the action plan) on risks and benefits, consider whether the needs, wishes and circumstances of the person and/or their carer(s) have changed and how this impacts on the level of risk. There must be a clear/formal decision in the light of the extent to which risks have been reduced to acceptable levels, as to when/ if monitoring/review will stop. It is important to record this along with the rationale.

8 Supporting Effective Risk Work

The following are central to effectiveness in working with risk.

Organisational cultures that support practice in the context of the wellbeing principle and challenge risk averse practice and policy. There should be mutual challenge across partnerships in support of this.

Robust managerial support and supervision is essential in working with risk. Supervision policies must facilitate discussion of situations involving significant risk. Managers must support individual staff in specific situations and ensure necessary development opportunities and opportunities for reflection are made available.

Clear guidance on escalation particularly where there is a risk of significant harm and plans to reduce identified risks have not been successful. Local escalation policies will offer advice on necessary informing of and support and oversight from senior managers. This must be recorded.

Comprehensive and accurate Record Keeping is an integral part of best practice in risk work. It supports: identification of risk and patterns of risk alongside the individual; a transparent and objective view of the impact and likelihood of harms occurring; discussion of risks with managers and with service users and carers; effective review of areas of risk. Records relating to any consideration of mental capacity are integral to this. Chronologies in complex and long-term situations are essential.

Learning and Development This framework must be underpinned with relevant learning and development opportunities for staff. This should include opportunities for reflecting on practice using for example: case studies; case file audits; Safeguarding Adults Reviews.

Commissioners of services and senior managers have a crucial role in supporting and underlining the importance of robust multiagency working within situations of risk.

*** This resource must be used alongside existing and relevant local policies and procedures including those for safeguarding adults.**

****The multi-agency procedure for this framework is attached as Annex 1**

*****A specific procedure for working with Adults with a learning disability is attached as Annex 2**

****** The risk assessment and recording tool to support this framework and associated procedure is attached as Annex 3**

Appendix 1: A supported decision tool example

This tool can be used when exploring and recording decisions with a person about choices and decision-making involving risk. Further detail associated with this tool is set out in Department of Health 2007, pp 49-51.
https://lx.iriss.org.uk/sites/default/files/resources/Independence,%20choice.pdf
The tool is essentially a series of questions to guide a conversation, recognising that this may support confidence of staff and professionals to ensure that issues included here have a focus. This in turn promotes a person-centred approach.

Issues for the Practitioner to consider:

When using the tool with the individual, consider carefully the following aspects of the person's life and wishes:

- Dignity
- Diversity, race and culture, gender, sexual orientation, age
- Religious and spiritual needs
- Personal strengths
- Ability/willingness to be supported to self-care, in terms of:
- Opportunities to learn new skills
- Support networks
- Environment - can it be improved by means of specialist equipment or assistive technology?
- Information needs
- Communication needs- tool can be adjusted (braille, photo's, simplified language)
- Ability to identify own risks
- Ability to find solutions
- Least restrictive options
- Social isolation, inclusion, exclusion
- Quality of life outcomes and the risk to independence of 'not doing'.

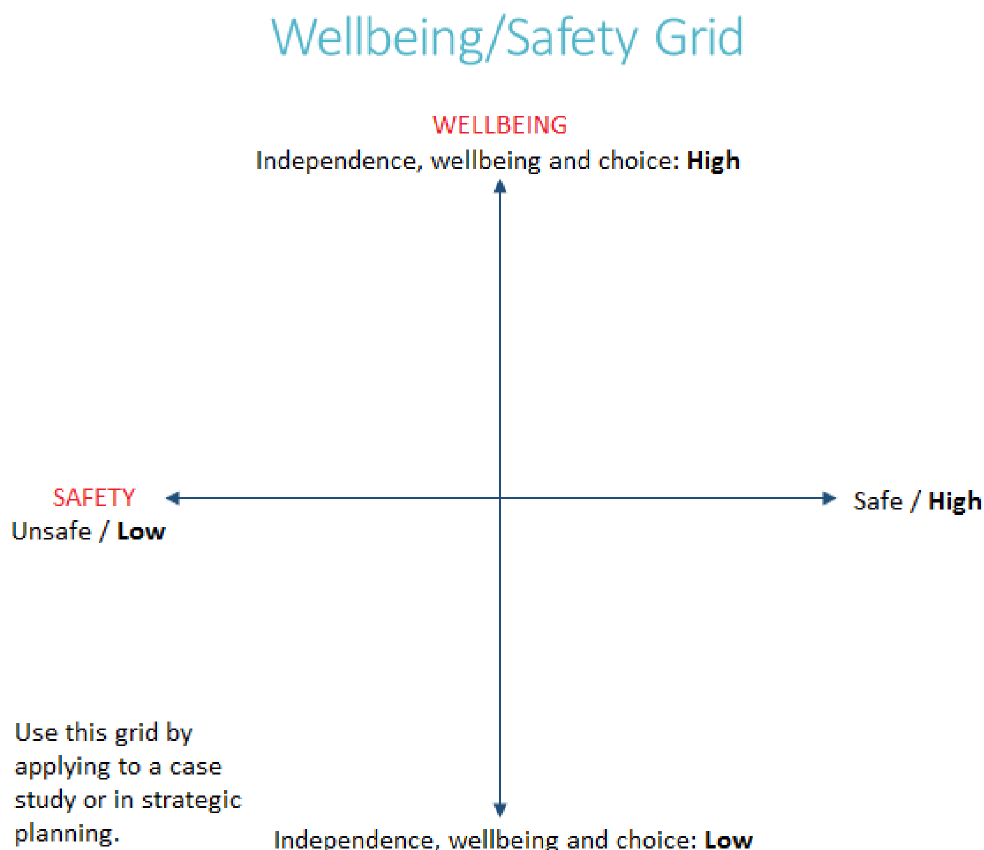
Supported Decision Tool

What is important to you in your life?
What is working well?
What isn't working so well?
What could make it better?
What things are difficult for you?
Describe how they affect you living your life.
What is stopping you from doing what you want to do?
Do you think there are any risks?
What would make things better for you?
Could things be done in a different way, which might reduce the risks?
Would you do things differently?
Is the risk present wherever you live?
What do you need to do?
What do the staff/organisation need to change?
What could family/carers do?

Who is important to you?
What do people important to you think?
Are there any differences of opinion between you and the people you said are important to you?
What would help to resolve this?
Who might be able to help?
What could family/carers do?
What could we do (practitioner) to support you?
Agreed next steps - who will do what.
How would you like your care plan to be changed to meet your outcomes?
Record of any disagreements between people involved.
Date agreed to review how you are managing.

Appendix 2: Well Being Safety Grid

The following tool can be used to support consideration of the extent to which wellbeing is a prominent feature in front line practice. The grid can be applied (by plotting strategies/actions put in place in individual situations involving risk) and the questions asked: how can we move from the lower negative axis whether regarding wellbeing or safety, to the higher positive axis, through this objective action or intervention?



References

i Department of Health, 2007, *Independence, choice and risk: a guide to best practice in supported decision making*

ii Department of Health (2016) *Care and Support Statutory Guidance*

iii Department of Health, 2010, *Nothing ventured, nothing gained; Risk Guidance for people with dementia*

iv Camden Safeguarding Adults Board, July 2015, *SCR in respect of ZZ*

v Southampton, Hampshire, Isle of Wight and Portsmouth Safeguarding Adults Boards, March 2016, *Multi-Agency Risk Management Framework*

Annex 1

Bracknell Forest Safeguarding Board Multi-Agency Guidance:

Working with those at Risk
who do not access Services

To be used when a multi-agency approach is required in order to address escalating risk

The following guidance should be read as a supporting document to the on-line Berkshire Multi-agency safeguarding adults' policies & Procedures:

http://www.sabberkshirewest.co.uk/practitioners/berkshire-safeguarding-adults-policy-and-procedures/

This guidance fulfils the function of Multi-Agency Risk Assessment Panels, as described in the Berkshire Policies and Procedures:

> 2.10.4 **Multi-Agency Risk Assessment Panels (or Risk Enablement Panels or High Risk Panels)**
> Multi-Agency Risk Panels are one type of multi-agency working on complex and high risk cases, often where agencies spend significant amounts of time responding to difficult, chaotic or problematic behaviour or lifestyles that place the person, and possibly others, at significant risk. Panels can be created with all necessary partners, both statutory and third party and will vary depending on local need of the case in question. Any situation calling for multi-agency action could be discussed at panel meetings. The panel will support agencies in their work to lower and manage risk for both individuals and the wider community.
> Multi-Agency Risk Panels are based on the belief that shared decision making is the most effective, transparent and safe way to reach a decision, where there is challenge with the adult at risk and professionals working with them to mitigate the risk; or where there is a high complex case and the risk needs to be escalated for consideration by such a panel. The purpose of the Panel is to agree a risk reduction plan that is owned and progressed by the most relevant agency with the support of necessary partners.
> There are processes in each area to manage complex, high risk cases. Refer to your local area for further information and guidance.

NB:

Where the word "vulnerable" is used in this document, it refers to the College of Policing 2017 definition:

"A person is vulnerable if as a result of their situation or circumstances, they are unable to take care of or protect themselves, or others, from harm or exploitation"

Adapted from Slough Safeguarding Adults Board in 2017

Introduction

Adults who have complex and diverse needs and do not access services, either through choice or by reason of not being eligible for support, are often known to different agencies; their needs are generally longstanding and recurring and they may put themselves and/or others at risk.

This guidance needs to be followed where there are concerns that there is a level of risk which professionals find unacceptable, and all other reasonable attempts to minimise this risk have failed.

This guidance can and should be used by any agency. The lead agency will be the agency that has most current contact with the person and is therefore responsible for facilitating the first meeting. At this meeting, a more appropriate lead agency may be identified.

Aims of the guidance:

- To improve outcomes for adults who may be at risk but who do not fit the criteria for other multi-agency meetings
- To develop a person-centred, multiagency, co-ordinated response.
- For agencies to work in partnership and share information to ensure best outcomes for the person.

There is an expectation that all agencies - and individuals employed within these agencies - will work together to achieve the best outcome for the person, whilst satisfying organisational responsibilities and duties.

Examples of people who may require this response are:

- Adults who are at risk of exploitation and are victimised because of vulnerability, their lifestyle or specific needs
- Adults who are not receiving support but are making repeated demands on local services
- Adult survivors of child sexual exploitation who are at risk of further exploitation
- Adults who have capacity to refuse support around issues which may put them at risk. This may include self-neglect, hoarding, exploitation and modern slavery.

This list is NOT exhaustive and a multi-agency approach should always be considered where there are concerns about risk.

Guiding principles:

- People who have capacity to make decisions about their lives also have the right to make

unwise decisions. However, their choices may impact upon others and/or leave them at risk of harm; this process will consider how best to balance these conflicting views and risks.

- It is best practice to ensure the person is aware that they are being considered within this guidance.
- Information sharing between agencies is implicit for this process; consent should be sought to share information as per local information sharing protocol, unless to do so places the person or those around him/her at further risk of harm. The rationale for sharing information should be recorded in the minutes.
- Where appropriate, staff should consider seeking legal advice at various stages throughout the process.
- Throughout the process it is important that decisions and actions are accurately recorded, and a record made of those involved in the decision-making process.
- To ensure an accurate view of the person's mental capacity, the need for an assessment should be considered throughout the process.
- This is a multi-agency process and each agency is required to nominate a lead worker to agree actions and make operational decisions.

When to follow the guidance:

If staff are unsure whether to follow this guidance for a particular case, discussion with the Safeguarding Adults Team or Community Safety Team is strongly advised. The guidance should be followed when:

- A multi-agency approach is required but the person does not meet the criteria for any other multi-agency process or meeting, including section 42 safeguarding enquiries
- There is escalating risk, despite attempts to mitigate and manage that risk
- All single agency efforts to engage with the person have been exhausted.
- The situation has reached a level of risk that is unacceptable in the view of the professionals involved.
- Statutory powers are being considered in relation to someone who may be considered vulnerable

Stages in the process:

Factors to consider on using this guidance:

- If mental capacity to make relevant decisions has not been considered or is in doubt, it should be ascertained as soon as possible. An adult who lacks capacity should receive a response via Safeguarding procedures.
- Ascertain whether any children or other vulnerable adults are at risk. If there are children at risk you MUST refer to Children's Safeguarding immediately
- Have all existing processes have been considered and tried? Is there an existing multi-agency forum that may be appropriate?
- Obtain relevant legal advice if necessary/appropriate.
- Discuss with line manager whether to proceed with a multi-agency meeting.

Meeting

- The purpose of the meeting will be to consider the situation and clarify whether any further action can be taken, making the necessary recommendations.
- The lead agency should inform the person and relevant others that a professional meeting will be held. They should be invited to the meeting and supported as necessary.
- If the person is not invited to attend the meeting, the reasons for this should be recorded.
- The lead agency must invite all agencies who have, or could have had, involvement with the individual or anyone else living in the home.
- These meetings should include a separate minute taker. The meeting should be chaired by the primary agency identifying concerns, unless otherwise agreed.
- A risk assessment should be discussed at the first meeting and updated in light of information from other agencies.
- Consider what the person wants or acquires from the risk behaviour
- It is the collective responsibility of all those who attend the meeting to discuss the risks and consider the following:
    - What is the risk?
    - What is already in place to reduce the risk?
    - What are the barriers for removing risk?
    - What action needs to be taken?
- Agree action plan, with timescales and named leads.

- Agree a review meeting date.
- Send meeting minutes to all attendees
- Identify who is best placed to engage with the person and inform them of the decisions that have been made.

Review Meeting

- Review progress and agree a revised action plan, with named leads and timescales.
- Update the risk assessment and actions
- If insufficient progress has been made, consider an alternative approach. Staff may need to explore other flexible, creative solutions.
- Agreement needs to be reached on the way forward; it may be necessary to escalate the concerns to a senior management level if risks are considered high and progress has been insufficient
- The chair of the meeting should discuss the case with their line manager following this meeting as a matter of course.
- As part of the plan, identify and agree at what point another meeting may be required, i.e. if issues change significantly or there are new concerns
- This review process will be ongoing until the risks are managed; at this point, regular meetings can be stopped. This does not mean that the risks have been completely negated or removed, but that the multi-agency group is able to act and react in a planned and consistent way.

Ongoing Support

- When risks are at a level where they are considered to be managed, consider what support is needed to meet any ongoing needs and ensure the well-being of the person and anyone else living within the home.
- Any ongoing support must be clearly identified and agreed by relevant agencies. This should include any services that are commissioned.
- The outcome should be shared with the Safeguarding team who will update records of meetings held under this guidance.

Sharing Learning

- Any learning and good practice should be shared with immediate colleagues and wider networks, including the Safeguarding Adults Board.

Risk Assessment and Recording Tool

The risk assessment and recording tool forms Annex 3 of the suite of Risk Framework documents

***This is meant to be a dynamic process and this pathway will be amended as learning is developed.**

Annex 2

Bracknell Forest Safeguarding Board Multi-Agency Guidance:

Working with adults who have a learning disability and whose health and wellbeing are at increased risk due to their complex health and social care needs.

To be used when a multi-agency meeting is required in order to assess and address escalating risk

The following guidance should be read as a supporting document to the on-line Berkshire Multi-Agency Safeguarding Adults Policies and Procedures:

https://www.berkshiresafeguardingadults.co.uk/

This guidance fulfils the function of Multi-Agency Risk Assessment Panels, as described in the Berkshire Policies and Procedures:

2.10.4 **Multi-Agency Risk Assessment Panels (or Risk Enablement Panels or High Risk Panels)**

Multi-Agency Risk Panels are one type of multi-agency working on complex and high risk cases, often where agencies spend significant amounts of time responding to difficult, chaotic or problematic behaviour or lifestyles that place the person, and possibly others, at significant risk. Panels can be created with all necessary partners, both statutory and third party and will vary depending on local need of the case in question. Any situation calling for multi-agency action could be discussed at panel meetings. The panel will support agencies in their work to lower and manage risk for both individuals and the wider community.

Multi-Agency Risk Panels are based on the belief that shared decision making is the most effective, transparent and safe way to reach a decision, where there is challenge with the adult at risk and professionals working with them to mitigate the risk; or where there is a high complex case and the risk needs to be escalated for consideration by such a panel. The purpose of the Panel is to agree a risk reduction plan that is owned and progressed by the most relevant agency with the support of necessary partners.

There are processes in each area to manage complex, high risk cases. Refer to your local area for further information and guidance.

NB: Where the word "vulnerable" is used in this document, it refers to the College of Policing 2017 definition:

"A person is vulnerable if as a result of their situation or circumstances, they are unable to take care of or protect themselves, or others, from harm or exploitation"

Adapted from Slough Safeguarding Adults Board in 2017

Introduction

Adults with a learning disability can have poorer health and are more likely to have a lower life expectancy than the general population (Mencap 2004); they are also likely to have complex health and social care needs. Many adults in this situation are supported by a range of different agencies that assist and support them in the different areas of their lives. They may face specific challenges associated with their learning disability and may also have increased risk of mortality due to conditions associated with their learning disability (e.g. epilepsy, aspiration pneumonia). These adults may also find it difficult to express their needs, views and wishes about their health and care

requirements which can make management of these requirements more complex than for other people.

The purpose of this guidance is to ensure that procedures are in place for when an adult with a learning disability is experiencing deteriorating health which appears to place either their physical, mental and/or emotional health and wellbeing at some level of increased risk which is causing concern amongst the professionals involved with them. As part of these procedures it is also essential to obtain a clear understanding of the adult's views regarding their own health and wellbeing and their perception of the level of risk; the services of an appropriate advocate may be necessary to obtain the adults views and wishes.

This guidance can and should be used by any agency.

The lead agency will be the agency that has most current contact with the adult and is therefore responsible for facilitating and coordinating the first meeting. However, the first meeting may identify that one of the other agencies involved with the adult is more appropriate to take ownership of the lead role and it is essential that this is established at this meeting. It is also essential that all other agencies involved agree to cooperate with the lead agency.

The aims of this guidance:

- To improve outcomes when working with adults who have learning disabilities and whose deteriorating health places either their physical, mental and/or emotional health and wellbeing at some level of increased risk
- To promote a person-centred, multi-agency, coordinated response to the increased level of risk which will support the adult affected; this response must also ensure that the views and wishes of the adult about the risk are represented and included in decisions that are being made
- To empower agencies to work in partnership and to share information which will best assist in attaining better outcomes for the adult affected

There is an expectation that all agencies - and individuals employed within these agencies - will work together to achieve the best outcomes for the adult, whilst also satisfying organizational responsibilities and duties.

These procedures are likely to be appropriate in the following situations:

- Where an adult with a learning disability is receiving support but they also frequently need to visit local services such as their GP, ambulance services, A and E services and they may also experience repeated hospital admissions
- An adult with a learning disability who is experiencing frequent and unexplained falls that risk causing injury and/or harm
- An adult with a learning disability who appears to be experiencing ongoing deteriorating health issues which appear to place either their physical, mental and/or emotional health and wellbeing at some level of increased risk and professionals involved with them are increasingly concerned about the risk.

This list is NOT exhaustive and a multi-agency approach should always be considered where there are concerns about risk.

Guiding principles:

- People who have capacity to make specific decisions about their lives also have the right to make unwise decisions. However, their choices may impact upon others and/or leave them at risk of harm; this process will consider how best to balance these conflicting views.
- It is best practice to ensure that the adult considered to be at an increased level of risk is consulted about the use of this guidance in relation to their situation and to ensure that their views are represented either by themselves or by their advocate.
- Information sharing by all agencies is implicit for this guidance; consent should be sought to share information as per local information sharing protocol, unless to do so places the adult or those around him/her at further risk of harm.
- It should be documented in the minutes of the meetings whether consent has been given and the rationale for sharing information where consent has not been given.
- It should be documented whether consent has been obtained through the MCA and Best Interests processes.
- Throughout the process it is important to: identify and to accurately record each separate decision and action that needs to be taken, to identify who is the decision maker for each decision (if the adult has been assessed as lacking capacity) and to document who has been consulted or involved in the decision making process
- The adult's mental capacity should be considered throughout this process to ensure that appropriate decision-making processes are sustained throughout
- This is a multi-agency process and each agency is required to nominate a lead worker to agree actions and to contribute to operational decisions whilst always taking into account the adults needs, views and wishes about the risks being considered

When to follow the guidance:

If staff are unsure whether to follow this guidance for a particular case, discussion with the Safeguarding Adults Team is strongly advised. The guidance should be followed when:

- A multi-agency approach is required but the adult does not meet the criteria for any other multi-agency process or meeting.
- There is escalating risk, despite single agency interventions.
- The situation has reached a level of risk that is unacceptable and of concern to professionals involved.
- The adult's situation has reached a level of risk where their accommodation/support no longer meets their escalating and changing needs.

Stages in the process:

Factors to consider on using this guidance:

- Mental capacity should be considered early in the process so that if there is a need for MCA assessment for specific decisions it is identified early on
- Ascertain whether any children or other adults who have care and support needs are at risk. If there are children at risk you MUST refer to Children's Safeguarding. If any adult safeguarding risk is identified this must be reported to Adult Social Care as a Safeguarding concern
- Obtain relevant legal advice if necessary/appropriate.
- Discuss with line manager whether to proceed with a multi-agency meeting.
- Contact your local authority Safeguarding Adults Team for guidance and advice

Meeting

- The purpose of the meeting will be to consider the adults situation, to clarify whether any further action/s can be taken and to make the necessary recommendations.
- The lead agency must inform the adult and their family/advocate that a meeting will be held; they must invite them to the meeting and should ensure that any support necessary is provided.
- If the adult is not invited to attend the meeting, the reasons for this should be recorded. A representative who is most able to represent the adult's views and wishes can attend on their behalf; this could be an advocate, or anyone who is appropriate to consult and who knows the adult. Alternatively, the adult's views and wishes can be presented at the meeting in a written form which can be read out at the meeting if they wish.
- The lead agency must invite all agencies who have, or could have had, involvement with the adult or anyone else living in the home.
- The meeting should be chaired by the primary agency identifying concerns, unless otherwise agreed and there must be a separate minute taker to document the proceedings accurately.
- Risk assessment should be discussed at the first meeting and may need to be updated in light of information provided by other agencies.
- It is the collective responsibility of all those who attend the meeting to discuss the risks and consider the following:
    - What is/are the risks to the adult?
    - What support is already in place for the adult?
    - Is this support sufficient to manage increasing or intensifying needs?
- What responses are appropriate to the risks identified to the adult? For example, is advanced care planning indicated or is a move to different accommodation more suited to

their needs?

- Agree an action plan, with timescales and named leads.
- Agree a review meeting date.
- Send meeting minutes to all attendees.
- If the adult has not attended the meeting it is essential to identify who will be providing them with information about any decisions that have been discussed and any that have been made.

Review Meeting

Agencies will share any new information.

- Review actions and agree a revised action plan, with named leads and timescales if appropriate.
- Update the risk assessment.
- If the adult's health continues to deteriorate and risk is escalating, the risk assessment tool must be updated.
- The chair of the meeting should discuss the adult's case with their line manager following this meeting as a matter of course.
- This review process will be ongoing until the risks are managed. This does not mean that the risks have been completely negated, but that they are at a point where the multi-agency group is able to act and react in a planned and consistent way. At this point of the process, regular meetings can be stopped.
- As part of the plan, identify and agree at what point another meeting may be required, i.e. if issues change significantly or there are new concerns

Ongoing Support

- When risks are at a level where they are considered to be managed, consider what support is needed to meet any ongoing needs and ensure the well-being of the adult.
- Any ongoing support must be clearly identified and agreed by relevant agencies. This should include any services that are commissioned.

Sharing Learning

- Any learning and good practice should be shared with immediate colleagues and wider networks, including the Safeguarding Adults Board.

Risk Assessment and Recording Tool

The risk assessment and recording tool form Annex 3 of the suite of Risk Framework documents

*This is meant to be a dynamic process and this pathway will be amended as learning is developed.**

Annex 3
RF tool v3 Jan '20

Safeguarding Adult Board Risk Framework – Risk Tool.

Assessment Details

Date of Assessment

Name of Assessor:

If a manual handling assessment is required, please indicate here and complete necessary manual handling form ☐ Yes ☐ No

Assessment / Management of Risk

Person at risk	Risk type	Brief explanation of risk	Mental capacity for particular risk?	Potential consequence of risk	Likelihood of risk occurring	Severity of risk

Does the management of this risk require multi-agency input? ☐ Yes ☐ No

Who is the lead agency?

Which other agencies are contributing to this assessment and how have they assessed the identified risk(s)

Agency, including contact name	Contact details	Identified risk	Agency view (agree / disagree with lead agency	State any concerns identified or extra precautions taken or if disagreement, state rationale including alternative action, if any

Multi Agency Meeting

Please record details of multi-agency meetings held including times / dates, attendees and record of meeting(S)

Time and Date	Attendees	Record of Meeting	Actions

Risk Reduction

	Steps being taken to reduce the risk	Responsible person and agency	To be in place by	Duration of step
Risk Reduction Plan (Measures, policies, equipment, etc in place to minimise risk. State what				

organisation, and who, is responsible for each step.)				

Risk Contingency

	Steps to be followed when risk occurs	Responsible person and agency	To be in place by	Duration of step
Risk Contingency Plan (Action to be taken if risk event occurs. State what organisation, and who, is responsible for each step.)				

Involvement of Adult at Risk

Has the risk assessment been discussed with the adult at risk? ☐ Yes ☐ No

If yes - What are their views?

If No - Please explain why the person was not consulted

Has the risk assessment been discussed with their carer/family? ☐ Yes ☐ No ☐ No - Carer / Family

If Yes - What are their views?

If No - Where the adult has capacity and has expressed a wish not to involve carer or where there is a risk of entrapment or abuse, please document this here:	

Has the risk assessment been discussed with staff/other relevant professionals? ☐ Yes ☐ No

Declaration

I agree that this assessment may be shared as needed to support my care (Information given to Social Services may be shared with others involved in providing my care - e.g. Police, Housing Health, Support providers etc):

☐ Yes ☐ Yes, but with limitations ☐ No ☐ Unable to consent

If yes - Details of any limitations

Signature of adult, or their representative

Date:

If signed on behalf of someone else,
please record Name and Relationship

identifying appropriate legal role e.g.
Deputy for Health & Welfare:

Assessor Decision/Recommendation and Supporting Information

Are there any areas of disagreement in relation to the risk assessment and decision? ☐ Yes ☐ No

If Yes - State disagreement and who by

If the person was not involved directly in this assessment, or they lack capacity, explain how their views and wishes have been sought or represented (e.g. use of advocacy)

Overall Risk Management Agreement and rationale (short statement indicating that benefits as well as harms and remaining risks have been considered, and this is the least restrictive option available)

Is the adult at risk's decision/choice being promoted? ☐ Yes ☐ No

If No - Please state rationale:

Outcome of discussion with team manager:	
What is the recommended review date of this risk assessment?	

Signatures

These must be signed and indicated in what capacity the individual is signing e.g. subject of risk assessment, practitioner, team manager etc

The name of the risk decision-maker should be provided here with a signature. This may be the adult themselves or, if they lack capacity, the assessor. If the decision has been referred the team manager or other agency decision-maker should also sign.

Name (print and sign)	Role	Organisation	Date

Adult at Risk Safety Plan

Is an Adult at Risk Safety Plan needed? ☐ Yes ☐ No

If Yes

What can I do to manage my own risks on a day to day basis?	

What warning signs may mean I'm at risk or putting myself at risk?	
What have people done in the past to help me to cope and stay safe and well?	
What could others do that would help?	
Who do I want to be involved (or not be involved)?	
Who can I call for help? (Ensure contacts are clearly recorded and availability, if relevant)	
A safe place I can go to is:	
If I still feel that I'm not safe I will:	

● Guidance

HIGH: Trigger or antecedent is persistent AND coping mechanism or safety features DO NOT modify it. There is a high likelihood of harm that is either planned or spontaneous, which is very likely to cause serious harm. There are few, if any, protective factors to mitigate or reduce that risk. The adult at risk requires long-term risk management, including planned supervision and close monitoring, and, when the adult at risk has the capacity to respond, intensive and organised treatment

MEDIUM: Trigger or antecedent is persistent BUT coping mechanism or safety features DO modify it. Adult at risk is capable of causing serious harm but, in the most probable future scenarios, there are sufficient protective factors to moderate that risk. The adult at risk evidences the capacity to engage with planned risk management strategies and may respond to treatment. The adult at risk may become high risk in the absence of the protective factors identified in this assessment.

LOW: Trigger or antecedent is no longer persistent AND coping mechanism or safety features DO modify it. Adult at risk may have caused, attempted or threatened/verbalised serious harm in the past but a repeat of such behaviour is not thought likely between now and the next scheduled risk assessment. The adult at risk is likely to cooperate well and contribute helpfully to risk management planning and they may respond to treatment. In all probable future scenarios in which risk might become an issue, a sufficient number of protective factors exist.

No risk identified: The adult does not pose any risk at all in this area.

● List of Values

Mental Capacity
Yes
No

Likelihood of Risk Occurring
Definite
Likely
Unlikely

Severity of Risk
High

Agency View
Agree with lead agency
Disagree with lead agency

Medium
Low
No Risk

CHRONOLOGY PRO-FORMA

Name of Agency……………………………………………………….

Person Completing Chronology……………………………………………………

Date* yy/mm/dd	Source of Evidence (e.g. record or interview	Nature of contact or significant event	Professional (Role and initials)	Location/ Actions taken/Decisions made	Comments/notes

A downloadable version of this tool is available from the Bracknell Forest Safeguarding Board website