Multi-Agency Guidance: Working with Risk

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Contents

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Acknowledgements

This guidance has been based upon:

- *ADASS West Midlands, Joint Improvement Partnership NHS West Midlands and for publishing "A positive approach to risk and personalisation: a framework".*
- *LGA ADASS Making Safeguarding Personal Working with Risk Workshop resources.*

1. Purpose

1.1   The guidance is for all front-line staff and managers in member organisations of the Keeping Adult Safe in Shropshire Network and others working with adults including those with care and support needs in Shropshire. It clarifies how to apply the key principles of working with risk in a way which promotes an adult's individual wellbeing and ability to work positively with risk, in order to prevent the risk or experience of abuse or neglect.

1.2   "Observant professionals and other staff making early, positive interventions with individuals and families can make a huge difference to their lives, preventing the deterioration of a situation or breakdown of a support network. It is often when people become increasingly isolated and cut off from families and friends that they become extremely vulnerable to abuse and neglect. Agencies should implement robust risk management processes in order to prevent concerns escalating to a crisis point and requiring intervention under safeguarding adult procedures." (DHSC:2018:14.66

1.3   The document should be read alongside the relevant multi-agency procedures (all available at: http://www.keepingadultssafeinshropshire.org.uk/multi-agency-procedures/). These include:

- West Midlands Adult Safeguarding Multi-Agency Policies and Procedures
- Safeguarding Process in Shropshire
- Information Sharing Protocol and Practice Guidance
- Resolution Escalation Policy
- Their own specific organisations guidance on managing risk

2. Introduction

2.1   Working with risk is about balancing an individual's human rights and freedoms and the duties placed on organisations and its workers to prevent and protect the individual and/or others from coming to harm because of abuse or neglect.

2.2   The Keeping Adults Safe in Shropshire Network (hereafter referred to as the Network) has produced this guidance to promote a common multi-agency approach to working with risk to promote the well-being of adults with care and support needs, prevent the risk or experience of abuse or neglect and reduce the need for statutory adult safeguarding processes to be initiated.

2.3   It is imperative that **all** agencies work with adults and each other; to try and prevent an adult's circumstances from getting to a point where it is deemed that safeguarding processes or a type of enforcement action are necessary to protect them. Even when safeguarding processes are initiated to protect an adult; the aim of these are to reduce the risk to the adult to the extent that safeguarding measures are no longer required.

2.4   The aim of any multi-agency approach, whether preventing or protecting the adult from harm; should be to support and enable the person to achieve and maintain their safety and wellbeing in the least restrictive way possible.

3.   Principles of working with risk

3.1   Risk in the context of this document, is concerned with the probability of harm to an adult as a result of abuse or neglect to the adult or others.

3.2   The Care and Support Statutory Guidance recognises the complexity of assessing and managing this risk and make's clear:

- the importance of **balancing** the need for "people and organisations working together to prevent and stop both the risks and experience of abuse and 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"
- 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 avoid advocating 'safety' measures that do not take account of individual wellbeing, as defined in Section 1 of the Care Act 2014.

(DHSC:2018:14.7-14.8)

3.3   **Making Safeguarding Personal** is a key principle of working with risk in adult safeguarding. There is no 'one size fits all' approach to working with risk.

Identifying, agreeing and managing the risk to an adult should be a negotiated conversation with the adult at risk at the centre. The person should be engaged in a conversation at every stage "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." (DHSC:2018:14.15). The principles of the Mental Capacity Act 2005 must be adhered to and appropriate support and advocacy put in place when adults have substantial difficulty in participating.

3.4   The response, whether by single or multiple agencies, should therefore be personalised and responsive to the adult's views and wishes.

3.5   This can be particularly challenging when the adult's views and wishes are that they do not recognise that they are at risk and/or do not want support or protection; but the view of professionals is that the risk to the adult is more likely than not if protection does not take place.

3.6   It is important that a **positive risk taking approach** is taken by organisations and professionals working with adults at risk in order to achieve a balance between the right of the adult to have choice and control over their lives, including over any care and support; and ensure adequate protections are in place to safeguard their well-being.

3.7   Risk can make a positive contribution to people's lives; it can enhance their wellbeing and enable them to do things which most people take for granted. "People may need to take risks to achieve their aspirations but people who need support can be discouraged from taking risks. This may be because of their perceived limitations or because of fear that they or others might be harmed, resulting in criticism or compensation claims." (ADASS/WMJIP/NHSWest Midlands:2011:5).

3.8   It should be recognised that on occasion the benefits of positive risk taking need to be balanced against the nature and type of the risk. This would include evaluating the impact upon that person and whether others are being affect, the seriousness of the risks and whether it involves those in a position of trust.

3.9   The six statutory principles underpin all adult safeguarding work and should be applied when working with risk:[1]

Empowerment

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[1] Quotes to demonstrate the adults voice have been taken and, in some cases, adapted from the Care and Support Statutory Guidance (DHSC: 2018) to reflect working with risk and are not direct quotes from adults who have used services.

"I am asked what I think about my safety and what I want to happen. I feel that people have listened to me because of what they have done after I have told them"

The adult is supported and encouraged to make their own decisions and give informed consent to decisions about the risks to them and how they are managed.

Where it is assessed that the adult lacks the capacity to make their own decisions or give informed consent; decisions must be taken in their best interests and the least restrictive alternative (in line with the principles of the Mental Capacity Act 2005)

Prevention

"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

Action is taken before harm occurs or at the earliest point when the risk of it is identified.

Organisations working with adults recognise the early indicators of risk of harm, and work with the adult and each other to reduce or minimise the chances of harm from abuse or neglect.

Proportionality

"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."

The least intrusive response appropriate to the risk presented is taken; in a way in which minimises or manages the risk and enhances the adult's wellbeing.

Formal safeguarding processes or other enforcement action to protect the adult or others should be used as a last resort and only when harm is more likely to happen than not.

When safeguarding processes are initiated to protect the adult; the aim of these are to reduce the risk to the adult to the extent that safeguarding measures are no longer required.

Protection

"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

It is important that practitioners follow the principle of Making Safeguarding Personal as outlined in the Principles section above and ensure that the adult is provided with help, support and information relating to risk in a way in which they understand. Any action taken to protect the adult should support the adult to minimise risk and promote their wellbeing. Adults should have access to an advocate if they have substantial difficulty participating in the process.

Partnership

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

It is important that practitioners and organisations are clear about the lawful basis upon which they are sharing information with one another and others significant in the adult's life. Please refer to the KASiSB Information Sharing Protocol & Practice Guidance.

It is imperative that all agencies work with the adult, their carers, families and each other to try and prevent abuse and/or neglect from getting to a point where it is deemed that safeguarding processes or a type of enforcement action is needing to be implemented to protect them. Even when safeguarding processes are initiated to protect the adult; the aim of these are to reduce the risk to the adult to the extent that safeguarding measures are no longer required.

The aim of any multi-agency approach should be to support and enable the person to achieve and maintain their safety and wellbeing in the least restrictive way possible.

Consideration should be given in complex cases where there are significant risks, to convening a multi-disciplinary and/or multi-agency meeting to share information and agree on a risk management plan to minimising the impact of specific risks and improving the person's wellbeing. Wherever possible the person themselves should be included in the meeting and plan along with significant others and an independent advocate where appropriate. A standardised agenda (Appendix 4) and risk management plan (Appendix 5) has been provided to guide the discussion and planning that takes place. Practitioners should feel free to amend the agenda to fit the person they are working with.

Accountability

"I understand the role of everyone involved in my life and so do they."

People working with the adult must be clear with themselves, the adult, their families, carers and other professionals about their role in the adult's life. It is

important that professional boundaries are clear and applied and that practitioners and organisations are transparent in their practice through partnership working and recording.

It is the worker's responsibility to ensure that work in accordance with their professional codes of conduct.

3.10 It is essential that all organisations work in accordance with the **Mental Capacity Act (MCA) 2005,** the **Human Rights Act 1998 and the Mental Capacity Amendment Act 2019**, which also supports the implementation of a personalised and positive risk taking approach to safeguarding.

3.11 Particular adherence to the five statutory principles of the MCA is vital to ensure that all professionals are fulfilling their duties to both empower and protect people when considerations are made about their capacity.

Practice Guidance

4. What is risk?

4.1 In the context of this document; risk is the probability that an adult will experience harm as a result of abuse or neglect. Harm can be physical, psychological and/or emotional. The greater the impact and likelihood of harm taking place, the higher the level of risk to the adult's safety.

4.2 Risk is the probability of beneficial or harmful outcomes in the future for a particular person or others with whom they come into contact.

4.3 The Care and Support Statutory Guidance provides a list and brief explanation of types of abuse and neglect, whilst making it clear that there should not be a limited view of "what constitutes abuse or neglect, as they can take many forms

and the circumstances of the individual case should always be considered" (HM Government:2018:14.17). The list of examples include[2]:

- Physical Abuse
- Domestic Abuse (please refer to the Shropshire Domestic Abuse Pathway)
- Sexual Abuse (Please visit the local Sexual Assault Referral Centre website: The Glade)
- Psychological Abuse
- Financial or material abuse
- Modern Slavery
- Discriminatory abuse
- Organisational abuse
- Neglect
- Self-Neglect (please refer to the KASiSB Responding to Self-Neglect

    Further information on types of abuse can be found at:
    http://www.keepingadultssafeinshropshire.org.uk/learning-resources/

Identification of risk

4.4   Concerns about risk can be triggered by particular events or circumstances which are considered to compromise the adult's safety through:

- their own behaviour (which could be affected by impairment, illness, capacity or disability),
- personal circumstances (particularly when there is a change); or
- because of the acts/omissions of others.

4.5   The events or circumstances that trigger concern can include:

- Accidents or "near misses" associated with impairment or disability such as falls, fires etc.
- Changes in relationships.
- Changes to accommodation, care or support.
- Misuse or improper use of medication.
- Misuse of alcohol or other substances
- Any behaviour by the adult or others which result in injury.
- Concerns about mental health, including self-harm, suicidal thinking or attempts.

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[2] Specific local and national pathways/guidance to consider alongside this guidance and the Safeguarding Process in Shropshire have been linked for further information.

- Aggression and violence by the person or others
- Change to complex or progressive health difficulties

4.6   Such events or circumstances may not always indicate a risk concern in respect of abuse or neglect. However, if an event or circumstance triggers sufficient concern in this regard, a risk assessment should take place with the person; taking account of the Principles outlined above and adopting a positive approach to risk taking.

5. Positive Risk Taking

"What good is it making someone safer if it merely makes them miserable?"
(Munby:2010) [3]

5.1   Risk is a normal every day experience. Taking risks can enhance a person's resilience and wellbeing. It is therefore important that the positive contribution that risk can make to an adult's life is considered with them. This can be done by working with the person if events or circumstances which trigger concern occur to identify "what is to be gained for their wellbeing as well as what might go wrong" (ADASS/LGA:2018:4). Working in this way is more likely to enable the adult to achieve personal change or growth and minimise risk.

5.2   A **positive risk-taking approach** involves:

- assuming that people can make their own decisions (in line with the Mental Capacity Act) and supporting people to do so; even where it is assessed that they lack capacity. If a worker is concerned that someone lacks capacity to make a specific decision then they must properly assess this, involving others as required.
- working in partnership with adults who use services, family carers and advocates and recognise their different perspectives and views.
- developing an understanding of the responsibilities of each party.
- empowering people to access opportunities and take worthwhile chances.
- understanding the person's perspective of what they will gain from taking risks and understanding what they will lose if they are prevented from taking the risk.
- promoting trusting working relationships.
- understanding the consequences of different actions.
- making decisions based on all the choices available and accurate information.
- being positive about risk taking.

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[3] The full quote from LJ Munby: 'The emphasis must be on sensible risk appraisal, not striving to avoid all risk, whatever the price, but instead seeking a proper balance and being willing to tolerate manageable or acceptable risks as the price appropriately to be paid in order to achieve some other good – 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?'

- understanding a person's strengths and finding creative ways for people to be able to do things rather than ruling them out.
- knowing what has worked or not in the past.
- where problems have arisen, understanding why.
- supporting people who use services to learn from their experiences.
- ensuring support and advocacy is available
- sometimes supporting short- term risks for long-term gains.
- ensuring that services provided promote independence, interdependence and not dependence.
(ADASS/WMJIP/NHSWest Midlands:2011)

5.3 Principles of working positively with risk for practitioners and organisations:

- Risk is a normal everyday experience.
- Risk is dynamic and constantly changing in response to changing circumstances, therefore its assessment and management needs to be
- ongoing with management plans being regularly updated and reviewed.
- All people, including people with care and support needs, have the right to take risks.
- An individual's right to take risks does not give them the right to put others at risk.
- Risk can be minimised, but not always removed.
- Information will sometimes be partial and should be tested to inform decision making. Decisions should be made using information that is available within a reasonable period and should be checked for accuracy. Some decisions may need to be made prior to all information being available.
- Identification of risk carries a responsibility to do something about it.
- People who use services, their advocates and where appropriate, their family will be involved in risk assessment and decision making.
- Decisions will be based on clear reasoning using the principles of multi-disciplinary and inter agency working in proportion to the risk and impact to self and others.
- Risk management will involve everybody working together to achieve positive outcomes for people.
- Confidentiality is a right, but not an absolute right and may be breached in exceptional circumstances when children or adults with care and support needs are deemed to be at serious risk of harm or it is in the public interest.
- Guidance, procedures and risk assessment tools should support positive risk taking including ensuring that staff receive appropriate organisational support and supervision from their immediate line management.
- Where risk taking results in negative outcomes for people who use services or others, the experience should be learnt from and used to inform future decisions

(ADASS/WMJIP/NHSWest Midlands:2011)

6. Risk assessment

6.1   Once an event or circumstance(s) is identified which trigger concerns that there may be indicators of abuse or neglect, then consideration should be given to completing a risk assessment with the adult and others.

6.2   Adults should be helped to consider potential risks before they occur. This should include identifying the probability of the risk occurring and the impact if it does. It should be remembered that the impact of a risk can be positive or negative and that not all risks will require assessment and/or management.

6.3   Practitioners should be aware that the impact of preventing a risk can be negative to the person's well-being or autonomy too.

6.4   The key elements of any risk assessment where there may be indicators of abuse or neglect should include:

a) **A professional judgement** (drawing on approved tools where appropriate) of the level (impact and likelihood) of risk of harm, both now and in the future, to the adult and (where applicable) others because of abuse or neglect.

If a person is referred into the adult safeguarding process in Shropshire; the Adult Social Care Safeguarding Team assess the level of danger to the adult; using a level of danger matrix (Appendices 2 and 3). Practitioners may find it useful to refer to this when considering a raising an adult safeguarding concern; or in the absence of their own organisational risk assessment tool.

There are a number of approved tools available related to specific types of abuse that should be referred to and considered as part of risk assessments when there are particular indicators of abuse are identified:

- Domestic Abuse Stalking and Honour-based violence (DASH) risk checklist (integrated into the Shropshire MARAC Referral Form)
- Self-Neglect: Hoarding: Clutter Image Rating (please refer to Appendix 6 of KASiSB Responding to Self-Neglect in Shropshire)
- Adult Safeguarding Decision Guide for individuals with multiple category 2 pressure ulcers or one or more category 3 or 4 pressure ulcers (please refer to Department of Health & Social Care Safeguarding Adults Protocol: Pressure Ulcers and the interface with a Safeguarding Enquiry)

based on;

b) **A conversation with the adult**; The adult should be encouraged to consider the risks they face and to plan any actions to address them. The involvement of the person is key to assessing and effectively managing risk. Communication with the adult should be adapted to their needs. Some helpful questions to ask may be:

- What is important in your life?
- What is working well for you?
- What things are difficult for you?
- Do you think there are any risks? If so, what do you think they are?
- Could things be done in a different way, which might reduce the risks you face?
- Who is important to you?
- Are there any differences of opinion between you and the people you said are important to you?

c) **and;** the gathering of other information from a wide variety of sources; ensuring that information and/or assessments from other agencies and family/friends/carers (where appropriate) are included.
to enable;

a holistic, informed, evidence based and analysed **understanding of how, when and why an adult is at risk of abuse or neglect.**

Past incidences of abuse or neglect or significant life events and history should be particularly considered to identify patterns and improve understanding. The assessment should be balanced by both the strengths of and risks to the adult.

6.5 Risk assessment practice is dynamic and flexible and should respond to change. It should:

- Include the views of individuals and those of their families/carers which should have prominent focus in the assessment, identification and management of risk.
- Have a focus on a person's strengths to give a positive base from which to develop plans that will support positive risk-taking. The strengths and abilities of the person, their wider social and family networks, and the diverse support and advocacy services available to them should inform a balanced approach.
- Be proportionate to the risk identified, potential impact and subject to ongoing monitoring and review.
- Use the principles of multi-agency working in proportion to risk and the impact on self and others.
- Use a person-centred approach to assess, identify and manage risk.
- Ensure that staff have access to appropriate training to support them to promote positive risk taking.
- Ensure that written assessments identify a review date and include the signatures

of everyone involved in the assessment.
- Include historical information which is of value in the assessment and management of risk. Historical information should not prejudice a positive approach to risk taking in the future.

(ADASS/WMJIP/NHSWest Midlands:2011)

6.6   Once a level of risk and an agreed analysis of risk has been determined; this will help inform any risk management actions or interventions.

7. Risk management

7.1   The goal is to manage risks in ways which improve the quality of life of the person, to promote their independence or to stop this deteriorating if possible. Not all risks can be managed or mitigated but some can be predicted. (Department of Health: November 2010)

7.2   A risk management plan is:

- Informed by the risk assessment.
- Responsive to the adult's needs, views, values and beliefs. Particularly, their level of motivation, physical and mental capacity and ability to engage with services.
- Based on decisions that are negotiated and agreed between all parties and are clearly understood.
- An explanation of what action will be taken with the adult. There are like to be a "broad range of responses that are closely linked to the wider process of care and support planning" (ADASS/WMJIP/NHS West Midlands:2011).
- Includes and addresses any risks to others (such as children, carers or staff).
- May contain preventative, responsive and supportive measures; with restrictive or enforcement measures only to be used where the assessed level of risk is assessed as immediate. The aim of the measures should be to:
- Addresses the reasons why an adult is at risk of abuse or neglect and
- Manage (mitigate but preferably reduce) the risk of harm to the adult and (where applicable) others from abuse or neglect. This should include promoting positive risk-taking;
- Agreed measures should be specific and outcome orientated.
- Proportionate to the assessed level of risk of harm to the adult and (where applicable) others
- Contains contingency plans in the event of an increased risk of harm to the adult and (where applicable) others. The starting point of the contingency plan should

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be the views of the adult. Contingency plans should be clear and specific about who will take what action and in what circumstances.

7.3   All risk assessments and plans should:

- Involve and include the adult and include a clearly recorded consideration and/or where appropriate an assessment of mental capacity in line with the MCA 2005 and associated Code of Practice.

- Risk assessments and management plans should be shared where appropriate with the adult, significant others and involved agencies; where there is a lawful basis to do so. Frequency, severity and patterns should be considered as part of the risk assessment.

- If involvement of the adult has not taken place the reasons why should be clearly recorded; as well as any best interest decisions made on their behalf or decisions that have been taken due to vital interest where the person lacks capacity or the public interest.

  Adults should be offered and are entitled to independent advocacy support in various circumstances to enhance their involvement at times when they are not able or have difficulty doing so. This includes (but is not limited to): assessment, support or intervention provided under the Care Act 2014 for adults who have substantial difficulty participating; where an adult is assessed as lacking capacity to make important decisions (Independent Mental Capacity Advocates); or where an adult is legally detained on mental health grounds (Independent Mental Health Advocates) Even where a legal duty of advocacy does not exist it is important to ensure that the adult is supported to be involved in the risk assessment and management process, which may include facilitating their access to community advocacy and advice services. See the KASiSN Know Your Rights Pages for further information.

- Cases should not be closed simply because the adult refuses to engage with an assessment or plan.

  At such times a balanced, proportionate and defensible decisions will need to be taken and agreed by all agencies involved, according to the assessed level of risk as to what action to taken. Case recording should always be able to demonstrate that all necessary steps have been taken to carry out a needs assessment that is reasonable and proportionate in all the circumstances.

- As part of the assessment process, it should be demonstrated that appropriate information and advice has been made available to the adult, including information and advice on how to access care and support.

- In some circumstances, referral to Adult Social Care for an assessment of care and support needs under the Care Act (2014) may be required. Please refer to Appendix 1 for further guidance.

- Plans should (where appropriate) involve and include people who are significant to the adult at risk. Particularly where significant others are specifically identified as being at risk or can assist with management of risk (such as children or other dependents, parents, carers or friends). Please refer to KASiSB Information Sharing Protocol and Practice Guidance for more information.

- Involve and include information, assessments, decisions and plans of other agencies who have in the past or who have worked or had contact with or are attempting/have attempted to do so.

8. Multi-agency risk assessment and management

8.1   Even at an early stage, and particularly where there are a range of agencies involved with an adult; it may be necessary for an organisation who is working with the person to call a multi-agency meeting to share and gather information relevant to the situation and work in partnership to work out how to move forward. This is particularly important if the person is not engaging or interventions are having a limited effect. Any organisation can arrange such a meeting rather than referring on for another service or organisation to initiate. Network members are committed to providing staff resources for such meetings.

8.2   The person should be made aware that a meeting is taking place and what information is likely to be shared. They should be given the opportunity to attend, give their views in advance of the meeting or for someone to attend with or on behalf of them. If the person states they do not want a meeting to take place or information to be shared between agencies, but there is a common view that a multi-agency meeting should still take place, this does not mean that a meeting cannot take place. However, organisations involved should be clear about the lawful basis upon which they are sharing information (please refer to KASiSB Information Sharing Protocol and Practice Guidance). In exceptional circumstances there may be rare occasions when the person should not be informed of the meeting if it is felt this would place them or others at significant risk. Any such decision should be reviewed regularly and the reasons noted including plans as to when it may become possible to further engage the person.

8.3   The person's involvement, consent and lawful basis of the meeting should be clearly recorded in organisational case records.

8.4   Please refer to Appendix 4 for a suggested meeting agenda, and Appendix 5 for a suggested multi-agency risk management plan which can be used to enable multi-agency risk assessment and management.

9. Risk Review

9.1   Risk reviews need to be scheduled regularly in the future where there is a risk of escalation or recurrence.

9.2   Reviews also give the opportunity to identify if the level of risk is increasing or decreasing and to identify any changes in circumstances that have affected the change in risk.

10. Recording

10.1   Organisational records should be maintained to the standard in line with each individual organisational protocol. The recording of risk in contacts, assessment and plans should be proportionate to the probability of the risk and the impact (or severity) of the risk. It should record any mitigating actions undertaken.

10.2   In circumstances where is it assessed that the risk is escalating; there is a level of complexity to the person's needs; where there are multiple agencies involved or it is assessed that risk is at a high level, it is considered good practice to ensure recording of the following:

- The risk identified (including reference to the Local Adult Safeguarding Matrix or other risk assessment process used, where applied).
- Legislative framework followed (where a legislative issue is indicated, for example the Mental Capacity Act 2005).
- Record of advice and guidance sought.
- Record of meetings held with individuals, their carers, families, other agencies and other interested parties. (You can use the Standard Multi-Agency Meeting Agenda Template where appropriate [insert link])
- Record of the views of all parties, including unresolved differences.
- Record of issues considered and rationale for plan development.
- Record of plan agreed including identification of lead responsibilities for all elements.
- Record of any management oversight of the plan.

- Agreed arrangements for review.

[Adapted from ADASS/WMJIP/NHSWest Midlands:2011]

Appendix 1: Working with Risk Flowchart

Ensure that every attempt is made to involve and inform the adult at all stages of the process.

Event triggers concern indicating a risk to the adult's safety (All Agencies)

Work with the adult* and (where appropriate) their family/carer(s).

*Ensure the adult has an advocate where appropriate to enable involvement.

Assess and manage the level of danger to the person and others using:

- Level of Danger (Appendix 2)
- Levels of Harm Matrix (Appendix 3)
- Risk Management Plan: (Appendix 5)

Work together where more than one agency is involved with the person. Consider multi-agency meetings (Appendix 4)

Conduct **regular reviews** of risk assessments and plans according to risk level.

In assessing and managing the level of danger to the person, make sure you are aware of and consider the below:

Care Act Assessment?

If the person:

1. Would benefit from care and support to help them carry out daily activities.
2. Has consented to a care act assessment being requested or
3. Lacks capacity and an assessment would be in their best interests and/or
4. Is assessed as being at risk of abuse or neglect (not a high level of danger)

Refer to Adult Social Care (via FPoC) to request a Care Act assessment.

Consider **relevant tools/guidance** for specific types of abuse/neglect including:

Pressure Ulcers

Domestic Abuse

Self-Neglect

Visit:
http://www.keepingadultssafeinshropshire.org.uk/multi-agency-procedures/

Safeguarding Concern?

If the person:

1. Has care and support needs regardless of who is meeting their needs.
2. Is experiencing or at risk of a high level of danger as a result of **abuse or neglect**
3. Is unable to protect themselves because of their care and support needs
4. Has consented to a concern being raised or
5. They have not consented but there is a public or vital interest to report a concern.

Raise an Adult Safeguarding Concern via FPoC

Maintain **accurate records** proportionate to the risk

Appendix 2: Assessment of Level of Danger

ASSESSMENT OF LEVEL OF DANGER

Severity of Impact				
Likelihood		**No Impact**	**Low Impact (A)**	**Medium Impact (B)**	**High Impact (C)**
	Unlikely	None 0	Low 2	Low 3	Medium 7
	Possible	Low 1	Low 2	Medium 6	High 9
	Likely	Low 1	Medium 4	High 8	High 10
	Certain	Low 1	Medium 5	High 8	High 10

Appendix 3: Levels of Harm Matrix

LEVELS OF HARM – TO BE USED IN RELATION TO BOTH HARM THAT HAS OCCURRED AND HARM THAT IS ANTICIPATED

Level of Harm	Events or Circumstances
None	To be used when abuse is disproved, not substantiated or removed.
Low level of harm (A)	Misuse or theft of small amounts of money or property Lack of care leads to discomfort or inconvenience but no significant injury Occasional harassment, taunts or verbal outbursts Isolated assaults that cause temporary marks, minor injury or no lasting distress
Moderate level of harm (B)	Injury causing lasting marks, temporary discomfort or incapacity or requiring a period of treatment or care Repeated assaults that cause distress and injury Misuse / misappropriation of benefits, properties and possessions leading to short or medium term difficulties in budgeting or income Continued neglect that has caused a limited period of distress and/or physical harm requiring clinical intervention People other than the alleged victim (e.g. children, relatives, other residents or service users) are disturbed or distressed by the abuse. Lack of some essential **home amenities** or lack of access to essential amenities which may be due to hoarding.

	Property in disrepair - unable and /or unamenable repair
	Home unclean and/or cluttered – (food waste, animal/human waste, infestation) which have a moderate impact on person's health and well-being and with support could be managed
	Increased fire risk
High level of harm (C)	Serious physical harm, risk to life or permanent injury
	Rape or serious sexual assault
	Life threatening neglect or negligence
	Harassment and/or threats leading to lasting psychological harm
	Major financial loss leading to significant changes in lifestyle and autonomy
	Risk to life or lasting psychological harm to others.
	Little or no essential **home amenities** or hoarding prevents safe use of any amenities within the home
	Property in Dangerous Disrepair – significant risk to well-being of person and/or others
	Home cluttered and/or unclean – (food waste, animal/human waste, infestation). These are significantly impacting on person's health and well-being – consider whether there is any impact on others in the property also
	Significant fire risk to property

Appendix 4: Standard Multi-Agency Meeting Agenda

Introductions

Apologies

Background (incl. what's been tried with what outcomes)

The views of the person (if the person who the meeting is about is not in attendance, please explain why here)

Presenting needs

Risks to individual/others

Strengths/Abilities (of the person and/or existing sources of support)

Assessments required (please consider mental capacity assessment)

Actions and decisions (refer to Appendix 5: Risk Management Plan)

Lead team and lead manager

Date of next meeting (if required)

Appendix 5: Risk Management Plan

Keeping Adults Safe in Shropshire

Risk Management Plan

Plan Start Date:	

Person Details	

Name:		Person ID:	
DoB / EDD:		Gender:	
Address:		Tel No:	

Name and team of person co-ordinating plan:
Others Involved (Name, Role, Contact)
This plan has/has not (delete as appropriate) involved the person. (If not involved; explain why and detail any advocacy support provided)
This is a: **New Plan/Reviewed plan (please delete as appropriate)**
What are we worried about:
What protective factors are already in place:
What difference do the above make to the risk(s) to the person **and** the person's wellbeing:
What risk(s) remains:
What other measures will be put in place:
Contingency Planning

What might change	What will we do if it happens	Who is responsible

Who will need a copy of the plan? **(please list):**

Date Risk Management Plan sent out:

When will this be reviewed:

Date of Review:

Review comments **(please comment on current risks and the person's view of those risks):**

Will the adult continue on a Risk Management Plan **(if so, please start a new form)**:

References

- Association of Directors of Adult Social Services, West Midlands Joint Improvement Partnership & NHS West Midlands (2011) "A Positive Approach to Risk & Personalisation: A Framework" West Midlands Joint Improvement Partnership. Birmingham [Online] Available at: https://www.scie-socialcareonline.org.uk/a-positive-approach-to-risk-and-personalisation-a-framework/r/a11G00000017tYxIAI (free resource but log into SCIE account required)

- Department of Health and Social Care (DHSC) (2018): 'Care and support statutory guidance'. [ONLINE] Available at: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1

- Local Government Association/ Association of Directors of Adult Social Services (2018) "Briefing on working with risk for Safeguarding Adults Boards" LGA. [Online] available at: https://www.local.gov.uk/briefing-working-risk-safeguarding-adults-boards

- Munby, Lord Justice (2010) 'What price dignity?', keynote address at LAG Community Care conference: Protecting liberties, London, 14 July cited in Social Care Institute for Excellence (2012) "Protecting adults at risk: Good practice guide" Social Care Institute for Excellence (SCIE) [Online] Available at: https://www.scie.org.uk/publications/adultsafeguardinglondon/files/sections/risk-assessment.pdf

- Department of Constitutional Affairs (2007) "Mental Capacity Act Code of Practice." [Online] available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf