

**Slough Safeguarding Partnership**

**A framework for multi-agency working with those who do not access Services**

**Guidance on the identification, assessment and management of risk**

**Date: August 2021**

**Version 2**

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**1. INTRODUCTION**

The framework and guidance is closely based on guidance previously shared by West Berkshire Safeguarding Adult Board, Slough Safeguarding Adults Board (SAB) and Bracknell Forest & Maidenhead Safeguarding Adult Board.

It has subsequently been updated by a multi-agency task and finish group of the Slough Safeguarding Partnership.

**2. PURPOSE AND SCOPE**

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

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#contents>

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.”

This framework is also appropriate for use with adolescents approaching adulthood who are receiving statutory social care, or exploitation support from children’s services and at age 17 are on the cusp of transitioning to support from adult service provision.

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 Children’s safeguarding practice reviews (SPRs) and safeguarding adult reviews (SARs) indicate the need for robust and consistent practice across organisations in understanding and addressing risk alongside individuals. This framework is established to support a collaborative approach across organisations. It is based on shared principles and values, evidenced best practice and legal obligations.

This framework can be applied by any professional who is working with circumstances where there is risk of harm. It is designed to be used by any partner or organisation that is concerned about an individual. It is a framework that draws in support, expertise and resources from across partners and organisations to assess and manage the identified risks for an individual.

The framework is intended to be used for early intervention and prevention as well as to address responses to safeguarding concerns where safeguarding processes have been exhausted and are no longer appropriate due to the individual choosing behaviour that may be considered risky i.e. they have capacity and do not wish to follow the safeguarding processes. This framework will help to support robust protection planning alongside the individual.

The framework complements rather than takes the place of existing policies, processes and tools, underlining the importance of partner organisations working together to identify and/or resolve situations involving risk. Comprehensive application of this framework will support situations which demand a more detailed and extensive assessment.

**3. 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 2018
* Department of Health (2016) Care and Support Statutory Guidance
* Working Together (2018)

“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*

***Sharing Information***

Sharing information is a key consideration in the necessary partnership working in situations of risk and is the responsibility of all organisations/ professionals.

The Data Protection Act 2018 and the Crime and Disorder Act 1998 form a legal basis for requirements on information sharing.

**4. ASSESSMENT AND MANAGEMENT OF RISK ACROSS AGENCIES**

Risk assessment is about gathering all relevant information, it includes identifying potential consequences, both positive and negative, and considers the significance for the individual involved. Assessing risk will support decisions. This approach facilitates consideration of the wellbeing and safety for the individual as well as any wider implications.

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.

***The framework for risk assessment***

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.

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)

This framework will facilitate an objective, open and accountable approach to risk 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 and desired outcomes 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 framework for risk assessment consists of the following key elements:***

Where a risk decision/choice is being made the assessment focuses on identifying the risk and the *likelihood* of those outcomes occurring.

***Identification of risk:***

* 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 significance of the risk 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 is important and in line with the wellbeing principle. 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 therefore vital to balance personal priorities and wishes relating to all aspects of ‘wellbeing’ with objective risk factors.

*What does the person want to achieve by taking or continuing with this risk?*

***Consideration of 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 including parental support for transition cases
* 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 exploitation, 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

***Reviewing***

It is essential that any decision or action plan that is created is reviewed at regular intervals. The frequency and agency to lead the review should be identified in the action plan. This is to 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.

**5. 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 wellbeing of the individual; relevant legislation and in particular the Mental Capacity Act; person centred practice and 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 be needed 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. Use of mental capacity and the core principles of the Mental Capacity Act (2005) must be considered where there is reason to believe that the person may lack mental capacity to make one or multiple decisions. Additional issues to facilitate choice should also be considered, eg the need for interpreters, or support for hearing deficits

***The rights and safety of others***: the rights and choices of one individual will have to be balanced against the rights and safety 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,* including 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 and the individual within this clearly specified. 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
	+ where there may be a significant risk of harm to a third party
* “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 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 together with information about how they can access reassessment in the future should they change their mind.

***Whenever an agency makes a decision not to support an individual’s choice:*** the decision will be based on clearly recorded evidence that includes a robust risk assessment and risk management plan. This will be discussed with the person concerned and, where appropriate, their carer. It is essential that decision-making demonstrates a balance between respecting and supporting the person’s right to make their own decisions whilst at the same time, adhering to professional responsibilities, and meeting duty of care obligations. 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.

Where this process is used for transition cases with an individual under 18 years of age, child safeguarding processes must be followed.

***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

**6. PROCESS GUIDANCE**

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

[Slough Procedures and Appendixes (berkshiresafeguardingadults.co.uk)](https://www.berkshiresafeguardingadults.co.uk/slough/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 thirdparty 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”

**Background**

Adults, and adolescents in their 17th year, 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 a number of 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 initially be the agency that initially identifies the concern 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 improve outcomes for young people engaging in risky behaviour who are transitioning into adulthood (17+) and do not meet the threshold for adult social care intervention

• To develop a person-centred, multi-agency, 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 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 as well as adults who are considered in need of safeguarding but decline support.
* Young people aged 17+ who are transitioning to adulthood who are in need of services but do not meet the adults social care thresholds for safeguarding as they do not have care and support needs.

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.
* 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.
* Where appropriate, agencies 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.
* The individual’s mental capacity should be considered regularly throughout this process to ensure that appropriate decision making processes are sustained throughout (the mental capacity act is applicable for individuals aged 16+)
* This is a multi-agency process and each agency is required to nominate a lead worker to agree actions and make operational decisions.
* Agencies will consider whether a safeguarding referral needs to be raised throughout this process and will not wait for a meeting to raise an appropriate safeguarding concern
* Where this process is used for transition cases and the individual is under 18, child safeguarding processes will also be followed.

**When to follow the guidance:**

If staff are unsure whether to follow this guidance for a particular case, discussion with Adult Social Care, the Community Safety Team or in the case of transitions, the Youth Justice and Exploitation Service, 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
* 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 or restrictions 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 assessed as soon as possible. An adult or young person 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 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.
* Contact the Safeguarding lead for your agency for discussion about the case and agree the way forward

**The multi-agency 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 initiating agency should inform the person and relevant others that a professional risk 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 risky 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 lead agency for review process
* 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.

* All agencies to share any new information and progress
* Update the risk assessment and actions
* If insufficient progress has been made, consider an alternative approach. Agencies 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 and consider escalation to safeguarding process
* All attendees should keep their line manager updated
* 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 additional support may be required to meet any ongoing needs that support 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.

**Sharing Learning**

* Any learning and good practice should be shared with immediate colleagues and wider networks, including the Safeguarding Partnership.

**\*A flow chart to assist with decision making regarding this tool is attached at appendix 1**

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

**\*\*\*The risk assessment recording tool to support this framework is attached as Appendix 2. The tool can be helpful to guide the agenda for the meeting**

**Appendix 1**

**Flow chart to assist with decision making regarding this tool (MART)**



***Appendix 2***

 **Adult Risk Framework – Risk Tool.**

***To be completed at the multi agency meeting***

|  |  |
| --- | --- |
| **Name of adult considered at risk:** | **D.O.B.** |
| **Address** | **Significant others living with or involved with the above** |

|  |  |
| --- | --- |
| **Name of initiating Agency** | **Named professional including contact details** |

**Other agencies required to contribute to this assessment**

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |
| --- |
| **Agency**  |

 | **Nominated professional**  | **Contact details** |
|  |  |  |

**Consideration of Risk**

|  |  |
| --- | --- |
| **Explanation of risk(s)** **(include context, potential benefits/harm, who could be affected and consideration of mental capacity around the specific risk)** | **Likelihood of risk occurring****Low/Med/High** |
|  |  |

**Involvement of Individual considered in this plan**

|  |  |
| --- | --- |
| **Has the risk process been discussed with the individual?** | **☐ Yes ☐ No** |
| **If yes - What are their views?** |  |
| **If No - Please explain why the person was** **not consulted and how they will be consulted in future.** |  |

**Record of Initial Multi Agency Meeting held including plans for risk reduction**

|  |  |
| --- | --- |
| **Date:** | **Attendees:** |
| **Specific Risk** **As identified above** | **What is in place** | **Discussion in the meeting** | **Actions including person responsible** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Use the form below to record second and subsequent MART meetings**

**Record of subsequent Multi Agency Meeting(s) held including plans for risk reduction**

|  |  |
| --- | --- |
| **Date:** | **Attendees:** |
| **Specific Risk** **As identified above****and/or****New Risk identified** | **What is in place** | **Discussion in the meeting** | **Actions including person responsible** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*This page can be replicated for all subsequent meetings*