

# **An introduction to the 4LSAB Risk Management Framework**

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# 4LSAB Safeguarding Adults Policy Framework



- Local multi-agency safeguarding adults policy updated in response to the changes in the Care Act statutory guidance.
- New information added re modern day slavery, Prevent, self neglect, risk management, scamming, domestic abuse and the allegations management regarding people in a position of trust.
- Available on the HSAB website as a web based resource:

[4LSAB Multi-Agency Safeguarding Adults Policy Guidance](#)

# What does the Care Act say about prevention and early intervention?

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- Consolidates and modernises current adult social care law
- Creates a range of new duties for local authorities including a duty to promote wellbeing
- Creates new rights for service users and carers and builds a person centred approach into all functions of care and support
- New focus on preventing and delaying need for care and support

# Prevention



- A theme critical to the vision in the Care Act
- Care and support system must work actively to promote wellbeing and independence and not just wait until people reach a crisis point.
- ‘System’ needs to intervene early - supporting people and helping them retain/regain skills and confidence, preventing need, delaying deterioration wherever possible.
- Prevention is also one of the core principles of safeguarding and as such forms a fundamental part of local multi agency adult safeguarding policy framework.

# Risk Management Framework (1)



- A process to identify and respond to risks before concerns reach crisis point
- Premise that effective risk management enabled by timely information sharing and targeted multi- agency intervention.
- A process for managing cases when there is a high level of risk but circumstances may sit outside the s42 enquiries – and a multi-agency, collaborative approach would be beneficial.
- Caters for complex cases where professionals may be dealing with long term and entrenched behaviours - requires a commitment to a longer term, solution-based approach and a focus on building trust and rapport .
- Can be used in conjunction with single agency prevention, early intervention and risk management policies by adding a multi agency dimension.

# Risk Management Framework (2)



Provides a collaborative, coordinated and multi-agency response to these 'critical few' cases ensuring:

- Timely information sharing around risk
  - Identification and holistic assessment of risk
  - Development of shared risk management plans
  - Shared decision making and responsibility
  - Adult's involvement and engagement in the process
  - Improved outcomes for the adult at risk
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- Process can be initiated by any organisation when it feels the level of risk has become unmanageable
  - Triggers a multi-agency meeting to undertake a shared risk assessment and to develop a management plan

# Used when circumstances present an unmanageable level of risk to the organisation (not related to abuse or neglect by a 3rd party)

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- Vulnerability factors place the adult at a higher risk of abuse or neglect including mate crime, network abuse, etc.;
- Self neglect including hoarding and fire safety;
- Refusal or disengagement from care and support services;
- Complex or diverse needs either falling between or spanning a number of agencies' statutory responsibilities or eligibility criteria;
- On-going needs/behaviour leading to lifestyle choices placing them and/or others at risk;
- Complex needs and behaviours leading the adult to cause harm to others;
- 'Toxic Trio' of domestic violence, mental health and substance misuse
- Risks previously addressed via a section 42 enquiry - but a need for on-going risk management and monitoring

# When is someone at risk?



**An adult is considered to be ‘at risk’ when s/he is unable or unwilling to provide adequate care for him/herself and:**

- Is unable to obtain necessary care to meet their needs; and/or
- Is unable to make reasonable or informed decisions because of their state of mental health or because they have a learning disability or an acquired brain injury; and/or
- Is unable to protect themselves adequately against potential exploitation or abuse; and/or
- Has refused essential services without which their health and safety needs cannot be met but do not have the insight to recognise this.



# Capacity, consent and control



- The right to make apparently unwise lifestyle choices and to refuse support should be respected.
- Information and advice about how to minimise risks to be given to the person who (with capacity) has refused to accept support
- Decisional and executive capacity to make a decision must be taken into account as well as the ability to understand and to manage in practice any risks and safety implications of the choice or decision being made.
- Information also about how they can access reassessment in the future should they change their minds.
- Decisions (either by the adult or the agency) should be kept under constant review

# Decisional and executive capacity

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The absence of executive capacity may not always be easily recognised.

Understanding the need for and talking about an action may sometimes be assumed to imply that the person is able to implement it.

A person's capacity to understand the need for and to make single decisions may sometimes be understood as them having capacity to implement the whole sequence of decisions necessary to minimise risks.

Important to ascertain the person's capacity to manage in practice the consequences of decisions made.

# What happens in the process?

- Any agency can initiate the process – it takes the lead coordinating role with responsibility for convening and chairing the initial meeting.
  - Focus on sharing information to develop a holistic (multi-agency) overview of current risks and to develop a shared management plan.
  - A lead, coordinating professional will be agreed with each agency nominating a lead professional
  - As far as possible, the adult should be included and involved in the process - to foster their buy in and engagement
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- Collaborative assessment of risks may highlight circumstances which would be more appropriately dealt with under another process and a referral should be made
  - Process continues until the identified risks are either resolved or managed to an acceptable level.
  - Any on-going support needed to maintain well-being and safety should be agreed before the case is referred back into the 'business as usual' (case management\_ process for any on-going work.

# What enables effective risk management?



- Up to date chronology –events and other factors which may have increased risks
- Clear analysis of risks to the adult, other people, wider public
- Analysis of the benefits and risks of both intervention and non-intervention
- Activity linked to care and support plans
- Multi-disciplinary approach and involvement of a wide range of professionals
- Participation of the adult and focus on building family and support networks
- Risk taking and risk management decisions being continually reviewed throughout
- Clear monitoring and review arrangements
- Regular review of the plan
- Effective management oversight, support and supervision
- Clear and accurate recording of decisions, actions and the rationale for these

# Key aspects of the risk assessment

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- Underlying medical conditions
- Functional and cognitive abilities of the person
- Underlying mental health substance misuse issues
- The person's decisional and executive capacity
- Care and support offered/in place
- Engagement in care and support plans
- Family and social support networks
- Money management and budgeting.
- Observation of the home situation and environmental factors
- Engagement in activities of daily living
- Neighbourhood visiting by voluntary organisations
- Internal or external factors hindering the adult's implementation of decisions
- Environmental health monitoring
- Public safety and risks to others.
- Impact of the situation on the individual.

# Person Centred Approach

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## Guiding principles to consider when supporting people who may be difficult to engage:

- Build a picture about the person – clues about why/how behaviours developed.
- A right to make apparently unwise lifestyle choices and to refuse support.
- Premise that the person is best placed to judge their wellbeing.
- Involving the adult as fully as they are able.
- A focus on building trust and rapport.
- Attention the person's views, wishes, feelings and beliefs.
- Responses need to be balanced with personal rights, freedoms and be the least intrusive.
- Presence of long term, entrenched behaviours requires a commitment to a long term, solution-based approach.

# Record Keeping

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- It is essential that records are contemporaneous and kept from the time that a concern about an adult may be at risk was raised.
- The completion of chronologies for each agency involved could be an essential element of safe practice in situations of risk, self-neglect and during the risk assessment process.
- The lead agency should consider and action the compilation of one central chronology.
- Best practice in recording is based on key principles of partnership, openness and accuracy. Effective recording is part of the total service to the service user/patient.

# Defensible decision making

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## A defensible decision is one where:

- All reasonable steps taken to avoid harm.
- Use of reliable assessment methods.
- Information collected thoroughly evaluated.
- Decisions recorded and carried out.
- Policies and procedures have been followed.
- Practitioners and their managers adopt an investigative approach and are proactive.

## Decisions are defensible if they address the points above, and:

- Are a contemporaneous record maintained in a legible and approved system and format.
- Specify the rationale behind the decision in relation to the circumstances.
- Include references to relevant legislation and guidance.
- Are retained with other records about the individual (or organisation).
- Are 'signed' and dated by the person making the record.