



Hampshire Safeguarding Adults Board

Safeguarding Adult Lead Network

Multi-Agency Risk Management Framework

Risk Management Framework

Can be used in conjunction with single agency prevention, early intervention and risk management policies by adding a multi agency dimension.

Overview

- Helps 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.
 - Multi-agency process for managing high risk, complex cases sitting outside statutory s42 enquiry process.
 - 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
- Provides a collaborative, coordinated and multi-agency response to these 'critical few' cases ensuring:
- ❖ Timely information sharing around risk;
 - ❖ 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.

Process

- Any agency can initiate – it will take the lead coordinating role with responsibility for convening and chairing the initial meeting.
- Ensures timely information sharing between agencies – provides a holistic (multi-agency) overview of current risks and outcome is agreement of a shared risk management plan.
- Adult should, as far as possible, be included and involved in the assessment process and in developing the risk management plan
- Collaborative risk assessment may highlight circumstances or risks 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' process for any on-going work.

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

- 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 which either fall between, or span 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 for which the need for on-going risk management and monitoring has been identified.

When might someone be 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

- Adult's right to make apparently unwise lifestyle choices and to refuse support should be respected.
- Adult's decisional and executive capacity to make a decision must be taken into account as well as their ability to understand and to manage in practice any risks and safety implications of the choice or decision being made.
- Information and advice about how to minimise risks to be given to the person who (with capacity) has refused to accept support
- 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

Person Centred Approach

Guiding principles 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.
- Presence of long term, entrenched behaviours requires a commitment to a long term, solution-based approach.
- 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.
- Involving the adult as fully as they are able

Key considerations in the risk assessment

- Underlying medical conditions
- Functional and cognitive abilities of the person
- Underlying mental health substance misuse issues
- 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/external factors hindering implementation of decisions
- Environmental health monitoring
- Public safety and risks to others.
- Impact of the situation on the individual.

Record Keeping

- Essential that records are contemporaneous and kept from the time that a concern about an adult may be at risk was raised.
- 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.
- 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

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