



Hampshire Safeguarding Adults Board

Multi-Agency Risk Management Framework

Risk Management Framework

- A collaborative 4LSAB development - response to learning from serious cases.
- A multi-agency, proactive approach helps to identify/respond to risks before crisis point reached.
- Recognises the duty to protect from foreseeable harm even when the adult doesn't want to engage
- Multi-agency process for managing high risk, complex cases sitting outside statutory s42 enquiry process.
- Complex cases involving people with long term and entrenched behaviours.
- A relationship based approach focusing on building trust and rapport.
- Provides a collaborative, coordinated and multi-agency response ensuring:
- Timely information sharing around risk and holistic and collaborative assessment of risk and development of shared risk plans

Used when circumstances present an unmanageable level of risk to the organisation:

- 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.

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 overview of current risks and leads to a shared risk management plan.
- Adult should, as far as possible, be included and involved in the 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.

Key considerations in risk assessment

- Underlying medical conditions
- Functional and cognitive abilities of the person
- Underlying mental health substance misuse issues
- Mental 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.

Wrap around themes

Capacity, consent and control

- Adult's right to make apparently unwise decisions which have risks and to refuse support should be respected.
- Assessment of an adult's capacity should include consideration of their executive capacity to make a decision e.g. can s/he 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:

- Involving the adult as fully as they are able
- Building 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.

Partnership working

Effective partnership working achieves better outcomes for the adult and is enabled by:

- Timely sharing of vital information.
- Avoidance of a 'refer on' culture.
- Whole family approach.
- Attention to developing or strengthening a support network.
- Clarity re respective roles and responsibilities of partner agencies.
- A solution focused, relationship based approach.
- Co-ordination and management of case work and interface with other processes.
- Regularly reviewing and communicating progress.
- Ability to provide professional challenge to resolve issues and escalation where necessary.

Learning from serious cases

- Self neglect & other complex needs highlight need for risk management process where s42 is not appropriate.
- Effective partnerships – adult, families, professionals
- Making safeguarding personal – building confidence, resilience
- Safeguarding support used as a means of preventing future harm
- All agencies taking responsibility for safeguarding
- Toxic Trio: capacity, unwise decision making, disengagement
- Capacity not an excuse to walk away - a professional duty to protect from foreseeable harm
- Relationship based approach - build trust to address long term, entrenched behaviours
- Capacity assessments addressing both decisional and executive capacity
- Challenge and escalation when decisions/actions are not in the best interests of the adult
- Professional curiosity

Professional curiosity

- Am I remaining CURIOUS and INQUISTIVE about what I'm seeing and assessing?
- Indicators of potential harm?
- Indicators that a tipping point may have been reached where not to intervene, poses significant risk to wellbeing and safety

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 is 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 to aid analysis of risk.
- 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.

Defensible decision making

A defensible decision is one where:

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

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

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**Any comments or
questions?**

Table discussions

On your table, discuss examples of difficult high risk cases from your practice:

- 1) What were the challenges and blockages?
- 2) What things were 'enabling' factors?
- 3) What aspects of the Multi-Agency Risk Management Framework will help your future practice?

For each question, agree one headline to feedback.