



Multi-Agency Guidance: Working with Risk

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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"](#).

1. Purpose

The guidance is for all front-line staff and managers 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.

"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 to prevent concerns escalating to a crisis point and requiring intervention under safeguarding adult procedures." (DHSC:2018:14.66)

The document should be read alongside the relevant multi-agency procedures (all available at: [Adult Safeguarding Policies & Procedures — Shropshire Safeguarding Community Partnership](#)) These include:

- West Midlands Adult Safeguarding Multi-Agency Policies and Procedures
- Safeguarding Process in Shropshire
- Information Sharing Protocol and Practice Guidance
- Escalation Policy
- Organisation's own guidance on managing risk



2. Introduction

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.

Shropshire Safeguarding Community Partnership has produced this guidance to develop a common multi-agency approach to working with risk to promote the well-being of adults with care and support needs. It is imperative that **all agencies work with adults and each other to prevent the risk or experience of abuse or neglect and reduce the need for statutory adult safeguarding processes to be initiated.**

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

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.

The Care and Support Statutory Guidance recognises the complexity of assessing and managing this risk and makes clear (DHSC:2018:14.7-14.8):

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.

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.

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. 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.

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

Empowerment

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

Prevention

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

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"

Protection

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

Partnership

"I know that staff treat any personal and sensitive information confidentially, 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"

Accountability

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

Practice Guidance

4. What is risk?

Risk is the probability that an adult will experience harm as a result of abuse or neglect. Abuse and Neglect may present in the form of:



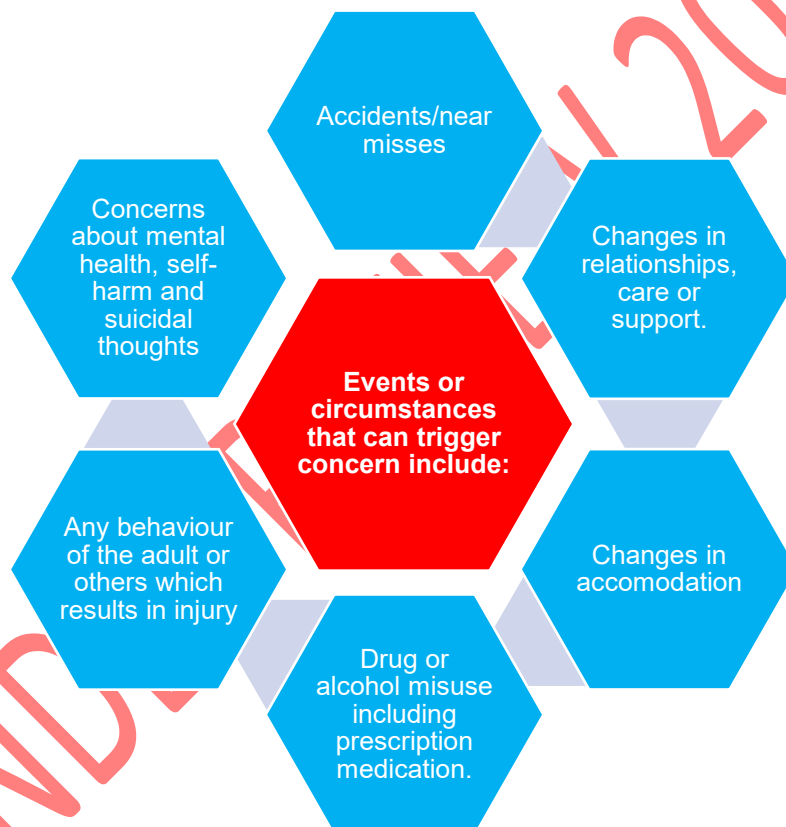
Further information about types of abuse can be found at: [Adult Safeguarding and Protection Practice](#) – What is Adult Safeguarding Leaflet

5. Identification of risk.

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.

Events or circumstances that can trigger concerns may include:



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.

6. Positive Risk Taking

Risk is a normal everyday experience. Taking risks can enhance a person's resilience and wellbeing.

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





Principles of working positively with risk for practitioners and organisations:



(ADASS/WMJIP/NHS West Midlands:2011)

7. Risk assessment

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. Key elements of a risk assessment should include:

a) **A professional judgement** about the level of risk of harm, both now and in the future, to the adult and 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](#)).

There are a number of approved tools available 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: Risk Assessment with Clutter Image Rating [Responding to Self-neglect in Shropshire Guidance](#).
- Adult Safeguarding Decision Guide for individuals with multiple category 2 pressure ulcers or one or more category 3 or 4 pressure ulcers (refer to [Department of Health & Social Care Safeguarding Adults Protocol: Pressure Ulcers and the interface with a Safeguarding Enquiry](#))

based on;

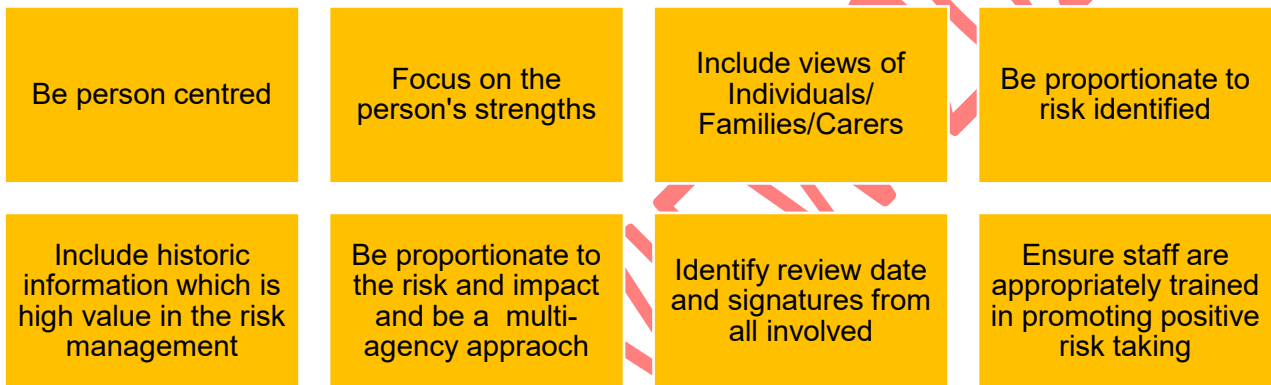
A conversation with the adult asking:

- ✓ Do you think there are any risks?
- ✓ Could things be done differently?
- ✓ What is important in your life?
- ✓ Who is important to you?
- ✓ What things are difficult for you?
- ✓ What is working well for you?

- b) **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.

Risk assessment practice is dynamic and flexible and should:



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

(ADASS/WMJIP/NHS West Midlands:2011)

8. Risk management

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)

A risk management plan is:

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

Responsive to the adult's needs, views, values and beliefs - particularly their level of 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.

Informed by the risk assessment.

Includes and addresses any risks to others.

An explanation of what action will be taken with the adult.

The aim of the measures should be to:

Contain contingency plans in the event of an increased risk of harm to the adult and/or others. The starting point of the contingency plan should be the views of the adult. Plans should be clear and specific

Manage (mitigate but preferably remove) the risk of harm to the adult and/or others from abuse or neglect. This should include promoting positive risk-taking

Address the reasons why an adult is at risk of abuse or neglect

Assess the level of risk of harm to the adult and/or others

Agree measures that should be specific and outcome orientated



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.
- Be shared where appropriate with the adult, significant others and involved agencies. If involvement of the adult has not taken place the reasons why should be clearly recorded


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. See the [Know Your Rights](#) pages for further information.

Individuals **should not be closed to a service simply because they refuse to engage** with an assessment or plan. If there is non engagement there needs to be:


- A balanced, proportionate and defensible decision made and agreed by the involved agencies
- A decision based upon the assessed level of risk and action taken
- There needs to be clear case recording that demonstrates that all necessary steps have been attempted and that this is reasonable and proportionate
- A referral to Adult Social Care for an assessment of care and support needs under the Care Act (2014) may be required. Further guidance in Appendix 1

9. Multi-agency risk assessment and management

Multi-disciplinary Team Meetings (MDT)



Calling a multi-disciplinary team meeting at an early stage can be critical in sharing risk information



Anyone from any organisation can call a multi-disciplinary team meeting.

When calling a multi-disciplinary team meeting it is important to consider the following:

- The person should be made aware that a multi-disciplinary team meeting is taking place.
- The person should have the opportunity to attend, give their views in advance or for someone else to attend with or on behalf of them.
- The agency information sharing protocol and practice guidance should be considered should the individual not want a meeting to take place.
- There may be exceptional circumstances when the person should not be informed as this may place them or others at significant risk. Any such decisions will need to be reviewed regularly and be clearly documented.
- The persons involvement, consent and lawful basis of the meeting should be clearly recorded in organisational records.

Refer to [Appendix 4](#) for a suggested multi-disciplinary team 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.

10. Risk Review

Risk reviews need to be scheduled regularly in the future where there is a risk of escalation or recurrence. Reviews identify if the level of risk is increasing or decreasing and to identify any changes that impact on the risk.



11. Recording

Organisational records of risk should be maintained in contacts, assessments and plans. Where it is assessed that the risk is escalating it is considered good practice to ensure the 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 (example the Mental Capacity Act 2005)
- Advice and guidance sought
- Minutes of meetings held with individuals, their carers, families, other agencies and other interested parties. (You can use the Standard Multi-disciplinary Team Meeting Agenda Template where appropriate)
- The views of all parties, including unresolved differences
- Issues and options considered and rationale for plan development.
- The plan agreed including identification of lead responsibilities for all elements.
- Management oversight of the plan.
- The arrangements for review.

[Adapted from ADASS/WMJIP/NHS West Midlands:2011]

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Appendix 1: Working with Risk Flow Chart

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 person using:

- Level of Danger (appendix 2)
- Level of Harm Matrix (Appendix 3)
- Multiagency Risk Management Plan (Appendix 5)

Work together where more than one agency is involved with the person.

Consider multi-disciplinary team meetings (MDT) (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 to request a Care Act assessment via First Point of Contact (FPOC)

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

Pressure ulcers

Domestic abuse

Self-Neglect

Visit: [Adult Safeguarding Policies & Procedures — Shropshire Safeguarding Community Partnership](#)

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
5. They have not consented but there is a public or vital interest to report the concern

Raise an Adult Safeguarding concern via First Point of Contact (FPOC)

Maintain accurate records appropriate 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

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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)	<p>Misuse or theft of small amounts of money or property</p> <p>Lack of care leads to discomfort or inconvenience but no significant injury</p> <p>Occasional harassment, taunts, or verbal outbursts</p> <p>Isolated assaults that cause temporary marks, minor injury, or no lasting distress</p>
Moderate level of harm (B)	<p>Injury causing lasting marks, temporary discomfort or incapacity or requiring a period of treatment or care Repeated assaults that cause distress and injury</p> <p>Misuse / misappropriation of benefits, properties and possessions leading to short- or medium-term difficulties in budgeting or income</p> <p>Continued neglect that has caused a limited period of distress and/or physical harm requiring clinical intervention</p> <p>People other than the alleged victim (e.g. children, relatives, other residents or service users) are disturbed or distressed by the abuse.</p> <p>Lack of some essential home amenities, or lack of access to essential amenities which may be due to hoarding.</p> <p>Property in disrepair - unable and /or unamenable repair</p> <p>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</p> <p>Increased fire risk</p>



High level of harm (C)	<p>Serious physical harm, risk to life or permanent injury</p> <p>Rape or serious sexual assault</p> <p>Life threatening neglect or negligence</p> <p>Harassment and/or threats leading to lasting psychological harm</p> <p>Major financial loss leading to significant changes in lifestyle and autonomy</p> <p>Risk to life or lasting psychological harm to others.</p> <p>Little or no essential home amenities or hoarding prevents safe use of any amenities within the home</p> <p>Property in Dangerous Disrepair – significant risk to well-being of person and/or others</p> <p>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</p> <p>Significant fire risk to property</p>
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Appendix 4: Multi-disciplinary Team (MDT) Meeting Agenda

Introductions and Apologies: (is everyone that is needed in attendance? If not have they provided the necessary information. Is there anything at this point that requires escalating in terms of partnership engagement)?

Background: (incl. trauma informed approaches that have been taken, what's been tried with what outcomes)

The views of the person and/or their representative/advocate: (if the person who the meeting is about is not in attendance explain why here. Is the person's support network involved i.e., family, friends, keyworker or carers, and if not, can they be engaged?)

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

Presenting needs:

Risks to individual/others: (make reference to self-neglect and hoarding risk assessment and clutter image rating guidance tool)

Assessments required: (consider what assessments might support the individual and who can do what)

Actions and decisions: (refer to Multiagency Risk Management Plan, what is the best plan of care / what else can be done to support the person now? Have all legal frameworks been explored, are any legal responses needed e.g. Court of protection)?

Lead team and lead manager:



Date of next meeting: (if required)

Appendix 5: Multiagency Risk Management Plan

(If you are completing this risk management plan as part of your referral into the Hoarding and Self-Neglect Forum for a MARM, complete as much as possible prior to the referral and email to mentalhealthsocialwork@shropshire.gov.uk)

Plan Start Date:		
Person Details		
Name:	Lead agency Identification (ID) number:	
Date of Birth (DoB)	Gender:	
Address:	Telephone Number:	
Name and team of person co-ordinating Multiagency Risk Management 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 (delete as appropriate)		
What are we concerned about? :		
What protective factors are already in place? :		
What difference do the protective factors make to the risk(s) to the person, and the person's wellbeing? :		
What risk/s remain? :		
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? :		
Date Multiagency Risk Management Plan sent out:		
When will this be reviewed:		
Date of Review:		
Review comments (comment on current risks and the person's view of those risks):		
Will the adult continue on a Multiagency Risk Management Plan? (if so, start a new form):		

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