



Richmond and
Wandsworth
**Safeguarding
Adults Board**

Multi-agency Risk Assessment Framework 2022-2024

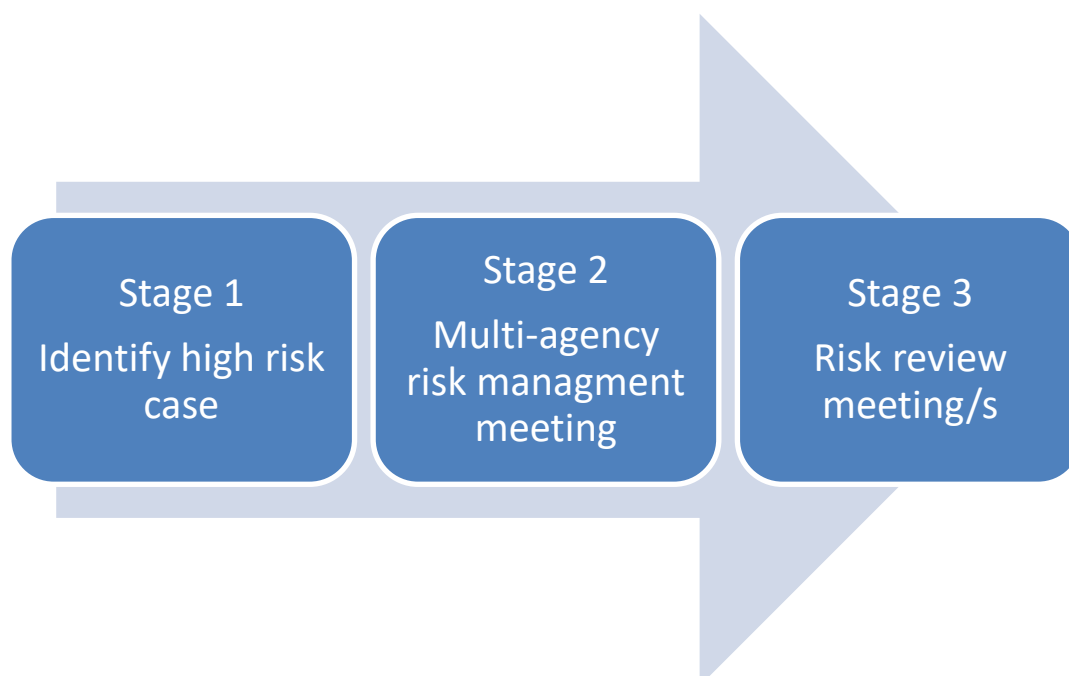
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CONTENTS

1. Executive Summary.....	3
2. Introduction.....	4
3. Aim of guidance.....	4
4. Underpinning Principles.....	4
5. Multi-agency risk management process	5
6. Multi-agency commitment.....	7
7. Defensible decision making.....	7
8. Conclusion and review	8
Appendix 1: Overview of Multi-agency risk management process	9
Appendix 2: Assessing Risk.....	10
Appendix 3: List of Agency Contacts	12
Appendix 4: Request for information of agency involvement in a case for planned Professionals meeting	13
Appendix 5: Multi-agency Risk Management Planning Meeting Agenda Template	14
Appendix 6: Multi-agency Risk Management Review Meeting Agenda Template	15
Appendix 7: Decision Trees to support decision making on managing high risk cases	16
Concerns about Fire Safety.....	16
New Approach to Home Fire Safety Visits (HFSVs).....	17
Self-Neglect.....	18
People who are dependent on alcohol/drugs	19
People who are non-compliant with medication or medical service.....	20
People who are passively resistant or aggressive.....	21
Glossary of acronyms	22

1. Executive Summary

- 1.1. This guidance has been developed in partnership with members of the Richmond and Wandsworth Safeguarding Adult Board to complement the London Multi-agency safeguarding protocol and any internal guidance and procedures agencies have in place. It is designed to be useful to any professional who is working with adults experiencing an unmanageable level of risk because of circumstances which create the risk of harm.
- 1.2. This guidance recognises that in complex cases, professionals are often dealing with long term and entrenched behaviours to which responses require a commitment to a longer term, solution-based approach. The guidance aims to provide an effective, coordinated and multi-agency response to these 'critical few' cases.
- 1.3. The Care Act 2014 requires all professionals and other staff to make early, meaningful interventions with individuals and families to make a positive difference to their lives. Where people fail to engage with necessary support this may have significant impact on their well-being. Multi-agency responses and utilisation of a wide range of professional expertise and legal powers has been shown to be effective in managing such complex cases.
- 1.4. Each agency has the responsibility in identifying when the risk in an individual case has reached a level where multi-agency involvement is needed. This will involve the completion of a holistic risk assessment.
- 1.5. This guidance outlines a helpful framework which involves a shared commitment by SAB partners to working collaboratively on complex cases through an agreed process which includes:



2. Introduction

- 2.1. This guidance has been developed in partnership with members of the Richmond and Wandsworth Safeguarding Adult Board. It sits alongside the London Multi-agency Safeguarding Protocol (April 2019 [here](#)) and designed to provide guidance on managing cases relating to adults where there is a high level of risk. The circumstances may sit outside the statutory adult safeguarding framework however a multi-agency approach would be beneficial.
- 2.2. The guidance does not replace single agency risk management arrangements but seeks to build on and complement these by providing a multi-agency dimension.
- 2.3. This document is intended as an overarching framework, and it is the responsibility of respective organisations to develop more detailed work place guidance around its implementation.
- 2.4. This guidance is intended for any professional working with adults experiencing an unmanageable level of risk because of circumstances which create the risk of harm but not relating to abuse or neglect by a third party.

3. Aim of guidance

- 3.1. The guidance aims to provide an effective, coordinated and multi-agency response to these 'critical few' complex cases which involve people who take or live with high levels of risk. It is recognised that a multi-agency approach which draws on a range of professional competencies and legal frameworks is more successful in achieving change in such cases.
- 3.2. This document aims to set out a process which facilitates:
 - Timely information sharing around risk.
 - Identification and holistic assessment of risk.
 - Development of shared risk management plans.
 - Shared decision making and responsibility.
 - The adult's involvement and engagement in the process.
 - Improved outcomes for the adult.

4. Underpinning Principles

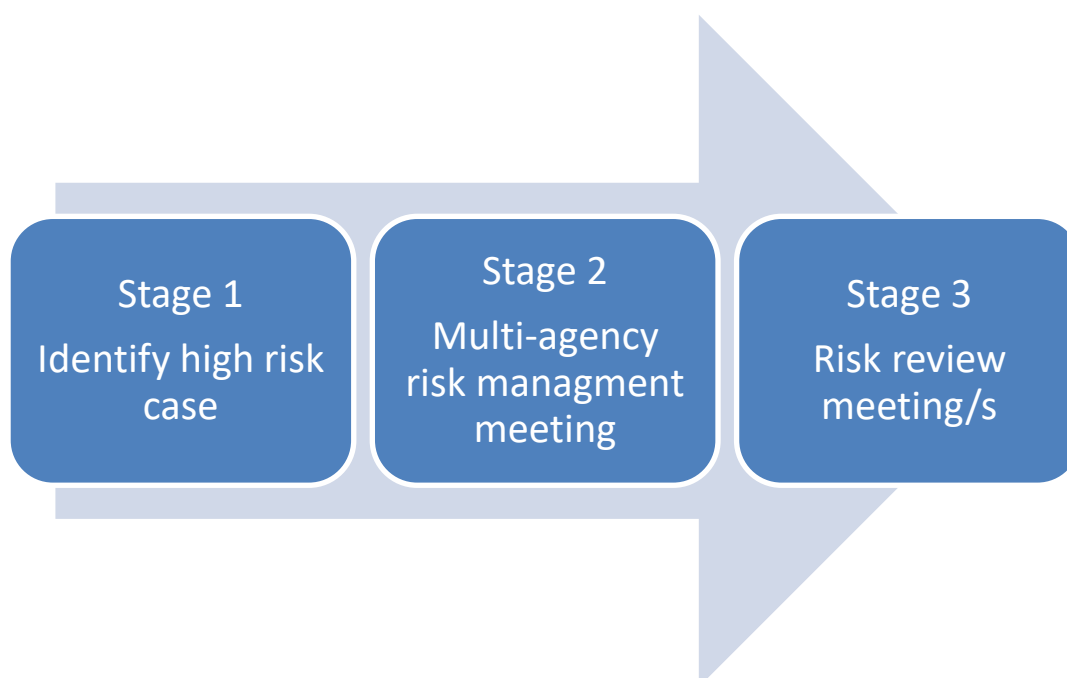
- 4.1. All professionals and other staff have a vital role to play to make early, positive interventions with individuals and families to make a difference to their lives. The focus of interventions should be on:
 - **early identification and assessment of risk** and timely information sharing.
 - **preventing** the deterioration of a situation or breakdown of a vital support network.
 - achieving the **best outcome** for the service user, whilst satisfying legal, professional and organisational responsibilities and duties.
 - **Timely** responses and avoiding unnecessary delays.
 - Person centred actions which embrace **Making Safeguarding Personal** and involve the person as much as possible in all discussions and actions and take account of the principles of the Mental Capacity Act 2005.

- Utilisation of all available professional competencies and legal frameworks to ensure **flexible, innovative and solution focused** approach to mitigating risk.

4.2. All agencies commit to ensure that there is active engagement in the process of identifying and managing risk.

5. Multi-agency risk management process

5.1. **Any agency can initiate a multi-agency risk management process.** The process will include the following 3 stages (see Appendix 1: Overview of Multi-agency risk management process)



5.2. Stage 1 – identify high risk case

5.2.1. Review of situation including:

- Discussion with the person raising the concern.
- Discussion with the person about whom concerns have been raised.
- Ascertain what (if any) care and support the person is receiving from what agency.
- Ascertain whether any children or other adults are at risk.
- Consider the mental capacity of the person. If appropriate, carry out a capacity assessment on the specific issue.
- Consider whether referral to another process would be more appropriate.
- Consider whether the circumstances of the case engage the safeguarding criteria in terms of section 42 of the Care Act.

5.2.2. Responsible manager should convene a multi-agency meeting and:

- allocate the case to a lead professional who compiles a chronology of risk and support offered/in place to date. (See Appendix 2: Assessing Risk).
- Contact involved agencies (or agencies who may have a potential future role) who will in turn identify a lead professional. (Appendix 3: List of Agency Contacts has list of current SAB partners and contact details)

- Consider how the adult will be involved and if advocacy support is needed. (See [Appendix 4: Request for information of agency involvement in a case for planned Professionals meeting](#) for request for information form).
- Chair the meeting (see [Appendix 5: Multi-agency Risk Management Planning Meeting Agenda Template](#)).

5.3. Stage 2 – multi-agency risk management planning meeting

- 5.3.1. The purpose of the meeting will be to consider the situation and clarify whether any further action can be taken, making the necessary recommendations.
- 5.3.2. Consider convening virtual panels/meeting, which offer great benefits including increased chance of attendance, possibility for gathering professionals around the person faster, ability to share documents, record decisions within the meeting and many others.
- 5.3.3. Meeting will consider the following:
- Provide a summary of any care and support offered or in place.
 - Outline of the nature of the concerns and risks to the adult and others.
 - Consideration of the adult's mental capacity.
 - Produce a collaborative and holistic assessment of the risks.
 - Identify any legal powers and remedies potentially available.
 - Agree who will act as lead coordinating professional for the process.
 - Agree information sharing arrangements.
 - Agree a contingency and an escalation plan.
 - Identify who is best placed to engage with the adult.
 - Consider how the adult will be involved and kept up to date.
 - Agree who and how to engage with the adult and relationship building.
 - Agree a SMART action plan, with timescales a named lead against each action.
 - Set date for a review meeting.
 - Ensure the adult is given a copy of the risk assessment, if appropriate.

5.4. Stage 3 – Review meetings

- 5.4.1. The purpose of the review meeting is to monitor progress on the multi-agency action plan and agree any further actions or if escalation is required. (see [Appendix 6: Multi-agency Risk Management Review Meeting Agenda Template](#))
- 5.4.2. The meeting should consider:
- Agencies share any new information.
 - Review multi-agency action plan. If insufficient progress has been made, consider an alternative approach. Other flexible, creative solutions may need to be explored.
 - Revise action plan.
 - Agree on-going monitoring and review arrangements.
 - Update the risk assessment.
 - Update the escalation and contingency plan.
 - Update on the engagement of the adult (and others such as their advocate or members of their social/carer network).
 - Update on mental capacity.

- 5.4.3. The multi-agency monitoring, and review process will continue until the identified risks are either resolved or managed to an acceptable level. It is important that consideration is given to the support needed by the adult to ensure their well-being and safety is maintained. Any on-going support should be clearly identified and agreed by relevant agencies before being referred into the relevant case management process for on-going work.

6. Multi-agency commitment

- 6.1. Similarly to the statutory Safeguarding approach, this framework requires a multi-agency commitment to reviewing and trying to mitigate presenting risks.
- 6.2. A **risk assessment** should be undertaken using the agencies' own risk assessment document.
- 6.3. **Any agency or professional can initiate a multi-agency risk management meeting.** However, a responsible manager from that organisation should be involved in the decision-making process.
- 6.4. Each agency involved in this process must allocate a lead worker to agree actions and make operational decisions about this case.
- 6.5. The multi-agency **risk management plan** must be proportionate and focussed on the prevention, reduction or elimination of future risk of harm. This plan will be jointly owned by the adult and the professionals working with them.
- 6.6. All decisions and actions taken throughout the process must be accurately recorded, and a note made of all those involved in the decision-making process and the rationale for the decision made, to support **defensible decision making**. (See Appendix 7: Decision Trees to support decision making on managing high risk cases)
- 6.7. Anyone, including partner agencies, service users, their carers or families may constructively challenge the actions taken and to escalate concerns within and across agencies.

7. Defensible decision making

- 7.1. A defensible decision has been defined as a decision that will withstand 'hindsight scrutiny' should the case 'go wrong' and negative outcomes have occurred.
- 7.2. A defensible decision is one where:
- All reasonable steps have been taken to avoid harm.
 - Reliable assessment methods have been used.
 - Information has been collected and thoroughly evaluated.
 - Decisions are recorded and subsequently carried out.
 - Policies and procedures have been followed.
 - Practitioners and their managers adopt an investigative approach and are proactive.

- 7.3. Defensible decisions must be clearly and contemporaneously recorded in a legible and approved system and format. The rationale behind the decision in relation to the circumstances must be included as well as references to relevant legislation and guidance.

8. Conclusion and review

- 8.1. This framework is designed to provide guidance on managing cases relating to adults where there is a high level of risk, but the circumstances may sit outside the statutory adult safeguarding framework and for which a multi-agency approach would be beneficial. It does not replace single agency risk management arrangements and instead seeks to build on and complement these by providing a multi-agency dimension.
- 8.2. The guidance will be reviewed and updated every 3 years, by the Performance and Workforce Subgroup of the Richmond and Wandsworth Safeguarding Adults Board, with the contacts list being updated for accuracy every year.

Appendix 1: Overview of Multi-agency risk management process

1 High risk case identified

- Risk assessment
- Discussion with person
- Identify if risk to others, including children
- Rule **out** section 42 criteria being met
- Identify involved agencies
- Convene multi-agency risk assessment meeting

2. Risk assessment meeting

- Consider action taken by each agency and if any other agencies need to be involved
- Review mental capacity
- Agree current risk assessment
- Consider professional competencies and legal powers
- Agree action plan

3. Risk review meeting

- Consider new information
- Review actions taken and impact
- Update risk assessment
- Revise action plan or close case if risks mitigated

Appendix 2: Assessing Risk

1. Where a person with needs for care and/or support is declining support and is placing him/herself or others at risk of serious harm, advice and information should be shared with the adult about the risk(s). As part of usual case management practice each agency should complete and document their internal risk assessment and management plan. The risk assessment should consider both concerns, and protective factors - see schematic below:

Strengths	
Persons belief systems and world views	
Observation of the home situation and environmental factors	
Engagement in activities of daily living	
Legal status eg no recourse to public funds, on prison liscence	
Functional and cognitive abilities of the person	
Underlying medical conditions	
Underlying mental health conditions or substance misuse issues	
Internal or external factors hindering the adult's implementation of decisions	
Home care and other services offered/in place	
Engagement in care and support plans	
Family and social support networks	
Environmental health monitoring	
Neighbourhood visiting by voluntary organisations	
Money management and budgeting.	
Impact of the situation on the individual.	
Public safety and risks to others	

2. The risk assessment may highlight circumstances or risks which would be more appropriately dealt with under another process such as: Care Programme Approach; Multi-Agency Risk Assessment Conference (MARAC); Channel Panel; children's safeguarding or an adult safeguarding enquiry (section 42); Vulnerable Adults Multi-Agency Panel (VAMA - Richmond) or Community Multi-agency Risk Assessment Panel (CMARAP – Wandsworth); or an individual enquiry. (The decision trees in Appendix 7 may assist in the decision making.)
3. The adult should, as far as possible, be included and involved in the assessment process and in developing a risk management plan to reduce or eliminate identified risks. Under normal circumstances, the person should be invited to attend any meetings with them being offered any support needed to enable them to participate fully. This support may also include offering and arranging an advocate if the adult is likely to experience substantial difficulty in participating in the meetings.
4. An assessment of mental capacity should be carried out, if appropriate, to determine if the person has the capacity to make specific decisions. Where a person is unable to agree to have their needs met because they lack the mental capacity to make this decision, then the 'Best interest' decision making process should be used. Advocacy should also be sought where required to ensure the adult is appropriately supported.
5. Where the adult continues to decline all assistance and they have been assessed as having the mental capacity to understand the consequences of this decision, or there are persistent issues in assessing mental capacity, this should be fully recorded. This should include a record of the efforts and actions taken by all agencies involved to provide support.
6. Professional judgement will determine whether the level of risk has reached an unmanageable level for the person. Where this is the case, a multi-agency risk management process should be set in motion.
7. If the multi-agency risk management process has not been able to mitigate the risk of any behaviour which could result in serious harm, the professionals involved should consider notifying the relevant authority with safeguarding responsibilities (the local authority) of the steps taken (assuming the multi-agency lead has received consent to share personal information or deems it is necessary due to the exemptions in the Data Protection Act 1998). The local authority should then assess the circumstances of the case as well as the steps already taken to minimise presenting risks to determine what, if any, further steps are required in accordance with the duty under section 42 of the care Act 2014 to undertake a safeguarding enquiry. Non-statutory enquiries may also be considered and instigated by the local authority in response to the presenting concerns. These enquiries are undertaken when the adult does not have care and support needs but may still be at risk of abuse or neglect and to whom the local authority has a 'wellbeing' duty under Section 1 of the Care Act 2014.

Appendix 3: List of Agency Contacts

This is a list of single points of contacts across the partnership. These addresses can be used to send the Request for Information form to help you with setting up a professionals meeting. This is not an exhaustive list of all agencies.

Agency	Contact point email
Richmond and Wandsworth Adult Social Care	adultsocialservices@richmond.gov.uk accessteam@wandsworth.gov.uk
Richmond Integrated Care Board	Sarah.loades@swlondon.nhs.uk
Wandsworth Integrated Care Board	waccg.wandsworthccg.safeguarding@nhs.net
Metropolitan Police	SW-MentalHealthEnquiries@met.police.uk
Richmond and Wandsworth Housing Housing Safeguarding mailbox	HMASH@richmondandwandsworth.gov.uk HSG@richmondandwandsworth.gov.uk
Wandsworth Children's Social Services	ipoc@wandsworth.gov.uk
Achieving for Children (Richmond's Children Social Services)	Spa.referrals.richmond@achievingforchildren.org.uk
Richmond Housing Partnership	Customer.services@rhp.org.uk
Hounslow and Richmond Community Health Care NHS Trust	hrch.safeguarding@nhs.net
Central London Community Health Care NHS Trust	CLCHT.Adultsafeguarding@nhs.net
Your Health Care	swlicb.yourhealthcarespa@nhs.net
South-West London and St Georges Mental Health Trust	Richmond richmondSPAduty@swlstg.nhs.uk Wandsworth – wandsworthspa@swlstg.nhs.uk
St Georges Hospital	Safeguarding.AdultsTeam@stgeorges.nhs.uk
Kingston Hospital	Francesca.Butcher@nhs.net
Chelsea & Westminster & West Middlesex hospital	Safeguardingteam@chelwest.nhs.uk
Richmond well-being service	elft.rws@nhs.net
Wandsworth well-being service	Ssg-tr.waniapt@nhs.net
Spear	marktaylor@spearlondon.org
London Ambulance Service	Safeguarding.las@nhs.net
Richmond Community Drug and Alcohol Service	RCDAS.Referrals@slam.nhs.uk
Wandsworth Community Drug and Alcohol Service	WCDAS-Referals@slam.nhs.uk
Richmond Fire Brigade	Robert.Davies@london-fire.gov.uk
Wandsworth Fire Brigade	grant.bishop@london-fire.gov.uk

Appendix 4: Request for information of agency involvement in a case for planned Professionals meeting

(This may be used to help determine which agencies are involved in a case – if you already know the names of involved professionals there is no need to use this form)

There are concerns about the risk for the person named below. Your agency is being contacted to identify if the person is known to your service and who should be contacted to attend the planned professionals meeting. Please respond to the sender by email, within 2 days of receiving this notice

Case details:

Name	
Address	
DOB	

Agency contact person:

Service	Name and email of contact person

Please ensure that the form is emailed securely in compliance with your agencies' system for safe information sharing.

Appendix 5: Multi-agency Risk Management Planning Meeting Agenda Template

Notice of Multi-agency Risk Management Planning Meeting concerning [full name of person, DOB, address]

Date:

Time:

Venue:

Agenda

1. Welcome and apologies
2. Purpose of meeting
3. Summary of case concerns, risks and protective factors
4. Consideration of options for action
5. Agreed actions, person to do it and by when
6. Next meeting

List of people Invited

Name	Agency	Role

Appendix 6: Multi-agency Risk Management Review Meeting Agenda Template

Notice of Multi-agency Risk Management Review Meeting concerning [full name of person, DOB, address]

Date:

Time:

Venue:

Agenda

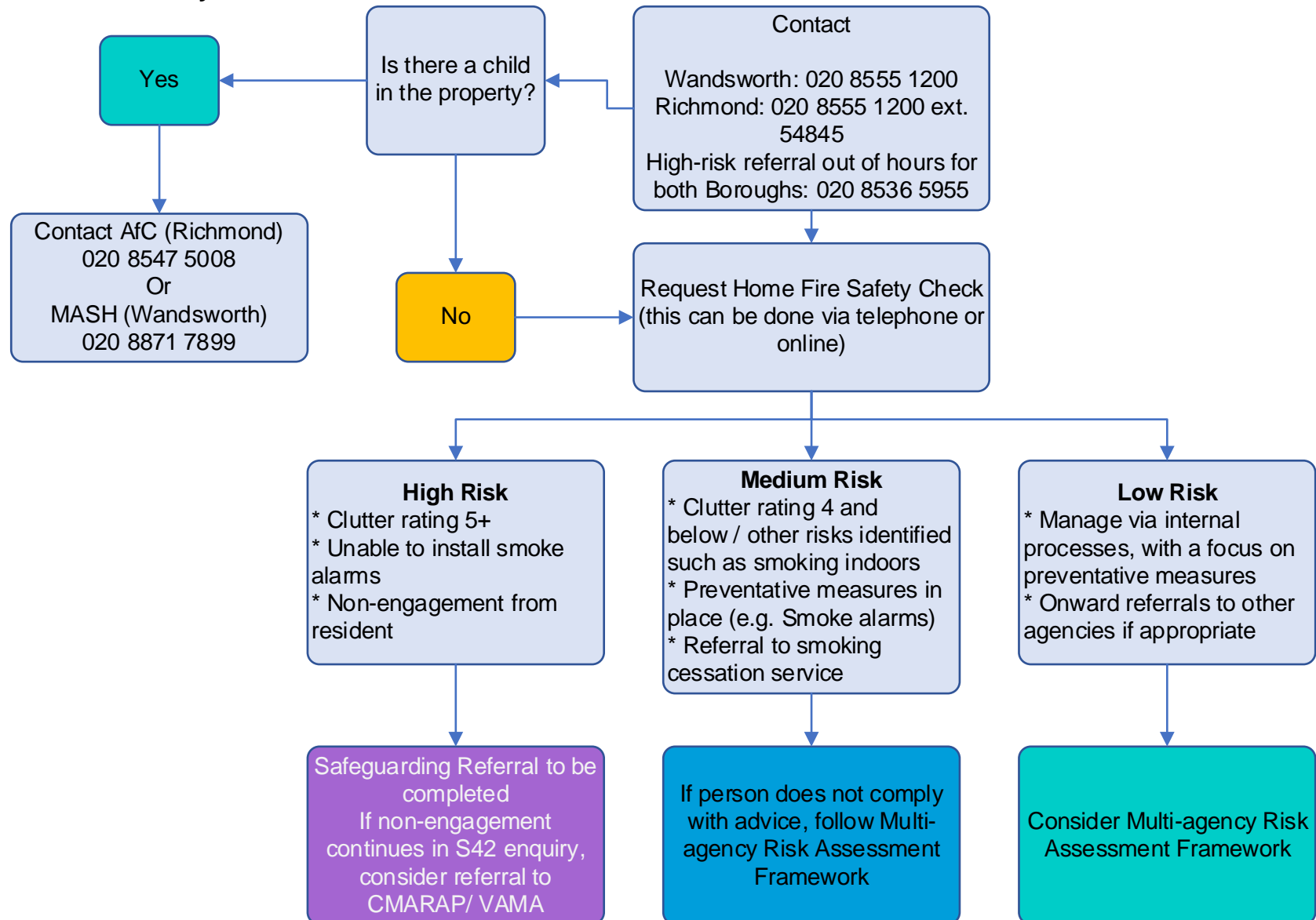
1. Welcome and apologies
2. Purpose of meeting
3. Overview of new information
4. Update on action plan and identification of any new actions
5. Summary of current risk and if further meetings are required.

List of people Invited

Name	Agency	Role

Appendix 7: Decision Trees to support decision making on managing high risk cases

Concerns about Fire Safety



New Approach to Home Fire Safety Visits (HFSVs)

The new approach is centred around four new risk categories which are informed by historic London Fire Brigade (LFB) data on what makes people more at risk from fire.

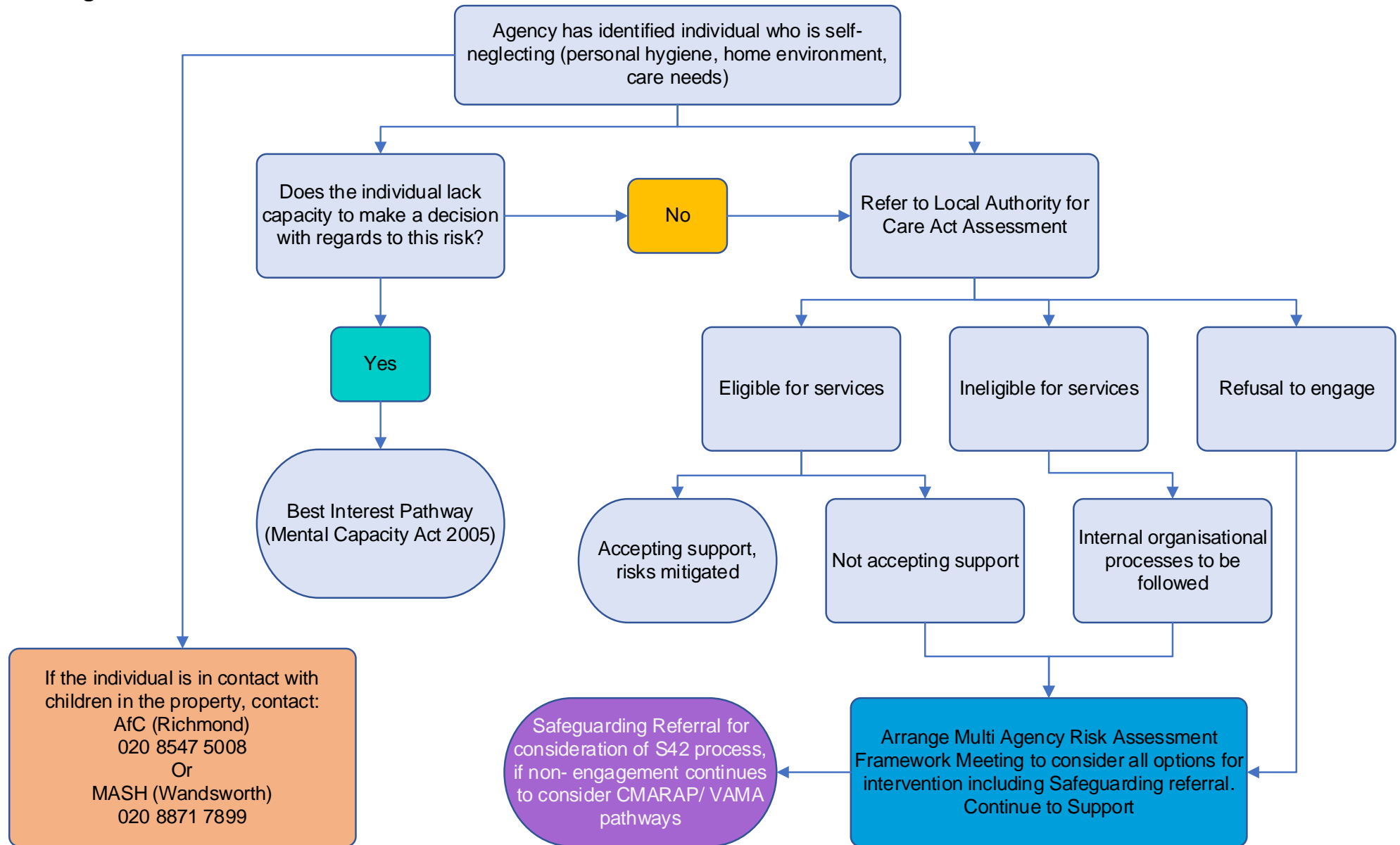
For low-risk people, LFB will stop providing HFSVs and free smoke alarms. They will be encouraged to use our online [Home Fire Safety Checker](#) which provides fire safety advice tailored for their homes. This would reduce the number of HFSVs that firefighters will be carrying out overall and ensure that their time is prioritised towards those most at risk from fire.

For people identified as being more at risk and in need of a HFSV¹, there will now be a prioritisation system in place based on the new risk categories. The new categories and approach are detailed below:

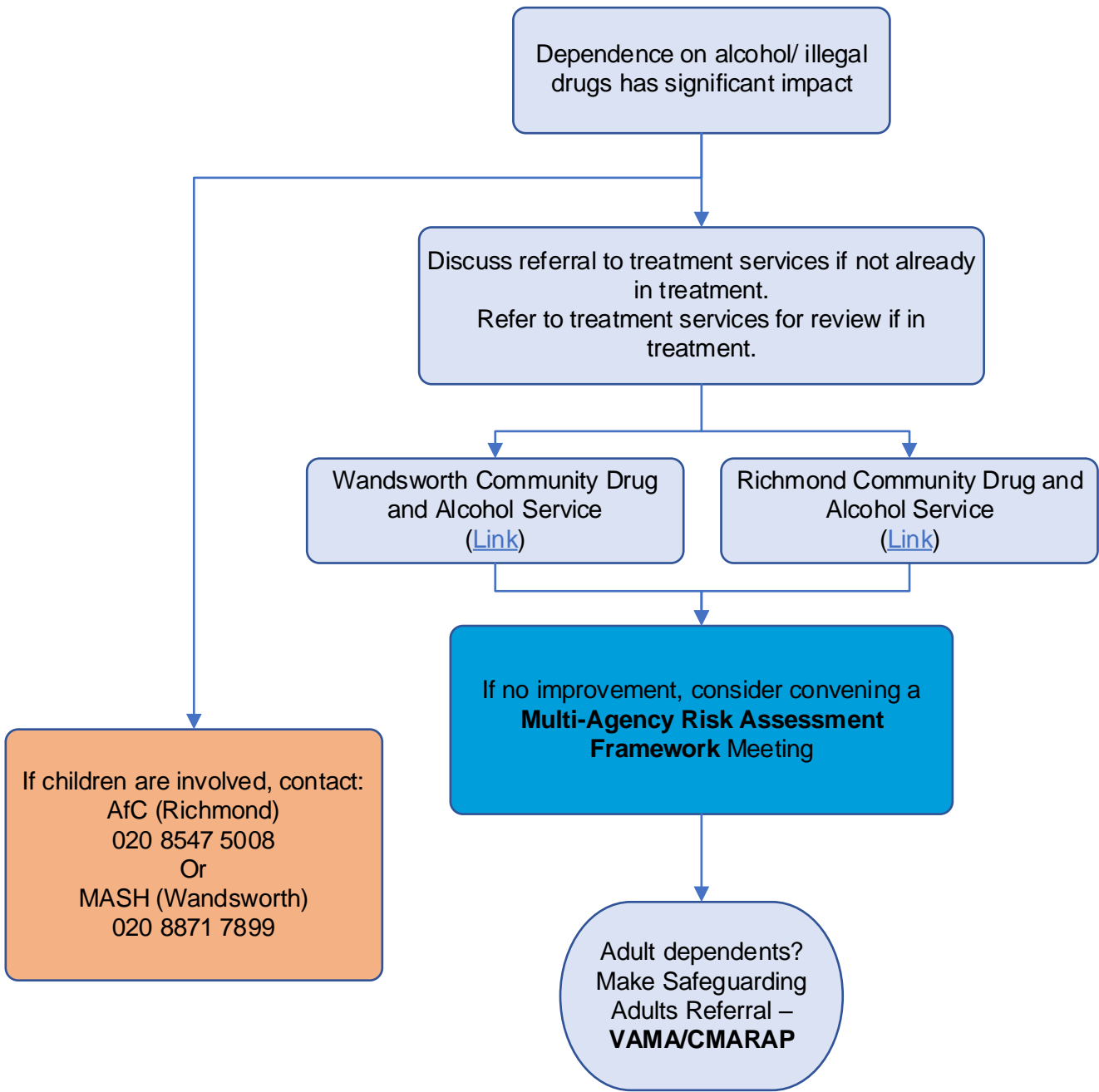
- **Very-high risk** – For people in this category, LFB is aiming to undertake a HFSV within four hours of them having been assessed. This will apply 24/7 so even if contact is made overnight, firefighters will be able to undertake a HFSV and seek to reduce that person's risk.
- **High risk** – LFB is targeting providing a HFSV to people in this category within seven days of them being assessed.
- **Medium risk** – LFB is targeting providing a HFSV to people in this category within one month.
- **Low risk** – Directed to the online [Home Fire Safety Checker](#) (telephone visits will also be offered in future once the process has been finalised).

¹ Please note that the person's consent is generally needed for these visits and can be overridden only in specific circumstances.

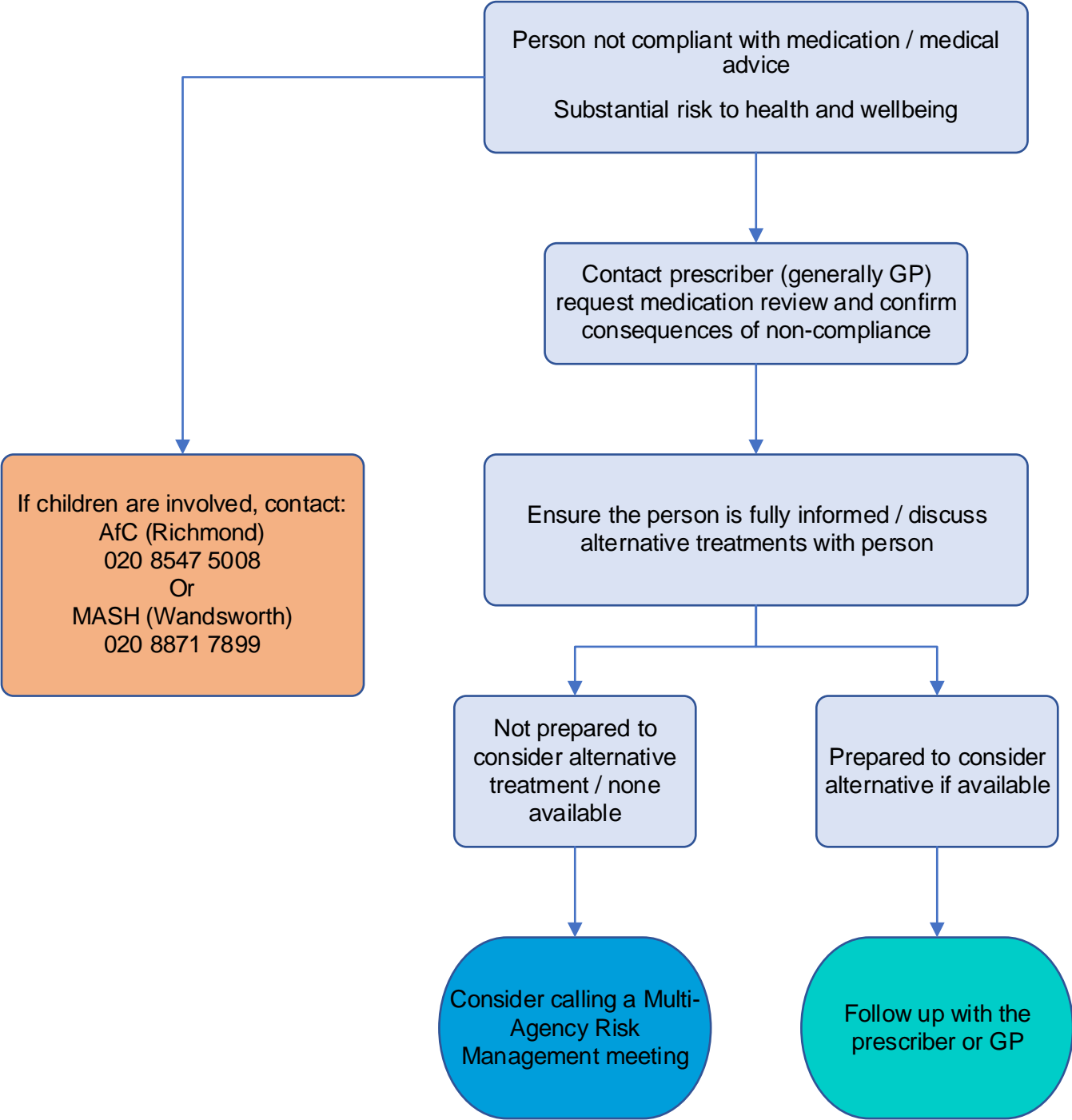
Self-Neglect



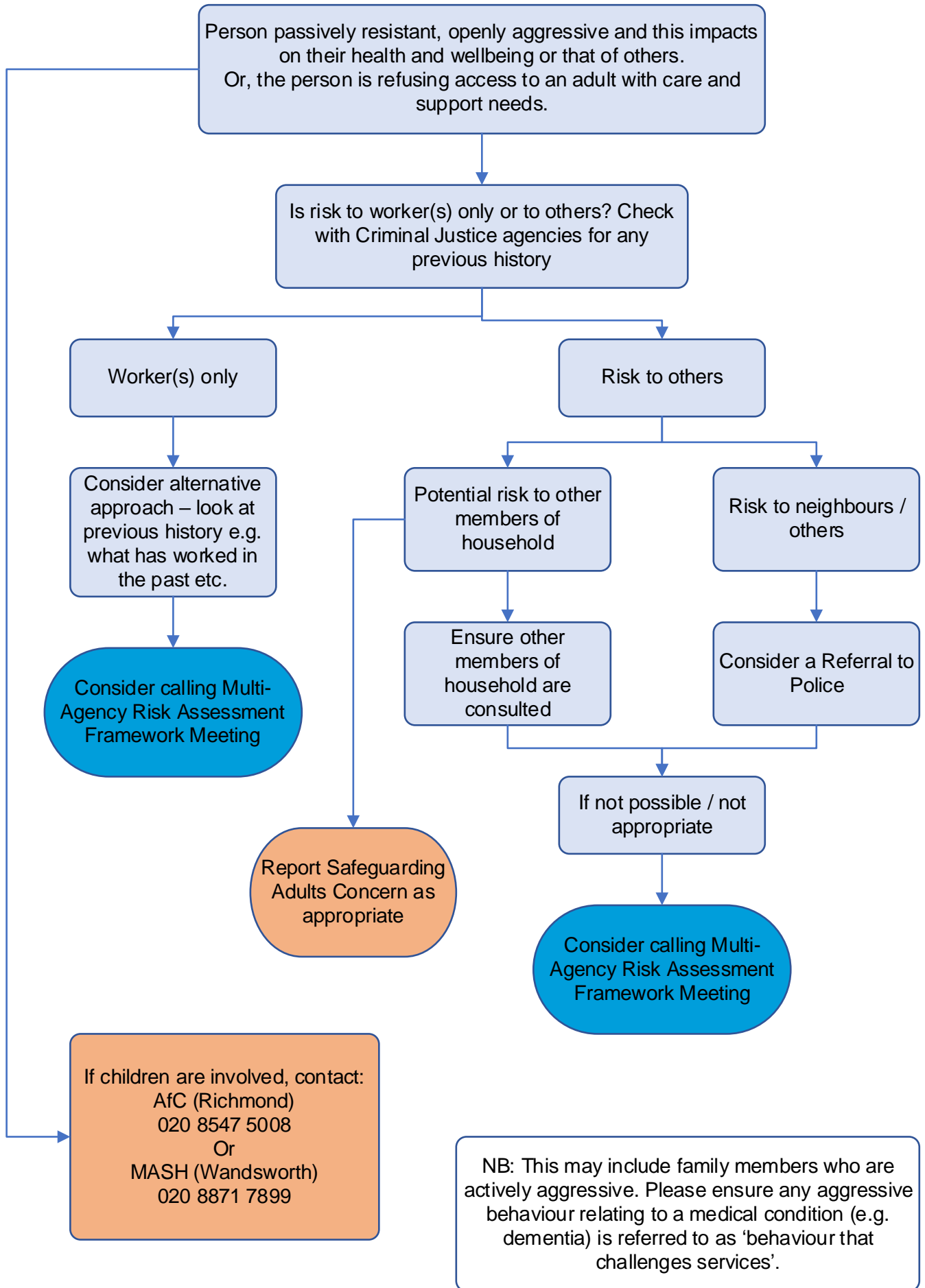
People who are dependent on alcohol/drugs



People who are non-compliant with medication or medical service



People who are passively resistant or aggressive



Glossary of acronyms

AfC	Achieving for Children (Richmond (and Kingston) Children's Services)
CMARAP	Community Multi-agency Risk Assessment Panel (Wandsworth)
DOB	Date of Birth
HFSV	Home Fire Safety Visit
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
VAMA	Vulnerable Adults Multi-Agency Panel (Richmond)