



**SAFEGUARDING
RISK ASSESSMENT
FRAMEWORK & TOOL**

DRAFT FOR TRIAL

**London Borough of Camden
London Borough of Hackney
London Borough of Haringey
London Borough of Sutton**

June 2010

Re: Q14 – Cabinet Member questions

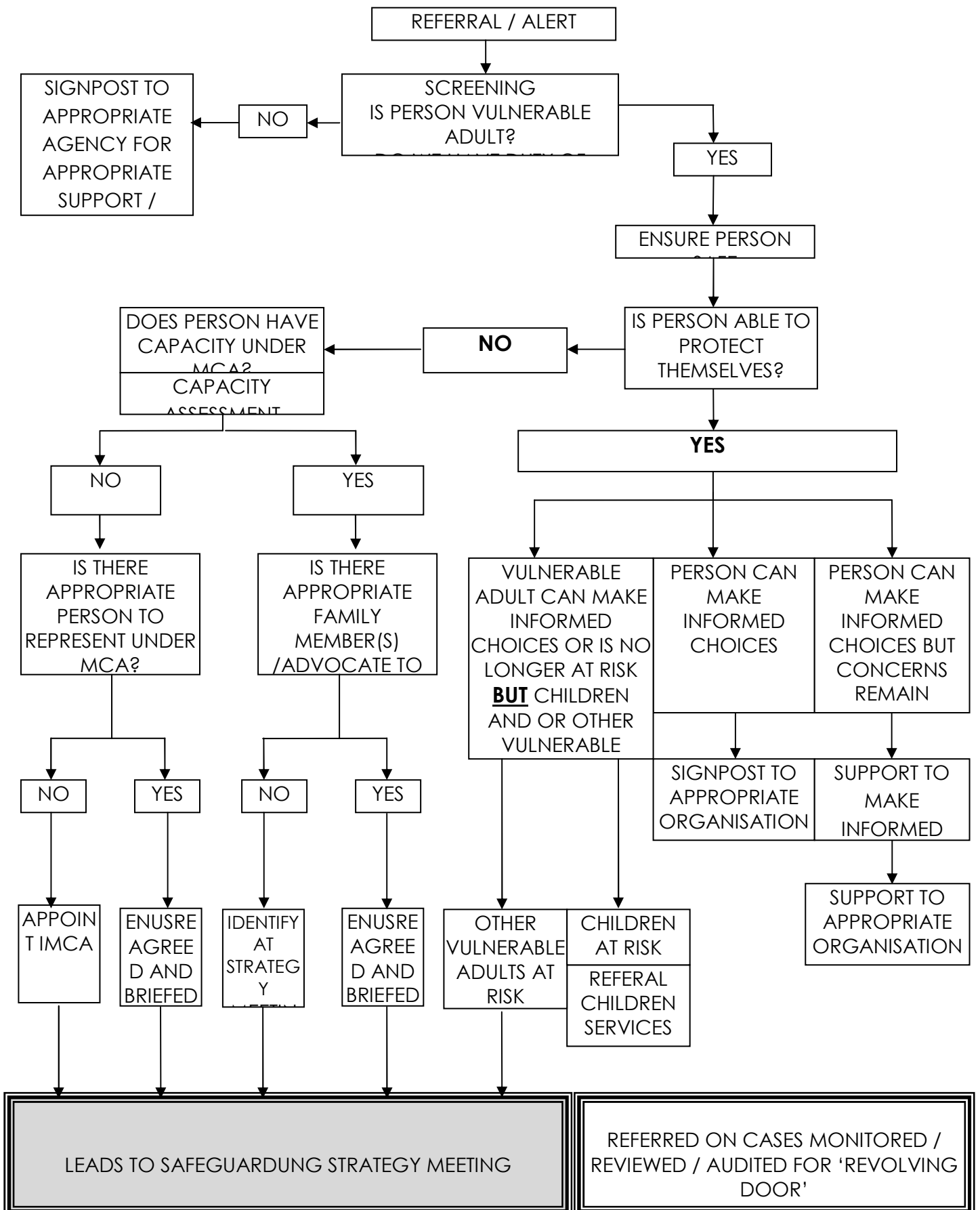
Introduction

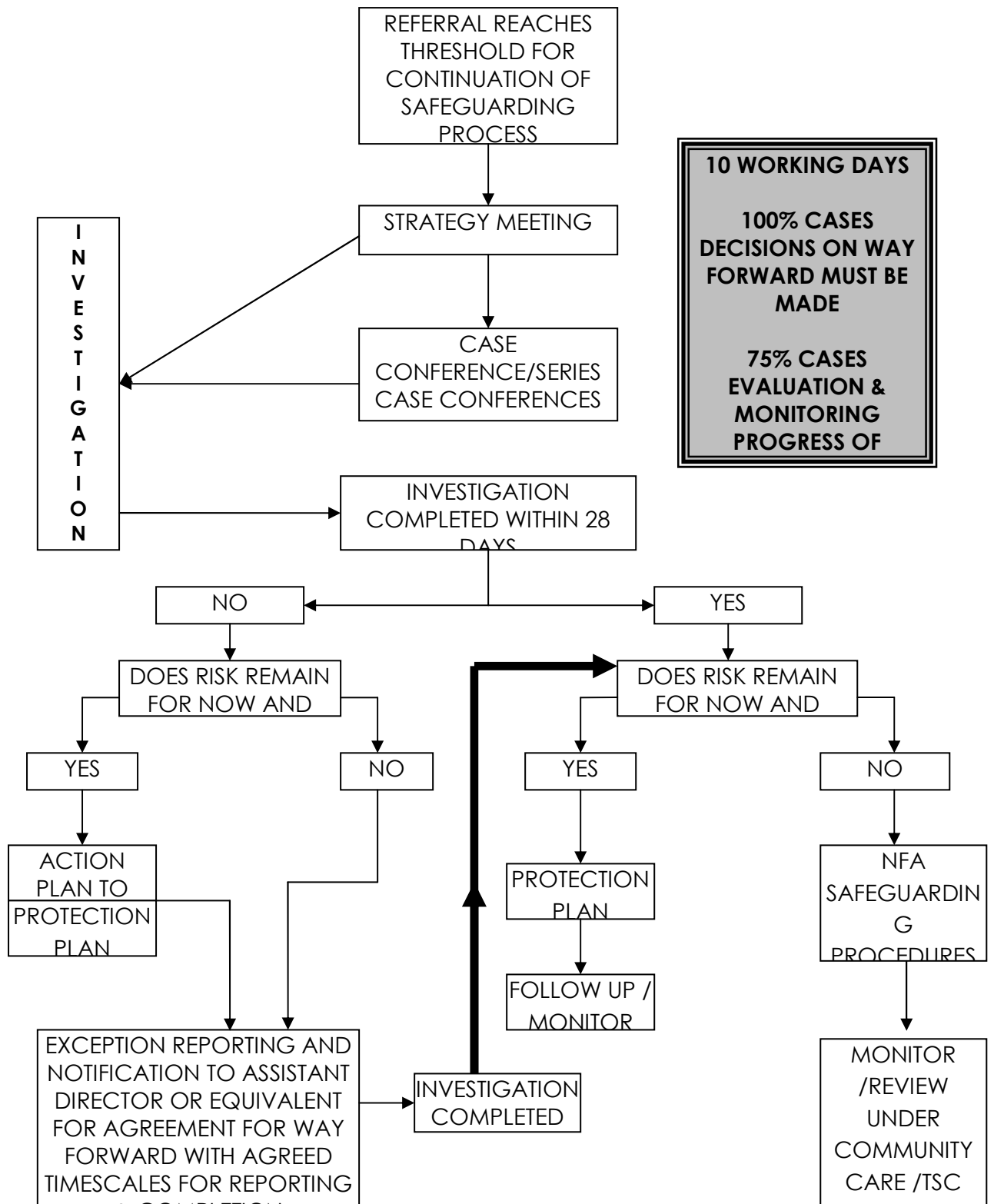
The Pan-London Risk Assessment Tool –why do we need one?

When the Green Paper [Independence, Well-being and Choice](#) consulted the public on a vision for the future of social care, people told us they wanted to have more control over their lives and be able to make real choices about services, taking their own decisions about things that others take for granted. The White Paper [Our health, our care, our say](#) responded to that call, setting out plans for the future of health and social care in the 21st century in which choice and control are critical components. [Personalisation](#) has placed further emphasis on this. ‘However, giving people more choice and control is not always as simple as it may seem. Everyday life involves us all in making choices and decisions. People who use health and social care services are not different. Some choices might involve taking risks and while this can be a positive thing, it can also pose questions over people’s safety, the safety of others and who is ultimately responsible if something goes wrong?’ ([Independence, choice and risk: a guide to best practice in supported decision making](#)).

Establishing risk is central to the work that staff in the field of health and social care do. Risk assessment and assessment of need is the cornerstone of high quality care. Measuring the level of risk is crucial to determining both a person’s eligibility for services and to shaping an appropriate response to a service user’s/carer’s needs. But there is a balance to be struck between enabling people to have control over their lives and ensuring that they are free from harm, exploitation and mistreatment. This does not mean being risk averse. Getting the balance right between the values and principles of personalisation and supported self-assessment, whilst using risk assessment to agree with the service user how to minimise any risks and achieving independence is crucial. Professionals have to make difficult judgements in seeking the right balance; really this means aiming for ‘defensible practice’. The aim of this tool is to provide a clear, standardised framework so that workers within adult social care and health services feel confident and clear about their role and responsibility in the assessment of risk within the context and continuum of enabling greater choice and control, [Safeguarding](#), the [Mental Capacity Act](#) and the [Deprivation of Liberty Safeguards](#).

SAFEGUARDING SCREENING PROCESS





RISK ASSESSMENT IN SAFEGUARDING ADULTS WORK

Context

All Safeguarding investigations must demonstrate evidence of discussion with the individual(s) and carer(s) concerned.

Continuing risk assessment and management are essential aspects of safeguarding adults at risk of abuse. Risk assessment must be included in the measures taken to prevent abuse, as well as being an integral part of the protection plan in response to actual allegations or suspicions of abuse, and their subsequent review.

Risk Assessment in the Safeguarding Process

Risk assessment should start from the early stages of Safeguarding Adults work and be revisited throughout the process.

Key Stages for completion/ review of Safeguarding Risk Assessment are:

On receipt of a Safeguarding **Alert**, a risk assessment should be carried out following initial enquiries. This will be central in reaching a **Decision** as to whether the alert is appropriate for the safeguarding process.

This risk assessment may be revised following the **Strategy Meeting**/ Discussion on the basis of new information forthcoming or the views of other members. The risk assessment should be used to inform any interim protection plan put in place to safeguard the vulnerable adult(s)

The Investigation stage: Information gathered at this stage of the process will inform as to whether the individual(s) is at risk of *significant harm* now and in the future and the risk assessment should be revised accordingly.

The Case Conference: The risk assessment should be revisited to incorporate the views of multi-disciplinary investigation and should be used to inform the development of the protection plan. This should, where appropriate, address Carers needs.

Review of the Safeguarding plan: New information and considerations of the effectiveness of the protection plan should inform the Safeguarding risk assessment and it should be revised accordingly. The revised risk assessment will inform any ongoing protective measures.

Significant Harm

Risk should be considered in terms of the risk of Significant Harm. This is defined here:

“...not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development”

(From: Lord Chancellor’s Department (1997) *Who Decides*)

Key Considerations for Risk Assessment

The Focus on the Vulnerable Adult & the Environment they are in

The main focus of any risk assessment should be the safety and protection of the vulnerable adult and the environment they are in. Take into account any events in the chronology of the vulnerable adult and/or the alleged perpetrator which are pertinent to the safeguarding issue. If a High level risk is identified then immediate action must be taken. Risk assessments should be undertaken with the service user wherever possible. Every attempt should be made to clarify the individual’s own wishes about his or her needs. All vulnerable adults should be treated with dignity. Carers can be vulnerable adults and are covered by Safeguarding Adults Policy and Procedures.

The Right to Independence

The assessment of risk raises difficult questions of balance in professional practice. Adults have a right to live independent lives, and to take the risks they choose. This right must be weighed carefully against the likelihood of significant harm arising from the situation.

Issues of Capacity

Issues of capacity (see Mental Capacity Act, 2005) must be fully considered in risk assessment. It should be remembered that people may have capacity to make decisions with respect to one area but may lack capacity to make decisions about other areas.

Involvement of others in risk assessment

A decision should be made as to whether an advocate should be involved in order to help the process. Other people who could be involved include carers, professionals, volunteers, family and friends. It should be made clear at the strategy meeting who will take the lead.

Recording of Risk Assessments

It is essential to record risk assessments accurately, detailing what decisions have been made about level of risk, by whom they have been made and on what basis. Risk assessments should be clear and use plain language.

Informed Consent

Service users must give their informed consent to obtain/share information. However, confidentiality should be broken when it is thought that it is possible a risk of harm could occur to the service user and they lack capacity to make an informed decision, or to another vulnerable person, member of the public (this would include workers) or to property.

Monitoring and review

Risk assessment is an ongoing process that becomes risk management. The risk assessment needs to be reviewed on a regular basis. It is necessary to set a date for review depending on the grading of risk. For example, if it is a high risk case, a review case conference should take place fairly soon after the initial case conference i.e. within a month.

Using the Safeguarding Risk Assessment Tool

The tool guides the professional completing the template to consider levels of risk in 6 distinct categories. It asks that each category be rated as to level of risk with possible ratings being None, Low, Medium, and High.

- 1) The severity of the harm that has been/ may be inflicted (please include the involvement of any children and/or other vulnerable adults too).
- 2) The likelihood of the abuse continuing or escalating (any patterns, history or chronology should be incorporated)
- 3) Consideration of premeditation of abuse, threatening behaviour, violence and coercion.
- 4) The duration of the alleged abuse.
- 5) The impact of the abuse on the vulnerable adult's independence, health and wellbeing.
- 6) The level of support the vulnerable adult needs (including carer(s), the wider family, children and culture of the vulnerable adult).

In assessing the level of abuse, essential issues include:

- 1) The nature and extent of the abuse
- 2) The length of time over which the abuse has been happening
- 3) Whether abuse has occurred before
- 4) The impact on the individual
- 5) The impact on the carer(s) others
- 6) Whether the situation can be monitored
- 7) Communication needs
- 8) Environmental factors
- 9) Financial factors
- 10) The existence of social and cultural networks and support

Overall Risk Rating

Having rated risk level for each risk area an overall risk rating should be recorded. (None, Low, Moderate or High). It is important that this overall risk rating is reviewed at each stage of the Safeguarding process (outlined above). i.e. has the risk of significant harm increased, decreased, or remained the same.

The level of risk being caused can only be assessed in relation to the circumstances of the individual concerned. Workers should exercise their professional judgement in arriving at the overall risk rating, being guided by risk ratings in each of the 6 risk areas. However, all the following situations are, by definition, High Risk:

- There is reason to believe that someone's life may be in danger
- There is reason to believe that major injury or serious physical or mental ill health could result.
- The incidents are increasing in frequency
- The incidents are increasing in severity
- The abusive behaviour is persistent and / or deliberate

The risk rating also indicates the safeguarding action that should take place:

Risk Rating	Safeguarding Action
High	Legal Action is being taken, Protection Plan is being implemented
Moderate	Safeguarding Protection Plan is in place
Low	Safeguarding Issue has been addressed
None	No Safeguarding Action is taking place

This tool should be used from the outset of the investigation and must be presented at the Strategy Meeting as part of the Safeguarding process

SAFEGUARDING RISK ASSESSMENT TOOL

Name of Vulnerable Adult					
DoB/ Age:		Gender:		Reference no:	
Address:					

Are any children present in the household of the alleged victim/perpetrator/location of abuse:
(Yes/No)

If yes, alert Safeguarding Children and provide details below (name, DoB):

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Name of Alleged Perpetrator:	
Alleged perpetrators relationship with the vulnerable adult:	
Context in which the alleged incident(s) took place:	

Does the vulnerable adult have Mental Capacity as required to take part in the Safeguarding process?

If 'no' has an advocate been appointed?:

If the person has capacity, has s/he agreed that this investigation be pursued?:

If the person has not agreed, please summarise reasons for their reluctance here (e.g. anxiety about future relationship with the alleged perpetrator, fear of retaliation, reluctance to lose perceived benefits from relationship):

Does the alleged perpetrator have capacity?

Add the chronology for both the alleged victim and perpetrator below and add an appendix if necessary:

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<p>.On the basis of the evidence available, your professional judgement and experience, assess the risk which the vulnerable adult faces from the alleged perpetrator.</p> <p>The indicators of risk are based on Guidance in 'No Secrets', 2000</p>	
<p>INDICATOR</p> <p><i>Please note: Responses/summaries should be based upon the perspective of the service user</i></p>	<p>RATING</p> <p>(None/ Low/ Medium/ High)</p>
<p>1) What kind(s) of harm has been threatened or inflicted? How severe/ serious and are there any children and/or other vulnerable adults involved:</p>	<p>List categories of abuse, and assess severity in each case:</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p>
<p>2) Is there evidence to suggest that the abuse is likely to be repeated or escalate?</p>	<p>Assess likelihood that abuse will:</p> <p>a) Continue</p> <p>b) Escalate</p>
<p>3) Is there evidence to suggest that the abuse was premeditated, accompanied by threats or actual violence or coercion?</p>	<p>Assess likelihood that abuse involved:</p> <p>a) Premeditation</p> <p>b) Threats</p> <p>c) Violence</p> <p>d) Other coercion</p>

<p>4) Referring to the chronology, is there a pattern of history for the vulnerable adult and/or alleged perpetrator:</p>	<p>Yes/No</p> <p>If yes, justify and provide evidence of this:</p>
<p>5) How long has this particular incident been happening? What is the person's need and what has been carried out so far?</p>	<p>For each category, assess duration/over what period:</p>
<p>6) What has been the impact on the person's independence, health and wellbeing?</p>	<p>Assess severity of impact on the persons:</p> <p>a) Independence</p> <p>b) Health</p> <p>c) General Wellbeing</p> <p>Overall Impact:</p>
<p>7) How much/ what kind of support does the person normally require? Has a Carers Assessment been undertaken? Describe briefly here:</p>	<p>Support needs assessed as:</p>

RISK SUMMARY

OVERALL RISK (HIGH/ MEDIUM/ LOW/ NONE):

Please record here your overall assessment of risks identified, including the risk to others:

View of the allocated Professional:

Views of the Individual:

Views of Carer(s) others:

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SUMMARY OF ACTION:

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Is this a second or subsequent assessment? If so, please indicate the dates here and in what ways it is different from previous assessments.

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Name of Worker Completing Assessment:

Post:

Sign & Date:

Manager/Senior Practitioner:

Sign & Date:

Safeguarding Risk Assessment Framework & Tool - Evaluation Form

Part 1 – Monitoring Information		
1	Name of Staff member	
2	Designated Team	
3	Date of Referral	
4	Date of Risk Assessment	
5	Date of Completion of Assessment	
	Details of Client	
6	Age Group (18-25); (25-64); (65+)	
7	Ethnic Origin	
8	Gender	
9	Disability including communication	
10	Religion	

Part 2

Please complete the following questions

		Not	somewhat	Very	Extremely
1	How easy was the tool to use?				
2	How useful was the tool in helping to understand level of risk?				
3	How useful was the tool in the decision-making process of the action to be taken?				
4	Did you complete the form with the customer?	Yes		No	
4a	If yes, please describe the positives and or any difficulties with the process in relation to involving the customer.				

4b	If No, Please explain why the customer was not involved in the process and if anyone else representing the customer was involved, e.g. advocate, IMCA
5	Briefly comment on your experience of using the tool including anything you think was missing from it and how it could be improved.

Thank-you for taking the time to complete the form. We will be organising a Focus Group to discuss the findings further with a view to improving the Tool and would be grateful for your attendance We will be contacting you in due course.