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**TRAM**

***(Tiered Risk Assessment and Management)***

**Protocol**

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| **TITLE** | Title: Tiered Risk Assessment and Management  Protocol    Version: 1.2 |
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**Purpose of this Protocol**

This protocol sets out a shared commitment across agencies in Rochdale to working with risk.

It provides guidance to help multi-agency practitioners working with adults with a range of identified support needs. It includes advice about when and how to escalate risk into a multi-agency setting, as well as how to run shared risk management processes that balance positive risk taking with an individual’s human rights.

The risk management processes outlined in this guidance are designed to build on, rather than replace, single-agency risk management arrangements.

The Protocol is set out under the following three sections:

1. Understanding and working with risk.

2. Help setting up and running Team around the Adult meetings.

3. Processes for escalating or de-escalating cases

**Who is it for?**

The protocol is designed to support professionals working with adults deemed to have capacity to make their own decisions, but who may be experiencing a range of risks to their wellbeing that may escalate to a risk of serious harm or death, due to:

* Behaviours that put them at risk
* Self-neglect and hoarding
* Refusal or inability to engage
* Two or more vulnerability factors
* People who frequently use acute services

**Principles**

The protocol adopts the following principles:

* The voice of the adult is central
* Risk should be shared between the individual who takes the risk and the system that is trying to support them
* Culture of proactive and timely sharing of information on risk
* Culture of Team Around the Adult
* Holistic person-centred assessments that work to individual strengths
* Shared risk management and decision making between organisations
* Joint commitment to improve outcomes for the adult at risk.

**Section 1: Understanding and Working with Risk**

**1.1 What is Risk?**

As an individual leading your own life, you will experience and make decisions about risk on a daily basis. As a professional working within Rochdale’s Safeguarding Board, you will frequently be required to work with people who are also experiencing risks in their lives. Working effectively with adults in relation to risk involves ethical and value-based challenges and the need to balance the complexities of risk, restriction, privacy, family life, individual strengths, and human rights when supporting adults.

Understanding what risk is, and how to work with risk at a multi-agency level, is crucial to working effectively and achieving positive outcomes in partnership with individuals.

**1.2 Approaches to Risk**

Multifaceted approaches to risk which seek to understand, assess, manage, and enable risk, rather than avoid or eliminate it, are required.

Practitioners must fully explore presenting and potential risks with individuals to ensure an adult’s views are understood, and to support their understanding of their situation. The assessment and management of risk alongside an individual, their carer or advocate is essential to determining if the individual can see both the risks and benefits associated with the risk, and to inform their decision making. This includes an understanding of the risk to themselves and to those around them.

Self-determination must be enabled wherever possible to ensure an individual feels they have choice and control over their lives. Practitioners also need to show professional curiosity and be willing to have difficult conversations which explore, check, and recheck responses.

**1.3 Risk Assessment**

Risk assessment involves:

* The identification of known or potential hazards, circumstances, relationships
* Analysis of the impact/severity and consequences of the risk to the individual or others around them
* Analysis of the likelihood that the risk will occur

Effective assessment of risk is achieved through thorough information sharing, collation, and evaluation, plus an analytical approach to all available evidence. Having a shared multi-agency understanding of the nature and degree of an individual’s risk factors, who is at risk, the likelihood of occurrence, the severity of impact of a risk, and the context in which the risk occurs, supports practitioners to hold informed conversations with individuals at risk. Learning from Safeguarding Adult Reviews (SARs) shows us that only by sharing information held by each agency can practitioners see all the pieces of the jigsaw when working with risk.

**1.4 Risk Management**

Risk management is a live process which identifies each risk and the detailed measures taken to remove or reduce the risk. Both the risk assessment and risk management responses require ongoing reflection and review and are not an end in themselves.

It is important for practitioners to recognise that all risk cannot be removed, all harm cannot be prevented from taking place and that some risk taking can have positive outcomes. Working with risk is about balancing human rights and promoting safety and quality of life.

**1.5 Risk Enablement**

Risk enablement is the process of balancing decision-making in relation to risk and rights. Practitioners should consider:

* **The strengths of an individual** which may mitigate risks.
* **Balancing risk** between an individual’s human rights and the safety of those around them.
* **The physical, psychological, and emotional impact of taking or not taking a risk.** This includes the concept of positive risk taking within the process of working with risk. A risk averse practice can inadvertently result in oppression and has the potential to curtail the independence and autonomy of the individual at the centre of practice.
* **The context** including previous and current risk taking behaviours, previous and current external sources of risk, the ability of the individual’s support network to cope with risk taking.
* **Working proactively with the individual at risk** including looking at patterns beyond the immediate crisis to understand wider executive functioning.
* **Probability, timescales, external factors, and the significance of a potential outcome.** Risk management plans should be flexible and responsive to changes.
* **The potential for risk minimisation.** This is when the risk of harm in your mind is minimised due to factors such as burnout, unconscious bias, or compassion fatigue. Unconscious bias due to an individual’s repeated distressed behaviour can lead to a focus on select information rather than the whole picture. It is a very natural human trait and regular reflection, case discussion, supervision, peer, and managerial support are all there to assist practice.

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| **Standard Risk**  **Single Agency**  Standard Risk indicates that there may be some quality-of-life issues, but low risk to the individual’s health and wellbeing and limited need for input from other agencies.  **At this point, each agency is responsible for the early identification and assessment of any wider risks that may require the sharing of information with other agencies and coordination of a Team around the Adult meeting.** | **Team around the Adult**  Moderate Risk indicates that there are some wider health and vulnerability risks to an individual or those around them, which need a more coordinated support from more than one agency. Care should be managed through Team around the Adult approach and multi-disciplinary teams (MDT).  **Moderate Risk** | **Safeguarding/**  **Multi-Agency Risk Management (MRM)**  High Risk indicates that there are significant health and wellbeing risks including abuse or neglect to an individual likely to need prompt input from a range of services, and safeguarding policies and procedures should be initiated. Professionals should ensure their escalation pathways are implemented.  Where there is evidence that an individual continues to be at significant risk of serious harm or death but is unable or unwilling to engage with agencies, then escalation to the MRM Protocol.  NOTE: the MRM Protocol should only be used for adults who have capacity.  **High Risk** |

**Section 2: Team around the Adult**

The Team around the Adult (TAA) forms the basis of Multi-Disciplinary and Multi-Agency Team working across all levels of risk in Rochdale. The TAA approach brings together a range of different practitioners from across the Rochdale Safeguarding Board partner agencies to provide holistic support for an individual and their family. Members of the TAA meet as part of a Multi-Disciplinary Team (MDT) to work in partnership with the individual to explore risk and develop and deliver sustainable solution-focused support. The Safeguarding Board would actively encourage for the MDT approach to be used when the safeguarding threshold is not met.

**Team Around the Adult Principles**

Using learning from Safeguarding Adult Reviews, agencies came together to design Rochdale’s TAA. Partners committed to a working culture based on the following principles:

* Build on individual strengths and enable the individual to shape their own choices and support
* Allow time to listen, and to build trust and a relationship
* Always focus on person centred support
* Work in a holistic way that is not limited by organisational criteria
* Mutual peer support for practitioners
* Practitioners and the adult work together on an equal footing to achieve common outcomes
* Appropriate and timely use of legal literacy
* Involve friends, family, and wider networks of support, where appropriate
* Work through an identified Lead Professional, supported by the Team Around the Adult
* Creative thinking, assertive outreach and a flexible approach not confined to ‘9 to 5’
* Identify trauma and apply trauma informed language and practice
* ‘No blame’ culture; respectfully holding each other to account for actions and progress
* Collective risk management and shared responsibilities
* Clear data sharing framework

**2.3 How the Team around the Adult Works in Practice**

By adopting a creative approach, the TAA works with multifaceted cases to achieve change where more traditional engagement methods have not been successful or where change may not have been maintained. It does this by combining short term intensive support to stabilise an individual’s situation with long term, strengths-based solutions that draw on community networks of support. This is achieved through a virtual team drawn from the statutory, voluntary, and independent sector, harnessing the different roles, strengths, and expertise from across the safeguarding partnership in Rochdale.

The following steps provide a detailed breakdown of how the TAA works in practice.

**Step 1 - Timely sharing of Information**

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| Learning from Safeguarding Adult Reviews: SARs completed in Rochdale show that agencies have individual mechanisms of escalating risk within their service but can delay sharing information on risk with other relevant services or agencies. As a result, the full extent of the risk is not always understood, leading to missed opportunities for shared decision making and risk management. The following seeks to address this learning point. | |
| Early Identification | Not every situation or activity will involve a risk that needs to be assessed or managed.  However, it is important to recognise that **having more than one minor risk can have a multiplying rather than a doubling effect on the level of risk for the individual.**  Where an individual’s situation or behaviour places them, or others, at risk of harm, information should be shared with the individual about the risk(s). Single agencies should maintain a chronology of key events and complete an internal Risk Assessment and Management document.   * Each agency is responsible for the early identification and assessment of wider risk factors. * Internal risk assessment should trigger the timely sharing of information to understand if other agencies are holding information about other risks for the individual. * Use of a TAA approach should be considered early to manage escalating risk where there are care and support needs, where others are put at risk, or where ‘mainstream’ safeguarding processes are not appropriate to manage non engagement and escalating risk including of harm or death. |
| Planning and Scoping Risk | Professional judgement will determine when the level of risk is too great for individual agencies to manage on their own.  Risks should consider all aspects of wellbeing for an individual and those around them as well as personal circumstances including:   * Private and family life: risks including an intimate partner or a family member. * Community based risks: including exploitation, cuckooing, homelessness etc. * Service provision: risks including poor care which could be neglect or organisational abuse. * Self-neglect: risk from the individual themselves combined with other factors such as substance misuse, Learning Disabilities or mental or physical health issues. * Lack of commissioning options or access to a suitable service able to meet complex needs.   Where there are concerns, a multi-agency TAA meeting should be organised with the aim of developing a shared understanding of the risks posed and creation of a shared risk management plan with the individual, and where appropriate, those around them. |

**Step 2 – Risk Assessment and the Mental Capacity Act**

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| Learning from Safeguarding Adult Reviews: Understanding mental capacity is key to any risk management process. SARs highlight the dilemma that practitioners’ face, with the need to assume capacity balanced against the need to undertake a timely Mental Capacity Act (MCA) assessment. Learning highlights the importance of recording decisions, including the rationale for not conducting a MCA assessment, and the need to balance the capacity to understand immediate risk alongside wider patterns of behaviour in order to understand an individual’s executive functioning. The following seeks to address this learning point. | |
| Considering Mental Capacity | Multi-agency risk assessment involves collecting and sharing information through observation, communication, and investigation. It is an ongoing process that involves persistence and skill to assemble relevant information and repeated patterns of behaviour.  Where an adult is assumed to have capacity, it is important to record that capacity has been considered and the rationale why the formal capacity assessment was not required.  In addition, where an adult is assumed to have capacity to make their own decisions and is making what others consider to be an unwise decision, practitioners should consider patterns of behaviour that may indicate poor executive functioning.  If there are concerns about mental capacity, including fluctuating capacity or executive functioning, advice should be sought from those with the right expertise such as a social worker or psychologist.  The TAA Protocol should not be used for cases where the adult has been assessed and found to lack capacity to make a decision. However, If the outcome of the MCA assessment is challenged or there continues to be a difference of opinion, then legal advice should be sought as the next step. |

**Step 3 – Team around the Adult Process and Lead Professional**

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| Learning from Safeguarding Adult Reviews: Learning from the SARs tells us that cases involving multiple risks require the timely setting up of a multi-disciplinary team and allocating a named Lead Professional. Feedback from practitioners highlight the lack of capacity, confidence, or authority as the reasons why multi-agency meetings are not always called to identify a Lead Professional. The following seeks to address this learning point. | |
| Gaining Consent | The key principle of the TAA is to focus on person-centred support. The individual is best placed to identify risks, describe the impact and whether or not they find the mitigation acceptable. Where possible, the individual and any other appropriate support such as an advocate should be involved with the planning of a TAA meeting concerning risk and invited to attend. Any adjustments needed to enable them to participate fully should be considered. The TAA process should be discussed with the individual before invitations are sent out.  Where an individual chooses not to engage in the risk assessment process it is important that further attempts and opportunities are made for them to revisit this decision and to take part in their risk assessment or any review of their risk assessment. Consideration should also be given to engage care givers or others who may be at risk. All steps that have been taken to engage the individual must be recorded.  **Holding a TAA meeting is not dependent on gaining consent to share information, if the sharing of information is proportionate to the risk and the purpose is to safeguard the vulnerable adult.** |
| Calling a TAA Meeting | **Any agency can call a TAA meeting and any professional can chair the meeting.** The purpose of the meeting is to develop a Team Around the Adult, where all partners share information and gain an understanding of the individual, the risks posed and agree the activity to mitigate or reduce risks.  Invitees should be identified on a ‘case by case’ basis and should include:   * Agencies or services known to be currently working with the individual. * Other intensive short-term services that **should** be involved to stabilise and make a situation safe including police, housing, drug & alcohol services etc. * Support and wellbeing services brought in at an early stage to help build long term relationships with the individual, including community groups, peer support, college, social prescribing etc.   Where possible, attendees should be professionals of sufficient seniority who are able to make decisions in the meeting rather than needing to seek approval that could result in delays. |
| Running a TAA meeting | The agenda should assist the TAA to identify:   * the views of the adult * what’s working well * what’s not working * current and future risks * other agencies/peer support/family/friends who should be involved * production of a jointly agreed Risk Assessment and Management Tool and Risk Action Plan   Timescales should be based on judgements about risk level, or the complexity of the case or to work in a way that is consistent with the needs and wishes of the individual. However, timescales do need to be agreed and explicit to ensure engagement from all and avoid drift |
| Lead Professional | It is vital that a Lead Professional is identified and agreed at the earliest opportunity. This ensures effective management of cases involving multiple and/or complex risks that requires a range of agencies to work together to achieve jointly agreed outcomes. It also ensures that professional involvement is coordinated, rationalised, and prevents drift. The role of the Lead Professional is to act as the single point of contact for the Team Around the Adult partners and is usually the practitioner who has the best connection or a statutory duty to work with the individual. Wherever possible, the individual at risk must be involved in the decision about the Lead Professional.  **The role of the TAA is to support the Lead Professional** by:   * Working holistically to explore solutions that are not limited by organisational criteria. * Formally identifying a named lead for their service who is responsible for making operational decisions at meetings. * Actively attending meetings and contributing to the joint decision-making process. * Committing to carry out agreed actions and proactively updating the Lead Professional. Providing a supportive forum for collective risk management and shared ownership of the case. * Providing mutual peer support, and * For cases where the adult is reluctant to engage with services, agreeing the best person to build trust with the adult and **limit the number of agencies separately contacting the individual.** This can be from any service or community group and should be dependent on who has the best relationship with the individual or where there is existing trust. |

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| Risk Management | The Risk Action Plan must:   * Be proportionate and focused on the prevention, reduction, or elimination of future risk of harm. * Jointly owned by the individual and the practitioners working with them.   The TAA aims to adopt a flexible, strengths based and solution focused approach to mitigating risk both to the individual and others around them. This may involve trying new ways of working or retrying previous ideas and should always try to balance empowering the individual through positive risk taking and keeping them safe. The rationale for a decision must also be recorded in the individual’s notes on the representative service’s in-house systems as part of defensible decision making.  The Risk Action Plan should manage the identified risk and put in place safeguarding measures including:   * Summary of risks and immediate action required to safeguard the individual and others. * The individual’s view of the risks and what is acceptable. * When action needs to be taken and by whom. * What the strengths, resilience and resources of the individual are. * Summary of the ongoing risks. * When and how the plan will be monitored and reviewed and any warning signs that should trigger an earlier review.   Once the Risk Action Plan is in place, there should be ongoing communication with the individual to ensure effective support. Where practitioners have concerns these should be escalated through the TAA process or within their agencies. |
| Making Safeguarding Personal | It is vital that the individual has as much control and choice as possible within the risk assessment and management process.  Access to information and advice will assist the individual to make informed choices about support and will help them to weigh up the benefits and consequences of different options.  The voice of the adult, including their interests, wishes, beliefs, needs and wants should be readily available to agencies involved in their support and regularly revisited to ensure risk management is a live process that responds to changing needs and situations. |
| Non- Engagement | If the above steps have been followed and the adult is not engaging, individual members of the TAA need to follow their own internal escalation policies, and proceed to step 4 below. |

**Step 4 – Review and Risk Escalation / De-escalation**

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| Learning from Safeguarding Adult Reviews: Wider learning from SARs show that agencies apply good internal risk management plans but these are not always reviewed in a timely way. This can lead to missed changes in a person’s situation or behaviour and delays to escalating and sharing information on risk with other relevant services or agencies. The following seeks to address this learning point. | |
| Review Meetings | Regular review meetings should be agreed with the individual and planned in TAA member’s diaries with the frequency reflecting the agreed timescales and levels of risk. Where TAA members fail to attend on a regular basis the Lead Professional should escalate concerns internally, in the first instance. |
| Risk Escalation | It is expected that the TAA process will contain, manage, and mitigate risk within the moderate risk processes.  Where partners feel there are significant risks that cannot be mitigated through TAA meetings, or if there is an incident that significantly increases the level of risk, partners can consider formal safeguarding processes, and depending on the level of risk, referring the case to RBSAB Multi Agency Risk Management (MRM) process. |
| Step Down | Alternatively, where partners feel that the risks have been mitigated through the TAA process and can be managed at an acceptable level, the case can be stepped down to single agency actions or ongoing care management in place. |

**Section 3: Escalating Cases to High Risk Levels**

**3.1 Escalating Cases to the High Risk Level**

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| High Risk Cases | Where partners feel there are significant risks that cannot be mitigated through existing TAA meetings, or if there is an incident that has suddenly increased the level of risk, partners can consider referring the case for MRM. |

**3.2 Inherent Jurisdiction**

Judicial interventions should be considered for adults deemed to have capacity to make decisions, but where these decision place them at risk of significant harm or death. Inherent jurisdiction is a tool used by the High Court to protect individuals who have capacity but are considered 'vulnerable' because their decision-making is compromised by some sort of abuse, undue influence, or coercion Examples include cases where the adult is unable or unwilling to engage with services and all other options have been exhausted.

The dilemma of protecting adults at risk from self-neglect whilst respecting their right to self-determination is challenging for all services. This process does not, and should not, affect an individual’s human rights, but seek to ensure that the relevant agencies exercise their duty of care in a robust manner and as far as is reasonable and proportionate. The TAA process ensures that all agencies take ownership of the joint decision making in these cases and the rationale is recorded as part of defensible decision making.

There may also be occasions when the Courts are prepared to intervene in the case of an individual, even when they have the capacity to consent, for example, where an individual is experiencing undue pressure or coercion from a third party. The Court’s purpose is not to overrule the wishes of an individual with capacity, but to ensure that the individual is making decisions freely. Legal advice should always be sought when Inherent Jurisdiction may be a factor.

**Appendices**

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| Appendix 1 – Multi-Disciplinary Team (MDT) Protocol | [Available here](https://www.rochdalesafeguarding.com/assets/c31bdc8b/mdt_meeting_protocol_v1.4.pdf) |
| Appendix 2 – Multi-Agency Risk Management (MRM) Protocol | [Available here](https://www.rochdalesafeguarding.com/rbsp/p/resources-and-tools/multi-agency-policy-procedures-protocols-and-guidance) |
| Appendix 3 - Key Legislation |  |

Many thanks to Oldham Safeguarding Adults Board, upon whose original document this protocol is based.