TASPB

Tameside Adult Safeguarding Partnership Board

Tiered Risk Assessment and Management (TRAM) Protocol

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Adapted by Tameside Policy Procedure Task and Finish Group Policy, Procedure and Workforce Development Subgroup

With thanks to Oldham and Rochdale Adult Safeguarding Board

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Tameside Metropolitan Borough · NHS Pennine Care NHS Foundation Trust · NHS Tameside and Glossop Integrated Care NHS Foundation Trust · Greater Manchester Police · NHS Greater Manchester Integrated Care · healthwatch Tameside · Greater Manchester Fire and Rescue Service · NHS North West Ambulance Service NHS Trust · Jigsaw · Probation Service

Contents

1. Glossary

ASC	**Adult Social Care**
Contextual Approach	A **contextual approach** to risk considers the relationship between a risk, the individual at risk and their personal and social environments. A contextual approach seeks to explore how to best understand these risks and engage with an individual in relation to them.
CSC	**Children's Social Care**
CPA	**Care Programme Approach** is a package of care that is used by secondary mental health services. You will have a care plan and someone to coordinate your care if you are under CPA. All care plans must include a crisis plan.
GDPR	**General Data Protection Regulation** is a legal framework that sets guidelines for the collection and processing of personal information from individuals who live in the European Union (EU).
GMFRS	**Greater Manchester Fire Rescue Service**
GMP	**Greater Manchester Police**
Human Rights-Based Approach	A **human rights-based approach** to risk acknowledges that an individual's right to protection needs to be balanced with their right to autonomy. Recognition of the requirement for this balance supports anti-oppressively practice with risk.
ICB	**Greater Manchester Integrated Care Board (Tameside)**
T&G ICFT	**Tameside and Glossop Integrated Care NHS Foundation Trust**

IDVA	**Independent Domestic Violence Advocate** addresses the safety of victims at high risk of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children.
Longitudinal Approach	A **longitudinal approach** to risk considers the person at risk and the risk over time. It recognises the dynamic nature of risk through analysis of the factors that have historically and are currently impacting on the severity and likelihood of the risk and provides and evidence base for potential interventions.
MAPPA	**Multi-Agency Public Protection Arrangements** and it is the process through which various agencies such as the police, the Prison Service and Probation work together to protect the public by managing the risks posed by violent and sexual offenders living in the community.
MARAC	A **Multi-Agency Risk Assessment Conference** is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors.
MASH	**Multi-Agency Safeguarding Hub**
MSP	**Making Safeguarding Personal** is a sector-led initiative which aims to develop a safeguarding culture that focuses on the personalised outcomes desired by people with care and support needs who may have been abused or neglected.

Multi-Agency Approach	A **multi-agency approach** to risk involves effective information sharing across organisations, and collaboration and professional challenge in relation to risk. The approach aims to maximise the visibility and understanding of risk factors and promote shared accountability in relation to it. Put simply, multi-agency working allows individuals and organisations to recognise the bigger picture in relation to risks, identify connected risks, see needs from new perspectives, and make better decisions in relation to it.
NWAS	**North West Ambulance Service NHS Trust**
TASPB	**Safeguarding Adults**
PCFT	**Pennine Care NHS Foundation Trust**
SAB	**Safeguarding Adults Boards** are partnerships of agencies and organisations whose aim is to safeguard adults who are vulnerable to, at risk of or are experiencing abuse and neglect. The Board has a statutory responsibility under the Care Act 2014 for leading strategic and operational safeguarding adults work within their locality. The board is also required to assure itself that organisations and agencies across its locality are effectively ensuing the safety and promoting the interests of adults who are vulnerable to abuse and neglect.
SAR	A **Safeguarding Adult Review** is a multi-agency process that considers whether or not serious harm experienced by an adult, or group of adults at risk of abuse or neglect, could have been predicted or prevented.

Strengths-Based Approach	A **strengths-based approach** to risk promotes self-determination and control for individuals at risk, through recognition of both potential and actual risks and how these balance with the personal and social strengths available to the individual to manage identified risk.
Think Family	**Think Family** at all times. Locating an individual within context, supports both the recognition of strengths and ensures that risks to others are recognised and responded to effectively.
Personalised Approach	A **personalised approach** to risk places the person at risk and their views about the risk at the centre of all interventions. The approach recognises the potential for both of positive and negative outcomes in risk taking and promotes informed decision making about risk with the individual.
TAA	**Team Around the Adult** is a model of multi-agency assessment and service provision. See section 4.2

2. Purpose of this Protocol

The protocol is designed to support any practitioner working with adults where there is a high level of risk that would benefit from joint multi-agency management and senior oversight of risk management strategies.

Developed in response to learning gained from several Safeguarding Adult Reviews (SARs), this protocol enables a coordinated and collaborative multi-agency response to risk. It recognises that in complex cases, professionals are often dealing with long term and entrenched behaviours that require multi-agency commitment to a longer term, solution-based approach.

Central to the protocol is:

- a Team Around the Adult
- proactive and timely sharing of information on risk
- the voice of the adult
- holistic person-centred assessments that recognise individual strengths
- shared multi-agency decision making and risk management.
- multi-agency risk review processes
- improved outcomes for the adult at risk

Each agency is responsible for identifying when the risk in an individual case has reached a level where multi-agency involvement is needed. Common examples of circumstances and risks include:

- Complex or diverse needs which either fall between or span several agencies' statutory responsibilities or different eligibility criteria.
- Vulnerability factors placing an adult at risk of abuse or neglect such as mate crime and exploitation.
- Self-neglect including hoarding.
- Refusal or disengagement from care and support services where the adult has the mental capacity to make decisions about their care and support.
- High intensity service users/frequent attenders
- Ongoing needs or behaviour, often termed as lifestyle choices, placing the adult and/or others at significant risk.
- Complex needs and behaviours leading the adult to cause harm to others.
- Trio of vulnerabilities of cases involving domestic violence, mental health, and substance misuse and potentially also involving criminal activity.

This protocol does not replace single-agency risk management arrangements and instead seeks to build on and complement these by providing a multi-agency dimension. It should also be read in conjunction with the TASPB Multi- Agency Adult Safeguarding Policy and Procedures, TASPB Self-Neglect-Strategy, The Guidance for Self-Neglect and Tameside Guide to working with people who exhibit Hoarding Behaviours.

3. Risk Definitions

3.1 What is Risk?

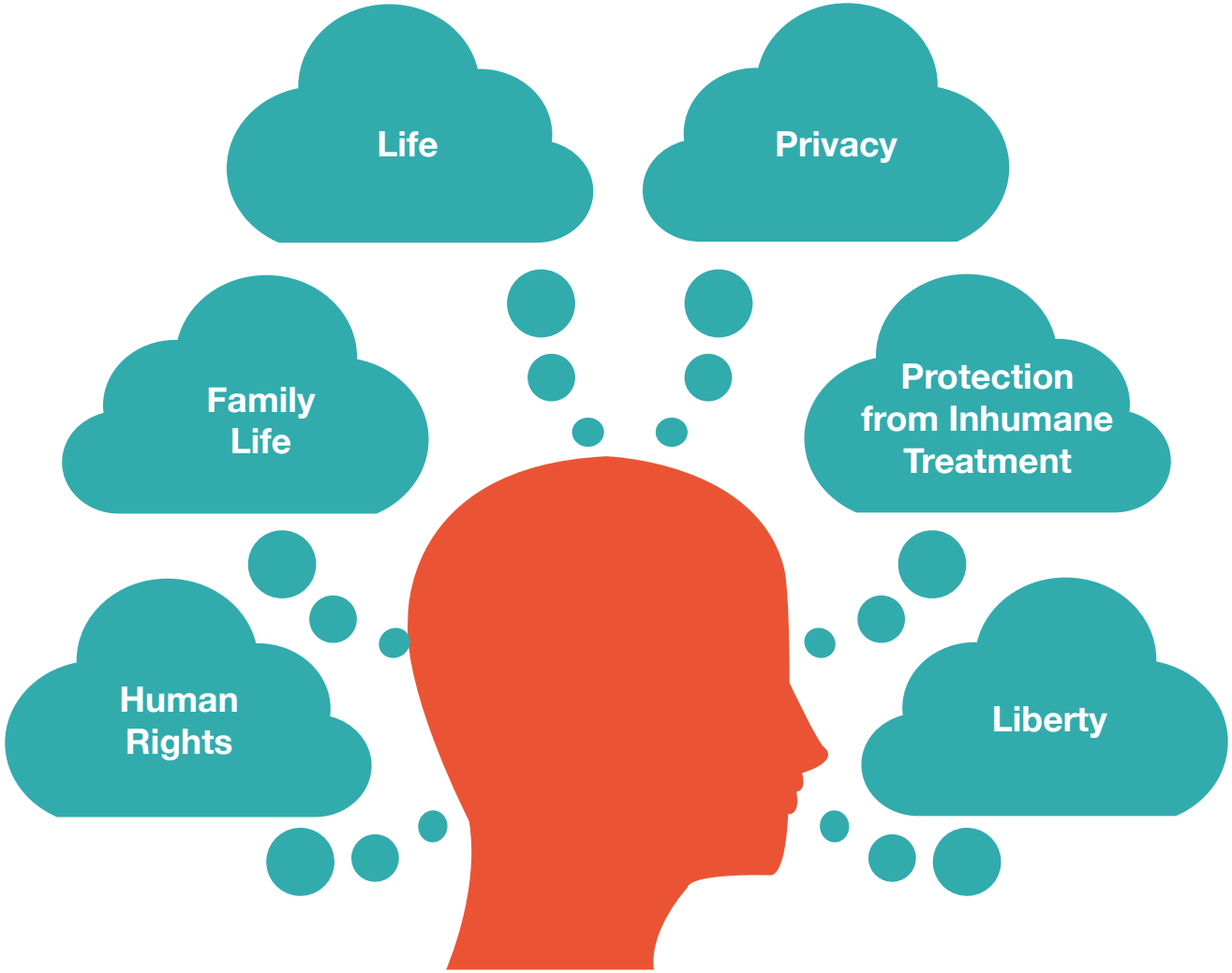
As an individual leading your own life you will experience and make decisions about risk on a daily basis. As a professional working within Tameside's Safeguarding Partnership, you will frequently be required to work with people who are also experiencing risks in their lives.

Working effectively with adults in relation to risk involves ethical and value-based challenges and the need to balance the complexities of risk, restriction and human rights when supporting adults.

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

Definition of Risk:

"The possibility of beneficial and harmful outcomes and the likelihood of their occurrence in stated timescales." (Alberg et al, 1996, p.9)



3.2 Working with Risk

What is Risk Assessment?

Risk assessment involves:

- The identification of known or potential hazards, circumstances, relationships
- Analysis of the impact/severity and consequences of the risk
- Analysis of the likelihood that the risk will occur (Britten and Whistby, 2018, p.44)

Definition of a Risk Assessment:

"The space between the best and worst possible outcomes."
(Stanley, 2016, p.57)

Through thorough information sharing, collation, evaluation of information and an analytical approach to all available evidence, effective assessment of risk can be achieved. 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.

What is Risk Management?

Risk management is a live process which responds to the assessment of risk and describes what response will occur in relation to the risk. Like risk assessment risk management responses require ongoing constant reflection and review and are not an end in themselves (Munro, 2011).

It is important for practitioners to recognise that all risk cannot be removed, all harm cannot be prevented from taking place that some risk taking can have positive outcomes, and that working with risk is about human rights and promoting safety and quality of life. Learning from SARs tells us that we need to work together through timely information sharing to see all the pieces of the jigsaw when working with risk.

3.3 Approaches to Risk

Multifaceted approaches to risk which seek to understand, assess, manage and enable risk and not avoid and eliminate it are required.

Practitioners must fully explore presenting and potential risks with individuals to ensure their 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.

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 curiosity and be willing to have difficult conversations which explore, check, and recheck responses.

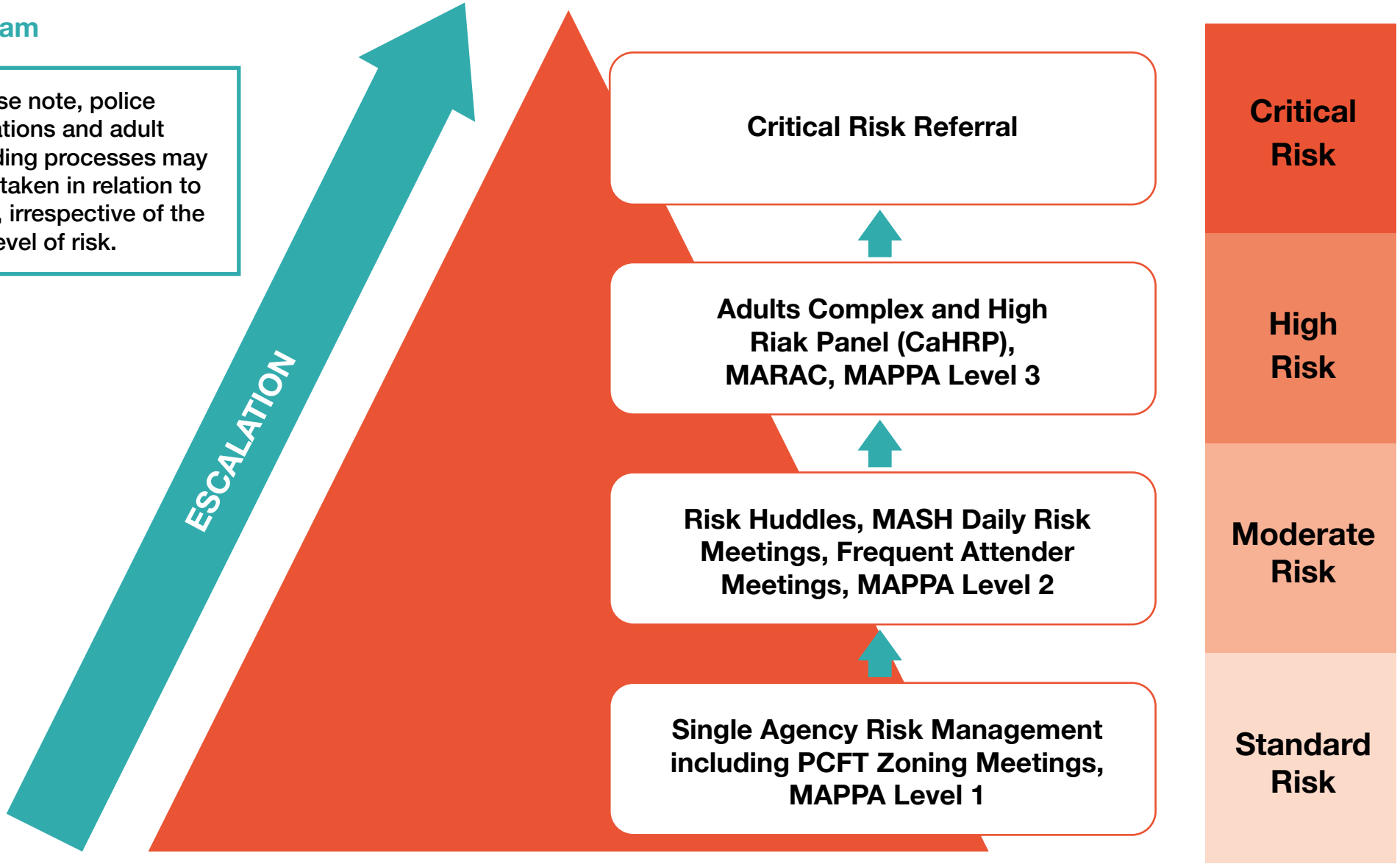
Risk enablement is the process of balanced decision-making in relation to risk and rights. Practitioners should consider:

- The strengths of an individual which may mitigate risks.
- 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.
- 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, compassion fatigue or unconscious bias. Unconscious bias due to 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.

4. The Tiered Approach to Risk Management: Process

4.1 The Diagram

Please note, police operations and adult safeguarding processes may be undertaken in relation to any case, irrespective of the level of risk.



4.2 Process Steps

The following steps describe the TASPB process for Risk Management. These should be read in conjunction with the Tier Diagram in section 4.1.

Critical Risk Level

Step 6

Escalate serious concerns for an individual or the wider public to the executive leads of the Safeguarding Adults Board by making a Critical Risk Referral. This will be agreed at the Complex High Risk Panel Meeting. The decision will be made where there is evidence that an individual continues to place themselves at risk of serious harm or death and where they have the capacity (recorded rationale) to understand the risks posed to them but are either unable or unwilling to engage with agencies then a Critical Risk Referral can be considered. Before a referral is made there must be evidence that agencies have already tried to work together to mitigate the risks and other options such as Section 42 safeguarding process; Section 9 Care and Support Assessment and/or Section 11 refusal of assessment have been considered.

The aim of the escalation is to explore if measures can be implemented outside of usual practice/protocol, to gain financial approval for additional measures and/or to add the individual to the Critical Risk Register. TASPB hold the Critical Risk Register. This will be maintained in line with the Local Authority Information Governance Arrangements and be accessible as appropriate.

The concerns about the case will be screened and will be escalated to the Executives or Directors for the agencies involved in the case. This will highlight the risk involved in the case and the work completed including the risk assessments. It is important to note the Executives/Directors are not case holders and they will not complete the actions. This level is for further guidance and for any additional discussion and recommendation from Executives and Directors.

High Risk Level

Step 5

Referral made to the Adults Complex and High-Risk Panel (Complex Adult High Risk Panel or MARAC, as appropriate:

Adults Complex and High-Risk Panel (CaHRP): It is an expectation that the referring agency is assured that the TAA process is embedded, however, the referring agency believes that this is not sufficiently managing the risk and escalation to the CaHRP is required. In these cases, the Adults Complex and High-Risk Panel (CaHRP) provide additional support to help problem solve cases and bring in senior safeguarding leads and heads of service/ department for oversight of cases.

Complete the Adult Risk Assessment and Management Tool (Appendix 2) and submit; this acts as the referral form. The referral will be discussed at the monthly meeting, where the partnership will acknowledge the current risk and provide direction to the case holder. It is important that there has been identification of the lead agency and professional who will continue to play a key role in the case. It is important to note that members of the Adults Complex and High-Risk Panel (CaHRP) will not be case holders. A diary invite to the meeting will be sent to the lead professional/referrer who **must** attend the meeting to discuss the case. To ensure the information is summarised and available in the meeting, it is not an expectation that attendance at the meeting will be delegated to others or that the diary invite be forward to additional members of staff to attend.

It is acknowledged that this process is fluid and other frameworks can also manage the risk: -

MARAC: To refer to MARAC, a DASH risk assessment must be completed and uploaded to SharePoint. If an agency does not have access to SharePoint, the DASH risk assessment must be completed and shared with the MARAC coordinator. Please note, the MARAC SharePoint system is a GMP system (not the Community Health and Social Care system). (Process currently under review)

High Risk Level

Step 5 (cont.)	**MAPPA:** Referrals need to be discussed with a manager in the agency raising the concern. Contact should then be made with the Multi-Agency Public Protection Team (Email - GMPS.manchester.MAPPA@justice.gov.uk / Phone - 0161 856 3636) for a case discussion following which the referral can be submitted. Please see MAPPA Website for further guidance Multi-Agency Public Protection Arrangements - MAPPA (justice.gov.uk) **Dynamic Risk Meeting:**
Step 4	At the initial Team Around the Adult meeting, all steps that have been taken to engage the individual must be recorded and an accurate, up to date risk assessment/management plan must be completed. For more information about Risk Assessments, see section 3.2 and the Adult Risk Assessment and Management Tool (Appendix 2).
Step 3	Should a need to escalate concerns be identified then the relevant practitioner must have convened at least one Team around the Adult meeting (Multi-Agency or Multidisciplinary Team meeting). For more information about Team around the Adult meetings, see section 5.

Moderate Risk Level

Step 2	Team Around the Adult meetings should be held to manage the case. Should a need to escalate concerns be identified then practitioners should consider raising the case for discussion at Risk Huddles, MASH Daily Risk Meeting or Frequent Attender Meeting.

Standard Risk Level

Step 1	Many cases can be risk managed by a single agency.

5. Multi-Agency Working

‘Professional concepts of risk often prioritise physical safety over quality of life. The message from people with lived experience is that these are of equal significance to each other.’
(Faulkner, 2012, p.287-288)

5.1 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 Tameside The TAA approach brings together a range of different practitioners from across the Tameside Safeguarding Partnership 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 develop and deliver sustainable solution-focused support.

5.2 Principles

Team around the adult is based on the following principles, agreed in November 2021 by our Colleagues in Oldham Adult Safeguarding Partnership

- Always focus on person centred support
- Allow time to listen, and to build trust and a relationship.
- Build on individual strengths and enable the individual to shape their own choices and support.
- Working in a holistic way not limited by organisational criteria.
- Practitioners working together on an equal footing to achieve common outcomes.
- Mutual peer support for practitioners
- Involve friends, family, and wider networks of support, where appropriate

- Working through an identified Lead Professional, supported by the Team Around the Adult
- Identifying trauma and applying trauma informed practice
- Creative thinking, an assertive outreach and flexible approach not confined to ‘9 to 5’
- Appropriate and timely use of legal literacy
- ‘No blame’ culture; respectfully holding each other to account for actions and progress.
- Collective risk management and shared responsibilities
- Robust data sharing arrangements

5.3 How it works

The TAA combines short term intensive support to stabilise an individual's situation with long term, strengths-based solutions that draw on community networks of support. By adopting a creative approach, the TAA works with complex 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 creating a virtual team drawn from the statutory, voluntary and independent sector in order to harness the different roles, strengths and expertise from across the safeguarding partnership in Tameside.

Whilst the TAA is a key component of the Adults Complex and High-Risk Panel (CaHRP, partners believe the principles should apply across all levels of risk. The following table provides a detailed outline of how the TAA works in practice.

Section 1 - Timely sharing of Information

Learning from Safeguarding Adult Reviews:
SARs completed in Greater Manchester show that agencies routinely escalate risk within their service but often 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 there are situations where, what constitutes a minor risk for individuals, may present a significant risk to another person.

Where an individual's situation or behaviour places them 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 internal risk assessment and risk management documents:

- Each agency is responsible for the early identification and assessment of risk.
- 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 or where 'mainstream' safeguarding processes are not appropriate to manage non engagement and risk of harm or death.

Planning and Scoping Risk

Professional judgement will determine when the level of risk has reached an unmanageable level for individual agencies to manage on their own. The Multi-Agency Risk Assessment and Management Tool (see Appendix 2) can be used as a helpful guide to explore the known risk and inform single agency decision making.

Risks should consider all aspects of an individual's wellbeing and 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 or treatment which could be neglect or organisational abuse.
- Self-neglect: risk from the person themselves and can be combined with other factors such as substance misuse, Learning Disabilities or Mental Health issues.

Where there are concerns a multi-agency, TAA meeting should be organised with the aim of developing a shared overview of the risks, jointly agreeing the level of risk posed and creating a shared risk management plan with the individual.

Gaining Consent

The key principle of the TAA is to focus on person-centred support. The individual is best placed to identify risks, describe its impact and whether or not they find the mitigation acceptable. Consent to hold a risk planning meeting should be obtained from the individual, the individual should be encouraged to attend, and appropriate support or adjustments made to enable them to participate fully. The TAA process should be discussed with the individual before invitations are sent out. The TAA Guidance and Templates Pack (Appendix 1) includes further information.

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, as required.

Where an individual refuses consent to share their data and partners believe that an adult is at risk of death or serious injury partners should consider sharing information as part of the TAA process in line with the TASPB Data Sharing Agreement or, where appropriate, as a safeguarding concern under Section 42 of the Care Act 2014.

Section 2 - Lead Professional

Learning from Safeguarding Adult Reviews:
The most recurring learning from SARs involving multiple risks is the need for a Lead Professional to act as the single point of contact for the individual and practitioners involved in their support. Feedback highlights a lack of capacity, confidence or authority by practitioners as the reasons why MDT meetings are not called to identify a Lead Professional. The following section seeks to address this learning point.

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**, share what activity is underway and work towards joint outcomes shaped and informed by the individual.

Invitees will be determined on a 'case by case' basis and should include:

- Agencies or services known to be currently working with the individual and agencies or services that should be involved including police, fire service, housing etc.
- Intensive short-term services designed to stabilise and make a situation safe.
- Longer term community-based support and wellbeing services brought in at an early stage to help build long term relationships with the individual, where appropriate.

When scoping attendees choose professionals that can make decisions at the meeting rather than taking them away to get approval.

Consideration should be given to the best person to engage and work effectively with the individual. This practitioner may not necessarily be from one of the statutory agencies, for example, this could be someone from a voluntary agency, such as an outreach worker.

The TAA Guidance and Templates Pack (Appendix 1) includes a checklist of things to consider when setting up the meeting and a suggested format to invite professionals.

Running a TAA meeting

To ensure the meeting remains focused on the individual, the TAA Guidance and Templates Pack (Appendix 1) provides an Agenda template, as a starting point to help manage the meeting in an orderly and consistent way.

The Agenda Template is designed to assist the TAA to identify:

- the view of the adult
- what's working well.
- what's not working.
- current and future risks
- are there any other agencies/peer support/family/friends who should be involved?
- production of a jointly agreed Risk Assessment and Management 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.

Lead Professional

It is vital that a Lead Professional is identified and agreed at the earliest opportunity for the 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 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 individual and the team involved in their support and is usually the practitioner who has the best connection or a statutory duty to work with the individual. Wherever possible, the individual must be involved in this decision.

The TAA support the Lead Professional in their role by:

- Nominating a Chair from the wider TAA members
- Working holistically as an equal member of the team, exploring 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 mutual peer support
- Providing a supportive forum for collective risk management and shared ownership of the case

Where cases are referred to the Adults Complex and High-Risk Panel (CaHRP), the Lead Professional will also be supported with access to senior agency leads, chairing of meetings and minute taking, and the recording of agency attendance and risk management decisions.

This training has been well received by Practitioners. Comments received from these participants are used to inform the update of the training: -

Areas that delegates felt really helpful: -

- I thought all parts to me were helpful because other training courses just tend to just go through the basics of what is abuse and you helped me with the escalation of forms and procedures which in honesty, I have been a little unsure because of a lack of expertise.
- The scenarios were personable and realistic. I liked how the sessions were split in two and there was opportunity for discussions and tasks but didn't feel like too much was being asked from us.
- Sharing the knowledge from the other folk taking part in the training was very valuable. I'm dyslexic so it was easier to discuss procedures and policies as I struggled to retain some of the information. But overall, I found it very informative and will tailor to my various work with vulnerable adults and school children.
- Interactive, excellent tutors
- Both sessions were really helpful to bring me back up to speed with Safeguarding. I have been away from the role for about 3 years and so was a little rusty. Also, the role of SAM had changed to the provider led model so this was really good to know and learn. Also, to be able to look at the new Policy that came in in February 2022.
- This training was a good refresher and was very informative. Prefer class room based as I can find it easy to be distracted but it was still very engaging.
- General awareness of how the adult safeguarding process works has been improved massively. I now know where to raise concerns if I have any for people I come into contact with and more importantly how to raise them and how the process works…

Section 3 - Risk Management and the Mental Capacity Act

Learning from Safeguarding Adult Reviews:
Learning from SARs highlights the issues of risk management and understanding mental capacity. Findings show the dilemma practitioners face between the need to assume capacity and 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 risk alongside patterns of behaviour in order to understand executive functioning.

Risk Assessment

Risk assessment involves collecting and sharing information through observation, communication, and investigation. It is an ongoing process that involves persistence and skill to assemble and manage relevant information that is meaningful to all concerned, focusing on both immediate risks and long-term wellbeing. The Adult Risk Assessment and Management Tool (Appendix 2) should be used as a guide assess the level of risk and the ongoing management of the case.

If the case involves domestic abuse a referral to MARAC should be considered.

Risk Management

The multi-agency risk management plan must:

- Be proportionate and focussed 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, innovative and solution focused approach to mitigating risk. 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 – not supervision notes - as part of defensible decision making.

The Risk Action Plan (Appendix 3) provides a template to 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.

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.

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. Non-traditional options, including community groups, peer support, support networks, the freedom programme, college, social prescribing etc. should be considered in addition to statutory interventions.

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.

Escalation

Where there are significant risks that cannot be mitigated or managed at an acceptable level through regular TAA meetings, or there is an incident that has increased the level of risk, the case can be escalated to bring in a new perspective and/or more senior oversight of the risk management process.

In the first instance partners should consider the criteria for high-risk cases managed by the Adults Complex and High-Risk Panel (CaHRP) (see Appendix 3, section 3).

For the small number of cases involving imminent, high-level risk likely to lead to serious harm or death, that need the most senior safeguarding oversight, the Complex and High-Risk Panel (CaHRP) can initiate a Critical Risk Referral. Where eligible, the case will be included on the Critical Risk Register managed by the Tameside Adults Safeguarding Board and allocated to a Senior Safeguarding Lead – see section 7 for more information.

Where there is immediate risk of harm, appropriate action within an appropriate timescale must be taken regardless of consent. The pace of the response will be determined by the level of presenting risk and professional judgments about risk.

Step Down

Alternatively, where partners feel that the risks have been mitigated and can be managed at an acceptable level the case can be stepped down through the different levels of the TRAM Protocol.

Where the adult has moved out of area, consideration should be given to any previous transient behaviours and where possible the case should remain open for a minimum of three months in line with best practice identified by HM Coroner.

6. Defining Levels of Risk

6.1 Standard Levels of Risk

Standard Risk indicates that there may be some quality-of-life issues, but low risks to an individual's health and wellbeing with very limited need for input from other agencies. Each agency is responsible for the early identification and assessment of any wider risk that require the sharing of information.

6.2 Moderate Levels of Risk

Moderate Risk indicates that there are some wider risks to an individual's health and wellbeing that need support from a range of agencies. These cases are managed and prioritised on an ongoing basis through MDT meetings such as the Risk Huddles within the clusters or the Frequent Attender Meetings.

Where the risks cannot be managed or mitigated through regular MDT meetings or where 'mainstream' adult safeguarding processes are not applicable then a referral to the Adults Complex and High-Risk Panel (CaHRP) or MARAC can be considered, as appropriate.

There must be evidence that agencies have already tried to work together to mitigate the risks but levels of risk and harm to self and others remain high due to factors such as non-engagement with services, exploitation by others etc.

6.3 High Levels of Risk

High Risk indicates that there are significant risks to an individual's health and wellbeing likely to need imminent input from a range of services.
In these cases, the Adults Complex and High-Risk Panel (CaHRP) provide additional support to help problem solve cases and bring in senior safeguarding leads and heads of service/department for oversight of cases.

Where there is evidence that an individual continues to place themselves at risk of serious harm or death and where they have the capacity (recorded rationale) to understand the risks posed to them but are either unable or unwilling to engage with agencies then a Critical Risk Referral can be considered.

Before a referral is made there must be evidence that agencies have already tried to work together to mitigate the risks and other options such as Section 42 safeguarding process; Section 9 Care and Support Assessment and/or Section 11 refusal of assessment have been considered.

If the individual does not have mental capacity, a Critical Risk Referral is not appropriate and Best Interests Decision Making processes should be followed.

6.4 Critical Levels of Risk

Critical Risk indicates serious risk to an individual's health and well-being likely to lead to imminent harm or death. Serious harm could be physical harm or psychological harm which is life-threatening and/or traumatic and where death or serious, life changing injury is likely to occur as a result.

These cases are recorded on the TASPB Critical Risk Register, and a Senior Safeguarding Lead is appointed by the TASPB to oversee the case. Examples of cases include a combination of sexual and financial exploitation, substance abuse, homelessness, childhood trauma, domestic abuse, mental health and/or learning disabilities and involvement with the criminal justice system.

6.5 Risk Fora Overview and Case Examples

An overview of the different fora associated with each risk level can be found in Appendix 3. Case examples for each risk level can be found in Appendix 4.

7. Critical Risk Management Process

7.1 Critical Risk Referral

It is expected that the TAA process will contain, manage and mitigate risk within the low, moderate and high-risk management fora. However, it may be necessary to escalate a small number of cases that pose imminent risk of harm by making a Critical Risk Referral. This will be agreed at the CaHRP. The referral will be escalated to the TASPB Executive Leads to consider. The aim of the escalation is to explore if measures can be implemented outside of usual practice/protocol, to gain financial approval for additional measures and/or to add the individual to the Critical Risk Register.

In line with the TAA principles, the individual should be invited to attend the discussion, with an advocate and/or interpreter, as appropriate. Where applicable, family members and/or other representatives directly involved with the individual should also be invited to attend or submit any relevant information in advance if they are unable to attend.

TASPB hold the Critical Risk Register. This will be maintained in line with the Local Authority Information Governance Arrangements and be accessible as appropriate.

7.2 Critical Risk Referral Action Planning

The Critical Risk Referral action planning meeting will adopt the TAA principles outlined in section 4 plus the following actions:

	Action
1	Once the referral is agreed by the Adults Complex and High Risk Panel (CaHRP), TASPB Business Unit protectadult@tameside.gov.uk will inform TASPB Executive Leads of the decision to raise a Critical Risk Referral and arrange a CaHRP meeting, inviting Exec Leads to confirm the action plan ensuring the name, date of birth, Liquid Logic (LAS) or NHS number and date of planned meeting is securely shared. This meeting may be arranged outside of the timescales and scheduled CaHRP meetings to ensure a proportionate response to managing the risk.
2	The Risk Assessment and Management Tool including the checklist of considerations (Appendix 2) should be completed/ updated in preparation for the Critical Risk Referral action planning meeting.
3	Capacity or lack of capacity is a vital element in risk action planning with, or on behalf of, individuals who are at risk of self-neglect. Therefore, the individual's mental capacity in respect of the specific concerns associated with the case and their consent should be discussed and confirmed at the beginning of each Critical Risk Referral discussion. This should be informed by any information gathered at the meeting if it has not been possible to complete a formal MCA.

	Action
4	If a key agency does not nominate a representative to attend, every effort should be made by the senior manager nominated to chair the meeting to ensure attendance. If this fails, the issue should be escalated to directorate level for resolution and recorded on Liquid Logic (LAS) for TASPB data reporting.
5	As with previous risk levels the meeting should identify the immediate risks and produce a Risk Action Plan (Appendix 7). The meeting should focus on the information contained in the Risk Assessment and Management Tool (Appendix 2).
6	The Chair of the meeting will be the Head of Safeguarding in the Local Authority should ensure that minutes of the meeting (template in Appendix 9), including the Risk Action Plan are confirmed as accurate and request the minute taker to circulate to attendees within five working days. The minutes should be uploaded onto agencies records.
7	A summary of the case (Appendix 8) and a copy of the Risk Action Plan should be sent to CaHRP within five days of the meeting for inclusion on the Critical Risk Register and so that Executives or Directors for the agencies involved in the case can be notified so they are aware of the risks and can have ongoing oversight of this plan and ensure their agency has offered all possible support.

7.3 Critical Risk Action Plan

Where the adult concerned has capacity to understand the consequences of refusing or disengaging from services, the following additional factors should be considered in addition to the information required in the Risk Action Plan (Appendix 7):

1. Confirm the coordinating Adult Social Care Social Worker and who will be the key contact with the adult concerned (these may not be the same person in both roles).
2. There will not always be a mental capacity assessment completed, there will be times when capacity is assumed, therefore always record discussions about capacity with the rationale. If a capacity assessment has been carried out, record when, where and by whom the capacity assessment was completed. Where the information suggests the individual's capacity may have changed consideration of how to evidence capacity should be given and recorded.
3. Consider and record all attempts that have been made to engage the individual.
4. Document contingency planning arrangements to be instigated if the Risk Action Plan is unsuccessful.
5. Set realistic review dates and times.
6. The Risk Action Plan should be shared with the individual, and signed by them, if they did not attend the meeting.

7.4 Inherent Jurisdiction

Individuals who have capacity to make decisions which may result in them placing themselves at risk of significant harm or death may require further judicial intervention to ensure their safety. This is most likely to occur if the individual continually fails to engage with practitioners and all other options have been exhausted.

The dilemma of protecting adults at risk from self-neglect against 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 ensure 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 receiving 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.

7.5 Review

A decision should be taken about when to undertake a review of the case and Risk Action Plan. This should be based on the level of risk presented. See the review meeting Agenda template (Appendix 10).

The process should continue until it is felt that the adult is engaging with services, or the risk has reduced. If the risk remains critical and more than three Critical Risk meetings are held in a six-month period, the case should be escalated by the Chair to the TASPB Statutory Leadership Group.

7.6 Critical Risk Disputes

The chair of the CaHRP holds responsibility for management and escalation of disagreements as required.

It is recognised that at times there will be disagreements over the handling of concerns. These disagreements typically occur when:

- The individual is not considered to meet eligibility criteria for assessment or services.
- There is a difference of opinion as to whether safeguarding adult procedures should be invoked.
- There is difference of opinion about the individual's mental capacity to make specific decisions about managing risks.
- The individual is deemed to have mental capacity to make specific decisions and is considered to be making unwise decisions.
- Practitioners place different interpretations on the need for single/ multi-agency responses.
- Practitioners feel that meeting the needs of the individual sits outside of their work remit.

- Resources are not appropriately available or allocated, it must be noted that at all times actions are required to be taken within the law and to not be constrained due to perceived limitations to organisational boundaries.

Agencies will be encouraged to apply the principles of the TAA, ensuring the continued central focus on the needs of the individual and a commitment to work holistically as a team to achieve common outcomes. Sometimes organisational criteria can unwittingly detract from person-centred approaches and where this is the case, the Chair will work to overcome barriers by supporting the practitioners involved in the process to work through differences.

Where there are irreconcilable differences, consideration should be given to including an agreed neutral third party or escalating the case to more senior decision makers working on behalf of the TASPB Statutory Leadership Group.

7.7 Critical Risk Register and Case Closure

Cases on the Critical Risk Register will be reviewed quarterly as part of the TASPB monitoring data.

When working with an individual under the Critical Risk process, there must be agreement by all practitioners involved in the TAA that the individual is engaging and no longer at risk of serious harm or death before the process is ended. In light of the level of risk, the aim is for Critical Risk cases be open for a short period of time.

The main reasons for closure include:

- The individual is now engaging with practitioners to reduce risks.
- The risk is reduced to a level that there is no longer a risk of significant harm or death.
- The individual is deceased.

Before a case is closed, even if the individual has died, a review of the case must be held to determine:

- the rationale for closure, to capture the individual's outcomes.
- if there is any learning from the case
- if a multi-agency review is needed
- whether a SAR referral is needed
- if agencies need to follow their single-agency unexpected death procedures (learning should be shared with TASPB).

The closure summary (appendix 12) must be completed when a case is closed for any reason (death, engagement etc.) and sent to the and relevant Safeguarding Leads. The Head of Strategic Safeguarding must be notified and will remove the case from the Critical Risk Register.

8. Information Sharing

The TASPB Data Sharing Agreement respects the rights of an individual to have control over information about themselves and recognises that wherever possible professionals must gain consent from the individual to share their information. The TASPB Data Sharing Agreement sets out the framework for the sharing of multi-agency information in order to safeguard individuals and comply with GDPR and Data Protection requirements.

The framework applies the principle of sharing the right information, at the right time and with the right people and will be used to facilitate more accurate and timely decision making where there is an identified safeguarding concern or risk.

Where it is not possible to gain consent from the individual, information will only be shared between agencies where the following circumstances apply:

- Where one or more partners have reason to believe that an individual is at risk of death or serious injury as a result of actions/inaction by the individual and/or the actions of others.
- The sharing of information is in the public interest, and it outweighs the public interest served by protecting confidentiality, for example where serious harm may be prevented.
- Other people are at risk which may include children or other adults with care and support needs.
- An agency/practitioner feels that there has not been an appropriate response to a safeguarding concern and information sharing is required as part of the escalation process.
- The risk to the individual and/or others is unreasonably high and meets the criteria for a multi-agency risk assessment under the TRAM Protocol's Adults Complex and High-Risk Panel (CaHRP).
- Where a serious crime has been committed.
- Where the individual lacks the mental capacity to make the decision – this must be properly explored and recorded in line with the Mental Capacity Act.

9. Overarching Processes - Safeguarding Procedures and Police Operations

As detailed with the TASPB Multi-Agency Adult Safeguarding Policy and Procedures, the Local Authority must make, or arrange for enquiries to be made, if they reasonably suspect an individual who has care and support needs, which makes them unable to protect themselves, is experiencing, or is at risk of, abuse or neglect. Criminal matters require police attention. The police will take primacy of the criminal investigation and the Local Authority are the lead on safeguarding procedures. The Local Authority and police must work together to ensure that the individual experiencing, or at risk of, abuse or neglect, is protected.

Adult safeguarding procedures and police operations and investigations and may be undertaken in relation to any case, irrespective of the level of risk. Risk management processes must continue alongside adult safeguarding procedures and police operations.

10. Appendices

Appendix 1 to 12 can be found here in the Practitioners-Toolkit.