

***Managing the Risk***

***Multi-agency Protocol***

***FOR ADULTS WHO ARE VULNERABLE AND AT RISK OF SIGNIFICANT HARM OR DEATH AND HAVE THE MENTAL CAPACITY TO MAKE UNWISE DECISIONS***

**Introduction**

[Care Act Guidance 2014](https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance) *explains that if the adult has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information with relevant professional colleagues. This is to enable professionals to assess the risk of harm and to be confident that the adult is not being unduly influenced, coerced or intimidated and is aware of all the options. This will also enable professionals to check the safety and validity of decisions made. It is good practice to inform the adult that this action is being taken unless doing so would increase the risk of harm.’*

This protocol provides professionals with:-

* a framework to formalise the Safeguarding Adult Approach in this context
* facilitate an effective multi-agency working with adults who are deemed to have mental capacity and who are at risk of serious harm or death through self-neglect, risk taking behaviour or refusal of services
* a process to discuss, identify and document serious current high risk cases
* a process to inform and formulate a multi-agency action plan
* a process to review and re-evaluate an action plan

It aims to provide professionals from all TASPB partner agencies with:-

* A framework for the management of complex cases where, despite ongoing work, serious risks are still present and the Adult has not consented to intervention via the TASPB Multi Safeguarding Adult Procedures. Reference should also be made to the TASPB Self Neglect guidance.

This protocol provides TASPB with:-

* Assurance that all necessary steps have been taken by organisations to support the adult at risk of significant harm and death
* Assurance to TASPB that a robust multi-agency action plan is in place to support the adult at risk of significant harm and death

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**The Protocol was developed for adults** who are vulnerable and at risk of significant harm or death**and have the mental capacity to make unwise decisions**. If the adult is assessed as having the capacity to understand the consequences of refusing services, then this protocol should be considered.

For the purpose of this protocol a professional is described as a:

* Health Professional
* Social Care Professional
* Police Officer
* Housing Officer
* Fire and Rescue Service Representative

**Making Safeguarding Personal and the Six Safeguarding Principles**

Making Safeguarding Personal emphasises that the focus should be on conversations with people about what they think needs to happen. It is an expectation that this approach is taken when adopting this protocol alongside the six safeguarding principles:-

### *Empowerment -* Presumption of person led decisions and informed consent.

### *Prevention -* It is better to take action before harm occurs.

### *Proportionality –* Proportionate and least intrusive response appropriate to the risk presented.

### *Protection -* Support and representation for those in greatest need.

### *Partnership -* Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

### *Accountability -* Accountability and transparency in safeguarding practice.

### Making Safeguarding Personal also means embracing core statutory principles within a [Human Rights Framework](http://www.equalityhumanrights.com/en/human-rights/human-rights-act) and the core principles of the [Mental Capacity Act 2005](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/921428/Mental-capacity-act-code-of-practice.pdfMental%20Capacity%20Act%202005)

Consideration may also want to be given to inherent jurisdiction [39 Essex Chambers | Mental Capacity Guidance Note - Inherent Jurisdiction | 39 Essex Chambers | Barristers' Chambers](https://www.39essex.com/mental-capacity-guidance-note-inherent-jurisdiction/).

**When should the Protocol be used?**

The Protocol should only be applied in the following circumstances:

* The adult has needs for care and support (whether or not the local authority is meeting any of those needs) and is experiencing, or is at risk of, abuse or neglect. As a result of those care and support needs the adult is unable to protect themselves from either the risk of, or the experience of, abuse or neglect;
* The adult **has** mental capacity to make unwise decisions and choices about their life.
* The adult’s decision making means they are unable to protect themselves from the risk of serious harm from themselves or others.
* The adult is not engaging with health and social care services to reduce the risk of harm or death.
* Where existing Care Management and Health and Social Care involvement has failed to resolve the issues around exploitation and safeguarding as the adult is continuing to make an unwise decision of their own free will.
* The adult has been signposted to partner agencies (based on need) to ensure partner agencies have the opportunity to intervene and provide support in a timely manner but the adult continues to make an unwise decision of their own free will not to engage with the support offered.
* Every attempt has been made to engage family/friends.
* The Case Manager has co-ordinated a Multi-Agency Safeguarding Meeting in response to concern of exploitation and vulnerability.
* At least 2 or more follow up Professionals Meetings have been completed and this has still failed to resolve the issues.
* On-going risky behaviour from others or from themselves continues to cause significant concerns.

For the purposes of the Protocol serious harm (physical or psychological) is that which is life-threatening and/or traumatic and is viewed to be imminent or very likely to occur.

Consideration should also be given to the following circumstances:

* There is a **public safety** interest.
* There is a high level of **concern from partner agencies.**
* Where all **interventions, protection and actions plans have failed to safeguard** the adult.
* If the Adult at risk has responsibility for a child and the organisations responsibilities in the context of [Working Together to Safeguard Children](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf)

The adult may be at risk of serious harm as a consequence of not protecting themselves from hate crime, anti-social behaviour or sexual abuse.

**Prior to requesting that his protocol is used a professional is required to demonstrate that all attempts to engage the adult have been made (Appendix 1)**

# Making a Managing the Risk referral

The purpose of the referral is to provide:-

* Assurance to TASPB that all necessary steps have been taken by organisations to support the adult at risk of significant harm and death
* Assurance to TASPB that a robust multi-agency action plan is in place to support the adult at risk of significant harm and death

Any Partner agency represented at TASPB can initiate a referral (appendix 2). The expectation is that practitioners will exercise professional judgement when referring a case to this process.

The agency that identifies the need to adopt this protocol will first apply their own organisations escalation policy.

Under common law a person may act to prevent serious harm from occurring if there is a necessity to do so. The Safeguarding Principles and MSP approach will continue to be applied when working with the Adult. It is therefore, an expectation that a discussion will take place with the Adult to inform them that the information and action plan is being shared with TASPB and that this is to provide:-

* Assurance to TASPB that all necessary steps have been taken by organisations to support the adult at risk of significant harm and death

* Assurance to TASPB that a robust multi-agency action plan is in place to support the adult at risk of significant harm and death

**Quality and Practice Assurance**

Quality And Practice Assurance plays a significant role in ensuring that this protocol is governed effectively whilst identifying trends and training needs TASPB will be working closely with partner agencies to monitor and report on:

* Number of Adults where the protocol has been applied
* Quality control
* Escalation processes

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| APPENDIX 1 |
| 1. Have you demonstrated you have worked with the Adult when the initial concerns were raised? You have been unsuccessful with engaging the Adult and you still have concerns about the Adults welfare & safety.
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| 1. How many attempts have you made to engage with the Adult and when was the last date that you made contact with the Adult to discuss the situation.
 |
| 1. You have attempted or have completed a mental capacity assessment on a time specific and decision specific concerns. (Follow MCA process & consider Best Interest process)

How many mental capacity assessments have been completed on the Adult?What date and time was the last mental capacity assessment completed:Please be specific on what was the mental capacity assessment based on. This must be Time Specific and Decision Specific. |
| 1. You have checked if the Adult has any dependencies (i.e. children, pets etc.) and appropriate measures have been put in place.
 |
| 1. Have you asked the Adults consent to engage with family and friends
 |
| 1. Have family/friends engaged in conversation. If not what are the reasons for this.
 |
| 1. Do family/friends want to be involved in the care of the Adult
 |
| 1. It has been agreed in the context of the multi-agency guidance and procedures the criteria for a section 42 enquiry has been met but the person does not want to engage or is making an unwise decision on their free will not to do so.
 |
| 1. How many contacts have you had with family/friends regarding the issue
 |
| 1. You have completed or attempted to complete a care assessment, to generate a care budget but the Adult has not engaged with the process or has made an unwise decision not to do so (Adult care only).
 |
| 1. You have had **at least 2 or more** **Professionals Meetings demonstrating a Team around the Adult approach** but there has been no resolution because the Adult does not want to engage or is making an unwise decision on their free will not to do so.
 |
| 1. You can demonstrate that discussions have taken place to understand why the Adult does not want to engage with services
 |
| 1. You have attempted to engage with all relevant services e.g. the Adult with Pennine Acute; Community Health Services including Sexual Health Services to address health issues but the person has not engaged on their free will & has made an unwise decision to do so.
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| 1. You have attempted to engage the Adult with mental health services due to current mental health concerns with his / her consent.
 |
| 1. You have attempted to engage the Adult to psychological services due to psychological concerns in line with the agreed psychological pathway.
 |
| 1. You have attempted to engage the Adult with Alcohol and Drug services due to concerns of illicit drug use and alcohol dependency.
 |
| 1. You have attempted to engage the Adult with Housing and Homeless services due to accommodation issues.
 |
| 1. You have attempted to engage the Adult with the Police and Fire and Rescue Service.
 |
| 1. You have checked if the Adult is known to NW Ambulance Service and engaged this service as part of the protection plan.
 |
| 1. You have attempted to engage the Adult with their GP.
 |
| 1. You have attempted to engage the Adult with the Voluntary Sector not linked to statutory services.
 |
| 1. You have considered / referred to MARAC for domestic violence.
 |
| 1. You have checked if the Adult is known to Probation, Criminal Justice Mental Health Service and all attempts have been made to engage the person.
 |
| 1. Have you considered appointee-ship with a provider, family member or Local Authority?
 |
| 1. Does the Adult have a formal medical diagnosis by a health Professional and if so what is the diagnosis and when was this made?
 |
| 1. Have you considered / approached your legal department for advice on legal matters for advice and support? Also consider inviting legal to the meeting.
 |
| 1. Is the Adult aware you are going to use the Managing Risk Protocol?
 |
| 1. Other
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| **Name of key professionals / individuals involved in contributing to the risk assessment**  |
| Name  | Profession / relationship to the Adult |
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 Harm to self / suicide

|  |  |  |  |
| --- | --- | --- | --- |
| Indicators | Yes | No | Don’t know |
| Recent suicide attempts? |[ ] [ ] [ ]
| Incidents of self-harm? |[ ] [ ] [ ]
|  |  |  |  |
|  | Yes | No  | Don’t know |
| Use of violent methods?  |[ ] [ ] [ ]
| Concerns from others about risk of harm to self / others? |[ ] [ ] [ ]
| Belief of no control over their life?  |[ ] [ ] [ ]
| Attempts to conceal act of self-harm?  |[ ] [ ] [ ]
| Consider / planned intent? |[ ] [ ] [ ]
| Experiencing/ responding to command hallucinations?  |[ ] [ ] [ ]
| Expressing high levels of distress? |[ ] [ ] [ ]
| Expressing ideas of self-harm / suicide?  |[ ] [ ] [ ]
| History of suicide / self-harm within the family? |[ ] [ ] [ ]
| History of suicide / self-harm within the person’s social circle i.e. friends, partner? |[ ] [ ] [ ]
| Expressing feelings of helplessness/ worthlessness, hopelessness? |[ ] [ ] [ ]
| Lives alone – social isolation? |[ ] [ ] [ ]
| Psychiatric diagnosis?  |[ ] [ ] [ ]
| Recently being involved in the criminal justice system? Court, police, prison, probation?  |[ ] [ ] [ ]
| Recent discharged from a mental health hospital? |[ ] [ ] [ ]
| Separated / divorced / widowed? |[ ] [ ] [ ]
| Substance misuse (Alcohol / Drugs)  |[ ] [ ] [ ]
| Employment?  |[ ] [ ] [ ]
| Retired?  |[ ] [ ] [ ]

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| **Risk Assessment – if you have ticked any of the above indicators please complete section below** |
| Past History  |
| Current Risks  |
| Factors Increasing Risks |
| Factors Reducing Risks  |

**Harm to others / Violence indicators**

|  |  |  |  |
| --- | --- | --- | --- |
| Indicators | Yes | No | Don’t know |
| Have there been any past or current incidents |[ ] [ ] [ ]
| Incident (s) of violence and aggression |[ ] [ ] [ ]
| Forensic History |[ ] [ ] [ ]
| Index offences? (Theft, burglary, fraud, drug, sexual assault etc.) |[ ] [ ] [ ]
| Is person currently under the probation service |[ ] [ ] [ ]
| Recently released from prison |[ ] [ ] [ ]
| Carrying or use of weapons |[ ] [ ] [ ]
| Dangerous impulsive act (s) |[ ] [ ] [ ]
| Admission to secure settings |[ ] [ ] [ ]
| Evidence of arson / deliberate fire setting |[ ] [ ] [ ]
| Paranoid delusion about others (including children) |[ ] [ ] [ ]
| Violent command hallucination? |[ ] [ ] [ ]
| Preoccupation with violent fantasy |[ ] [ ] [ ]
| Any expression of concern from others about risk of violence or sexual abuse |[ ] [ ] [ ]
| Sexually inappropriate behaviour/Promiscuity |[ ] [ ] [ ]
| Abuse of others |[ ] [ ] [ ]
| Exploitation of others |[ ] [ ] [ ]
| Harassment of others |[ ] [ ] [ ]
| Signs of anger / frustration |[ ] [ ] [ ]
| Substance misuse  |[ ] [ ] [ ]
| Risk of siblings including unborn  |[ ] [ ] [ ]
| Is person on the sex offenders register |[ ] [ ] [ ]
| Known person triggers (Grooming, alcohol / drug dependent, loneliness etc.) |[ ] [ ] [ ]
| Self-neglect or neglect by others  |[ ] [ ] [ ]

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| Risk Assessment – if you have ticked any of the above indicators please complete section below |
| Past History  |
| Current Risks  |
| Factors Increasing Risks |
| Factors Reducing Risks  |

**Exploitation / Vulnerability Indicators**

|  |  |  |  |
| --- | --- | --- | --- |
| Indicators | Yes | No | Don’t know |
| Abuse by others (sexual, physical, financial, neglect, emotional, psychological, discrimination)  |[ ] [ ] [ ]
| Domestic abuse |[ ] [ ] [ ]
| Coercive control |[ ] [ ] [ ]
| Exploitation by other (s)  |[ ] [ ] [ ]
| In contact with perpetrator (s)  |[ ] [ ] [ ]
| Harassment / bullying by others |[ ] [ ] [ ]
| Homeless (deliberate or intentional by perpetrators)  |[ ] [ ] [ ]
| Religious / spiritual persecution |[ ] [ ] [ ]
| Disinhibited behaviour |[ ] [ ] [ ]
| Grandiose Ideas |[ ] [ ] [ ]
| Impulsive behaviour |[ ] [ ] [ ]
| Rape / sexual assault(previous or current – on going)  |[ ] [ ] [ ]
| Inability to maintain safe environment (lack of parent / carer supervision) |[ ] [ ] [ ]
| Wandering |[ ] [ ] [ ]
| Absconding / missing regularly |[ ] [ ] [ ]
| Presence of negative social contacts |[ ] [ ] [ ]
| Fails / mobility problems / untreated medical issues |[ ] [ ] [ ]
| Drugs and alcohol use |[ ] [ ] [ ]
| Forced marriage |[ ] [ ] [ ]
| Honour based violence |[ ] [ ] [ ]
| FGM |[ ] [ ] [ ]
| Communication problems?  |[ ] [ ] [ ]
| History of accidental fires |[ ] [ ] [ ]

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| Risk Assessment – if you have ticked any of the above indicators please complete section below |
| Past History  |
| Current Risks  |
| Factors Increasing Risks |
| Factors Reducing Risks  |

**Section 4: Risk Formulation**

**Please tick only one box that best describes the person’s level of risk:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No Risks**  | **Low Risks** | **Medium Risks**  | **Moderate Risks** | **High Risks**  |
| **No risk identified – take no action & signpost.**  | **Concerns are managed and support provided by the service.** **Appropriate provision in place as well as a comprehensive package of care / support plan up to date. Adult engaging well with providers / agencies and with family members/ friends.**  | **On-going concerns about risk from self and from others.** **Relevant agencies are aware including Health and Social agencies including the police / PPIU.****On-going protection plan is being developed.** **Requires on-going support from local agencies including family and friends if appropriate.**  | **Adult not engaging fully and presents with on-going complex issues. Often making unwise decisions. Is putting self at risk and there are opportunities for a perpetrator (s) to exploit and abuse.** **Requires support and monitoring from multiple agencies.****Escalate to line manager for advice and support.****Requires a planned multi-agency strategy meeting.**  | **On-going exploitation / abuse to life or risk from others or to others due unwise decision making and continuous poor engagement with agencies.** **All adult protection options have been exhausted with no resolution.** **Escalate to senior manager.****Inform all agencies including Safeguarding Adult Board, PPIU, A&E,NW Ambulance Service, GP, Education, Health, Fire and Rescue Services if appropriate etc.** |
| [ ] **0** | [ ] **1** | [ ] **2** | [ ] **3** | [ ] **4** |

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| --- | --- |
| **Is the Managing Risk Protocol required on the risk assessment information?** | [ ] Yes [ ] No [ ] Requires further information  |
|  |  |
| **Rationale for the decision**  |
| **Date sent to TASPB lead:**  |

**Section 5: Risk Protection Plan / Intervention / Actions**

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| **Please be specific what has been agreed as part of the action/protection plan / intervention?** |
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| --- | --- | --- | --- | --- |
| **Action** | **Organisation**  | **Responsible Person** | **Date to be completed** | **Date Completed** |
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Appendix 2

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| Name of Adult |  |
| Address |  |
| DOB |  |
|  |
| Referring Organisation |  |
| Member of Staff Making Referral |  |
| TASPB Lead |  | Date: |
| Date TASPB receive referral |  |
|  |
| Presenting issues indicating why Adult at Risk meets the section 42 criteria |
| This information should provide a concise overview of the risks. |
| Safeguarding Plan Attached (embed or attach as a separate document) |  Include Appendix 1 and any additional information |
| Date presented to TASPB |  |
| Actions for TASPB | Update next meeting | Review Action Plan | NFA |
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Review Date Feb 2022