Merton Safeguarding Adults Board

Multi-agency Risk Assessment Framework

Version	1
Update due	December 2024

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1. Executive Summary

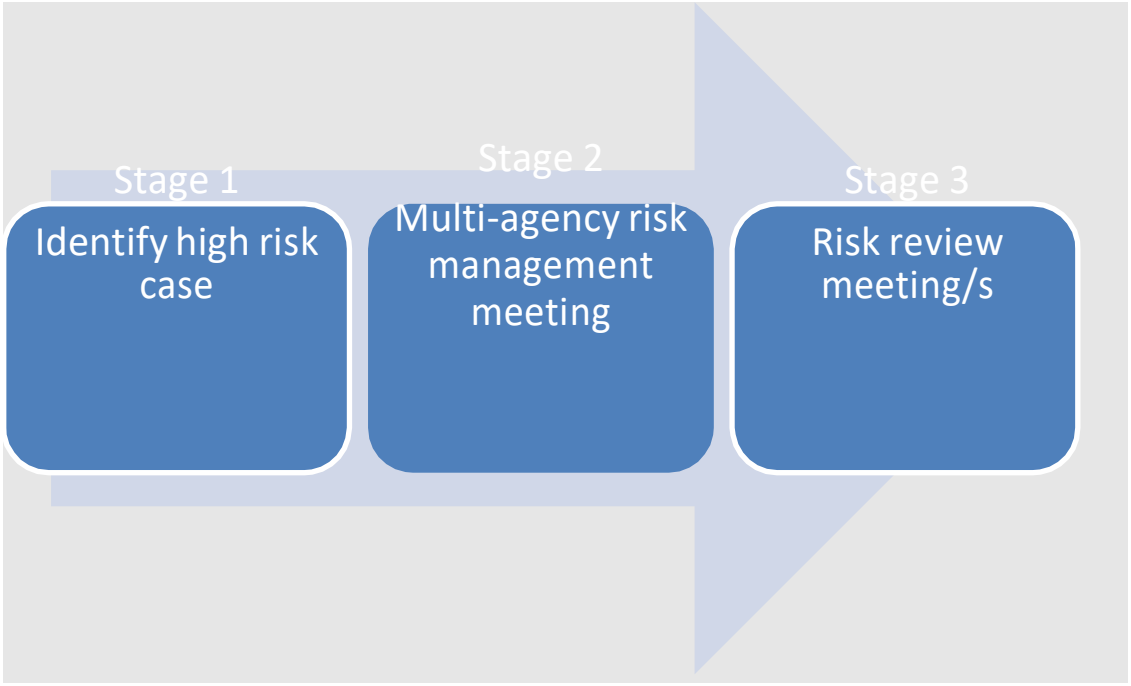
1.1. This guidance has been developed in partnership with members of the Merton Adult Board to complement the London Multi-agency safeguarding protocol and any internal guidance and procedures agencies have in place. It has been adapted from Richmond and Wandsworth Safeguarding Adult Board, Multi-agency Risk Assessment Framework, and we would like to Thank them for their assistance with sharing their documentation. It is designed to be useful to any professional who is working with adults experiencing an unmanageable level of risk because of circumstances which create the risk of harm

1.2. This guidance recognises that in complex cases, professionals are often dealing with long term and entrenched behaviours to which responses require a commitment to a longer term, solution-based approach. The guidance aims to provide an effective, coordinated and multi-agency response to these 'critical few' cases.

1.3. The Care Act 2014 requires all professionals and other staff to make early, meaningful interventions with individuals and families to make a positive difference to their lives. Where people fail to engage with necessary support this may have significant impact on their well-being. Multi-agency responses and utilisation of a wide range of professional expertise and legal powers has been shown to be effective in managing such complex cases.

1.4. Each agency has the responsibility in identifying when the risk in an individual case has reached a level where multi-agency involvement is needed. This will involve the completion of a holistic risk assessment.

1.5. This guidance outlines a helpful framework which involves a shared commitment by SAB partners to working collaboratively on complex cases through an agreed process which includes:



2. Introduction

2.1. This guidance has been developed in partnership with members of the Merton Safeguarding Adult Board. It sits alongside the London Multi-agency Safeguarding Protocol and is designed to provide guidance on managing cases relating to adults where there is a high level of risk. The circumstances may sit outside the statutory adult safeguarding framework however a multi-agency approach would be beneficial. designed to provide guidance on managing cases relating to adults where there is a high level of risk. The circumstances may sit outside the statutory adult safeguarding framework however a multi-agency approach would be beneficial.

2.2. The guidance does not replace single agency risk management arrangements but seeks to build on and complement these by providing a multi-agency dimension.

2.3. This document is intended as an overarching framework and it is the responsibility of respective organisations to develop more detailed workplace guidance around its implementation.

2.4. This guidance is intended for any professional working with adults experiencing an unmanageable level of risk because of circumstances which create the risk of harm but not relating to abuse or neglect by a third party.

3. Aim of guidance

3.1. The guidance aims to provide an effective, coordinated and multi-agency response to these 'critical few' complex cases which involve people who take or live with high levels of risk. It is recognised that a multi-agency approach which draws on a range of professional competencies and legal frameworks are more successful in achieving change in such cases.

3.2. This document aims to set out a process which facilitates:

- Timely information sharing around risk;
- Identification and holistic assessment of risk;
- Development of shared risk management plans;
- Shared decision making and responsibility;
- The adult's involvement and engagement in the process
- Improved outcomes for the adult at risk.

4. Underpinning Principles

4.1. All professionals and other staff have a vital role to play to make early, positive interventions with individuals and families to make a difference to their lives. The focus of interventions should be on:

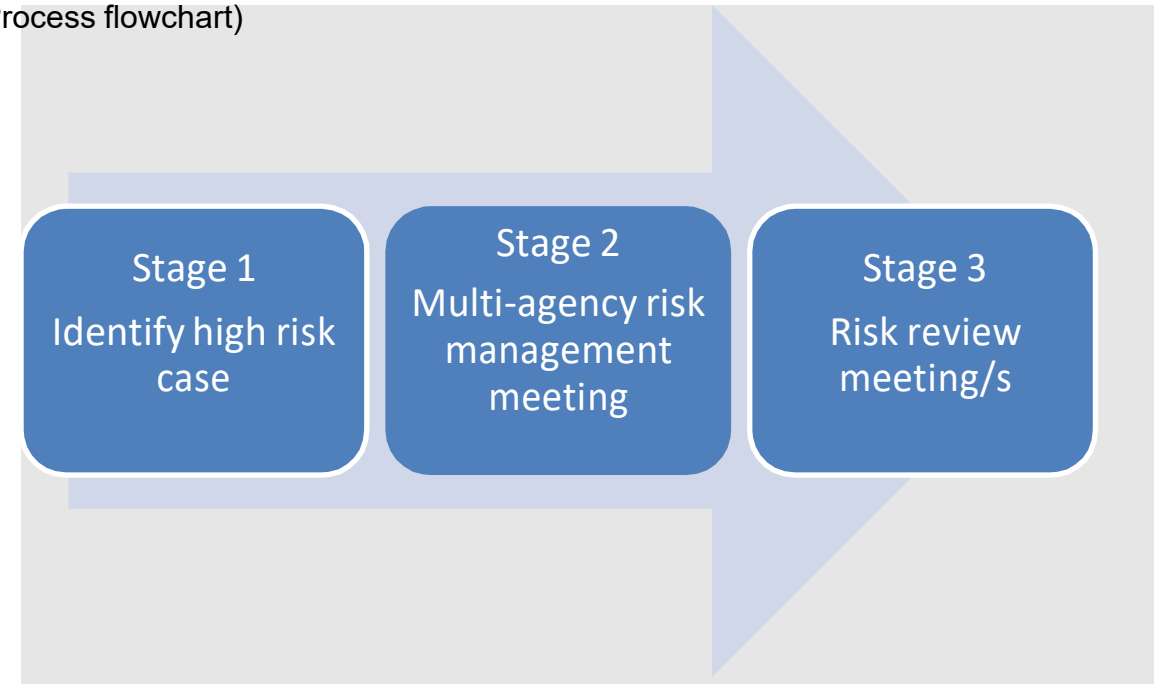
- ***early identification and assessment of risk*** and timely information sharing • ***preventing*** the deterioration of a situation or breakdown of a vital support network.
- achieving the ***best outcome*** for the service user, whilst satisfying legal, professional and organisational responsibilities and duties.

- ***Timely*** responses and avoiding unnecessary delays
- Person centred actions which embrace ***Making Safeguarding Personal*** and involve the person as much as possible in all discussions and actions and take account of the principles of the Mental Capacity Act 2005.
- Utilisation of all available professional competencies and legal frameworks to ensure ***flexible, innovative and solution focused*** approach to mitigating risk.

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

5. Multi-agency risk management process

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



5.2. **Stage 1 – identify high risk case**

5.2.1. Review of situation including:

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

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

- allocate the case to a lead professional who compiles a chronology of risk and support offered/in place to date. (See Appendix 2 - Assessing Risk).
- Contact involved agencies (or agencies who may have a potential future role) who will in turn identify a lead professional. (Appendix 3 has list of current SAB partners and contact details)
- Consider how the adult will be involved and if advocacy support is needed. (See Appendix 4 for request for information form).
- Chair meeting (see Appendix 5 - Multi-agency Risk Management Planning Meeting Agenda template).

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

5.3.1. The purpose of the meeting will be to consider the situation and clarify whether any further action can be taken, making the necessary recommendations.

5.3.2. Meeting will consider the following:

- Provide a summary of any care and support offered or in place.
- Outline of the nature of the concerns and risks to the adult and others.
- Consideration of the adult's mental capacity.
- Produce a collaborative and holistic assessment of the risks.
- Identify any legal powers and remedies potentially available.
- Agree who will act as lead coordinating professional for the process.
- Agree information sharing arrangements.
- Agree a contingency and an escalation plan.
- Identify who is best placed to engage with the adult at risk.
- Consider how the adult will be involved and kept up to date.
- Agree who and how to engage with the adult and relationship building.
- Agree a SMART action plan, with timescales a named lead against each action.
- Set date for a review meeting.
- Ensure the adult is given a copy of the risk assessment, if appropriate.

5.4. Stage 3 – Review meetings

5.4.1. The purpose of the review meeting is to monitor progress on the multi-agency action plan and agree any further actions or if escalation is required. (see Appendix 6 - Multi-agency Risk Management Review Meeting Agenda template)

5.4.2. The meeting should consider:

- Agencies share any new information
- Review multi-agency action plan. If insufficient progress has been made, consider an alternative approach. Other flexible, creative solutions may need to be explored.
- Revise action plan.
- Agree on-going monitoring and review arrangements
- Update the risk assessment
- Update the escalation and contingency plan
- Update on the engagement of the adult (and others such as their advocate or members of their social/carer network)

- Update on mental capacity.

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

6. Multi-agency commitment

6.1. Where a person with needs for care and support is declining support and placing him/herself or others at ***risk*** of serious harm, advice and information should be shared with the adult about the risk(s). Appendix 7 offers definition of an adult at risk i.e. the criteria which should be considered in identifying cases where the risk management framework will apply.

6.2. A ***risk assessment*** should be undertaken using the agencies own risk assessment document.

6.3. Any agency or professional can initiate a ***multi-agency risk management meeting***. However, a responsible manager from that organisation should be involved in the decision-making process.

6.4. Each agency involved in this process must allocate a lead worker to agree actions and make operational decisions about this case.

6.5. The multi-agency ***risk management plan*** must be proportionate and focussed on the prevention, reduction or elimination of future risk of harm. This plan will be jointly owned by the adult and the professionals working with them.

6.6. All decisions and actions taken throughout the process must be accurately recorded, and a note made of all those involved in the decision-making process and the rationale for the decision made, to support ***defensible decision making***. (See Appendix 8 – Decision tree to support decision making on managing high risk cases)

6.7. Anyone, including partner agencies, service users, their carers or families may constructively challenge the actions taken and to escalate concerns within and across agencies.

7. Defensible decision making

7.1. A defensible decision has been defined as a decision that will withstand 'hindsight scrutiny' should the case 'go wrong' and negative outcomes have occurred.

7.2. A defensible decision is one where:

- All reasonable steps have been taken to avoid harm.
- Reliable assessment methods have been used.
- Information has been collected and thoroughly evaluated.
- Decisions are recorded and subsequently carried out.
- Policies and procedures have been followed.
- Practitioners and their managers adopt an investigative approach and are proactive.

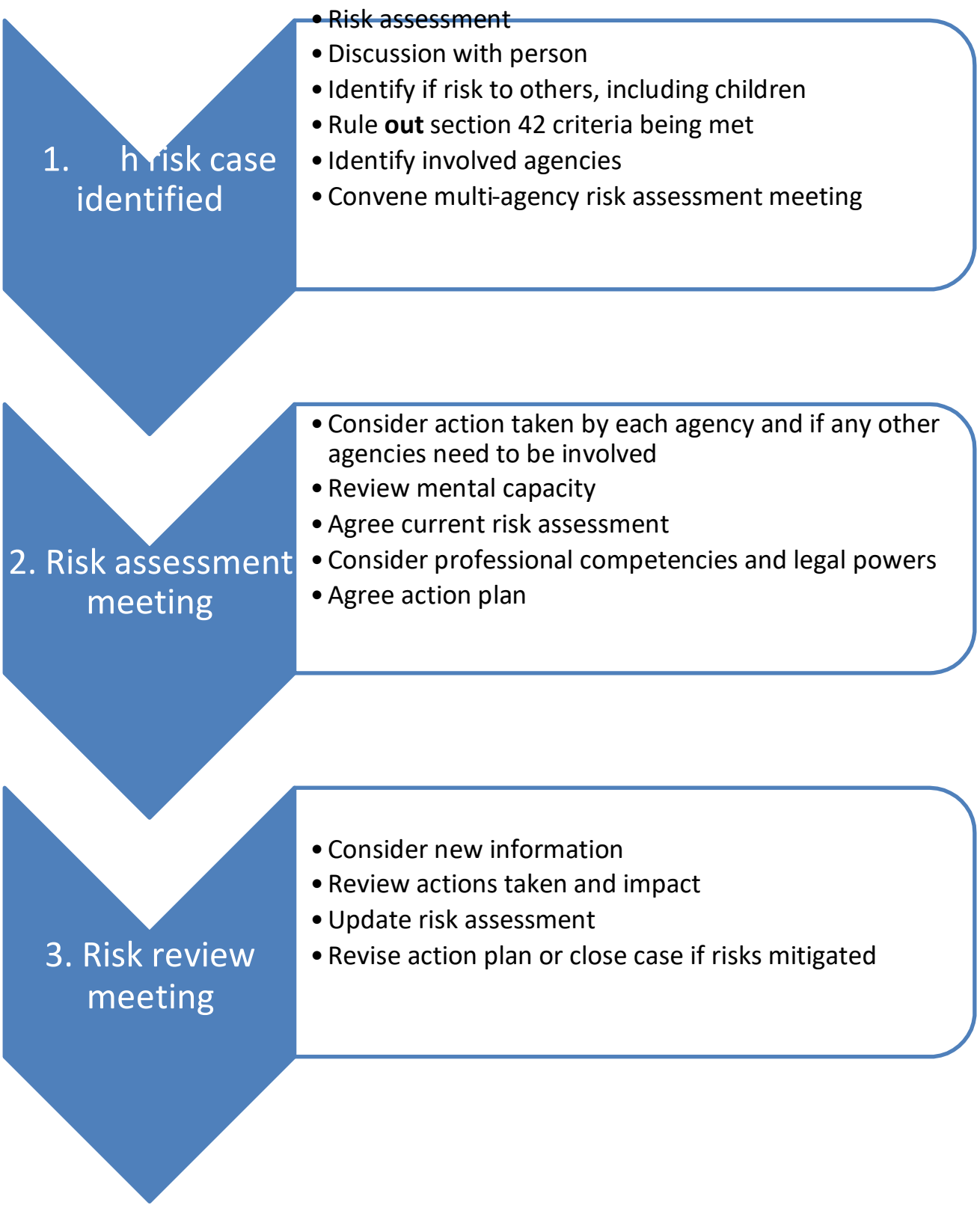
7.3. Defensible decisions must be clearly and contemporaneously recorded in a legible and approved system and format. The rationale behind the decision in relation to the circumstances must be included as well as references to relevant legislation and guidance.

8. Conclusion and review

8.1. This framework is designed to provide guidance on managing cases relating to adults where there is a high level of risk, but the circumstances may sit outside the statutory adult safeguarding framework and for which a multi-agency approach would be beneficial. It does not replace single agency risk management arrangements and instead seeks to build on and complement these by providing a multi-agency dimension.

8.2. The guidance will be reviewed and update every 3 years, by the Learning and Development Subgroup of the Merton Safeguarding Adults Board.

Appendix 1:


1. h risk case identified
• Risk assessment
• Discussion with person
• Identify if risk to others, including children
• Rule **out** section 42 criteria being met
• Identify involved agencies
• Convene multi-agency risk assessment meeting
2. Risk assessment meeting
• Consider action taken by each agency and if any other agencies need to be involved
• Review mental capacity
• Agree current risk assessment
• Consider professional competencies and legal powers
• Agree action plan
3. Risk review meeting
• Consider new information
• Review actions taken and impact
• Update risk assessment
• Revise action plan or close case if risks mitigated

Appendix 2: Assessing Risk

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

2. The risk assessment may highlight circumstances or risks which would be more appropriately dealt with under another process such as: Care Programme Approach; Multi-Agency Risk Assessment Conference (MARAC); Channel Panel; children's safeguarding or an adult safeguarding enquiry (section 42); or Community Multi-agency Risk Assessment Conference (CMARAC); or an individual enquiry. (The decision trees in Appendix 2 may assist in the decision making.)

3. The adult should, as far as possible, be included and involved in the assessment process and in developing a risk management plan to reduce or eliminate identified risks. Under normal circumstances, the person should be invited to attend any meetings with them being offered any support needed to enable them to participate fully. This support may also include offering and arranging an advocate if the adult is likely to experience substantial difficulty in participating in the meetings.

4. An assessment of mental capacity should be carried out, if appropriate, to determine if the person has the capacity to make specific decisions. Where a person is unable to agree to have their needs met because they lack the mental capacity to make this decision, then the 'Best interest' decision making process should be used. Advocacy should also be sought where required to ensure the adult is appropriately supported.

5. Where the adult continues to decline all assistance and they have been assessed as having the mental capacity to understand the consequences of this decision, or there are persistent issues in assessing mental capacity, this should be fully recorded. This should include a record of the efforts and actions taken by all agencies involved to provide support.

6. Professional judgement will determine whether or not the level of risk has reached an unmanageable level for the person. Where this is the case, a multi-agency risk management process should be set in motion.

7. If the multi-agency risk management process has not been able to mitigate the risk of any behaviour which could result in serious harm, the professionals involved should consider notifying the relevant authority with safeguarding responsibilities (the local authority) of the steps taken (assuming the multi-agency lead has received consent to share personal information or deems it is necessary due to the exemptions in the Data Protection Act 1998). The local authority should then assess the circumstances of the case as well as the steps already taken to minimise presenting risks to determine what if any, further steps are required in accordance with the duty under section 42 of the care Act 2014 to undertake a safeguarding enquiry. Non-statutory enquiries may also be considered and instigated by the local authority in response to the presenting concerns. These enquiries are undertaken when the adult does not have care and support needs but may still be at risk of abuse or neglect and to whom the local authority has a 'wellbeing' duty under Section 1 of the Care Act 2014.

Appendix 3: List of Agency Contacts

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

Agency	Contact point email
Merton Adult Social Care	Contact Merton First Response Ph. 0208 545 4388 ASCFirstResponse@merton.gov.uk
Merton ICB	Edwina Curtis Designated Safeguarding Adults Professional - Merton edwina.curtis@swlondon.nhs.uk
Metropolitan Police	VW-PPD2@met.police.uk "87M to be completed if requesting information"
Merton Housing	Elliot Brunton Elliot.Brunton@merton.gov.uk or Sharon Maclaren Sharon.Maclaren@merton.gov.uk
Clarion Housing	Ben Noble ben.noble@clarionhg.com
Merton Children & Families Hub	Ph. 0208 545 4226/4227 Children and Family Hub Request for Service form and emailing to candfhub@merton.gov.uk
Central London Community Healthcare NHS Trust (CLCH)	Trish Stewart Associate Director of Safeguarding trishstewart@nhs.net / 07943818438 Anne-Marie Girard Hivon Named Professional for Adult Safeguarding and MCA Lead a.girardhivon@nhs.net / 07771 781927 CLCH Safeguarding Single Point of Contact (Mon-Fri /9-5pm) 0208 102 4218 CLCHT.Adultsafeguarding@nhs.net
Healthwatch	Dave Curtis -CEO

	dave@healthwatchmerton.co.uk
SouthWest London and St Georges Mental Health Trust	Jennifer Lewis-Anthony - Associate Director MH Social Work Jennifer.Lewis-Anthony@swlstg.nhs.uk 07773581435 Christine King - Clinical Service Manager Christine.King@swlstg.nhs.uk 07814 803 108
St Georges Hospital	Head of Safeguarding: Daisy Tate daisy.tate@stgeorges.nhs.uk Please use the generic team email Safeguarding Adults Team Safeguarding.AdultsTeam@stgeorges.nhs.uk 020 8725 1624
St Hellier Hospital	Anne-Marie McEntee, anne-marie.mcentee@nhs.net
Merton Probation Service	londonps.merton@justice.gov.uk Escalation option (if required): Kirsty.addicott@justice.gov.uk 07999153651
LAS	Dawn Mountier Safeguarding Officer (LONDON AMBULANCE SERVICE NHS TRUST) safeguarding.las@nhs.net
Westminster Drug Project (WDP)	Alex Hatfiled alex.hatfield@wdp.org.uk
Merton Fire brigade	Steven Vydelingum - Borough Commander steven.vydelingum@london-fire.gov.uk
Merton Connected	Beau Fadahunsi beau@mertonconnected.co.uk
Merton Public Health	Barry Causer Barry.Causer@merton.gov.uk 020 8545 4833

Appendix 4: Request for information of agency involvement in a case for planned Professional's meeting

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

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

Case details:

Name	
Address	
DOB	

Agency contact person:

Service	**Name and email of contact person**

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

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

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

Date:	
Time:	
Venue:	

Agenda

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

List of people Invited

Name	Agency	Role

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

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

Date:	
Time:	
Venue:	

Agenda

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

List of people Invited

Name	Agency	Role

Appendix 7: Definition of adult at risk

1. An adult will be 'at risk' under this framework where s/he is unable or unwilling to provide adequate care for him/herself and:

   - Is unable to obtain necessary care to meet their needs; and/or
   - Is unable to make reasonable or informed decisions because of a mental impairment; and/or
   - Is unable to protect themselves adequately against potential exploitation or abuse; and/or
   - Has refused essential services without which their health and safety needs cannot be met but do not have the insight to recognise this.

2. A person may have mental capacity and yet disagree with the views of the professional. This right is a right that cannot be taken away from a person who has mental capacity. It does not preclude the professional from entering into a dialogue with the person to explore the area of concern.

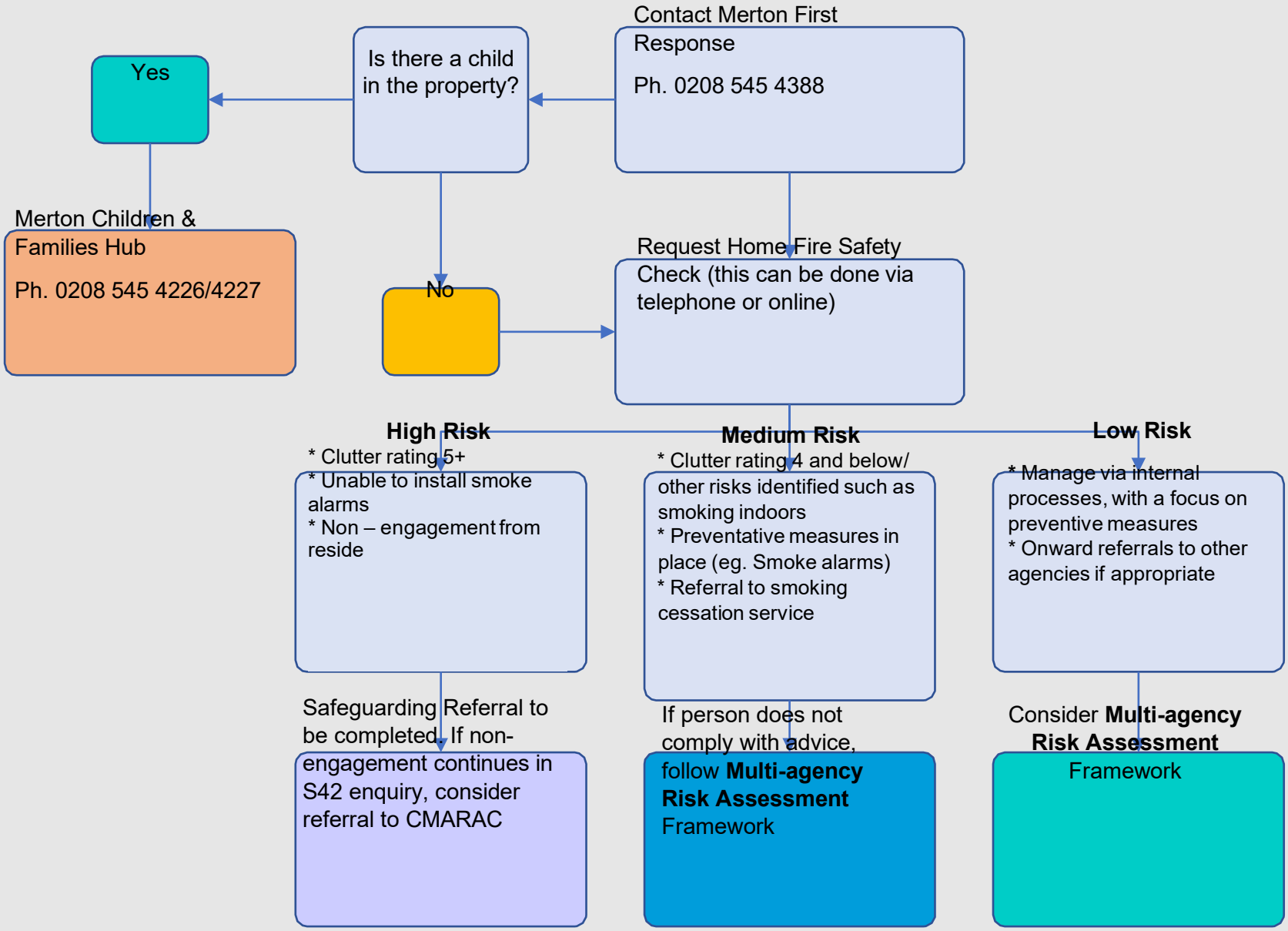
3. Involvement and the offer of support does not hinge on a request by the adult or anybody else and is not negated by a third party's refusal to grant access to the adult, or by the adult's refusal to participate.

4. It is important that the rights of the adult to make apparently unwise lifestyle choices and to refuse support are respected. However, consideration of the person's mental capacity to make a decision must be considered.

5. This Framework promotes an active rather than a passive approach to supporting an adult whose circumstances place them at risk. However, information and advice about how to minimise risk should be given to the individual who, with capacity, has refused to accept support, together with information about how they can access support in the future should they change their minds. It is important that decisions (either by the adult or the agency) are kept under constant review and re-evaluated as circumstances change or new information becomes available.

Appendix 8: Decision Trees to support decision making on managing high risk cases

Concerns about Fire Safety



Checklist for Person-Centred Fire Risk Assessment

Name of resident			
Full address			
Date	DD/ MM/ YYYY	Form completed by	

1. Does the individual have an increased fire risk?

☐ **Yes** If yes, tick all the fire risk factors they exhibit

☐ (e.g. smoking in bed).
☐ Smoking – with signs of unsafe use of smoking or vaping materials
☐ paraffin based.
☐ Use of emollient creams that are petroleum or
☐ Air pressure mattress or oxygen cylinders are used.

No Skip to next question

☐ Unsafe use of portable heaters (e.g. placed too close to materials that could catch fire).
☐ Unsafe cooking practices (e.g. cooking left unattended).
☐ Overloaded electrical sockets/adaptors or extension leads.
☐ Faulty or damaged wiring.
☐ Electric blankets used.
☐ Previous fires or near misses, burns or scorch marks on carpets and furniture.
☐ Unsafe candle/tea light use (e.g. left too close to curtains or other items that could catch fire or within easy reach of children or pets).

Other (please specify)

_____

_____

2. Would the individual be less able to react to an alarm or fire?

☐ **Yes** If yes, tick all the fire risk factors they exhibit

☐ anxiety or
☐ Mental health issues (e.g. dementia, depression).
☐ decision-
☐ Cognitive or making difficulties.
☐ or misuse of drugs.
☐ Alcohol dependency

No Skip to next question

☐ Sensory impairments (e.g. hard of hearing or sight loss).

Other (please specify)

_____

_____

3. Does the individual have a reduced ability to escape?

☐ **Yes** If yes, tick all the fire risk factors they exhibit

☐ a history of
☐ Have restricted mobility, are frail or have falls.
☐ impaired
☐ Are blind or have vision.
☐ Lacks capacity to understand what to do in the event of a fire. Is a hoarder, or there are cluttered or
☐ blocked escape routes. Are bed or chair bound.

No Skip to next question

☐ Internal doors are left open at night.

Would be unable to unlock front door to escape.
Other (please specify)

4. Are there any smoke or heat alarms fitted within the individual's home?

☐ **Yes** If yes, please specify which rooms have them fitted:

☐ **No** Skip to next question

5. Has a carbon monoxide alarm been fitted anywhere that gas or solid fuels are used?

☐ **Yes** If yes, please specify which rooms have them fitted:

☐ **No** Skip to next question

If there are any questions in sections 1-3 that have been answered 'Yes', or you have identified that there are no smoke or heat alarms fitted, or they are broken or poorly sited, this suggests there is a risk from fire. Immediate actions are required to ensure agreed safety measures are in place:

If you are a family member or an informal carer:

Contact London Fire Brigade to arrange for a free home fire safety visit: **Tel** 0800 028 4428 **Text/SMS** 07860 021 319

Email smokealarms@london-fire.gov.uk

Web london-fire.gov.uk/HomeFireSafetyVisit

In addition, extra support and advice can be sought from Adult Social Care Teams and your housing provider or landlord where serious risk has been identified.

- Return this checklist to your manager for a full Person Centred Risk Assessment to be conducted where necessary.
- Inform the resident or other family members of the risks identified, if you are certain they will understand.
- If a care plan exists, all actions taken should be noted in that plan.
- Ensure appropriate partnership referrals are made as required.

Fire safety in the home

What happens during a home fire safety visit? Firefighters or trained staff will visit the home and offer advice based on individual needs, this includes information on how to **prevent** fires, the importance of smoke alarms to **detect** a fire and having **escape** plans in the event of a fire. They will also fit smoke alarms if required.

A 'Fire Safety in the Home' booklet is available from London Fire Brigade and can be downloaded from our website. Some basic fire safety advice has also been provided below.

If you are employed by a company or organisation:

Prevention

- It is safer not to smoke; but anyone who does should try to smoke outside and always make sure cigarettes are put out properly.
- Never smoke in bed, or anywhere else, if there's a chance of falling asleep.
- Use fire-safe ashtrays and fire-retardant bedding, nightwear and throws.
- Ensure paraffin based emollient creams are replaced with non-flammable alternatives.
- Candles, tea lights and incense burners should only be placed in stable, heat-resistant holders. Keep these items or any other type of naked flame well away from curtains, furniture and clothes.
- Sit at least one metre away from heaters and keep them well away from anything that can catch alight.
- Don't overload electrical sockets.

- Close all doors at night as this helps to prevent fire and smoke spreading.
- Switch off and unplug electrical items such as TVs and avoid charging devices like mobile phones whilst asleep.

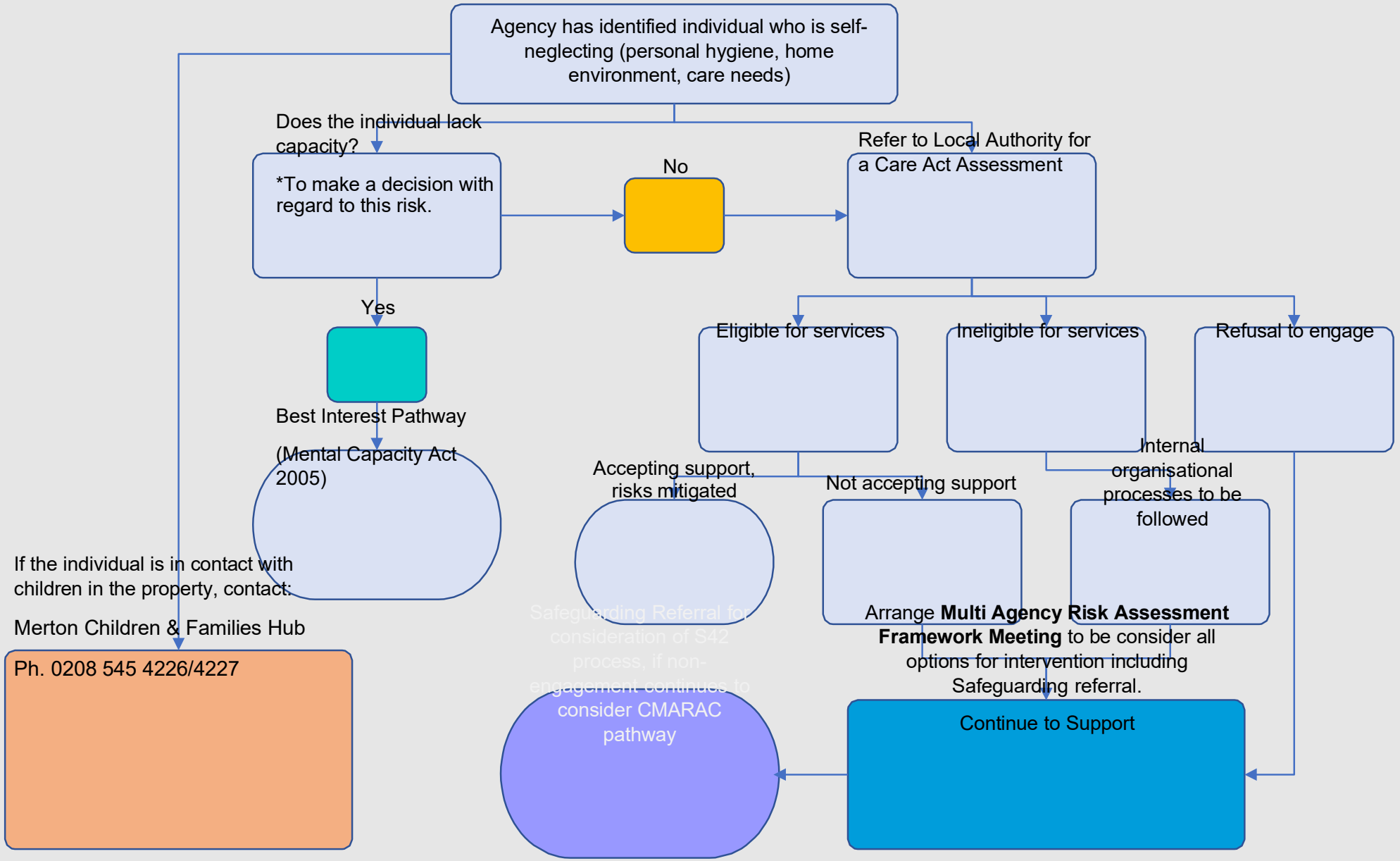
Early warning and detection of a fire is essential

- As a minimum, fit at least one smoke alarm on every level of the home and in any room where a fire could start. The ideal position for these are usually in rooms that are used the most, in hallways and anywhere electrical equipment is left switched on.
- Fitting multiple linked smoke alarms, that all activate together, is the best way to be alerted in the event of a fire. For some, the provision of a Telecare monitoring system may also be beneficial.
- Specialist alarms can be fitted for people who may have a delayed response to escape – for example; strobe light and vibrating pad alarms for the deaf or hard of hearing.
- Remember to test all alarms monthly.

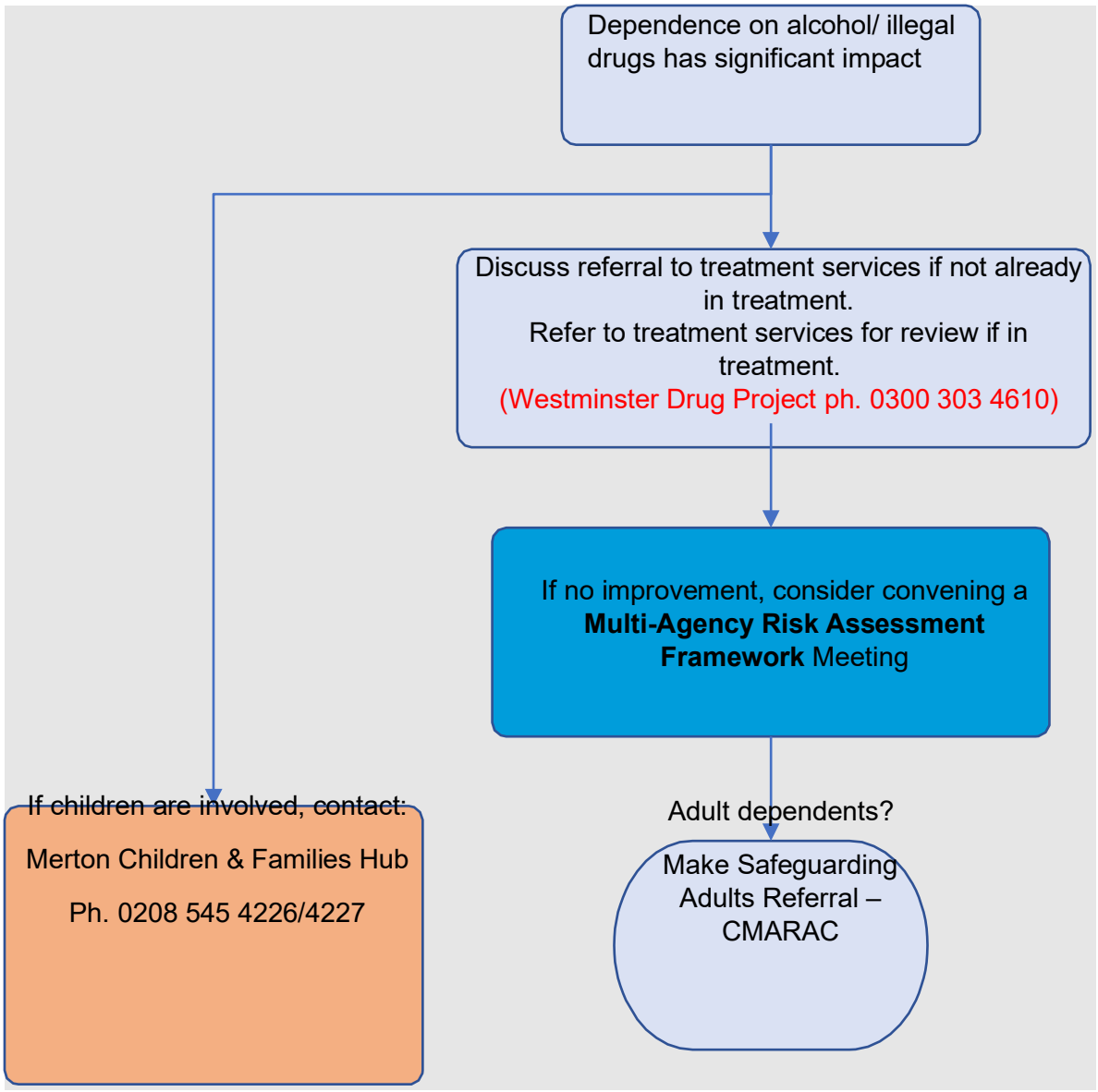
Escape

- Make sure escape routes are kept clear of anything that may slow down or block exit routes.
- Ensure security gates can be easily opened from the inside without the need for a key. Keep door and window keys where everyone can find them.
- Mobility aids and any methods of calling for help should always be kept close to hand (e.g. mobile phone, link alarm/pendant).

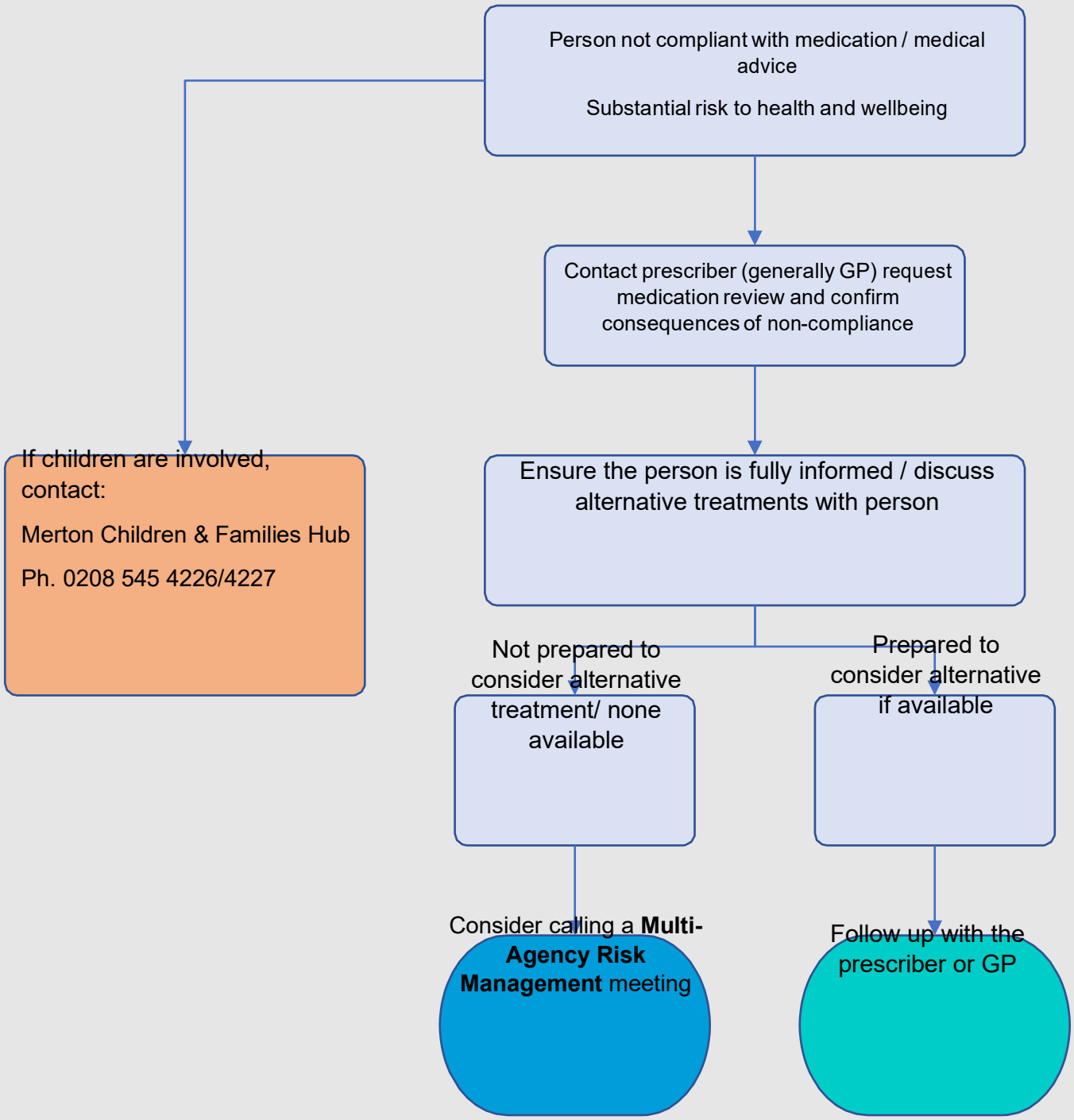
Self-Neglect



People who are dependent on alcohol/drugs



People who are non-compliant with medication or medical service



People who are passively resistant or aggressive