Protecting adults at risk: The London Multi-agency policy and procedures to safeguard adults from abuse.

Practice Guidance: Safeguarding Adults Risk Assessment & Risk Rating Tool

Why do we need this tool?

The Safeguarding Adults Risk Assessment/Risk Rating Tool is designed to consider:

- The adult at risk's eligibility for adult safeguarding services.
- The adult at risk's mental capacity to make decisions regarding the risk(s).
- The severity of the current risk(s).
- The potential risks if safeguards or improvement measures are not put in place.
- Whether safeguarding interventions are working, using one simple and easy to track numerical risk rating.

Measuring the level of risk is crucial to determining both a service user and/or carer's eligibility for services and to shaping an appropriate response to their needs.

Risk issues must be discussed with the individual(s) and carer(s) concerned, unless there is evidence that doing so may heighten the risks.

There is a balance to be struck between enabling people to have choice and control over their lives and ensuring that they are free from harm, exploitation and mistreatment.

As partners in the adult safeguarding process difficult judgements have to be made in determining this balance. This tool is intended to aid professional judgements by providing a clear, standardised framework for assessing risk as part of the adult safeguarding process.

When should this tool be used?

Key Stages for completion/review.

Alert: A risk assessment should be carried out as part of initial enquiries *when the presenting risks indicate safeguarding concerns*. *This will assist in making a* ***Decision*** *as to whether the adult safeguarding process is the most appropriate response to the alert.*

Strategy Meeting/Discussion: The risk assessment may be revised on the basis of new information. The risk assessment should be used to inform any interim protection plan put in place to safeguard the Adult(s) at Risk

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

Case Conference: The risk assessment should be revisited to incorporate information from the investigation and should be used to inform the revised protection plan.

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

Any agency with concerns regarding domestic abuse, stalking and harassment and 'honour'-based violence should complete a Coordinated Action Against Domestic Abuse-Domestic Abuse, Stalking and Harassment (CAADA-DASH) Risk Identification Checklist (RIC). Cases identified as high risk should be referred to the local Multi Agency Risk Assessment Conference (MARAC). Relevant forms, agency tool kits and further information about the MARAC can be obtained through www.caada.org.uk.

Key Considerations for Risk Assessment

1) The safety and protection of the Adult at Risk, Carers & their environment.

2) The chronology and pattern of pertinent events.

3) The balance of the right to Independence against the likelihood of significant harm arising from the situation.

4) Assessment of mental capacity with reference to the Mental Capacity Act (2005).

5) Consideration of the involvement of others in the risk assessment, alongside the adult at risk's capacity to consent to the sharing of information.

7) Monitoring and review arrangements to determine whether safeguarding interventions are effective,

How to use the Adult Safeguarding Risk Assessment

Part One: Risk Assessment

The assessment considers risk in **6 distinct categories**.

1) What kind(s) of harm has been threatened or inflicted? How severe/ serious and are there any children and/or other adults at risk involved:

2) Is there evidence to suggest that the abuse is likely to be repeated or escalate?

3) Is there evidence to suggest that the abuse was premeditated, accompanied by threats or actual violence or coercion?

4) Referring to the chronology, is there a pattern of history for the adult at risk and/or person alleged to be causing the harm? How long has this particular incident been happening?

5) What has been the impact on the person's independence, health and wellbeing?

6) How much/ what kind of support does the person normally require?

Each category must then be rated as:

Low risk: No safeguarding action is taking place and/or safeguarding issues have been fully addressed.

Moderate risk: Safeguarding Protection Plan is/remains in place.

High risk: Protection Plan is being implemented. Legal action is being taken. The abusive behaviour is persistent and / or deliberate

Severe risk: Life may be in danger, risk of major injury or serious physical or mental ill health. The incidents are increasing in frequency and/or severity.

Part Two: Numerical Risk Rating

Having rated the risk level for each risk area **one overall numerical risk rating** should then be recorded using the Risk Rating Tool. This tool can be found, alongside additional guidance, at the end of the Risk Assessment. This rating can be reviewed to check that interventions are working. The numerical rating uses the same categories of **Low**, **Moderate**, **High** or **Severe** risk.

SAFEGUARDING RISK ASSESSMENT TOOL

Name of Adult At Risk					
Has an assessment of eligibility for Community Care services been completed?					
Is the person an 'Adult at Risk' as defined in **Protecting adults at risk (Section 1.2.1)?**					
DoB/ Age:		Gender:		Reference no:	
Address:					

Are any children present in the household of the adult at risk / person alleged to be causing the harm /location of abuse: (Yes/No)

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

Name of person alleged to be causing the harm:	
Person alleged to be causing the harm's relationship with the adult at risk:	
Context in which the alleged incident(s) took place:	

Does the adult at risk have Mental Capacity to understand the presenting risk(s)?

Use the 2 stage test of capacity set out in the *Mental Capacity Act 2005. See Code of Practice Chapter 4 for further information*

Stage 1. Is there an impairment of, or disturbance in the functioning of a person's mind or brain? *If so,*

Stage 2. Is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?

If the adult at risk lacks the mental capacity to understand the presenting risks has an advocate or Independent Mental Capacity Advocate been appointed?

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

See 2 stage test of capacity above.

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

Does the person alleged to be causing the harm have capacity to understand the risk(s)?

Add the chronology of relevant events for both the adult at risk and person alleged to be causing the harm below (attach a separate sheet if necessary)

DATE	TIME	EVENT

On the basis of the evidence available, your professional judgement and experience, assess the risk which the adult at risk faces from the person alleged to be causing the harm. The indicators of risk are based on Guidance in 'No Secrets', 2000	
INDICATOR ***Please note: Responses/summaries should include the Adult at Risk's own perception of the level of risk. If these are not recorded the reason for this must be given.***	RATING **Low risk:** No safeguarding action is taking place and/or safeguarding issues have been addressed. **Moderate risk:** Safeguarding Protection Plan is/remains in place. **High risk:** Protection Plan is being implemented. Legal action is being taken. The abusive behaviour is persistent and / or deliberate **Severe risk:** Life may be in danger, risk of major injury or serious physical or mental ill health. The incidents are increasing in frequency and/or severity.
1) What kind(s) of harm has been threatened or inflicted? How severe/ serious and are there any children and/or other adults at risk involved:	List categories of abuse, and assess severity in each case: a) b) c) d)
2) Is there evidence to suggest that the abuse is likely to be repeated or escalate?	Assess likelihood that abuse will: a) Continue b) Escalate
3) Is there evidence to suggest that the abuse was premeditated, accompanied by threats or actual violence or coercion?	Assess likelihood that abuse involved: a) Premeditation b) Threats c) Violence d) Other coercion

4) Referring to the chronology, is there a pattern of history for the adult at risk and/or person alleged to be causing the harm? How long has this particular incident been happening	For each risk, assess duration and repetition.
5) What has been the impact on the person's independence, health and wellbeing?	Assess severity of impact on the person's: a) Independence b) Health c) General Wellbeing **Overall Impact:**
6) How much/ what kind of support does the person normally require? Has a Carers Assessment been undertaken? Describe briefly here:	Support needs assessed as:

RISK SUMMARY

<u>View of the allocated Professional:</u>

Views of the Individual:
Views of Carer(s) others:

SUMMARY OF ACTIONS:			
Action	Desired outcome	Person responsible	Timescale (date)

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

Date of previous risk assessment	Points of difference

Name of Worker Completing Assessment:

Role:

Sign & Date:

Manager/Senior Practitioner:

Role:

Sign & Date

Risk Rating Tool

How to use the Risk rating Tool

Consider the risks highlighted above. The grid below allows one numerical value to be assigned to the overall risk.

- ☐ Estimate how **likely** the overall risk is using the table below (rare to almost certain). The table will assign a score to the estimated likelihood.
- ☐ Estimate the likely **outcome** of the overall risk (negligible to catastrophic).The table will assign a score to the estimated likelihood.
- ☐ Multiply the two scores together to give a risk rating

The risk rating should then be rated using the following scale:

1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	High risk
15 - 25	Severe risk

This numerical score can then be tracked across the course of the safeguarding process to give a clear indication as to whether interventions are working or not. Additional information to help with assigning a numerical risk rating can be found on the pages below.

	Likelihood				
Likelihood score	**1**	**2**	**3**	**4**	**5**
	Rare	**Unlikely**	**Possible**	**Likely**	**Almost certain**
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Appendix One: Further Guidance on the Risk Rating

The risk rating is based on the combination of the **likelihood** of a hazardous event occurring and the **consequence** of that event

Likelihood

This is a measure of the chance that the hazardous event will occur. An example of low likelihood is where a person is mugged in the streets as he was returning from church. It is a one off incident unlikely to happen again. An example of a high likelihood is where the carer verbally abuses the person and the interaction is daily or the carer is the relative the person lives with.

Almost certain	Will probably occur frequently	5
Likely	Will probably occur frequently but not as a persistent issue	4
Possible	May occur	3
Unlikely	Not expected to occur	2
Rare	Would only occur in exceptional circumstances	1

Consequence

This is the outcome of the hazardous event. It is assessed according to the impact the event had on the person. A broken bone and subsequent recovery would have a major consequence to the person, whereas a bruised knee following a fall would be a minor consequence.

Table 2

Level	**Injury/risk of harm to Victim**	**Injury/ risk of harm to others**	**Cost to individual/and others**	**Risk/cost to organisation as public service**
Catastrophic	Unanticipated death, multiple severe injury, repeated abuse despite safeguards resulting in permanent disability, criminal offences etc	Large number of people abused/neglected, assaults against staff, number of criminal offences etc.	Death, significant deterioration in health and wellbeing, total loss of independence etc	National adverse publicity, irreparable damage to reputation, litigation etc
Major	Major permanent loss of function related to acts of abuse, fractures leading to disability, theft of	Theft from many vulnerable adults, risk of assaults and verbal abuse against staff or others, access to medical /social care	Prolonged medical admission, change to living arrangements, total loss of independence, persistent risk of	Widespread/ sustained adverse publicity, increased public and regulator

	significant cost or from someone in position of trust, sexual abuse etc, Significant self-neglect requiring hospitalisation, possible criminal offence	denied leading to significant health problem, possible criminal offences etc	assault to staff and others with risk of care withdrawal and impact on health and well-being etc	scrutiny
Moderate	Semi-permanent harm leading to 1month-1yr of increased support and rehabilitation, some loss to independence, theft from stranger, controlling carer/relative , persistent verbal abuse/ significant psychological damage, some level of self neglect/non-compliance etc	Harm/ risk of theft to vulnerable others, persistent poor quality care, resulting in people's health and well being impacted on, more than one incident of medium to low level institutional abuse, rude and abusive carers, failure to act on complaints, development of and poor management of pressure ulcers grade 3 and above, etc	Medium to low level harm, mainly psychological, anxiety, depression as a reaction requiring medical intervention, pain and discomfort, semi-permanent, loss of independence etc	Widespread or low profile adverse publicity
Minor	Short-term injury, one-off incident and low-level theft, shouted at by spouse, other relative, development of pressure sores grade 2 and above	One-off verbal abuse with multiple victims and against staff, One-off incident of rudeness by care giver or perpetrator towards others and staff	Anxiety and being upset which responds to reassurance, no real loss to independence or level of function	Adverse publicity
Negligible	Minor harm, one incident of undignified care, delays in service due to a one-off shortage of staffing	Development of grade one pressure sores with no management plan or ineffective care plan for a number of patients, one incident of undignified care due to other factors etc.	Anger and frustration for victim, staff being rudely addressed	none

With thanks and acknowledgment to the London Boroughs of Camden, Hackney, Haringey, Southwark & Sutton