

The governing principle behind good approaches to choice and risk is that people have the right to live their lives to the full as long as that does not stop others from doing the same. Fear of supporting people to take reasonable risks in their daily lives can prevent them from doing the things that most people take for granted.

What needs to be considered is the consequence of an action and the likelihood of any harm from it. By taking account of the benefits in terms of independence, wellbeing and choice, it should be possible for a person to have a support/care plan which enables them to manage identified risks and to live their lives in ways which best suit them.

An assessment of risk should be completed at each phase of the safeguarding adult's process but **must** be completed at:

1. Referral/Strategy process stage and
2. Conclusion of the investigation/case conference stage.

It is vital to keep accurate records of discussions that take place about areas of choice.

13.1 Definitions

Risk assessment is simply a careful examination of what could cause harm, so that precautions can be considered and implemented to prevent harm.

Risk-taking is choosing to act or not to act in relation to assessed risk.

Risk is the likelihood of harm occurring, and the severity of its consequences in terms of injury. THE HOW BAD + HOW OFTEN.

Harm is "Ill treatment (including sexual abuse, and forms of ill treatment that are not physical) but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development.

'Risk is dynamic and may depend upon circumstances which alter often over brief periods. Therefore, risk assessment needs a

predominantly short-term perspective and must be subject to frequent review. Some risks are general whilst other risks are more specific with identified potential victims.'

13.2 What is reasonable risk?

- Everyone perceives risk differently.
- It is often viewed negatively and can prevent people from doing things that most people take for granted
- It is about striking a balance between empowering people to make choices, while supporting them to take informed everyday risks
- The governing principle behind good approaches to choice and risk is people have the right to live their lives to the full as long as that doesn't stop others from doing the same
- In the decision-making process we should identify areas that might be potentially harmful to the individual or others and then look to put in measures that reduce the risk and promote the independence of the individual.

13.2 Carrying out a risk assessment within the Safeguarding Adults procedures:

An assessment of risk should be completed at each phase of the safeguarding adult's process but **must** be completed at:

1. Referral/Planning process phase and
2. Conclusion of the investigation/case conference phase.

All assessments of risk must be recorded on Carefirst and should include:

- Identification of risk
- Factors that increase the risk/harm
- Factors that decrease the risk/harm
- Likelihood of it occurring or reoccurring
- Consequences/impact
- Risk assessment score (using Solihull's Risk Matrix)
- Next steps/actions.

A Risk Assessment and Management Tool has been developed for OPTIONAL use and is in Solihull's Adult Social Care's Toolkit.

13.3 Completing a Risk Assessment within the Safeguarding Adults procedures:

Type of Risk

Identify here the original risks of harm, which may change when protective action is taken. *For example, original risk of harm is rape, but the current risk is much less if the person causing the harm is arrested.*

Detail in this section the how bad and how often and think wider than the presenting issue. *For example, financial abuse increases an individual's risk of neglect, risk of lack of adequate food or heating and possible eviction.*

Also consider in this section, the risk of harm to other adults at risk. **For example, one person experiencing physical abuse due to inappropriate use of restraint may be an indication of institutional abuse, affecting more people.**

When considering risk of harm, always record the individual's awareness and perception of the risks.

Factors that increase risk of harm

There are a number of personal and environmental factors which will contribute to an individual's risk of harm. They include;

- **Age.** Research shows people are significantly more likely to be abused if you are aged over 70 years of age.
- **Physical disability.** Increased physical dependency on other for help with day-to-day living makes people more vulnerable to abuse.
- **Learning disability.** Adults with learning disabilities may not understand acceptable levels of support or may be in situations where abuse from other service users is more likely and communication difficulties may mean reporting abuse difficult.
- **Mental Health Issues.** Research has shown that people with mental health illnesses often are not believed or find themselves in situations where abuse from other service users is possible.
- **Sensory impairments.** Individual's sensory impairments may make reporting abuse difficult or identifying their abuser difficult.

- **Dementia.** It is particularly important to assess individual's mental capacity.
- **Ethnicity / culture.** If English is not the person's first language – reporting abuse may be difficult. It is particularly important to use independent interpreters to aid communication – never use family members.
- **Social isolation.** If a person has limited family or social networks they will have less external scrutiny to identify any signs of abuse or mistreatment.
- **Previous victim of abuse.** Victim of abuse often have low self-esteem and or a belief system supporting abusive behaviour as a legitimate response to situations.
- **Communication difficulties.** Where necessary independent professional who can facilitate communication must be used.
- **Previous “perpetrator” of abuse.** Those who previously were perpetrators of abuse who then become dependent on their previous victims may be at risk of abuse with ‘revenge’ as the motivation.
- **Health problems.** Individual health problems may make them too weak to report or respond to abuse.
- **Domestic abuse.** Research shows that Domestic Abuse is most commonly experienced by women and perpetrated by men. Women with disabilities are twice as likely to experience gender based violence as non-disabled women. And are likely to experience abuse over a longer period of time and suffer more severe injuries as a result.
- **Service providers.** If an individual is receiving community care services, the actions of the provider may have an impact on the individual. Specifically if there is no current manager, new manager, high staff turnover, high proportion of agency staff, large number of people with high levels of needs, little or no staff training.

When considering factors that increase the risk of harm, always record the individual's views.

Factors that decrease the risk of harm

Identify the protective factors that are in place **or** which have been put in place as a result **or** that can immediately be put in place to reduce or eliminate the risk of harm. This should include any immediate/emergency Protection Plans put in place by any agency.

For example:

- Support services in place (domiciliary care package, 1-1 support)
- Relationships with family, friends, neighbours, which do not present a risk
- Access to social/support groups
- Awareness of personal support
- Services recognises abuse and has taken appropriate action
- Person is in a place considered to be safe

When considering factors that decrease the risk of harm, always record the individual's views.

Can they identify their own risk management strategies?

Likelihood of it occurring or recurring

From the identification of the risks of harm, the factors that increase and decrease the risk of harm establish the likelihood of it having occurred or recurring using the following frequency based score:

High	Medium	Low
Highly likely or almost certain to happen or recur - possibly frequently.	Likely to happen or recur	Do not expect it to happen or recur but is possible

Consider:

- How long has the alleged abuse been occurring for?
- Is there a pattern of abuse?
- Have there been previous concerns – not just safeguarding adult alerts, but other issues related to the victim, e.g. ASB, Hate Crime incidents, but also in relation to the alleged person causing harm?
- Are other people at risk?
- Is the situation monitored?
- Are the incidents increasing in frequency and/or severity?

When considering the likelihood it has occurred or that it will recur, record the individual's views.

Impact/Consequence

From the identification of the risks of harm, the factors that increase and decrease the risk of harm determine a consequence/impact score using the following descriptors.

HIGH	Serious harm/concern or life threatening to one or more people
MEDIUM	Some harm or concern to one or more than one person
LOW	Minimal harm or concerns to one person

When considering the consequence/impact, always identify the individual's account of the depth and conviction of their feelings.

What effect did it have on the individual?

Consider:

- What was/is the actual harm?
- What is the worst possible outcome?
- Is there reason to believe someone may be in danger?
- Is the abuse persistent and deliberate?
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IMPACT	High	Amber - 7	Amber - 8	Red - 9
	Medium	Green - 4	Amber - 5	Amber - 6
	Low	Green - 1	Green - 2	Green - 3
LIKELIHOOD		Low	Medium	High

Risk of harm category

To calculate the risk of harm category, select the appropriate likelihood row and the appropriate consequence/impact column, to identify the risk rating and colour coded category.

Low Risk Green 1-4	<ul style="list-style-type: none"> • A situation which may have an element of risk. • No further action required under Safeguarding Adults procedures. • Team manager is responsible for accepting the risk.
Medium Risk Amber 5-8	<ul style="list-style-type: none"> • Situations which are considered to be of medium risk and require further investigation and monitoring. • Initiate Safeguarding Adults procedures. • Consider need for an immediate Protection Plan • Team manager is responsible for accepting the risk • Situations, which are identified as medium risk amber should be reviewed every 3-6 months
High risk Red 9	<ul style="list-style-type: none"> • Situation which are very likely to result in serious harm to the individual and or others. • Initiate Safeguarding Adults procedures. • Is a Protection Plan needed? • If also Domestic Abuse complete CAADA-DASH Risk Identification checklist for referral to MARAC. • Team manager is responsible for accepting the risk but should also consider if further escalation is required to Head of Service. • High-risk situations should be reviewed no less than every 3 months.

13.4 Next steps/actions

One or more of the following should be recorded and actioned following this assessment of risk of harm:

1. No further safeguarding action
2. Strategy meeting – multi-agency
3. Investigation
4. Large Scale Investigation
5. Case Conference
6. Protection Plan
7. MARAC Risk Assessment and referral made
8. Should High risks (red) be escalated to senior managers?

This sequence does not need to be strictly followed, e.g. you may miss out strategy meeting and go straight to Investigation on receipt of a referral.