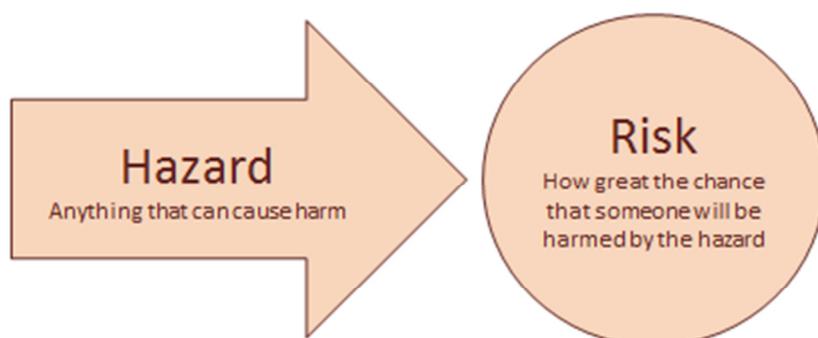


## Section 10: Guidance on risk assessment and risk management within the Adult Safeguarding process

### 10.1 Definition

*'Risk is the likelihood that a person may be harmed or suffers adverse effects if exposed to a hazard'* (Health and Safety Authority 2017). In the context of adult safeguarding the focus of the risk judgements will be on the likelihood and the consequences of abuse or neglect.

### Hazard and Risk



### Purpose and principles

The purpose of risk assessment is therefore to establish the likelihood and the impact of any actual or potential hazard.

In line with the approach of positive risk taking (*A positive approach to risk and personalisation: A framework – Joint Improvement Partnership 2011*) it is important to recognise that risk is a normal everyday experience and that therefore the Safeguarding Principles must be applied in a manner that promotes empowerment and proportionality as well as prevention.

The assessment of risk must consider the harm that has previously occurred, as this will assist in establishing facts and also the impact of the hazard. More important is

the assessment of the future potential for harm, which will be informed by, but is not dependent on, past history.

Risk assessments must recognise and acknowledge the protective factors that may be in place and which are already mitigating the potential harm of a situation.

Risk assessment should focus on the desired outcomes of the adult and others and, in recognition of the fact that life is never free from risk, desired outcomes need to be compared against other potential consequences.

## **10.2 Roles and responsibilities**

The assessment and management of risk is primarily the responsibility of the adult unless it is the case that they are unable to make the relevant decisions or are so intimidated or controlled by others that they are unable to protect themselves.

Professional staff have the responsibility to reach their own assessment of the potential risk of harm and this is a dynamic and continuous process. The purpose of identifying the hazards and the likelihood is to determine whether any intervention is necessary and, if so, what is the most appropriate course of action.

Where an adult may lack the mental capacity to make decisions relating to risk then the principles of the Mental Capacity Act 2005 apply and risk management will be a matter for a best Interests decision, informed by the adult's wishes and the views of other relevant consultees. The fact that an adult lacks mental capacity does not reduce the need for interventions to be proportionate and the least restrictive principle of the Act requires interventions to be no more intrusive than is required by the situation.

In complex situations where there may be a high likelihood of serious harm agencies must work in partnership to share information, consider options for intervention and be accountable for their individual and collective contributions in mitigating the risks. As in all safeguarding the need for communication and co-ordination is of paramount importance in developing appropriate and responsive systems.

## **10.3 Timeliness and risk**

These Procedures highlight the target timescale for undertaking an initial assessment of risk in advance of any enquiry. The initial risk assessment must be continuously reviewed to ensure that new information is taken into account and new hazards are identified or previous concerns are discounted.

Individual agencies may have their own timescales and documentation for the assessment and management of risk but irrespective of these it is essential that the process remains dynamic and continuous.

In most situations the higher the assessed level risk the greater the need for an urgent and prioritised response.

#### **10.4 Process**

The risk assessment process starts at the point when the decision is made as to whether a section 42 enquiry is necessary. At this stage many details regarding the risk of harm and the impact will not be available and Safeguarding Manager must take a view based on the information available to them at the time.

The Levels of harm table on page 101 assists Safeguarding Managers to identify the level of harm that has occurred. The Assessment of level of risk matrix on the following page enables the Safeguarding Manager to consider the future impact based on the level of harm and the probability that the harm will occur. This provides a scored judgement of the current risk prior to the enquiry.

The same process is completed at every subsequent stage of the safeguarding enquiry process.

At the conclusion of the safeguarding enquiry it will be possible to establish the risk of harm and, if there is still a medium or high risk then a Safeguarding Plan should be developed to identify how this is to be mitigated.

Professional judgement is critical in considering the factors that may be contributing to the risk and also in determining the approach and level of response.

Where the adult has been assessed as lacking mental capacity to make decisions regarding any area of risk then the Best Interests Decision-Making process should use the 'balance sheet' approach to identify the best of any range of options. It is important that this process is based on a realistic understanding of the probable hazards and potential risk to the individual and that no assumptions are made that any type of provision is inherently safer than any other (for example, it is not the case that institutional care is necessarily hazard free although the hazards may be quite different to those present in the community).

No assumptions should be made arising from an adult's disability or mental disorder that the harm associated with abuse will be less serious than if they might not have a disability or mental disorder.

Consideration must also be given to assessing the risk to other adults and to children. For example, when it is alleged that a staff member, volunteer or organisation has abused an adult, the level of harm to others should always be assessed, fully recorded in the relevant documentation and appropriate action taken.

The level of risk of harm will be informed by the following:

- The level of threat to independence;
- The impact of the alleged abuse on the physical, emotional and psychological wellbeing of the adult;
- The duration and frequency of the alleged abuse;
- The extent and degree of the alleged abuse;
- The level of personal support needed by the adult and whether that support is normally provided by the potential source of risk;
- The apparent extent of premeditation, threat or coercion;
- The context in which the alleged abuse takes place;
- Potential risks to other adults or children.

Safeguarding Officers will work with others to ensure that they share information to arrive at a considered assessment of the risk of harm that takes account of the views of the adult and of the other agencies involved. The greater the shared ownership of the assessment, the better the chance of real protection to the adult.

Agencies must not base their own decision-making about the risk of harm purely on the assessment of risk provided by another agency, for example, the fact that the harm may have been insufficient to sustain a criminal prosecution cannot be used to justify a failure to act in respect of other processes (e.g. disciplinary processes). Each agency is accountable for ensuring that they identify the levels of risk relevant to the presenting concerns.

## **10.6 Recording**

Although the formats for recording risk assessments will vary from agency to agency there are a number of questions that are of key importance:

### **a) What are we worried about (risk assessment):**

- What is the hazard?

- What would be the impact of the hazard if it were to occur?
- How likely is it that the hazard will occur?
- What is already in place to mitigate the risk of harm?

**b) What is to be done about it (risk management):**

- What is the outcome that the adult wishes for?
- What other outcomes might be desirable?
- What interventions might be possible to reduce the risk of harm?
- Are these interventions proportionate to the risks?
- What is the risk associated with the interventions?
- Does the adult consent to the proposed interventions?
- Does the adult have capacity to consent?
- If not, what will be in the adult's best interests?
- Are all professionals in agreement with the interventions?
- Can it be agreed that no intervention is required or possible?
- Are any formal assessments or statutory interventions (e.g. Mental Health Act) indicated?

## **10.7 Risk Management**

In most Safeguarding Enquiries the process will use the assessment of risk as the basis for further enquiry and action; reduction in risk of harm is a significant indicator for the effectiveness of the process. In some situations it may be that the risks cannot be mitigated in any significant way and it is for the multi-agency partners to work together to ensure that this is acknowledged and jointly owned with a clear plan of what has been implemented and a realistic assessment of how far this has mitigated the identified hazards.

In situations where the mitigation of the risks is not possible the workers should ensure that their recording makes clear what steps have been taken and also how the situation has been concluded.

In most situations some form of risk management plan is preferable to having none at all and negotiation or discussion can often achieve some level of co-operation which may slightly reduce the possibility of harm occurring.

Enquiries must acknowledge all protective factors and ensure that safeguarding measures do not cause greater disruption or distress to the adult than was caused by the alleged abuse. Protective measures must offer better choices and opportunities than those that previously existed.

**LEVELS OF HARM – TO BE USED IN RELATION TO BOTH HARM THAT HAS OCCURRED AND HARM THAT IS ANTICIPATED**

None	To be used when abuse is disproved, not substantiated or removed.
Low level of harm (A)	<ul style="list-style-type: none"> <li>• Misuse or theft of small amounts of money or property</li> <li>• Lack of care leads to discomfort or inconvenience but no significant injury</li> <li>• Occasional harassment, taunts or verbal outbursts</li> <li>• Isolated assaults that cause temporary marks, minor injury or no lasting distress</li> </ul>
Medium level of harm (B)	<ul style="list-style-type: none"> <li>• Injury causing lasting marks, temporary discomfort or incapacity or requiring a period of treatment or care</li> <li>• Repeated assaults that cause distress and injury</li> <li>• Misuse / misappropriation of benefits, properties and possessions leading to short or medium term difficulties in budgeting or income</li> <li>• Continued neglect that has caused a limited period of distress and/or physical harm requiring clinical intervention</li> <li>• Controlling behaviours that lead to a significant restriction of independence and the loss of relationships and opportunities</li> <li>• People other than the alleged victim (e.g. children, relatives, other residents or service users) are disturbed or distressed by the abuse.</li> </ul>
High level of harm (C)	<ul style="list-style-type: none"> <li>• Serious physical harm, risk to life or permanent injury</li> <li>• Rape or serious sexual assault</li> <li>• Life threatening neglect or negligence</li> <li>• Harassment and/or threats leading to lasting psychological harm</li> <li>• Coercion and/or control that leads to a total loss of autonomy</li> <li>• Major financial loss leading to significant changes in lifestyle and autonomy</li> <li>• Risk to life or lasting psychological harm to others.</li> </ul>

**ASSESSMENT OF LEVEL OF RISK**

		Severity of Impact			
		No Impact	Low Impact (A)	Medium Impact (B)	High Impact (C)
Likelihood	Unlikely	None 0	Low 2	Low 3	Medium 7
	Possible	Low 1	Low 2	Medium 6	High 9
	Likely	Low 1	Medium 4	Medium 7	High 10
	Certain	Low 1	Medium 5	High 8	High 10

Example: X has been raped and a Safeguarding Concern has been raised. The level of harm is *High*. The alleged rapist has not yet been arrested and X continues to be distressed and fearful. Some protective measures are in place and so the likelihood of further harm is *Possible*. On the matrix this shows as:

*High Impact + Possible = score of 9* and the risk of harm continues to be *High*.