



OLDHAM ADULTS SAFEGUARDING BOARD

The TRAM Protocol Summary

(Tiered Risk Assessment and Management Protocol)

This fact sheet provides a summary of the headline messages and touches on some of the practical guidance in the TRAM Protocol. For more information access [the full TRAM Protocol](#).

Setting the Scene

*Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. **Partners should ensure that they have the mechanisms in place that enable early identification and assessment of risk through timely information sharing and targeted multi-agency intervention.** (Care Act 2014 Chapter 14)*

Who is this for?

As an individual leading your own life you will experience and make decisions about risk on a daily basis.

As a professional working within Oldham's Safeguarding Partnership, you will frequently be required to work with people who are also experiencing risks in their lives. Working effectively with individuals in relation to risk involves ethical and value-based challenges and the need to balance the complexities of risk, restriction, and human rights.

This Protocol is designed to help practitioners working with individuals with multiple needs who are at serious risk of harm or abuse or where an individual's situation or behaviour places them, or others, at risk of harm or abuse.

It includes advice about **when and how** to escalate risk into a multi-agency setting, as well as **how to run shared multi-agency risk management processes** that balance positive risk taking with an individual's human rights and the safety of those around them.

The protocol covers individuals deemed to have capacity to make their own decisions, but who are at risk of serious harm or death due to:

- Behaviours that put them at risk
- Self-neglect and hoarding
- Refusal or inability to engage
- Two or more vulnerability factors
- 'Frequent Flyers' with acute services

Why is this needed?

Learning from Safeguarding Adult Reviews (SARs) tells us that only by sharing the information held by each agency can practitioners see all the pieces of the jigsaw when working with risk.

SARs also show us that having more than one risk factor can sometimes have a **multiplying** rather than a **doubling** effect on the risk of harm to the individual and those around them.

The protocol is designed to build on, rather than replace, single-agency risk management arrangements and adopts the following principles:

- The voice of the adult is central
- Risk should be shared between the person who takes the risk and the system/agencies that are trying to support them
- Culture of proactive and timely sharing of information on risk
- Culture of Team Around the Adult
- Holistic person-centred assessments that work to individual strengths
- Shared risk management and decision making between agencies
- Joint commitment to improve outcomes for the individual at risk

Scoping Risk – things to think about

1. We all cope with risk in different ways so it's vital that the individual is involved in the risk planning process ensuring appropriate support or adjustments are made to enable them to participate fully.
2. Be curious and think about all aspects of an individual's wellbeing and personal circumstances including physical health needs, psychological needs or external influences including family, community, or service risks.
3. **Remember that having more than one risk can have a multiplying rather than a doubling effect on the level of risk for the individual.**
4. Also think about the risk from the individual themselves through self-neglect. This can include a refusal to access services or take necessary medication or it could be due to other factors such as substance misuse or mental health issues.



5. Where the individual has capacity to make their own decisions and is making what others consider to be an unwise decision, look at any patterns of behaviour that may suggest they are struggling with executive functioning.
6. Use your internal risk assessment and professional judgement to trigger the timely sharing of information to understand if other agencies are holding information about other risks for the individual.

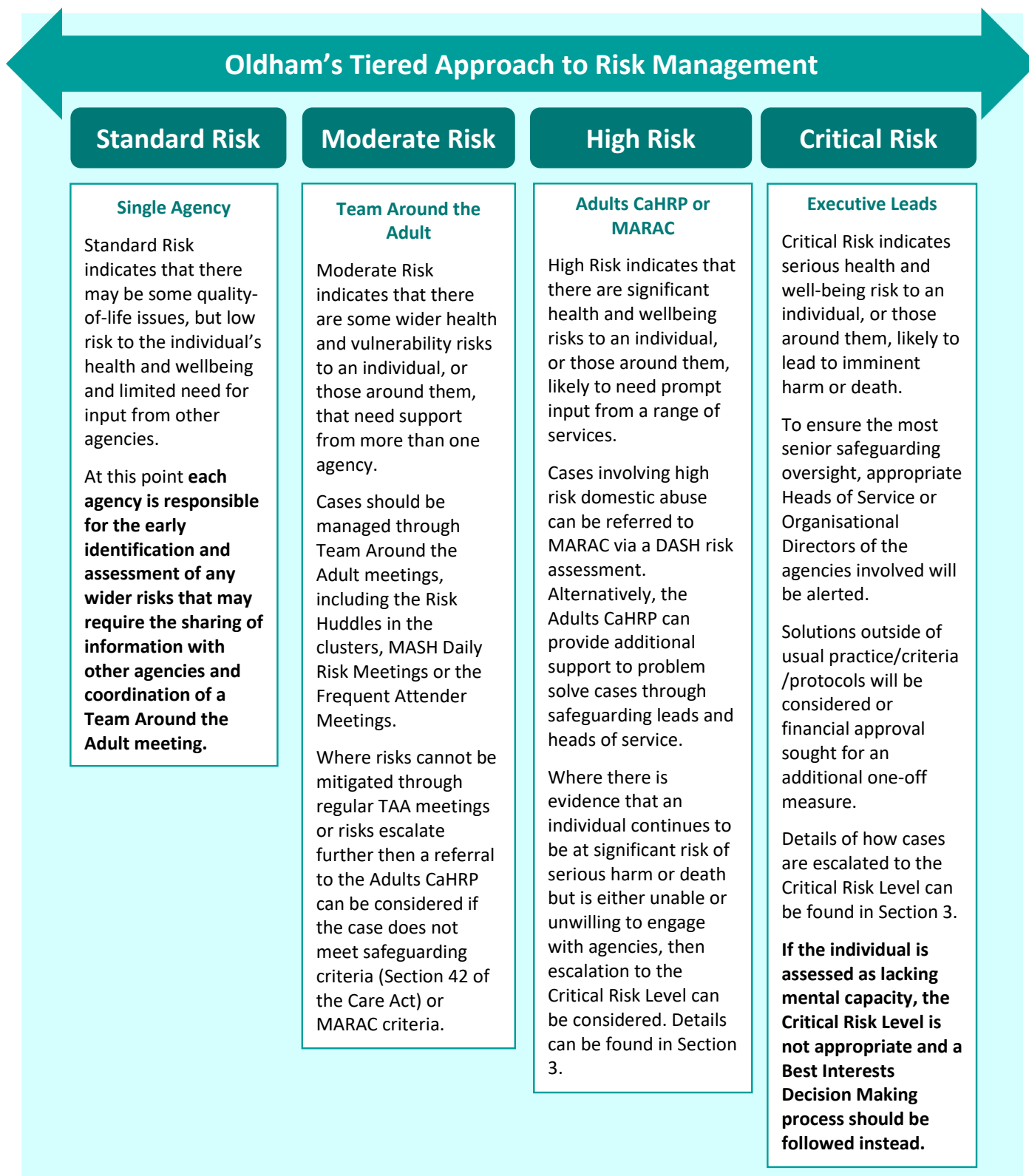
Assessing and Managing Risk

Risk enablement is the process of balancing decision-making in relation to risk and rights. Success involves identifying:

- **The strengths, resilience and resources of an individual** which may mitigate risks.
- **The context** including previous and current risk taking behaviours, previous and current external sources of risk, the ability of the individual's support network to cope with risk taking. This will help to understand the likelihood of it happening again.
- **The physical, psychological, and emotional impact of taking or not taking a risk.** This includes understanding the individual's view of the risks and what is acceptable to support positive risk taking. A risk averse practice can inadvertently restrict the independence and control felt by the individual over their situation.
- **Working proactively with the individual at risk** including looking at patterns beyond the immediate crisis to understand wider executive functioning.
- **Probability, timescales, external factors, and the significance of a potential outcome.** Risk management plans should summarise the risks and immediate action required to safeguard the individual. Plans should also be living documents that are flexible and responsive to changes.
- **The potential for risk minimisation.** This is when the risk of harm in your mind is minimised due to factors such as burnout, unconscious bias, or compassion fatigue. Unconscious bias due to an individual's repeated distressed behaviour can lead to a focus on select information rather than the whole picture. It is a very natural human trait and regular reflection, supervision, peer, and managerial support are all there to assist practice.
- If you feel like you are going round in circles with a high risk case, consider escalating it through the TRAM process to get a fresh perspective.

Levels of Risk

The TRAM Protocol identifies four levels of risk:



Risk management is a live process which identifies each risk and the detailed measures taken to remove or reduce the risk. Risk assessment and risk responses require ongoing reflection and review. It is important for practitioners to recognise that all risk cannot be removed, all harm cannot be prevented from taking place, and that some risk taking can have positive outcomes.

The [TRAM Protocol](#) provides practical resources including an [Adult Risk Assessment and Management Tool](#), [Risk Action Plan Template](#) and Team Around the Adult guidance (section 2 and [Appendix 4](#)). It also includes the steps to take to escalate cases to the Adults Complex and High Risk Panel (CaHRP) and the Critical Risk Level (section 3).

Calling a Team Around the Adult Meeting

Whilst Team Around the Adult (TAA) meetings are designed to work with complex cases to achieve change, the principles apply to all levels of risk in Oldham.

The TAA approach can help where more traditional engagement methods have not been successful, or where change may not have been maintained. Approaches include trying new ways of working or retrying previous ideas and aim to balance empowering the individual through positive risk taking and keeping them safe.

It works on the principle that creating virtual teams drawn from the statutory, voluntary, and independent sectors to consider high risk cases, benefit from shared risk management and the pooling of different roles, strengths and expertise from across the safeguarding partnership in Oldham.



How it works:

1. Anyone can call a TAA Meeting. The key is to organise one at the first signs of escalating or wider risk; especially when cases involve issues such as non-engagement, self-neglect, and/or behaviours that place the individual at significant risk of harm.
2. Involve the individual in planning the TAA meeting and in the risk assessment, management, and review process. Where possible risks should be jointly owned between the individual and the TAA.

3. Where an individual and or their family/carer chooses not to engage in the process repeat the invitation at different stages and record all the steps you have taken to engage them.
4. Holding a TAA meeting does not require consent to share information. See the [OSAB Data Sharing Agreement](#).
5. Choosing who to invite to the TAA meeting should be considered on a case-by-case basis. Think about including services currently working with the individual as well as agencies or services that **should** be involved. The aim is to combine short-term interventions designed to stabilise and make a situation safe; with longer term community-based support and wellbeing services brought in at an early stage to build sustainable relationships
6. The first TAA meeting should identify and jointly agree a Lead Professional to act as the main point of contact. Wherever possible, the individual at risk should be involved in this decision. Having a Lead Professional helps to ensure that agencies work together to achieve jointly agreed outcomes and prevents the case from drifting.
7. The role of the TAA is to support the Lead Professional. It does this by providing a practical forum for collective risk management and shared ownership of the case. Every member of the team is responsible for joint decision making and agreeing when action needs to be taken and by whom.
8. Members of the TAA should explore holistic solutions that are not limited by organisational criteria.
9. When and how the Risk Assessment and Management plan will be monitored and reviewed should be jointly agreed, along with any warning signs that should trigger an earlier review.

Further guidance about the Team Around the Adult and Templates to use can be found in the [TRAM Protocol](#) (section 2 and [Appendix 4](#)).

Escalation

It is expected that the TAA process will contain, manage, and mitigate risk within Moderate and High Risk cases. Cases can be referred to the Adults **Complex and High Risk Panel (CaHRP)** where there are significant risks that cannot be mitigated or managed at an acceptable level through regular TAA meetings.

Escalation

Cases can be referred to the monthly Adults Complex and High-Risk Panel (CaHRP) to get a new perspective and/or more senior oversight of the risk management process. The Adults CaHRP will support cases where individuals continue to be at high risk of harm but who are unable or unwilling to engage with services; or where there is an incident that has increased the level of risk. **Full details of how to make a referral to the Adults CaHRP can be found in the [Terms of Reference](#).**

For the small number of cases involving imminent, risk of harm or death, the Adults CaHRP can agree for a case to be escalated to the **Critical Risk Level**.

Before escalating a case to either the Adults CaHRP or Critical Risk Level, the TAA must evidence that all possible steps have been taken to mitigate the risk and where appropriate that other options such as Section 42 safeguarding process; Section 9 Care and Support Assessment and/or Section 11 refusal of assessment have been considered.

De-escalation

If partners feel that the risks have been addressed the case can be stepped down through the different levels of risk set out within the TRAM Protocol.

When working with an individual at the Critical Risk Level, there must be agreement by all Adults CaHRP members that the individual is engaging and no longer at risk of serious harm or death before the process is ended. Due to the level of risk, Critical Risk cases aim to be closed quickly.

The main reasons for closure include:

- The individual is now engaging with practitioners to reduce risks
- The risk is reduced to a level that there is no longer a risk of significant harm or death
- The individual is deceased.

Before a case is closed, even if the individual has died, a review of the case must be held to determine:

- The rationale for closure, to capture the individual's outcomes
- if there is any learning from the case
- if a multi-agency review is needed
- whether a SAR or LeDeR referral is needed

- if agencies need to follow their single-agency unexpected death procedures (learning should be shared with the OSAB).

Where the individual has moved out of area, consideration should be given to previous history of short-term moves or chaotic patterns of behaviour and where possible the case should remain open for a minimum of three months in line with best practice identified by HM Coroner.

Gaining Consensus

It is recognised that at times, there will be different views about the handling of concerns at the Critical Risk Level. Typically, this happens when:

- The individual is not considered to meet eligibility criteria for assessment or services
- There is a difference of opinion as to whether safeguarding adult procedures should be invoked
- There is difference of opinion about the individual's mental capacity to make specific decisions about managing risks
- The individual is deemed to have mental capacity to make specific decisions and is considered to be making unwise decisions
- Practitioners place different interpretations on the need for single/multi-agency responses
- Practitioners feel that meeting the needs of the individual sits outside of their work remit
- Resources are not appropriately available or allocated. (Please note that whilst actions are required to be taken within the law, they should not be constrained due to perceived limitations to organisational boundaries.)

In these situations, agencies are encouraged to apply the principles of the TAA, ensuring the continued central focus remains on the needs of the individual.

Where there are irreconcilable differences, engagement with OSAB to support resolution should begin through contact with the Business Manager in line with the [OSAB Escalation and Resolution Conversations Protocol](#).