Risk Enablement Panel Procedure

Adult Social Care

Risk Enablement and Adult Risk Management Practice Guidance

Directorate:	Adult Social Care and Housing
Division & Service:	Adult Social Care
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Original Approved By:	Adult Social Care Management team	**Approved Date:**	May 2022
Last review Date	April 2025	**Version No.**	3.1
Review Validation by:	Practice Governance Board	**Validation Date:**	28/04/2025
Effective From:	April 2025	**Next Review:**	April 2027

Policy Owner Signatories

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CQC Assurance Key Areas:

This document supports CQC Assurance Key Areas (detailed in section 10):

Safe	Effective	Caring	Responsive	Well-led
●	●	●	●	●

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Contents

1. Introduction

1.1 Risk is part of everyday life, it is inherent in everything we do, often it is the element that allows us to grow and learn. It is with this enabling approach in mind that this procedure has been developed.

1.2 Risk Enablement Panels provide an arena to review identified risks and mitigating actions where these cannot be resolved during the normal process of assessment, support planning, review, or complex case management.

1.3 Cases referred to a Risk Enablement Panel are likely to have presented significant challenges with multiple avenues having been exhausted, or where intervention has failed to reduce significant risks to an individual, staff, or service.

1.4 Risk Enablement Panels provide an opportunity to share information and decision-making, often where multiple agencies are involved in a person's life. This will foster collaboration, enabling an effective, transparent, and safe approach to reach the best decision based on the information available.

1.5 Any concern or suspected abuse against a child within the family will immediately trigger a referral to Children's Services for an enquiry under Section 47 of the Children Act 1989. Where a child is assessed as being 'in need' the matter may initiate an initial assessment under Section 17 of the Children Act 1989.

1.6 Any immediate or suspected concern of abuse towards an adult will trigger a referral to the Adult Safeguarding Team. The outcomes following a Safeguarding screening, initial enquiry or an enquiry under Section 42 of the Care Act 2014, will inform the relevant Risk Enablement Panel.

2. Purpose

The purpose of the panel will be:

2.1 The Risk Enablement Panel will provide a platform for guiding and supporting staff where high risks are identified, particularly in complex or challenging situations. This will include discussions, decision making and actions plans to mitigate risk, in a safe and supportive environment for staff, agencies and the individuals involved.

2.2 The Panel seeks to find positive solutions and outcomes and ensure that no individual is left to make a difficult decision alone. The Local Authority and partner agencies will work collaboratively to evaluate and monitor risk and demonstrate they have fulfilled their duty of care.

2.3 To develop shared responsibility and accountability when dealing with the highest and most complex risks between the:

- Council
- Person/family
- Carers
- Partner agencies

- Providers of services
- Workforce

2.4 Risk Enablement Panels do not have the authority to provide extra staff or financial resources to manage identified risk. Community Assessment and Health Services have an existing escalation procedure for complex funding decisions in this situation.

3. Membership

3.1 Membership of each panel comprises of Senior Managers and specialists who have relevant experience and knowledge. For example, where health agencies are involved, there may be a relevant representative from the Health Service. Where consent and capacity are fundamental to decision making, the MCA/Dols Lead may be invited. Professional representation will vary depending on the needs of the individual referred and encourages multi-disciplinary discussion, decision-making and partnership working.

3.2 Members are supported by their respective managers within the Directorate. Attendance of some members is dependent on whether there is a case relevant to their specialism at that particular meeting (e.g., Safeguarding, Quality and Practice).

3.3 The Chair of the Panel will be a Head of Service, Operational Manager or Senior Manager/Lead from the agency or service requesting the meeting. The Risk Enablement Panel will consist of a core team of:

- Administration staff member – for the purpose of taking minutes and not part of the decision-making panel.
- Senior Management from the referring agency with authority to commit resource and lead decisions on behalf of their service area/agency.
- Specialist from relevant service area, including both in-house and external representatives.
- Referring Practitioner (it is expected that Team and Operational Managers will have been briefed and approved the referral prior to the request.
- Person themselves (optional)– The person should be invited to attend, or they can submit their views prior to a meeting if they do not wish to attend)

3.4 Other relevant agencies/organisations can be invited if appropriate, to provide expertise or necessary support for the person, such as advocacy, communication, language support and/or to provide support due to a disability.

4. Referrals to the Risk Enablement Panel

Who can make a referral to a Risk Enablement Panel?

4.1 A Practitioner after discussion with the person and management within their service area.

4.2 Any agency, individual service/care provider who wants the support of the Local Authority and recognises the need to work in partnership can make a referral where risks are deemed very high.

4.3 The Panel will support the process of advanced directive where legal documentation is in place and liaison with relevant health professionals has been undertaken. Ensuring that the decision has been recorded and the wishes of the individual will be acted upon. People deemed as having mental capacity for the relevant decision in question who are considered to be making 'unwise' or high-risk choices may be referred to the panel to evidence and explore professional support and advice offered to the person.

4.4 If the current or recommended support plan to meet assessed eligible needs is declined by the person or does not appear to keep the person healthy, safe, and well or places the person in a position of abuse or harm.

4.5 If the risk is significant, i.e. a high risk of probability of significant harm, severe injury or death. the panel retains the right to refuse the proposed support plan, seek legal consultation and if necessary, authority to oversee the meeting of identified needs in a way determined by the Local Authority.

5. Procedure For Referring to Risk Enablement Panel

5.1 A referral is initiated following discussion with a Team and Operational Manager, with a detailed outline of the risks identified and possible impact on the person. In addition, what intervention has been tried and the response and outcomes including the person's view.

5.2 Panels will be arranged as and when required.

5.3 A panel is requested via an email to the respective Operations Manager, Head of Community Assessment Services or Head of Service for Safeguarding or relevant Health Senior Manager. Your request should outline the rationale for a risk enablement meeting and attach relevant information such as most recent assessment of social care needs, mental capacity, and risk assessments. Following receipt of your email a meeting will be arranged at the earliest convenience for required attendees.

5.4 At point of referral a Chair will be designated who will monitor the case until resolution, or when risks are reduced to a point where case management arrangements can resume. This approach ensures that there is accountability, continuity, and commitment.

5.5 The panel agree and record actions, recommendations, and the review date. Minutes will be circulated to attendees. The Practitioner will record discussion and outcomes on the persons electronic case notes.

6. Format of Meetings

6.1 The Practitioner making the referral will present the case at the meeting. This will include relevant historic information, previous and current interventions, person's wishes, and an overview of options considered including rationale for those felt to be non-viable.

6.2 It is essential that the process is well documented, with outcomes and actions (with time scales as appropriate) demonstrably followed up, particularly issues of consent and capacity. Therefore, all panel meetings will be accurately recorded.

6.3 Panel members will endeavour to facilitate the meeting in an informative, supportive, and sensitive manner. This may include conducting the meeting at an appropriate agreed neutral venue. Consideration will be given to any access and support needs of attendees.

6.4 The Chair will ensure each discussion remains centred to the issue being discussed, maintaining confidentiality and professional practice.

6.5 Decision making must demonstrate a balance between respecting and supporting the person's independence and rights whilst ensuring Adult Social Care and Health meets its obligations arising from any duty of care they have.

6.6 After each decision is agreed on, the Chair will summarise actions for the person taking the minutes and person actions are apportioned to. All attendees are responsible for ensuring they have understood actions/recommendations/decisions made by the Risk Enablement Panel.

6.7 The referring Practitioner will be responsible for updating relevant records and communicating outcomes to the person and relevant parties not present. Where appropriate this may be delegated to the referrer's line manager.

6.8 Panel members will set a date to review the case and reconvene where necessary.

7. Equality and Diversity

7.1 All Adult Social Care policy and guidance are accompanied by an Equality Impact Assessment (where applicable) and an implementation plan that sets out monitoring and reporting arrangements available in relation to this policy.

7.2 The Council is proactive about putting in place arrangements to ensure that they do not unfairly discriminate against individuals on the grounds of their protected characteristics. Equality should be integral to the way in which any support is prioritised and delivered.

8. Related Policies & Guidance

- Risk Enablement and Adult Risk management Practice Guidance

9. Evaluation and Review

9.1 This guidance will be reviewed in two years.

10. CQC Assurance Key Questions and Quality Statements

This procedure supports CQC Assurance Key Areas:

1. Safe

- Ensures that risks to people's health, safety, and wellbeing are identified, reviewed, and managed collaboratively when standard processes are insufficient.

- Upholds safeguarding responsibilities under the Care Act 2014, providing a formal structure for multi-agency decision-making in cases of significant or escalating risk.

- Promotes a transparent, documented approach to complex case management, ensuring decisions are defensible and proportionate.

2. Effective

- Encourages practice grounded in legislation and best available evidence, particularly the Mental Capacity Act 2005 and Care Act 2014.

- Requires referrals to include clear evidence of need, capacity considerations, and previous interventions, ensuring decisions are fully informed.

- Facilitates collaborative working across health, social care, and other partner agencies to deliver outcomes aligned with people's goals and legal entitlements.

3. Caring

- Supports person-centred practice by inviting individuals to attend panel meetings or submit their views and wishes in advance.

- Demonstrates compassion by ensuring accessibility, communication support, and a sensitive approach to difficult discussions.

- Provides a supportive forum for professionals managing high-risk situations, reducing isolation and emotional strain in decision-making.

4. Responsive

- Offers a clear escalation route for unresolved risk concerns, ensuring timely responses in complex or high-risk situations.

- Tailors responses to the individual's needs, circumstances, and history, with decisions shaped by their expressed preferences where possible.

- Promotes inclusion and equality by providing adjustments such as advocacy, interpretation, or disability access support to enable participation.

5. Well-led

- Establishes clear roles, responsibilities, and lines of accountability within risk enablement panels, ensuring consistency and governance.

- Emphasises accurate recording, action tracking, and case review planning, reinforcing a culture of transparency and continuous improvement.

- Encourages shared leadership across agencies, fostering a professional culture of reflective practice, learning, and collaboration in risk management.

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