



RISK ASSESSMENT AND PROTECTION PLAN

(Core Information should be completed in all cases in which an assessment is to be carried out under Adults at Risk Procedures; Communication Requirements identifies who is to be involved in that risk assessment and confirms who has been informed of the outcomes; the Risk Assessment then follows; the Protection Plan form should be completed in cases in which an Adult Protection Case Conference agrees a Protection Plan and should be updated by Review)

CORE INFORMATION

DETAILS OF SUBJECT

First Names:		Surname:	
Also known as:			
Date of Birth:			
Gender:		Ethnic group:	
Address:			
Postcode:			
Home Phone:		Mobile Phone:	
Housing Status:	Own home / Tenancy / Temporary / Homeless / Roofless / Care Home / Supported Accommodation / Lives alone / With family (underline as appropriate)		
ID Number:		CHI No:	
Legal Status (e.g. Adults with Incapacity Act Guardianship, Mental Health Act Compulsory Order) and Date of Order	Name of Guardian or Attorney?		
Care Programme Approach?	Y/N	Risk to worker?	Y/N

ASSESSING WORKER

Name:			
Designation:			
Work Address:			
Postcode:			
Phone No:		E-mail Address:	
Date of Risk Assessment:			
Date of SSA:			

COMMUNICATIONS REQUIREMENTS

(Good risk assessment is a shared, multidisciplinary, multi-agency effort in which information must be shared to ensure informed, defensible, shared decisions)

Role	Name and Designation	Involved and aware of current situation?	Contributed to this risk assessment?	Informed of assessment outcome? <i>(date, or N/A)</i>
Care Manager				
Mental Health Officer				
Criminal Justice				
Social Worker				
Social Work Other				
Support Worker Support Agency				
Community Nurse/CPN/D/N				
G.P				
Consultant				
Other health				
Police				
Housing/Landlord				
Unpaid carer/named person				
Guardian/Attorney				
Advocate				
Appropriate Adult				
Other				
Other				

RISK ASSESSMENT

*This form should be used when a Single/Specialist Shared (needs) Assessment (SSA), a Review, circumstances, or initial investigation of a significant incident reveals a **risk of serious abuse or harm**; or when complex needs interact to create **serious risks**; and when high levels of risk cannot be managed within a normal care plan. (see Tayside Protocol for definitions and process)*

1. CAPACITY, RECOGNITION AND INVOLVEMENT

Date:

First Names		Surname	
<p>a) Has the person being assessed any particular communication needs (<i>e.g. for interpreter, advocate, appropriate adult, Makaton, sign, speech and language therapist; or as a result of dementia, head injury etc?</i>)</p>			
<p>b) Comment on the person's ability to make his/her own decisions about risk? (<i>Evidence any limitations, if possible; refer to any examples of undue pressure if relevant</i>)</p>			
<p>c) Has there been a recent formal Assessment of Capacity? Yes/No If yes, detail outcome</p>			
<p>d) Is a formal assessment of capacity required? Yes/No Has this process been initiated? Yes/No</p>			
<p>e) Has there been a discussion with the person about information sharing Yes / No Any comments. (<i>See Tayside Protocol 1.5 and Information Sharing Protocols</i>)</p>			

3. CURRENT RISKS OR CONCERNS

Date:

Subject is considered to be at risk of serious harm from: (Tick <u>all</u> you consider <u>may</u> apply)	Risk of serious harm to <u>subject</u> ?	Risk of serious harm to <u>others</u> ? Whom?	Immediate danger/ Imminent crisis?	Subject agrees? Yes/No	Carer agrees? Yes/No
Physical injury					
Violence/aggressive behaviour					
Sexual abuse/exploitation/					
Sexual ill health					
Pregnancy					
Progressive illness					
Harassment/exploitation/racial abuse					
Psychological/emotional distress					
Mental/cognitive impairment					
Mental health problem					
Alcohol or drug abuse					
Suicidal intent/ self harm					
Self neglect					
Reduced social functioning/isolation					
Financial abuse/theft					
Homelessness					
Loss of employment					
Abuse by omission					
Institutional abuse					
Abuse by paid carers					
Risk to/Concerns for Children					
Other (specify)					

4. CURRENT RISK DESCRIPTION

Date:

What behaviour, *allegation, complaint or event has prompted this risk assessment? (detail the nature of the behaviour or incidents which put the subject at risk, e.g. the nature and extent of sexual/physical abuse; the specific areas of self neglect (eating, medication, wandering, etc)*

Who is the source of concern, and who is involved in the risk events?

When does this/do these circumstances occur - and **how often**?
(*Evenings/weekends/every day/mealtimes etc: rarely, frequently, occasionally, etc*)

Where does this/do these circumstances occur (*Daycentre, at home, on the streets, travelling*)?

Clinical diagnosis of mental or physical illness, *relevant to this risk assessment*

Particular triggers or risky circumstances that heighten the risks ? (*e.g when subject is alone; if home carer is late; if relative makes contact/does not make contact ;arrival of benefit; contact with specific person/staff member etc*)

Protective factors, or circumstances, that have protected the subject, or reduced the risk in the past? (*include here any change in subject's ability to manage these risks*)?

5. RISK ASSESSMENT

Date:

a) What is your assessment of the risk? How severe might the consequences/injuries/harm/damage be if no action is taken to reduce the risk, or increase protection? How probable is it that these circumstances will recur? What is your view and any agreed view about the degree of risk and urgency of action?

b) Your assessment will include the contributions of other agencies/services. Indicate here if there is any disagreement?

c) What is the adult's assessment of the risk? Does he/she agree with your assessment?
(if not - explain)

d) Unpaid carers' assessment of the risk *(if available - explain if not, e.g. if carer or family member may be abuser)*

6. RECOMMENDATION/ACTIONS

Date:

a.) Is an Adult Protection case conference recommended? Yes/No

b.) Detail any immediate actions that have already been taken in order to protect, or reduce the risk (*include whether this situation/risk/concern been referred to another service, or agency, and if so, with what result*)

c.) What future action do you recommend is taken to reduce the risk, or protect the adult being assessed? (*e.g. increased support; review of Care Plan; further needs assessment; change of environment/ service etc*) Clearly indicate who should do what and when.

d.) What **advantages and disadvantages, additions and reductions** to the adult's **quality of life, or freedom, or independence** might result from these actions (e.g. if increased supervision, change of home, statutory intervention)

e) Recommended Actions - Risks to other people (*Consider risks to other adults, carers; children, alleged abuser. Consider actions such as carer's assessment, alert to Home or Centre management in respect of other service users, additional risk assessments, police investigation of allegations, referral to child protection or criminal justice*)

Any further comment from the person being assessed?

Does the person consent to share information in this assessment? (Yes/No)
Any conditions or limitations?

Signature of assessed person: Date:
(If no signature, say why)

Risk Assessment discussed with Manager? Date:

Agreed immediate actions to be taken:

Signature: **(Assessor)** **date**

Signature: **(Manager)** **date**

Notification Requirements

Agency/Person	Requirement to notify?	Date informed
Care Commission		
Mental Welfare Commission		
Office of Public Guardian		
Senior Manager/Director		
Critical Incident Review Group?		

3. ACTIONS

Date:

SUPPORT AND PROTECTIVE SERVICES			
<i>Actions and Roles, which define services to be in place and procedures to be followed, with responsibilities, timescales and outcomes identified involving service users, carers, members of the core group and all other agencies involved in the Protection Plan. These should include immediate or longer term actions, both benefit enhancing and harm reducing measures, and roles of services, the adult, advocates, unpaid carers attorneys and guardians, as appropriate.</i>			
Actions and Roles	Responsibility	Timescales Deadlines	Intended Outcomes
a) Support, treatment, therapy <i>(specify services)</i>			
b) Control measures <i>(including any legal action)</i>			
c) Direct contact with person			
d) Risk management with perpetrator			

Support And Protective Services (continued)			
Action	Responsibility	Timescales Deadlines	Intended Outcomes
e) Information sharing arrangements			
f) Risk management coordination			
g) Other Actions			
h) Other Actions			

4. VIEWS AND ROLES OF ADULT AT RISK AND OTHERS

Date:

Adult's view of Protection Plan:
Advocates view of Protection Plan:
Unpaid Carer/s view/s of Protection Plan:
Guardian/Attorney's view/s of Protection Plan:
Agencies dissenting from Protection Plan:

5. CONTINGENCY PLAN *(identify significant changes which might occur and what additional or alternative action should be taken in that event, such as case conference or legal action)*

Significant changes suggestive of additional risk/harm	Action if significant change occurs	Responsibility

6. DISTRIBUTION OF PROTECTION PLAN

(Distribution to be identified which takes account of confidentiality and third party information issues)

Person/Agency	Name and Designation	Sent copy of Protection Plan (<i>date, or N/A</i>)
Adult at risk		
Carer/named person		
Advocate		
Social Work staff		
Support Agency		
Community Health		
G.P		
Consultant		
Police		
Housing		
Legal Representative		
Attorney/Guardian		
Other		

7. REVIEW ARRANGEMENTS

Review Date:	Review Location (if known):
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Protection Plan approved as accurate and confirmed copied to set agencies and Core Group members

Signed by Case Conference Chair:

Date: