



Highland Adult Support & Protection

Risk Assessment & Protection Plan

Highland Adult Support & Protection Risk Assessment & Protection Plan Working Together to Improve Adult Protection

Risk Assessment and Protection Plan

Formats and Explanatory Notes – August 2007

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The Scottish Government

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EXPLANATORY NOTES

Background

The Adult Protection Shared Learning Initiative involved the Joint Improvement Team and two areas – Glasgow Health and Care Partnership and the three Tayside partnerships (Angus, Dundee and Perth & Kinross). The project identified the need for developments in risk assessment, protection planning and standards. This paper presents the standards and the risk assessment and protection planning formats.

The explanatory notes concerning those formats, were developed from detailed work involving social work, health, police services and voluntary organisations representing service users, carers and service providers. All adult care groups (older people, physical disability, learning disability, mental health, and addictions) were represented in the project work, which also drew on child protection and criminal justice experience.

FORMAT REQUIREMENTS

A set of quality indicators was agreed with the local partnership groups involved, who believe that the formats are:

- Well informed and credible;
- Informed and influenced by standards and experience in child protection and criminal justice;
- Fit for purpose, and commendable;
- Balanced between service user rights, and the duty to protect;
- Able to reflect the complexity of the concept of capacity;
- Readily accessible to “front line” practitioners and their managers;
- Designed for easy incorporation into procedures & integration with existing information systems

Audits of adult protection cases have indicated that there is a great deal of good practice in risk assessment and protection planning. However, the content of such assessments and plans are very often neither rigorous nor comprehensive. The formats below have been devised to remedy this, and deliberately prescribe in detail what risk assessments and protection plans should include, whilst recognising that professional opinion and judgement are also fundamental to the process.

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Highland Adult Support & protection committee and delivery group have recommended the use of a standard format for staff to record details of all reported Adults at risk of harm, the format follows the procedural stages of responding to the concern or allegation, intervention to ensure the adult is supported & protected, monitoring and review.

The extent of the document does mean that local partners must be clear about the circumstances in which they should be used & following the launch of the 2010 Highland procedures, it is the intention that this format will be used as a record of all inquiries risk assessments and protection planning

GENERAL FEATURES AND FUNCTIONS of the Adult Risk Assessment & Protection Plan

The Highland Risk assessment & Protection Plan has four component sections:

- **Section one** Core information / data
- **Section two** Communication requirements
- **Section three** The Risk Assessment
- **Section four** The Protection Plan

Although produced as a single set of documents, the risk assessment and protection plan can be used respectively as stand-alone documents for re assessment of risks or protection plans & updated following a review.

In individual cases, there may need to be specialist assessments of need, or special consideration such as mental health issues, communication or interpretation resources within the risk assessment.

However, within the process there are common issues across all adult care groups in relation to risk of harm, which should be accommodated in the same format.

In addition, there is often a combination of factors for people with mental health issues or addictions or people with physical and learning disabilities, which demand a common approach to risk assessment and a single protection plan.

The form is designed for all adult groups to be used by trained/qualified staff from different professional backgrounds & agencies.

The set of forms is intended to be used as part of a broader assessment including a Single Shared Assessment (SSA) and care planning process and not as a substitute for that.

The Core Information, Communication and Risk Assessment forms should be used when concerns are reported or a significant incident reveals a risk of serious abuse or harm; or when needs & circumstances interact to create serious risks; and when high levels of risk cannot be managed within an existing Care Plan.

Fuller definitions and processes are set out in the Highland Procedures.

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Section one Core Information

The **Core Information** section is intended to be completed in all cases in which an assessment is to be carried out under Adults at Risk procedures.

It provides basic factual information about the person being assessed and about the lead assessor.

It is anticipated that in due course most of the data on this page will be entered electronically

From April 2010 a work instruction will be circulated to council staff to customise adult support & protection data to refer both to the system of case identification numbers and to ensure the council has a method of flagging risk through a single point of contact to workers locally.

Section two Communication Requirements

The communication requirements is designed to identify those who need to be involved in the risk assessment and to confirm who has been informed of the outcome of that assessment.

It has been deliberately placed to follow immediately after the core information to reflect the crucial importance of multi agency and multidisciplinary work in adult protection.

The need to consider informing and involving carers, guardians and advocates is also recognised. Whilst most of this form is designed for use in planning a risk assessment, the final column can be compiled at a later stage & should be completed in consultation with the nominated officer/s, the adult, core group &/or at a case conference and provides a checklist confirming that outcomes have been properly communicated.

Section three Risk Assessment

The Risk Assessment starts with a focus on the person who is being assessed and various key factors in relation to their involvement in the assessment and subsequent decision making.

This requires assessors to determine whether the person assessed has special communication needs or requires support from an advocacy service.

This section is designed to ensure that individual rights are recognised at the beginning of a risk assessment and that capacity is considered at this stage.

The question of information sharing is included both at the beginning and end of the risk assessment, to ensure that a service user's views about this are sought at both points, although assessors may decide information-sharing is required against the person's wishes.

The importance of the views of the person being assessed are emphasised in the requirement to note these views in the Risk Assessment section.

Public inquiries and practice audits have identified a lack of attention to histories of significant events, failures to make comprehensive assessments of all possible risks and risk factors.

The Risk Assessment seeks to deal with all of these issues to provide a balanced view between risk and protective factors.

Whilst the Risk Assessment provides a format for bringing together comprehensive, relevant information, it also reflects an expectation that a professional's opinion / judgement is then required about the risk and any protective action which might be needed.

The risk assessment does not provide any arithmetic scales or matrix to calculate levels of risk – therefore each case will be determined by the local risk assessment tool & methodology

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The Risk Assessment is intended for consideration and decision-making in an Adult Protection Case Conference & provides a means by which such Case Conferences can be fully informed about the findings and views of the assessor and the person being assessed, both in relation to past events and possible future actions.

The terms of the risk assessment are also intended to provide a response to individual rights and agency responsibilities, with a balanced view about the potential gains and losses from future protective action & support.

Within the development process consideration was given to the potential for the Risk Assessment form to be co-signed by carers / Guardians / advocates.

Experience suggests that seeking such signatures can introduce serious delays into the process, but that seeking the signature of the people being assessed is an important means of confirming this centrality of their position.

In all cases the views of the adult carers and guardians will be recoded including issues with consent

Section four Protection Plans

The **Protection Plan** has been designed for use when allegations of abuse / exploitation have been made and an Adult Protection Case Conference has agreed that there is a risk of serious abuse or harm; or when high levels of risk cannot be managed within a normal Care Plan. It is suggested that the Protection Plan should be completed within two weeks following the first Adult Protection Case Conference.

The format for the Protection Plan assumes that, reflecting good practice, there will be a Lead Worker (Council Officer) to co-ordinate protection work and that, in most cases, there will also be a Core Group of workers from different services.

If the discussions within a Adult Protection Case Conference have not enabled the completion of a Protection Plan, then one of the first tasks of a Core Group should be to complete the Protection Plan form.

Inquiries and audits have indicated that adult protection conference minutes may not fully comprehend all of the elements of a full Protection Plan, and this format seeks to separately identify all of those elements. It also seeks to ensure the definition of responsibilities timescales and outcomes for whatever actions are necessary in the categories provided It should be noted that there may need to be several actions under particular headings.

The terms of the Protection Plan reflect certain key practice principles which are also evident in the Risk Assessment, particularly the need to identify and respond to the views of the adult at risk and significant others and the need for good communication both with them and between all of the professionals / agencies involved.

As indicated earlier, the Protection Plan can be used as a stand-alone document and updated only as part of a review process involving the core group.

Core Information should be completed in all cases in which an assessment is to be carried out under Adult Support & Protection 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 should be completed in cases in which an Adult Protection Case Conference agrees a Protection Plan and should be agreed & updated at a Review

SECTION ONE

CORE INFORMATION/DATA

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)

Personal Identification Number: (e.g. CareFirst)

CHI No:

Legal Status: (e.g. Adults with Incapacity Act Guardianship, Mental Health Act Compulsory Order) with Date of Order

Named Guardian

Named Power of Attorney?

Care Programme Approach? Y/N

Risk to workers? Y/N

Risk Alert /warning? Y/N

ASSESSING WORKER

Name:

Designation:

Work Address:

Postcode:

Phone No:

E-mail Address:

Date of Risk Assessment:

Date of assessment:/Personal Plan

SECTION TWO

COMMUNICATIONS REQUIREMENTS

Good risk assessment is a shared multidisciplinary & agency effort in which information must be shared with all associated persons & professionals to ensure decisions are informed & defensible

ROLE	NAME AND DESIGNATION	INVOLVED AND AWARE OF CURRENT SITUATION? (Yes or No)	CONTRIBUTED TO THIS RISK ASSESSMENT? (Date)	INFORMED OF ASSESSMENT OUTCOME? (Date)
Adult				
Carer				
Nearest relative				
G.P.				
Guardian				
Power of Attorney				
Advocate				
Named person				
Care Manager				
Mental Health Officer				
Council officer				
Criminal Justice				
Police				
Social Worker				
Housing Officer				
Support Worker				
Support /Care Agency				
Community Nurse/D/N/CPN				
Addiction services				
Consultant				
Allied Health Professional				
Housing / Landlord				
Relative				
Unpaid carer				
Named Person or relevant 3 rd party				
Care Commission				
Other				
Other				

SECTION THREE RISK ASSESSMENT

This form should be used when a community care assessment (SSA); or a Review, change in circumstances; or when needs interact to create serious risks; and when high levels of risk cannot be managed within a Care Plan; or an initial inquiry of a significant incident reveals a risk of serious abuse or harm;

Three Point test for adults at risk of harm aged 16yrs and over

1) Are unable to safeguard their own property, rights or other interests

2) Are at risk of harm; and

3) Because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected

.....all three must be met

Date:

First Names

Surname

Personal identification number

1. Communication, Capacity, and Involvement

a) Has the person being assessed any particular communication and support needs?

(Interpreter, advocate, appropriate adult, Makaton, BSL sign, Braille, speech and language therapist; or as a result of dementia, or acquired brain injury)

b) Comment on the person's ability to make his / her own decisions about risk and to safeguard his / her own well-being property rights or other interests

(Evidence any limitations, if possible; refer to any examples of undue pressure if observed or known)

c) Has there been a recent formal Assessment of Capacity? Yes/No

If yes, detail the outcome in relation to identified areas of risk

d) Is a formal assessment of capacity required?

Yes/No

Has this process been initiated? Yes/No

e) Has there been a discussion with the person about information sharing & disclosure

Yes/ No

Comments :

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3. Current Risks or Concerns

Date:

Descriptions of RISK OF SERIOUS HARM :	RISK OF SERIOUS HARM TO ADULT? (TICK ALL YOU CONSIDER MAY APPLY)	RISK OF SERIOUS HARM TO OTHERS? Name & relationship to Adult	IMMEDIATE DANGER / IMMINENT CRISIS? YES/NO	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 use					
Drug use					
Suicidal intent					
Self harm					
Self neglect					
Reduced social functioning / isolation					
Financial abuse / theft/fraud					
Homelessness					
Loss of employment					
Abuse by omission					
Institutional abuse					
Abuse by paid					

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carers					
Risk to / Concerns for Children					
Stigma /Discrimination					
Other (specify)					

4. Current Risk Description

Date:

What behaviour, allegation, complaint, circumstances or event has prompted an inquiry into this risk assessment?

Record the detail, nature and extent *of the behaviour or incidents which put the person at risk.*

Who or what is the source of concern

Who is involved in the risk event/s?

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?

Describe the setting e.g. *Daycentre, at home, hospital, on the streets, travelling*

What are the Medical assessment and / or clinical diagnosis of mental or physical illness, *relevant to this risk assessment?*

What are the Particular triggers or circumstances that heighten the risks?

(e.g. when person is alone; if home carer is late; if relative makes contact / does not make contact; arrival of benefit; contact with specific person / staff member.)

Describe the Protective factors, or circumstances, that have protected the adult, or reduced the risk in the past?

(Include here any change in the adult's ability to manage these risks)

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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) What is the unpaid carers' assessment of the risk?
(Explain if not available or not appropriate)

6. Recommendation / Actions

Date:

Nominated Officers Name & ID

a) Does the person meet the 3 point test?

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

If yes who will co ordinate the case conference arrangements?

Name & contact details

c) Detail any immediate actions that have already been taken in order to protect, or reduce the risk

- *include whether this situation / risk / concern has been referred to another service, or agency, and if so, with what result)*

d) What future action do you recommend is taken to reduce the risk, or protect the adult being assessed?

This includes *use of other legislation (AWI or MH act) increased support; review of Care Plan; further needs assessment; change of environment / service, legal action,..)*

- Indicate who should do what and when.

e) What advantages and disadvantages, gains or losses to the adult's quality of life, choices, freedom, or independence might result from these actions?

(E.g. in the event of increased supervision, change of home, statutory intervention)

f) Risks to other people – Recommended Actions

(Consider risks to other adults, carers; children, alleged abuser. Consider actions such as police and / or Care Commission investigation of allegations, Carer's Assessment, alert to Home or Centre management in respect of other service users, additional risk assessments, referral to child protection or criminal justice)

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- g) Record the views and any further comment from the person being assessed?
- h) Does the person consent to share information in this risk assessment? (Yes/No)
- i) Are there any conditions or limitations?

Signature of assessed person:
Or
 Signature of 3rd party advocate / Guardian
 Date:

- j) Has the Risk Assessment been discussed with the Nominated Officer /Line Manager?
 Yes/No
 Date:

What are the agreed immediate actions to be taken?

Communication Requirements
Please ensure completion section 2 communication requirements

Signature: (Assessor) date

Signature: (Line Manager) date

Signature (Nominated Officer) date

Notification requirements

AGENCY / PERSON	REQUIREMENT TO NOTIFY? Yes or No	DATE NOTIFIED	Notified by whom Name
Care Commission			
Mental Welfare Commission			
Office of Public Guardian			
Agency Senior Manager / Director			
Critical Incident Review Group			
Legal			
Adult Care review Team			
Hate Free Highland web link			

Others to be notified please specify

SECTION FOUR PROTECTION PLAN

The protection plan must be used when allegations of abuse risk of harm & exploitation have been assessed and an Adult Protection Case Conference has agreed that there is a risk of serious abuse or harm;

or when high levels of risk cannot be managed within a normal Care Plan.

The Protection Plan should be completed within two weeks of the first Adult Support & Protection Case Conference.

Record Date/s of Inquiry visits

Record of Investigation type date & brief summary (if relevant)

DATE PROTECTION PLAN AGREED:

Date:

1. Personal Details – Adult at Risk

First Names:

Surname:

Date of Birth:

ID Number: (*CareFirst, etc.*)

CHI No:

2. Protection Plan Involvement

Core Group details of associated persons, Agencies & staff involved in risk management, co-ordination and review:

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Lead Worker's Name: Post and Agency:	Council Officer Name Post	Names of Core Group Members: Post and Agency:
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3. Actions

Date:

Support and Protective Services

Actions and Role will define services to be in place and procedures to be followed, With responsibilities, timescales and outcomes monitored and reviewed as agreed by and involving the adult & carers, members of the core group and all other agencies involved in the Protection Plan.

These should include immediate or longer-term actions, with benefit to the adult & enhance harm-reducing measures

The roles of services, the adult, advocates, and unpaid carers, Attorneys and guardians as appropriate.

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			
e) Information-			

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sharing arrangements			
f) Risk management coordination lead worker /council officer or delegated officers			
g) Review			
h) Further Investigation			
i) Duties & Powers			
j) other legislation			

4. Views and Roles of Adult at Risk and Others

Date:

Adult's view of Protection Plan:

Advocate's 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

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6. Distribution of Protection Plan

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

PERSON / AGENCY	NAME AND DESIGNATION Contact details	COPY OF PROTECTION PLAN (DATE SENT, OR N/A)
Adult at risk		
Nearest relative / carer		
Named person		
Advocate		
Social work staff		
Support agency		
Community /Allied Health Professionals		
GP		
Consultant		
Police		
Housing		
Legal representative		
Attorney / Guardian		
Adult Care Review team		
Others		

7. Review Arrangements

Review Date:

Review Location (if known):

The Protection Plan has been approved as accurate and confirmed to be copied & sent to Core Group members

Signed by Case Conference Chair:

Signature...

Date...