

**Working Together to Improve Adult Protection  
Risk Assessment and Protection Plan  
Formats and Explanatory Notes - August 2007**

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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 paper begins with explanatory notes concerning those formats, which 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.

You can download a copy of the Phase Two project report from the Publications section of JIT's website: <http://www.jitScotland.org.uk/knowledge-bank/publications.html>

### 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 intranet 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.

The formats have been tested out with active cases from the various adult care groups. The general reaction from practice testing was extremely positive, with some staff groups adopting the formats for immediate use. A commonly expressed concern was about the length of the material and the time taken to complete the forms. No detailed

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proposals have emerged about how to reduce the content further to the removal of duplication and editing which has already occurred. The extent of the documents does however mean that local partners must be clear about the circumstances in which they should be used.

### **GENERAL FEATURES AND FUNCTIONS**

The format has four components:

- Core information/data;
- Communication requirements;
- The Risk Assessment;
- The Protection Plan.

The format has been produced as a single set of documents, although the risk assessment and protection plan formats can be used respectively as stand-alone documents in reassessments or plans, which can be updated following reviews.

In individual cases, there may need to be specialist assessments of need, or special consideration of issues such as mental health problems within the risk assessment. However, within the process of developing the formats it became clear that there are common issues across all adult care groups in relation to abuse and risk, which should be accommodated in the same format. In addition, there is also often a combination of factors (people with mental health problems and addictions – people with physical and learning disabilities), which demand a common approach to risk assessment and a single protection plan. The material therefore takes a “generic” approach, with a single format for all adult groups – older people, physical disability, learning disability, mental health, addictions.

The forms are designed for use by trained staff from different professional backgrounds and different agencies. It will be for local partnerships to determine more precisely which staff will be involved.

The set of forms is intended to be used as part of a broader assessment and care planning process and not as a substitute for that. The Core Information, Communication and Risk Assessment forms should be used when a Single Shared Assessment (SSA), a Review, circumstances, or initial investigation of a significant incident reveals a risk of serious abuse or harm; or when needs interact to create serious risks; and when high levels of risk cannot be managed within a Care Plan. Fuller definitions and processes should be set out in local Procedures.

## Core Information and Communication Requirements

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 elsewhere in case records. Work will be required to customise this page to refer both to the system of case identification numbers and to the method of flagging risk to workers in use locally.

The **Communication Requirements** section 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 multi-disciplinary 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 should be completed at a later stage and provides a checklist confirming that outcomes have been properly communicated.

## Risk Assessment

The **Risk Assessment** form 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. The form requires assessors to determine whether the person assessed has special communication needs or requires support from an advocacy service. The form 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 sections 3, 5 and 6 of the Risk Assessment form.

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 form seeks to deal with all of these issues in sections 3, 4 and 5, and also to provide for a balanced view between risk and protective factors.

Whilst the Risk Assessment provides a format for bringing together comprehensive, relevant information, the form then reflects an expectation that a professional and opinion/judgement is then required about the risk and any protective action which might be needed. The form does not provide any arithmetic scales or matrix to calculate levels of risk – those involved in the development of the form were aware of such features in use in certain places, but were not aware of any which had been properly

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validated by research, and believed that they could give a misleading picture of risk. (This does not relate to a range of a risk assessment tools used in criminal justice services, which have been subject of proper statistical validation.)

The conclusions of the Risk Assessment are not intended as a substitute for consideration and decision-making in an Adult Protection Conference, but the format is intended to provide a means by which such 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 not only for a balanced response to individual rights and agency responsibilities, but also a balanced view about the potential gains and losses from future protective action.

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.

### Protection Plans

The **Protection Plan** form 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 of an Adult Protection Case Conference.

The format for the Protection Plan assumes that, reflecting good practice, there will be a Lead Worker 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 Protection 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 (Section 3). It should be noted that there may need to be several actions under particular headings.

The terms of the Protection Plan format 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 form can be used as a stand-alone document and updated as part of a review process.

The Formats developed and agreed in the project now follow.



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### LOCAL PARTNERSHIP

### PROTECTION OF ADULTS AT RISK 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/Roomless/Care Home/ Supported Accommodation/Lives alone/With family (underline as appropriate)		
ID Number:	(e.g. Carefirst/Pimms)	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 workers?	Y/N (Risk Alert flag?)		

### 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? (date, OR N/A)
Care Manager				
Mental Health Officer				
Criminal Justice				
Social Worker				
Social Work Other				
Support Worker				
Support Agency				
Community Nurse/CPN/D/N				
Addiction services				
GP				
Consultant				
Other Health				
Police				
Housing/Landlord				
Nearest Relative				
Unpaid carer				
"Named person"				
Guardian/Attorney				
Care Commission				
Other				
Other				

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## **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 needs interact to create **serious risks**; and when high levels of risk cannot be managed within a Care Plan (see local Procedures for definitions and process).*

Date:

### **1. Communication, Capacity, and Involvement**

First Names

Surname

a) Has the person being assessed any particular communication and support needs? (e.g. for interpreter, advocate, appropriate adult, Makaton, sign, speech and language therapist; or as a result of dementia, head injury, etc.?)

b) Comment on the person's ability to make his/her own decisions about risk and to safeguard his/her own well-being? (Evidence any limitations, if possible; refer to any examples of undue pressure if relevant)

c) Has there been a recent formal Assessment of Capacity? Yes/No  
If yes, detail outcome in relation to identified areas of risk

d) Is a formal assessment of capacity required in relation to specific risks identified?  
Yes/No  
Has this process been initiated? Yes/No

e) Has there been a discussion with the person about information sharing Yes No  
Any comments? (See local procedures and local Information Sharing Protocols)



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Date: \_\_\_\_\_

**3. Current Risks or Concerns**

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 SUBJECT?	RISK OF SERIOUS HARM TO OTHERS? 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 use					
Drug use					
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, circumstances or event has prompted this risk assessment? *(detail the nature of the behaviour or incidents which put the person at risk, e.g. the nature and extent of sexual/physical/financial abuse; the specific areas of self neglect (eating, medication, wandering))*

**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)*

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

**Particular triggers or risky 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, 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)*

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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: 

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, legal action, etc.*) Clearly indicate who should do what and when.

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

e) 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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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:  
(If no signature, say why)

Date:

Risk Assessment discussed with Manager?

Date:

Agreed immediate actions to be taken:

**Communication Requirements – Please ensure completion of final column of page 2**

Signature: (Assessor) date

Signature: (Manager) date

**Notification Requirements**

AGENCY/PERSON	REQUIREMENT TO NOTIFY?	DATE NOTIFIED
Care Commission		
Mental Welfare Commission		
Office of Public Guardian		
Senior Manager/Director		
Critical Incident Review Group		

## PROTECTION PLAN

This form must be used 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. The Protection Plan should be completed within two weeks of an Adult Protection Case Conference.

### DATE OF PROTECTION PLAN:

Date: 

### 1. Personal Details – Adult at Risk

First Names: Surname: Date of Birth: ID Number: *(CareFirst, etc.)*CHI No 

### 2. Agency/Staff Involvement

Agency/staff involved in risk management, co-ordination and review

Lead Worker's Name

Post and Agency



Names of Core Group Members

Post and Agency

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### 3. Actions

Date:

#### Support and Protective Services

*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.*

ACTIONS AND ROLES	RESPONSIBILITY	TIMESCALES/ DEADLINES	INTENDED OUTCOMES
a) Support, treatment, therapy (specify services)			
b) Control measures (including any legal action)			
c) Direct contact with person			
d) Risk management with perpetrator			
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:

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	SENT COPY OF PROTECTION PLAN (DATE, OR N/A)
Adult at risk		
Nearest relative/carer		
Named person		
Advocate		
Social work staff		
Support agency		
Community health		
GP		
Consultant		
Police		
Housing		
Legal representative		
Attorney/Guardian		
Others		

### 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:

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[www.scotland.gov.uk](http://www.scotland.gov.uk)

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