APP3

REGIONAL ADULT PROTECTION PROCEDURES

RISK ASSESSMENT AND PROTECTION PLAN

PRIVATE AND STRICTLY CONFIDENTIAL

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Any important omissions or inaccuracies in this report should be notified to the author within 7 days; otherwise it will be assumed final.

SECTION 1		
Name:	**Date of Birth:** *(if not known, please give approx age)*	**Date of Referral:**
Address:	**Gender:** M ☐ F ☐ Other ☐ Prefer not say ☐	**First Language** Is an interpreter required? Yes ☐ No ☐
Postcode:	**Ethnicity:**	
Name and job title of person(s) completing risk assessment including those who contribute		
Date of visit(s) to the Adult in Need of Protection:		
Background 1. *Describe factors triggering referral, home circumstances, supports available and summary / outcome of previous relevant investigations.* 2. *Describe situational factors which may mean the person is more at risk of harm from others* 3. *Describe existing situational and environmental strengths and protective factors which may increase safety*		
Assessment of protection needs		

1. *Describe the care needs of the adult in need of protection that may impact on their ability to protect themselves from harm.*

2. *Describe strengths and resilience of adult in need which may increase safety.*

3. *Where there is reason to believe the adult may not have capacity to consent to a specific decision, i.e. consent to investigation; sharing information etc. describe the supports offered to enhance understanding and outcome of a capacity assessment or best interest's decision.*

Wishes of adult in need of protection and /or their carer (s)

1. *Is the person aware of alleged harm/abuse?*

2. *Describe their understanding of the risks and their perception of the impact/potential impact of the harm.*

3. *Describe what they see as the benefits for them in taking the risk?*

4. *Detail any protective steps they wish to consider?*

5. *Detail their views regarding reporting to police?*

6. *Describe what the adult and / or their carer wants to achieve from the investigation.*

Section 2 Include: Source of information & Consideration of Human Rights for each column (Apply FREDA Principles)						
People involved in Risk Assessment	Description of **<u>current</u>** risk of harm (behaviour)	Describe the understanding /perception of the **impact** on the adult's independence, physical and mental health and general wellbeing.	Describe the potential for this risk to **happen again** or **get worse** in the future.	How **often** has the harm happened? *When did this first happen? Was there a time when it was worse? When did it last happen?*	Describe the **severity** or **degree** of harm.	**Strengths/ Protective factors** - that reduce the risk of harm. Including benefits of positive risk taking actions And future safety opportunities
Risk Area 1						
Views of Service User						
Views of Family						
Views of Advocate						
Views of Multi-Agency Team						
Views of the Adult Protection Social Worker						

Risk Area 2	
Views of Service User	
Views of Family	
Views of Advocate	
Views of Multi-Agency Team	
Views of the Adult Protection Social Worker	

Risk Area 3	
Views of Service User	
Views of Family	
Views of Advocate	
Views of Multi-Agency Team	
Views of the Adult Protection Social Worker	

Section 3 Criminal Offences
Details of potential criminal offence ie **coercion; threatening behaviour; abuse of trust.**
Section 4 Risk to Others
Detail any **harm or potential harm to others** and **action** taken to protect **other adults or children**.
Section 5 Conclusion
Risk analysis summary and statement of seriousness of further risk of harm to include views of all contributors to the risk assessment. **Explain any disagreements to the risk assessment and by whom.**

MULTI AGENCY AGREED PROTECTION PLAN

NAME:	DATE OF COMMENCEMENT:

	Details of current risk(s) of harm	Planned intervention	Desired Outcome	Person(s) responsible and date to be completed	Reason for not taking action
1					
2					
3					
4					
5					
6					
7					

DATE OF REVIEW:

(A new protection plan should be completed when amendments to initial plan are required)

Adult in need of protection / carer comments

Monitoring of Protection plan	Review of Protection Plan
By whom **Frequency**	☐ Professional supervision Date ☐ Operational supervision Date ☐ Case discussion/conference Date

Completed by **Date**

Print name

Adult in need of Protection's signature **Date**

Carer's signature **Date**