

Manchester Safeguarding Adults Boards

Adult Social Care High Risk Protocol

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The High Risk Protocol Model

1. Introduction

This protocol provides a framework for working with adults who are deemed to have mental capacity and who are at risk of serious harm or death through self-neglect, risk taking behaviour or refusal of services.

It aims to provide professionals from Manchester Safeguarding Adults Board (MSAB) partner agencies with a framework for the management of complex cases where, despite ongoing work, serious risks are still present.

The protocol is a process to discuss, identify and document serious, current risks for high risk cases. Where appropriate it provides a multi-agency response and can formulate and review an action plan identifying multi-agency responsibility. It will also identify and record those situations where there is a reputational risk and provide access into the escalation processes of the organisation.

The High Risk Protocol (HRP) is for adults ***who have care and support needs and are at risk of significant harm or death*** and have the mental capacity to make unwise choices. If the adult is assessed as having the capacity to understand the consequences of refusing services, then HRP should be considered.

In developing this model Manchester Safeguarding Adults Board has reviewed and adapted similar models implemented by Manchester, Plymouth, Sheffield, Rochdale and Derbyshire Local Authorities.

For the purpose of this protocol a professional is described as a:

- Health Professional
- Social Care Professional
- Police Officer
- Housing Officer.

2. Criteria for using the High Risk Protocol (HRP)

The HRP should only be applied in the following circumstances:

- The adult has needs for care and support (whether or not an MSAB partner organisation is meeting any of those needs) and is experiencing, or is at risk of, abuse or neglect. As a result of those care and support needs the adult is unable to protect themselves from either the risk of, or the experience of, abuse or neglect;
- The adult **has** mental capacity to make unwise decisions and choices about their life.
- The adult's decision making means they are unable to protect themselves from the risk of serious harm from themselves or others.

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- The adult is not engaging with services to reduce the risk of harm or death.

For the purposes of the HRP, serious harm (physical or psychological) is that which is life-threatening and/or traumatic and is viewed to be imminent or very likely to occur.

Consideration should also be given to the following circumstances:

- There is a **public safety** interest.
- There is a high level of **concern from partner agencies**.
- Where all **interventions, protection and actions plans have failed to safeguard** the adult.

The adult may be at risk of serious harm as a consequence of not protecting themselves from hate crime, mate crime, anti-social behaviour or sexual abuse.

The HRP should **not** be used as a common risk management tool to replace existing risk management tools.

The HRP should **only be applied** in the following circumstances:

- Where an adult has the mental capacity to make the decision(s) that is creating significant concern for multi-agencies about the adults safety and/or well-being (risk of serious injury/death)

And

- The adult is exposed to risk and is choosing to make an unwise decision. The risk arises from the adult's refusal to engage with services and/or self-neglect in one or more areas of their lives.

And / Or

- Where existing involvement has failed to resolve the issues around exploitation and safeguarding as the adult is continuing to choose to make an unwise decision.

And /Or

- The adult has been signposted to partner agencies (based on need) to ensure partner agencies have the opportunity to intervene and provide support in a timely manner but the adult continues to make an unwise decision of their own free will not to engage with the support offered.

And

- Every attempt has been made to engage family/friends.
- The allocated professional has co-ordinated a Multi-Agency Safeguarding Meeting in response to concern of exploitation and vulnerability.

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- At least 2 or more follow up Safeguarding Meetings have been completed and this has still failed to resolve the issues.
- On-going risky behaviour from others or from themselves continues to cause significant concerns.

3. The HRP Process

3.1 HRP Panel

The HRP process involves the professional who has initiated the request presenting the case to the HRP Panel. Any professional can request an HRP meeting. The referral to initiate the HRP process should be made by the professional following a discussion with their Line Manager. Requests should be made to the appropriate senior manager.

The Panel membership will be senior managers from all involved partner agencies

Consent for using the HRP should be obtained from the adult wherever possible, and the adult should be encouraged to participate in the HRP process. However, a lack of consent would not prevent the HRP from being activated. Under common law a person may act to prevent serious harm from occurring if there is a necessity to do so.

Once it has been agreed that the HRP process is appropriate the following steps should be taken to hold an HRP Panel.

1. Sections 1-3 of the Adult Risk Management Tool should be completed in preparation for the HRP meeting.
2. The line manager should contact the relevant senior manager who will convene and Chair the meeting
3. The meeting should be arranged as soon as possible and within 5 working days of the decision to initiate the HRP.
4. If other agencies are involved or concerned, each organisation should be requested to attend the meeting. The person attending should be at a level in the organisation that enables them to make decisions regarding the use and deployment of their agency's resources.
5. If a key agency does not nominate an officer to attend, every effort should be made by the relevant senior manager to ensure attendance.
6. The meeting should identify the immediate risks and produce a High Risk Action Plan. The meeting should focus on the information contained in the Adult at Risk Tool. The professional

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should summarise the information and provide relevant documents to enable (a) significant risks to be identified, and (b) key actions to be identified.

7. Minutes of the meeting are circulated to attendees within 5 working days. The relevant senior manager should escalate details of the circumstances to the organisation's risk management process

8. The Chair is responsible for ensuring a review meeting is arranged. Please see Appendix 3 - Adult Risk Management Review form.

3.2 HRP checklist

Prior to requesting a HRP a professional is required to demonstrate that all attempts to engage the adult, their family and friends have been tried and been unsuccessful:

Checklist for activating the HRP – not all of these will be relevant for every person, but it can help to ensure that all approaches have been considered.

1. You can demonstrate that you have worked with the Adult for a minimum of 3 months when the initial concerns were raised? You have been unsuccessful with engaging the Adult and you still have concerns about the Adult's welfare & safety.

2. You have undertaken a safeguarding enquiry but with no desired outcome as the person does not want to engage or is making an unwise decision on their free will not to do so.

3. You have held a **Multi-Agency Safeguarding Meeting** as part of your protection plan but with no desired resolution because the Adult does not want to engage or is choosing to make an unwise decision not to do so.

4. You have had **at least 2 or more** follow up **Safeguarding Meetings** but there has been no resolution because the Adult does not want to engage or is choosing to make an unwise decision not to do so.

5. You have completed, or attempted to complete, an assessment to generate a care budget but the Adult has not engaged with the process or has made an unwise decision not to do so.

6. You have attempted to engage the Adult with services but the person does not want to engage or is making an unwise decision.

7. You have attempted, or have completed, a mental capacity assessment on a time specific and decision specific concern. (Follow MCA process & consider Best Interest process)

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8. You have attempted to engage the Adult with Community Health Services to address health issues but the person has chosen not to engage
9. You have attempted to engage the Adult with mental health services due to current mental health concerns with his / her consent but they have chosen not to engage.
10. You have attempted to engage the Adult to psychological services due to psychological concerns in line with the agreed psychological pathway but they have chosen not to engage.
11. You have attempted to engage the Adult with Alcohol and Drug services due to concerns of illicit drug use and alcohol dependency but they have chosen not to engage
12. You have attempted to engage the Adult with Housing and Homeless services due to accommodation issues but they have chosen not to engage.
13. You have attempted to engage the Adult with the Police and Fire Service.
14. You have checked if the Adult is known to NW Ambulance Service and considered this service as part of the protection plan.
15. You have attempted to engage the Adult with his / her GP.
16. You have attempted to engage the Adult with the Voluntary Sector not linked to statutory services.
17. You have considered / referred to MARAC for domestic violence.
18. You have checked if the Adult has any dependencies (i.e. children, pets etc.) and appropriate measures have been put in place.
19. You have checked if the Adult is known to Probation, Criminal Justice Mental Health Service and all attempts have been made to engage the person.
20. You have advised the Adult to seek an Advocate for their best interest.
21. You have considered appointee-ship with a provider, family member or Local Authority
22. You have approached legal services for advice and support and considered inviting legal to the HRP meeting.
23. Other

4. Risk Register

Risks identified through the HRP Panel will be forwarded to the organisation's risk management process. Adults subject to the HRP process should also be recognised at directorate and executive level of partner agencies, so that the seriousness of the risk is understood. The review process will enable directors of partner organisations to oversee action plans, provide guidance and support to relevant managers and professionals, and provide additional scrutiny of cases.

The relevant senior manager will have the responsibility for (a) ensuring that the information from the HRP meeting is escalated as necessary (b) providing the Directorate of each of the partner organisation with a copy of the entry when any changes are made, i.e., a case is added to or taken off the list.

5. Quality and Practice Assurance

Quality And Practice Assurance plays a significant role in ensuring that the HRP process is governed effectively whilst identifying trends and training needs. The relevant senior manager will report to the MSAB as part of the Annual assurance process:

- Number of Adults going through the HRP and review process
- Number of Adults being placed on the risk register
- Quality control
- Escalation processes.

Frequently Asked Questions

What does HRP mean?

HRP is an abbreviation used for the High Risk Protocol. HRP is a simple acronym to describe the process.

What is the purpose of HRP?

Most people who are at high risk of serious harm have come to the attention of several agencies. Where it is appropriate, the HRP brings together professionals from health, social care, the police, housing and other agencies at a *Senior Management level*. This also includes the adult, family members and friends who have a legitimate relationship with the adult.

Is the HRP a risk assessment?

The HRP is a risk management model only for a small minority of people who are at risk of significant harm or death. There is an assessment of risk in the model that triggers the protocol, it is not a risk assessment tool that should be used frequently. This does not replace any other risk assessment tools that are being used on a day to day basis.

Who leads the HRP?

The HRP will be led by a senior manager from the agency instigating the process. The HRP meeting will be chaired by an appropriate senior manager.

Does HRP replace existing safeguarding policies and procedures?

The HRP **does not** replace any current policies and procedures. The HRP should only be applied when the all other safeguarding options / action / protection and interventions have been exhausted and the professional has been unsuccessful in safeguarding the adult because the person has made an unwise decision of their free will not to engage with services or his / her plan. The HRP should not be used as an alternative risk management tool. The HRP enhances the current policies and procedures.

How can a professional discuss their concerns in line with the HRP?

All case discussions should be explored with the professional's Line Manager at the first instance. The Line Manager will decide whether or not the HRP is triggered prior to requesting the HRP meeting.

Do you need consent from the adult?

It is good practice to inform the adult and their family members where possible and invite all parties to the meeting. This needs to be demonstrated clearly. If you are not able to seek consent then you are protected by Common Law. Please refer to the HRP Model for more information.

How often does the HRP meet?

The HRP only meet when there is a need to do so. This is judged on a case by case basis by the professional and appropriate senior managers.

Who is responsible for reviewing the HRP meeting?

The relevant senior manager from each organisation is responsible for arranging the date, time and venue and inviting all parties that have a legitimate relationship with the adult.

How is the HRP governed?

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The HRP protocol should be part of the Risk management process for each partner organisation.

The MSAB will receive annual reports from partner agencies that will provide a summary of how the policy is working.

Information Governance

Current agency policies will apply.

Can the HRP be used for a person who does not have the mental capacity to make an unwise decision?

No. You must follow Mental Capacity policy and procedures as usual. The HRP is only applicable for a person who has the mental capacity to make an unwise decision about their life. This has to be time and decision specific.

Does the DoLS Scheme apply to HRP?

No it does not.

Key Legislation

Care Act 2014

For the purpose of HRP the Care Act 2014 sets out the first ever statutory framework for adult safeguarding duties for an adult who has needs for care and support (whether or not the local authority is meeting these) and is experiencing, or is at risk of, abuse or neglect AND as a result of those care and support needs is unable to protect themselves from either the risk or the experience of abuse or neglect. This definition needs to be considered when applying the HRP process.

Local councils' new duty to promote people's wellbeing now applies not just to users of services, but also to carers and puts them on an equal footing. A corresponding duty in respect of parent carers of disabled under-18s has been included in the Children and Families Act 2014.

For the purpose of adult safeguarding the new duties include:

- Local Authorities to coordinate safeguarding enquiries
- Cooperation between the Local Authority and relevant partners
- Establishing a Safeguarding Adults Board,
- Undertaking Safeguarding Adults Reviews,
- Sharing information
- Protecting property of adults being cared for away from home

For the purpose of the HRP the six safeguarding principles of the Care Act guidance has been embedded into this model which needs to be applied when considering using the HRP process.

The six principles are:

1. Empowerment - Presumption of person led decisions and informed consent.
2. Prevention - It is better to take action before harm occurs.
3. Proportionality – Proportionate and least intrusive response appropriate to the risk presented.
4. Protection - Support and representation for those in greatest need.
5. Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
6. Accountability - Accountability and transparency in delivering safeguarding.
- 7.

The Mental Capacity Act 2005

The adult should be considered under the five principles of the Mental Capacity Act 2005 and the Mental Capacity Code of Practice. DoLS does not apply to this process.

The five principles of the Mental Capacity Act include:

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1. A presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise
2. The right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions
3. That individuals must retain the right to make what might be seen as eccentric or unwise decisions
4. Best Interests -Anything done for or on behalf of people without capacity must be in their best interests
5. Least restrictive intervention - anything done for or on behalf of people without capacity should be an option that is less restrictive of their basic - as long as it is still in their best interests.

Human Rights Act 1998

The Human Rights Act 1998 came into force in the United Kingdom in October 2000. It is composed of a series of sections that have the effect of codifying the protections in the European Convention on Human Rights into UK law.

All public bodies (such as courts, police, local governments, hospitals, publicly funded schools, and others) and other bodies carrying out public functions have to comply with the Convention rights. There are three key articles that public bodies need to consider when applying the HRP model in practice:

Article 5: Right to Liberty & Security

A right to personal freedom. The government cannot take away your freedom by detaining you without good reason - even for a short period unless you are mentally ill.

Article 8: Right to Privacy

Everyone has the right for his private and family life, his home and his correspondence. There shall be no interference by a public authority with the exercise of this right except such as in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

Article 14: Prohibition of Discrimination

The enjoyment of the rights and freedoms set forth in the European Convention on Human Rights and the Human Rights Act shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

Common Law

Common Law allows for the intervention, without consent, to save life or avoid serious physical harm based upon the principle that the action is reasonable and can be professionally justified as immediately necessary for the purpose of saving life or preventing serious physical harm. Conversely, not to act in such circumstances of the utmost gravity could be deemed negligent.

Every Child Matters (2003)

For the purpose of the HRP the five outcomes for Every Child Matters has been embedded into this model for an adult who is at risk of significant harm or death and he / she has the responsibility of a child (s) in his / her care needs to be applied when considering using the HRP process. The five outcomes are universal ambitions for every child and young person, whatever their background or circumstances:

- Be healthy
- Stay safe
- Enjoy activities
- Make a positive contribution
- Achieve economic wellbeing.

Appendix 1 - Adult High Risk Assessment Tool

Section 1: Demographics	
Professional requesting HRP meeting	Adult's information
Name:	Name:
Professional	Address:
Service:	DOB:
Contact Number:	Contact Number:
Are there concerns the Adult has problems with their mental capacity about making an unwise decision to put themselves at risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if you have answered yes & the person has <u>no capacity</u> on making an unwise decision this tool should NOT be used. Follow MCA process as usual).
If yes how many mental capacity assessments have been completed on the Adult?	
What date and time was the last mental capacity assessment completed:	Date: Time:
Please be specific on what was the mental capacity assessment based on. This must be Time Specific and Decision Specific.	
Is the Adult aware you have made a request for an HRP meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Adult previously been under the care of children services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know (if don't know check with children services)
Have you informed and invited the Adult, a family member or a friend to the HRP meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No next of kin identified <input type="checkbox"/> Does not want to attend / lack of engagement
If you have not informed the Adult, family or friend (where appropriate) please do so and invite all parties as part of the action / protection / intervention / risk formulation Plan before proceeding.	
If the Adult, family member or friend cannot be invited or does not want to engage with this process please be specific about the rationale around this?	
What date was the Adult initially referred to your service?	Date:
How many contacts have you had with the Adult since the initial referral?	Telephone contacts: Face to face contacts: Email / in writing / text:

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Section 1: Demographics	
How many contacts have you had with a family member or next of kin since the Adult was referred to the Adult Social Care?	Telephone contacts: Face to face contacts:
How many contacts have you had with a friend who has a legitimate and a good working relationship with the Adult?	Telephone contacts: Face to face contacts:
Does the Adult have formal diagnoses by a medical professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know (contact GP for info)
If yes, what is the person's diagnosis?	
When was this diagnosis made? Check with GP if unsure.	Date:

Section 2: Actions / interventions/ Protection Plans Previously Considered			
Since the initial referral to the service have you had enough time to put in place a number of actions/interventions/ protection plans to safeguard the Adult? Please tick the relevant box (s) that applies below.			
Have you considered these options listed below?	Yes	No	Not relevant
1. Have you demonstrated you have worked with the Adult on a minimum of 4 months when the initial concerns were raised? You have been unsuccessful to engage the Adult and you still have concerns about the Adult's welfare & safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. You have referred the Adult to the Adult Care to undertake a safeguarding enquiry but with no desired outcome as the person does not want to engage or is making an unwise decision of their free will not to do so.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. You have held a Multi-Agency Safeguarding Meeting as part of your protection plan but with no desired resolution because the Adult does not want to engage or is making an unwise decision of their free will to do so.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. You have had at least 2 or more follow up Professionals Meeting but there has been no resolution because the Adult does not want to engage or is making an unwise decision of their free will not to do so.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. You have completed or attempted to complete a care assessment, to generate a care budget but the Adult has not engaged with the process or has made an unwise decision not to do so (Adult care only).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. You have attempted to engage the Adult with Adult Care services but the person does not want to engage or is making an unwise decision of their free will.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. You have attempted or have completed a mental capacity assessment on a time specific and decision specific concerns. (Follow MCA process & consider Best Interest process).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. You have attempted to engage the Adult with Community Health Services to address health issues but the person has not engaged of their free will & has made an unwise decision to do so.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section 2: Actions / interventions/ Protection Plans Previously Considered			
9. You have attempted to engage the Adult with mental health services due to current mental health concerns with his / her consent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. You have attempted to engage the Adult to psychological services due to psychological concerns in line with the agreed psychological pathway.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. You have attempted to engage the Adult with Alcohol and Drug services due to concerns of illicit drug use and alcohol dependency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. You have attempted to engage the Adult with Housing and Homeless services due to accommodation issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. You have attempted to engage the Adult with the Police and Fire Service (circle the relevant service).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. You have checked if the Adult is known to NW Ambulance Service and engaged this service as part of the protection plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. You have attempted to engage the Adult with the Voluntary Sector not linked to statutory services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you attempted to engage the Adult with his/her GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. You have considered / referred to MARAC for domestic violence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. You have checked if the Adult has any dependencies (i.e. children, pets etc.) and appropriate measures have been put in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. You have checked if the Adult is known to Probation, Criminal Justice Mental Health Service and all attempts have been made to engage the person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. You have advised the Adult to seek an Advocate for their best interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you considered appointee-ship with a provider, family member or Local Authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you considered / approached legal services for advice on legal matters for advice and support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section 3: Risk Assessment	
Name of key professionals / individuals involved in contributing to the risk assessment	
Name	Profession / relationship to the Adult

3.1 Harm to self / suicide indicators			
Indicators	Yes	No	Don't know
Recent suicide attempts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incidents of self-harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of violent methods on self?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns from others about risk of harm to self / others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Belief of no control over their life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attempts to conceal act of self-harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consider / planned intent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiencing/ responding to command hallucinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressing high levels of distress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressing ideas of self-harm / suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of suicide / self-harm within the family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of suicide / self-harm within the person's social circle i.e. friends, partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressing feelings of helplessness/ worthlessness, hopelessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lives alone – social isolation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recently being involved in the criminal justice system? Court, police, prison, probation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent discharged from a mental health hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separated / divorced / widowed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance misuse (Alcohol / Drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Assessment – if you have ticked any of the above indicators please complete section below			
Past History			
Current Risks			
Factors Increasing Risks			
Factors Reducing Risks			

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3.2 Harm to others / Violence indicators			
Indicators	Yes	No	Don't know
Have there been any past or current incidents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incident (s) of violence and aggression?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forensic History?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Index offences? (<i>Theft, burglary, fraud, drug, sexual assault etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is person currently under the probation service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recently released from prison?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying or use of weapons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dangerous impulsive act (s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admission to secure settings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of arson / fire setting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paranoid delusion about others (including children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violent command hallucination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preoccupation with violent fantasy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any expression of concern from others about risk of violence or sexual abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually inappropriate behaviour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuse of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exploitation of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harassment of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs of anger / frustration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk to siblings including unborn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is person on the sex offenders register?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Known person triggers (<i>Grooming, alcohol / drug dependent, loneliness etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-neglect or neglect by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Assessment – if you have ticked any of the above indicators please complete section below			
Past History			
Current Risks			
Factors Increasing Risks			
Factors Reducing Risks			

3.3 Exploitation / Vulnerability Indicators

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Indicators	Yes	No	Don't know
Abuse by others (sexual, physical, financial, neglect, emotional, psychological, discrimination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exploitation by other (s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In contact with perpetrator (s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harassment / bullying by others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless (deliberate or intentional by perpetrators)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious / spiritual persecution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinhibited behaviour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandiose Ideas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulsive behaviour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rape / sexual assault? (previous or current – on going)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inability to maintain safe environment (lack of parent / carer supervision?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wandering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Absconding / missing regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presence of negative social contacts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fails / mobility problems / untreated medical issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs and alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forced marriage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Assessment – if you have ticked any of the above indicators please complete section below			
Past History			
Current Risks			
Factors Increasing Risks			
Factors Reducing Risks			

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Section 4: Risk Formulation				
Please tick only one box that best describes the person's level of risk:				
No Risks	Low Risks	Medium Risks	Moderate Risks	High Risks – HRP trigger
No risk identified – take no action & signpost.	<p>Concerns are managed and support provided by the service.</p> <p>Appropriate provision in place as well as a comprehensive package of care / support plan up to date.</p> <p>Adult engaging well with providers / agencies and with family members/ friends.</p>	<p>On-going concerns about risk from self and from others.</p> <p>Relevant agencies are aware including Health and Social agencies including the police / PPIU.</p> <p>On-going protection plan is being developed.</p> <p>Adult engages reluctantly with agencies</p> <p>Requires on-going support and close monitoring from local agencies including family and friends if appropriate.</p> <p>Ensure line manager is aware</p>	<p>Adult not engaging fully and presents with on-going complex issues.</p> <p>Engagement is inconsistent</p> <p>Often making unwise decisions. Is putting self at risk and there are opportunities for a perpetrator (s) to exploit and abuse.</p> <p>Requires support and monitoring from multiple agencies.</p> <p>Escalate to line manager for advice and support.</p> <p>Requires a <u>planned</u> multi-agency safeguarding meeting.</p> <p>Escalate to locality manager</p>	<p>On-going exploitation / abuse to life or risk from others or to others due unwise decision making and continuous poor engagement with agencies.</p> <p>All adult protection options have been exhausted with no resolution.</p> <p>Indicates HRP should be applied</p>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Appendix 2: Adult HRP trigger review form

Adult HRP trigger review form	
Does the Adult trigger the HRP process based on the risk assessment information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Requires further information
Timescale for review of HRP trigger decision	<input type="checkbox"/> Review within 1 month (4. High Risk)
	<input type="checkbox"/> Review within 2 months (3. Moderate risk)
Date of next Review	Date: Time:
Rationale for the decision	

Appendix 3: HRP documents

HRP activation request	
Person requesting HRP meeting	Adult details
Name:	Name:
Professional	Address:
Service:	DOB:
Review previous actions/intervention/protection plan	
Review Risk Assessment – include details of reduction of risk and continuing or increasing risk	
Review and update actions/interventions/protection plan	
Do current risks warrant the HRP?	
Rationale for decision	

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HRP Risk Record for organisation risk management– sample copy					
Document control					
Start date:		Updated on:		Sent to:	Date sent to:
Name of adult	DOB /age	Case reference number	Responsible Manager	Case summary	Embedded documents

Manchester’s Safeguarding Adults Board (MSAB) and Safeguarding Children Board (MSCB) are multi-agency partnerships made up of a wide range of statutory, independent and voluntary agencies and organisations. These all work together to keep children, young people and adults, particularly those who are more vulnerable, safe from the risk of abuse, harm or exploitation.

For more information on the work of the Boards contact the
MSB Integrated Safeguarding Board Manager:

Tele: 0161 219 3330 or Email: manchestersafeguardingboards@manchester.gov.uk
Web: www.manchestersafeguardingboards.co.uk