

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 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:

1. PERSONAL DETAILS – ADULT AT RISK

First Names:		Surname:	
Date of Birth:			
SWIFT No:		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

3. ACTIONS

Date:

SUPPORT AND PROTECTIVE SERVICES			
<p>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.</p>			
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			

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)

Identify significant changes which might occur.	What additional or alternative action should be taken in that event?	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 (date, or N/A)
Adult at Risk		
Nearest relative/carer		
Named Person		
Advocate		
Social Work staff		
Support Agency		
Community Health		
G.P		
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: