

Appendix C: Example of a process for managing high risk cases

Area	Key actions	Outcomes
<p>a) High risk cases</p>	<p>To produce a team 'risk register' reflecting all high risk cases.</p> <ul style="list-style-type: none"> • All cases on the Register must be allocated to a named professional. • A flag must be added on to the client record system file to reflect high risk status. • The Register will be available to duty officers to assist in triaging calls. • The duty officer will alert the named professional of any contact from or about a person on the Register. • The Register will be reviewed and updated on a weekly basis. • If a person is removed from the Register, the manager will ensure that the flag is taken off the client record system. • The Register will be revised to indicate if there is an active multi- agency risk management process or another process such as a s 42 enquiry, MARAC, Channel Panel, etc. • Supervisors will review (with the relevant lead professional) all cases which are on the register. • The following criteria will be used to determine high risk cases: 	<p>Active case load focuses on the "critical few".</p> <p>Complex, high risk cases are managed effectively.</p>

Area	Actions	Outcomes
	<ul style="list-style-type: none"> • Vulnerability factors placing them at a higher risk of abuse or neglect including mate crime, network abuse, etc.; • Self neglect including hoarding and fire safety; • Refusal or disengagement from care and support services; • Complex or diverse needs which either fall between, or span a number of agencies' statutory responsibilities or eligibility criteria; • On-going needs or behaviour leading to lifestyle choices placing the adult and/or others at significant risk; • Complex needs and behaviours leading the adult to cause harm to others and • Risks previously addressed via a s42 enquiry but for which the need for on-going risk management and monitoring has been identified. • 'Toxic Trio' of domestic violence, mental health and substance misuse. 	

Area	Actions	Outcomes
Managing refusal or disengagement from support	<p>Agree process for responding to non delivery of support e.g.:</p> <ul style="list-style-type: none"> • <i>Allocation</i> • <i>Review of support needs</i> • <i>Capacity assessment on specific areas of decision-making</i> • <i>Monitor delivery of support</i> • <i>Agree a reporting and escalation protocol with care provider.</i> <p>Agree thresholds at which the provider must inform the lead coordinating professional of undelivered 1 to 1 support and a trigger point for a review.</p> <p>Agree a standard regarding frequency of the provider’s review of individual support plans (to be included in contracts) – monthly.</p> <p>Refer to Multi-Agency Risk Management Practice Guidance if concerns escalate. Agree criteria for referring the case for a s42 enquiry.</p>	<p>Prevention and early intervention re service users who have disengaged from support.</p> <p>Improved risk management of these clients.</p> <p>Timely reviews of support needs and adjustments as necessary to support plans.</p>