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|   |  **Risk Assessment & Management Template** |  |

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| **Concerning the safety of:** |
|  | **Name:** |  |  **Date of Birth:** |
| **Address &****Post code:** |  |

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| **Name of Lead Agency** |  |

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| **Details of contributors** |
| Name | Job Title, Organisations, Relationship |
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| **Information about the person at risk**  | **Delete all guidance notes from the completed document**Note: Please outline the circumstances of the person at risk and their support needs and support networks. How will the person be involved in this assessment? What support do they need to be involved? For example, does the person have mental capacity to make relevant decisions, do they need an advocate, friend or family member to facilitate their involvement? |
| **Why is this assessment needed?** | What has happened to require this assessment? In some circumstances you may need to include a range of multi-agency views and information about agencies involvement and attempts to engage. |
| **What is the person at risks’ views about the concerns?**  | Note: In supporting the person to manage risks in their own life, you should always start with the adult at risk’s views, record these here.  |
| **What changes does the person at risk want to achieve?*****(Desired Outcomes)*** |  |
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| **Risk Assessment and Analysis** (Use this section to assess and analyse the risks. This will inform your risk management plan) |

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| **What are the risks of harm being assessed?****What is the evidence for this?** |  |
| **What is the potential harm, and for whom?**  |  |
| **What existing factors increase the risk of harm?** | Note: These sections ask you about the underlying issues. It is the understanding of these underlying issues that should be used to inform the development of a Risk Management Plan.  |
| **What factors decrease the risk of harm?** | Note: Existing factors that currently reduce the risk:  |

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|  **Risk Management Plan**  |

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| **Risk Management Plan Actions**  | **Who will do this?** | **When will this be done?** |
| Note: Consider the factors identified that increase the risk of an incident occurring/recurring. Can any of these be reduced?Consider the factors identified that reduce the risk of an incident occurring/recurring. Can any of these be built upon?Remember, actions taken may be those of the person at risk, their friends/family, as well as practitioners or organisations.  |  |  |
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| **Risk Management Plan Comments:**  |
| Note: Use this section as required. You may wish to comment on areas of disagreement or options considered that were declined by the person at risk or views on the impact/benefits of this plan for the person at risk. For example, will the plan help the person to achieve their desired outcomes? |

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| **Contingency Plan**  | **Person****responsible** |
| Note: If, despite the risk management plan being in place, an incident occurs – record here how people should respond. |  |
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|  **What are the views of the person at risk on these plans?****Does the person at risk feel safer?** |
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| **Views of relevant people on these plans, including relatives** (where appropriate) |
| Note: Include comments on the risk assessment and risk management plans |
| **Name:****Signature:** | **Date:** |

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| **Arrangements for review:** |
| **How will the risk assessment/management plan be reviewed?** |
| < Note: If a review meeting is not required, please explain how risks will be monitored in the future > |
| **Date of planned review:** |  |

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| **Completion information:** |
| **Date completed:** |  |
| **Assessment completed by:** |  |
| **Signature:** |  |
| **Team Manager:**  |  |
| **Signature:**  |  |
| **Service Delivery Manager:**  |  |
| **Signature:**  |  |

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| **Where the multi-agency safeguarding procedures are being followed, this section should be completed by the Safeguarding Coordinator** |

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| Outcome Meeting to be held |  Yes / No (If No, complete Outcome Record/Discussion) |

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| Outcome Record/Discussion |

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| Note: Summarise conclusions and please record, what, if any further actions have been required. This may include further discussion with the person at risk or other parties. |

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| **Has the persons desired outcomes been met?** |
|  | Fully, Partly, Not at all  |
|  | Fully, Partly, Not at all  |
|  | Fully, Partly, Not at all  |
| **Since the safeguarding concern was raised:** |
| Has the risk been reduced? [ ]    | Has the risk been removed? [ ]   | Does the risk remain? [ ]   |
| Comments (if any) |

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| Name of Safeguarding Coordinator: |  |
| Signature: |  | Date: |

All information recorded is strictly confidential. It should not be used for any purpose other than the safeguarding or care and support of the person concerned. If any individual or organisation wishes to use information given at this meeting for any other purposes they must seek the explicit consent of the organisation or person that shared it.