RISK ASSESSMENT & PROTECTION PLAN

(To be read in conjunction with Risk Matrix - attached)

The risks and protection plan should be reviewed so that adjustments can be made in response to changes in the degree and nature of the risk.

Individual needs will determine the frequency of when the risk assessment and the protection plan should be reviewed and wherever possible this should be a multi-agency decision led by the adult or their family/friends if necessary.

Prevention should be discussed at every stage of safeguarding and is especially important at the closure stage (which can happen at any time) when working with adults on resilience and recovery. Where support is needed to prevent abuse, this needs to be identified and put into safeguarding planning.

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| **NAME OF ADULT:**  | **D.O.B.:**  | **L. NO:**  |

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| **Risk Matrix score 1-25** | **Risk:** (e.g., physical assault by partner; health risk; not eating sufficiently; missed home care visits; fire risk)Self-neglectHoardingDrug/alcohol misuse | **Evidence:** (e.g., bruising; adult refusing to take medication; underweight; carer logs not completed; smoking in bed) Weight lostNot engaging with serviceHoarding | **Immediate Action Required:** (e.g., inform the police; inform the GP; refer to dietician; arrange meeting with care agency manager; refer to London Fire Brigade for home fire safety check)Multi professional meeting with partner agenciesHolistic assessmentRISK ASSESSMENTS | **How will the plan be monitored?** (e.g., carers will monitor regarding further bruises; carers to hold a record of when adult refuse medication; GP will monitor weight; family will report any further missed calls) MULTI AGENCY APPROACHRISK ASSESSMENTS | **Plan to manage the risks (or anticipated future risk):** (e.g., discuss with adult referral for an Independent Domestic Violence Advocate; close monitoring by care agency, other partner agencies ask provider to report missed calls to Care Quality Commission; referral for sprinkler system; Root Cause Analysis Review by ICB (Integrated Care Boards) referral to MARAC/community MARAC (Multi Agency Risk Assessment Conference))(Consider referrals to other agencies i.e., Drug and Alcohol services)Review / care needsOn-Going monitoringOn-going risk assessmentsCarers assessments.Consider / previous safeguarding/Police Merlins |
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Mechanism(s) in place for early escalation (contingency arrangements): ……………………………………………………………………………………..

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Date for review of risks and the protection plan: ………………………………………………...

Signed by worker: Date: …………………………………………

Signed by adult/representative: Date: ………………………………………… ­­­­­­­­­­­­­­­­

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|  **Risk Rating = Likelihood x Severity****Multiply the scores for Likelihood and Consequence** |
| **S****e****v****e****r****I****t****y** | **Catastrophic** | **5** | **10** | **15** | **20** | **25** |
| **Major** | **4** | **8** | **12** | **16** | **20** |
| **Moderate** | **3** | **6** | **9** | **12** | **15** |
| **Minor** | **2** | **4** | **6** | **8** | **10** |
| **Negligible** | **1** | **2** | **3** | **4** | **5** |
|  | **Rare** | **Unlikely** | **Possible** | **Likely** | **Almost Certain** |
| **Likelihood** |

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| **Key** **Risk****Indicator** | **1-Rare:** Minimal risk.Unlikely to occur and if it does then the client is able to address it. | **2 – Unlikely:**Low/medium risk.Some chance of incident happening - and although unlikely, consequences could be extreme and require action. | **3 –Possible**Medium risk.Possibility of occurring if client does not receive appropriate level of support and/or supervision. May be unacceptable risk level, requiring action or urgent attention. | **4 – Likely:**Elevated risk.Highly likely to occur.Immediate response may be required.  | **5 – Almost certain:**Extremely elevated risk.Highly likely to occur even with current level of support.Urgent action or cessation of task may be required. |