** Safeguarding Board Risk Framework – Risk Tool**

**● Assessment Details**

|  |  |
| --- | --- |
| Date of Assessment |       |
|  |  |
| Name of Assessor: |       |
|  |  |
| If a manual handling assessment is required please indicate here and complete necessary manual handling form | [ ]  Yes [ ]  No |

**● Assessment / Management of Risk**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Person at risk | Risk type | Brief explanation of risk | Mental capacity for particular risk? | Potential consequence of risk | Likelihood of risk occurring | Severity of risk |
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| --- | --- |
| Does the management of this risk require multi-agency input? | [ ]  Yes [ ]  No |

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| --- |
| **● Who is the lead agency?** |

Which other agencies are contributing to this assessment and how have they assessed the identified risk(s)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agency, including contact name | Contact details | Identified risk | Agency view(agree / disagree with lead agency | State any concerns identified or extra precautions taken or if disagreement, state rationale including alternative action, if any |
|  |  |  |  |  |

**● Multi Agency Meeting**

Please record details of multi-agency meetings held including times / dates, attendees and record of meeting(S)

|  |  |  |  |
| --- | --- | --- | --- |
| Time and Date | Attendees | Record of Meeting | Actions |
|  |  |  |  |

**● Risk Reduction**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Steps being taken to reduce the risk | Responsible person and agency | To be in place by | Duration of step |
| Risk Reduction Plan(Measures, policies, equipment, etc in place to minimise risk. State what organisation, and who, is responsible for each step.) |  |  |       |  |

**● Risk Contingency**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Steps to be followed when risk occurs | Responsible person and agency | To be in place by | Duration of step |
| Risk Contingency Plan(Action to be taken if risk event occurs. State what organisation, and who, is responsible for each step.) |  |  |       |  |

**● Involvement of Adult at Risk**

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| --- | --- |
| Has the risk assessment been discussed with the adult at risk? | [ ]  Yes [ ]  No |

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| --- | --- |
| If yes - What are their views? |  |

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| --- | --- |
| If No - Please explain why the person was not consulted |  |

|  |  |
| --- | --- |
| Has the risk assessment been discussed with their carer/family? | [ ]  Yes [ ]  No [ ]  No - Carer / Family |

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| If Yes - What are their views? |  |

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| If No - Where the adult has capacity and has expressed a wish not to involve carer or where there is a risk of entrapment or abuse, please document this here: |  |

|  |  |
| --- | --- |
| Has the risk assessment been discussed with staff/other relevant professionals? | [ ]  Yes [ ]  No |

**● Declaration**

I agree that this assessment may be shared as needed to support my care (Information may be shared with others involved in providing my care - e.g. Police, Social Care, Housing, Health, Support providers etc):

|  |
| --- |
| [ ]  Yes [ ]  Yes, but with limitations [ ]  No [ ]  Unable to consent |

If yes - Details of any limitations

|  |
| --- |
|  |

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| --- | --- | --- | --- |
| Signature of adult, or their representative |  | Date: |  |

|  |
| --- |
| If signed on behalf of someone else, please record Name and Relationship identifying appropriate legal role e.g. Deputy for Health & Welfare: |
|  |

**● Assessor Decision/Recommendation and Supporting Information**

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| --- | --- |
| Are there any areas of disagreement in relation to the risk assessment and decision? | [ ]  Yes [ ]  No |

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| --- | --- |
| If Yes - State disagreement and who by |  |

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| --- | --- |
| If the person was not involved directly in this assessment, or they lack capacity, explain how their views and wishes have been sought or represented (eg use of advocacy) |  |

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| Overall Risk Management Agreement and rationale(short statement indicating that benefits as well as harms and remaining risks have been considered, and this is the least restrictive option available) |  |

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| Is the adult at risk's decision/choice being promoted? [ ]  Yes [ ]  No |
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| --- | --- |
| If No - Please state rationale: |  |

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| --- | --- |
| Outcome of discussion with team manager: |  |

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| --- | --- |
| What is the recommended review date of this risk assessment? |       |

**● Signatures**

These must be signed and indicated in what capacity the individual is signing eg subject of risk assessment, practitioner, team manager etc

The name of the risk decision-maker should be provided here with a signature. This may be the adult themselves or, if they lack capacity, the assessor. If the decision has been referred the team manager or other agency decision-maker should also sign.

|  |  |  |  |
| --- | --- | --- | --- |
| Name (print and sign) | Role | Organisation | Date |
|  |  |  |  |

**● Adult at Risk Safety Plan**

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| --- | --- |
| Is an Adult at Risk Safety Plan needed? [ ]  Yes [ ]  No |  |

If Yes

|  |  |
| --- | --- |
| What can I do to manage my own risks on a day to day basis? |  |

|  |  |
| --- | --- |
| What warning signs may mean I'm at risk or putting myself at risk? |  |

|  |  |
| --- | --- |
| What have people done in the past to help me to cope and stay safe and well? |  |

|  |  |
| --- | --- |
| What could others do that would help? |  |

|  |  |
| --- | --- |
| Who do I want to be involved (or not be involved)? |  |

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| --- | --- |
| Who can I call for help? (Ensure contacts are clearly recorded and availability, if relevant) |  |

|  |  |
| --- | --- |
| A safe place I can go to is: |  |

|  |  |
| --- | --- |
| If I still feel that I'm not safe I will: |  |

**● Guidance**

HIGH: Trigger or antecedent is persistent AND coping mechanism or safety features DO NOT modify it. There is a high likelihood of harm that is either planned or spontaneous, which is very likely to cause serious harm. There are few, if any, protective factors to mitigate or reduce that risk. The adult at risk requires long-term risk management, including planned supervision and close monitoring, and, when the adult at risk has the capacity to respond, intensive and organised treatment

MEDIUM: Trigger or antecedent is persistent BUT coping mechanism or safety features DO modify it. Adult at risk is capable of causing serious harm but, in the most probable future scenarios, there are sufficient protective factors to moderate that risk. The adult at risk evidences the capacity to engage with planned risk management strategies and may respond to treatment. The adult at risk may become high risk in the absence of the protective factors identified in this assessment.

LOW: Trigger or antecedent is no longer persistent AND coping mechanism or safety features DO modify it. Adult at risk may have caused, attempted or threatened/verbalised serious harm in the past but a repeat of such behaviour is not thought likely between now and the next scheduled risk assessment. The adult at risk is likely to cooperate well and contribute helpfully to risk management planning and they may respond to treatment. In all probable future scenarios in which risk might become an issue, a sufficient number of protective factors exist.

No risk identified: The adult does not pose any risk at all in this area.

**● List of Values**

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| --- | --- |
| **Mental Capacity**YesNo**Likelihood of Risk Occurring**DefiniteLikelyUnlikely**Severity of Risk**HighMediumLowNo Risk | **Agency View**Agree with lead agencyDisagree with lead agency |

**CHRONOLOGY PRO-FORMA**

**Name of Agency..................................................................**

**Person Completing Chronology..................................................................**

| **Date\*****yy/mm/dd** | **Source of Evidence (e.g. record or interview** | **Nature of contact or significant event** | **Professional****(Role and initials)** | **Location/ Actions taken/Decisions made** | **Comments/notes** |
| --- | --- | --- | --- | --- | --- |
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\*Please record dates using the format yy/mm/dd to enable the chronologies of the different agencies involved to be combined

*The notes of meetings and all information discussed at the meetings convened as part of the multi-agency risk framework process are strictly confidential and must not be disclosed to any other person without the express permission of the Chair / lead agency. In making the decision whether or not to disclose the Chair is required to apply the Freedom of Information Act, the Data Protection Act Principles and the pan Berkshire multi agency safeguarding policy and procedures Information Sharing Protocol.*