**????? ?????**

**Risk Management Plan**

**Attach/upload current photo here**

|  |  |
| --- | --- |
| **Name of Young person:**  |  |
| **DOB:**  |  |
| **Next of kin:**  |  |
| **Emergency Contact Details:**  |  |
| **Name of Social Worker:**  |  |
| **Name of Key Worker:**  |  |
| **Date completed:**  |  |
| **Date of review:**  |  |

**Risk matrix**

|  |  |
| --- | --- |
| Likelihood | Impact of harm |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 1 | 2 | 3 | 4 | 5 |
| 2 | 2 | 4 | 6 | 8 | 10 |
| 3 | 3 | 6 | 9 | 12 | 15 |
| 4 | 4 | 8 | 12 | 16 | 20 |
| 5 | 5 | 10 | 15 | 20 | 25 |

|  |  |
| --- | --- |
|  | Low risk (1-3) |
|  | Moderate risk (4-6) |
|  | High risk (8-12) |
|  | Extreme risk (15-25) |

**Likelihood score**

|  |  |  |
| --- | --- | --- |
| 1 | Rare  | Only occurs in exceptional circumstances (1-5 times per year) |
| 2 | Unlikely  | Could occur at some time (once per year) |
| 3 | Possible  | Should occur at some time (once per month) |
| 4 | Likely  | Will probably occur (once per week) |
| 5 | Almost certain  | Expected to occur daily (once per day) |

 **Impact score**

|  |  |  |
| --- | --- | --- |
| 1 | Insignificant  | Minor impact not requiring any intervention |
| 2 | Minor  | Minor impact requiring low level intervention  |
| 3 | Moderate  | Minor impact requiring high level intervention  |
| 4 | Major  | Major impact requiring high level intervention |
| 5 | Catastrophic  | Extreme impact requiring extreme level of intervention |

**Risk rating= likelihood score x impact score**

**Summary of identified risks**

|  |  |
| --- | --- |
|  | **Risk indicator** |
| **Identified risk**  | **Low** | **Moderate** | **High** | **Extreme**  |
| * Self-Harming Behaviour
 |  |  |  |  |
| * Violence to other children
 |  |  |  |  |
| * Violence to carers/adults
 |  |  |  |  |
| * Violence to Animals
 |  |  |  |  |
| * Bullying
 |  |  |  |  |
| * Sexual Relationships with others
 |  |  |  |  |
| * Sexualised behaviour
 |  |  |  |  |
| * Fire Starting
 |  |  |  |  |
| * Missing from care
 |  |  |  |  |
| * Property damage
 |  |  |  |  |
| * Criminal behaviour
 |  |  |  |  |
| * Substance misuse
 |  |  |  |  |
| * Discriminatory behaviour
 |  |  |  |  |
| * Allegations against carers
 |  |  |  |  |
| * Allegations against peers
 |  |  |  |  |
| * Age of residents
 |  |  |  |  |
| * Child Sexual Exploitation
 |  |  |  |  |
| * Eating disorders
 |  |  |  |  |
| * Suicidal ideation/behaviour
 |  |  |  |  |
| * Mental Health Issues
 |  |  |  |  |
| * Diagnosed Learning Disability
 |  |  |  |  |
| * Moving and Handling
 |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Introduction:**

**This risk assessment is meant to be a guide for staff to enable them to see all the risks for the young person at a glance and be able apply the support factors to reduce the likelihood of anything happening. This risk assessment should be used, read and understood in conjunction with the young person’s ICMP and Care Plan.**

**The Risk Assessment needs to be shared at all LAC Reviews.**

**In extreme circumstances, based upon individual assessment PLEASE ADD FURTHER DETAIL.**

**Extreme circumstances would be for example the need to call any emergency services as a 999 call.**

|  |
| --- |
|  Sel**f-harming Behaviour** |
| **Hazard/risk** | **Who is at risk**  | **Locations**  | **Risk rating before support measures** | **Support measures to keep me safe** | **Likelihood**  | **Impact**  | **Risk rating after support measures** |
|  |  |  |  |  |  |  |  |
| **Updates:** |

|  |
| --- |
| **Violence to other children** |
| **Hazard/risk** | **Who is at risk**  | **Locations**  | **Risk rating before support measures** | **Support measures to keep me safe** | **Likelihood**  | **Impact**  | **Risk rating after support measures** |
|  |  |  |  |  |  |  |  |
| **Updates:** |

|  |
| --- |
| **Violence to carers/adults** |
| **Hazard/risk** | **Who is at risk**  | **Locations**  | **Risk rating before support measures** | **Support measures to keep me safe** | **Likelihood**  | **Impact**  | **Risk rating after support measures** |
|  |  |  |  |  |  |  |  |
| **Updates:**  |

|  |
| --- |
| **Violence to animals** |
| **Hazard/risk** | **Who is at risk**  | **Locations**  | **Risk rating before support measures** | **Support measures to keep me safe** | **Likelihood**  | **Impact**  | **Risk rating after support measures** |
|  |  |  |  |  |  |  |  |
|  |

|  |
| --- |
| **Bullying** |
| **Hazard/risk** | **Who is at risk**  | **Locations**  | **Risk rating before support measures** | **Support measures to keep me safe** | **Likelihood**  | **Impact**  | **Risk rating after support measures** |
|  |  |  |  |  |  |  |  |
| **Updates:** |

|  |
| --- |
| **Sexual relationships with others** |
| **Hazard/risk** | **Who is at risk**  | **Locations**  | **Risk rating before support measures** | **Support measures to keep me safe** | **Likelihood**  | **Impact**  | **Risk rating after support measures** |
|  |  |  |  |  |  |  |  |
| **Updates:** |

|  |
| --- |
| **Sexualised behaviour** |
| **Hazard/risk** | **Who is at risk**  | **Locations**  | **Risk rating before support measures** | **Support measures to keep me safe** | **Likelihood**  | **Impact**  | **Risk rating after support measures** |
|  |  |  |  |  |  |  |  |
| **Updates:** |

|  |
| --- |
| **Fire setting** |
| **Hazard/risk** | **Who is at risk**  | **Locations**  | **Risk rating before support measures** | **Support measures to keep me safe** | **Likelihood**  | **Impact**  | **Risk rating after support measures** |
|  |  |  |  |  |  |  |  |
| **Updates:** |

|  |
| --- |
| **Missing from care** |
| **Hazard/risk** | **Who is at risk**  | **Locations**  | **Risk rating before support measures** | **Support measures to keep me safe** | **Likelihood**  | **Impact**  | **Risk rating after support measures** |
|  |  |  |  |  |  |  |  |
| **Updates:** |

|  |
| --- |
| **Property damage** |
| **Hazard/risk** | **Who is at risk**  | **Locations**  | **Risk rating before support measures** | **Support measures to keep me safe** | **Likelihood**  | **Impact**  | **Risk rating after support measures** |
|  |  |  |  |  |  |  |  |
| **Updates:** |

|  |
| --- |
| **Criminal behaviour** |
| **Hazard/risk** | **Who is at risk**  | **Locations**  | **Risk rating before support measures** | **Support measures to keep me safe** | **Likelihood**  | **Impact**  | **Risk rating after support measures** |
|  |  |  |  |  |  |  |  |
| **Updates:** |

|  |
| --- |
| **Substance misuse** |
| **Hazard/risk** | **Who is at risk**  | **Locations**  | **Risk rating before support measures** | **Support measures to keep me safe** | **Likelihood**  | **Impact**  | **Risk rating after support measures** |
|  |  |  |  |  |  |  |  |
| **Updates:** |

|  |
| --- |
| **Discriminatory behaviour** |
| **Hazard/risk** | **Who is at risk**  | **Locations**  | **Risk rating before support measures** | **Support measures to keep me safe** | **Likelihood**  | **Impact**  | **Risk rating after support measures** |
|  |  |  |  |  |  |  |  |
| **Updates:** |

|  |
| --- |
| **Allegations against carers** |
| **Hazard/risk** | **Who is at risk**  | **Locations**  | **Risk rating before support measures** | **Support measures to keep me safe** | **Likelihood**  | **Impact**  | **Risk rating after support measures** |
|  |  |  |  |  |  |  |  |
| **Updates:** |

|  |
| --- |
| **Allegations against peers** |
| **Hazard/risk** | **Who is at risk**  | **Locations**  | **Risk rating before support measures** | **Support measures to keep me safe** | **Likelihood**  | **Impact**  | **Risk rating after support measures** |
|  |  |  |  |  |  |  |  |
| **Updates:** |

|  |
| --- |
| **Age of residents** |
| **Hazard/risk** | **Who is at risk**  | **Locations**  | **Risk rating before support measures** | **Support measures to keep me safe** | **Likelihood**  | **Impact**  | **Risk rating after support measures** |
|  |  |  |  |  |  |  |  |
| **Updates:** |

|  |
| --- |
| **Child Sexual Exploitation** |
| **Hazard/risk** | **Who is at risk**  | **Locations**  | **Risk rating before support measures** | **Support measures to keep me safe** | **Likelihood**  | **Impact**  | **Risk rating after support measures** |
|  |  |  |  |  |  |  |  |
| **Updates:** |

|  |
| --- |
| **Eating disorders** |
| **Hazard/risk** | **Who is at risk**  | **Locations**  | **Risk rating before support measures** | **Support measures to keep me safe** | **Likelihood**  | **Impact**  | **Risk rating after support measures** |
|  |  |  |  |  |  |  |  |
| **Updates:** |

|  |
| --- |
| **Suicidal ideation/behaviour** |
| **Hazard/risk** | **Who is at risk**  | **Locations**  | **Risk rating before support measures** | **Support measures to keep me safe** | **Likelihood**  | **Impact**  | **Risk rating after support measures** |
|  |  |  |  |  |  |  |  |
| **Updates:** |

|  |
| --- |
| **Mental Health issue** |
| **Hazard/risk** | **Who is at risk**  | **Locations**  | **Risk rating before support measures** | **Support measures to keep me safe** | **Likelihood**  | **Impact**  | **Risk rating after support measures** |
|  |  |  |  |  |  |  |  |
| **Updates:** |

**This Risk Assessment was completed by:** …………………………………… Date: ………….

Young People Signature: …………………………………… Date: ………….

Deputy Manager/Senior Practitioner signature: …………………………………… Date: ………….

Manager’s signature: …………………………………… Date: ………….

Social worker signature: …………………………………… Date: ………….

Parent’s signature: …………………………………… Date: ………….

Other professionals involved in the production of this risk assessment:

……………………………………

……………………………………

……………………………………

……………………………………

……………………………………

……………………………………

……………………………………

……………………………………

……………………………………

……………………………………

……………………………………

**This Risk Assessment has been distributed to and shared with:**

|  |  |  |
| --- | --- | --- |
| **Name**  | **Relationship to young person**  | **Signature and Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**This document was reviewed/updated on:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Reviewed or updated** | **What was updated?** | **Signature** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |