Sefton Multi-Agency Risk Assessment and Management Process (MARAM)

Version 1.1

July 2020

Multi-Agency Risk Assessment and Management Process (MARAM)

INTRODUCTION

This Guidance is issued following identification of numerous incidents which raised issue in relation to mental capacity, vulnerability and risk-taking behaviour in respect of adults with care and support needs.

The following areas have been identified:

- Fire safety
- Alcohol / drug dependence
- Non-compliance or challenging behaviour
- Self- neglect
- Hoarding
- Failure to engage with services

A need to develop a multi-agency approach to reduce risk is essential. Information sharing enables the widest range of expertise and resources to come together to deal with instances or high risk. This process will sit alongside current safeguarding adult processes and demonstrates Sefton's commitment to prevention by identification, mitigation and managing the risks to adults at risk resulting either from their own choice or behaviour alone or from a range of individual and environmental factors.

Introduction of the Mental Capacity Act has enshrined that all adults have the right to make choices and decisions for themselves, even if this places them at risk. Staff from a range of partner and provider agencies work together to support individuals to live as fully and independently as possible but are occasionally faced with situations in which the adult with care and support needs may continue to be at risk as a result of their own decision making or their behaviours.

It is not possible to eliminate all risk that people may face or experience as a result of their decision making. When this happens, agencies are potentially at risk from allegations that they have failed to do enough to reduce or manage the risks. Robust multi-agency procedures would allow agencies to demonstrate that they have worked together to do as much as possible to reduce risk. Procedures would also assist individual practitioners that can feel isolated when managing difficult situations.

An individual's right to make unwise decisions must always be respected but it does not mean that their vulnerability should not be addressed through a process of assessment and mitigation of risks that they face. This Guidance should be used in situations where there is concern that the individual's lifestyle choices or behaviour are likely to result in serious harm, or even death and single agency involvement has failed to be effective in the management of risk.

HOW TO USE THE PROCEDURE

The procedure is designed to provide guidance to staff seeking to support individuals at risk to autonomously and independently, whilst seeking to support them to manage, reduce and mitigate any risks resulting from their lifestyle choices and decisions.

The procedures are based on completion of a proposed Risk Assessment to identify if there are more specific risks in relation to any of the areas covered by this procedure. If one or more are identified there is a proposed process for decision taking and action in respect of each.

The procedure indicates occasion where it is appropriate to call a Multi-Agency Risk Management Meeting (MARAM) and partner agencies should co-operate by ensuring attendance or at a minimum written contribution to the meeting.

In determining the appropriateness of scheduling a meeting consideration should be given to all other measures/ steps that may have already been taken to identify and manage risk. This process is **NOT** intended to replace any other established process such as MARAC or Hate MARAC. However, it may sometimes be appropriate to run the two processes alongside each other.

IDENTIFYING RISKS

Any worker, from **any** agency can identify risk and complete the generic risk assessment which will identify if the individual, or others, are at **serious risk**, due to their own behaviour or choices or environmental factors in respect of:

- Fire safety
- Alcohol / drug dependence
- Non-compliance or challenging behaviour
- Self- neglect
- Hoarding
- Failure to engage with services

Each organisation should nominate a member of staff to act as “Risk Co-Ordinator”.

SPECIFIC GUIDANCE

If the generic risk assessment indicates one or more risk area the worker should consult the relevant section for further advice/ areas to consider and work through the proposed flow chart for possible decisions and action.

Potential actions should be discussed with the worker’s line manager and referrals to other services for specialist assessments expediated. The service user should remain central to the process and fully supported to understand risks, hopefully accepting support to minimise them.

In the event of this approach failing to be successful and the worker considering that the individual remains facing significant risk to health and wellbeing then a Multi-

Agency Risk Management Meeting (MARAM)should be called. This should be scheduled to happen within one working week.

INFORMATION SHARING

Both GDPR and the Data Protection Act 2018 [DPA2018] identify statutory obligations and gateways when sharing a data subject's information. In particular DPA 2018 Schedule 8 provides for the conditions to share information based on safeguarding and vital interests.

In all cases sharing of information must be legal, justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for decision-making should always be recorded.

When sharing information about adults, children and young people at risk between agencies it should only be shared:

- **where** there is a legal justification for doing so
- **where** relevant and necessary, not simply all the information held
- **with** the relevant people who need all or some of the information
- **when** there is a specific need for the information to be shared at that time

Information may still be shared, without consent, if, in your judgement, there is valid reason to do so, such as where safety may be at risk. Judgement needs to be based on the facts of the case; information shared must be proportionate to the risk posed.

Consider safety and wellbeing. Base your information sharing decisions on consideration of safety and wellbeing of the person and of others who may be affected by their actions.

Article 8:1 of the Human Rights Act 1998 states that "everyone has a right to respect for his/her private and family life, his /her home, and his/her correspondence". Disclosing information for a purpose other than for which it is originally obtained constitutes an infringement of this right.

However, Article 8:2 specifies the grounds where authorities may limit those rights:

- in the interest of national security, public safety, or the economic wellbeing of the country
- for the prevention of disorder or crime
- for the protection of health or morals
- for the protection of the rights or freedoms of others

Organisations should show that they have taken the person's rights under the Act into account when deciding to share the information and should record the grounds for interfering with those rights.

USE OF MARAM

Whilst this process is designed to be used in situations where there are complexities around mental capacity, vulnerability and risk-taking behaviour in respect of adults with care and support needs, there is a real need to be able to monitor usage and effectiveness. This will enable us to evaluate effectiveness and adapt process to optimise learning and support provision of quality services. No identifiable information relating to the individual will be stored outside of your agency.
To this end you are asked to complete the Monitoring Form at the point of decision-making and return it to either as promptly as possible:

Natalie Hendry Torrance
Designated Safeguarding Adults Manager
NHS Sefton CCGs
natalie.hendry@southseftonccg.nhs.uk
SE: safeguardingservice.sefton@nhs.net_

or

Joan Coupe
Safeguarding Governance Manager
Sefton Council- Adult Social Care
E-mail: joan.coupe@sefton.gov.uk
SE : joan.coupe@sefton.gcsx.gov.uk

Basic referral information will be recorded, and monitoring information sought to assist in the development of the process.

CONFIRMATION REPORT ON USE OF MARAM IN PRACTICE

Name of Lead Professional:

Organisation:

Contact Details:

Case Identifier and age:

Date of First Meeting:

Brief Outline of Concern:

CONVENING A MULTI-AGENCY RISK MANAGMENT MEETING

Any staff from **any** agency can convene a Multi-Agency Risk Management Meeting (MARAM).

Managers should ensure that all suggested mitigating actions have already been followed prior to convening a meeting, to optimise the process. Legal advice should be sought as appropriate.

The agency convening the meeting must complete the Risk Management Meeting Request and circulate it to the Risk Coordinator for each agency that they request attendance from.

All agencies requested to attend should prioritise participation and confirm attendance in advance or when this is not practically possible provide a written report to share at the meeting.

THE MULTI AGENCY RISK ASSESSMENT MEETING

The agency convening the meeting must complete a brief report outlining the risks and the steps taken to date to manage or mitigate them.

The agency convening the meeting must negotiate whether their Risk Management Coordinator should chair the meeting or if the role of Chair should be undertaken by a more experienced member of the meeting.

Where there is multi-agency involvement, the coordinator from another agency may take on the chair with agreement.

A suggested agenda can be found in the Appendices of this protocol.

All participating agencies must ensure that they bring up-to-date information that they hold in relation to the specific individual(s) and any experience that they may have of dealing with similar situations.

It is not necessary to keep detailed notes of discussion but the Risk Management Plan (found in the Appendices) must be completed on each occasion with an agreed timescale for the meeting to reconvene. The Risk Management Plan must identify a Key Worker who will retain overall responsibility for coordinating the Plan.

All participating agencies must commit to ensuring that they discharge all actions allocated to them within the allocated timescale.

On occasion, it may be appropriate to invite the person/ and/or their representative or relatives to all or some part of the meeting. Naturally this will be dependent on the individual circumstances of each case.

REVIEWING THE PLAN

A date for review must be set at the meeting, with agreement reached that this can be brought forward in the event of any member of the group having fresh concerns for the subject of the plan. The Action Plan must be reviewed and updated in light of the experience or as and when new information becomes available.

COMPLETING THE RISK MANAGEMENT PROCESS

Any number of reviews can be conducted whilst work is underway to reduce/manage/mitigate risk. It is recognised that it may not be possible to eliminate or reduce risks to the point where no substantial risk remains as the person is entitled to make choices about how they want to live.

A decision at a Review Meeting may consider that no further action can be or is practicable to take, in which case a final review of all actions taken should be recorded and retained in the records of each agency involved in the Risk Management Process.

The subject of the process must, where possible, be kept informed of the process and actions taken throughout and of any decision taken to close the process.

OTHER AREAS OF RISK

Although specific areas of risk are referred to in this document, the process is not limited to these areas and can be applied in any situation where an individual is making unwise decisions which are likely to have a significant impact.

Appendix 1

Sefton Multi-Agency Risk Assessment

Date of Assessment:

Name:

Personal Details

Date of Birth:

LAS:

Property owned or rented?

Rented? Housing Provider:

Advocacy involvement?			
YES		NO	

Caring Responsibilities?			
YES		NO	

Address:

Names & DoB of Dependents:

If the person is assessed as lacking capacity to make a particular decision, then a Best Interests Meeting should be convened. It is not necessary at this time to convene a Risk Management Meeting.

Detail of Concerns:

FIRE AND ENVIRONMENT FACTORS

	Yes	No
Is the person aged 65+?		
Does the person have mobility issues that would prevent them leaving their property unaided?		
Are there occupants in the property with a disability?		
Does anyone in the property have an illness or take medication whereby they would not understand or react to fire/ alarm?		
Is there a fire risk because the person is careless when cooking?		
Does the person have a dependence on alcohol?		
Does the person have a dependence on drugs?		
Is there a fire risk due to smoking?		
Is the person supported by carers?		
Does the person have a key safe?		
Does the person live alone?		

IF YOU ANSWER YES TO ANY OF THE ABOVE AND THE PERSON HAS CAPACITY TO MAKE THESE DECISIONS PLEASE REFER TO THE SPECIALIST GUIDANCE (APPENDIX 3)

	Yes	No
Is the person subject to hate crime?		

SELF NEGLECT AND SELF HARM (Individuals who may be at risk of personal safety or harm)

	Yes	No
Does this person self-harm?		
Is this person inappropriately self-medicating?		
Is this person refusing medical attention?		
Is this person at risk of malnutrition /dehydration? Is this person self-neglecting their personal care?		
Is the property insecure?		
Is the property cluttered or unkempt?		

If yes to behaviour please indicate deterioration period and any triggers?

IF YOU ANSWER YES TO ANY OF THE ABOVE AND THE PERSON HAS CAPACITY TO MAKE THESE DECISIONS PLEASE REFER TO THE SPECIALIST GUIDANCE (APPENDIX 3)

	Yes	No
Is this recent behaviour?		

ALCOHOL /DRUG DEPENDENCE

	Yes	No
Does the person have a dependence on alcohol?		
Does the person have dependence on drugs?		
Is the person refusing treatment services?		
Is there negative impact on any of the following:		
Physical health		
Mental wellbeing		
Safety and security		
Relationships/dependents		
Others (neighbours/community)		

IF YOU ANSWER YES TO ANY OF THE ABOVE AND THE PERSON HAS CAPACITY TO MAKE THESE DECISIONS PLEASE REFER TO THE SPECIALIST GUIDANCE (APPENDIX 4)

MEDICINES MANAGEMENT

	Yes	No
Is the person currently receiving medication?		
When was medication last reviewed? **Date:**		
Is the person refusing medication?		
Is the person misusing medication?		
Current medical/ health and social care intervention:		
GP		
Hospital		
Specialist Services		
Mental Health Services		
District Nursing		
Social Care		

IF YOU ANSWER YES TO ANY OF THE ABOVE AND THE PERSON HAS CAPACITY TO MAKE THESE DECISIONS PLEASE REFER TO THE SPECIALIST GUIDANCE (APPENDIX 5)

RESISTANCE / AGGRESSIVE BEHAVIOUR (on the part of an adult with care and support needs or carer)

	Yes	No
Is the person intimidating towards professionals?		
Are there threats of harm to others?		
Has there been actual harm to others?		
Has there been non-compliance with other agencies?		
Has there been police involvement?		
Are they known to Community Safety?		

IF YOU ANSWER YES TO ANY OF THE ABOVE AND THE PERSON HAS CAPACITY TO MAKE THESE DECISIONS PLEASE REFER TO THE SPECIALIST GUIDANCE (APPENDIX 6)

	Yes	No
Are they preventing access to an adult with care and support needs?		

HOW DOES THE PERSON VIEW THE SITUATION?

If risks have already been identified, what are the person's views in relation to them?

Does the person recognise risk?

Yes	No

Is the person placing other people at risk?

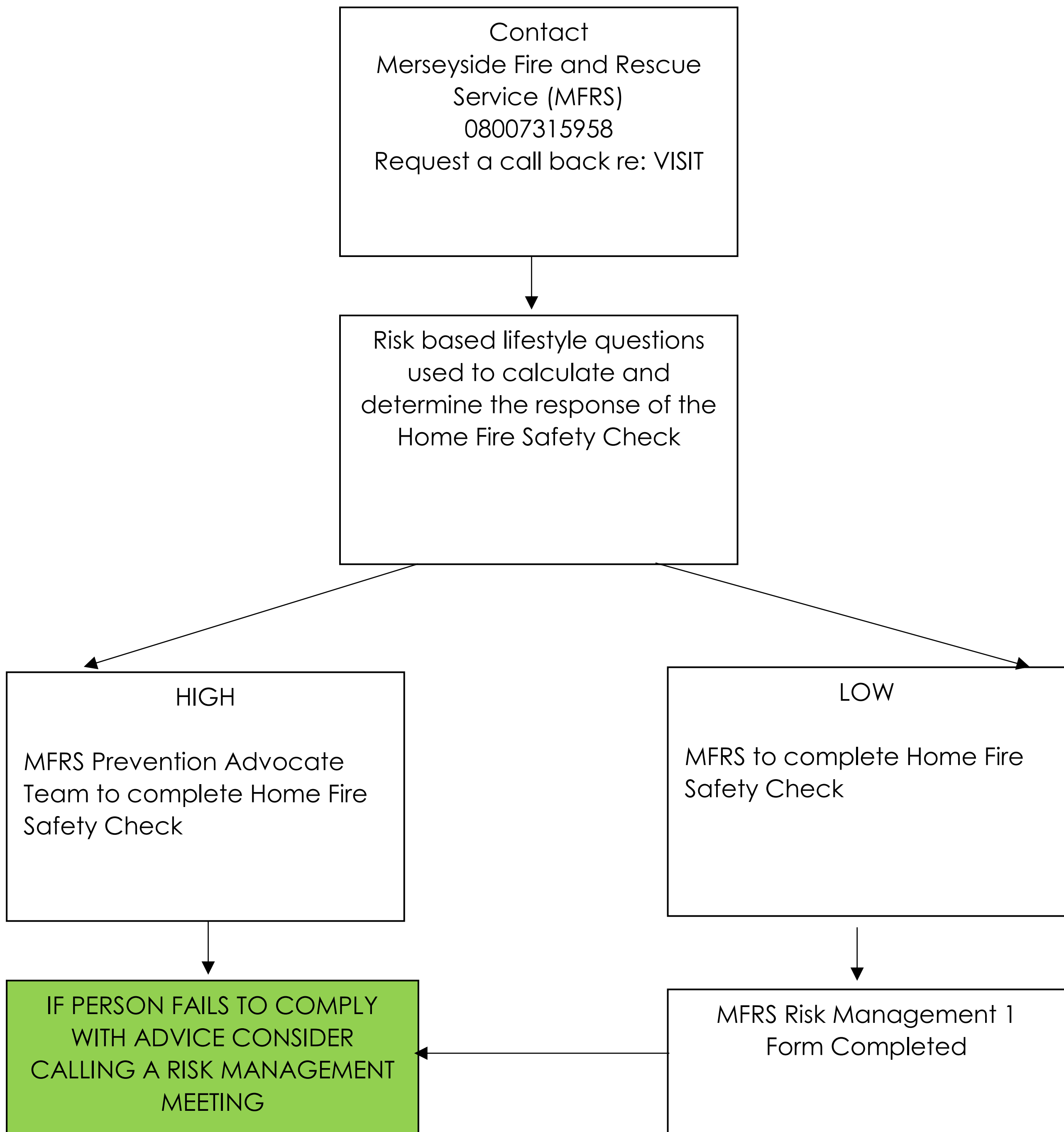
Yes	No

INVOLVEMENT OF OTHERS

NAME	RELATIONSHIP	CONTACT

Appendix 2

Concerns about Fire Safety – Possible Approaches to Risk Assessment and Management



Concerns about Fire Safety – Possible Approaches to Risk Assessment and Management

Both personal and environmental factors influence the degree of risk

Merseyside Fire and Rescue Service's current Home Safety Strategy is to target individuals aged 65+ who are at a high risk of fire in the home.

Referrals from partner agencies will be risk assessed and where appropriate appointments made for the Fire Prevention Advocate to undertake a Safe and Well Visit.

Particular factors increase risk. These include:

- Over 65+
- Limited mobility hampering means of escape
- Sensory or mental health issues whereby the individual may not react appropriately to an alarm
- Careless cooking
- Alcohol
- Drugs
- Smoking
- Supported by carers
- Has a key safe
- Lives alone
- Victim of hate crime

If you are concerned contact Merseyside Fire and Rescue Services on 088 731 5958 who will carry out a Safe and Well Visit and identify measures that can be put into place to reduce/ eliminate the risk level

The Safe and Well visit is centred on the occupier rather than the building

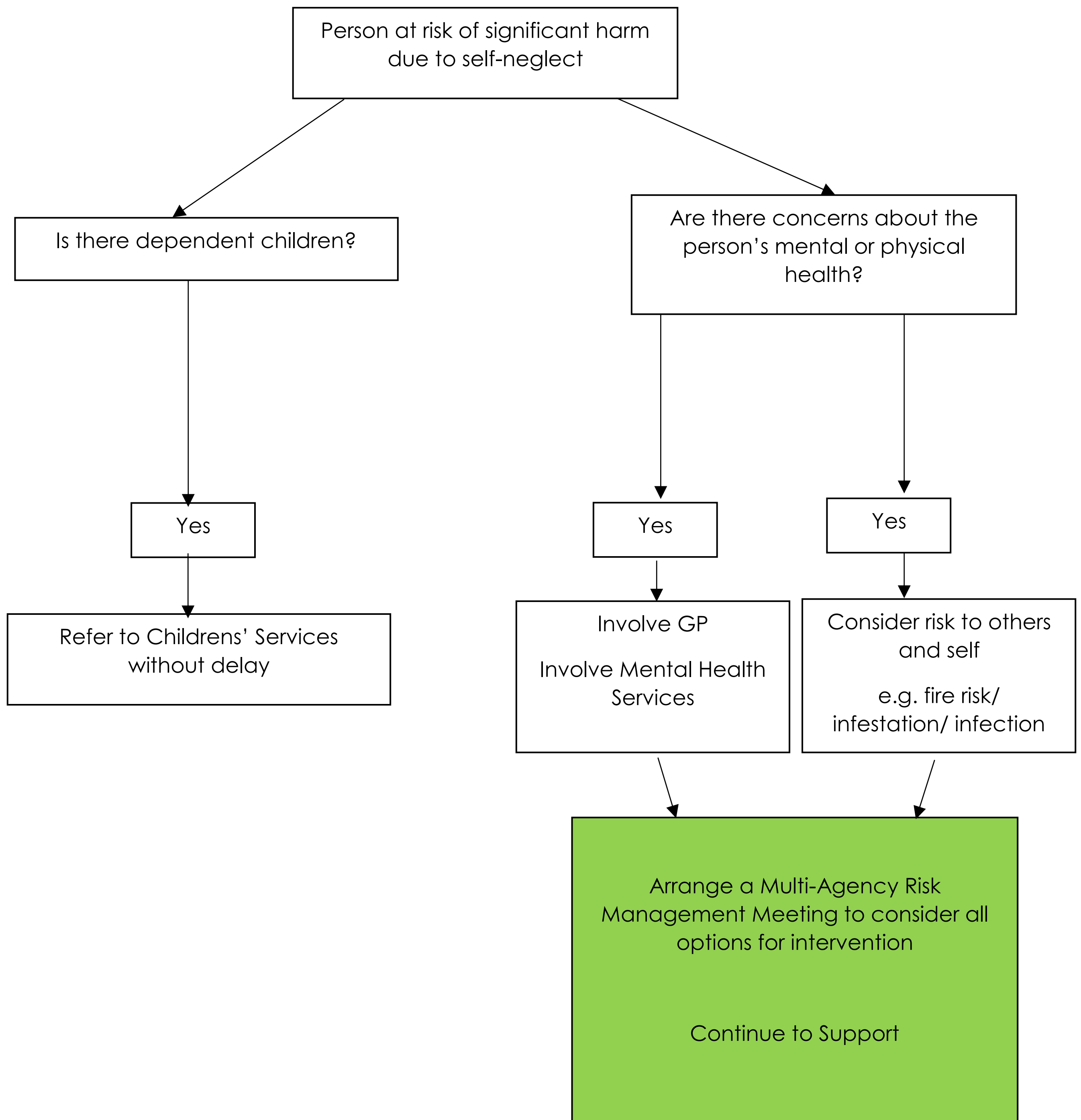
Merseyside Fire and Rescue Services can provide, where deemed necessary, appropriate and proportionate equipment to reduce risk of fire to the lowest level

If the person is reluctant to follow fire prevention or any advice and risk factors remain present consideration should be given to calling a Risk Management meeting.

Appendix 3

People who Self Neglect – Possible Approaches to

Risk Assessment and Management



People who Self Neglect – Possible Approaches to

Risk Assessment and Management

People who self-neglect may be at risk of harm and their personal safety compromised

Self-neglect generally takes place over a period of time. If there has been a more rapid change in a person's behaviour or their ability to cope can be the reason identified and fixed without more formal intervention

Speak to family / friends to try and understands what has changed. Contact GP and other Health Professionals involved

If the person has caring responsibilities for an adult/ child living in the same household then their self-neglect will almost certainly impact on the person that they are caring for.

Raising a safeguarding concern should be considered and if there is involvement of child a referral into Childrens' Services

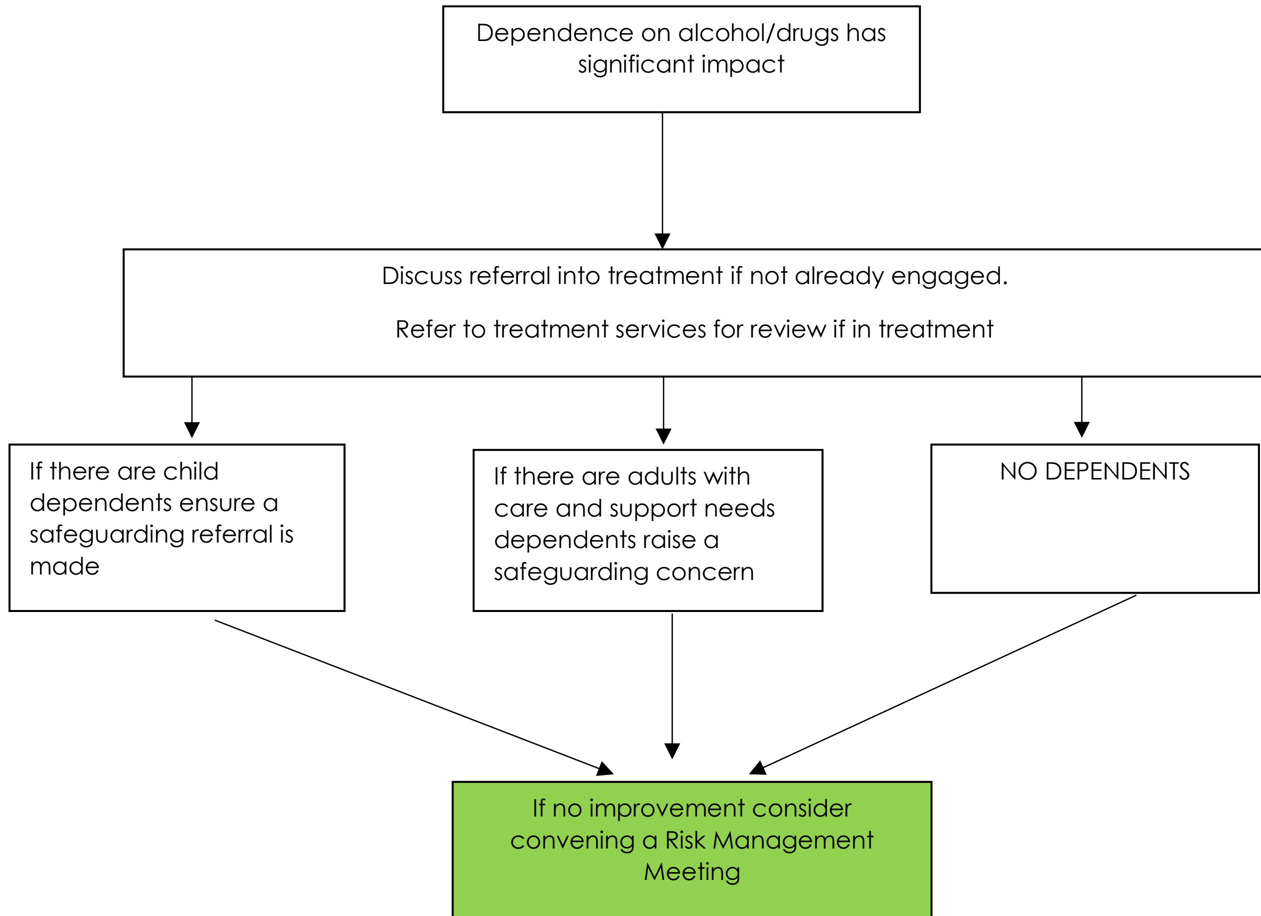
Whilst discussions or Risk Management Meetings are underway it is important to continue to offer support from your agency

Reference to Merseyside Safeguarding Adults Board Self Neglect Toolkit should be made https://www.merseysidesafeguardingadultsboard.co.uk/wp-content/uploads/2019/05/Self-neglect-guidance.pdf

Staff need to be mindful that supporting people to address their behaviour is unlikely to lead to change in the short term. Only change is likely once a relationship of trust has been developed. Practitioners working with individuals who self-neglect require regular support and supervision.

Appendix 4

People who are dependent on alcohol / drugs
Possible Approaches to Risk Assessment and Management



People who are dependent on alcohol / drugs
Possible Approaches to Risk Assessment and Management

There is overwhelming evidence of biological, psychological and social factors contributing to alcohol and drug dependence. It is helpful to look at people's behaviour in this context and to approach risk management from a multi-agency perspective.

People dependent on drugs and/or alcohol can be difficult to support.

Substantial risk – to life, limb or serious physical impact to self or others

A judgemental approach can create barriers making it less likely that the person will engage with support / treatment. Substance misuse services try to offer a holistic approach.

However, if the person has parenting/ caring responsibilities adopt a watchful approach; there is likely to be an impact on dependent others

- If you think alcohol/ drug dependence is impacting on the safety and wellbeing of others you should consider raising a safeguarding concern

If the person refuses intervention discuss with your line manager and consider calling a Multi-Agency Risk Management Meeting.

Alcohol/drug dependence may also place the person at risk of exploitation, for example theft, harassment or assault. **All individual incidents should be raised as safeguarding concerns.**

People with mental health issues may also be dependent on alcohol and/or drugs resulting in complex, multiple risk factors for them and for those around them. A Multi-Agency Risk Assessment and Management Meeting will allow for information to be shared.

You need to be clear about desirable outcomes- these should be agreed and shared across agencies. It may not be possible to resolve all issues, particularly if the person is resisting support but is critical to manage and mitigate the most serious risks through a Multi-Agency Risk Assessment and Management Meeting.

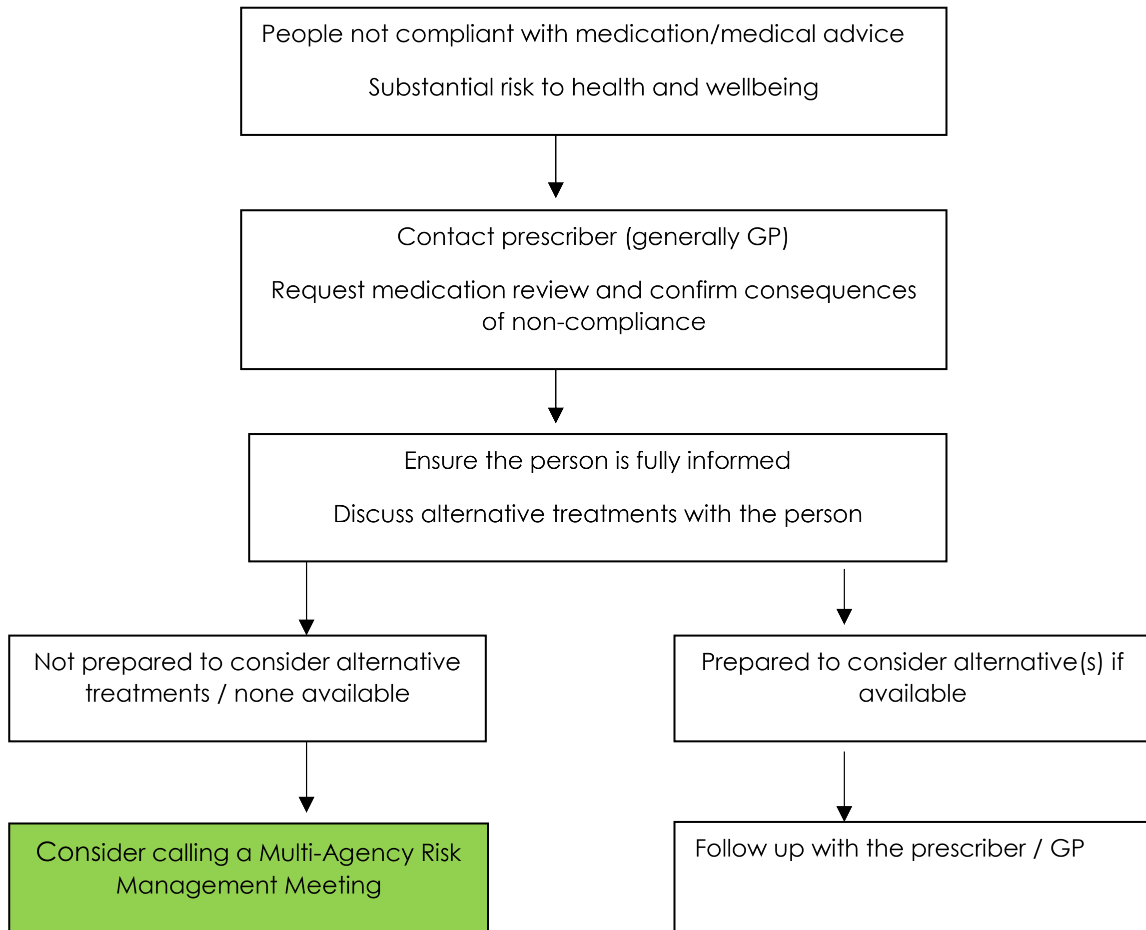
Addiction and Dependency and the impact of such on a person's everyday life can be a difficult concept to understand, particularly in the light of choice and capacity considerations.

A thorough assessment of capacity is required in cases of addition/ dependency. There is need to explore if the person has capacity to understand the full implications of their choices and actions and to consider the fluctuation in their capacity.

Services and contacts must be consistent with continued offers to engage. A preventive and proactive approach must be offered to encourage potential for change and rehabilitation. Individuals may have low or fluctuating motivation to receive help.

Appendix 5

People who are Non-Compliant with Medication or Medical Services



People who are Non-Compliant with Medication or Medical Services

If you consider that someone is failing to take their prescribed medication or making lifestyle choices that may affect this, for example continuing to use alcohol, then you should:

- Document this
- Contact the prescriber to request a medication review and to discuss the consequences of non-compliance
- Contact GP if you are concerned that someone is taking non-prescribed medication 'over-the-counter' medicines, at a level which could significantly impact on the health

Ensure any risks to physical/mental health are fully explained to the person, with details of any timescales for these effects – agree with the prescriber who will do this.

Ask the prescriber to consider any alternative treatments

If there are no alternatives, non-compliance continues and this has a significant impact on the person's health and wellbeing, convene a Risk Management Meeting with consideration of involvement of relevant health professionals:

- Pharmacist
- GP
- District Nursing
- Specialist Community Health
- Mental Health Team
- Hospital Clinician
- Occupational Therapist
- Physiotherapist
- Medicines Management

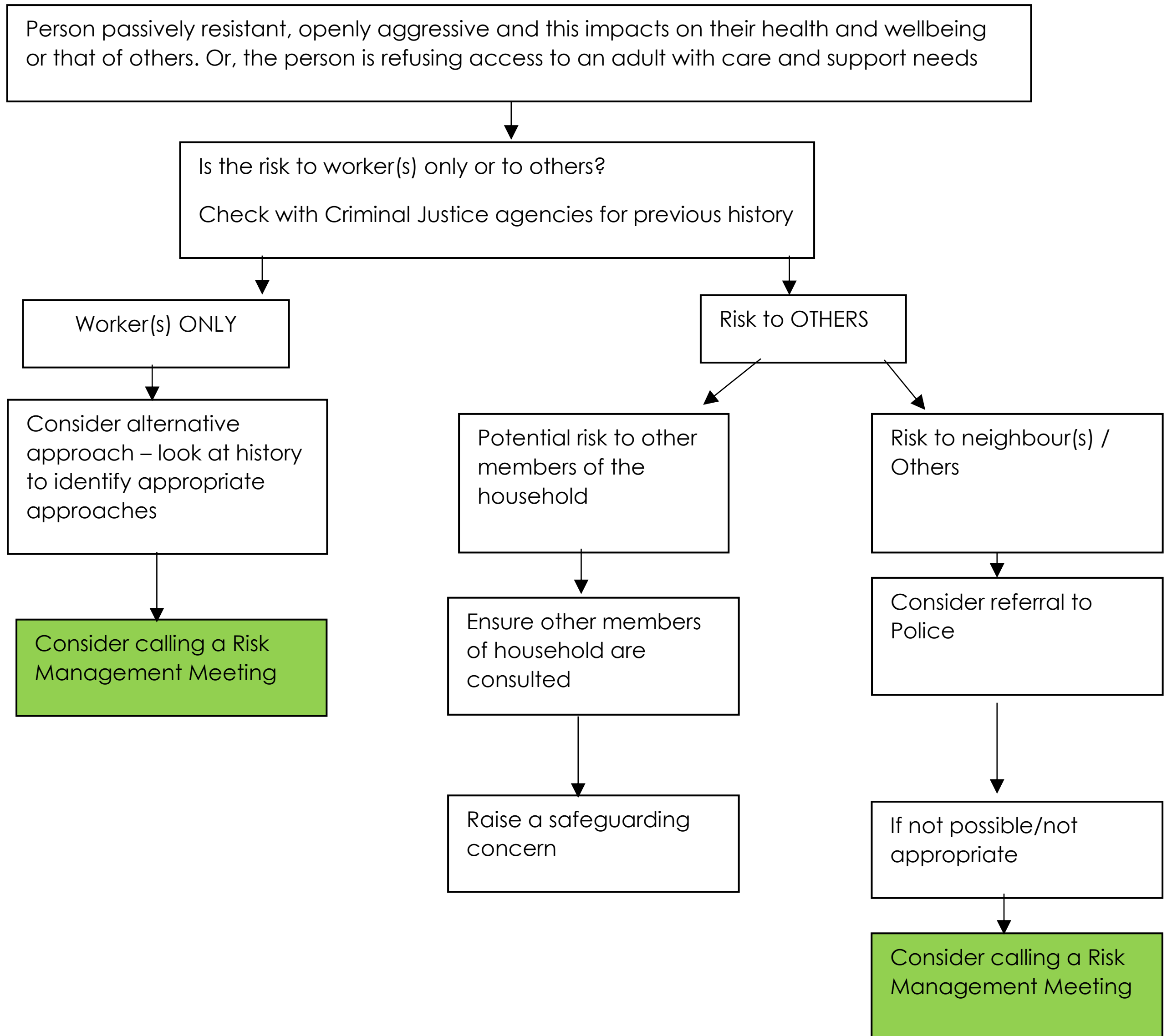
Consider a different approach is any other professional has a positive relationship or any family member(s) may be influential

If non-compliance continues the person may develop symptoms so ensure that the issue is raised regularly to encourage compliance.

If the person with capacity chooses not to comply and this starts to impact on mental capacity, a fresh capacity assessment must be completed in relation to their behaviour. If the conclusion is that there is a lack of capacity then a Best Interest meeting should be convened without delay.

Appendix 6

People who are Passively Resistant or Aggressive (Need for Agency Intervention)



People who are Passively Resistant or Aggressive
(Need for Agency Intervention)

On occasion people can use intimidation and resistance to keep agencies at arm's length.

Intimidation has many forms ranging from the more obvious threats, such as shouting and use of abusive language, to the less obvious use of silence, creating a powerful presence and intimidation.

The following may be useful to consider:

Always ensure your own safety

Take responsibility for your personal safety and follow procedure such as visiting in pairs, carrying a mobile phone, having a call-back procedure at the end of the visit and parking your car facing the way that you intend to leave. Consider any relevant training required. Always discuss plans with the Line Manager.

Identify resistant behaviour

Record dates and descriptions of behaviour that indicates resistance intimidation. Look back at the case history on a regular basis to see if you can identify a recurring pattern. Include a 'flag' or 'hazard' on LAS or electronic systems to inform fellow professionals as appropriate.

Be open with the person

If you consider that someone is using resistant behaviour, tell them as soon as you recognise it. Use straightforward, jargon-free language and back up your statement with dates and examples. Some examples may include:

- Failure to keep previously agreed appointments
- Hostility or non-cooperation
- Agreeing to undertake individual actions and failing to achieve or complete them

Consider a fresh approach

If possible, speak with previous staff to see how the resistant behaviour has been managed before.

Reassess the basis of the contact

Be clear with the person about the reason for your visit and explain why it is important. Talk through what the person has to gain from cooperating. Equally detail the negative consequences of continued resistant behaviour.

The person is at risk

If you consider that the person is placing themselves, or others at risk consider legal powers relevant to the urgency of the situation and convene a Risk Management Meeting.

Prevention of access to an adult with care and support needs

Such situations are complex and highly sensitive and if they are to be resolved successfully and safely require sensitive handling by skilled practitioners. All attempts to resolve the situation should begin with negotiation, persuasion and the building of trust. Denial of access may not necessarily be a sign of wrong-doing by a third party; it may be an indication of lack of trust of authority, guilt about their inability to care or fear that the adult will be removed from the home. It is vital that until the facts are established that the practitioner adopts an open-minded, non-judgemental approach.

Legal approach

If access continues to be prevented, consider legal powers relevant to the urgency of the situation and convene a Risk Management meeting.

Mental Capacity Act 2005

An application can be made to the Court of Protection under the MCA to facilitate gaining access to an adult who lacks capacity, or there is a reason to believe lacks capacity, in a case of suspected neglect or abuse, where that access is being denied or impeded. The Court's permission to make an application will be needed.

Police and Criminal Evidence Act 1984

If there is 'risk to life and limb' Section 17(1) of PACE gives the police, the power to enter premises without a warrant in order to save life and limb or to prevent serious damage to property. This represents an emergency situation and it is for the police to exercise the power.

Mental Health Act 1983 Section 115

An approved mental health professional (AMHP) may at all reasonable times enter and inspect any premises (other than a hospital) in which a mentally disordered person is living – if the professional has reasonable cause to believe that the person is not receiving adequate care.

Inherent Jurisdiction

Inherent Jurisdiction describes the powers of the High Court to hear a broad range of cases, including those in relation to the welfare of adults, so long as the case is not already governed by procedures set out in the rules or legislation. Where there is a concern that constraint, coercion or the undue influence of a third party may be preventing an adult's ability to make free decisions, recourse to the Court's jurisdiction may be used to assist professionals in gaining access to assess the adult.

For further details refer to the Social Care Institute for Excellence (SCIE) Guidance 'Gaining access to an adult suspected to be at risk of neglect or abuse' October 2014

Appendix 7

Risk Management Meeting Invitation Template

Our reference: Agency Logo

Your Reference: Agency Address

Date:

RE:

Dear

I am writing to you to invite you to a multi-agency meeting concerning NAME which will involve the following practitioners:

Practitioner 1

Practitioner 2

Practitioner 3

Practitioner 4

Practitioner 5

Lead Practitioner:

The meeting will be held on DATE between TIME and TIME hours at VENUE.

Please accept this invite.

This Risk Management process aims to support good practice in information sharing about adults deemed to be at risk as part of preventative services. In doing so all sharing and storing of information should be done lawfully and in compliance with General Data Protection Regulation 2016/679.

Yours sincerely

Appendix 8

Report to Risk Management Meeting

(to be completed by the agency convening the meeting)

Recommendations from serious incidents have highlighted the need for shared Multi Agency Risk Management arrangements.

This document aims to enable and support good practice in information sharing about the needs of adults deemed to be at risk as part of preventative services. Information will be shared when there are concerns that a person is at risk of significant harm. In doing so all sharing and storing of information should be done lawfully and in compliance with General Data Protection Regulation 2016/679.

The person's wishes must be sought and respected if safe and practicable to do so. However, it must be explained to him/her that where there is a significant impact on his/her health and wellbeing, or that of anyone else, then information will be shared to safeguard them and /or anyone else.

<table>
<tr><td>Date and Time of Meeting:

Venue:</td><td>Document completed by:

Role:

Agency:</td></tr>
<tr><td>Name of Person at Risk:</td><td>Date of Birth:</td></tr>
<tr><td colspan="2">Present Location of Person at Risk:</td></tr>
<tr><td colspan="2">People / Agencies invited to the Meeting:</td></tr>
<tr><td colspan="2">Person at Risk:</td></tr>
</table>

Representative:				
Name	**Role / Relationship**	**Agency**	**Date of Last Contact with the Person**	**Attendance**

Reason for Concern	**Relevant Information**
	How long has the situation been going on for?

Appendix 9

Risk Meeting Agenda

1. Introductions, Apologies and Welcome

2. Confidentiality Statement

3. Views and Wishes of the Person at Risk

4. Outline of Risks and Actions taken to date

5. Contributions from others

6. Agreed Actions and Completion of Action Plan

7. Nomination of Key Worker – all actions to be reported to Keyworker within agreed timescale

8. Agree Follow Up Meeting Date

Appendix 10

Multi-Agency Risk Management Plan

Person at Risk: **Date of Risk Management Meeting:**

Name:

Date of Birth:

<table>
<tr><th>Area of Risk
(Delete areas of risk which do not apply)</th><th colspan="4">Risk Identified</th><th>Rationale for Risk Level</th><th>Actions Required</th><th>Responsible Worker and Timescale</th><th>Outcome / Update</th></tr>
<tr><td rowspan="2">Fire & Environmental Hazard</td><td colspan="4"></td><td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td></tr>
<tr><td>Risk Level: Please Tick</td><td>Very High</td><td>High</td><td>Medium</td></tr>
</table>

Area of Risk (Delete areas of risk which do not apply)	**Risk Identified**				**Rationale for Risk Level**	**Actions Required**	**Responsible Worker and Timescale**	**Outcome / Update**
Self-Neglect /Harm								
	Risk Level: Please Tick	**Very High**	**High**	**Medium**				

Area of Risk (Delete areas of risk which do not apply)	Risk Identified				Rationale for Risk Level	Actions Required	Responsible Worker and Timescale	Outcome / Update
Substance Misuse								
	Risk Level: Please Tick	Very High	High	Medium				

<table>
<tr><th>Area of Risk
(Delete areas of risk which do not apply)</th><th colspan="4">Risk Identified</th><th>Rationale for Risk Level</th><th>Actions Required</th><th>Responsible Worker and Timescale</th><th>Outcome / Update</th></tr>
<tr><td rowspan="2">Medicines/Medical Intervention</td><td colspan="4"></td><td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td></tr>
<tr><td>Risk Level: Please Tick</td><td>Very High</td><td>High</td><td>Medium</td></tr>
</table>

Area of Risk **(Delete areas of risk which do not apply)**	**Risk Identified**				**Rationale for Risk Level**	**Actions Required**	**Responsible Worker and Timescale**	**Outcome / Update**
Resistance/Aggressive Behaviour								
	Risk Level: Please Tick	**Very High**	**High**	**Medium**				

Area of Risk (Delete areas of risk which do not apply)	**Risk Identified**				**Rationale for Risk Level**	**Actions Required**	**Responsible Worker and Timescale**	**Outcome / Update**
Other – please describe								
	Risk Level: Please Tick	**Very High**	**High**	**Medium**				

All completed actions must be reported to the key worker within the agreed timescales.

Agreed Key Worker	Role	Organisation	Contact Details

Date of Review:

Keyworker holds responsibility to reconvene a further meeting within the timescale agreed

Signature (Individual at Risk): **Date:**