**Appendix 2:**



**Safeguarding Plan and Risk Assessment**

|  |  |
| --- | --- |
| **My Name:** |  |
| **ID Number:** |  |
| **Co-ordinator:** |  |
| **Safeguarding Adults Lead Worker:** |  |

**Communication**   
Please tell us about any communication difficulties you may have. For example, you may have a hearing, vision or speech impairment or prefer to use a language other than English (including sign-language or Makaton) or require a specialist interpreter to support you to communicate. If you have a visual ***and*** hearing impairment, please let us know so that we can consider if you need support from a specialist assessor.

|  |
| --- |
|  |

**Supporting your involvement**

|  |
| --- |
| Do you need someone to support you to complete this safeguarding Plan? Yes / No *Note to assessor - is an advocate required? Yes / No (if yes – please state why and how this will be provided)* |

|  |
| --- |
| **What has happened?** |
| This section should record your views of the abuse and / or neglect that has taken place or the risks of abuse and / or neglect that have been identified. What harm, if any, has occurred to date? |

|  |
| --- |
| **What are the outcomes that you are looking for?** |
| This section should record your wishes and outcomes and how you think these can be achieved. |

|  |
| --- |
| **Keeping myself safe** |
| This section can be used to record other information you feel is relevant to keep you safe. *This could include the following:*   * *What impact does the abuse / neglect (or risk of abuse / neglect) have on me?* * *What are the risks to me? (current and potential)* * *What factors do you think have contributed to the abuse or neglect occurring, or the risk of it occurring?* * *What could be done to prevent any further abuse / neglect and how do you think this could be achieved?* * *What strengths and abilities do I have to keep myself safe?* * *What other support might I need* |

|  |
| --- |
| **Advice and Information** |
| This section should record any further advice or information that has been provided to you to keep you safe. *This should also include:*   * *Options made available* * *What, if any action must be taken to protect other parties (other AAR / child or if there is any other overriding public interest concern)* * *Where the desired outcomes are felt to be unrealistic or cannot be met.* * *Any risks (actual or potential) not identified by the AAR* |

|  |
| --- |
| **Contingency Plans** |
| This section should record any potential plans to be put in place if any of your existing informal support became unavailable |

|  |
| --- |
| **Summary** |
| Are you in agreement with this Safeguarding Plan? Yes / No |
| If No, please state how any differences may be resolved. |

**Assessor’s Summary**

|  |
| --- |
|  |

**Safeguarding Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What the risks are to me.** | **What outcomes I want to achieve** | **How I want the risks addressed (measures/actions to reduce the risk)** | **Best Interest Decision (If the person lacks the mental capacity to make the decision).** | **Who will do it (responsible person)** | **When by.** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| Date agreed: | Review date: |

|  |  |  |
| --- | --- | --- |
| **To be completed by the Chair only:** | | |
| Chair: |  |
| Designation: |  |
| Signature: |  |
| Date: |  |

**GUIDANCE ON USING SAFEGUARDING PLAN AND RISK ASSESSMENT**

**Introduction**

The Safeguarding Plan will be started at the outset of the Safeguarding Enquiry (Stage 3). It will be completed with the adult at risk and should be informed by their desired outcomes. It will seek to identify the measures and actions to be taken to meet both the desired outcomes of the adult at risk and reduce the risk of harm to them. If the adult at risk lacks capacity, the Best Interest process set out in the Mental Capacity Act 2005 should be followed.

It will not always be possible to reduce the risk to the person, because a desired outcome may be that they want to accept the risk/s that are present. However, this form will seek to support the adult to recognise the risk/s and to be informed of the options available to them to reduce it. In this way, the right of the person to make decisions relating to their protection is maintained.

This form must be completed by the adult at risk and the Safeguarding Adults Lead Worker. It should be primarily focused on the views of the adult at risk, both of the risk and the degree of risk it presents. However, the view of the Safeguarding Adults Lead Worker is also recognised in order to reflect the fact they have discussed the risk with the adult and supported them to understand and consider the options available to them to reduce it.

This Tool is designed to be used from the beginning of the Safeguarding process and must be reviewed at each stage i.e. Planning Meeting, Review Meetings. When the matter is closed the expectation is that the Safeguarding Plan will be reviewed as part of the care plan (if they have an ongoing support package), or if the matter is referred back into safeguarding.

**Guidance**

1. **Desired Outcome**

These will be established through a discussion with the adult at risk in accordance with the Safeguarding Adult Procedures.

1. **Identify the potential risk/s**

The risk/s of harm arising from the Safeguarding Adults Concern must be discussed with the adult, as well as any others identified by the adult at risk or by the Safeguarding Adults Lead Worker.

When assessing the degree of risk, the following should be considered and the evidence available in relation to each should be recorded:

* What harm, if any, has occurred, to date?
* What is the likely impact if the risk/harm occurs?
* What factors contribute to this risk?
* What is the likelihood of this risk/harm occurring again?

If the adult at risk disagrees with any identified by the Safeguarding Adults Lead Worker; their objection and reason/s for this should be noted.

1. **Measures and actions to reduce the risk/s**

These are the measures agreed with the adult at risk to reduce the risk/s of harm recorded in 2. They should be informed and agreed by the adult at risk. The ‘Responsible person’ can include any person who has agreed to take responsibility for the measure e.g. the adult at risk, a family member, an organisation which is providing some support etc.