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| **WORKING WITH RISK (PART 1) – CURRENT SITUATION (RA1)** | | |
| **Name** | | **CHI** |
| **Address**  **Post Code** | | **Date of Birth** |
| **Period/Date of Assessment:** | **From** | **To** |

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| --- |
| **Complete details of identified risk** |
| **From Others** (e.g. abuse, exploitation) No/Unknown/Yes |
| **To Self** (e.g. suicide, self harm) No/Unknown/Yes |
| **To Others** (e.g. aggression, violence) No/Unknown/Yes |
| **Neglect** (e.g. health, personal appearance) No/Unknown/Yes |
| **To Child(ren)** (e.g. neglect, abuse) No/Unknown/Yes |
| **Physical Impairment** (e.g. medical, sensory) No/Unknown/Yes |
| **Wandering & / or Falls** No/Unknown/Yes |
| **Memory and Cognitive Impairment** (e.g. forgetfulness) No/Unknown/Yes |
| **Challenges to Services** (e.g. inappropriate demands, poor compliance No/Unknown/Yes |
| **Strengths/Positive Attributes** (e.g. positive resources, agreed plans) No/Unknown/Yes |

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| --- | --- |
| **Name** | **CHI** |
| **Summary of Assessment (General Overview of situation)** | |
| **Client involved Yes  No  Carer Involved Yes  No**  **Discussed with other agencies: (please specify)** | |
| **Completed By:………………………………………………………………………Date:……………Time……………..** | |

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| Need For More Detailed Risk Assessment & Management? **NO**  **YES**  **If yes please go to part 2 (RA 2)** |

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| **WORKING WITH RISK (PART 2) – DETAILED REVIEW/RISK MANAGEMENT PLAN (RA2)** | | |
| **Name** | | **CHI** |
| **Address**  **Post Code** | | **Date of Birth** |
| **Period/Date of Assessment:** | **From** | **To** |

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| --- | --- | --- |
| **Network of Support** | **Names** (where relevant) | **Copies sent** |
| Service User |  |  |
| Named Person |  |  |
| Carer(s) |  |  |
| General Practitioner |  |  |
| Psychiatrist |  |  |
| Community Psychiatric nurse |  |  |
| Named Nurse |  |  |
| Social Worker |  |  |
| Occupational Therapist |  |  |
| Psychologist |  |  |
| Support Worker(s) |  |  |
| Voluntary Agency Worker(s) |  |  |
| Others (please specify) |  |  |
| Confidentiality of Information; is vitally important to protect the rights of the individual. However, information is shared with the relevant people who work together to offer support. The sharing of information is discussed with the service user beforehand and their views are taken into account. These views will only be breached in rare circumstances of serious risks identified to self-and/ or others | | |
| Identified Risk (s) | | |
| Service User Assessment of Risks : | | |
| Carer(s) Assessment of Risks : | | |
| Potential for Positive Risk Taking: | | |

|  |  |
| --- | --- |
| **Name** | **CHI** |

|  |  |
| --- | --- |
| **Risk Management Plan**  **Including, for example, who, what, how, when, expected outcome, positive potentials, etc.**  **Considering, for example, risk minimisation, early warning signs, crisis response, long-term management, risk taking, levels of observation** | |
| **Actions to be taken:** (what will be done & how)  ***If required, please continue on a separate page*** | **Sharing of Responsibility** (by whom) |
| **Role of the client and/or carer in the plan**:  Client involved Yes  No  Carer Involved Yes  No  Client agreed Yes  No  Carer agreed Yes  No  Comments………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | |
| Date and Place of Next Review: ……………………………………………..……..…………………………….  Completed by (for collective responsibility) Print Name: ………………………………………………………..  Signature: ……………………………………………… Designation ………………………. Base:……………. | |
| Is specialised risk or other assessment identified? Yes  No If “Yes” please specify: ……………………...……………………………………………………………………………………………………………… | |