



Multi-Agency Risk Assessment and Management (MARAM)

Process 2026 - 2029

1. Introduction

This Guidance was issued following several serious incidents in St Helens, which raised issues in relation to mental capacity, vulnerability, and risk-taking behaviour in respect of adults with care and support needs.

Specific issues in relation to the following areas have been identified:

- Fire Safety
- Alcohol/drug dependence
- Difficulties engaging with services or interventions
- Challenging behavior
- Medical Intervention and Medication
- Self-neglect
- Hoarding

The 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 St Helens' commitment to prevention by identification, mitigation and managing the risks to adults at risk resulting either from their own choice or behaviour or from a range of individual and environmental factors. This latest version of the MARAM process was agreed through consultation with a range of organisations across St Helens with endorsement from St Helens Safeguarding Adults Board.

Introduction of the Mental Capacity Act has enshrined that all adults have the right to make choices and decisions for themselves, even if these may place 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 sometimes faced with situations in which an adult with care and support needs may be at risk as a result of their own decisions or behaviour.

It is not possible to eliminate all risks that people may face or experience as a result of their own choices and decisions. In these circumstances all agencies are potentially at risk from allegations that they did not do enough to reduce or manage these risks. A robust, multi-agency procedure would allow agencies to demonstrate that they have worked together to do as much as possible. In addition, individual practitioners can feel isolated in seeking to engage with some individuals and told us that they would welcome additional guidance in these specific areas.

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 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.

2. How to use the procedure

The procedure is designed to provide guidance to staff seeking to support individuals at risk, whilst seeking to support them to manage, reduce and mitigate any risks resulting from individuals/service user's choices and decisions. Through taking a trauma informed approach to care and preventing unconscious bias.

The procedure involves the 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 occasions where it is appropriate to call a MARAM Meeting, and any partner agencies may call a Multi- Agency Risk Management Meeting. In circumstances where the person is subject to an open safeguarding enquiry, then the safeguarding team would convene the MARAM meeting in the first instance. 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. However, it may sometimes be appropriate to run the two processes alongside each other. In these circumstances partner agencies will already have provided information to the MARAC and this should be considered prior to convening a further Risk Management Meeting.

3. 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
- Difficulties engaging with services or interventions
- Challenging behavior
- Medical Intervention and Medication
- Self-neglect
- Hoarding

Each organisation should nominate a member of staff to act as 'Risk Co- Ordinator' for the organisation.

If risks are identified regarding cuckooing, then seek safeguarding advice.

If there is an immediate danger, risk of harm, concern for safety or threat to life: Ring 999.

4. Specific Guidance

If the generic risk assessment indicates one or more risk areas 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 (see Appendices). This will prompt consideration of mental capacity in relation to specific decisions.

At this stage workers should discuss potential actions with their line manager and ensure that referrals to other services for specialist assessments etc. are completed and specialist advice is sought to support the individual and those involved in their care. 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 believes 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.

5. Information Sharing

GDPR, the Data Protection Act (DPA 2018) and Human Rights Act (1998) identify statutory obligations and gateways when sharing a data subject's information. They are not barriers to prevent justified information sharing. In particular DPA 2018 Schedule 8 provides for the conditions to share information based on safeguarding and vital interests.

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

In all cases sharing of information must be legal, justifiable, and proportionate, relevant, adequate, accurate, timely and secure, 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

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

Ideally the consent of the person about whom the information is held should be sought. However, there will be occasions when this is not possible, and the principle of confidentiality can be overridden in order to safeguard an adult at risk or in public interest.

You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case; information shared should be proportionate to the level of risk.

Organisations should show that they have taken the person's rights under the Act into account and should record the decision made about why information was shared without the person's consent.

6. Convening a Multi-Agency Risk Management Meeting

Any staff from any agency can convene a Multi-Agency Risk Management Meeting. To manage the potential numbers of meetings, managers should ensure that all suggested mitigating actions have already been followed. It may be advisable to seek legal advice in particular circumstances.

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 or the agencies Designated Safeguarding Lead.

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 agencies requested to attend should confirm their attendance in advance. 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.

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.

7. The Multi-Agency Risk Management Meeting(s)

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

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

A record of the MARAM discussion, along with the Risk Management Plan (found in the Appendices) must be completed on each occasion with an agreed timescale for the meeting to reconvene. A copy of the plan and discussion should be circulated to all members within an agreed timescale determined at the meeting. 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.

In some circumstances it may be appropriate to invite the person and/or a representative or relative to all or part of the meeting. This will depend on the individual circumstances of each case.

8. 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 new concerns about the subject of the plan. The Action Plan must be reviewed and updated when new information

becomes available.

9. Completing the Risk Management Process

Any number of reviews can take place whilst work is being underway to reduce/manage/mitigate the risk. However, it may not be possible to eliminate or reduce these to the point where no substantial risks remain 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 decision may also be made to continue the MARAM process but with a different agency taking the lead due to the nature of the continued risk. In these circumstances a clear handover by the current lead to the new must be completed and rational recorded in the records of each agency involved in the Risk Management Process.

The person should be kept informed of actions taken throughout and of any decision to close the process or change to the lead.

The MARAM process supports staff to adopt a Team Around the Adult (TAA) ethos to recognise when risks are escalating and staff must be aware of the circumstances in which risks should be escalated. In addition, if any staff member disagrees with decisions made via the Risk Management process, this should be raised at the MARAM meeting to find a resolution and via their own supervision process. If no resolution can be made, then the use of formal escalation procedures should be considered.

10. 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. In addition, it is important that any risk to others including the person's family, carers or professionals involved in supporting the individual are considered.

Appendix 1

St Helens Multi-Agency Risk Assessment

1. Personal Information

Date of Assessment:

Name:

Date of Birth:

LAS:

Property owned or rented?

Rented Housing Provider?

Advocacy involvement?

YES

NO

Caring Responsibilities?

YES

NO

Address:

Accessed Allowed? Yes/No

Names & DoB of Dependents:

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

Detail of Concerns:

2. Fire and Environmental 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 2)

	Yes	No
Is the person subject to hate crime?		

3. 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?		

	Yes	No
Is this recent behaviour?		
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?		
Is the person Homeless as a result of self-neglect?		

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).

4. 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)		
Homelessness		

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).

5. 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)

6. 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 difficulties engaging with other agencies?		
Has there been police involvement?		
Are they known to Community Safety?		
Are they preventing access to an adult with care and support needs living in the household?		
Has there been any police involvement?		

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)

7. How does the person view the situation?

If any risks have been identified, what are the views of the person in relation to them?

Do they recognise the risks?

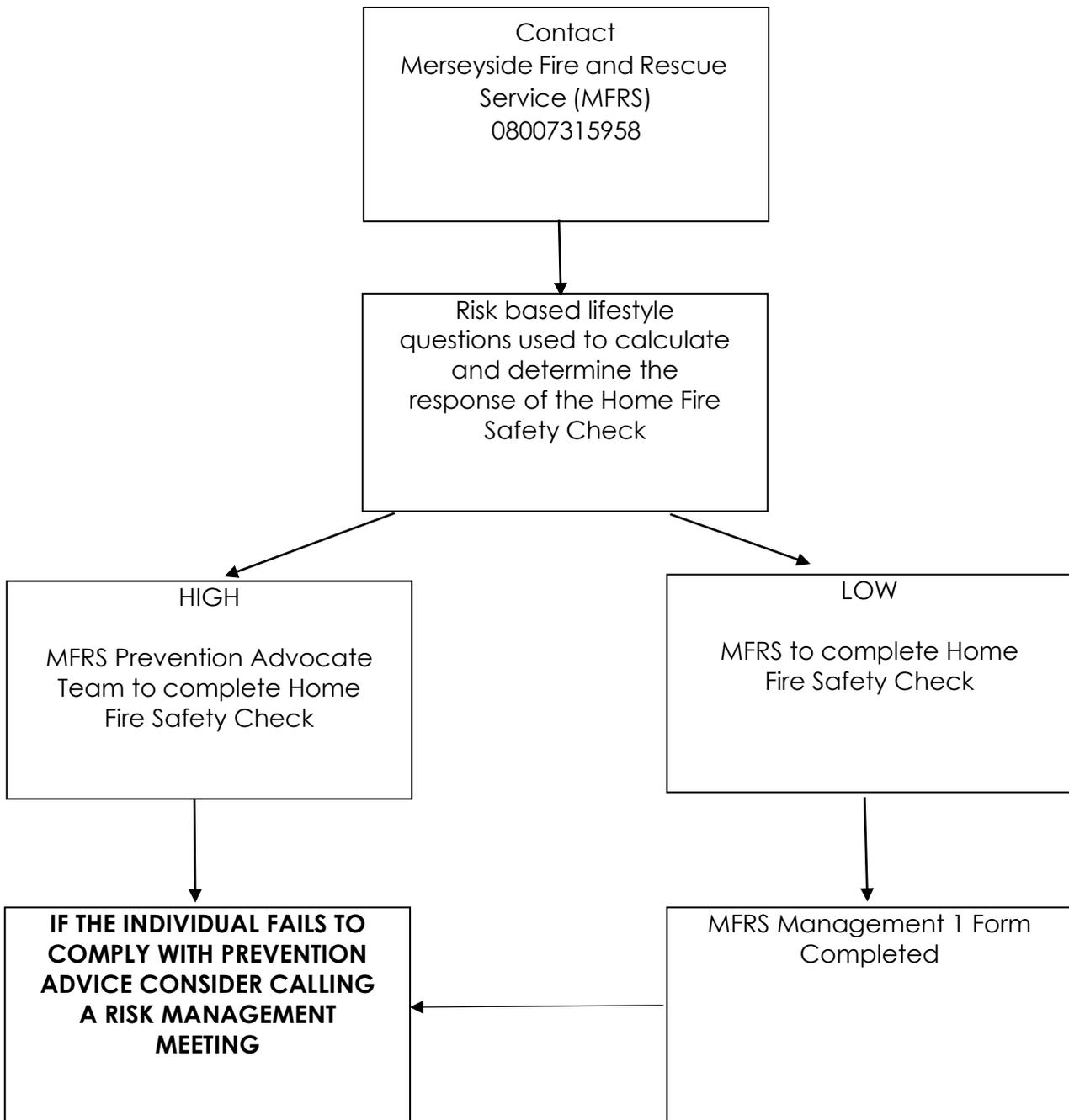
8. Are they placing other people at risk?

INVOLVEMENT OF OTHERS

NAME	RELATIONSHIP TO THE PERSON	CONTACT

Appendix 2

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



Fire Safety – Possible Approaches to Risk Assessment and Management

Both personal and environmental factors influence the degree of risk.

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

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

3. Particular factors increase the 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

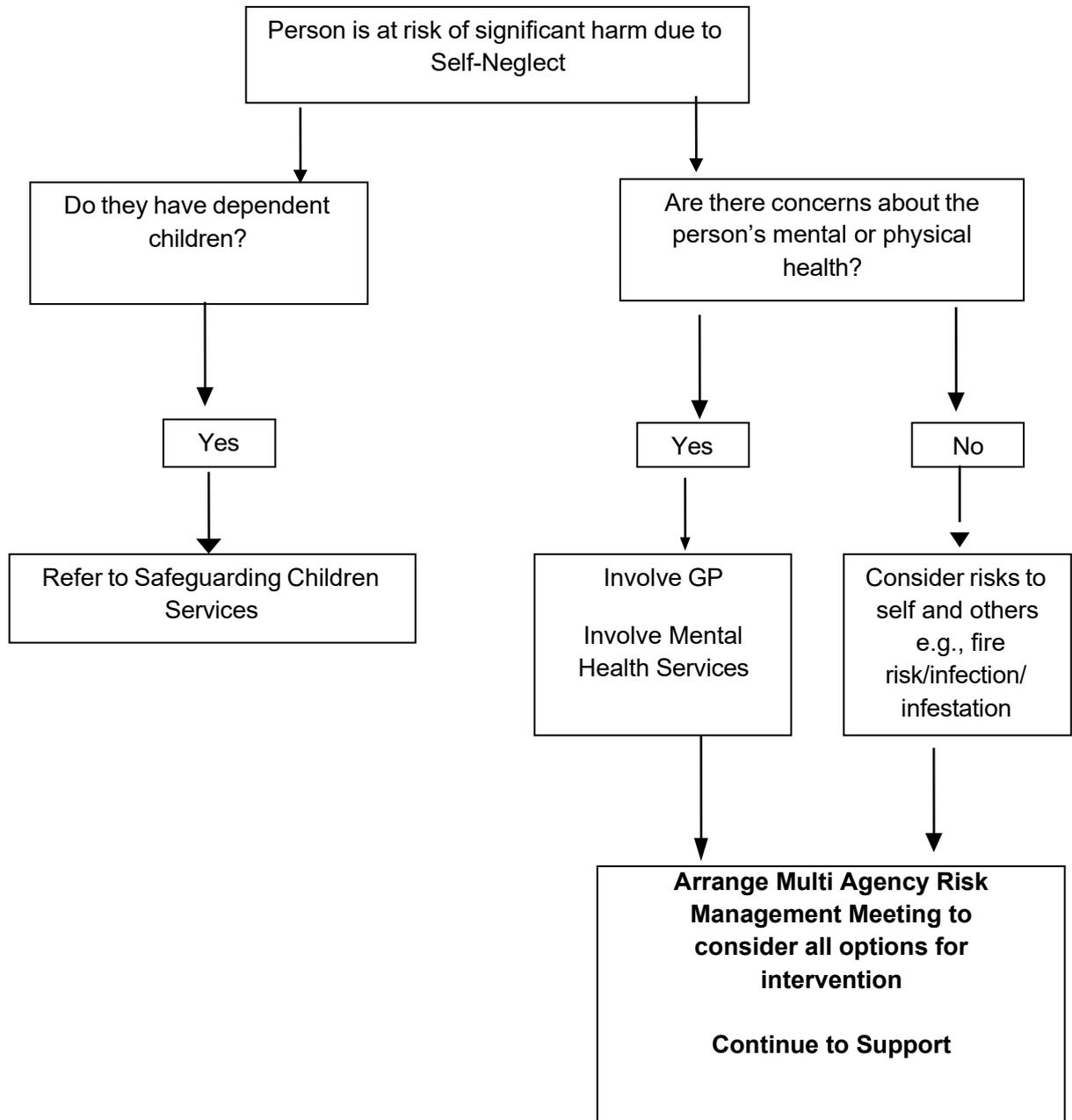
4. If you are concerned contact Merseyside Fire & Rescue Service on **0800 731 5958** who will carry out a Safe and Well visit and identify measures that can be put in place to eliminate or reduce the risk level.

5. The Safe and Well visit is centered on the occupier rather than the building.

6. Mersey Fire and Rescue can provide, where deemed necessary, appropriate, and proportionate safety equipment to reduce the risk of fire to its lowest level.

7. If the person is reluctant to follow any fire prevention or other advice and risk factors are present, consider calling a Risk Management meeting.

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 or property compromised.

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

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

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

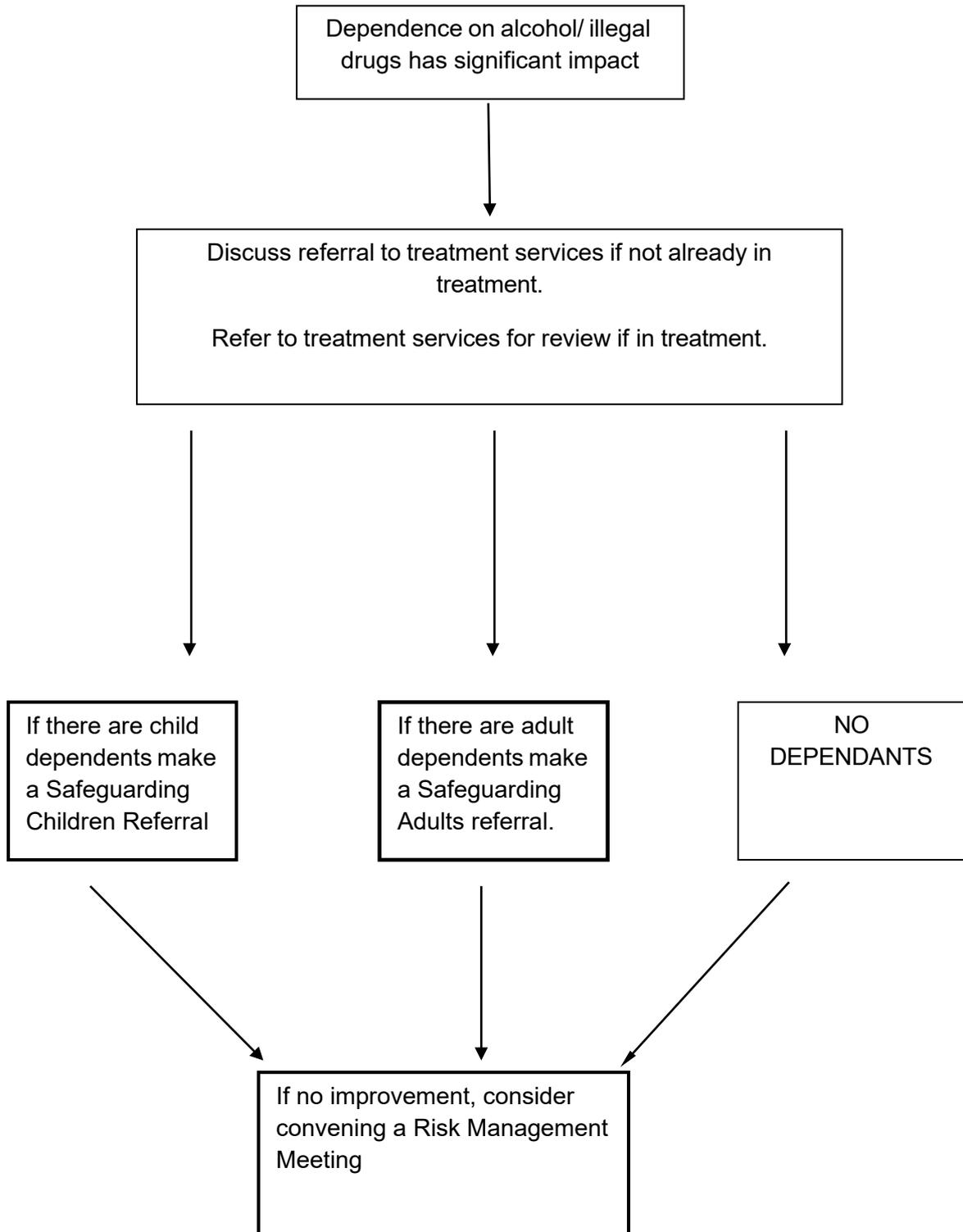
Raising a safeguarding concern should be considered and if there is involvement of child a referral into Children's Services

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

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,
- to limb,
- serious physical impact to self or others
- Psychological impact
- Impact on property or homelessness

A judgmental approach can create barriers making it less likely 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 children and adults.

- If you think alcohol/drug dependence is impacting on the safety and wellbeing of others, make a Safeguarding Referral (Contact Cares Tel Number 01744 676767).

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 of abuse should be reported as Safeguarding Concerns.**

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

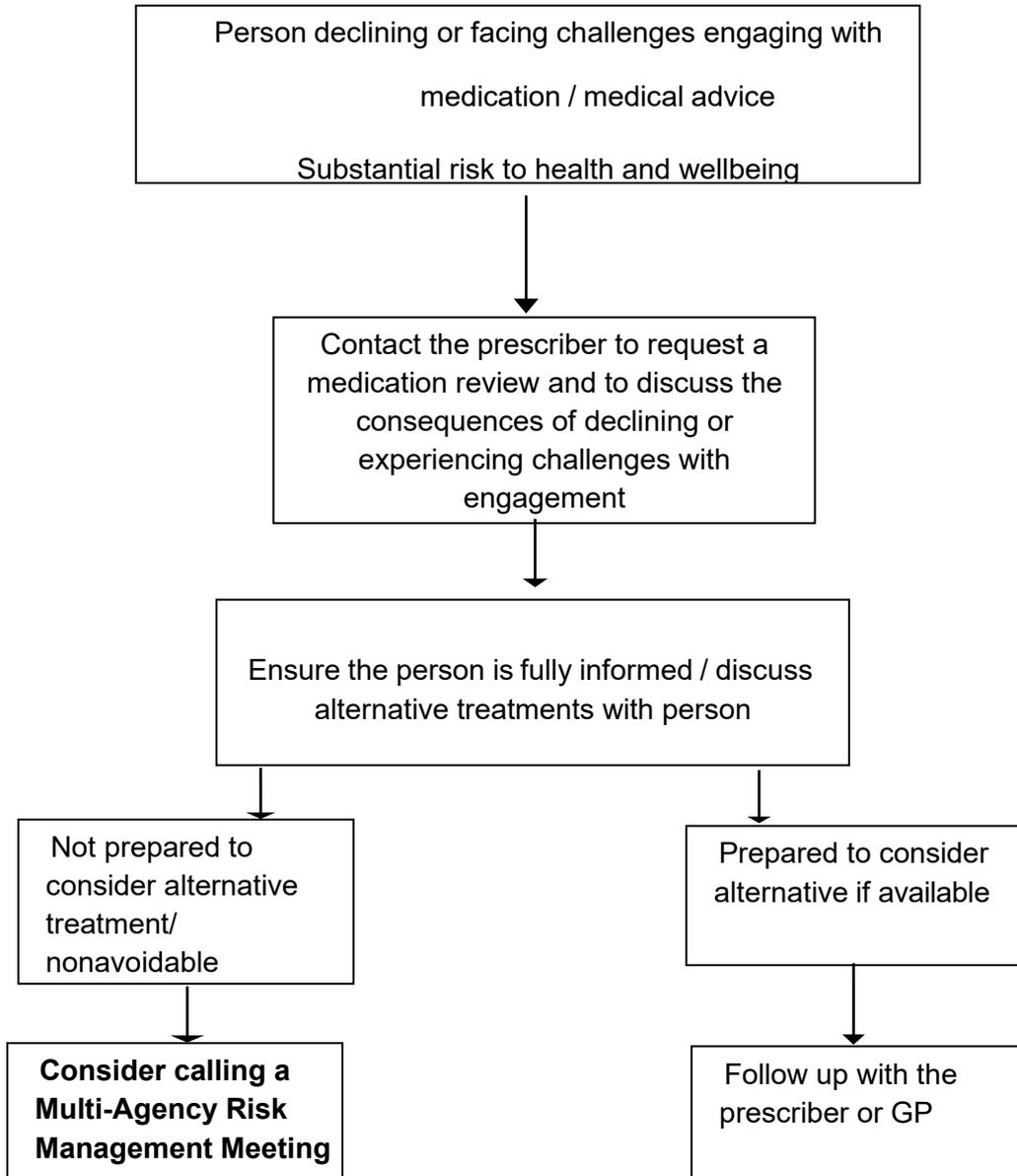
Be clear about the desirable outcomes – these should be agreed and shared across agencies. It might not be possible to resolve all issues, particularly if the person does not want support, but it is just as important to manage and mitigate the most serious risks through a Multi-Agency Risk Management Meeting.

A thorough assessment of capacity is required in cases of addiction/ dependency. Try to explore whether the person has the capacity to understand the full implications of their choices and actions and remember this can fluctuate.

Be consistent and always continue to offer to engage. Don't be restricted to a reactive response – continue to offer a preventive and proactive approach designed to offer the potential for change and rehabilitation. People may have low or fluctuating motivation to receive help.

Appendix 5

People who are declining or facing challenges engaging with Medication or Medical Service



People who are declining or facing challenges engaging with Medication or Medical Service

If you believe someone is not taking their prescribed medication or making choices that may affect this e.g., by continuing to use alcohol etc., then you should:

- Document this
- Contact the prescriber to request a medication review and to discuss the consequences of declining or the person experiencing challenges with engagement
- Contact the GP if you are concerned that someone is taking non-prescribed, over the counter' medicines at a level which could have a significant impact on their health

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

Ask prescriber to consider whether any alternative treatments may be available.

If there are no alternatives, and the person continues facing challenges in engagement or opting not to engage and this is having a significant impact on the person's health and wellbeing, convene a Risk Management Meeting and consider inviting any health professionals involved, for example:

- Pharmacists
- GP
- District Nursing
- Specialist Community Health
- Mental Health Team
- Hospital Clinician
- Occupational Therapists/Physiotherapists
- Medicines Management Technician

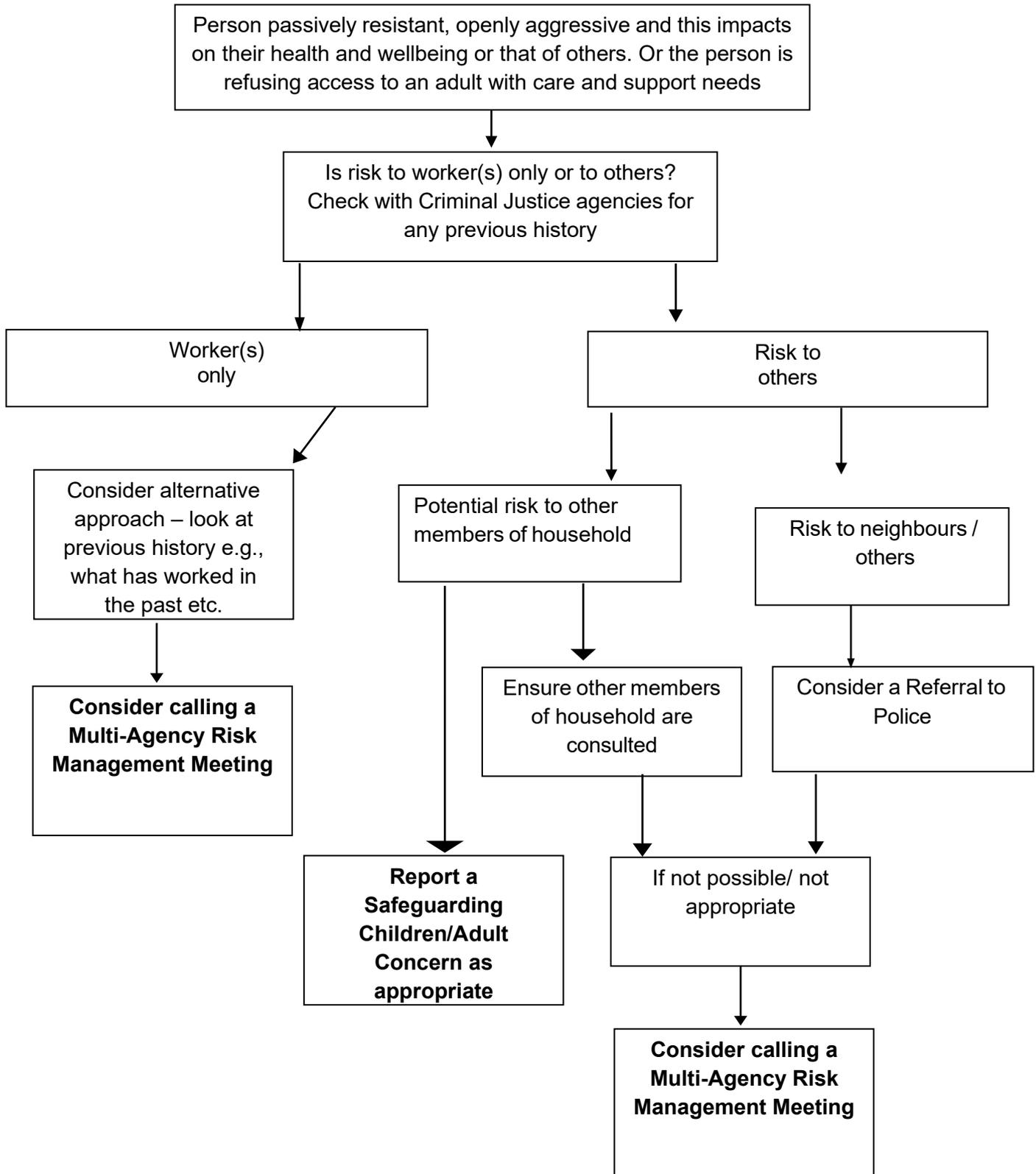
Consider a different approach if any other professional has a positive relationship or any family members etc. who may be influential.

If the person continues to decline or face challenges with engagement, they may develop symptoms so ensure the issue is raised regularly to encourage compliance.

If a person with capacity continues not to engage and this starts to impact on mental capacity, a fresh capacity assessment should be completed to their behaviour. If the conclusion is that the person lacks 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)

In some situations, 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 helpful to consider:

Always ensure you are safe

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

Identify resistant behaviour

Record dates and descriptions of any behaviour that indicates resistance or intimidation. Look back at the case history on a regular basis to see if there is a recurring pattern. Time spent reading case information is always useful and may reduce the amount of time you need to invest in working with the family further down the line. Include a 'flag' or 'hazard' on electronic systems to inform other professionals as appropriate.

Be open with the person

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

- Agreeing to keep appointments and not doing so
- Hostility or non-co-operation
- Agreeing to undertake individual actions and failing to achieve or complete them

Consider a fresh approach

If possible, find out what any previous staff did to manage resistant behaviour from that particular person. Was their approach successful? If not, you may need to find another way to work with the person.

Reassess the basis of your 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 important is to detail the negative consequences of continued resistant behaviour.

The person is at risk

If you consider that this person is placing themselves or others at significant 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 often complex and highly sensitive and, if they are to be resolved successfully and safely, will need 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 wrongdoing by the 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 the practitioner adopts an open minded, non-judgmental approach. (SCIE Guidance October 2014).

Legal powers

If access continues to be prevented, consider legal powers relevant to the urgency of the situation (see below) and convene a Risk Management Meeting.

Mental Capacity Act 2005

An application may 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)(e) 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, 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 proper care.

Inherent jurisdiction

Inherent jurisdiction describes the power 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 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 Ref: Agency LOGO
Your Ref: 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 -
Lead Practitioner -

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

Please could you respond regarding your attendance at this meeting by contacting *CO-ORDINATOR OF MEETING*

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

Yours sincerely

NAME* Lead Practitioner

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 so doing all sharing and storing of information should be done lawfully and in compliance with the Data Protection Act.

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.

Date and Time of Meeting:	Document completed by:
Venue:	Role: Agency:
Name of Person at Risk:	Date of Birth:
Present Location of Person at Risk:	
People / Agencies invited to the Meeting:	
Person at Risk:	

Representative:

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

Reason for Concern	Relevant Information
	<p>How long has the situation been going on for?</p>

Appendix 9
Risk Meeting Agenda

1. Introductions, welcome and apologies
2. Confidentiality statement
3. The views and wishes of the person at risk
4. Outline of risks and actions to date
5. Contributions from others
6. Agree actions and complete Risk Management Plan
7. Nominate keyworker – all actions to be reported to keyworker within agreed timescale
8. Agree follow up meeting

Appendix 10

Multi Agency Risk Management Plan

Person at Risk

Date of Risk Management Meeting:

Name:

Date of Birth:

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
Fire & Environmental Hazard					
	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
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				

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
Medicines/Medical Intervention								
	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
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: