

CARE AND RISK MANAGEMENT PLAN**APPENDIX 1**

CHILD OR YOUNG PERSON'S DETAILS	
Child/Young Person's Name:	
DOB:	
Date Plan Completed:	
Name of Lead Professional:	

CHILD OR YOUNG PERSON'S RISK MANAGEMENT PLAN	
Identified Risk	<i>For example, general violence/sexual violence</i>
Relevant Risk Factors	<i>List each factor highlighted in your formulation of risk</i>
Level of Risk	<i>State level based on the likelihood of the behaviour occurring; the imminence of the behaviour; and potential impact of the behaviour, potential victims, risk situations/scenarios</i>

Goal of Risk Management Activity	Priority	Preventative Strategies Scale	Outcome	Time-Scale	Responsible Agency	Un-met Need
Monitoring						
Supervision						
Intervention						
Victim Safety Planning						

Consider the weaknesses of the preventative strategies, what will be put into place if the early warning signs appear. Who is first to call; what requires immediate action; what should be discussed at the next meeting.

MONITORING ACTIVITY AND CONTINGENCY PLAN	
Provide brief summary of the nature and seriousness of sexual and/or violent offending and the offence analysis; the 'what', 'to whom', 'when', 'why' and 'how':	

Immediacy/Degree of Alert	Behaviours/Events to Monitor; Early Warning Signs	Agreed Actions	Responsible Person
Be Aware:	•	•	•
Be Prepared:	•	•	•
Take Immediate Action:	•	•	•

Key Contacts:			
Name	Role	Organisation	Telephone Number (inc out of hours)

RESTRICTED

COMMUNICATION OF THE RISK MANAGEMENT PLAN

Has the plan been communicated to all who need to know?
Is the young person/their family involvement considered inappropriate?

DISCLOSURE ISSUES

Details of disclosure:

REVIEW

Review of the Plan – Routine and Responding to Change

The dynamic nature of risk of serious harm and its effective management necessitate vigilance and continual review. You must be prepared to respond to positive or negative change appropriately.

What events would let the team know that the plan is working or that it requires further review?

Date of next scheduled review:					
POSITIVE	Achieved (date)	Action Record/Inform/Respond/Review	NEGATIVE	Occurred (date)	Action Record/Inform Respond/Review

ADDITIONAL SPECIFIC ACTIONS/ADJUSTMENTS TO RISK MANAGEMENT PLAN

Action	Responsible Agency/Person	Timeframe

ANY REQUIREMENTS TO REFER (provide further explanation)

- Child Protection
- Adults at Risk of Harm
- Any Other Agency

ANY REQUIREMENTS TO ATTEND (NB: note any required alterations to invitation list: additions/removals)

MANAGEMENT LEVEL