**Safeguarding Adults Risk Assessment**

**Risk Assessment relating to:**

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| **Name** |  |
| **Address** |  |
| **Date of Birth** |  |
| **Rio Number** |  |

**Details and views of the person at risk**

**What type(s) of abuse are the concerns about?**

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| --- | --- | --- | --- |
| **Physical abuse** |  | **Self-neglect/Hoarding** |  |
| **Sexual abuse** |  | **Modern Slavery** |  |
| **Financial abuse** |  | **Discriminatory abuse** |  |
| **Neglect/Acts of Omission** |  | **Organisational abuse** |  |
| **Psychological/emotional abuse** |  | **Domestic abuse** |  |

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| 1. **Does the adult at risk have any communication needs?** (please provide details below) | **Yes** | **No** |
| Comments: | | |

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| 1. **What outcomes is the adult at risk looking for?** (please provide any comments made by the adult at risk below) |
| Comments: |

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| 1. **Are there any particular issues around services users’ capacity to make decisions?** | **Yes** | **No** |
| Comments: | | |

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| 1. **Do we need to consider advocacy for this person for reasons of MCA or substantial difficulty and or support etc.** | **Yes** | **No** |
| Comments: | | |

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| 1. **Has the adult at risk agreed to the safeguarding enquiry taking place?** | **Yes** | **No** |
| Comments: | | |

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| 1. **Are there any vital or public interest concerns that need to be consider relating to this S42 enquiry** | **Yes** | **No** |
| Comments: | | |

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| 1. **If the adult at risk has mental capacity but has not agreed for a section 42 enquiry, please summarise the reasons for their reluctance/refusal and any work done around their reluctance/refusal to engage with the process** (include any perceived benefits to the adult at risk from enduring an abusive situation) |
| Comments: |

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| 1. **Has a Datix been completed for this incident?** (please provide Datix number below) | **Yes** | **No** |
| **Datix number** |  | |

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| 1. **Are you aware of any 48hr or SI investigation being completed?** | **Yes** | **No** |
| Comments: | | |

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| 1. **Is there a current or a pending HR investigation relating to this incident?** | **Yes** | **No** |
| Comments: | | |

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| 1. **Has a crime being committed?** | **Yes** | **No** |
| Comments: | | |

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| 1. **Are the police involved?** | **Yes** | **No** |
| Comments: | | |

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| 1. **Are there other agencies involved?** | **Yes** | **No** |
| Comments: | | |

**Details and views of other people at risk**

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| 1. **Are there any children at risk?** (if so, please give details below of the risks and if a referral to Children’s Social Care has been made) | **Yes** | **No** |
| Comments: | | |

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| 1. **Are there any other adults at risk?** (if so, please give details below of the risks and if a referral to Adult Social Care has been made) | **Yes** | **No** |
| Comments: | | |

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| 1. **Do any of those adults have care and support needs?** (Has a SG referral been raised for them?) | **Yes** | **No** |
| Comments: | | |

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| 1. **The name and relationship (to adult at risk) of the person alleged to be causing harm?** (if known) |
| Comments: |

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| --- | --- | --- | --- |
| 1. **Does the person causing harm have care and support needs in their own right?** | **Yes** | **No** | **Unknown** |
| Comments: | | | |

**Safeguarding Risk Assessment / Safeguarding Plan to manage identified risks**

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| **Description of the individual Risk**  What are the current risks identified? | **Likelihood of the risk happening again?**   * Rare * Unlikely * Possible * Likely * Almost certain | **Potential outcome without intervention?**   * Insignificant * Minor * Moderate * Major * Catastrophic | **Safeguarding response to manage risks?** | **Person/Agency responsible to action the plan** | **Date to be completed/reviewed** (please put date of review) |
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Risk matrix

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| **Likelihood** | **Consequence** | | | | |
| **Insignificant** | **Minor** | **Moderate** | **Major** | **Catastrophic** |
| **Almost certain** | Medium | High | High | Extreme | Extreme |
| **Likely** | Medium | Medium | High | Extreme | Extreme |
| **Possible** | Low | Medium | High | High | Extreme |
| **Unlikely** | Low | Low | Medium | Medium | High |
| **Rare** | Low | Low | Medium | Medium | High |

**Summary**

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| **Views of the adult at risk** |
| Comments (must be completed): |

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| **Views of the risk assessor** |
| Comments (must be completed): |

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| **Views of carers/others** |
| Comments (must be completed): |

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| **Views of other professionals** |
| Comments (must be completed): |

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| **Summary of safeguarding plan and action taken to mitigate risk** |
| Comments (must be completed): |

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| **Have you updated the generic / clinical risk assessment relating to this person (if they have one)?** | **Yes ☐** | **No ☐** |
| Comments: | | |

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| **Adult at risk name** |  | **Date shared with adult at risk?** (if appropriate?) | Date: |
| **Enquiry officer name** |  | **Signature and date** | Sig: |
| Date: |
| **Safeguarding adult manager name (SAM)** |  | **Signature and date** | Sig: |
| Date: |