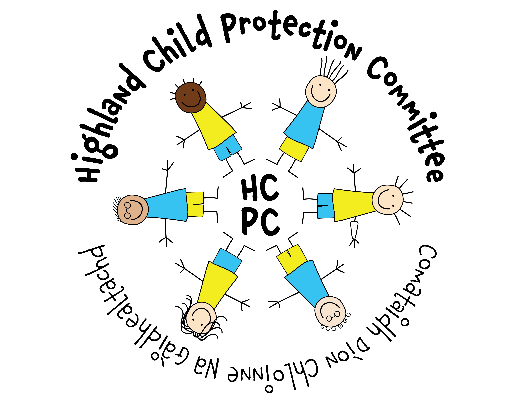
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Protocol: Care and Risk Management Approach – Highland

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| **Lead Reviewer:** Karen Ralston, Vice Chair, CPC | **Version:**  1.1 |
| **Ratified by:** Child Protection Committee | **Date ratified:**  Nov 2019 |

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| **Distribution:**   * Social Workers * Youth Action Teams * Police Scotland * Child Protection Advisors (Health) * Health Visitors * School Nurses * Head Teachers/Guidance Staff | * Child Protection Committee * Principal Officer (Nursing) Highland Council * Principal Officer (Social Care) Highland Council * Principal Officer (Allied Health Professionals) |
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**HIGHLAND PROTOCOL- CARE & RISK MANAGEMENT APPROACH**

1. **BACKGROUND TO A CARE ASSESSMENT AND RISK MANAGEMENT APPROACH**

This joint protocol for Care Assessment and Risk Management (CARM) outlines inter-agency procedures in Highland for the very small number of children and young people who present a risk of serious harm. This can include situations where children and young people are involved in sexually harmful behaviour and/or the commission of sexual offences and/or violence. This policy is informed by the UNCRC which accords rights and protection to children and young people taking account of age and vulnerability and has expectations of the role of systems and services to respond to individual needs.

Many young people involved with offending of a serious nature will have complex needs and may have experienced multiple adverse life experiences in their lives and may be a victim of coercive, grooming and exploitative peers or adults. A trauma informed and trauma responsive service response seeks to ensure that services work with the child/young person in a way which seeks to avoids re-traumatising through use of choice, collaboration, trust, empowerment and safety.

This group presents many challenges for services which need to manage the risks young people present to promote public safety while also offering opportunities for them to develop and to become positive contributors to society. This protocol provides guidance for agencies in Highland when undertaking risk assessment and risk management for young people who present a risk of serious harm to others. This protocol is embedded in other leading policies such as FRAME, and Highland Practice Model (GIRFEC).

This protocol has been ratified by Highland Child Protection Committee. Highland Child Protection Committee (HCPC) brings together agencies and services including NHS, Police, Local Authority, Scottish Prison Service, SCRA, Children’s Hearings Scotland, Army Welfare Service Third sector who have responsibility for the safety and wellbeing of children in the Highland area. Child Protection Committees are strategic partnerships responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice. Their role is to provide individual and collective leadership and direction for the management of child protection services within statutory and third sector organisations operating in Highland.

**1.1 Who is this protocol for?**

The Care and Risk Management (CARM) Guidance for children aged 12 to 18 years who present a risk of serious harm is an appendix to the Framework for Risk Assessment, Management and Evaluation (FRAME) planning for local authorities and partners: for children and young people under 18 (Scottish Government, 2011).

FRAME defines the risk of serious harm as:

*“the likelihood of behaviour of a* ***violent or sexual nature****, which is life-threatening and/or*

*traumatic and from which recovery, whether physical or psychological, may reasonably be*

*expected to be difficult or impossible”*

**Other forms of risk** - This approach may also be applied in exceptional circumstances when young people present significant risk to others as a result of behaviours that are extremely troubling but which may not be captured entirely under the definitions of sexually harmful behaviour and/or violence. Such behaviours might include, but are not restricted to, fire-raising, and stalking. As above, assessment of intent and the potential for harm should be the key measures which influence recourse to formal risk management processes.

Where significant concerns exist in relation to the behaviour of a young person under the age of 12, risk management processes should be facilitated through adherence to the child protection guidance.

<http://www.forhighlandschildren.org/2-childprotection/publications_112_915626395.doc>

Where a young person meets the criteria noted above, they should be considered as part of Highland CARM approach. This will not prohibit the young person’s needs being considered as part of other child’s planning forum such as LAC or Child Protection, rather the CARM approach will sit alongside this. This approach will ensure plans are in place to assess and manage potential risk to the young person and potential risks to others from the young person.

**2. USING THE CARM APPROACH/REQUESTING A CARE & RISK MANAGEMENT MEETING**

Where there are concerns that a young person’s*…. “behaviour (is) of a* ***violent or sexual nature****, which is life-threatening and/or traumatic and from which recovery, whether physical or psychological, may reasonably be expected to be difficult or impossible”* as defined above, any professional can request consideration of a CARMM to specifically discuss/formulate a risk management plan. (as per definition above)

(Note - All agencies should follow child protection guidelines when they are concerned for the immediate safety and wellbeing of a child or young person. Police and Social Work will then be made aware of young people who may present a serious risk of causing harm, or whose harmful behaviour is escalating.)

The Highland Practice model indicates that when two or more services need to work together to meet a child’s needs a lead professional will be required to coordinate planning. Where the young person has not previously been subject to a multi - agency plan, the Lead Professional responsibility will be confirmed following agreement that a CARM is required.

**2.1 Referral Discussion with a team manager (within 24 hours and no more than 72 hours following concern)**

*(Please see* ***Appendix 1*** *for ‘flow chart’ of process)*

The referring professional must ensure that initial discussion takes place with a Team Manager/Practice Lead (Care & Protection, Youth Action). The PL/Team Manager should then ensure advice from the Forensic Psychologist Service (Youth Action Service) is sought to aid decision making as to the requirement for a CARMM. The Team Manager/Practice Lead should notify their Children Service Manager (CSM) if a CARM is agreed. The Named Person must also be informed. If there is dispute as to whether the CARM process is appropriate, the CSM should discuss with the Principal Officer - Social Care to aid decision-making.

If the outcome of a referral discussion is that no further action is required or that current service provision is sufficient to manage risk without recourse to a CARMM, the reasons for this decision should be clearly recorded in Care 1st. (In the unlikely event that the child/young person does not have a Care 1st record, there needs to be agreement as there where this decision is recorded).

The purpose of the referral discussion is to clarify the nature of the concerns. The CARM referral discussion is different from an IRD which plans the investigation. A record of the outcome of this referral discussion should be recorded through an ‘initial contact’ on Care- First and include:

* Brief summary of identified risk and protective factors;
* Any conditions young person is subjected to (e.g. bail)
* Date of agreed care and risk management meeting (where relevant);
* Allocation of immediate tasks; and,
* Allocation of interim tasks pre-meeting

Immediate tasks may include (and should be recorded as an observation on Care 1st):

• Review of living arrangements and education, employment or training placement (where necessary);

• Measures in place to mediate community response;

• Agreement of communications strategy to manage any media attention; and,

• Agreement of strategies to manage a child or young person’s increased risk to self

• The allocation of the case to a lead professional (if this has not already occurred).

**2.2 Once agreement is reached, the Lead Professional/Team Manager should convene an initial CARMM to take place no later than 14 calendar days of the referral discussion/agreement.**

To request a CARMM, the Lead Professional/Practice Lead should message the Reviewing team admin on Care 1st (REV1) and include in the message the relevant partners that need to be invited. Membership of a CARMM will vary according to local circumstances, however the following agencies (in addition to the referrer, CARM chair and minute-taker) will be represented:

• Social Work;

• Police;

• Health (e.g. School Health or CAMHS if an open case); and Community Paediatrics if open to that service

• Education.

•Local Authority legal services

Consideration should also be given to the inclusion of:

• The child or young person who is the subject of the referral (see below);

• The parent(s)/carer(s) of the referred child or young person (see below);

• Advocacy Service;

• Housing;

• Psychological Services;

• Skills Development Scotland (SDS);

• Throughcare and Aftercare Services;

• Intensive Supervision and Monitoring Services (ISMS);

• Multi-Agency Public Protection Arrangements (MAPPA) representative;

*•* Voluntary Sector Representatives.

**2.3 Involving Young People/Parents/Carers**

Young people and parents/carers will not be involved in the initial referral discussion unless in exceptional circumstances, for example when it has been assessed that parents/carer could contribute directly to the immediate planning process. Parents/carers **must** be informed that a CARMM is to be held. It should be agreed at the initial referral discussion who is best placed to inform the young person and their family. It may be that a different professional other than the lead professional will be best placed to do this.

It may be appropriate to involve the young person and/or family in the initial and subsequent CARMM and this should be discussed and agreed as part of the plan. Where evidential/ongoing enquiry information requires to be shared with partners, a protected period will be arranged and the subsequent minute will record this information separately.

If a child or young person is subject to Police investigation this should not delay the convening of a CARMM. Assessment and intervention processes will need to be proportionate to the legal status of the case, balancing the child or young person’s rights with identified issues in relation to public safety.

**3. CARM MEETING**

**3.1 Chairing of CARMM**

The CARM in Highland will be chaired by the QARO/Principal Officer –Social Care. A minute will be taken at the initial CARMM and shared as appropriate. An action record will be taken at subsequent CARMMs and shared as appropriate. It is the Lead Professional’s responsibility to invite appropriate professionals to all meetings. The standing agenda is set out in a separate document. **(Appendix 2)**.

**3.2 Aims and Objectives of CARMM**

The key objectives of the CARMM are to highlight to appropriate agencies individual children or young people who present a risk of serious harm to others;

• To ensure that a relevant risk assessment is undertaken in relation to a child or young person considered to present a serious risk of harm to others;

• To share information in a multi-agency forum about the level of risk of harm presented by a child or young person;

• To clarify the nature of the harm and the individuals who may be at risk from a child or young person’s behaviour;

• To undertake scenario planning which considers the nature of risk in particular settings;

• To identify safety factors which can reduce risk;

• To implement risk management measures that are constructive and individualised, bearing in mind the principle of proportionality, the best interests of the individual as well as his/her age, physical and mental well-being and development and circumstances of the case;

• To ensure that the young person’s social, developmental and psychological needs should be addressed within the context of decisions about risk management strategies;

• To ensure that, through the completion of risk assessment(s) and the linked development of risk management strategies, there is an appropriate multi-agency response to the child or young person’s behaviour.

Tasks which may be included for discussion:

• Development of safety plans in relation to particular settings (e.g. home, school, residential unit) outlining interim risk management measures to be put in place;

• The need for a case to be referred to the Children’s Reporter;

• The need for a case to be referred to specialist services (e.g. for completion of relevant offence-related risk assessments)

**3.3 Assessments to Inform CARMM**

Any assessments that can inform the CARMM should be shared in advance, as per Child Protection guidance.

As with all integrated assessments, other professionals will be asked to contribute to the assessment and ensure key information and risk as well as resilience factors are identified in the assessment. While recognising timescales may preclude comprehensive information gathering, as much relevant information as possible should be incorporated and in addition;

• Copies of any completed risk assessments; and,

• Copies of any specialist assessments or assessments from other practitioners/agencies e.g. Child and Adolescent Mental Health Service (CAMHS).

The lead professional /named person should consult with the Youth Action Practice Lead/Team Manager in their area with lead responsibility for specialist risk assessments (i.e. Aim 2) at an early stage in the CARM process, in order to ensure that an appropriately qualified worker is appointed to support/lead on the risk assessment process.

**3.4 Risk Assessment**

If a full and detailed risk assessment has not been completed in advance of a CARMM, the CARM members must identify and agree the appropriate professional to complete the necessary risk assessments. It is the responsibility of the Practice Lead/Team Manager to ensure that any professional charged with completion of risk assessments is appropriately trained to complete assessments, for example AIM2/SAVRY.

**3.5 CARM Plan**

If the young person already has a multi - agency Child’s Plan this will reviewed through Child Planning meetings, Child Protection Child Planning Meetings / core groups. The CARMM does not replace the child’s plan but instead is used to focus on risk management and risk management planning. This should complement the child’s plan, and appropriate actions should be integrated into the Childs Plan.

The template in **Appendix 3** should be used to summarise key recommendations in relation to risk management. This aims to facilitate effective communication of decisions in relation to risk management, but should not be used as an alternative to the more comprehensive Child’s Plan. It is the responsibility of the Lead Professional to include actions/decision from the CARMM in the Child’s Plan.

Good practice suggests this CARM plan should be shared with the young person and family, as with any documentation relevant to their care. Other than professionals involved in the management of risk, third party information (e.g. victim safety planning) **must** be redacted.

Each feature of the management plan should relate directly to features of the risks, resiliencies and needs **(including education/further training)** identified in the comprehensive assessment of the child. It also includes a contingency section to cover what actions need to take place if the risk management plan starts to break down and risks are increasing.

The following information is relevant to sections of the plan:

• **Identified risks**: This provides a brief summary of nature and level of risk. (It does not replace the more detailed risk formulation which should be part of the comprehensive assessment of the child or young person.)

• **Monitoring**, or repeat assessments, aim to look for factors indicating changes in risk over time. These may be factors indicating imminence of offending, a change in the type of risk posed, or a decrease in current risk. This section should cover: *what* is being monitored; *why* is it being monitored; *how* will it be monitored; *who* will monitor it; *when* will it be monitored; *where* will it be monitored as well as how and when changes will be communicated with the lead professional who has responsibilities for the plan. This should link to the contingency plan.

• **Supervision** aims to decrease the likelihood of violence or offending by restricting an individual’s freedom. This section should cover activities and associations that are restricted or can only currently take place with supervision and support.

• **Intervention** covers all aspects of the Child or Young Person’s plan that are designed to reduce risk over time. This may cover offence related or offence specific work, family work or other therapeutic interventions. Interventions need to be targeted and measurable in terms of impact over time.

• **Victim safety planning** aims to reduce the likelihood and impact of psychological and physical harm to known previous and potential victims. The focus in victim safety planning is on working with victims and potential victims to improve their safety and maximise their resilience.

• **Contingency Planning** gives particular prominence to key factors which may indicate that risk of concerning behaviour is escalating or imminent. There will also be less concerning factors indicating initial instability, disinhibition or movement towards offending which will require an appropriate, but less urgent response. Those involved in the case, including where appropriate the individual, his or her family and identified potential victims, should know what the key factors are to look out for, and what the response to them should be. There should be a clear plan as to what action should be taken by whom and how quickly. Emergency contacts should be identified both within and out with office hours.

**3.7 Restricted Information**

As noted previously, in some situations restricted access information will need to be shared at a Care and Risk Management meeting (as with the protected period in CPPMs). This includes information that by its nature cannot be shared freely with the child or young person and/or his parent(s)/carer(s). Such information may not be shared with any other person without the explicit permission of the provider. Restricted information includes:

• Sub-judice information that forms part of legal proceedings and which could compromise those proceedings:

• Information from a third party that could identify them if shared;

• Information about an individual that may not be known to others, even close family members, such as medical history and intelligence reports; and,

• Information that, if shared, could place an individual(s) at risk.

It is the responsibility of the Lead Professional to complete the CARM plan. The Forensic Psychology Service can assist with this process. The Lead Professional should share the updated CARM plan with partners prior to the next CARM review.

**4. REVIEW OF RISK MANAGEMENT PLAN**

At the conclusion of the initial CARM meeting the chair should identify participants of the ‘core group’. The core group should be made up of the people who will take forward the CARM plan and therefore will meet regularly in order to update, review and make recommendations to the next CARMM.

A CARMM review of the plan will take place within 3 months of the initial CARMM. The Lead Professional is the person responsible for the collation and presentation of the updated assessments and CARM plan for the review(s). The Lead Professional is responsible for inviting appropriate professionals to the meetings, and for ensuring the young person and family are informed of outcomes/actions.

A date should be set for review at the conclusion of each CARMM.

It may be the case that the child or young person whose behaviour is giving cause for concern is already involved in other review processes (e.g. Child Protection Child Planning meetings, Child Plan Meetings/Reviews etc.). In order to minimise unnecessary duplication, the lead professional may wish to give consideration to scheduling a risk management core group meetings to coincide with other relevant reviews.

**5. THE RISK MANAGEMENT CORE GROUP**

The Core Group will take place (minimally once) in between the initial & review CARMM & be chaired by the Lead Professional and if possible should include the young person/parent/carer representation.

The functions of a risk management core group include:

• To ensure that the child or young person and his parent(s)/carer(s) are active participants in the process of risk management and risk reduction;

• To ensure ongoing assessment of the needs of, and risks to, a child or young person subject to the care and risk management process;

• Implementing, monitoring and reviewing risk management strategies so that the focus remains on improving outcomes of the child or young person. This will include evaluating the impact of work done and/or changes within the family in order to decide whether risks have increased or decreased;

• Activating contingency plans promptly when progress is not made or circumstances deteriorate;

• Reporting to care and risk management review meetings on progress; and,

• Referring any significant changes to risk management strategies, including non-engagement of the family, to the chair of the care and risk management meetings.

**6. CARE AND RISK MANAGEMENT LINKS TO MULTI-AGENCY PUBLIC PROTECTION ARRANGEMENTS (MAPPA)**

When risk management strategies are in place for a child or young person charged but not yet convicted of an offence of a serious nature, it is possible that during the course of the CARM process his/her legal status will change. As a result of conviction in the Criminal Justice System, a child or young person under the age of 18 may become subject to multi-agency public protection arrangements (MAPPA). Due consideration should be given to local processes for management of individuals who present a risk to the community but fall out-with the terms of the MAPPA. It will be the responsibility of the CSM and/or Practice Lead/Team manager to liaise with the local MAPPA Co-ordinator to agree on the most appropriate local arrangements by which to manage safely the risks presented by the child or young person involved in offending of a serious nature. In particular agreement should be sought in relation to:

• The process for managing a child or young person’s transition from the care and risk management process to MAPPA; and,

• The arrangements for risk management when a child or young person attains the age of 18 and continues to present significant concerns although not subject to MAPPA.

In preparation for a planned transition of a child or young person from the care and risk management process to MAPPA, it may be useful for the incoming MAPPA Chair to attend the last care and risk management meeting prior to the change. Alternatively, there may be value in a care and risk management chair attending the first MAPPA meeting for the child or young person following transition.

**7. EXIT PLANNNING**

In accordance with the principle of minimum intervention, every effort should be made to ensure that a child or young person is retained within the care and risk management process for no longer than is necessary.

Where there is agreement that the risk can be adequately managed within the Child’s Plan Meeting, or the risks have been reduced so that the child/young person’s needs can be met through universal services, this will be formally recorded in the minute and noted in an observation on Care-First. As previously noted, the named person needs to be kept fully informed of developments.

**APPENDIX 1**

**CARE AND RISK MANAGEMENT (CARM) FLOW CHART**

**INITIAL REFERRAL DISCUSSION**

*Referral Discussion with a team manager (within 24 hours and no more than 72 hours)*

Referring professional /named person ensures initial discussion takes place with team manager/practice lead (e.g Youth Action Practice Lead). PL/Team manager ensures advice from the Forensic Psychologist Service (Youth Action Service) is sought to aid decision making. Team manager/Practice Lead notifies Children Service Manager (CSM).

If outcome of referral discussion is o that no further action is required or that current service provision is sufficient to manage risk without recourse to a CARMM reasons hould be clearly recorded.

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IF CARE AND RISK MANAGEMENT PROCESS ASSESSED AS NECESSARY

*Consider if: a full CARM meeting is required; who needs to attend.*

*QAROS or Principle Officer to Chair. Minute takers provided.*

*Lead Professional to complete CARM Risk Management Plan (with assistance from Forensic Psychology Service)*

*Consideration if MAPPA to attend -* MAPPA Referral to MAPPA Co-ordinator

NO YES

RISK STATUS = AWARENESS INITIAL CARE AND RISK MANAGEMENT MEETING

(Universal Services) (Within 14 days)

*Lead professional/Practice Lead messages QARO team on Care-First (REV1) to co-ordinate CARMM and include relevant partners that need to be invited. Subsequent meeting invites are the responsibility of the Lead professional. An activity will be set up by REV1 on team desk tops to remind LP of date of review*

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RISK STATUS = ATTENTIVE RISK STATUS = ACTIVE AND ALERT

⬃ ⇩

RISK MANAGEMENT CORE GROUP MEETINGS RISK MANAGEMENT CORE GROUP MEETINGS

(as frequently as required) (as frequently as required)

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REVIEW CARE AND RISK MANAGEMENT MEETING REVIEW CARE AND RISK MANAGEMENT MEETING

(within 6 months) (within 3 months of Initial CARMM)

**Appendix 2**

**Care And Risk Management Meeting**

AGENDA

1) Introductions & Apologies

2) Review of Plan –

a. Routine and Responding to Change

b. Additional Specific Actions/Adjustments to Risk Management Plan

3) Any Requirements to refer

4) Any Requirement to amend invitation list

5) Management level – *chair to seek to establish views as to the tier of risk - Aware, Attentive, or Active and Alert in which the child or young person’s behaviour should sit. Specifically with respect to on-going risk management arrangements the meeting needs to agree on one of three risk management classifications:*

**Aware:** If the view of the care and risk management meeting is that awareness of the referred child or young person’s behaviour is a defensible position in relation to on-going risk management, a further scheduled care and risk management meeting will not be required. In such cases, it falls to universal services to address further issues in relation to the referred child or young person’s behaviour

**Attentive**: If the view of the care and risk management meeting is that attentiveness to the referred child or young person’s behaviour is a defensible position in relation to on-going risk management, the chair will recommend the establishment of a risk management core group (RMCG). It is assumed for cases which reach the attentiveness level that a Lead Professional will already have been identified. It will be the responsibility of the lead professional and the other members of the care and risk management meeting to identify the members of the risk management core group and to stipulate how frequently meetings should take place. The participation of the relevant child or young person and his parent(s)/carer(s) is strongly encouraged at this tier. A date for the first risk management core group should be agreed at the initial care and risk management meeting and a review care and risk management meeting should be arranged to take place within six months.

**Active & Alert** - If the view of the care and risk management meeting is that being active and alert to the referred child or young person’s behaviour is the defensible position in relation to on-going risk management, the chair will make arrangements for further CARMM to review the referred child or young person’s case within 3 months at a date agreed. A risk management core group should be established to meet as regularly as appropriate in the intervening period prior to the next CARMM. This Classification is likely to occur in only the “critical few” cases.

If there is dissent regarding criteria, it will be the responsibility of the chair to take a final decision about the most appropriate risk classification and risk management arrangements.

6. Date of Next Meeting

**APPENDIX 3**

|  |  |  |  |  |  |  |  |
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| **CARM RISK MANAGEMENT PLAN *for young person’s name*** | | | | | | | |
| **IDENTIFIED RISK:** | |  | | | | | |
| **Relevant Risk Factors** | |  | | | | | |
| **Level of Risk** | | *(agreed at initial CARM)* | | | | | |
| **Goal of Risk Management**  **Activity** | **Priority** | | **Preventive Strategies** | **Outcome** | **Time-scale** | **Responsible**  **agency**  **Un-met need** | **Unmet 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.*

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| **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’:** | | | | |
| **Whom :**  **When**:  **Why:**  **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):** | |
|  | Lead Professional |  |  | |
|  |  |  |  | |
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**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 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?*

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| ***Date of next scheduled review:*** | | | | | |
| **POSITIVE** | **Achieved**  **(date)** | **Action:**  Record/ Inform/ Respond/ Review | **NEGATIVE** | **Occurred**  **(date)** | **Action**  Record/ Inform/ Respond/ Review |
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**ADDITIONAL SPECIFIC ACTIONS/ADJUSTMENTS TO RISK MANAGEMENT PLAN**

|  |  |  |
| --- | --- | --- |
| **Action** | **Responsible Agency/Person** | **Timeframe** |
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**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**

*ACTIVE AND ALERT?*

*ATTENTIVE?*

*AWARE?*

*Katrina Beaton /Carrie McLaughlan July 2019*