**Appendix 2:**

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**Safeguarding Plan and Risk Assessment**

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| **My Name:** |  |
| **ID Number:** |  |
| **Co-ordinator:** |  |
| **Safeguarding Adults Lead Worker:** |  |

**Communication**
Please tell us about any communication difficulties you may have. For example, you may have a hearing, vision or speech impairment or prefer to use a language other than English (including sign-language or Makaton) or require a specialist interpreter to support you to communicate. If you have a visual ***and*** hearing impairment, please let us know so that we can consider if you need support from a specialist assessor.

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**Supporting your involvement**

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| Do you need someone to support you to complete this safeguarding Plan? Yes / No *Note to assessor - is an advocate required? Yes / No (if yes – please state why and how this will be provided)* |

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| **What has happened?** |
| This section should record your views of the abuse and / or neglect that has taken place or the risks of abuse and / or neglect that have been identified. What harm, if any, has occurred to date? |

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| **What are the outcomes that you are looking for?** |
| This section should record your wishes and outcomes and how you think these can be achieved. |

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| **Keeping myself safe** |
| This section can be used to record other information you feel is relevant to keep you safe. *This could include the following:** *What impact does the abuse / neglect (or risk of abuse / neglect) have on me?*
* *What are the risks to me? (current and potential)*
* *What factors do you think have contributed to the abuse or neglect occurring, or the risk of it occurring?*
* *What could be done to prevent any further abuse / neglect and how do you think this could be achieved?*
* *What strengths and abilities do I have to keep myself safe?*
* *What other support might I need*
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| **Advice and Information** |
| This section should record any further advice or information that has been provided to you to keep you safe. *This should also include:** *Options made available*
* *What, if any action must be taken to protect other parties (other AAR / child or if there is any other overriding public interest concern)*
* *Where the desired outcomes are felt to be unrealistic or cannot be met.*
* *Any risks (actual or potential) not identified by the AAR*
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| **Contingency Plans** |
| This section should record any potential plans to be put in place if any of your existing informal support became unavailable |

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| **Summary**  |
| Are you in agreement with this Safeguarding Plan? Yes / No |
| If No, please state how any differences may be resolved.  |

**Assessor’s Summary**

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**Safeguarding Plan**

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| **What the risks are to me.** | **What outcomes I want to achieve** | **How I want the risks addressed (measures/actions to reduce the risk)** | **Best Interest Decision (If the person lacks the mental capacity to make the decision).** | **Who will do it (responsible person)** | **When by.** |
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| Date agreed: | Review date: |

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| **To be completed by the Chair only:** |
| Chair: |  |
| Designation: |  |
| Signature: |  |
| Date: |  |