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 **Adult Risk Framework – Risk Tool.**

***To be completed at the multi agency meeting***

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| --- | --- |
| **Name of adult considered at risk:** | **D.O.B.** |
| **Address** | **Significant others living with or involved with the above** |

|  |  |
| --- | --- |
| **Name of initiating Agency** | **Named professional including contact details** |

**Other agencies required to contribute to this assessment**

|  |  |  |  |
| --- | --- | --- | --- |
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| --- |
| **Agency**  |

 | **Nominated professional**  | **Contact details** |
|  |  |  |

**Consideration of Risk**

|  |  |
| --- | --- |
| **Explanation of risk(s)** **(include context, potential benefits/harm, who could be affected and consideration of mental capacity around the specific risk)** | **Likelihood of risk occurring****Low/Med/High** |
|  |  |

**Involvement of Individual considered in this plan**

|  |  |
| --- | --- |
| **Has the risk process been discussed with the individual?** | **☐ Yes ☐ No** |
| **If yes - What are their views?** |  |
| **If No - Please explain why the person was** **not consulted and how they will be consulted in future.** |  |

**Record of Initial Multi Agency Meeting held including plans for risk reduction**

|  |  |
| --- | --- |
| **Date:** | **Attendees:** |
| **Specific Risk** **As identified above** | **What is in place** | **Discussion in the meeting** | **Actions including person responsible** |
|  |  |  |  |
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|  |  |  |  |

***Use the form below to record second and subsequent MART meetings***

**Record of subsequent Multi Agency Meeting(s) held including plans for risk reduction**

|  |  |
| --- | --- |
| **Date:** | **Attendees:** |
| **Specific Risk** **As identified above****and/or****New Risk identified** | **What is in place** | **Discussion in the meeting** | **Actions including person responsible** |
|  |  |  |  |
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|  |  |  |  |

*This page can be replicated for all subsequent meetings*