# **Playbook outlineRisk assessment for <insert adult’s name>** | <insert date>

**Risk assessment**

<insert your agency logo>

## Details of adult

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Date of birth** |  |
| **Address** |  |
| **Contact details**  *(inc. telephone number and email)* |  |

## Details of staff member completing risk assessment

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Contact details**  *(inc. telephone number and email)* |  |

## Adult’s current situation and risks

Please describe the adult’s current circumstances and the risks you and other involved staff/agencies have identified.

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## Adult’s views and wishes on their current situation and risks

Please note their views and wishes.

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## Adult’s family/friends/carers views on risk

Please note their views on the risks identified.

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## Consideration of mental capacity

Please provide details if there are concerns about mental capacity. Please also note whether a Mental Capacity Act assessment is required, and if so, who will be completing this and for what decision. If a Mental Capacity Act assessment has already been completed, please note details.

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## Consideration of safeguarding thresholds/referral to safeguarding

Please note details of consideration for safeguarding, if abuse or neglect is identified, including reference to the [Safeguarding Thresholds (Sussex Safeguarding Adults Boards, 2024)](https://www.westsussexsab.org.uk/policy-and-protocols/core-safeguarding-policies-and-protocols/#SafeguardingThresholds).

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## Risks and actions taken to mitigate risks

Please list risk factors as appropriate, e.g. physical health, self-neglect, problems managing medication, risk of harm from others. Please add more rows if required.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Identified risk**  *State the risk identified* | **Risk details**  *Describe the risk identified* | **Action taken to mitigate risk**  *Describe the action taken* | **Lead staff member**  *Name and role* | **Timescale for action**  *Date for action to be completed* | **Review of risk**  *Date and details of risk being reviewed* |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

## Contact with other organisations

Consider all other organisations who may be able to support the adult.

Please add more rows if required.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Staff member** | **Agency** | **Role/relationship** | **Comments/views** | **Contact details** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |