**Appendix D - Multi-Agency Risk Action Plan Template**

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| **Name of person completing the plan:** | **Telephone Number:** | **Email address:** | | | |
| **Name of Key Contact:** | **Telephone Number:** | **Email address:** | | | |
| **Person to be supported** | | | | | |
| **Name:** Jennifer (Scenario 1) | **Date of Birth:** \*\*/\*\*/\*\*\*\* | **Gender:** Female | | | |
| **Current Address:**  C/o Anytown Road**,** Anytown | **Postcode**  AT5 5JB | **Email:**  **Telephone Number:** \*\*\*\* | | | |
| **Unique ID:** | | | | | |
| **Date Risk Action Plan Implemented:** | | | | | |
| **Outcome desired** | **Action Required** | | | **Who** | **When** |
| Jennifer to be supported in maintaining independence and her rights to privacy and family life; whilst ensuring that the agencies involved have effectively discharged their statutory duties. | Confirmation of Jennifer’s executive decision making capacity | | | LD Psychologist with LD Psychiatrist | Immediate – date of plan |
| Confirmation if any criminal activity is known to have occurred within the area. | Police to interrogate local intelligence regarding sexual exploitation activity and confirm if criminal investigations should commence. | | | Police Officer | Immediate – date of plan |
| Jennifer to have access to subject matter expertise in relation to self- esteem, self-worth, and the impacts of sexual abuse | Jennifer to be encouraged to accept a referral to \*\*\*\*\*\*\* sexual abuse support agency | | | LD Nurse | Immediate – date of plan |
| Jennifer’s involvement, control and co-production of immediate and future care/support planning arrangements. | Jennifer to be encouraged to accept a referral to  Anytown Advocacy Project | | | LD Nurse | Immediate –  date of plan |
| Jennifer to positively access local community sexual health services. | GP to review current access arrangements | | | GP | Review 1 week |
| Jennifer is able effectively manage her finances to maintain an adequate diet | Continued encouragement to access budget management support and to follow an adequate diet plan | | | LD Nurse | Ongoing |
| **Contingency Plan** | Ensure Jennifer continues to be actively encouraged to access: an Independent Advocate; subject matter experts in sexual abuse support; accurate and up to date information regarding her future options | | | | |
| **Indicators / triggers for further action** | Monitoring of Jennifer’s engagement in support planning | | | | |
| **Contingency plan in the event of any further / on-going concerns** | A review should be arranged when Jennifer’s executive capacity assessment is confirmed; this  will dictate future risk action planning and any other applicable legal implications | | | | |
| **Review date** | **2 weeks from the date of this Risk Action Plan** | | | | |
| **Agreed by the person to be supported** | **Yes** | | **No** | | |
| **Signature of the person to be supported** |  | | **Date:** | | |