

Risk Assessment - Safeguarding Vulnerable Adults

A: SERVICE USER DETAILS		
Surname:	First Name(s):	Age last birthday:
HISTORY OF FALLS <input type="checkbox"/> YES / <input type="checkbox"/> NO	HISTORY OF PHYSICAL SELF-ABUSE <input type="checkbox"/> YES / <input type="checkbox"/> NO	HISTORY OF MENTAL HEALTH PROBLEMS <input type="checkbox"/> YES / <input type="checkbox"/> NO
Name of person referring the vulnerable adult and disclosing concerns:		
Relationship of person to the vulnerable adult:		
B: CONCERNS & DISCLOSURES <i>(types of abuse)</i>		
To assess the degree of risk, use the following notation in the box alongside each type of abuse (reference Policy No 3717): L = Low risk M = Moderate risk H = High risk S = Severe risk		
Self-abuse (drinking / self-harm / drugs etc)		Psychological / Emotional (blaming)
Physical abuse (biting / slapping / pushing / kicking)		Sectarian abuse (verbal / songs & banners etc)
Institutional / Social (inappropriate restraint)		Financial / Social (mis-use of property)
Institutional / Social (mis-use of medication)		Financial (theft, mis-use of finances & benefits)
Sexual (rape)		Neglect (with-holding necessities of life etc)
Sexual (sexual assault & non-consensual acts)		Discrimination (racism / sexism)
Psychological / Emotional (humiliation / threats)		Discrimination (religious slurs / disabilities etc)
Psychological / Emotional (harassment / coercion)		
C: ASSESSMENT SUMMARY - CRITICAL CONCERNS		
Is the vulnerable adult (service user) at risk from the alleged perpetrators because the alleged risk has been discovered? (This may place the service user in an even more vulnerable position)		
If the abuse is confirmed, how does the service user view the situation? Are they aware that abuse has taken place?		
SUMMARISE ALL RISKS TO THE SERVICE USER:		

D: ACTION PLANS, OUTCOMES & FOLLOW-UP

PERSONS CONDUCTING PRELIMINARY RISK ASSESSMENTS:

Name: _____ Position: _____ Signature: _____ Date: _____

Name: _____ Position: _____ Signature: _____ Date: _____

PERSONS CONDUCTING FOLLOW-UP ASSESSMENTS:

Name: _____ Position: _____ Signature: _____ Date: _____

Name: _____ Position: _____ Signature: _____ Date: _____