

Name _____

Issue 1:

Date: ____/____/____

RISK ASSESSMENT 11

Social Interests, Hobbies, Religious And Cultural Needs

Risk Assessment Objectives: Maintain contacts, interests religious and cultural activities

Tick box if relevant

List Social Interests

1. Swimming, going to shops

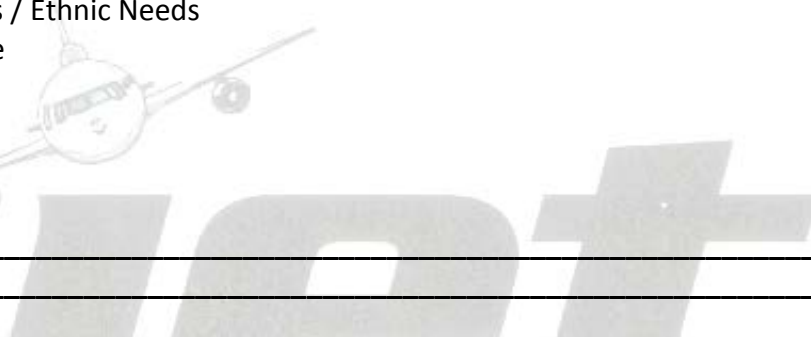
Name Hobbies

1. PlayStation, DVDs, music

Religious / Ethnic Needs

1. None

PERSONAL STATEMENT



RISK ASSESSMENT THROUGH CONCERN LEVELS

IF THE SCORE IS BETWEEN 7-10 THERE MUST BE AN ESSENTIAL ACTION PLAN

Severity	Concern level	Tick Box for Concern level	Concern by colour
10	Safeguarding concerns	[]	Red
09	3rd Party Intervention concerns	[]	
08	Destabilising concerns	[]	
07	Escalating concerns	[]	
06	Concerning concerns	[]	Yellow
05	Moderate Concerns	[]	
04	Medium concerns	[]	
03	Minimal concerns	[]	Light Yellow
02	Trivial concerns	[]	
01	No concerns	[]	

ACTION PLAN

- _____
- _____
- _____
- _____

Signed _____

Date: ____/____/____

Review Monthly

Name _____

Issue 1:

Date: ____/____/____

SUPPORT PLAN 11

Social Interests, Hobbies, Religious And Cultural Needs

Outcome Name is part of his community and spend time with his friends, and enjoy their leisure time

ASSESSMENT

- Name** enjoys shopping
- Name** likes to go to town
- Name** likes their computer games /music /TV/films

SUPPORT NEEDED

- Name** does not need staff support with all the above activities
- Name** may need help with planning events
- Name** requires advice and support to achieve her goals
- Name** sometimes needs their staff team to support them to access the wider community
- Name** may need staff to verbally reassure them and redirect their mood.

SPECIFIC OUTCOMES / ACTIONS TO ACHIEVE

- To enable **Name** to access the community more
- To encourage **Name** to try more activities
- Encourage **Name** to meet new people and make new friends, whilst ensuring they feel comfortable and secure in their surroundings
- Talk to **Name** praise positive behaviour's.
- Encourage **Name** to socialise more and provide more access to the community
- Give **Name** encouragement and support
- Staff team to take **Name** out in the community and take the time to talk to them and gain their trust
- Name** to access the community with support if necessary

Signed _____

Date: ____/____/____

Review Monthly