

Name _____

Issue 1:

Date: ____/____/____

RISK ASSESSMENT 13 SUPPORT PLAN 13
Support And Family Involvement And Others Social Contacts/Relationships.

Risk Assessment Objectives: To maintain relationships with loved ones and significant others

Tick box if relevant

Specify family members

- 1. _____
- 2. _____
- 3. _____

Specify Significant Others

- 1. _____
- 2. _____
- 3. _____

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	[]	Light Yellow
03	Minimal concerns	[]	
02	Trivial concerns	[]	
01	No concerns	[]	

ACTION PLAN

- 1. _____
- _____
- _____
- _____

Signed _____

Date: Monday, 29 June 2015

Review Monthly

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PLAN 13

Support And Family Involvement and others Social Contacts/Relationships.

Outcome: Name is supported to keep relationships which are important to me and to make new ones.

ASSESSMENT

- Name has their mother, who they sees and meets regularly
- Name has a trusting relationship with their staff team
- Name enjoys it when they socialise with other people
- Name has other young people around their which has both positive and negative influences

SUPPORT NEEDED

- Name can access social situations
- Name can form relationships with others but needs help and guidance
- Name needs their staff team to ensure that they feel comfortable and safe in their surroundings in order for them to develop new relationships

SPECIFIC OUTCOMES/ ACTIONS TO ACHIEVE

- Develop appropriate relationships.
- Maintain a positive relationship with and learn to be respectful to others
- Encourage Name to socialise more and provide more access to the community
- Give Name encouragement

Signed _____

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