

**Missing Risk Management Plan**

This plan should be developed alongside with and complimenting any other plan for the young person’s welfare. This does not replace a Care Plan, Child Protection or Child in Need Plan.

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| **Date Plan Developed :** |  | **Named worker leading on this Plan :** |  |
| **Date of Strategy Meeting / Gateway Panel** |  | **Chair of Meeting :** |  |

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| * **Child / Young Person’s Details** | | | | |
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| Name : | D.O.B. : | Age : | Home Address : | |
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| Gender : | Ethnicity : | Placement Address : | | Legal Status : |
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| * **Agencies Involved** | | | | |
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| Name | Relationship / Agency | Invited  Y, N | Attended  Y, N | Apologies  Y, N |
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| * **Brief summary of relevant vulnerability / safeguarding risks triggering this plan** |
| To include details *of: risks to self, risk from others and to self; any relevant incidents; patterns of behaviour; source*s of vulnerability and risk information include all relevant history. This is not a Chronology. |
| **Key issues/analysis** |
| * **Protective factors** |
| (What is already in place that reduces the child or young person’s level of vulnerability and risk?) |
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| * **Key decisions at Professionals Meeting / discussion or Missing Risk Management Meeting. Complete this section at each meeting** |
| To include summary of discussion and highlight any differences in opinion |
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| * **Missing Vulnerability and Risk Management Plan**   **Update this section at each meeting** | | | |
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| Desired Outcome | Action(s) | By Whom and by when | Progress |
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| * **Planning for future events** | | | |
| What factors or events would result in a change to the young person’s level of vulnerability and risk in future? | | | |
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| * **Sharing Information** |
| Who should this plan should be shared with? |
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| * **Further Actions** |
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| If the vulnerability and risk for the young person increases, a further professionals meeting must be convened.  **Review timescales**  The Missing Risk Assessment must be reviewed alongside any other care plan for the child or young person or after every missing incident – whichever is sooner. |

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| * **Management Information** | | | |
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| Signature of Named Lead Worker |  | Date |  |
| Signature of Line Manager |  | Date |  |
| Signature of Missing Person Coordinator |  | Date |  |

Please ensure a copy of this document is sent to the Missing Co-ordinator and attached to the child’s records.