Appendix 3:

**Missing Professionals Meeting and 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.

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| **Date Plan Developed :** |  | **Named worker leading on this Plan :** |  |
| **Date of Professionals Meeting** |  | **Chair of Meeting :** |  |

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| * **Child / Young Person’s Details**
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|  |
| Name : | D.O.B. : | Age : | Home Address :  |
|  |  |  |  |
| 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 | ApologiesY, 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** |
|  |
| Desired Outcome | Action(s) | By Whom and by when | Progress |
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|  |  |  |  |
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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**
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|  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 Chair |  | Date |  |
| Signature of Line Manager |  | Date  |  |

Please ensure a copy of this document is sent to the Missing Co-ordinator;

children.missing@kirklees.gcsx.gov.uk