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| **Supporting Your Futures Risk Assessment and Plan**Version 16.01.24 |

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| **Name of young person** |  |
| **MOSAIC ID** |  |
| **DOB/Age** |  |
| **Address (inc. post-code)** |  |
| **Contact Number(s)** |  |
| **Name of Worker** |  |
| **Date Completed** |  |
| **Name of Manager** |  |
| **Date Signed Off** |  |

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| **Other Agencies Involved**  |  |
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| **Risk Level** |  |
| **P** |  |
| **R** |  |
| **A** |  |
| **G** |  |

|  |  |
| --- | --- |
| **What are the key Risks?****List in bullet points** | Likelihood of occurring (L = Low, M = Medium, H = HighGive Explanation  |
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| **What are protective / mitigating facts?** |
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| **Safer Plan** |

Please consider internal controls (intervention with the young person) and external controls (interventions around the young person). Please also consider increasing strengths and protective factors alongside reducing risks.

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| **Indicator/Risk:**  |
| **What?** | **What is going to be done?** |
| **Who?** | **Who will do it? (And who does this need to be shared with)** |
| **Where?** | **Where will that take place?** |
| **When?** | **When will it take place?** |
| **Why?** | **Why is it important?** |
| **How?** | **How should it be done?**  |
| **What will success look like?** |
| **How will we know this has been achieved?** |
| **Who does this plan need to be shared with?** |
| **How and when will it be reviewed?** |

Young Person:

Signed:

Date:

Personal Advisor:

Signed:

Date:

Team Leader:

Signed:

Date: