

**Please note where a referral has been made to the LADO and they have requested a risk assessment, this document should be completed and shared with the LADO for their oversight as soon as possible. The employer will then be responsible for ensuring the risk assessment is followed and reviewed as necessary.**

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| **CONFIDENTIAL ONCE COMPLETED – PLEASE ENSURE THAT ANY INFORMATION DETAILED BELOW IS APPROPRIATE TO BE SHARED WITH THE INDIVIDUAL** | | | | | | |
| **Name of subject:** |  | | **Role within this agency:** |  | | |
| **Role relating to allegation:** |  | | |
| **Other Role(s):** |  | | |
| **Risk Assessment** | | | | | | |
| **Start Date of the Assessment:** | | |  | | | |
| **What are we worried about?**  Details of current allegation/ concern/ What’s happened? | | |  | | | |
| **What is the possible transferable risk into this role?** Consider:  What is the potential risk identified? (Physical, sexual, inappropriate behaviour, reputational harm, strategic impact etc)  Were there any triggers or circumstances that brought on the behaviour that could either increase or decrease the transferability of the risk into this workplace?  Have any code of conducts or professional expectations been breached? | | |  | | | |
| **Is there involvement from Children’s Services? Yes / No**  (Details of CSC / Early Help involvement/Fostering) | | | **Yes / No**  Details: | | | |
| **Is there an ongoing police investigation? Yes / No**  (Details of investigation / timescales) | | | **Yes / No**  Details: | | | |
| **Have there been any previous allegations / concerns about the member of staff / volunteer at work?**  (What were they and what was the outcome) | | | **Yes / No**  Details: | | | |
| **Strengths and protective Factors** (Positive aspects of the subjects practice or conduct) | | |  | | | |
| **What is the view of the subject in relation to the allegation / transferable risk?** (Consider: Does their account change any of the potential transferable risks?  Does their insight and understanding of the risks identified indicate a willingness or capacity to change the risk?  Any mitigating factors to be considered? | | |  | | | |
| **Complicating factors –** Are we aware of any barriers to managing the situation safely? Is there anything else impacting on the staff member’s ability to safely work with young people? | | |  | | | |
| **Is there any other information or facts that need to be established to inform decision making?** | | |  | | | |
| **Risk Assessment – Recommendations** | | | | | | |
| **Should a suspension be put in place?**  Is the subject suitable to remain in role working with children currently?  Do the risks outweigh the protective factors Is there anything that can be arranged to manage the risks? | | | **Yes / No**  Details: | | | ***Notes:***  *If you consider that the behaviour makes the employee unsuitable to continue in role, employment law still needs to be followed and advice should be sought from an HR provider. The requirement to safeguard children should be the primary consideration and advice should be sought from the LADO.* |
| **Can any plans be put in place to manage the risks?**  *For example, training, safety plans, adjustments to the subject’s role (home working, non-child facing duties, redeployment within the setting), managerial guidance etc.* | | | *Actions:*  1.  2.  3.  4. | | | |
| **The plan will be reviewed at regular intervals.** | | | Every……….. Month(s) for a period of …………. Months | | | |
| Reviewed by: | | | |
| **Signatures** | | | | | | | |
| **Date** | | **Name** | | | **Signed** | | |
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| **Closure Record** | | |
| **Closure Date** | **Any comments** | **Signed** |
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