**North Somerset Council**

**Multi-Agency Risk Management (MARM) Risk Management Plan**

**This document has been approved by North Somerset Safeguarding Adults Board. Instructions on how to use this plan are below.**

Name of person at risk:………………………… Date of Birth:………………………… Date of review meeting : ……………………

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| **What is the concern?**  *What is the risk? Potential harm caused to person or someone else.* | **Date of Meeting** | **What could be done to reduce the risk?** | **Agency** | **Update**  *Has the risk increased, reduced or been mitigated? Record any new actions and the agency responsible.* |
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