**Risk Assessment and Vulnerability Management Plan
Internal process document**

The Risk Assessment and Vulnerability Management Plan is to be completed for all new roles and all volunteers by the volunteer’s Independent Age contact. There are risk assessments, for Wellbeing and for non-Wellbeing roles, that cover all the specifics of the role and where applicable the relationship with the older person.

This form mitigates against identified risks, to ensure the safety of both Independent Age staff and volunteers. It should be completed fully and be accessible to anyone working or volunteering on behalf of Independent Age.

All requests for new volunteer roles have an associated Risk Assessment and Vulnerability Management Plan, completed by their Independent Age contact when creating a new volunteer role.

**The process for the use of the Assessment plan for Wellbeing Volunteers is:**

1. If risks are identified after the Stage 2 Assessment or Stage 3 call then mitigating actions will be agreed and implemented before the WPO carries out the initial visit. If a red flag is identified then these mitigating actions will include visiting the property with an additional member of staff or volunteer.
2. During the Stage 3 visit the WPO writes notes of potential further risk considerations and adds them to the relevant sections of the Risk Assessment and Vulnerability Management Plan after the visit.
3. After the Stage 3 Assessment has confirmed a new service user is ready to be matched with a volunteer, and a suitable volunteer has been identified, the WPO will update the Wellbeing Risk Assessment and Vulnerability Management Plan with information from the Stage 2 & 3 Assessments form and save it on ThankQ. Identified risks and specific advice (not listed in *‘How can this be managed?’* section) should be outlined in ‘Main risk associated to this service user and management plan’.
4. If a WPO is attending the matching: WPO meets with a volunteer 10-15 min prior to scheduled visit to discuss the Risk Assessment and Vulnerability Management Plan, highlighting key mitigating actions. WPO ensures that the volunteer is in complete agreement with the risk assessment. WPO and the volunteer both sign the assessment to confirm they have read, contributed to and understood and agree to the assessment.

If a WPO is not attending the matching: WPO sends the risk assessment to a volunteer via email few days prior to their first visit. WPO then calls the volunteer to discuss the Risk Assessment and Vulnerability Management Plan, and to ensure that the volunteer fully understood the document and is ready to meet the older person on their own. The volunteer should return signed risk assessment form within 7 days.

1. After the first volunteer’s visit, any further risks identified by the volunteer and/ or WPO are added to the form and then together they will complete the form considering all potential risks, the Degree of Risk (DR) score and mitigating actions to minimise the risks. (Please see the Example Plan for guidance). A volunteer must agree to accept any additional risks before any further contacts can go ahead. It is the volunteer’s responsibility to inform their Independent Age contact of any perceived risks.
2. The volunteer keeps an anonymised copy of the assessment and the Independent Age contact uploads the Assessment on to the person’s ThankQ record.

**\* All personal and sensitive information including contact details should be removed from the volunteer’s version of the Management Plan**.

**KEY**

Severity(S)
Low 1

Medium 2

High 3

Degree of Risk (DR)

DR = S x L

Likelihood (L)
Almost Impossible 1
Unlikely 2 Likely 3
Very Likely 4

Almost Certain 5

|  |  |
| --- | --- |
| **Scoring** | **Level of Risk - Actions** |
| 1 - 5 | Low | Control Measures to be Monitored |
| 6-9 | Medium | Control Measures Require Improving so far as is Reasonably Practicable |
| 10+ | High | Immediate Action Required to Reduce the Level Risk or Cease Task |

If the DR Score cannot be lowered below 10 then a decision should be made about whether the volunteering can take place with the agreement of the volunteer and their Independent Age contact.

*Example*:

**Risk Assessment & Vulnerability Management Plan
Friendship Volunteer Role**

It is everyone’s responsibility to take measures to keep themselves safe.

This form is to be completed for all new matches, and to be used in conjunction with the Policy and Procedures Document. One copy is to be given to the volunteer, one will be stored with the older person’s records.

Service user ref. no.: 0000 Date: 01/01/2018

Independent Age Contact: WPO

Volunteer Name: John Volunteer ref. no.: 0001

|  |  |
| --- | --- |
| **Possible areas of risk** | **How can this be managed?**  |
| **Older person’s health*** Existing mental health or other health conditions
* Dementia or memory loss
* Mobility issues
* Sight or hearing loss
* Drugs and/ or alcohol misuse

**Living environment*** Pets
* Smoking
* Type of accommodation
* Unknown others in the accommodation
* Poor living conditions/ hoarding

**Lone Working****Overarching Risks*** Verbal abuse
* Physical abuse
* Inappropriate behaviour
* Risk from others
* Financial Abuse
* Personal Health
 | **Health issues:*** Volunteer is aware and has knowledge of any risks, health issues, triggers or limitations of the older person and knows how to act and who to contact if circumstances change
* Volunteer is aware of the limitations in supporting mobility issues
* If mobility hinders access to property, use of key safe agreed and Key Safe Agreement read and signed
* Volunteer has discussed communication needs with the older person and has information on different methods of communication if necessary

**Living Environment:*** If evidence of alcohol/drugs misuse, friends/family, or if at any time volunteer feels uncomfortable, abandon visit and reschedule
* Request pets to be locked in a different room if needed
* Request the older person not to smoke before/ during the visit
* Agree visits when no family or friends are at home

**Lone Working*** Be aware of and follow the Lone Working Policy and guidelines
* Ring or buzz on arrival so they know you are on your way. Arrange daylight visits where possible
* Park in well-lit areas, avoid lonely car parks and do not leave valuables in the car or carry them on you
* Avoid passing by groups/ gangs
* Take lifts if possible- but avoid sharing them
* Keep boundaries with other residents

**Overarching risks*** Always inform your Independent Age contact immediately if an incident occurs
* Always inform your Independent Age contact of any concerns on any of the above, including deterioration in wellbeing or new concerns
* Always have a charged phone when on visits
* Call ambulance or the emergency service if needed
* Be aware of all relevant Independent Age’s policies & procedures
* Do not to accept or give any money or gifts
* Do not disclose/ discuss any information with family, professionals or the public, other than your Independent Age contact
* Inform your IA contact of any relevant health condition(s)
* We have a zero tolerance to any form of abuse, if that occurs: leave!
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| --- | --- |
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|  |  |  |
| --- | --- | --- |
| **Main risks associated to this service user and management plan:**  | Degree of risk | Level of risk |
| *E.g.* *1. Mental health: schizophrenia. Managed by medication, regular contact with GP. Always call on the day to ensure they feel well for the visit**2. Living environment: smoking. Agreed that the SU won’t smoke during or just before the visit. Suggest opening windows if you feel uncomfortable* | 23 | Lowlow |

If you are concerned about the older person, you can contact….

**During office hours Monday to Friday 9am to 5pm**

* Independent Age Contact: WPO’s contact details (and head office number)
* Independent Age Helpline: 0800 319 6789 E: advice@independentage.org

**Outside of office hours:**

* + - Independent Age Out of Hours Safeguarding: 020 7605 4455 (Mon – Sun, 8am to 9 pm)

**In an emergency contact emergency services**

I have read and understand the above Risk Assessment and Vulnerability Management Plan.

**Independent Age Contact**

Name (print): …………………………………………………………………………………….………………..…

Signed: ………………………………………………………………… Date: …………………….……………

**Volunteer**

Name (print): …………………………………………………………………………………………………………..

Signed: ………………………………………………………………… Date: ……………………..……………