Transferable Risk / Management Plan

When an allegation is made against a staff member that links to an incident or concern outside of the workplace.

	CONFIDENTIAL – 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:	
			Any other role(s) with children	
	Risk Assessment			
Start Date of the Assessment:				
What are we worried about? (Details of current allegation/ concern/ What has happened ? what are we concerned about?)				
What are the possible transferable risks into this role?				
Is there involvement from Children's Services? Yes / No (Details of CSC / Early Help involvement/Fostering)			**Yes / No** Details: if known	
Is there an ongoing police investigation? Yes / No (Details of investigation / timescales)			**Yes / No** Details:	

Have there been any previous allegations / concerns /issues 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 work or conduct)		
What does the person think about the allegation and identified transferable risks? (areas of agreement and areas of dispute)		

Risk Assessment in Role – Please refer to guidance for help to plan assessment

Duties & Task – Typical duties in role	**Risk Factors –** specific to this task **Do you consider each factor to be low, medium or high risk?**	**L, M, H risk**	**Safety Factors -** specific to this task Can anything be implemented to mitigate the risk, particularly if this is deemed medium or high	**Complicating Factors** - specific to this task	**Action & date to be implemented.**	**Review** To be reviewed at agreed intervals throughout an investigation or for a set period following an allegation. To be reviewed every ------- - Months for a period of ---- -- Months First Review Date:

Example – deputy manager, children's residential. **She is the safeguarding lead for the home.**	**Example** **Due to the allegation that she is a perpetrator of physical abuse to her partner, she may not take seriously and follow safeguarding procedures if DA was reported to her by a young person residing at the home.**		**Example** **Her role will change and she will no longer be the safeguarding lead.**	**Example** **Her contract does include having the role of safeguarding lead. As an interim measure, all safeguarding responsibilities will be shared with the registered manager, and she will not be making safeguarding decisions.**	**Example** **This will need to be discussed with HR, as her contract will need to be amended. We anticipate that it will be implemented by 4/6/24.**	**Date:** **Comments/ Actions:** **Date:** **Comments/ Actions:**
	Risk that they may use controlling/coercive behaviours in the work place, towards young people (power inbalance).					**Date:** **Comments/Actions** **Date:** **Comments/Actions**
						Date: **Comments/Actions** **Date:** **Comments/Actions**
						Date: **Comments/Actions** **Date:** **Comments/Actions**

						Date: **Comments/Actions** **Date:** **Comments/Actions**

Add Rows as needed

Any Comments / Outstanding Information or tasks

Name of Assessor		**Signed**		**Date**	
Name of Subject		**Signed**		**Date**	

Closure Summary – To be completed at the end of the plan

End Date of Risk assessment	**Any comments:**				
Name of Assessor		**Signed**		**Date**	
Name of Subject		**Signed**		**Date**	