**Oxfordshire Multi-Agency Risk Assessment and Management Plan (MARAMP)**

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| General Information  |
| Persona Details  |  |
| Full Name |  |
| Gender |  |
| Date of Birth |  |
| NHS Number |  |

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| MARAMP Details  |
| Date of MARAMP  |  |
| What is the primary reason for completing this MARAMP? |  |
| Is this an initial MARAMP review?  |  |

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| Meeting Attendee Details  |
| Attendee Names | Agency/Role | Attendee Details | Core Attendee | Invited | Participation  |
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| If family did not participate, please state reason |  |

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| Summary of Assessment |
| Strengths & Positives  |  |
| Please provide summary of reason for MARAMP?  |  |

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| Risk Management Plan  |
| What are the risks? | Who might be harmed and how? | What is the partnership already doing to manage the risks? | What further action does the partnership need to take to manage the risks? | Who needs to carry out the action? | What actions will be required as a contingency plan? Please consider family plans, out of hours action and worst-case scenarios  | When is the action needed by? | Action completed? |
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| Views of the Plan  |
| Children/Young Person/Young Adult’s View  |  |
| Parents/Significant Family Members/Friends/Other Carers’ Views  |  |

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| MARAMP Chair’s Summary  |
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| Approval  |
| Name of Manager to approve this MARAMP |  |
| When will this MARAMP next be reviewed?  |  |

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| Manager Review and Authorisation  |
| Do you approve this form? |  |
| Date of approval  |  |
| Comments |  |