Childs Risk Assessment/Safety Plan

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| Name: Click or tap here to enter text. | Date Of Birth: Click or tap to enter a date. | Ethnicity: Click or tap here to enter text. | Religion: Click or tap here to enter text. |
| Home address: Click or tap here to enter text. | | | |
| Current Address if Different: Click or tap here to enter text. | | | |
| School: Click or tap here to enter text. | | | |
| School Address: Click or tap here to enter text. | | | |
| Does the child have a Statement of Special Educational Needs? Choose an item. | | | |
| Legal Status: Click or tap here to enter text. | | | |

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| Date Assessment completed: Click or tap here to enter text. |
| Assessors Name: Click or tap here to enter text. |
| Signature: Click or tap here to enter text. |
| Child/Young Person’s Views: Click or tap here to enter text. |
| Please specify who was involved in completing this Risk Assessment, and who agrees with the Assessment: Click or tap here to enter text. |

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| **Pen Picture of Child (please include a pen picture of the child / young person highlighting a brief description of their appearance, their character, positive qualities and hobbies** |
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| N/A | No history of this behaviour or likelihood of it occurring | MEDIUM | Behaviours can happen now. Behaviours could hurt the child/young person, others or property. The behaviours are not serious |
| LOW | Child/Young person has presented these behaviours in the past but does not behave this way now. | HIGH | Child/young person’s behaviours are serious and they can happen now and in the future. The behaviours could be serious enough to hurt themselves, others or property |

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| **Risk/Safety issue** | **N/A** | **Low** | **Medium** | **High** |
| Health |  |  |  |  |
| Any Allergies |  |  |  |  |
| Contact |  |  |  |  |
| Alcohol use |  |  |  |  |
| Drug use |  |  |  |  |
| Solvent use |  |  |  |  |
| Physical Aggression |  |  |  |  |
| Verbal Aggression |  |  |  |  |
| Sexual Behaviours |  |  |  |  |
| Control /  Manipulation |  |  |  |  |
| Bullying – Self/Others |  |  |  |  |
| Racial Abuse |  |  |  |  |
| Address being revealed |  |  |  |  |
| Education |  |  |  |  |
| Child Protection issues |  |  |  |  |
| **Safety Issue** | **N/A** | **Low** | **Medium** | **High** |
| Self-Harm |  |  |  |  |
| Running Away |  |  |  |  |
| Impulsive Behaviour |  |  |  |  |
| Criminal Behaviour |  |  |  |  |
| Damage to Property |  |  |  |  |
| Cruelty to Animals |  |  |  |  |
| Arson/Fire setting |  |  |  |  |
| Eating Disorders |  |  |  |  |
| Transport Issues |  |  |  |  |
| Living in Groups |  |  |  |  |
| Other |  |  |  |  |
| Personal Supervision |  |  |  |  |
| Location |  |  |  |  |
| Bedroom Sharing |  |  |  |  |
| Other |  |  |  |  |

**All Risk/Safety issues must have a rating even if N/A**

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| **Risk/Safety Issue** | **Rating** | **Details of Risk/Safety issue**  **Specify actual behaviour, trigger factors and when/where it happens** | **Who is at risk?** | **Actions required to prevent or reduce risks** |
| **Are there any specific behaviours associated with a Health condition? If so what is the diagnosis.** |  |  |  | **Detail here, any current medication requirements** |
| **Any Known Allergies** |  |  |  |  |
| **Contact** |  |  |  | **Specify here, Frequency of contact, Restrictions in location, or individuals, and specifics about supervision of contact** |
| **Alcohol/Drugs/Solvent Misuse** |  |  |  |  |
| **Physical Aggression** |  |  |  |  |
| **Verbal Aggression** |  |  |  |  |
| **Sexual Behaviours** |  |  |  |  |
| **Control/Manipulation** |  |  |  |  |
| **Bullying – Self/Others** |  |  |  |  |
| **Racial Abuse** |  |  |  |  |
| **Self Harm** |  |  |  |  |
| **Running Away** |  |  |  |  |
| **Impulsive Behaviour** |  |  |  |  |
| **Criminal Behaviour** |  |  |  |  |
| **Damage to Property** |  |  |  |  |
| **Cruelty to Animals** |  |  |  |  |
| **Arson/Fire setting** |  |  |  |  |

**Additional Areas to be considered for a fostering placement**

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| **Safety Issue** | **Rating** | **Details of Risk/Safety issue**  **Specify actual behaviour, trigger factors and when it happens** | **Who is at risk** | **Actions required to prevent or reduce risks** |
| **Can the address be revealed** |  |  |  | What will happen if the address gets revealed in terms of risk and required action? |
| **Are there any restrictions on location for the child’s placement** |  |  |  | If yes state details and reasons here |
| **Is there an ongoing Child Protection issue** |  |  |  | If Yes - please attach the CPP |
| **Is there a need for increased level of supervision beyond ordinary age requirements** |  |  |  |  |
| **Can the child be accommodated with other children in a Fostering setting** |  |  |  | Any age/ gender limitations/restrictions |
| **Education** |  | Detail here any factors affecting education |  |  |
| **Will the child be able to share a bedroom with a sibling** |  |  |  | Complete bedroom sharing risk assessment |
| **Other** |  |  |  |  |