**Risk Assessment for Contact/ Family Time**

Please follow up with a phone call to discuss significant areas of concern

**Family Name:**

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| **Question 1** | **Yes / No** | **Details of risk** |
| Have there been allegations/findings of sexual abuse towards these children? |  |  |
| **Recommended actions/plan if concerns arise during Family Time session** | | |

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| **Question 2** | **Yes / No** | **Details of risk** |
| Have there been allegations/findings of physical abuse towards these children? |  |  |
| **Recommended actions/plan if concerns arise during Family Time session** | | |

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| **Question 3** | **Yes / No** | **Details of risk** |
| Have there been allegations/findings of emotional abuse (including witnessing domestic violence) involving these children? |  |  |
| **Recommended actions/plan if concerns arise during Family Time session** | | |

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| **Question 4** | **Yes / No** | **Details of risk** |
| Have there been any allegations/findings of neglect towards these children? |  |  |
| **Recommended actions/plan if concerns arise during Family Time session** | | |

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| **Question 5** | **Yes / No** | **Details of risk** |
| Does the child’s behaviour and needs, including medical needs, pose any risks? |  |  |
| **Recommended actions/plan if concerns arise during Family Time session** | | |

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| **Question 6** | **Yes / No** | **Details of risk** |
| Is there a likely risk of abduction? |  |  |
| **Recommended actions/plan if concerns arise during Family Time session** | | |

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| **Question 7** | **Yes / No** | **Details of risk** |
| Do any of the adults have any convictions against children? |  |  |
| **Recommended actions/plan if concerns arise during Family Time session** | | |

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| **Question 8** | **Yes / No** | **Details of risk** |
| Have any of the adults been violent to practitioners? |  |  |
| **Recommended actions/plan if concerns arise during Family Time session** | | |

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| **Question 9** | **Yes / No** | **Details of risk** |
| Do any of the adults have any alcohol/drug misuse that may impact upon children? |  |  |
| **Recommended actions/plan if concerns arise during Family Time session** | | |

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| **Question 10** | **Yes / No** | **Details of risk** |
| Do any of the adults have any mental health issues that may impact children within contact? |  |  |
| **Recommended actions/plan if concerns arise during Family Time session** | | |

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| **Question 11** | **Yes / No** | **Details of risk** |
| Have any of the adults made previous threats to disrupt contact? | **No** |  |
| **Recommended actions/plan if concerns arise during Family Time session** | | |

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| **Question 12** | **Yes / No** | **Details of risk** |
| Have any of the adults previously failed to cooperate with conditions agreed for supervised contact? |  |  |
| **Recommended actions/plan if concerns arise during Family Time session** | | |

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| **Question 13** | **Yes / No** | **Details of risk** |
| Have any of the adults had previous incidents of coercion or inappropriate behaviour during contact? |  |  |
| **Recommended actions/plan if concerns arise during Family Time session** | | |

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| **Question 14** | **Details** |
| Is there any other information that the Family Time Team need to know to make sure that family time sessions are safe for this child and any other families attending the same venue? |  |