If any risks have been identified on the PRF then this Individual Risk Assessment is to be completed by the Supervising Social Worker within 7 working days of placement.

If the child has a Full Individual Risk Assessment provided by the Child’s Social Worker, you will not be required to complete this one unless there were additional risks identified post placement. (Discuss FULLY with child’s SW)

This Individual Child Risk Assessment should also be used if any previously unidentified risks emerge in relation to a child/young person in an established placement.

Every Individual Risk Assessment should be reviewed in response to any changes in the nature or level of risk and at a frequency of no more than every 12 months.

**Only identified risks should be included – if any risks are not applicable please indicate this by inserting N/A .**

|  |  |
| --- | --- |
| Name of child/young person |  |
| Date of Birth |  |
| Name of Foster Carer(s) |  |
| Name of SSW completing this Assessment |  |
| Date Assessment undertaken |  |
| Date by which this Assessment is to be reviewed |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NATURE OF RISK** | **IDENTIFIED RISKS AND TRIGGERS**Fully describe the actual or potential risks presented to or from the young person.Include details of individuals who are or may be a risk, in what ways etc. Identify possible warning signals or triggers. | **INDIVIDUAL MEASURES**Describe measuresto be used with the child to reduce the risks. Include details of what actions will be taken, by whom (e.g. Foster Carer, SSW or Child’s SW) when it should be taken and where.  | **OTHER ACTIONS REQUIRED**Describe any other actions that are needed to reduce risk, e.g. any additional training or support needed. | **LEVEL OF RISK****High risk**: 3**Medium risk**: 2**Low risk**: 1 Reviewed in- line with CYP presenting behaviour.  |

**1 RISKS TO SELF**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Eating Disorder. *Any Food Allergies*** |  |  |  |  |
| **Self-Harm*****Indicate all types of self-harm behaviours*** |  |  |  |  |
| **Sexualised Behaviour*****Indicate all types of sexualised behaviours*** |  |  |  |  |
| **Current Sexual Activity*****At risk of STD/Pregnancy/level of vulnerability and understanding.*** |  |  |  |  |
| **At risk of sexual exploitation** |  |  |  |  |
| **Any previous Involvement** **in Criminality** |  |  |  |  |
| **Current involvement in Criminality** |  |  |  |  |
| **Absent/Missing from home** |   |  |   |  |
| **Fire Setting** |  |  |  |  |
| **Medication**(Complete only if child / young person is self-medicating) |  |  |  |  |
| **Drugs / Alcohol Abuse** |  |  |  |  |
| **Nonattendance at School** |   |  |  |  |
| **Siblings sharing bedrooms,**  |  |  |  |  |

**2 RISKS TO OTHERS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Violence****Could restraint be necessary based on previous or current behaviours?****Has FC been trained in de-escalation**  |  |  |  |  |
| **Bullying- is the child known to bully other children** |  |  |  |  |
| **Bullying – Has the child been subjected to bullying** |  |  |  |  |
| **History of making allegations against Foster Carers/Professionals /other children**  |  |  |  |  |
| **Harming of animals** |  |  |  |  |
| **Any other risk identified:** |  |  |  |  |

Foster(s) Carer(s)

**Name:**   **Signature:**

**Date:**

**Name:**   **Signature:**

**Date:**

Supervising Social Worker completing:

**Name:**   **Signature:**

**Date:**

Agreed by Team Manager

**Name:**   **Signature:**

**Date:**