**Updated**

**Risk Assessment**

27/1/2020

1. **Child(ren):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DOB** | **Gender** | **Address** |
|  |  |  |  |

1. **Parents/Carers:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Gender** | **Address** | **Relationship** |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Any other significant adults:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Gender** | **Address** | **Relationship** |
|  |  |  |  |  |
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| 1. **Presenting issue:** |
| What has led to this risk assessment? (Describe **specifically** the event(s) or incident(s)) |
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| 1. **High Risk Indicators:** |
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| 1. **Underlying Risk Factors:** |
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| 1. **What are we worried about?** |
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| **Risk Matrix** | | **S E V E R I T Y** | | |
| LOW  Little to no effect on the child wellbeing | MEDIUM  Effects are felt but not critical to the child | HIGH  Serious impact on the child |
|  |  |  |
| **L**  **I**  **K**  **E**  **L**  **I**  **H**  **O**  **O**  **D** | UNLIKELY  Risks unlikely to occur/be repeated | **LOW RISK** | MEDIUM RISK | HIGH RISK |
| POSSIBLE  The possibility that there will be a repeat of the abuse/incident | LOW RISK | MEDIUM RISK | HIGH RISK |
| HIGHLY LIKELY  Further repeats of this incident and child remaining at risk | MEDIUM RISK | HIGH RISK | HIGH RISK |
| 1. **Risk level identified:** | | | | |
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| 1. **Analysis** *Please consider the imminence and frequency of risk* |
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| 1. **Risk Management Plan:** *Plan needs to be clearly linked to the risks identified* |
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| 1. **Signed:** | |
| Social Worker |  |
| Date |  |
| Team Manager |  |
| Date |  |