**Updated**

**Risk Assessment**

27/1/2020

1. **Child(ren):**

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

1. **Parents/Carers:**

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

1. **Any other significant adults:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Gender** | **Address** | **Relationship** |
|  |  |  |  |  |
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| 1. **Presenting issue:**
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| 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** |
| LOWLittle to no effect on the child wellbeing | MEDIUMEffects are felt but not critical to the child | HIGHSerious impact on the child |
|  |  |  |
| **L****I****K****E****L****I****H****O****O****D** | UNLIKELYRisks unlikely to occur/be repeated | **LOW RISK** | MEDIUM RISK | HIGH RISK |
| POSSIBLEThe possibility that there will be a repeat of the abuse/incident | LOW RISK | MEDIUM RISK | HIGH RISK |
| HIGHLY LIKELYFurther 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:**
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| Social Worker |  |
| Date |  |
| Team Manager |  |
| Date |  |