**Risk Assessment in Relation to : [Name]**

**Child’s Name:**

**Type of Risk**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHILD MALTREATMENT/ABUSE CATEGORIES | RISK | | | |
| *RISK /CONTRIBUTORY FACTORS* | *N/A* | *LOW* | *MODERATE* | *HIGH* |
| Neglect (likely or actual) |  |  |  |  |
| Physical (likely or actual) |  |  |  |  |
| Emotional (likely or actual) |  |  |  |  |
| Seriousness of harm/injury – outcome of psychological assessment |  |  |  |  |
| Alcohol issues |  |  |  |  |
| Child exhibiting concerning behaviour |  |  |  |  |
| Domestic violence |  |  |  |  |
| Drug issues |  |  |  |  |
| Learning difficulties |  |  |  |  |
| Mental health |  |  |  |  |
| Risky network |  |  |  |  |
| Sexual abuser |  |  |  |  |
| Victim of sexual abuse |  |  |  |  |
| Others (specify) |  |  |  |  |

|  |
| --- |
| High – To be reviewed at least 4 weekly |
| Moderate – To be reviewed at least 8 weekly |
| Low – To be reviewed as per requirements |

**\*Ensure that a Specific Risk Management guide is in place to help to manage risks.**

|  |
| --- |
| Please use the space below to specify any risk factors linked to the behaviours above:  **Detail the risks (Include details of last known incident where relevant and frequency)** |

**Who is at risk? (Tick as many as apply and provide details where appropriate in the space provided)**

|  |  |
| --- | --- |
| Child/ren |  |
| Other Children |  |
| Parent |  |
| Other adults |  |
| Professionals |  |
| Specific Individuals (specify) |  |
| Provide Details: |  |
|  |  |

|  |
| --- |
| Triggers / behaviour to be aware of (to be discussed with individual as appropriate): |
|  |

|  |  |
| --- | --- |
| Risk | Risk Management |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Parent/Child’s view on the risk assessment

**Monitoring Levels:**

**Risk Assessment review details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Initial Risk Assessment Completed by |  | Date |  | As evidenced by | Parents agree or disgaree |
|  |
| Reviewed by |  | Date |  |  |  |
| Reviewed by |  | Date |  |  |  |
| Reviewed by |  | Date |  |  |  |