# Appendix 4: Social Care Pre Incident Risk Assessment

The Social Care Pre Incident Risk Assessment should be recorded on the child’s file in all agencies working with the child.

Wherever possible staff should enhance their ability to make a Social Care Pre Incident Risk Assessment by acquainting themselves with the current body of knowledge about children who go missing.

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| --- | --- |
| Child’s full name and DOB:(Alias if known) | Next of Kin relationship, name & address: |
| Address where child currently resides (Family home, Residential Unit, Foster Carer) |
| Residential Unit/Foster Carer Contact Tel No’s | Contact Name: |
| Doctor: | Dentist: |
| Child’s Oyster card number: | Child’s email address if known: |
| Childs Mobile Phone Number:Pin – if known: | Child’s N.I. Number: |
| Occupation/School/College: | Occupation/School/College contact number: |
| **Description of the Child** |
| Ethnic Origin & Ethnic Appearance: |
| Height & Build: | Gender: |
| Appearance incl. Eye color, hair, glasses, tattoos, piercings, facial hair, other distinguishing features (include a recent photograph): |
| Family History (Brief details): |
| **Information about friends and relatives etc, that may be visited/ spoken to:** |
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| --- | --- | --- | --- |
| Date | Time | Name/Phone Number & Address | Comments / notes |
|  |  |  |  |
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| **Missing Child Risk Assessment Record** |
| **Risk Factors** | **Details and Explanation** |
| Previous missing episodes – frequency / patterns / where usually found. |  |
| Previously suffered or was exposed to harm whilst missing. |  |
| Age and maturity |  |
| Social Care Status |  |
| Child’s view on current placement/stability of their relationships at home |  |
| Level of Supervision/support that can be provided for the child |  |
| The views of parents/carers in their child’s needs and the action that needs to be taken if their child is missing |  |
| Needs essential medication or treatment e.g. asthma inhaler, insulin. |  |
| Lacks reasonable awareness of the risks associated with running away and/or may not have the physical ability to interact safely with others or in an unknown environment, e.g. visually impaired, significant learning needs. |  |
| Known to associate with adults or children who present a risk of harm e.g. Sexual Offenders, Offenders Against Children. |  |
| Mental illness or psychological disorder that may increase risk of harm to themselves or others including risk of suicide or self-harm |  |
| Drugs and/or alcohol dependency |  |
| Employment / Financial / School or College Problems |  |
| Victim or potential victim, of forced marriage, FGM or trafficking, including sexual exploitation, harassment or persistent bullying |  |
| Any other information? |  |