GCC CHILDREN’S SERVICES: Keeping Safe

(This tool is to be used when there are concerns about risk to/from a child or young person. It needs to be reviewed as regularly as required in light of the circumstances, whenever there is a significant event, and no later than every 6 weeks in circumstances of high-severe risk.)

# **Name of child or young person:**

# **Date of birth:**

**Date of assessment:**

**Review date:**

**Risk Rating**

Please choose one drop-down option for each box

|  |  |  |
| --- | --- | --- |
| **IMPACT** | **LIKELIHOOD** | **OVERALL RATING** |
| Choose an item. | Choose an item. | Choose an item. |

|  |
| --- |
| **Risk assessment** |
| **What harm(s) are we most worried about?**  **If this happened what would be the impact on the child/young person?**  **(Body/Physical, Thoughts & Feelings, Behaviours & Relationships, longer term outcomes)**  **What is making this harm more likely?**  **What is making this harm less likely?**  **What needs to be in place now to make harm less likely?**  **When will we review this?** |

**Risk Management Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **What C-SMART action needs to be in place to reduce the impact &/or likelihood of risk?** | **Who needs to do this?** | **What will this achieve?**  **(Outcome)** | **When will this be reviewed?** |
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**Contingency Plan**

(If the plan is not working, what will need to happen to immediately reduce the risk?)

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| --- | --- | --- |
| **What immediate action will need to be taken** | **Who will do this** | **Contact Details** |
|  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Worker’s details | | | | | |
| Name: |  | Job title: |  | Signature & date: |  |
| Manager’s authorisation | | | | | |
| Manager’s name: |  | Job title: |  | Signature & date: |  |