**BCP Council Children’s Services**

**AYSE Child Protection Risk Assessment**

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| **NQSW Name:** |  |
| **Team & Team Manager:** |  |
| **ASYE Assessor:** |  |
| **Date:** |  |

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| **Risk assessment to be undertaken following the decision that the NQSW will hold a child protection case** |
| NQSW commenced their ASYE on XXXX and is XXX months into the AYSE programme. (NQSW should be at least 6 months into their AYSE programme.)   * NQSW has undertaken CP visits, S47 investigations and undertaking child and family assessments. * The NQSW has undertaken all the safeguarding and child protection training and is aware of the departmental child protection procedures. * The NQSW has attended and shadowed ICPCs and RCPCs and has been able to present a case to the conference. * I am confident that the NQSW is able to hold a Child Protection Case. During the past XXX months they have demonstrated professional judgement in balancing rights and risks. |
| **Rationale for CP case allocation to NQSW** |
| *Examples:*  *The ASYE has been holding the case as Child in Need (CIN) and has a full understanding of the issues, therefore I recommend avoiding a change of social worker and that the AYSE remains case holder of this case under CP.* |
| **Actions to reduce risk** |
| I.e.:   * *TM to provide additional support and attend ICPC* * *ATM to provide additional support/ guidance* * *Observation of CP visit every….* * *Supervision of the case will be undertaken on a weekly/ fortnightly basis by TM or ATM* * *ASYE will maintain a reduced caseload in line with recommendations.* |
| **NQSW Views/ comments:** |
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| **Views of ASYE Assessor:** |
|  |
| **Completed by:** |
| Team Manager Name ………………..  Signature: …………………………  Date: ………………………………… |
| **SM authorisation** |
| Name:  Signature:  Date:  Comments: |