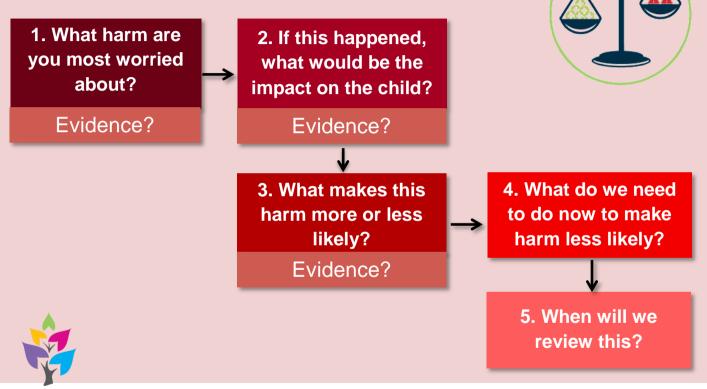
## **Risk Assessment Principles**







## **Building Quality Risk Assessments**

### Risk Assessments are completed *with:* the child/young person, their family and the professional network supporting them

- 1) The risk assessment identifies the *specific* harm to the child, that you are currently most worried about and clearly evidences how you know this.
- 2) Impact is described through: what the child or young person tells us about their life; what we (or others) see in their behaviours and emotions, including how we know this is linked to the harm we are worried about; and what theory and research tells us is likely to be the impact for children who suffer this harm.
- 3) Likelihood is understood through balancing factors that currently make *this* harm less likely against those that currently make *this* harm more likely. This considers all key people currently in the child/young person's life; what has previously led to harm increasing and reducing throughout their life; and what we know from research about factors that make this specific harm more or less likely.
- 4) Describes the steps that will be taken to make harm less likely and less significant for the child. This includes safety planning completed with the family, including how family and community support networks can be involved, and what the contingency plan will be if harm is not reduced.
- 5) Considers both an agreed timeframe for reviewing this risk assessment with the family, as well as events in the child's life which would mean this risk assessment needs to be reviewed now.

# **Risk Review Principles**









## **Building Quality Risk Reviews**

#### Risk Reviews are completed with:

### the child/young person, their family and the professional network supporting them

- 1) Summarises the harm we were worried about, when risk of harm was assessed, including the likelihood and significance of this harm.
- 2) Describes what steps have been taken to reduce the harm, considering all actions agreed within the risk assessment, and describes the evidence to explain whether these steps have made harm less likely and/or less significant for the child.
- 3) Describes whether life is improving for the child/young person as a result of the steps taken and how we know this; including the child/young person's views on how life has changed.
- 4) Where harm is reducing and life is improving for the child, this describes the next steps needed to sustain this change. Where this is not happening, this describes what is getting in the way of change and the steps needed to address this. All actions should follow the C SMART Principles.
- 5) Considers both an agreed timeframe for reviewing this risk review with the family, as well as events in the child's life which would mean this risk assessment needs to be reviewed now.