

RISK ASSESSMENT

FAX BACK ON 020 8875 1954

Use this form to record a risk assessment by or to an individual young person.

Name of child/young person:	
Date of Birth:	
Name of sibling/s	

Are there any particular characteristics of the child to consider in assessing the risk?

	COMMENTS
Age:	
Learning difficulties:	
Language difficulties:	
Physical difficulties:	
Vulnerability due to isolation/loneliness/depression	
Vulnerability due to addictive behaviour:	
Can the child swim for 20 metres without a buoyancy aid?	

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(Please use a full page continuation sheet for each major risk)

Describe the behaviour and/or the circumstances that create risk:

What is the risk?

Is there a history of similar situations? (I.e. similar behaviour and circumstances giving rise to similar risks). *(Give dates and times of actual incidents where possible, with references to any existing incident reports)*

What actions or measures can be identified which might minimise or eliminate the risk? *(Where more than one risk has been identified, please list measures or actions appropriate for each)*

Are there any particular issues of risk relating to the sibling contact?

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Wherever possible ask those involved to sign in the appropriate places below to confirm their involvement in this assessment.

Depending upon the age of the young person it may be considered appropriate to discuss and share this risk assessment process with them.

Have the conclusions of this risk assessment been shared with the following people?

Young person:	
Young person's carer:	
Social Worker:	
Anyone with parental responsibility	

Do you agree with the conclusions of this assessment?

Young person:	
Young person's carer:	
Social Worker:	
Anyone with parental responsibility	

Taking into account the measures that have been agreed to minimise or eliminate the risk, do you believe that the level of risk remaining is acceptable?

Young person:	
Young person's carer:	
Social Worker:	
Anyone with parental responsibility	