**RISK ASSESSMENT**

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| **GENERAL INFORMATION** | | | | | |
| **Learner’s Full Name:** |  | | | **D.O.B.** |  |
| **Parent Name:** |  | | | **Guardian/Carer Name** |  |
| **Is the Learner on the Child Protection Register?** |  | | | | |
| **Is the learner aware of this Risk Assessment?** |  |  | If NO, please explain why: (e.g. no contact yet made with learner). | | |

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| **EVIDENCE OF:-** | **Y N** | | **DATE(S) AND DETAILS OF LAST OFFENCE (If**  **Known)** |
| **Risk to other Learners** |  |  |  |
| **Serious Violent Offences** |  |  |  |
| **Arson** |  |  |  |
| **Damage to Property** |  |  |  |
| **History of Vandalism** |  |  |  |
| **Has learner ever been**  **restrained Police/School** |  |  |  |
| **Violent behaviour towards**  **Staff** |  |  |  |

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| **Is the learner known to any**  **agencies/organisations.** | **Y N** | | **DATE(S) AND DETAILS OF LAST ENGAGEMENT (If**  **Known)** |
| **Police** |  |  |  |
| **Youth Offending Team /**  **Probation** |  |  |  |
| **CAMHS** |  |  |  |
| **Psychiatric Nurse** |  |  |  |
| **Social Services/ MARU / MASH** |  |  |  |
| **Drug & Alcohol Services** |  |  |  |
| **Awaiting Court Hearing /**  **Sentencing** |  |  |  |

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| **SECTION 1**  **Risk of Harm to Others (Violence & Abuse):** | **Yes** | **No** | **Don’t know** | **FURTHER COMMENTS**  (inc. known triggers) |
| 1. Current behaviour/demeanour is threatening or abusive |  |  |  |  |

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| 2. Previous incidents of violence or physical aggression | |  |  |  |  |
| 3. Expressing intent to harm others | |  |  |  |
| 4. Evidence of intent to harm others (e.g. keeps weapons or  knives etc.) | |  |  |  |
| 1. Poor engagement with services and/or concern 2. expressed by others. | |  |  |  |
| 7. Poor engagement with care plan | |  |  |  |
| 8. History of drug/alcohol misuse | |  |  |  |
| 9. Custodial sentences or arrest for violent behaviour | |  |  |  |
| 10. Previous history of abusing others (see also section A2). | |  |  |  |
| 11. Close associates/pets known to be aggressive | |  |  |  |
| **RISK**  **Please Select:** | **Significant & Volatile (*High*)** | **Significant but Stable (*Medium*)** | | | **Low/Minimal (*Low*)** |

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| **SECTION 2**  **Risk of Harm to Others (Sexual Offences)** | |  |  |  | **FURTHER COMMENTS**  (inc. known triggers) |
| **Previous History of Offending or Sexually Inappropriate**  **Behaviour** | |  |  |  |  |
| If yes, please specify: | | | | | |
| **RISK**  **Must be completed** | **Significant & Volatile (*High*)** | **Significant but Stable (*Medium*)** | | | **Low/Minimal (*Low*)** |
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| **SECTION 3**  **Risk of Self-Harm/Suicide:** | | |  |  |  | | **FURTHER COMMENTS**  (inc. known triggers) |
| 1. Current suicidal thoughts | | |  |  |  | | . |
| 2. Current self-harming behaviour | | |  |  |  | |
| 3. Feelings of Hopelessness/Helplessness/Loss of Control or  Isolation | | |  |  |  | |
| 4. Recent significant life events | | |  |  |  | |
| 5. Poor engagement with statutory services/concern expressed  by others | | |  |  |  | |
| 6. Previous self-harming behaviour | | |  |  |  | |
| 7. Previous suicide attempts | | |  |  |  | |
| **RISK**  **Must be completed** | **Significant & Volatile (*High*)** | **Significant but Stable (*Medium*)** | | | | **Low/Minimal (*Low*)** | |

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|  | | **Risk Assessment Form** | | | | | | |  |
| **SECTION 4** | |  | |  |  |  | | **FURTHER COMMENT** | **S** |
| **Risk of Self-Neglect/Vulnerability to Abuse** | | | | **Yes** | **No** | **Don't Know** | | (inc. known triggers) | |
| 1. Failure to eat/drink properly | | | |  |  |  | |  | |
| 2. Socially/Culturally Isolated | | | |  |  |  | |
| 3. Poor Personal Hygiene | | | |  |  |  | |
| 4. Inappropriate clothing | | | |  |  |  | |
| 5. Lack of daily occupation | | | |  |  |  | |
| 6. Evidence of failure to seek medical attention for ill health/addiction or concerns about ability to look after health  needs | | | |  |  |  | |
| 7. Financial difficulties in meeting basic needs | | | |  |  |  | |
| 8. Learning Difficulties/Disabilities or other inability to express  needs | | | |  |  |  | |
| 9. Poor awareness of personal safety/safety of valuables | | | |  |  |  | |
| 10. Poor ability to look after cleanliness and safety of home | | | |  |  |  | |
| 11. Poor engagement with services and/or concern expressed  by others | | | |  |  |  | |
| 12. Previously subjected to violence, harassment, abuse  or death threats from close family/others or weapons have been used against them | | | |  |  |  | |
| 13. Subject of current/recent MARAC (domestic violence) | | | |  |  |  | |
| 14. Sexual behaviour – Images, Sexting, internet, social media  Stranger Dangers safety issues | | | |  |  |  | |
| 15. Risk/Experience of sexual exploitation (involvement with the REACH Team). Trafficking/Cyber bullying or Internet Abuse/History of running away – being reported as a missing  person | | | |  |  |  | |
| **RISK**  **Must be completed** | **Significant & Volatile (*High*)** | | **Significant but stable (Medium)** | | | | **Low / Minimal (Low)** | | |

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| **SECTION 5**  **Does the learner have any Special Dietary Requirements?** |  |  |  |
| **If Yes, please specify** | | | |

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| **SECTION 6**  **Does the learner have any other Special Needs?** |  |  |  |
| **If Yes, please specify:** | | | |

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|  | **Risk Assessment Form** | | | |  |
| **SECTION 7** |  |  |  |  |  |
| **Does the learner have a Education Health Care Plan (EHCP)?** | |  |  |  | |
| **If Yes, please specify:** | | | | | |

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| **SECTION 8**  **Does the learner have a history of Mental Health?** |  |  |  |
| **If Yes, please specify:** | | | |

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| **SECTION 9**  **Does the learner wish to add any other Information?** |  |  |  |
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| **Learning providers perceptions of any risks identified** | |
| **Section** | **Summary of Learning Providers Perception of Risk** |
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| **DECLARATION** | | | | | |
| **Signature of Person Completing Form** | | | | | |
| Name |  | Signature |  | Date |  |
| **Signature of Learner (if applicable)** | | | | | |
| Name |  | Signature |  | Date |  |
| If the Learner refuses to sign or is not present to sign this assessment give brief reason below | | | | | |

Once completed this form is CONFIDENTIAL

Please return securely via digital means or Registered Post (as suitable to organisational procedures)