**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 orknives etc.) |  |  |  |
| 1. Poor engagement with services and/or concern
2. expressed by others.
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| 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 orIsolation |  |  |  |
| 4. Recent significant life events |  |  |  |
| 5. Poor engagement with statutory services/concern expressedby 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 healthneeds |  |  |  |
| 7. Financial difficulties in meeting basic needs |  |  |  |
| 8. Learning Difficulties/Disabilities or other inability to expressneeds |  |  |  |
| 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 expressedby others |  |  |  |
| 12. Previously subjected to violence, harassment, abuseor 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 mediaStranger 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 missingperson |  |  |  |
| **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)