**RISK ASSESSMENT**

**(following concerns about placement of child/ren – IFAs/P & V placements)**

|  |  |
| --- | --- |
| **TO:** | (Team Manager) |
| **FROM:** | (Child/children’s/young person’s name and dob) |
| **PLACED WITH** | (Carers and Agency) |
| **PLACEMENT DATES:** | **From:** |  | **To:** |  |
| Summary of child’s background, including safe care plan |  |
| Is the current placement able to meet the child’s needs and achieve the required outcome outlined in the Placement/Care Plan? |  |
| Allegation/Complaint/OFSTED notification |  |
| Presenting risks |  |
| Current impact of concerns/findings on child |  |
| Future likely impact of concerns/findings on child |  |
| Impact on child if moved from placement |  |
| How will child be supported independently of the placement? |  |

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Worker**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Manager**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Manager**

**Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**