**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**