**Kent and Medway Risk Assessment Tool for Sexually Active Children and Young People**

**(To be completed by practitioner)**

**Date of Assessment:**

**Name of Child or Young Person:**

**DOB:**

**Female/Male:**

**NHS Numbers (health only):**

**Address (if known):**

**School/College or Employed/Unemployed:**

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| **Indicator of Risk or Harm** | **Comments** |
| 1. Age of child or young person |  |
| 1. What is the attitude, level of maturity and behaviour of the child or young person? |  |
| 1. What are the living circumstances or background of the child or young person? Is a Social Worker involved? |  |
| 1. Is the child or young person in education, employment or training? |  |
| 1. Are there any disabilities or learning difficulties impending choice? |  |
| 1. Is the relationship being kept a secret from parents/carers or friends? If yes, is there a reason for this? |  |
| 1. Is there evidence of coercion, bribery or power imbalance in their relationships? Does this include child sexual exploitation or domestic abuse? |  |
| 1. Is the young person’s use of the internet and social media placing them at risk of abuse? |  |
| 1. Sexual grooming – are there behaviours consistent with grooming? |  |
| 1. Does the use of alcohol or drugs cause concern? 2. Are there indications of self-harm? |  |
| 1. Is the partner known to agencies i.e. Local Authority Children’s Services, Probation or Police? |  |
| 1. Are any family members or friends know sex offenders or considered to pose a risk to children? |  |
| 1. What is the age of the child or young person’s partner?   Length of time of the current relationship?  If 16-17yrs, is there a breach of trust? |  |
| 1. Have you referred to the Fraser Guidelines? If over 16yrs MCA 2005 applies. |  |

**The Sexual Activity Continuum**

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| **Sexual**  **Experimentation** | **Sexual**  **Activity** | **Harmful Sexual**  **Activity** | **Seriously Harmful Sexual Activity (Significant Harm)** |
| Where sexual activity lies on the continuum requires a professional judgement on the totality of the information available. | | | |

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| **Summary/Assessment of Risk. Include details of consultations:** |

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| --- | --- |
| **Outcome (tick)** | **Decision(s) (tick as many as required)** |
| * Sexual experimentation/sexually active-no immediate concerns. * Harmful sexual activity. * Seriously harmful sexual activity (significant harm). | * Continue to provide advice and/or services as necessary. * Referral to specialist services i.e. sexual health clinics. * Discuss with designated safeguarding lead and review risk assessment. * Consult with the Local Authority Children’s Services. * Referral to the Local Authority Children’s Services. * Immediate referral or a potentialcrime to Kent Police. |

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| **View of Young Person:** |

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| **Future Action/Plan (please state by whom and indicate timescales):** |

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| **Name of Practitioner:**  **Signature:**  **Designation:**  **Date:**  **Signature of Child or Young Person:** |

**The Risk Assessment Tool should be based on and read in conjunction with the ‘Kent Procedures and Practice Guidance for Working with Children and Young People who are Sexually Active’.**