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| --- | --- | --- | --- |
| Name of Child |  | Date of birth and Age |  |
| Date of referral |  | Date of assessment |  |
| Children’s Home |  | Name of assessor |  |

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| --- |
| Summary of child (referring to all recent assessments, reviews, reports from professionals who are familiar with child) |
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| Positive factors Notes | | |
|  | Accepting of residential placement |  |
|  | Has skills and interests that are compatible with other children |  |
|  | Likely to support gender / personality balance in the home |  |
|  | Positive experience of being Looked After in other placements |  |
|  | Has positive relationship with another child already living at the home |  |
|  | Has known positive skills and attributes that may influence other child |  |
|  | Other |  |

|  |  |  |
| --- | --- | --- |
| Known risks and Behaviours Notes | | |
|  | actual or suspected sexual exploitation |  |
|  | actual or suspected criminal exploitation |  |
|  | involvement in gangs / territory disputes |  |
|  | involvement in discriminatory behaviours |  |
|  | anti-social or criminal behaviour/  convictions |  |
|  | persistent alcohol misuse |  |
|  | illegal substance/drug misuse |  |
|  | multiple placement breakdowns |  |
|  | violence towards others |  |
|  | self-harm or suicidal intentions/ hospitalisations? |  |
|  | repeated absconding / missing episodes? |  |
|  | bullying (perpetrator / victim) |  |
|  | sexualised behaviours? |  |
|  | reluctance to engage in education |  |
|  | reluctance to meet own health needs |  |
|  | physically aggressive to others |  |
|  | verbally aggressive to others |  |
|  | unpredictable behaviour |  |
|  | Other (please specify) |  |

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| Notes | | |
|  | Undesirable links to local area |  |
|  | Poor relationship building skills |  |
|  | Availability of suitable bedroom |  |
|  | Poor/incompatible independent living skills |  |
|  | Physical allergies or special dietary requirements |  |
|  | Health needs (phobias/controlled drugs) |  |
|  | Other (please specify) |  |

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| How might these risks impact on other children currently living at the home? |
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| What would need to be in place to reduce these risks? |
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| --- | --- | --- | --- |
| What is the overall level of risk with measures in place? | | | |
|  | **Low** – unlikely to impact in a way that compromises the wellbeing of other YP in the home |  | **High** – likely to regularly impact negatively on other YP with serious deterioration in wellbeing and level of safety of self and others |
|  | **Medium** – may detrimentally impact on other YP occasionally but for short periods or with limited impact on wellbeing |  | **Unable to confirm** – more information or specialist assessment required |

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| --- | --- | --- | --- |
| Outcome of Impact Risk Assessment (including reasons for decision) | | | |
|  | | | |
| Signed:  Registered Manager |  | Date: |  |