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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  |  |

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| 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)  |
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| Signed: Registered Manager  |   | Date: |  |