

Risk Assessment / Review for:

Name:

DOB:

Level of Risk: **A = Shows no sign of this risk** **B = Rarely shows signs of this risk**
 C = Sometimes shows signs of risk **D = Regularly shows signs of this risk**

No	Behaviour	Yes/ No	Level	What action needs to taken to manage the behaviour?	Who is responsible?	Actions Completed By	Date Action Completed By
1.	Suicide threats or attempts						
2.	Self-harming behaviours						
3.	Medical condition which may affect behaviour						
4.	High risk medical condition (e.g. Asthma)						
5.	Eating Disorders (e.g. Anorexia, Bulimia etc)						
6.	History of violence towards adults (inc. triggers)						
7.	History of violence towards children (inc triggers)						
8.	Sexual relationships with others						
9.	Sexualised behaviour						
10.	Fire Setting						
11.	Bullying others						
12.	Damage of property						

13.	Drugs, solvent and/or alcohol misuse						
14.	Criminal behaviour (inc any court orders)						
15.	History of being 'missing from care'/accommodation						
16.	Discriminatory behaviour						
17.	Other- please specify						
18.	Please indicate need for supervision.						

***If completing following a critical incident, please attach a copy of the incident form and any associated reports.**

Views/comments of the young person:

Date of Review of Risk Management for this young person:

Risk Assessment completed by:

Signed: Young Person Date.....

Signed: Social Worker Date.....

Signed:ANEW YPS Manager Date.....