

Form 1: Risk assessment grid

Name of child (C) or young person (YP): (including street name/ aliases)			
ICS NUMBER: the social worker will fill this in			
Date of Birth:			
Gender:			
Ethnicity:			
First Language:			
Legal Status:			
Description of child:			
Name and address of GP:			
Family address:			
Addresses of known friends/ Acquaintances:			
Risk indicators	Risk assessment information	Higher	Lower
Age of C/YP Length of time missing? When was C/YP last seen? Who was the last to see C/YP? Has s/he gone on own or with others?			
What are circumstances of the C/YP going missing i.e. is s/he running to someone or from a situation? What time of day or night did			

they leave?			
Level of maturity, i.e. has this C/YP shown signs of being able to make protective decisions about themselves or others? Was there any discussion or agreement reached about time to return?			
Does s/he have access to any money and how if necessary will s/he obtain this? Previous history of running away i.e. how recent? For how long? Where did s/he go? I.e. with family or friends or with people who are unknown or undesirable and where is s/he now believed to be staying?			
Past method of return i.e. via family or on own?			
Risk indicators	Risk assessment information	Higher	Lower
Risk of suicide/self-harm and what are the indicators of this? What was C/YP's state of mind when they were last seen? Likely use of drugs/alcohol/solvents and what type and amount?			
Likely involvement of offending and in what form? Is C/YP a risk to community and in what way?			
Any concerns about particular associates / friends / boyfriends /			

girlfriends?			
Any concern of abduction or being prevented from returning? Is there a risk of forced marriage?			
Medication/medical condition?			
Physical or learning disability / difficulties?			
What is the C/YP's legal status? Is this C/YP subject to a CP Plan?			
Further information that needs to be ascertained.			

The risk assessment grid should be used as a guide and involve discussion and pooling of information to agree an informed risk assessment. In cases of little knowledge or where there is disagreement, the child or young person should be considered as being at higher risk.

Concluding risk assessment

Action to be taken

Name of foster carer / social worker (**please print**)

_____ **Time** _____

Signature

_____ **Date** _____

Name of line manager (please print)

_____ **Time** _____

Please give this form to the police and social worker or emergency social worker ICS.