 

**Step Up: Risk Assessment – Young Person**

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| --- | --- |
| **Name:** |  |
| **Age:** |  | D.O.B |  |
| **Parent name:** |  | Contact number: |  |
| **Date completed:** |  |
| **Cohort:** |  |
| **Referral agency:** |  |
| **Person completing Risk Assessment:** |  |
| **Contact details of person completing Risk Assessment:** |  |
| **Review date (interim programme):** |  |

**N.B. Please remember to complete further individual risk assessments**

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| **Risk factor****Hazard Rating** Low: Unlikely to happen  Medium: Likely to occur in time High: Probable to occur | **Score****1 to 5****1= low****5 = high** | **What are the young persons triggers** | **Can this young person be worked with on a one-to-one basis without additional direct/indirect staff support** | **Are there any people who the young person cannot have contact with?** |
| **Assault of peers** |   |   |  |  |
| **Assault of Staff** |   |   |  |  |
| **Self-harm** |  |  |  |  |
| **Violence to others** |  |  |  |  |
| **Damage to property** |  |  |  |  |
| **False allegations** |  |  |  |  |
| **Likely to abscond** |  |  |  |  |
| **History of theft** |  |  |  |  |
| **Drug/Alcohol use** |  |  |  |  |
| **Risk Taking**  |  |  |  |  |
| **Inappropriate Sexualised Behaviour** |  |  |  |  |

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