

**NATIONAL MULTI-AGENCY
RISK ASSESSMENT FORM**

Risk Assessment Form

Complete this assessment form should you have any reason to believe that a child/ young person is at risk of harm or abuse. The purpose of this assessment is to gather evidence of the child's **strengths & needs**. The assessment aims to pave avenues that will address these needs so as to identify the nature & extent of support & services that the child/ young person may require. You are not required to complete all assessment factors to the same level of detail – concentrate on the areas of presenting issues brought to your attention/ related to your area of expertise. Do not hesitate to follow existing established child protection procedures if any risk, harm or abuse is identified.

Please refer to Procedure Manual for returning procedure of the form after completion.

[PART 1]

Ref No:/.....

To be filled in by Assessor

CLIENT DETAILS

Name(s) of Client:

Surname:

D.O.B.

NIN: [] [] [] - [] [] [] [] - [] [] [] []

Gender: Male / Female (Tick)

Address of Residence:

Contact Number(s):

District:

School: Class:

For Official Use Only

FAMILY DETAILS

Mother's Name:

Age:NIN [] [] [] - [] [] [] [] - [] [] [] []

Occupation:

Contact Number(s):

Father's Name:

Age:NIN [] [] [] - [] [] [] [] - [] [] [] []

Occupation:

Contact Number(s):

[PART 2]

To be filled in by Assessor

ASSESSMENT DETAILS

1. Assessment Source:

Name of person submitting assessment.....

Contact number:

Department/ Section:

Date of referral:.....

Name/ contact no. of key worker (who identified the need for assessment)

Other agencies currently working with the client.....

Consent of child / or parent regarding information recording & sharing:

I consent to the gathering of information & to the best of my knowledge allow it to be shared with relevant professionals.

Signed _____ Date _____

2. Reason (s) for Assessment: (Please be specific)

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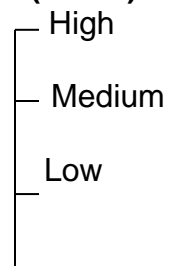
3. Key Risk Factors

(Please indicate with **H/M/L**, any of the existing issues related to the client. To any item ticked, please give some details in the space provided). Use your own discretion and accumulated knowledge about the family's functioning to determine whether a factor indicates a high/medium/low level of risk.

A) Economic Factors

- Parent unemployed
- Employed (Expenditure patterns)
- Living on pension
- Receiving means testing
- Insufficient funding for basic living

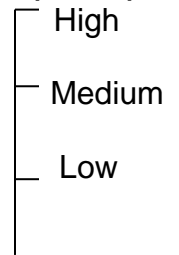
Level of Risk (H/M/L)



B) Social Factors

- Social circumstances of Parent (single/married/cohabitate,extended)
- Many siblings
- Family conflicts
- Domestic violence
- Housing situation (sanitary/ overcrowding)
- Beleifs (religious/superstitious..)
- Ownership of dwelling status
- Home environment/influences neighbourhood influences
- Lack of family support
- Low income/ financial issues
- Lack of sufficient resources
- Substance abuse
- History of abuse
- Criminal Involvement
- Grief & Loss
- Sexual Orientation
- Health issues

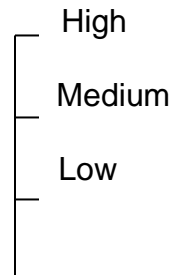
Level of Risk (H/M/L)



C) Relevant Factors Associated with Parents

- Mental Impairment/ disability
- Physical Impairment/ disability
- Suffering Depression
- Psychological problem
- Alcohol problem
- Teenage parents
- Educational level (secondary/above)
- Communication Issues
- Poor health (or any chronical illness)
- Lack parenting skills
- Separate/ divorce
- Custody access & maintenance
- Inflexible working hrs (shift hrs)
- Foster parents
- Use drugs/ other substances
- Ethnic/ cultural differences
- Parent has new partner
- Unwanted pregnancy

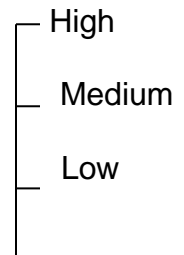
Level of Risk (H/M/L)



D) Relevant Factors Associated with clients

- Premature child (H/M/L)
- Antinatal/Postnatal difficulties
- Developmental impairment
- Physical impairment
- Mental impairment
- Speech problem
- Dealing with grief/loss of loved one
- Hyperactive/ADHD/ADD
- Low self esteem
- Adopted child
- Poor health (or any chronical illness)
- Medical condition
- Language/ communication issues
- Withdrawn
- Fixated on a behavior that is considered innappropriate
- Poor academic performance/ achievement
- Suffering depression
- In care
- Institutionalised
- Disability
- Antisocial behaviors
- Failure to thrive
- Sexual Orientation

Level of Risk



Details: (Include additional papers if necessary)

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4. Abuse

In relation to the Checklist:

- E) Does the child display any Physical/ Behavioral signs that are indicative of
- | | | | | |
|--|--|--|----|--|
| Physical Abuse | Sexual Abuse | Emotional Abuse | or | Neglect? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If yes indicate actions taken with regards to Child Protection Procedures.

(Please tick ✓ in the appropriate box below).

Social Services Ministry of Health Police Others

F) Any observations made on particular behavior signs

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5. Assessor's conclusions of the issue? (Please take into account the strengths &/ or weaknesses)

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6. Actions taken on the part of the assessor?

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Referred to: (Please indicate with a tick ✓)

Social Services Police M.O. Health M.O. Education Others

7. Action requested by assessor:

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Name & Signature of Assessor:

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Date:.....

To be Filled in by the Reviewer

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Case Review Summary:

Today's Date	Date of initial Assessment	At Risk Issue Indicated	Concern Y/N	Referred Y/N	To Whom	Status of Assessment	Time Frame	Date of Next Review	Signature of Reviewer

Risk Indicator's Key (For Case Review Summary Table)

A = Physical Abuse

B = Sexual Abuse

C = Emotional / Psychological Abuse

D = Neglect

E = Economic Factors

F = Social Factors

G = Parental Issues

H = Client Issues

Notes to Consider:

- These physical, behavioral or situational indicators are to *alert* practitioners / professionals who are working with children, on varying factors that may be impacting on the child &/ or a family. Please take note that identified indicators in relation to a particular client (s) does not necessarily imply a definite verdict of the situation to the child up until the relevant practitioner ensures the extent of its authenticity.
- It must be kept in mind that all families cope with potential stress factors differently. This must therefore be taken into account when assessing the situation as well as when taking measures for intervention.
- The measures taken to an identified degree of concern of an At Risk situation must be undertaken based on taking into account the varying coping & support mechanisms that already exist.
- Evaluations are to be based on the comments made & recorded in the notes.
- Strengths & weaknesses **must** be noted & recorded as should concerns & actions taken in relation to each case.
- Under the heading "Risk Indicator" of the Review Summary table, the At Risk situation identified in relation to the client needs to be identified in code as per indicated in the KEY above. For example the situation for a teenage mother with post natal depression, who has given birth to a premature child, could be identified as B, E, F & H. Expansion on the details of the situation can be done in the notes attached.
- The list of indicators provided/ identified on this form are not exhaustive, thus should further risk situations be identified, they should be added on depending on the particular situation.