

Purpose of this document is to identify the specific risks for a particular child/young person so that foster carers have the best information to manage risk and to safeguard children in their care. This risk management should be regularly updated when there is a change or new risk identified so that foster carers have the most up to date information to safely care for a child/young person.

Child's Name:	Date of this Plan:	
Risk Assessment Screening tool: Risks from Self-directed behaviour	Yes/No If yes, please include the specific risk in the signs of safety risk assessment plan beneath this table.	
Risk associated with going missing	Yes/No	
Risk associated with being sexually active/inappropriate sexual behaviour	Yes/No	
Risk associated with self-harm, including suicidal thoughts and behaviour	Yes/No	
Risk associated with poor mental health, including eating disorders	Yes/No	
Risk associated with drug and alcohol use, including smoking	Yes/No	
Risk associated with specific health needs, including use of medication	Yes/No	
Risk Assessment Screening tool: Risk from known others	Yes/No If yes, please include the specific risk in the signs of safety risk assessment plan beneath this table.	
Risk associated with birth family	Yes/No	
Risk associated with being bullied or exploited by peers	Yes/No	
Risk Assessment Screening tool: Risks from unknown others	Yes/No	



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	If yes, please include the specific risk in the signs of safety risk assessment plan beneath this table.
Risk associated with gangs and county lines	Yes/No
Risk associated with sexual exploitation, including online	Yes/No
Risk associated with trafficking	Yes/No
Risk associated with radicalisation	Yes/No
Risk Assessment Screening tool: Risks to others	Yes/No If yes, please include the specific risk in the signs of safety risk assessment plan beneath this table.
Risk associated with violence and aggression	Yes/No
Risk associated with property damage and theft	Yes/No
Risk associated with fire setting	Yes/No
Risk associated with cruelty towards animals	Yes/No
Risk associated with making false allegations	Yes/No
Other identified risks- Details	Yes/No



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Please add any other risks not identified above to the risk management plan below Child's Name:			
Eg. Risk associated from going missing			



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Are there any specific actions following on from this risk management discussion? Please list the actions needed and timescales below.

Actions	Person Responsible	Timescale/Frequency

Risk Management Plan Agreed by:

Name	signed	date
Child/young person		
Foster Carer		
Fostering social worker		
Children's social worker		