**Adolescent Risk Management Referral Form**

This document is to be used to identify the level of vulnerability of a young person referred to the Adolescent Risk Management Meeting. The purpose of the checklist is to identify strengths and risks in relation to a young person and to ensure that a coordinated plan is developed to meet their identified needs.

The checklist contained in the document is not exhaustive and should be used to summarise the information held by different agencies involved with a young person. It is intended to assist with decision making and does not remove the need for professional judgement which should take account of factors such as the age and maturity of the young person.

**Personal Details of Young Person**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname: |  | | **N Number:** | |
| First Name(s): |  | | | |
| Address: |  | | | |
| DoB: |  | Age: | | School Year : |
| Legal Status: |  | | | |
| CIN / CP / Early Help / OLA |  | | | |

**Agencies Involved**

|  |  |  |  |
| --- | --- | --- | --- |
| Specialist Children’s Services |  | Education |  |
| Police |  | Health (including sexual health) |  |
| YOS |  | Substance Misuse Services |  |
| CAMHS / KMPT |  | Other (name agency) |  |
| Early Help (Inc. Troubled Families) |  |  |  |

**Risk Matrix**

Score using the following scale:

|  |  |  |
| --- | --- | --- |
| **Score** |  | |
| 0 | No apparent risk | No history or evidence at present to indicate likelihood of risk from behaviour. |
| 1 | Low apparent risk | No current indication of risk but young person’s history indicates possible risk from identified behaviour. |
| 2 | Medium apparent risk | Young person’s history and current behaviour indicates the presence of risk but action has already been identified to moderate risk. |
| 3 | High apparent risk | The young person’s circumstances indicate that the behaviour may result in a risk of serious harm without intervention from one or more agency. |
| 4 | Very high apparent risk | The young person will commit the behaviour as soon as they are able and the risk of significant harm is considered imminent. |

**Vulnerability and Protective Factors**

*The check list should be completed using the scoring matrix and the total score used to identify an indicative risk using the scale at the bottom of this page. The identification of the level of risk should take into account the age and level of functioning of the child as well as professional judgement.*

**Section 1**

|  |  |  |
| --- | --- | --- |
| **Emotional Health** | **Score** | **Comments/Evidence** |
| Low Self Esteem |  |  |
| Low Mood |  |  |
| Depression |  |  |
| Being Bullied |  |  |
| Self-Harm |  |  |
| Severe Paranoia / Anxiety |  |  |
| Suicidal Intent |  |  |
| Suicidal Ideation |  |  |
| Diagnosed Mental Health Difficulties, e.g., ADHD psychosis, Depression, OCD, schizophrenic |  |  |
| Eating Disorder |  |  |
| **Sexual Health (Consider CSE toolkit – Sexual Health toolkit / Brook Toolkit)** |  |  |
| Pregnancy (s) |  |  |
| Sexually Active |  |  |
| Sexually Transmitted Infections |  |  |
| Other (state) |  |  |

**Section 2**

|  |  |  |
| --- | --- | --- |
| **Social and Environmental** | **Score** | **Comments/Evidence** |
| Looked After Child / Leaving Care |  |  |
| Family/Relationship Difficulties |  |  |
| Homelessness |  |  |
| Unsuitable Housing |  |  |
| Social Isolation |  |  |
| Placement |  |  |

**Section 3**

|  |  |  |
| --- | --- | --- |
| **Education** | **Score** | **Comments/Evidence** |
| Education Provision on role of AND where attending. |  |  |
| Current Attendance |  |  |
| Full time / Part time / *hours available* |  |  |
| How long since last attended (if out of education) |  |  |
| EHCP Plan |  |  |
| Travel to School/ Associations |  |  |

**Section 4**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Substance Misuse** | | | **Score** | **Comments/Evidence** |
| Frequency of Use | Regular | Occasional |  |  |
| Alcohol |  |  |  |  |
| Drugs – please specify & use DUST tool. |  |  |  |  |
| Other (state) |  |  |  |  |
| **Substance Misuse** | | | **Score** | **Comments/Evidence** |
| Injecting  - No  - Yes/Previously | | |  |  |
| Contact with Substance Users  - No using friends  - Some using friends  - All friends using | | |  |  |
| Family Substance Users  - No family users  - Known close family users  - Significant family misuse | | |  |  |
| Risk of Overdose | | |  |  |
| Drug Dealing | | |  |  |
| Drug Debt | | |  |  |

**Section 5**

|  |  |  |
| --- | --- | --- |
| **Exploitation** | **Score** | **Comments/Evidence** |
| Known or suspected exploitation of others |  |  |
| Known or suspected victim of exploitation |  |  |
| **Offending Behaviour** |  |  |
| Involvement in Criminal Justice System |  |  |
| Risk of Custody |  |  |
| Anti-Social Behaviour |  |  |
| Violence towards others |  |  |
| **CSE (see CSE toolkit)** |  |  |
| CSE known or suspected inc. commercial or abusive sex |  |  |
| CSE Toolkit completed and risk identified |  |  |
| **Missing** |  |  |
| Frequent episodes of going Missing |  |  |
| Length of time of going Missing increasing |  |  |
| Engagement with return interviews |  |  |
| **Gangs** |  |  |
| Known or suspected to be associating with Gangs |  |  |
| Known or suspected to be targeted for Gang Involvement |  |  |
| **Radicalisation** |  |  |
| If known or suspected risks emerge – refer to County Channel Panel, using form from KSCB website | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Score** |  | **Risk Level** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 5: Indicative Risk Continuum:** | | | | | | | | | |
|  | **Low Risk**  **0** | **Medium Risk**  **40/41** | | **High Risk**  **60/61** | | **Very High Risk**  **70/71** | | | | |
| **0** |  | | | | | | | | **100** | |
|  |  |  | |  | |  |  |

**Section 6:**

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| **What works well including existing risk management plan?** |
|  |

**Summary:**

Please remember to note:

* What is it that you are worried about?
* What is working well? (include strengths, exceptions, resources, goals, willingness, etc.)
* What needs to happen to decrease risk and improve safety?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Professional view of risk / What are you worried about – including what in the existing plan is not working** | | | | | | | |
| **What are we worried about?**  **What is working well?**  **What needs to happen to decrease risk?** | | | | | | | |
| **0** |  |  |  |  |  |  | **10** |
|  |  |  |  |  |  |  |  |
|  | | | | | | | |
| **Young person’s view of risk** | | | | | | | |
| On a scale of 0 to 10, where 10 means the things are so bad that there needs to be some professional help and zero means the problem is sorted as much as it can be, where does the young person rate their situation at the time of the assessment? | | | | | | | |
|  |  |  |  | |  |  |  |
| **0** |  |  |  |  |  |  | **10** |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent or carers view of risk** | | | | | | | |
| On a scale of 0 to 10, where 10 means the things are so bad that there needs to be some professional help and zero means the problem is sorted as much as it can be, where do the parents / carers rate the situation at the time of the assessment? | | | | | | | |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
| **0** |  |  |  |  |  |  | **10** |
|  |  |  |  |  |  |  |  |
| **Outcomes Needed (what do you hope to achieve by referring to this panel that is not already provided?)** | | | | | | | |
|  | | | | | | | |
| **Danger Statement:** | | | | | | | |
|  | | | | | | | |
| **Plan :** | | | | | | | |
|  | | | | | | | |

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| **Please attach any supporting evidence:** |
|  |

**Section 7:**

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| --- | --- | --- | --- |
| **Invitees: please list details of family members (including young people) and professionals to be invited** | | | |
| **Name** | **Designation** | **Address/Contact Number** | **Email address (professionals only)** |
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**Section 8:**

|  |  |
| --- | --- |
| **Authorisation:** | |
| Completed by:  Job Title: | Date: |
| Countersigned (Manager):  Job Title: | Date: |

***For SQAS Use Only – to be agreed by SQAS Manager***

|  |  |  |  |
| --- | --- | --- | --- |
| Referral Accepted |  | Referral Not Accepted |  |
| Decision / Reason |  | | |
| Form to be returned to Countersigned Manager | |  |  |