

## Appendix 4: Safeguarding Children Board Risk Assessment Tool

Name _____ M/F _____ DoB _____ Age _____ GP _____			
Address _____			
Contact numbers _____		School _____	
Ethnic origin _____		First language _____	Any allergies? _____
Confidentiality/Potential information sharing discussed <input type="checkbox"/> (please tick box)			
Accompanied today by _____		Referred by _____	
Sexually active? <b>YES / NO</b>	If yes: age at first sex? _____	If no are they likely to begin? <b>YES / NO</b>	
Last sexual activity _____	Last monthly period _____	Current contraception used _____	
Regular partner? <b>YES / NO</b>	Length of relationship _____		
Name and age of partner _____		Ethnic origin if known _____	
Who do they live with? _____	Is the parent/carer aware of the sexual activity/relationship? <b>YES / NO</b>		
Is there an adult who can offer support? <b>YES / NO</b>	If yes, who? _____		
Condom usage taught? <b>YES / NO</b>	Emergency contraception discussed:	<b>YES / NO</b>	STI's discussed: <b>YES / NO</b>
Smoking <b>YES / NO</b>	Alcohol <b>YES / NO</b>	Substance misuse inc cannabis <b>YES / NO</b>	
Details:			

## **RISK FACTORS to remove from document**

### **Consider:**

- A concerning age difference.
- circumstances of partner e.g. locality, do they drive, do they work?
- whether bribery used to secure consent or secrecy.
- young persons access to partner e.g. opportunity, internet.
- any imbalance of power within the relationship.
- any evidence of social isolation e.g. social activities.
- any evidence of violence, threats or attempts to gain secrecy.
- the possibility of self-harm or self abuse.
- any previous history of abuse?
- any concerns about child sexual exploitation (CSE)? If yes, please complete CSE risk assessment
- are there any signs of alcohol or substance misuse relating to the sexual activity?
- is there any evidence or information about self harming?
- Any other areas of concern?

## **FRASER GUIDELINES FOR UNDER 16'S**

**Professionals can give contraceptive advice and/or treatment to a young person under 16 without parental consent provided they are satisfied that:**

- The young person understands the advice
- The young person cannot be persuaded to tell his or her parents or allow the doctor to tell them the child is seeking contraceptive advice
- The young person is likely to begin or to continue to have sex with or without contraception
- The young person's physical or mental health are likely to suffer unless he or she receives contraceptive advice or treatment
- It is in the young person's best interests to give contraceptive advice or treatment

I am satisfied that this young person meets the above guidelines  
**YES / NO**

SIGNATURE

DATE

**Summary/any other information:**

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<b>ACTION TAKEN</b>	<b>YES</b>	<b>NO</b>	
If you have concerns, have they been discussed with the young person?			If no, please document reasons why
Have you discussed your concerns with the child protection lead?			Please document
Has a referral been made?			Details:

Signature of person completing risk assessment:

Agency:

Print:

Date

**Please ensure this risk assessment is uploaded onto the Child/Young person's health record**