**Kinship Placement Risk Assessment**

Name of Applicant:

Address

Date of Birth:

Name of Child/ren:

Date of birth:

1. REASON For Risk Assessment

| Date of Offence / Order or Voluntary Accommodation or other risk factor | Type of Offence or Order | Length of time since offence or Order |
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2. Household Members

| Other household members | Relation to applicant |
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| 3. Factual details of the offence or other matter. |
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| 4. The applicant's explanation / degree of insight<br>*(Include explanation offered by applicant, openness and honesty, emerging themes / patterns in the applicant's lifestyle e.g. alcohol, violence?)* |
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| 5. Evidence from other organisations to corroborate or dispute information<br>*(e.g. Addictions services, PSNI, HSCT, YJA, PBNI etc).* |
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| 6. Circumstances that may or may not have changed since the offending behaviour. |
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| 7. Applicant's involvement with children since the offence or Order |
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| 8. Legal Advice |
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| 9. Social Work analysis of circumstances, including current impact on placement.<br><br>*Please include (where applicable), the views of all professionals involved in the placement in this analysis*. |
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| 10. Recommendation |
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Signed: Date:

**Field Social Worker**

Countersigned: _____ Date: _____

**Senior Social Worker**

***I have read the above risk assessment and endorse the above request that this Kinship Placement Risk Assessment is ratified - by the relevant Trust Co/ Assistant Director (or as appropriate to each Trust).***

Signed _____ Date: _____

**Principal Social Worker (Field)**