

Adolescent Risk Assessment

This tool enables staff to identify psychosocial risk factors when assessing a young person. Where possible complete alone with the young person and inform them that you may have to share information that is disclosed with colleagues if young person or others are at risk of harm. It is important that you use the tool to have a conversation with the young person and have a non-judgemental approach.

Date:	Seen by:
ID Sticker	Accompanying person: Y / N
	Relationship to patient:

<u>Home</u>
<i>Who do you live with?</i>
<i>How are things at home? Is there someone at home that you feel close to?</i>
<i>Do you have a social worker, therapist or counsellor? If yes can we speak to them if needed?</i>

<u>Education</u>
<i>What school do you go to? What Year are you in?</i>
<i>How are you doing at school? Do you enjoy it?</i>

<u>Activities</u>
<i>Do you have any activities outside of school?</i>
<i>What things do you do with friends? Are most of you friends from school or somewhere else?</i>

<u>Drugs and Alcohol</u>
<i>Are any of your friends drinking alcohol or taking drugs?</i>
<i>Have you ever? What have you tried? If yes how do you pay?</i>

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Sexuality

Have you started your period yet? When was your last one? How often?

Have you ever been sexually active? Male/Female/both? If yes what age were you? How old was the person you had sex with? Do you use protection? Have you ever had an STI?

If yes to above, have you ever been pregnant? (outcome – live birth or termination?)

Have you ever been made to feel scared or uncomfortable by someone close to you?

Suicide/Depression

Have you ever felt low in mood?

Have you ever tried to hurt yourself? (eg overdose, cut yourself)?

Have you ever been involved in sending/receiving messages or images of a sexual nature? Or does anyone have pictures of you?

Do you feel safe online? Do you know everyone you talk to online?

Please refer to the following if concerns are raised (tick where appropriate):

(Internal) Safeguarding Children's Team (all risks) **Date:**

CAMHS (mental health concerns) **Date:**

Bromley Changes (alcohol/substance misuse) **Date:**

Children and Families Hub (safeguarding risks) **Date:**

Resources in relation to making a referral and what to do next all available in the Threshold of Needs Guidance.