SPECIALIST EDUCATION SERVICES

Risk Assessment Policy and Practice

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1 INTRODUCTION

The Health and Safety Executive refers to the following 5 steps to Risk Assessment:

Step 1: Look for the hazards
Step 2: Decide who might be harmed and how
Step 3: Evaluate the risks and decide whether the existing precautions are adequate or whether more should be done
Step 4: Record findings
Step 5: Review your assessment and revise if necessary

The HSE promote the need for organisations to achieve the right balance in health and safety, ensuring that its management is sensible and appropriate. Risk reduction is paramount so that a diverse and wide range of activities can be offered whilst recognising that this cannot totally eliminate all risk. The HSE maintain a Myth Busting section on their website to challenge common myths and misperceptions that may occur.

"It baffles me why some people tangle themselves in pointless red tape, when others show that health and safety is actually pretty simple and straightforward." (Judith Hackitt, Chair of HSE 2012)

All staff are expected to act in the best interest of the child when considering risk assessment, **aspiring to keep them safe as they would if they were their own child.**

In our settings risk assessment can take the form of moment by moment dynamic risk assessment, periodic risk assessment done on a predictive cycle, or risk assessment instigated by a particular occurrence or set of circumstances.

A commonly held misconception is that a single document entitled 'risk assessment', should, or even could, cover all possible bases. Circumstances can change by the minute, hour or day, hence the importance of dynamic risk assessment. Furthermore, even following significant or new events, professionals, children and families may need assimilation time to fully make sense of such incidents. A full and proper process should take place prior to completing documentation that will inform future practice. Team debriefs, verbal handovers, interim emails and communication through team meetings are all part of the dynamic process of communicating risk. Updates to formal documents entitled 'risk assessments' or 'risk assessment management plans' should not be hasty and must go through a full process involving key workers for the young person and consultation with senior colleagues.

"On its own, paperwork never saved anyone. It is a means to an end, not an end in itself - action is what protects people. So risk assessments should be fit for purpose and acted upon. OK, if you're running an oil refinery you're going to need a fair amount of paperwork. But for most, bullet points work very well indeed." (May 2007 Myth of The Month HSE Website)

2 QUANTIFICATION OF RISK

One of the strengths of SES establishments is the relaxed and normalised feel of the community, built on relationships and trust. Our ethos and culture can betray a reality of high-quality planning, recording and communication that underpins the young people's feeling of security and safety. A stimulating, normalised, safe and relaxed environment with relationships and trust at its heart is the single most powerful factor in reducing risk.

Often when looking at risk in respect of an individual young person it is easy for advocates, external professionals (e.g., social workers, doctors, Placing Authority officers, Ofsted inspectors) to get preoccupied with a series of individual or cumulative measures that they would like to see in place. The motivation for this is genuine, sharing our wish for the child to 'be safe'. However, it is also sometimes unconscious shorthand for "I've demonstrated that I've done my bit" should something go wrong.

Indicative of this is the shorthand language that is used in communication, for example professional emails, and rolled off the tongue in discussion:

- "is the child safe?";
- "one to one" staffing;
- "two to one" staffing;
- "supervised at all times".

This is unhelpful language and has little meaning unless there is associated description of what the language actually means in practice. Consider each example:

- "Is the child safe?" – this is an impossible question to answer unless the person asking it defines 'safe'. Safe from what? Death, injury, cuts and bruises, systematic abuse, any single acts of unpleasantness or name calling?

- "One to One staffing" - What do we mean by this? One member of staff will be with the child all waking hours? All sleeping hours? What do we mean by 'with'? In the same room? No more than 10 metres away? No more than 2 metres away? No distance criteria, just always in sight?

- "Two to One staffing" - You can ask all the same questions in respect of two staff as you can of one, indeed more because there are an increased number of permutations.

- "Supervised at all times" - What does supervise mean / look like? Is it they will always be with them? If so, we are into the same questions as above, same room? Distance criteria? Within sight? Remote supervision, how do we define remote? What do we mean by "all times", waking hours plus sleeping hours? What about intimate times, toileting, bathing?

As we can see, safety is a continuum. To further complicate matters, evidence from research demonstrates that to learn, develop, flourish and ultimately be safe from mental health related issues (and its associated risks), humans are conditioned to

take calculated risks. A sterile risk adverse environment falls short of helping children develop and be safe in the long term. Indeed, over controlling intense levels of supervision such as 'one to one' staffing that are interpreted and executed as following the child everywhere they go, can also raise risks in the short term.

Health and safety law is often used as an excuse to stop children taking part in exciting activities, but well-managed risk is good for them. It engages their imagination, helps them learn and even teaches them to manage risks for themselves in the future. They won't understand about risk if they're wrapped in cotton wool. Risk itself won't damage children, but ill-managed and overprotective actions could!"
(November 2008 Myth of The Month HSE Website)

Therefore, SES will not use or collude with shorthand language when we are communicating and discussing practice with our children, an aspect of which is risk assessment.

SES has structures and practices at both community and individual level that are reflected in documentation. All policies and practice at a community level, for example the Positive Management of Behaviour Policy, apply and cater for all our young people. At an individual level all young people have a General Risk Assessment Overview, and if necessary, a Risk Assessment Management Plan that is specific to them. They also have a personalised Daily Care, a suite of Development and Learning documents, together with their structured timetable in Learning Centre time.

These documents describe in detail how staffing supervision looks in reality and the risk assessments quantify in as precise way as possible the level of risk both before 'controls' and after 'controls.' These are reviewed monthly and following any significant event that dictates a material change to the risk assessment is needed. They are shared with professionals on a regular basis. We endeavour to provide as dynamic, stimulating and safe environment as we possibly can, and it is the combination of this suite of documents that describe of our approach and what we perceive the key risks to be.

Young people's individual risk assessment documents naturally focus on key headline categories in respect of perceived risk, highlighting in summary for a range of proactive and active management measures, together with responses to adverse circumstances. These headliners will cross reference to general aspects of our complex work, as well as specific features of the young person's presentation and profile, that are described in much further detail in other documentation. This is a critical part of ensuring we have succinct and effective risk assessment overviews and management plans that a whole staff team, who come from different perspectives and personal experience, can assimilate and interpret in a way that avoids inadvertently raising risk to the young people, themselves or their colleagues. Our young people are complex, and the sophistication and nuances of approach and its potential impact (positive and negative) cannot always fit neatly into a column within a document with a title of 'risk assessment'.

Our quantification of risk makes use of a Risk Evaluation Table, included in this document as an appendix, and also appearing in other documentation mentioned in the following sections.

3 RISK ASSESSMENT TRAINING

Risk Assessment training is part of the induction process for new staff appointed to work at SES. Briefing on specific risk assessment tasks and responsibilities are part of this process. Refresher training is provided on an annual basis, with additional support identified and delivered through both regular and focused professional development meetings.

4 RISK ASSESSMENT WITHIN OUR STRUCTURES

References to risk, risk assessment, risk management and minimizing risk are present in a range of documentation either directly or indirectly. Risk assessments occur throughout the organisation at establishment level, at individual child level, premises level and organisational and operational levels.

OVERVIEW OF SIGNIFICANT RISK ASSESSMENT PROCESS AND PROCEDURE

Young Person Risk Assessment	Activities and Visits Risk Assessment	Establishment Risk Assessment Process
Activity Risk Assessment Overview	Generic Risk Assessment Statements	Grounds Risk Assessment
Child Specific Activities Risk Assessment	Day to Day Activities Risk Assessments	Security Risk Assessment
General Risk Assessment Overview	Child Specific Activities Risk Assessment	COSHH Risk Assessment
Risk Assessment Management Plan	Category A Risk Assessments	Fire Risk Assessment
Child Specific Medical Risk Assessment	Category B Risk Assessments	Technology Filtering System
Development and Learning Overview, Plan and Focus	Activity Visit Forms	Appropriate and Suitable Location Review
Cycling / Swimming Competency Assessments		

Underpinned by regular and systematic monitoring, evaluation and review structures

4.1 PORTFOLIO OF ACHIEVEMENT AND NEED PLANNING STRUCTURES

Portfolio of Achievement and Need (PAN) refers to the process of overall planning that support an individuals learning and development at SES establishments. Care planning is embedded within this process. The PAN process and planning structures are what we use to draw together social, health and academic learning development. As such PAN is a central aspect of many core documents within SES.

Individual child risk assessments start from the admission process for each young person. Significant risk areas for the young person are identified within the Lead Consultant report, initial placement discussions with the placing authority and key professionals, as well as during the admissions panel meeting. This informs the Development and Learning Overview (DLO) for the young person, a once only document created at the outset of a young person's placement with SES. The DLO outlines the young person's care history, provides a brief pen picture and summarises their achievements and needs in each of six dimensions.

- Education training and employment
- Social emotional and mental health
- Physical health and medical conditions
- Family relationships and identity
- Practical life skills for independent living
- Living arrangements and support beyond SES

The DLO will underpin the Development and Learning Plan and Development Learning Focus for a young person, both fundamental planning structures that inform interventions and strategies for helping the progress of a young person. Specific areas of risk will be identified by professionals and fed into the regular risk assessment formats for a young person. Possible examples of this could be medical issues, physical aggression to adults or self harm.

The following documents have specific references and direct guidance concerning risk assessment and risk reduction. Information is in summary form with full details to be found in each document; it is not intended to be an exhaustive overview as all staff are expected to be familiar with the content of each individual policy document.

4.2 EDUCATIONAL, SOCIAL AND LEISURE VISITS AND ACTIVITIES POLICY AND PRACTICE

SECTION 3.1: APPROVAL FOR VISITS

<u>Day to Day Activities/Visits</u>

These are everyday activities, which may or may not be supervised. Where approved risk assessments are in place approval rests at DCM level. There is no requirement for a visits form to be completed.

Activities are classified as 'Day to Day' activities under two main areas:

a Global low key activities such as a visit to the local village which are classified and approved as day to day for all children. The risk assessments

for these are generic to all children and can be found on the network within the general **"Visits/Risk Assessment"** area of the network.

b Specific activities that would normally be Category A that are reclassified for a specific child under their individual risk assessment due to independent progress and competence as a **'child specific day to day activity'**. This would be completed on a Child Specific Activities Risk Assessment, found on the network.

Category 'A' Visits/Activities

Category 'A' visits or activities are those that present no special risks and can be safely supervised by a Visit Leader who has been judged competent to lead visits generally. These will require a visits form every time the activity occurs, including repeat Category A visits.

Child Specific Activities Risk Assessment

Young people may require a Child Specific Activities Risk Assessment for particular Category A visits or activities due to medical issues or a significant perceived lack of competence or skills deficit. This is different to a 'Child Specific Day to Day', which is created due to growing independent skills. A visits form will be required every time, alongside the standard Category A Risk Assessment.

Category 'B' Adventure Activities and Visits to more Hazardous Environments

Category 'B' visits are those for which safe supervision requires that the Visit Leader should normally have undertaken a recognised course of training, or have relevant experience. Activities in Category 'B' also include all those within the activities scope of the Adventure Activities Licensing Regulations 1996.

SECTION 3.5: STAFF TRAINING

Key training in relation to activities and visits is built into all staff induction and foundation training.

General Staff top up training will be given on a team basis as issues arise through evaluation or new initiatives. Individual training is delivered through ongoing individual professional development within bespoke Professional Development Plans.

SECTION 3.7: RISK ASSESSMENT AND RISK REDUCTION

SES has a risk quantification table and a risk assessment format that provide a consistent structure within which to conduct and record risk assessments.

Every young person at each establishment has an Activities Risk Assessment Overview to gauge areas of risk for an individual child in a given activity. If an activity within the overview is considered high risk, triggered by a numerical score of 10 and above using the SES Risk Quantification Table, it will need to be incorporated on the young person's Risk Assessment Management Plan.

The Activity Risk Assessment Overview should always be read in conjunction with the young persons General Risk Assessment Overview, Risk Assessment Management Plan and Child Specific Medical Risk Assessment.

Risk assessment for visits and activities should be considered in four distinct levels:

- Generic activity risk assessments, which are likely to apply to the activity wherever and whenever it takes place;
- Visit/site specific risk assessments, which will differ from place to place and group to group;
- Ongoing risk assessments, which take account of changes; e.g. weather, availability of preferred activity, illness of staff or participants, etc.
- Child Specific risk assessments, which identify special considerations for a child due to independence, medical needs or significant competency concerns.

SECTION 3.11.8: YOUNG PEOPLE WITH MEDICAL NEEDS

Individual medical needs for young people are identified as part of their Development and Learning Overview (Physical Health and Medical), with subsequent associated risks identified in the General Risk Assessment Overview.

A young person's medical needs should be woven throughout their Activities Risk Assessment Overview, providing specific detail of how to support them. Where the Medical Issues aspect has a score of 3 or more for impact, a Child Specific Medical Risk Assessment is required irrespective of the total level of risk.

The Child Specific Medical Risk Assessment ensures key medical diagnoses are considered for the young person, with guidance for adults on the potential impact on everyday care as well as their social, emotional and mental health needs. Examples of potential conditions are diabetes, epilepsy, physical impairments or asthma (although this is not an exhaustive list). Within the risk assessment, key adults must determine if any additional Child Specific Activities Risk Assessments are required due to the medical condition or diagnosis. Additional professional medical advice may be sought from the GP or a Child and Adolescent Child Psychiatrist.

For example, a young person with epilepsy participating on a visit to an indoor roller skating activity may require two risk assessments to be completed. The generic category A activity risk assessment would identify any generic hazards for the activity, whereas the Child Specific Activities Risk Assessment would highlight additional hazards that could be present due to the young person's epilepsy (e.g. flashing disco lights, increased risk of falling due to an absences, isolation from adult whilst undertaking activity). Cross referencing details to the Child Specific Medical Risk Assessment is of paramount importance.

All staff supervising visits should be aware of a young persons medical needs and any medical emergency procedures. Staff must alert other supervising professionals to a young person's serious medical conditions from the outset of a visit or activity, usually as part of initial communication or on arrival at the venue.

SECTION 5.2.9: CYCLING

Cycling and childhood go hand in hand. For decades bicycles have been a source of liberation, fun and challenge for children. Owning anything isn't a childhood right but if any object is synonymous with childhood it's a bike.

All young people at SES will be fully risk assessed for cycling capability on admission (see policy for full details).

SECTION 5.3.1: SWIMMING ABILITY AND WATER CONFIDENCE

All young people who are new to SES establishments will be assessed for their swimming ability in order to inform risk assessments and decisions around participation in swimming and other water based activities (see policy for full details).

4.3 SAFEGUARDING AND CHILD PROTECTION DOCUMENT

SECTION 13 RISK ASSSESMENT

- In addition to individual risk assessments on each child, the physical premises and site undergo a similar scrutiny in light of potential risk and supervision.
- In the case of child protection risk assessment will identify areas where supervision is difficult, where unauthorised visitors may access the premises, and times when young people may be more vulnerable.
- The assessments will also consider identifying areas where staff may become vulnerable to allegation, e.g. being alone with children.
- An Appropriate and Suitable Location Review is conducted each calendar year to ensure that the premises used for the purposes of the home are located so that children are effectively safeguarded (Children's Home Regulations 2015, Reg.46)

SECTION 14.2 ENSURING E-SAFETY AND SECURITY *(Online Safety)*

The use of technology has become a significant component of many safeguarding issues. Child sexual exploitation; radicalisation; sexual predation: technology often provides the platform that facilitates harm. SES employ a holistic approach to online safety that aims to protect and educate the whole community in their use of technology and has established mechanisms to identify, intervene in, and escalate any incident where appropriate. Due to the number of young people at Avocet House, most systems and processes are highly personalised to meet individual needs.

Each house has a remote E-Safety monitoring system as well as the standard in house filtering and monitoring systems regarding appropriate use and safety.

- Methods to quantify and minimise the risk will be reviewed formally, and remain under continual scrutiny in liaison with the ISP.
- SES will work with the Internet Service Provider and Safety Management System (currently Kerio) to ensure systems to protect children are regularly reviewed and improved.

- Children will be assigned an appropriate level on the Kerio E-Safety system (these are currently lead, bronze, silver and gold and the level of access for each can be found on the internal network).
- Staff will check that the sites selected for child use are appropriate to the age and maturity of children.
- Access levels will be reviewed as children's Internet use expands and their ability to retrieve information develops.
- SES, its staff, parents, placing authorities and external advisers will work to establish agreement that every reasonable measure is being taken.
- The SES Principal will ensure that this policy is implemented effectively.
- The Registered Manager (LDPCP)will act as the lead professional for e-safety related concerns and issues.
- The senior management team will complete an annual audit of e-safety within the home and Learning Centre (see appendices).
- Each child will have an IT related section within their individual risk assessments and daily care.
- Regular checks will be established for all children incorporating all of their devices, at intervals appropriate to their individual needs (see section 5.7).
- All children will sign a technology contract drawn up by their key team of adults.
- All new devices issued to or owned by children will be set up/checked to ensure that age restrictions/permissions are in place where necessary.
- New technologies are embraced as a potential learning opportunity but assessed for risk on an ongoing basis.
- Children will be informed of their responsibilities.
- Children will be informed that checks can be made on files held on the system.
- When copying materials from the Web, children will observe copyright.
- Children will be made aware that the writer of an E-mail or the author of a Web page may not be the person claimed.
- Children will be taught to expect a wider range of content, both in level and in audience, than is found in a library or on TV.
- All children's machines will undergo regular monitoring to ensure appropriate internet use, at intervals appropriate to each child.
- Monitoring of social networking usage will be part of the regular monitoring process.
- The SES Principal will monitor the overall effectiveness of Internet access strategies. This will be achieved through a combination of a commercial remote monitoring system and in house systematic monitoring.
- Personal Tutors and Link Tutors will be trained in systematic checking of the children's computers and other items that have Internet capability or the provision to transfer information and/or pictures. These checks will be at the intervals set in the individual child's Daily Care. It is ultimately the Personal Tutor's responsibility to ensure the monitoring is carried out. These checks will be recorded on the Technology Monitoring Record Sheets, stored in case files and on the SES network (see appendices)
- A weekly Kerio alert will be sent to all Personal Tutors outlining all related Internet history for that week for their children.
- Monitoring may move to a more infrequent sample monitoring for individuals with an extended track record of responsible use.
  The senior management team and system administrator will ensure that regular checks are made on files to monitor compliance with this policy.

4.4 POSITIVE MANAGEMENT OF BEHAVIOUR DOCUMENT

SECTION 9.5

Risk Assessments support staff understanding of young people's complex needs and potential management issues. Each young person has a completed "General Risk Assessment Overview and a subsequent "Risk Assessment Management Plan" where this is triggered by a numerical score of 10 and above using the SES Risk Quantification Table.

Although 10 is the trigger for requiring a Risk Assessment Management Plan staff may choose to write a full plan for higher range medium risk scores (e.g. 9) if they feel it is appropriate.

SECTION 9.6: THE GENERAL RISK ASSESSMENT OVERVIEW

This defines the level of risk presented for a range of aspects; these are consistent for all young people and staff should not make any amendments to the template. Both the General Risk Assessment Overview and Risk Assessment Management Plan should always be read in conjunction with the Activities Risk Assessment Overview for each young person, and their Child Specific Medical Risk Assessment (if required).

Risk assessments are completed prior to admission in good time for a full staff briefing, led by Personal Tutor at least a week before admission. All Risk Assessments are reviewed by the 5th of each month, or as a response to significant events. Staff are expected to read and be familiar with young people's risk assessments and updated ones where changes have been notified through team meetings.

SECTION 9.7: CHILD SPECIFIC MEDICAL RISK ASSESSMENT

SECTION 9.8: THE RISK ASSESSMENT MANAGEMENT PLAN

This allows staff to effectively identify high level risk areas, and consider the risks and triggers that may lead to these. Areas are scored prior to controls being implemented, to assess the level of risk. In some instances specific strategies may also be considered for medium areas of risk. Through carefully planned strategies and measures, risk levels should be significantly reduced, although it may be unrealistic to eliminate risk entirely. Part of young people's learning and development is to understand their own personal responsibility and ability to make safer choices and thus manage their levels of risk in the longer term.

4.5 HEALTH AND SAFETY POLICY AND PRACTICE

SECTION 15

All staff are expected to read and understand the risk assessments for the establishment grounds, site security, as well as the fire safety procedures. These are updated annually and maintained on the SES network.

4.6 STAFF HANDBOOK

4.7 PERSONAL TUTOR ROLE DOCUMENT

SECTION 5.1

4.8 SUPPORTING INDUCTION AND PROFESSIONAL PRACTICE IN CARE ROLES

SECTIONS 4.5, 5.3

4.9 TRAVEL AND TRANSPORT POLICY AND PRACTICE

SECTION 4 and some generic descriptions in other sections

4.10 ADDITIONAL DOCUMENTATION THAT HAS AN IMPACT ON OR INFORMS RISK ASSESSMENT

- Anti bullying Policy and Practice
- Children Missing from Care and Education Policy and Practice
- Referral and Admissions Policy and Practice
- Acceptable Use of Technology Document, especially safety, cyber bullying and monitoring checks
- Recruitment and Selection Policy and Practice
- Critical Incident Policy and Practice
- Access and Visitors Policy and Practice

4.11 PREMISES AND SITE RISK ASSMESSMENTS

- Security and grounds risk assessment (Annual)
- Fire risk assessment (annual)
- Appropriate and Suitable Location Review (Annual)

4.12 MEETINGS AT WHICH RISK IS ACTIVELY CONSIDERED

- Team Teach Sub committee
- Health and Safety Sub committee
- Buildings and Grounds Sub committee
- Outdoor and Adventurous Activities committee
- Management Team Meetings
- Personal Tutor Meetings
- Case co-ordination meetings
- Monthly Child and Adolescent Psychiatric Consultation meetings
- Learning Centre and care team meetings
- PAN meetings and subsequent action planning
- Return to work meetings

4.13 MONITORING RISK and RISK ASSESSMENTS

Arrangements for direct monitoring, evaluation and review of risk assessments are built in to procedures as outlined in the aforementioned documentation.

Other structures that have an inbuilt monitoring role are:

- Reg 44 visits
- Reg 45 reports
- Principal Termly Reports to Directors
- Ofsted inspections
- Placing authorities are automatically updated about children and young people's individual RA's

RISK EVALUATION TABLE

The table below is used to evaluate and prioritise risk levels. For example, Likelihood x Impact = Risk level. Risk levels are Extreme, High, Medium, Low. Therefore, a risk evaluated as Almost Certain with an Impact as Catastrophe would generate a risk level of 25 (Extreme Risk).

IMPACT

LIKELIHOOD

	Catastrophe 5 *(Loss of services for long period of time / multiple fatality)*	**Major 4** *(Loss of services for more than seven days and/or fatality)*	**Moderate 3** *(Significant disruption. Violence or threat or serious injury)*	**Minor 2** *(Some disruption. Minor injury)*	**Insignificant 1** *(Little disruption. No injury)*
Almost Certain 5 *(The event is expected to occur in most circumstances)*					
Likely 4 *(The event will probably occur in most circumstances)*					
Occasional 3 *(The event might occur at some time)*					
Unlikely 2 *(The event is not expected to occur)*					
Rare 1 *(The event may occur only in exceptional circumstances)*					