SES KITE

Supported Accommodation

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 young people 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, and if necessary, a medical risk assessment that is specific to them.

These documents describe in detail how mentoring support 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 general risk assessment document 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 with 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 a succinct and effective risk assessment 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
General Risk Assessment	Generic Risk Assessment Statements	Grounds Risk Assessment
Medical Risk Assessment	Day to Day Activities Risk Assessments	Security Risk Assessment
My Journey	Activities Risk Assessment	COSHH Risk Assessment
		Fire Risk Assessment
		Appropriate and Suitable Location Review

Underpinned by regular and systematic monitoring, evaluation and review structures

4.1 PORTFOLIO OF ACHIEVEMENT AND NEED PLANNING STRUCTURES

Portfolio of Achievement and Need refers to the process of overall planning that support an individual's development and learning at Tower Hill (Supported). The PAN process and planning structures are what we use to draw together social, health and learning development. It commences as part of the admissions process, identifying long-term aspirations for our young people in partnership with the placing authority, and where appropriate, their family. **We actively seek to start with a person's strengths, gifts, passions and talents and expand from there.**

Our My Journey Model summaries the persons achievements and needs in six dimensions:

- **My Learning** – Education, Training and Employment
- **My People** – Family and Relationships
- **Who I am** – Identity
- **My Opportunities** – Experience and Leisure
- **My Health** – Health
- **My Future** - Transition

This is all underpinned by our ethos of learning without limits.

We regard the person as a resource (rather than a problem) in the process of seeking solutions in their lives

We encourage young people to make choices, state preferences and define outcomes for themselves, and we respect these choices and preferences.

The ultimate goal for our young people is **maximising achievement**, academically, vocationally and socially, and we accept no limits to what their learning package and / or journey might look like. This might mean attending a Further Education placement, a vocational placement, bespoke training packages or employment. In some cases, they may be supported, coached or taught by adults from Tower Hill, the broader SES team, or by specialist consultants or instructors bought in to enrich development and learning opportunities. In most circumstance it will be a combination of these.

4.2 THE GENERAL RISK ASSESSMENT

All risk assessments for the young people that reside at Tower Hill (Supported) will be individualised towards specifically identified risk areas. Due to the environment in which they live, it is not required to risk assess each specific criteria as SES would for younger children; for example, if there was no concern/risk or history of fire setting then this would not be included in their General Risk Assessment.

Risk areas are initially defined during the admission process and documented prior to the young person's arrival. Staff look at the current identified risks and triggers and then plan proactive risk reducing measures and active management measures for each of these. This considers how we can address the risk and reduce the possibility of something occurring. 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.

The General Risk Assessment should always be read in conjunction with their Medical Risk Assessment (if required).

4.3 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.

Where the Medical Issues require additional support and structure, a Medical Risk Assessment is required irrespective of the total level of risk.

The 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). Additional professional medical advice may be sought from the GP or a Child and Adolescent Child Psychiatrist.

All staff should be aware of a young person's medical needs and any medical emergency procedures. Staff must alert other supporting 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.

4.4 SAFEGUARDING AND CHILD PROTECTION DOCUMENT

SECTION 13 RISK ASSSESMENT

- In addition to individual risk assessments on each young person, 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 (Supported Accommodation Regulations 2023, Reg.6)
- All admissions to SES Kite Supported Accommodation will undergo a full risk assessment that looks at the needs of the individual young person in relation to the current community and residents.

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 SES Kite most systems and processes are highly personalised to meet individual needs.

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 PROMOTING POSITIVE HEALTH POLICY AND PRACTICE

SECTION 3.3 PERSONALISED MENTORING

All young adults living in SES Kite supported accommodation will receive a minimum of ten hours personalised support. Each week they will be expected to participate in 1:1 mentoring sessions that focus on personalised achievements and needs. This is based on the Development and Learning dimensions that mirror the admissions process. All mentoring sessions are recorded with actions identified for next steps.

Many young adults will require extensive support on how to build and sustain positive health. Mentoring incorporates learning that is developed to be age and stage of development appropriate (especially when considering the needs of our young adults) and could potentially cover issues such as:

- healthy and respectful relationships
- boundaries and consent
- stereotyping, prejudice and equality
- body confidence and self-esteem
- how to recognise an abusive relationship, including coercive and controlling behaviour
- the concepts of, and laws relating to- sexual consent, sexual exploitation abuse, grooming, coercion, harassment, rape, domestic abuse, so called honour-based violence such as forced marriage and Female Genital Mutilation (FGM), and how to access support
- what constitutes sexual harassment and sexual violence and why these are always unacceptable.

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

- Anti bullying Policy and Practice
- Missing from Care Policy and Practice
- Referral and Admissions Policy and Practice
- Acceptable Use of Technology Document
- Recruitment and Selection Policy and Practice
- Critical Incident Policy and Practice

- Access and Visitors Policy and Practice
- Working Alone Policy and Practice

4.8 PREMISES AND SITE RISK ASSMESSMENTS

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

4.9 MEETINGS AT WHICH RISK IS ACTIVELY CONSIDERED

- Health and Safety Sub committee
- Child and Adolescent Psychiatric Consultation meetings (as and when required)
- Team meetings
- Return to work meetings

4.10 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:

- Quality of Care reports
- Reports to Directors
- Ofsted inspections
- Placing authorities are automatically updated about 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)*					