

RISK ASSESSMENT

FOR USE WHERE POSITIVE HANDLING MAY BE INVOLVED

Details:

Child's Name:		DoB:	
Location / School:		Group / Class:	
Key Worker / Teacher:			

Assessment completed by:		Date:	
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Risk Assessment agreed by:

	Signature	Print name	Date
Parents/Carers:			
Key Worker / Teacher:			
Health/Medical Advisor:			
Team Leader:			
Children's Service LA Representative:			
Other:			

Relevant documentation attached: ESSENTIAL TO READ

Positive Handling Plan	<i>MUST BE INCLUDED</i>
Behavioural Assessment	Yes / No*
Minutes of Review Meeting	Yes / No*
School / Carer report(s)	Yes / No*
Activity timetable	Yes / No*
Other ("Pen Picture", IEP, PEP, etc)	Yes / No*
Core Assessment	Yes / No*

*as required

Questions:

<p>1. What is the cause of concern? Describe the behaviour or activity in question.</p>	
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<p>2. Describe the foreseeable risk in clear, unambiguous terms. Include information about the type of risk (e.g. self harm, injury to others, environmental damage, absconding, accidental harm), where and when the risks arise, how and to whom. You may find it useful to summarise the information using Appendix 1.</p>	
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<p>3. Is the risk:</p>	<p>potential <input type="checkbox"/> or occurring <input type="checkbox"/> <i>please tick box</i></p>
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<p>4. Is there a pattern? For example, does the risk arise at a particular time of day / week / month? Please include information about frequency and how recently the issue last arose. (See Appendix 1)</p>	
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<p>5. Please give an appraisal of the severity of the risk (circle appropriate number).</p>	<p>4 = Severe (<i>imminent danger, multiple illness / injury, fatality</i>) 3 = Substantial (<i>single major illness / injury</i>) 2 = Marginal (<i>minor injury or equipment damage</i>) 1 = Minimal (<i>will not result in significant injury or damage</i>)</p>
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<p>6. Please give an appraisal of the probability of harm or damage occurring (circle appropriate number).</p>	<p>4 = Likely 3 = Probable 2 = Possible 1 = Unlikely</p>
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<p>7. If this is not the only area of concern, what priority do you think this issue should be given (circle as appropriate). Take into account the context, severity and probability of the risk.</p>	<p style="text-align: center;">Low Medium High</p>
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<p>8. What are the factors that contribute to the level of risk? For example, environmental cues, frustration, confusion, peer dynamics, level of demand. Please indicate factors that pose a risk in both the short and long term.</p>	
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<p>9. What sensory / physical difficulties, medical issues (including medication), communication difficulties, need to be taken into account? Are there any issues such as previous abuse, family dynamics, psychological problems that may impact upon the child's level of impulsiveness, perception of danger, emotional response, etc?</p>	
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<p>10. What are the likely consequences of this issue occurring? Include the impact upon the individual (physical and emotional), the public (including family) and the organisation (including staff).</p>	
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Risk Reduction Options:

11. What action is being taken to minimise the level of risk? What other things could be done? Eg adaptations to the environment, support to the individual, training needs, ways to reduce arousal, more staff, smaller group, quiet area, communication. Please use the table below to summarise the options.

Measures	Possible Options	Benefits	Drawbacks
Proactive interventions to prevent risk			
Early interventions to manage risk			

(Reactive interventions should be described in the positive handling plan)

12. Have the risks caused any loss of service or opportunity? What else is potentially at risk of not happening if the issue occurs? How is this being addressed?

13. How is the situation to be monitored and reviewed?

14. Any immediate actions to be taken? By whom? When? Record below.

Risk Assessment reviewed on	Date:
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Completed by: (signature)
Designation:	

APPENDIX 1

LOCATIONS / ACTIVITIES AT GREATEST RISK

Time / Location Type of Activity	Disruption	Aggression	Self harm	Absconding	Inappropriate sexual behaviour	Bullying / fighting	Vandalism	Staff injuries	Damage to property	Other
Arrival										
Practical activities										
Community based										
Mealtimes										
Playtime / Free time										
Transport										
PE / Swimming										
Cooking										
Other (1)										
Other (2)										

APPENDIX 2**RATING OF BEHAVIOUR CAUSING CONCERN**

(see positive handling plan for details of response)

	FREQUENCY H – Hourly W – Weekly M – Monthly	INTENT D – Deliberate A – Accidental I – Involuntary	HAZARD 1 – Minimal 2 – Marginal 3 – Substantial 4 – Critical	PROBABILITY 1 – Unlikely 2 – Possible 3 – Probable 4 – Likely	LEVEL OF RISK = HAZARD X PROBABILITY
Disruption					
Violence / Aggression					
Self Harm					
Bullying / Fighting					
Absconding					
Sexualised Behaviour					
Vandalism					
Direct injury to staff					
Indirect injury to staff					
Other					
Other					
Other					

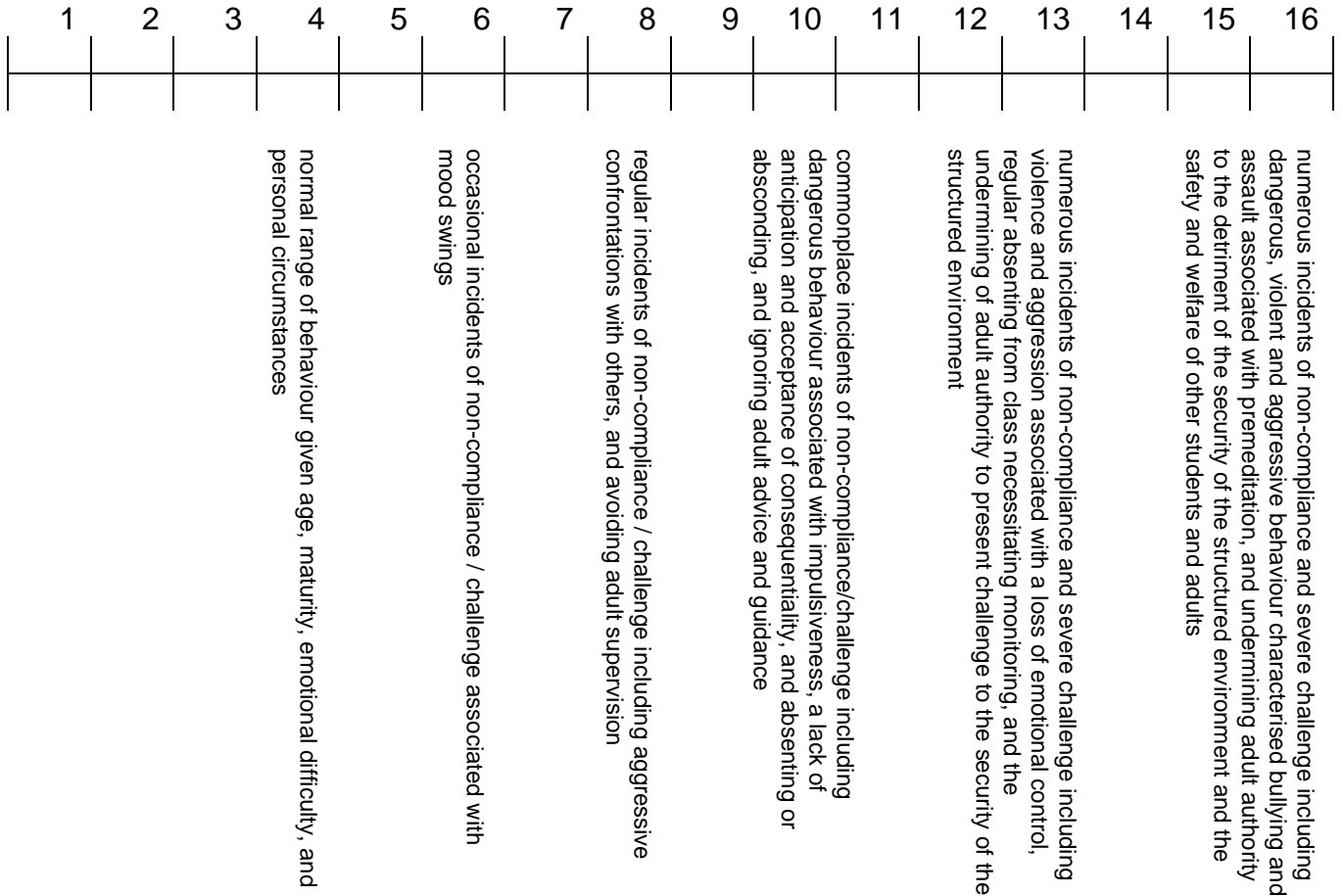
Level of Risk Score: (16-12 very high / 10-8 high / 6-4 moderate / 3-1 low)

A 'level of risk score' can be calculated for each behaviour and can be used to inform priorities.

Also see Appendix 3 overleaf.

APPENDIX 3

SCALING CHILD'S PREDISPOSITION TO RISK



POSITIVE HANDLING PLAN

NAME: **SETTING:** **DATE:**

<u>TRIGGERS:</u> When is the unwanted behaviour likely to occur?	<u>BEHAVIOUR:</u> Describe what the behaviour in question looks/sounds like.	<u>PREFERRED DE-ESCALATION STRATEGIES:</u> Ways of calming other than positive handling.	<u>POSITIVE HANDLING STRATEGIES:</u> Describe technique used. State number of staff involved and their purpose.
		May include: Verbal advice <input type="checkbox"/> Reassurance <input type="checkbox"/> Negotiation <input type="checkbox"/> Distraction <input type="checkbox"/> Choice <input type="checkbox"/> Advising of consequences <input type="checkbox"/> Planned ignoring <input type="checkbox"/> Time out <input type="checkbox"/> Staff withdrawal <input type="checkbox"/> Contingent touch <input type="checkbox"/> Success/strength reminder <input type="checkbox"/> Cool-off period <input type="checkbox"/> Use of humour <input type="checkbox"/>	

Please turn over

- **Medical conditions that should be taken into account:** eg asthma, brittle bones, etc.

- **Debriefing process following incident:** (What care is to be provided, to and by whom? Must include view of child.)

- **List of notifications required.** State names of those to be informed about this plan.

- **Signatures:** please print and sign.

For local setting:

Designation: Name: Sign:

Parent or Guardian:Relationship
to child: Name: Sign:**Other:**

Relationship
to child:

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Name:

.....

Sign:

.....

Comprehensive list of information to record on incident forms

- Frequency and length of any physical intervention
- Name of young person, member of staff and others involved
- Ethnic background of child / young person involved in Restrictive Physical Intervention:
 - Age
 - Gender
 - Religion
 - Language / communication system
- Witnesses
- Date - time - location
- Nature of the incident
- Steps taken to avoid the incident
- Was the physical intervention unplanned (Including and Seclusion) – if, so was a Positive Handling Plan put in place?
- Nature of reactive strategies employed (NB please name any physical strategies)
 - Distraction / Diffusion
 - Breakaways (specify)
 - Removal (specify)
 - Restraint (specify)
- Duration of any restraint procedures used
- How did the young person respond to your reaction to the behaviour?
- Did the person's behaviour result in them gaining anything they did not have before the behaviour was exhibited e.g. attention from somebody (positive or negative), an object, food or drink, or escape from an activity or situation?
- Was as required mediation given?
- Details of any physical contact / interventions
- Justification for physical contact / interventions
- Date and circumstance leading to the event
- Specify any potential implications for the child / young person's proactive or reactive PHP / care plans
- The aftermath an outcome
 - Injury to child / young person (description - Body Maps)
 - Injury to staff (description)
 - Specify any medical treatment necessary (to whom)
 - Damage to property
- Any disciplinary measure taken - staff or young person
- Was the behaviour :
 - A Health and Safety risk?
 - Deliberate?
 - Reckless?
 - Racial?
 - Had a request been made of the person?

Had the person asked for, or did they want something to eat or drink?

Had the person asked for, or did they want a specific object or activity?

How did this person's mood appear e.g. happy, sad, angry, withdrawn or distressed?

Did the person seem to be communicating anything through their behaviour?

- Were the Police contacted?
- Was a Debrief completed in respect of all staff?
- Was a Debrief completed in respect of the child / young person?

- Completed by (name, designation and date)
- Witnessed by (name, designation and date)
- Copies forwarded to (Policy requirements and RIDDOR requirements):

Audit of Positive Handling

Strategic Management Level - Data Collection and Evaluation at three monthly intervals

Area - Establishment - Location (*of incident*) - Time - Date

No. of incidents involving Restrictive Physical Intervention

Ethnic background of child / young person involved in Restrictive Physical Intervention:

For each incident was there a Positive Handling Plan in place?

How many incidents of Restrictive Physical Interventions were unplanned ?

Justification for engaging in Restrictive Physical Intervention:

Causing or at risk of causing:

- Personal injury – staff
- Personal injury – child / young person
- Damage to property
- Committing an offence
- Disrupting the education of pupils (LEA)

Outcomes of Restrictive Physical Intervention:

- Personal injury – staff
- Personal injury – child / young person
- Damage to property
- Committing an offence
- Disruption of Pupils? (*LEA only*)
- Medical check completed?

Number of incidents involving Positive Handling e.g. Guiding (excluding Contingent Touch)

Personnel

- Were the Personnel involved trained to BILD accredited standards?
- Was the physical intervention unplanned – if, so was a Positive Handling Plan put in place?
- Did debriefing take place?

Trends to be evaluated (*Copied to PHG and Operational Manager*)

- Falling nos of incidents
- Falling nos in use of Restrictive Physical Interventions
- Falling nos of injuries
- Possible rise in Positive Handling

Operational Management Level - Data Collection and Evaluation

How many children have there been more than 4 incidents in one month?

Location (of incident) - Time - Date

Were Care Plans / PHP followed?

If unplanned, was de-escalation attempted?

Were all parents informed if their child had been physically restrained by a member of staff?

Any issues to address in Supervision?

Any issues to address in Staff Appraisal?

Any future training issues?