



ABERDEEN
CITY COUNCIL

Person-Centred Risk Assessment and Child's Plan Process for Schools

Education and Children's Services

Person-Centred Risk Assessment and Child's Plan Process for Schools



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About this document

Representatives from Education and Children's Services have worked closely with colleagues in Human Resources and Customer Service (Health, Safety and Wellbeing) and the Centre for Youth and Criminal Justice to develop this revised risk assessment process and guidance for schools.

As we review and revise this draft we will continue to collaborate, both locally and nationally, to ensure our practice in this area is of the highest standard.

What underpins this guidance?

- Those under the age of 18 are children and we have a responsibility to promote their rights, social development and provide them with support to remain part of their communities.
- Risk assessment and planning is a collective responsibility and the GIRFEC principles of engaging the child/young person and family while making use of sound assessment and planning processes to reduce risk will maximise positive impact.
- The process of assessing and managing behaviour of concern should be transparent, proportionate and should place the child/young person at the centre of decision making
- The Risk Assessment process and ensuing management of risk is part of the GIRFEC and Child's Plan process.
- The processes within this guidance provide a structure by which risk may be identified and preventative measures recorded and updated.
- The purpose of a person-centred risk assessment is to make a rational assessment of available information, in as much detail as possible, within the context of the child/young person's life and circumstances.



- Families, children and young people, in line with GIRFEC practice should, as far as possible, be engaged in assessment, planning and decision making.
- Strong feelings can arise following incidents and this may lead to the overestimation of risk-rating scores; this guidance is designed to promote careful assessment and planning to manage risk.
- Children and young people should be given opportunities to gain insight into the impact of their behaviour on themselves and others to help them understand why a risk assessment/plan is required.
- The importance of the wellbeing of the child/young person who is the subject of the process is not diminished by their actions, but must be considered along with the wellbeing of all.



Key messages from the Centre for Youth & Criminal Justice

This revised guidance has been developed in collaboration with the Centre for Youth and Criminal Justice. Their advice and guidance on good practice, expertise and awareness of the national picture regarding risk assessment have been invaluable.

The Centre for Youth & Criminal Justice (CYCJ) is dedicated to supporting improvements in youth justice, contributing to better lives for individuals, families and communities.

Relationships We need to ensure that all our formal policies and service structures recognise that the more we can do to love, care and support these children, and show them that there is hope, the more they can achieve. This means structuring interventions and services in ways which *promote* trust and healthy relationships rather than constraining and "proceduralising" the adult/young person relationship.

Reframing 'preventative intervention' Where young people are identified as being on the edge of offending (in primary schools and communities) our Whole System Approach needs to understand their behaviour as responses to trauma, and adversity and expression of needs. We have done a lot of work in Scotland to identify low level offending early and respond to behaviour in ways that challenge it but should ensure this is always done through a supportive lens that avoids labelling children as 'criminal', thus encouraging further disengagement and a sense of hopelessness. Where we do need to manage the risks that children who pose a real and significant danger to others present, we should do this by improving the knowledge and skills of professionals to effectively manage risk through a *strengths-based* lens.

School inclusion The more we can keep children (including and *especially* children whose behaviour is challenging) in school wherever possible, the better. Schools have a vital role to play in terms of positive intervention and support as above. This involves training and supporting teachers to better understand and address trauma and challenging behaviour, and providing specialist services within schools, such as nurture rooms and school inclusion units for those struggling in a classroom setting.

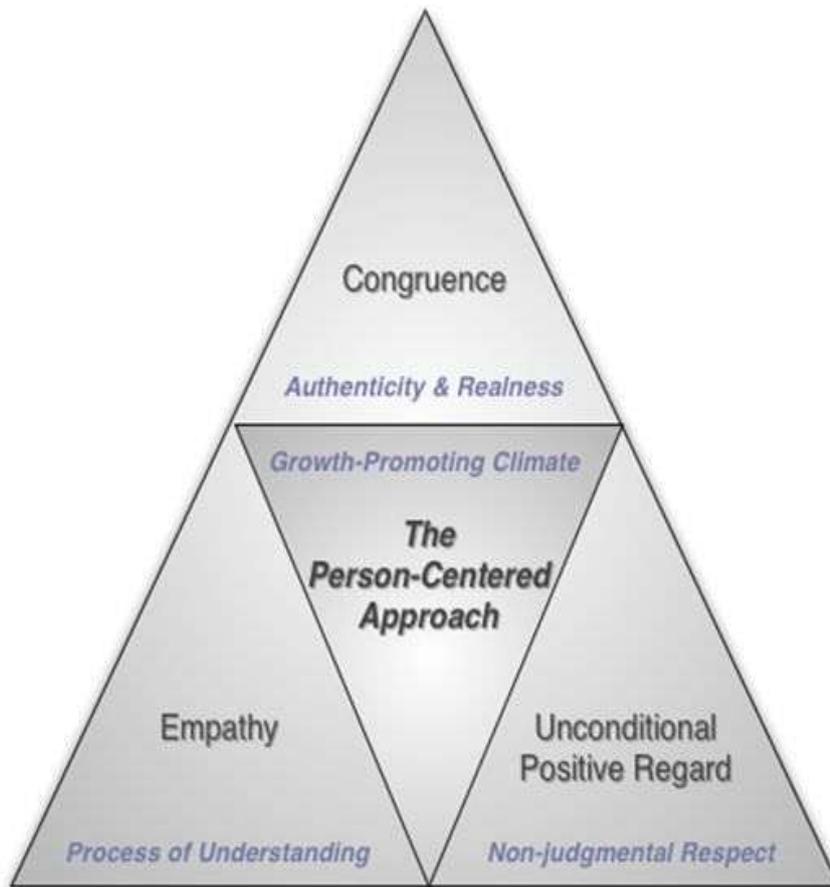
For more information, please visit www.cycj.org.uk



Person-Centred Risk Assessment and Child's Plan Process for Schools

What is a Person-Centred Risk Assessment?

Person-Centred Risk Assessment upholds the highest standards of ethical, compassionate and rigorous risk assessment practice, which Aberdeen City strives to deliver. The Person-Centred approach promotes the safety of children, young people and employees.



Engagement with children, young people, families and colleagues is best facilitated through how we communicate. Strong, trusting, professional relationships are fostered by the application of qualities of empathy, congruence and unconditional positive regard.

Those under the age of 18 are deemed to be children and the responsibility to promote their rights, social development and provide them with support to be part of their community remains.

When seeking solutions to situations which generate a level of risk, it is important to openly seek views, suggestions and contributions from all concerned in order to plan effectively for the safety of all.



If there is a risk of violence, aggression, or behaviour of concern, you must assess the risks. This process will help you: identify hazards; evaluate risks; and, implement, monitor and review measures to reduce the risks.

The main factors that can lead to behaviours of concern and create risk include:

- social/ emotional factors;
- additional support needs;
- medical conditions/diagnoses;
- attachment issues;
- trauma;
- learning needs;
- perceived threat;
- shame;
- sensory issues;
- distress;
- frustration;
- fear;
- anxiety;
- alcohol and drugs; and,
- environmental factors/ setting conditions.



What is a suitable and sufficient risk assessment?

The risk assessment process for managing the risks of behaviour of concern in schools can be more complex than other risk assessments that have to be completed, such as use of potentially dangerous machinery or carrying out particular tasks which have risks attached, for example, working at height.

A number of different types of assessment may need to be in place, for example:

Generic risk assessments that consider the overall needs of the setting, for example:

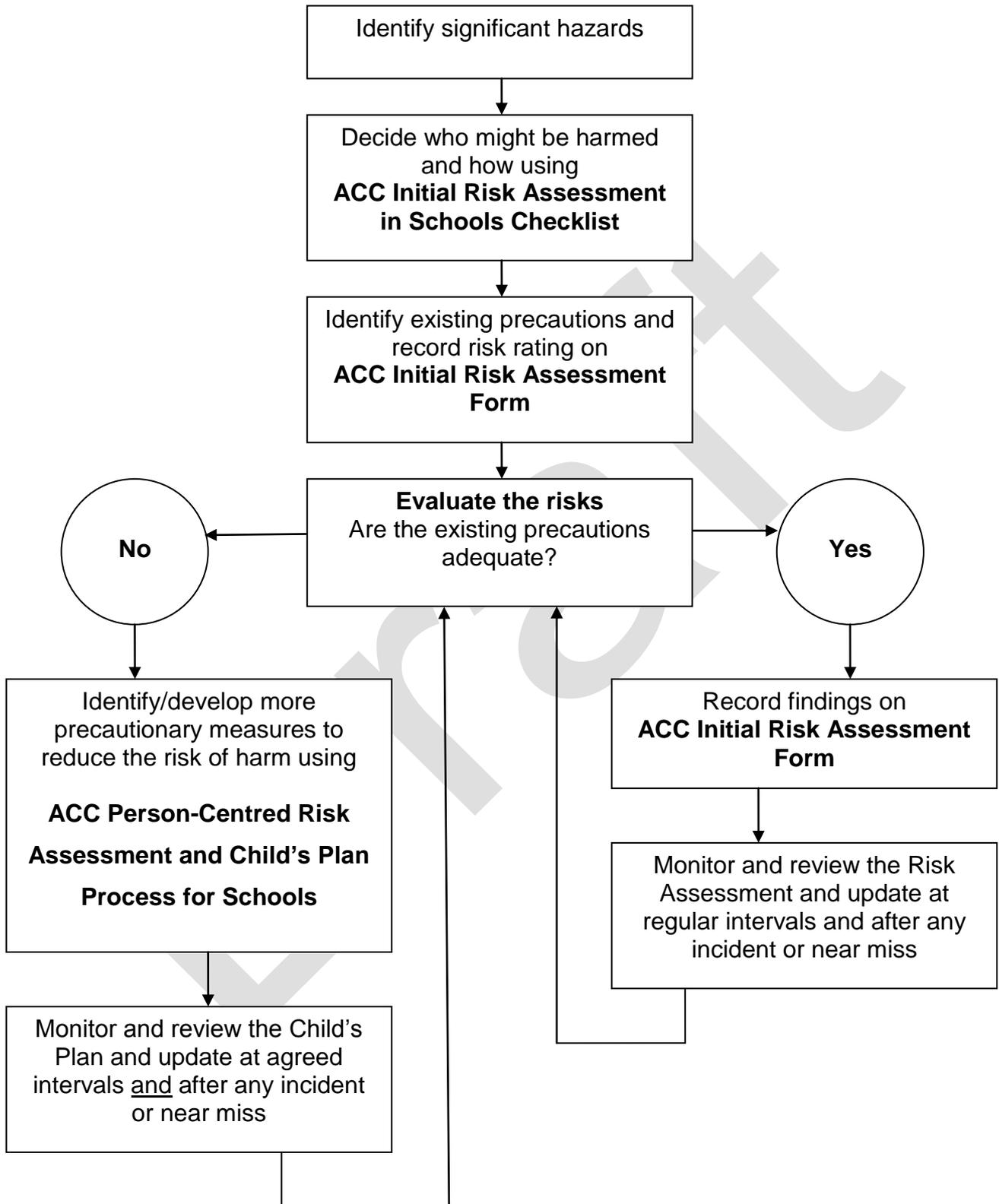
- The general risks to all staff from pupils, service users and their relatives or visitors in specific areas of the school, e.g. dining hall;
- Situational risks due to designated tasks/activities carried out in certain areas;
- The risks associated with the design of the work environment, i.e. layout of rooms, alarm systems, access to different areas, building security arrangements;
- Access and availability of materials and equipment in learning areas;
- The risks associated with lone working;
- The identification of appropriate instruction, information and training.

Person-Centred Risk Assessments and Plans

A Person-Centred Risk Assessment should be considered when a child/young person's presentation poses a demonstrable and ongoing risk to the health, safety and wellbeing of themselves and/or of other members of the school community, and where implementation of school policies so far have had little or no remedial effect.



Person-Centred Risk Assessment and Child's Plan Process for Schools – Flow Chart





Is parental permission required to complete Person-Centred Risk Assessment?

Whilst it is not necessary to secure parental permission in order to draw up a Person-Centred Risk Assessment, it is most likely that parents would – and indeed should - have been involved early on in any situation where the behaviour of a pupil is causing the degree of concern likely to lead to a Person-Centred Risk Assessment being required. Behaviour management policies, whether they incorporate risk assessments or not, are in many schools the subject of a home-school agreement. Where risk assessment policies – and their trigger points/action points – have been incorporated into the school behaviour policy, and therefore by extension the home-school agreement, the support and involvement of parents may become a more easily achievable goal.

Initial Risk Assessment and Planning Process

The Initial Risk Assessment and Risk Rating should be completed, actions recorded, dated and regularly reviewed.

Actions may be recorded on an Initial Risk Assessment format for the lowest level of risk rating and on a Child's Plan for more significant levels of risk.

This does not necessarily mean that in every case a statutory Child's Plan is required and therefore a full multi-agency meeting is called.

However, where a pupil has a statutory Child's Plan already in place, the Person-Centred Risk Assessment action plan would be incorporated into the existing Child's Plan.

The Initial Risk Assessment is designed to identify the behaviours of concern, who may be harmed and how, and facilitate estimation of the level of concern. It is the starting point of a process of planning.

Completing the Initial Risk Assessment

Note: The primary function of the Initial Risk Assessment is that of a diagnostic tool, allowing for the compilation of an accurate and effective plan to mitigate risk.

Note: Previously ACC advised the use of this format for assessing and planning for the mitigation of risk at all levels, however...

For assessments which result in a 'green' or 'low' level of risk the Initial Risk Assessment format may be used to list actions as a lower level of planning is required.

However, this process is no longer considered adequate when risk is identified at the 'Amber/Medium' or 'Red/High' levels and we must plan more carefully and systemically to ensure the wellbeing of all concerned.



When carrying out the Initial Risk Assessment consideration should be given to:

- the mental, emotional and physical condition of the child/young person
- Additional Support Needs including social and emotional needs.
- the effect of medical conditions or ingestion of drugs, alcohol or medicines
- stress level of the child/young person
- whether the child/young person has a history of behaviour of concern/distress
- the possibility that the child/young person consider others a threat

Consider what sorts of behaviour are likely to be exhibited by the pupil in question.

What hazards might arise as a result of the behaviour?

The Initial Risk Assessment Checklist is simply a starting point.



ABC Data

The ABC model for understanding and managing behaviour is at the core of many effective behavioural strategies.

It can help us to answer the following questions:

- Does it happen at a particular time or place?
- Is there something usually going on immediately before or after?
- Is there any way of predicting it?
- Are there circumstances which make the behaviour more likely to occur?

It is a useful way of thinking about what drives a pupil's behaviour. It starts with the premise that the majority of behaviour is functional.

It encourages the belief that if behaviour has been learned, it can be unlearned.

ABC data gathering should be holistic and consider all systems around the child i.e. individual, family, peers, community, school. For example in the ABC model issues may occur in the family home before school and there may be inadvertent reinforcing consequences from family after school therefore it is important to get information from home as well and ensure the home-school link is emphasised, also in relation to intervention planning to ensure consistent messages between home and school.

The ABC model provides a structure in which behaviour can be understood in terms of:

A- Antecedents:

- What happened immediately before the incident?
- What led up to it?
- What was the provocation, who did or said, or did not say, what?
- What was the setting for the behaviour? Consider the environment, e.g. hot, noisy or cramped?
- Is it always at the same activity, with the same child, or children?
- Does it always happen at certain times of the day or on the same day of the week? Is there a regular occurrence which precedes this?
- What do we know about the pupil's emotional state e.g. depressed, tired, anxious etc?



B- Behaviour:

- What precisely did the child/young person do/say?
- What happened during the behaviour?
- What did the behaviour look like?

Before you respond to an actual behaviour, the key is to try to understand the function of the behaviour and what it may be expressing about unmet needs. Although emotions can be running high, there are still strategies that can prove useful during the escalatory phase (see de-escalation strategies).

C- Consequences:

- What happened as a result of the behaviour?
- What was the response of peers/ adults?
- What are the immediate and delayed reactions from everyone involved?
- How was the situation dealt with?
- How did the child/young person react?
- The main question to ask is 'What is the child/young person getting out of behaving like this? What may their conscious/unconscious motivation be?'



Example of an ABC Observation Format

Name:		DoB:				
Location & Setting Conditions						
Date & Time	Where did it happen? (A)	What happened just before? (A)	What did the pupil do? (B)	What did you do? (C)	What happened as a result of your action? (C)	Perceived Function of the Behaviour (C)



A fair and consistent response from all concerned to behaviour of concern can have a powerful effect.

How we perceive and relate to children/young people can affect how we implement agreed strategies and lead to inconsistent messages being conveyed.

Children/young people who display behaviour of concern are, by some, perceived as:

- Sufferers from medical conditions that require treatment or
- Individuals responsible for their own behaviour who need to be punished or
- Passive victims of circumstance who are in need of help

We all have a collective responsibility to ensure these preconceptions are challenged and do not colour how we relate to children/young people and implement strategies.

Whilst consequences for behavioural incidents are at times appropriate, a punitive approach, which construes pupils as deliberately causing trouble, is counter-productive. Pupils may internalise the reflected appraisals of the adults around them, with implications for their sense of self and may compound the difficulties they face.

Remember that our reactions might reinforce the undesirable behaviour, for example, gaining adults' attention, peer approval, avoiding a challenging task or what may be perceived as a threatening activity.



The Assault Cycle and De-escalation Strategies

When dealing with a high level of distress children and adults progress through what has become known as the assault cycle or the 'anger mountain'.

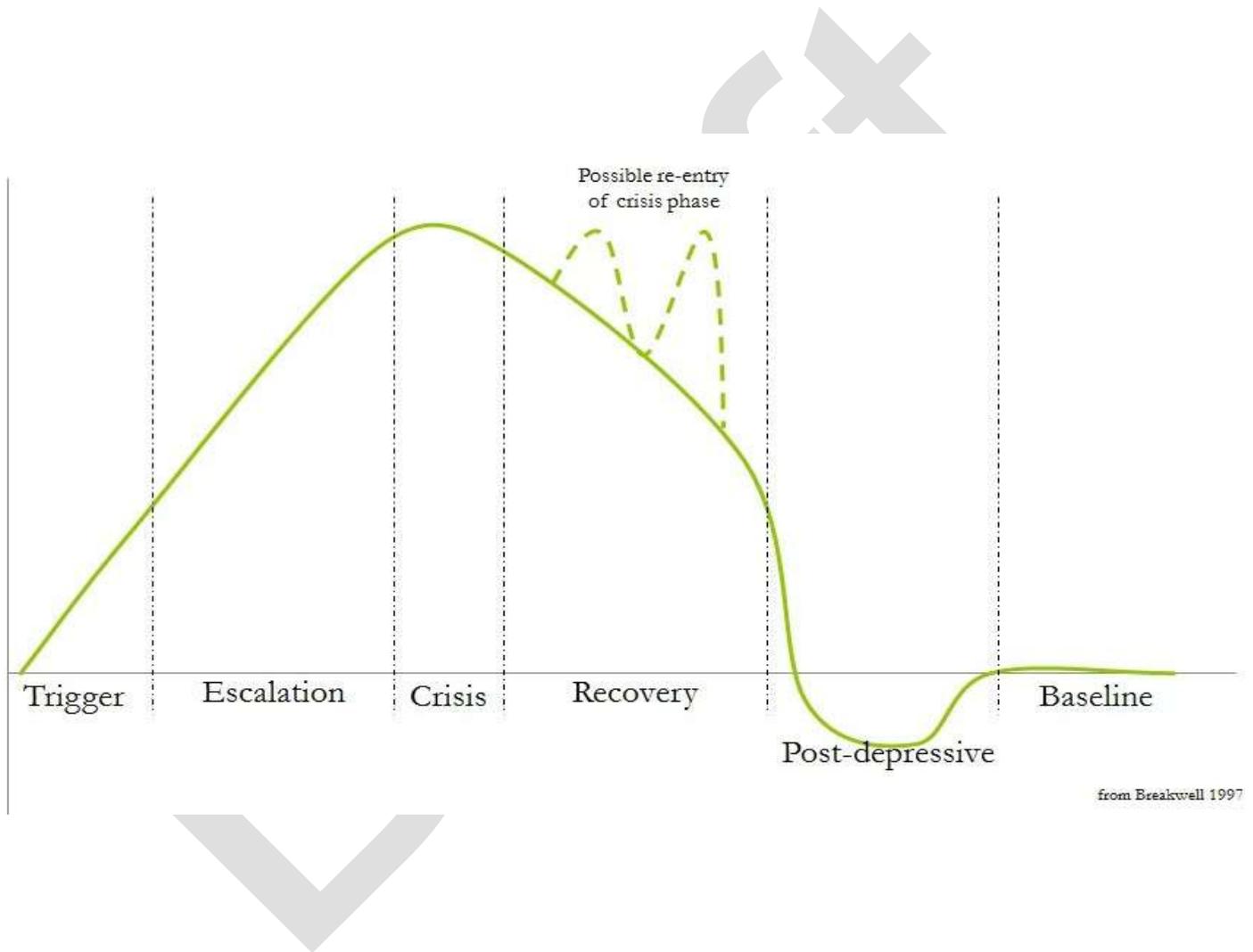
There are 5 phases:

- 1) Trigger stage - the event which sets off the emotional reaction. This event is seen as threatening to the individual and starts off a chain of emotional responses. At this stage it is still possible to intervene to calm the person down or for the person to calm himself or herself down.
- 2) Escalation phase - this is the phase where the body prepares for fight, flight or freeze.
- 3) Crisis phase - here the individual may be unable to respond to calming techniques and may find it very difficult to respond to others.
- 4) Recovery phase - this can last for about 45 minutes, although it can take significantly longer, as it takes some time for the body to return to normal. It is possible for the anger to be re-ignited during this phase and this may result if an inappropriate intervention is attempted.
- 5) Post-crisis phase - this is one of resting and recovering from the high state of arousal that the body has just experienced. The ability to think clearly begins to return at this stage and the person may feel guilt/shame about what has happened.



The Assault Cycle

The illustration below illustrates what happens once a distress response is triggered.





De-escalation strategies

When working with children/young people you may deal with angry, hostile, or noncompliant behaviour. Your response to potentially stressful situations is often the key to avoiding escalation in the behaviour of a child/young person who is having difficulty controlling their own actions and responses and will be crucial in helping the situation return to a point of safety.

- Be empathetic and non-judgemental

When a child/young person says or does something you perceive as a challenge or irrational try not to judge or discount their feelings. Whether or not you think those feelings are justified, they're real to the other person. Pay attention to them.

Keep in mind whatever the child/young person is going through, it may be the most important thing in their life at the moment.

- Respect personal space

If possible stand at least two arms lengths away from a child/young person who is agitated or distressed. Allowing personal space tends to decrease a person's anxiety and can help you prevent acting-out behaviour. Being too close may make you appear as a threat or target.

If you must enter someone's personal space to provide care, explain your actions so the child/young person feels less threatened.

- Use non-threatening non-verbal communication

The more a person's self-control is impeded, the less they hear your words and the more they react to your non-verbal communication. Be mindful of your gestures, facial expressions, movements and tone of voice.

Keeping your tone and body language neutral will go a long way towards diffusing the situation.

- Avoid overreacting

Remain calm, rational and professional. Whilst you can't control the child/young person's behaviour, how you respond to their behaviour will have a direct effect on whether the situation escalates or defuses.

Positive thoughts like "I can handle this" and "I know what to do" will help you maintain your own rationality and calm the child/young person down. Be self-aware!



- Ignore challenging questions and statements

Responding to challenging questions and statements often results in a power struggle. When a child/young person challenges your authority, redirect them to the issue at hand.

Ignore the challenge but not the child/young person. Bring their focus back to how you can work together to diffuse the situation.

- Set limits

If a child/young person's behaviour is belligerent, defensive or disruptive, give them clear simple and enforceable limits. Offer concise and respectful choices or 'outs'.

A child/young person who is upset or angry will not be able to focus on everything you say. Be clear, speak simply and offer a positive choice first.

- Choose wisely what you insist upon

It is important to be thoughtful in deciding which rules are negotiable and which are not. For example, if a child/young person is resisting a particular task, can you allow them to choose/negotiate an alternative time/place?

If you offer a child/young person options and flexibility, you may be able to avoid unnecessary altercations.

Win/win is a desirable outcome as issues can be discussed at a later point when everyone is calm and willing to put things right.

- Allow silence for reflection

We've all experienced awkward silences. However, whilst it may seem counterintuitive to let moments of silence to occur, sometimes it's the best choice. It can give child/young person a chance to reflect on what's happening and how he or she needs to proceed.

Believe it or not, silence can be a powerful communication tool.

- Allow time for decision making

When a child/young person is upset, it's unlikely that they will be able to think clearly. Give them a few moments to think through what you've said or asked.

A person's stress level rises when they feel rushed. Allowing time brings calm.



Positive Reinforcement and Teaching Incompatible Skills

Positive reinforcement can be an effective behaviour management strategy. An incentive is given immediately when a desired behaviour occurs. For example, if a pupil is working on remaining on task by making eye contact with the teacher while listening to instructions, that behaviour should be acknowledged/praised by the teacher.

The difference between reinforcement and bribery is that reinforcement comes after a task is completed, whereas bribery is offered before. If you offered a treat before even making a request, you would be using bribery. When choosing 'reinforcers', remember that each individual will respond to different messages and how/when they are conveyed.

Remember to:

Look at what has provided motivation in the past

- Ask about likes and dislikes
- Consider the child/young person's motivation; what is the behaviour achieving?
- Try to make sure the 'reinforcer' is practical, ethical and valid for the behaviour being targeted

Timing is critical to the effectiveness of positive reinforcement, and that the person feels that the goal is achievable.

Teaching incompatible skills should be the first strategy to consider when managing behaviour of concern. The most effective, and least restrictive, way of dealing with any kind of behaviour of concern is attempting to increase the frequency of any kind of activity that is in opposition to the unwanted behaviour.

- Behaviour of concern - Snatching things
- New skill to be taught and rewarded - Making appropriate requests
- Behaviour of concern - Pushing others
- New skill to be taught and rewarded - Co-operative play
- Behaviour of concern - Slamming doors
- New skill to be taught and rewarded - Shutting doors quietly

Remember, whatever strategies you use to manage behaviour of concern you must be consistent in your approach.



Initial Risk Assessment in Schools

A possible starting point when embarking on a risk assessment process is to complete an Initial Risk Assessment Checklist. This tool facilitates initial focus on:

- Frequency of incidents
- Who is affected?
- Known triggers and contributing factors
- Resulting behaviours and signs of distress

This is a fast and simple tool from which data is easily transferred to the Initial Risk Assessment form which contains the Risk Rating column.

Draft

Person-Centred Risk Assessment and Child's Plan Process for Schools

How often are the behaviours and/or signs of distress apparent?		Who is affected by the risks?	
<input type="checkbox"/> Infrequently	<input type="checkbox"/> Daily	<input type="checkbox"/> The child/young person	<input type="checkbox"/> Peers
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Weekly	<input type="checkbox"/> Relatives	<input type="checkbox"/> Vulnerable pupil/s
<input type="checkbox"/> Frequently	<input type="checkbox"/> Only when in certain environments	<input type="checkbox"/> Members of the public	<input type="checkbox"/> Staff
<input type="checkbox"/> Vulnerable staff	<input type="checkbox"/> Corporate risk	<input type="checkbox"/> Other:	
What are the known triggers & potential contributing factors			
<input type="checkbox"/> Frustration	<input type="checkbox"/> Allergic reaction	<input type="checkbox"/> Change of routine	<input type="checkbox"/> Proximity anxiety
<input type="checkbox"/> Peer provocation	<input type="checkbox"/> Incontinence	<input type="checkbox"/> Prejudice	<input type="checkbox"/> Attention needing
<input type="checkbox"/> Personality clash	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Challenge from authority
<input type="checkbox"/> Transition/s e.g. switching tasks, coping with change of location	<input type="checkbox"/> Sexual awareness	<input type="checkbox"/> Lack of nourishment	<input type="checkbox"/> Claustrophobia
<input type="checkbox"/> Effects/ wearing off of medication	<input type="checkbox"/> Pre existing medical condition/s/ diagnoses	<input type="checkbox"/> Domestic factors	<input type="checkbox"/> Change of staff
<input type="checkbox"/> Sensory stimulation/ sensitivity	<input type="checkbox"/> Difficulty engaging in specific learning tasks	<input type="checkbox"/> Perceived criticism/injustice	<input type="checkbox"/> Other:
Resulting behaviours & outward signs of distress			
<input type="checkbox"/> Involuntary movement	<input type="checkbox"/> Scratching	<input type="checkbox"/> Freeze/shutdown	<input type="checkbox"/> Sexualised behaviour
<input type="checkbox"/> Expressed anxiety e.g. rocking, fidgeting	<input type="checkbox"/> Biting	<input type="checkbox"/> Seeking peer support	<input type="checkbox"/> Flushing/ sweating
<input type="checkbox"/> Threatening language/ gestures	<input type="checkbox"/> Punching	<input type="checkbox"/> Pacing	<input type="checkbox"/> False allegation
<input type="checkbox"/> Verbal abuse	<input type="checkbox"/> Kicking	<input type="checkbox"/> Absconding	<input type="checkbox"/> Damage to property
<input type="checkbox"/> Shouting / screaming	<input type="checkbox"/> Head butting	<input type="checkbox"/> Climbing into danger	<input type="checkbox"/> Refusing to follow reasonable instructions
<input type="checkbox"/> Tantrum/ crying	<input type="checkbox"/> Throwing objects	<input type="checkbox"/> Fire setting	<input type="checkbox"/> Self harm
<input type="checkbox"/> Spitting	<input type="checkbox"/> Improvising/carrying weapons	<input type="checkbox"/> Sexualised language	<input type="checkbox"/> Other:

Person-Centred Risk Assessment and Child's Plan Process for Schools

Initial Risk Assessment Check List

Initial Risk Assessment form for Schools

Date of completion.....To be Reviewed on

What has the potential to cause harm (hazards) and what harm might result. (group hazards in one row if similar controls apply, insert hazard number/s)	Who and how many people might be at risk	What are the preventative and protective measures already in place:	S	L	R	What further action, if any, needs to be taken to reduce risk	By whom and by what date

Key: S = Severity L = Likelihood R = Remaining risk rating

Participant	Name	Signature
Pupil	_____	_____
Staff Member(s)	_____	_____
Parent(s)/ Guardian(s)	_____	_____
Outside agencies	_____	_____



Risk Rating

We have retained the Risk Rating scale previously used by ACC as it is familiar to staff as a starting point. However, as we develop more systemic and rigorous planning procedures, the reliance on Risk Rating will be reviewed and the process updated.

In assessing risk of serious harm we are trying to move away from scoring / numbers and categories of low, medium and high and focus more on in the future what the harm might look like - nature, severity, imminence, frequency, duration, and likelihood of harm. This means that risk reduction and management strategies can be more tailored to the individual and be very specific.

Calculate the numerical risk factor by multiplying severity x likelihood. Any resulting figure greater than 1 indicates a measure of risk; **a figure of 25 means fatality is virtually certain to occur each time the pupil is in school.**

Where more than one form of concerning behaviour has been identified, the combined impact of all of them should be considered when determining the likelihood and frequency of harm arising.

Evaluate the risks and decide what recommendations might be made for further action.

Note: All risk rating systems are ultimately subjective and merely provide a starting point for planning.



Risk scoring and rating table

Severity (S) - This is the degree of harm that may be caused

1.	NIL	No harm.
2.	LOW	Low to minor harm or upset.
3.	MEDIUM	Harm or upset capable of keeping person off work for more than 3 days.
4.	MAJOR	Major, long term, reportable harm.
5.	HIGH	Death

Likelihood (L) - This is the likelihood that an event will occur

1.	HIGHLY UNLIKELY	Only under a very rare combination of circumstances /conditions could there be any likelihood of an incident.
2.	UNLIKELY	Possible occurrence if other factors were present the incident might occur but the probability of this is low.
3.	LIKELY	The incident may happen.
4.	HIGHLY LIKELY	If the prevailing circumstances continue it is probable an incident will occur.
5.	NEAR CERTAIN	If the approach continues as it is, there is almost a 100% certainty an incident will happen.



Person-Centred Risk Assessment and Child’s Plan Process for Schools

SEVERITY (S) x LIKELIEHOOD (L) = RISK RATING (RR)

The risk rating based on existing situation including control measures present at the time of assessment can be evaluated as follows:

Potential Severity of Harm (S)

		Potential Severity of Harm (S)					(S) x (L) = Risk Rating	
		1	2	3	4	5		
Likelihood of harm (L)	1	1	2	3	4	5		
	2	2	4	6	8	10	1-4	Low
	3	3	6	9	12	15	5-10	Medium
	4	4	8	12	16	20	12-25	High
	5	5	10	15	20	25		

1 – 4	Low	Any small and/or easy methods to improve should be made to ensure continuous improvement of mitigation of risk. At this level it may be sufficient to capture the required protective/preventative factors and required actions solely on the Initial Risk Assessment format.
5 – 10	Medium	Examine the risks associated with the situation; decide timescales for completion of all agreed actions and record on Child’s Plan where particular focus is placed upon the ‘Safe’ wellbeing indicator as well as other relevant indicators. Rigorous consideration must be given to proactive and reactive strategies; additional monitoring of agreed controls should be put in place until they are fully implemented. Closely monitor effectiveness of new controls put in place
12 –25	High	Share the result of the risk assessment with your QIO; they will liaise with the relevant ESO (Inclusion) who will provide advice/support to school staff. A full SHANARRI assessment and Multi Agency Meeting may be required and consideration given to the construction of a statutory Child’s Plan. A rigorous and detailed plan of actions must be agreed, implemented and updated as necessary.



Person-Centred Risk Assessment and Child's Plan Process for Schools

It is important that the Risk Rating is not seen as a single, authoritative predictor of future outcomes, it is a starting point from which planning becomes the focus.

The action to be taken will clearly depend on the type(s) of behaviour identified. A 10% chance of a child/young person throwing furniture, for example, clearly poses a greater level of possible harm than a 10% chance of a child/young person who pushes past others.

NOTE- If a Child's Plan is established then reviews should follow automatically as part of standard process.

When identifying what may trigger an early review of the Child's Plan it is appropriate to site **any significant event, incident, near-miss, change of plan, transition, alteration to measures or change of circumstances.**

If a Child's Plan is recommended, this should be facilitated by a competent person in full accordance with Child's Plan procedures. The outcomes of the Child's Plan within the Safe indicator should then be **proportionately** disseminated to all relevant staff, including support staff, supply, temporary and student teachers. Consideration must be given to the level of access to information in the plan and confidentiality protected. Access to sensitive information should be proportionate and justifiable.

For example, if an agreed action in a plan is that the school office staff members are to call for a PSA to meet a child when they arrive with the parent each morning then there is no need for the full plan to be shared with that staff group. However, they must be aware of the important responsibility they have for ensuring that the child is met each day to be escorted into school.

All staff who may potentially be exposed to behaviour of concern should know the potential trigger situations and the relevant agreed measures identified in the Child's Plan.

It is important that those who have a specific responsibility for an agreed action within the plan have adequate and appropriate access to the information they need whilst confidentiality is maintained.

Particular care is needed when:

New members of staff, 'please take' or supply/temporary staff are involved

There has been change or disruption in the pupil's routine or personal circumstances

There has been a change in a pupil's mental or physical state, medication, behaviour, mood etc.

Note- We cannot know what pupils have experienced in their lives or what anxieties they bring with them into school. Therefore, in order to protect pupils and ourselves we need to be sensitive to the signs of distress the pupil may be communicating to us and mindful of how we respond to behaviour of concern.



Constructing a Child's Plan following Initial Risk Assessment

Key Principles

- It captures a comprehensive plan to identify and implement required actions to mitigate risk.
- Should be solution focused and child/person centred.
- Considers the potential of restorative processes and procedures.
- Makes use of data: ABC analysis.
- Evaluates the impact and sustainability of interventions.
- Is a live document.
- Is compatible with whole school risk assessments.

Process

- Identified behaviour of concern will trigger the Initial Risk Assessment process.
- Data will be collated: ABC forms, functional behavioural analysis, incident/near-miss data etc.
- Relevant people will have input to the Initial Risk Assessment.
- The Risk Rating will give an indication of the level of planning required.

Green/Low Risk- minimal planning and actions required may be recorded on the Initial Risk Assessment form.

If preferred it may also be recorded on a Child's Plan format with particular attention paid to the 'Safe' wellbeing indicator.

Amber/Medium Risk- requires more rigorous planning and will be captured in a Child's Plan format.



Red/High Risk- will require the optimum level of planning in a Child's Plan format and consideration should be given to a full SHANARRI assessment, a multi-agency meeting being convened and consideration that a statutory Child's Plan may be required.

Relevant people, who best know the child/young person, must contribute to the construction of the plan; the involvement of the child /young person and parents/ carers is necessary.

The process should pay heed to the National Practice Model, GIRFEC, SHANARRI, My World Triangle and Resilience Matrix.

Strengths/Protective Factors as well as Concerns/ Vulnerabilities must be explored and identified.

Child's Plan (Risk Assessment) - areas to consider:

- Are all staff members aware of de-escalation strategies?
- How good is our organisational awareness of Attachment/ Trauma?
- How confident are we that the actions and approaches identified in the plan will be implemented consistently and fairly?
- Do we have a clear understanding and awareness of potential systemic failures?
- Do we have a shared ethos in how we support our pupils and colleagues and do we use fair and consistent language when dealing with difficult situations?
- Consistency and predictability reduces anxiety and has positive impact on behaviour.
- Have we given full consideration to possible underlying issues: rejection, attachment, adverse childhood experience, additional support needs?
- Are we making full use of vulnerability and resilience data?



Proactive and Reactive Strategies

When populating the Action Plan within the Child's Plan we must systemically consider the following areas to identify what we are going to do to mitigate risks:

- Environmental Factors

(Long Term Proactive Intervention)

Physical Changes/Adaption - We must give thought to the setting conditions within the physical environment and what surrounds the child/young person. An environmental audit will often uncover potential triggers which have been previously overlooked. Do we require alterations to a space to maximise its appropriateness for meeting the needs of pupils? Are alterations to windows/doors required to improve security? Who do we contact to seek advice on this?

Contextual Considerations - We should pay attention to pupils' place in the wider context of the school community and culture. It may be necessary to consider issues such as the perceptions of peers, families and community, and what actions will be required to respond and address concerns. Are there issues around social media? Do these concerns raise questions about the school's ethos and values?

Environmental Factors falls within the PROACTIVE category of planning and is a LONG TERM intervention. In other words the impact may take some time to have its full impact.

- Learning and Training Needs

(Long Term Proactive Intervention)

This applies to the skills/learning needs of the pupil and the skills/training needs of staff.

Pupil learning needs should be considered in the widest sense; for example a pupil's emotional literacy, social competence or specific skills deficit would be valid learning needs and would warrant planned interventions to address the need, as would adaptations to learning and teaching to meet learning style needs, appropriate differentiation or other curricular adaptations. The restorative process would also potentially feature here as the acquisition of empathy and ability to take responsibility for one's actions could also be classed as learning needs.

Learning opportunities could also include planned involvement in the planning of what proactive and reactive strategies would work best for the child/young person.



Staff members need to be supported in their work with children/young people and should receive appropriate guidance and training. The assessment of risk may identify training and skills acquisition needs of staff and ACC will respond to these needs by providing and developing appropriate training opportunities.

Staff members are also entitled to personal/emotional support and this is identified in guidance on managerial responsibilities and also from corporate services.

Meeting learning/ training needs falls within the PROACTIVE category of planning and is a LONG TERM intervention; again it may take some time for the full benefit of interventions to emerge.

- Focused Supports

(Short/Medium Term Proactive Intervention)

This area prompts us to consider what intensive supports need to be implemented to maximise the reduction of risks in the shortest timescale. This must be viewed in the context of the longer term strategies and enables those to have effect over time. Focused supports tend to be more intensive and are generally not desirable as long term solutions. Examples of focused support: reduced/ modified school timetable, staff ratio increase, use of a different learning area within school, therapeutic intervention, third sector support.

Focused supports are within the PROACTIVE category and are generally SHORT/MEDIUM TERM interventions. However, some pupils will require focused supports for longer periods but this must be as the result of ongoing identification of need and assessment of risk.

- Contingency Planning

(Reactive Intervention)

When a risk assessment identifies that there is potential for a serious incident then a rigorous reactive intervention must be constructed. It is essential that the plan identifies very clearly what needs to be in place to ensure a rapid response to the most concerning incidents. Identifying who is to be called for, and how, must be carefully considered and agreed; consideration should be given to 'outs' whereby a pupil is given options to retreat to a safe place or a 'go to' person is sought to facilitate a de-escalation. The pupil's involvement in all areas of risk assessment is important and may be crucial when we are considering what reactive strategies would be most effective.

In the planning for reactive strategies we need to consider the mitigating effects of the previous proactive strategies and respond proportionately to Contingency Planning.



It may also be necessary to audit staff skills and competencies and feed this data into the learning/training section of the plan in order to address longer term needs.

It is essential that all necessary reporting and recording procedures are adhered to and documents forwarded to appropriate recipients.

Note:

The Child's Plan (Risk Assessment) is a live document and must be regularly reviewed and updated. Any significant change, near-miss or incident must result in the documentation being updated and planned interventions being reviewed.

While a plan to mitigate risk is in place, data on the efficacy of actions must be recorded and collated.

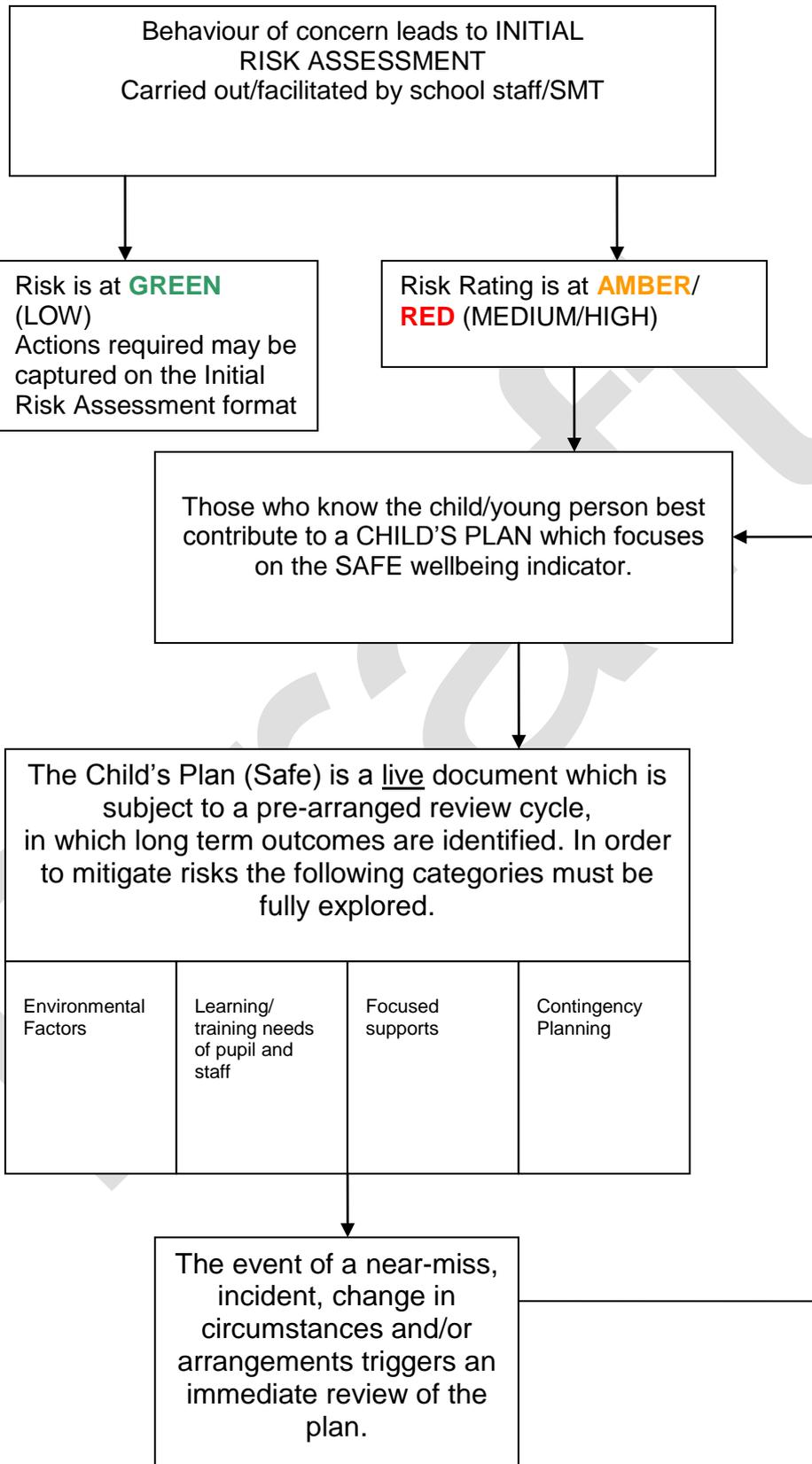
Frequency and severity of incidents should be recorded.

Positive behaviour monitoring and recording systems should also be in place.

Making sure that partners to the plan are kept informed of progress is essential; families will be enabled to support plans when they are kept informed of positives as well as concerns.



Process Flowchart





EXAMPLE (LOW/GREEN) Initial Risk Assessment for Jenny Green DoB 15/02 2008 Class Teacher – Mr Brown Primary 3

<p>What has the potential to cause harm (hazards) and what harm might result.</p> <p>(group hazards in one row if similar controls apply, insert hazard number/s)</p>	<p>Who and how many people might be at risk</p>	<p>What are the preventative and protective measures already in place:</p>	<p>S</p>	<p>L</p>	<p>R</p>	<p>What further action, if any, needs to be taken to reduce risk</p>	<p>By whom and by what date</p>
<p>Jenny finds transition from playtime/lunchtime to class distressing and finds it difficult to focus due to the level of disruption while her peers settle.</p> <p>Jenny becomes frustrated in this</p>	<p>Jenny and Jenny's peers</p>	<p>Advice from Autism Outreach Service has been actioned: visual timetable in place, 'Teach' method established and individual work space set up in classroom.</p> <p>Each morning Jenny is brought into school by her dad and a handover to PSA takes place in the quiet area near her classroom before heading to class. At this time Jenny is given access to her visual timetable for the day.</p>	<p>1</p>	<p>3</p>	<p>3</p>	<p>Transition plan following break and lunchtime has been discussed with Jenny and her parents.</p> <p>Jenny has been involved in establishing a routine of heading to the quiet area with Miss Grey, PSA, 2 minutes before bell-time. Jenny will have access to music on her earphones</p>	<p>Plan will commence week beginning (date)</p> <p>And will be reviewed two weeks later on (date)</p>



Person-Centred Risk Assessment and Child's Plan Process for Schools

<p>setting and peers have been upset by being called names and spoken to aggressively.</p>		<p>All staff members are aware that ABC recording sheets are to be completed after incidents and submitted to Mrs White, Head Teacher.</p> <p>Peers are supported by Mr Brown, class teacher, in restorative interaction with Jenny following incidents.</p>			<p>for 10 minutes while her class settle and she will then transition to class.</p> <p>Miss Grey and Mr Brown will keep a brief log of how effective the strategy is.</p> <p>This arrangement will be monitored and then reviewed after a two week trial period.</p>	
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Date of completion.....To be Reviewed on

Participant	Name	Signature
Pupil	Jenny Green	
Staff Member(s)	Mrs White Head Teacher, Mr Brown Class Teacher, Miss Grey PSA	
Parent/ Guardian	Mr and Mrs Green	
Outside agencies	Mr Blue- Autism Outreach	



EXAMPLE (AMBER/RED- MEDIUM/HIGH) Child's Plan format

**INDICATE STRENGTHS AND CONCERNS AGAINST
RELEVANT WELLBEING INDICATOR**

SAFE	List concerns (in previous RA format 'Who may be harmed and how?') List strengths (in previous RA format 'What are the preventative/protective factors?')
HEALTHY	
ACHIEVING	
NURTURED	
ACTIVE	
RESPECTED	
RESPONSIBLE	
INCLUDED	



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ACTION PLAN TO ADDRESS CHILD / YOUNG PERSON'S NAME NEEDS IN RELATION TO THE FOLLOWING WELLBEING INDICATORS:					Date agreed:	
<input checked="" type="checkbox"/> SAFE <input type="checkbox"/> HEALTHY <input type="checkbox"/> ACHIEVING <input type="checkbox"/> NURTURED <input type="checkbox"/> ACTIVE <input type="checkbox"/> RESPONSIBLE <input type="checkbox"/> RESPECTED <input type="checkbox"/> INCLUDED (NB. Please 'check' all wellbeing indicators which are relevant)						
Desired outcome	X will be safe in school when distressed					
Short term Indicator to show when the outcome will be achieved (What do we want to happen?)	Measure of success? (How will we know)	Action / Intervention (What are we going to do?)	By when?	By whom?	To be completed at review by:	
					Change Recorded? Improved / No Change / Deteriorated	Impact on desired outcome
<p>X remains safe within school and is supported to calm down/self-regulate when distressed</p> <p>X will understand the importance of the risk assessment and his/her role in its delivery.</p> <p>X's parents will understand the importance of the risk assessment and their role in its delivery.</p> <p>All relevant staff will understand the importance of the risk assessment and their role in its delivery..</p>	<p>Observation and reporting.</p> <p>ABC data/frequency and timescales of incidents</p> <p>Over time the frequency and severity of incidents will decrease as interventions have desired impact.</p> <p>X's self-assessment</p> <p>Views and data shared</p> <p>Child's Plan/Multi Agency meetings.</p>	<p>Environmental- Physical (Proactive Strategies)</p> <p>Physical and sensory adaptations/ additions/considerations.</p> <p>Actions detailed.</p>	<p>Specific dates recorded.</p>	<p>Specific staff names recorded.</p>		



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		Environmental- Contextual (Proactive Strategies) Systemic response to issues, perceptions, needs of peers, school community, parents etc. Actions detailed.				
		Focused Supports (Proactive Strategies) E.g. Staff ratio, adjusted timetable, outside agency input etc. Actions detailed.				
		Learning Needs (Proactive Strategies) X is involved in/ has contributed to the Risk Assessment. Social/emotional/ behavioural/ academic learning needs and interventions. Actions detailed.				



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		Staff Training/Support Needs (Proactive/Reactive Strategies) Staff training needs in meeting the learning needs of X? How are staff members Supported? Actions detailed.				
		Contingency Planning (Reactive Strategies) All relevant staff members are involved in/have contributed to the Risk Assessment and have proportionate access to the contents of the Risk Assessment. Worst case scenario- details of who/what/how/when? Actions detailed.				

Further Actions and Control Measures

Some further actions to consider:

- Remove other children/young people from situations which are escalating.
- Where a trigger has been identified such as, crowds and movement of people – Stagger start and finish times for school, lunches and breaks, e.g. keep the child/young person in a calm and relaxed environment while other pupils make their way into the classroom.
- Where a trigger has been identified such as, sounds/loud noises – discuss with the pupil's parents the possibility of trialling hearing protection (ear defenders) for the pupil to wear.
- Exclusion – this is an option after all other avenues and resources have been exhausted. The period of time during exclusion must be used constructively for planning and putting arrangements in place for the pupil's return to school.
- Consider offering staff a Hepatitis B vaccine if they work in an environment where they may be bitten.
- Personal Protective Equipment (PPE) – consider supplying staff with bite proof clothing. Alternatively, staff could be encouraged to wear woollen clothes (tops with long sleeves) as this gives an unpleasant sensation in the mouth when bitten.

Implementing Control Measures

Identifying appropriate control measures is part of the risk assessment process. There are a number of precautions that can help lower anxiety/ distress and prevent and control violence and aggression. The following are examples; this is not an exhaustive list and it is important to ensure the measures identified adequately control the risks.

Work arrangements and communication

- Are staff aware of generic risk assessments that are already in place and applicable to all?
- Consider the responsibilities staff carry out and the methodologies in place. For example, do E&CS and Facilities staff come into contact with persons who present distressed behaviour? To ensure consistency of staff approach, facilitate robust systems of communication provide clear instructions which are agreed, recorded and revisited regularly.
- Ensure that rigorous recording and monitoring of behaviour/incidents is carried out, including ABC data.
- Consider the need for a Multi-Agency approach and full SHANARRI assessment.

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- Involve parents and children/young people following incidents and ensure they are involved in planning and communication.
- Consider adapting the pupil's timetable.
- Discuss with affected employees the possibility of altered work patterns/times/days.
- Consider rotating staff tasks and responsibilities.
- Ensure appropriate training at the right level to help staff work safely when dealing with potentially distressed pupils.
- Ensure appropriate systems are in place for recording and exchanging information about pupils, service users and potentially, their relatives (individual risk assessments, hand over briefings, ongoing communication systems, indicators on plans, prompts in classrooms etc).
- Adjust staffing levels according to level of risk. Do certain times of the day present a higher risk of behaviour of concern, i.e. transitions, outdoor play, start of school or end of school, etc?
- Respond appropriately to incidents and record them (Your HR Electronic recording system).
- Consider how staff members engage with children/young people and look for opportunities to foster positive, trusting relationships.
- Ensure that restorative procedures are in place and implemented to ensure that relationships are repaired.
- Proactive planning– check you have procedures in place for pupils who are new to your establishment and how to plan for their transition.

Communication within school

- How effective and robust are our communication systems within school?
- Employees may need to contact someone for assistance. The provision of personal communication devices may form part of a number of reasonably practicable control measures to help manage the risk. These include telephones, mobile phones and pagers. Note: walkie-talkies are obtrusive and can exacerbate situations unintentionally.
- Personal communication devices alone will not prevent incidents from occurring. However, if used correctly and in conjunction with clear procedures, they will improve protection.

The workplace

- The physical environment may affect the likelihood of incidents, and the ease at which staff can respond to them. You must ensure the work environment is as safe and secure as possible to reduce the risk of behaviour of concern. Risk assessments/plans should consider:
- Space and layout – consider good visibility and avoid trapping points.
- Lighting, decoration and furnishings – it is important to create a calm environment.
- Consider what furnishings/objects could be used as weapons.
- Noise – banging doors, trolleys, PA systems can be stressful. Sound absorbing surfaces and materials may reduce the ambient noise levels.
- Sensory stimulus e.g. loud noise, strong smells may have a distressing effect on pupils with ASD. High temperature and poor ventilation may exacerbate situations.
- Staff security – consider the security building, access to isolated areas and security systems such as CCTV, fixed alarms, personal alarms and communication systems.
- Access to sensory/relaxing/safe space areas – specifically designed rooms and secure outdoor spaces that have a calming effect.

Classrooms, Offices and Corridors

When designing rooms and spaces, you need to consider:

- The selection of furniture and fittings which are less easily improvised as weapons;
- The availability of escape routes;
- the need for easy communication between staff, while retaining privacy, e.g. awareness of handover information not being shared verbally in front of pupils and use of more discrete methods of communication (email, handover books etc).

Training

Training in the prevention and management of behaviour of concern can provide employees with appropriate skills to reduce or diffuse potential incidents. It should be available to all staff.

The right level will be identified through the Initial Risk Assessment and Child's Plan process.

Training in the principles of managing behaviour of concern may include some or all of the following:

- What may drive behaviours of concern?
- Recognition of warning signs (triggers).

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- Awareness of the 'Assault Cycle'.
- Relevant interpersonal skills, i.e. verbal and non-verbal communication skills.
- De-escalation techniques.
- Physical intervention training.
- Details of local working practices/procedures and control measures.
- Incident reporting procedures (Your HR).

All staff members who have the potential to be involved in an incident should have the opportunity to receive training. However, you must ensure the level of training provided to staff reflects the specific needs of the work activities:

- Staff members responsible for pupils who present a low risk of aggressive behaviour may only require basic de-escalation training.
- Staff members responsible for pupils that present a more serious risk of physical aggression may also need training in physical intervention techniques, as well as basic de-escalation training.

Confidence and capability are important when dealing with a potentially aggressive or violent incident; staff will need to maintain their level of competency and re-verify their training at appropriate intervals.

Reactive Strategies

You need to ensure that procedures are in place for responding to incidents and that they match the level of risk.

Staff exposed to the risk of behaviour of concern need training on procedures in the event of an incident, and on what they have to do. It is important that they are aware of the criteria for initiating procedures, and are free to do so when they feel under threat.

Are incidents of violence reportable under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)?

Acts of non-consensual violence to a person at work that result in death, a major injury or being incapacitated for over-seven-days are reportable.

Helping staff after an incident

It is important that staff members are given the opportunity to come together after an incident to discuss what happened. This process of debriefing has two potential functions: to establish details of the event and to provide emotional help and support.

Time for Talking – free counselling service for all ACC employees and family living in the same house (must be 16yrs or over to use)

http://thezone/AskHR/HealthandSafety/YourHealthSafetyandWellbeing/HS_employee_counselling.asp

Living Life http://thezone/AskHR/HealthandSafety/YourHealthSafetyandWellbeing/HS_living_life.asp

The City Chaplain

http://thezone/AskHR/YourEmployment/additional_employee_info/EMP_council_chaplain.asp

The Quality of Working Lives (QWL) Stress Risk Assessment

<http://thezone/nmsruntime/saveasdialog.asp?IID=37498&sID=8040>

Management Competencies for Preventing and Reducing Stress at Work

<http://thezone/nmsruntime/saveasdialog.asp?IID=21062&sID=8040>

Aberdeen City Council Courses:

Developing Personal Resilience <http://thezone/nmsruntime/saveasdialog.asp?IID=34576&sID=8377>

Personal Wellbeing <http://thezone/nmsruntime/saveasdialog.asp?IID=34618&sID=8377>

Managers Managing Stress <http://thezone/nmsruntime/saveasdialog.asp?IID=34638&sID=8379>

Developing Resilience in Managers

<http://thezone/nmsruntime/saveasdialog.asp?IID=34630&sID=8379>