

# RISK ASSESSMENT



<b>Title</b>	Individual Risk Assessment – Pupils	<b>Date of assessment</b>	
<b>Pupil name</b>		<b>Date of birth</b>	
<b>Risk assessor</b>		<b>Assisted by</b>	
<b>Requires a PHP?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Additional documents</b>	
<b>Review date</b>		<b>Reviewer</b>	

<b>Risk(s)</b>	<b>Person(s) at risk</b>	<b>L* (1-5)</b>	<b>S* (1-5)</b>	<b>Risk Rating</b>	<b>Control measures</b>
Harm to self					
Physical abuse					
Verbal abuse					
Vandalism					
Disruption					
Harm from absconding					
Racist abuse					
Allegations					
Peer-on-peer abuse					
Use of weapon					



# Individual Education and Development plan

About the child/Potential triggers/key themes

What we want to see

Strategies to maintain

Likelihood		Severity	
Very likely	5	Fatality	5
Likely	4	Major injury/illness with permanent damage	4
Neutral likelihood	3	Injury/illness, some days in hospital	3
Unlikely	2	Minor injury/illness, no days in hospital	2
Very unlikely	1	No injury/illness	1

	5	4	3	2	1
5	25	20	15	10	5
4	20	16	12	8	4
3	15	12	9	6	3
2	10	8	6	4	2
1	5	4	3	2	1

Colour coding	Interpretation
Blue	Table labels
Green	Low risk (1 – 7); some control measures may be required
Orange	Moderate risk (8 – 15); control measures required to reduce risk
Red	High risk (16 – 25); immediate control measures required to reduce risk

## Positive handling plan

Plan date:

Review date:



Behaviours/triggers	Control measures/preventative strategies

### Behaviour

What might happen	Level of potential risk
Persistent refusal to follow instruction	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Sexualised language	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Kicking/upturning furniture	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Weapons/missiles thrown at others	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Assaultive language	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Arm grab	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Exiting class	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Damaging display screens	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Slap	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Kick	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Self-harm	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Punch	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Pinch	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Racially abusive	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Biting	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Hair grab	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Clothing grab	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>



## Positive handling assessment

In order to keep your child safe and for the safety of others, there may be occasions when fully trained staff need to help your child by physically holding them in a special way that has been risk-assessed as being in their best interest. This is always a last resort, and you have our word that we will do the best of our ability, always try every other strategy we have discussed today before entering into this level of support. Answering the following questions will ensure that you have a full understanding of this intervention.

Re-integration			Physical intervention		
Action	Try	Avoid	Action	Try	Avoid
Verbal advice/support	<input type="checkbox"/>	<input type="checkbox"/>	Friendly escort	<input type="checkbox"/>	<input type="checkbox"/>
Firm, clear directions	<input type="checkbox"/>	<input type="checkbox"/>	Help hug	<input type="checkbox"/>	<input type="checkbox"/>
Negotiation	<input type="checkbox"/>	<input type="checkbox"/>	Standing Wrap	<input type="checkbox"/>	<input type="checkbox"/>
Limited choices	<input type="checkbox"/>	<input type="checkbox"/>	Sitting Wrap	<input type="checkbox"/>	<input type="checkbox"/>
Distraction	<input type="checkbox"/>	<input type="checkbox"/>	Standing Double Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Diversion	<input type="checkbox"/>	<input type="checkbox"/>	Single Standing Elbow (2 persons)	<input type="checkbox"/>	<input type="checkbox"/>
Reassurance	<input type="checkbox"/>	<input type="checkbox"/>	Sitting Double Elbow (2 persons)	<input type="checkbox"/>	<input type="checkbox"/>
Planned	<input type="checkbox"/>	<input type="checkbox"/>			
Ignoring	<input type="checkbox"/>	<input type="checkbox"/>			
Quiet time	<input type="checkbox"/>	<input type="checkbox"/>			
Withdrawal offered	<input type="checkbox"/>	<input type="checkbox"/>			
Withdrawal directed	<input type="checkbox"/>	<input type="checkbox"/>			
Transfer adult	<input type="checkbox"/>	<input type="checkbox"/>			
Reminders of consequences	<input type="checkbox"/>	<input type="checkbox"/>			
Use of humour	<input type="checkbox"/>	<input type="checkbox"/>			
Success reminders	<input type="checkbox"/>	<input type="checkbox"/>			
Contact parents/carers	<input type="checkbox"/>	<input type="checkbox"/>			



### Parent/Carer Agreement

"I believe this risk assessment to be suitable and sufficient and consider the overall risk level to be acceptable. I agree for staff members to adopt the control measures/precautions above and to implement additional measures if circumstances change unexpectedly".

Staff name	Signature	Date

Social worker/professionals name	Signature	Date

The parent contributed to and agreed the above information during the induction meeting. A further copy written to include any other relevant information shared by the referrer will be sent to read and sign. (please name of social worker if relevant)

Parent signature: