

# Risk Assessment and Risk Management

## Residential Guidance

Dr Rachael Johnson, Reanna Mosleh (August 2022)



### Who:

Anyone can update the risk assessment. It is a team document. But it should be someone who knows the young person the best and has completed a formulation around their needs. Please be discussing the risk assessment and any changes in your team meetings



### When:

The risk assessment should then be updated at least monthly by the keyworker. Good practice is to get multiagency review (including social worker and other professionals involved) every 3 months. The risk assessment to be updated within 48 hours after a significant incident of risk.



### Why:

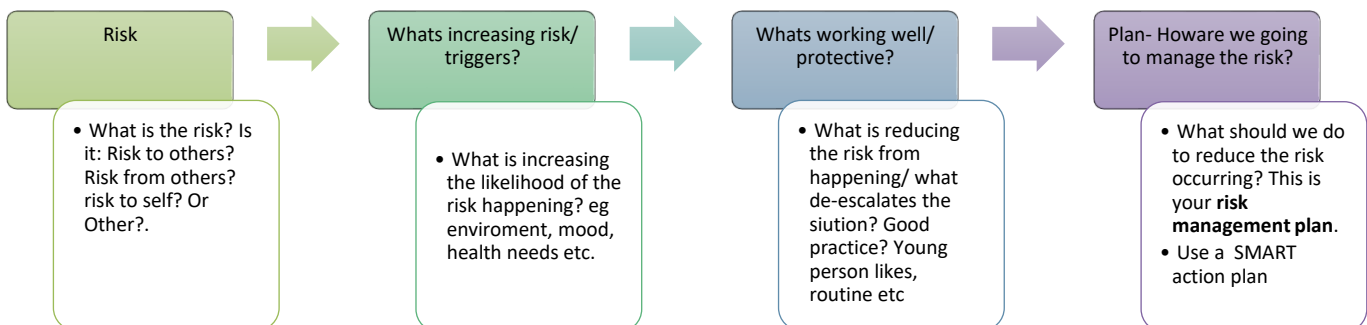
1. Update the risk assessment monthly as per protocol.
2. Update the risk assessment if there is a new risk.
3. Update the risk assessment if there has been an incident of new risk/behaviour.

## Our Goal



We are unable to eliminate risk completely! Our goal is **increase safety** through strength-based strategies which hopefully **reduce the likelihood of risks occurring**

## Risk Assessment Procedure



## Practice guide

Risk	What's increasing or maintaining risk	What's working well / protective?	Risk rating			Plan and how will we know it's worked.	Review date
			Severity	Likelihood	Rating		
what is the exact risk e.g. physical violence. Risks should be behaviourally specific. For example, education is not a risk but non-attendance at education is a risk.	What are the triggers? What factors in the environment increase risk? Do they lack certain skills to cope with stressful situations/ their emotions?	What plans are in place? What strategies work well? What skills do they have that help them to cope? Are they engaging in support? Are their any positive relationships that decrease risk?	Not harmful, harmful or extremely harmful	Not likely, likely or highly likely	Green, Amber Or Red	What are the specifics of the plan? Who is involved in the plan? What is the timeframe for the plan?	if the plan has a specific timeframe this will need to be reviewed after that time. E.g. if they were not allowed to use knives for 2 weeks and there have been no incidents the plan will need changing and the risk rating might need changing but if they are still felt to be unsafe it will need adapting. If new incidents happen the risk assessment will need updating following the incident.

<b>1</b>	Risk	When identifying what a risk is you need to describe it as behaviourally specific. For example, education is not a risk but non-attendance at education is a risk. Relationships are not a risk, but unprotected sex may or domestic abuse within the relationship would be the risks.																			
<b>2</b>	Maintaining factors	What we are worried about: In this section think broadly about what factors are triggers, what factors increase this risk etc. Do not endlessly list incidents – this is for the chronology section.																			
<b>3</b>	Protective factors	What is working well: In this section think broadly about protective factors, and what has worked to reduce the risk. How much we know about our young people is what will keep them safe from harm. A protective factor could be as small as making them their favourite drink or food to reduce the risk of damage or physical aggression.																			
<b>4</b>	Risk Rating	<p>Use the colour block table (Appendix B) to help you assess the risk level. It is not a bad thing if this colour block does not change colour or remain red – it does not mean you are not doing your job well. It is just a way of showing how risky a behaviour is. If the young person is new to the residential home and you have limited information, assess all risks as high on the first assessment.</p> <p><b>High risk/serious problem</b> <b>Moderate risk/problematic</b> <b>Low risk/minor problem</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Severity</th> </tr> <tr> <th>Not harmful, inconvenience, minor problem</th> <th>Harmful (injury), damage, problematic</th> <th>Extremely Harmful, serious injury or damage</th> </tr> </thead> <tbody> <tr> <td>Not likely- Historic and not occurred in the last 6 months</td> <td style="background-color: #90EE90;"></td> <td style="background-color: #FFD700;"></td> <td style="background-color: #FFD700;"></td> </tr> <tr> <td>Likely- Has occurred in the last 6 months</td> <td style="background-color: #90EE90;"></td> <td style="background-color: #FFD700;"></td> <td style="background-color: #FF0000;"></td> </tr> <tr> <td>Highly likely- Has occurred in the last 3 months</td> <td style="background-color: #90EE90;"></td> <td style="background-color: #FF0000;"></td> <td style="background-color: #FF0000;"></td> </tr> </tbody> </table>		Severity			Not harmful, inconvenience, minor problem	Harmful (injury), damage, problematic	Extremely Harmful, serious injury or damage	Not likely- Historic and not occurred in the last 6 months				Likely- Has occurred in the last 6 months				Highly likely- Has occurred in the last 3 months			
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<b>5</b>	Plan	This is how we will manage the risk as a staff team, in this section you must set <b>SMART goals</b> . Actions should be:																			

		<p><b>Specific:</b> Not general such as direct work to be completed. Instead a direct work on X will be completed by Y by Z date.</p> <p><b>Measurable:</b> How will we know it's work? E.g. After direct work, young person will understand the legal consequences of X</p> <p><b>Achievable:</b> Set goals that the young person and you as a staff team can complete. For example setting a time frame or outcome that is not achievable is not helpful.</p> <p><b>Realistic:</b> All plans must be set in realistic terms. Do not set goals or plans that cannot be completed by the young person or staff team. If a safety plan has been set by social care that in not realistic you must discuss this with social care.</p> <p><b>Time-limited:</b> All plans must be reviewed at the latest monthly. However restrictive plans such as bans should be reviewed sooner than monthly.</p> <p>Share the action plan (not this full risk assessment) with anyone who has been identified to do an action.</p> <p>If you identify amber or red risks for fire setting, Harmful sexual behaviour, violence ask for a consultation with the psychologist.</p>
6	Review	<ul style="list-style-type: none"> <li>• It is good practice to review the risk assessments every month, therefore the date for review should be no longer than 4 weeks. Please put a reminder in your calendar for this date as Liquid Logic will not tell you the risk assessment is outdated;</li> <li>• How long has the risk has been maintained or escalation/ deescalated? At times this can be helpful to know how long the risk has stayed the same/ been managed or has escalated/ de-escalated;</li> <li>• When reviewing monthly you must check all sections to ensure that it is up to date. You can delete information that is out of date or not relevant. We have an audit trail as all previous risk assessments are stored on liquid logic;</li> <li>• We do not want endless, long risk assessments. They should be accessible and a summary to help all staff know what the risks are and how to work consistently and safely with our young people.</li> </ul>

Do any of the risks identified have implications for the safety or wellbeing of the other young people in the home, or indicate increased risk to the young person from other young people currently in the home?

Potential impact	Plan - what will we do?

On a scale of 0 - 10; Where 0 means that the risk management plans do not adequately support the management of current risk meaning that risk remains high despite best efforts, and 10 means that the risk management plans effectively reduced all risk over the last review period, please scale how well you think the risk management plans identified in the current risk assessment support the management of the young person's risk overall.

0  1  2  3  4  5  6  7  8  9  10

On a scale of 0 - 10; Where 0 means that the risk management plans identified in the risk assessment did not reduce risk and risk actually increased overall during the last review period and 10 means that the risk management plans effectively reduced all risk over the last review period, please scale how well you think risk was reduced in the period prior to this review.

0  1  2  3  4  5  6  7  8  9  10

Reasons for scaling

- With potential impact – please think of how the risks the young person presents with may impact on other young people in the home. For example, one person going missing and the police visiting the house could escalate another young person's physical violence or damage as they may be triggered by the police due to negative historical events etc.
- Complete signs of safety questions and the rationale for why.

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**Risk Assessment**

- Summary
- Risk Assessment &...
- Appendix A: Chron...
- Appendix B: Risk R...
- Appendix C: Histori...
- Attachments (0)

Stage: Risk Assessment

**Appendix A Chronology:** Ensure that the chronology (Appendix A) is updated with information we know about the young person. This is where you can add incidents to your risk assessments. When required to update the risk assessment following an incident, this may just require the incident to be added to the chronology (appendix A) and a review of the risk rating and the risk management plan. If it does not change our understanding of risk factors etc., then you may not need to add information to the 'what are we worried about', or the 'what's working well' sections.

**Appendix C, Historical events:** If a risk has not been present for over a year AND there is no need for an active risk management plan, this risk can be moved to the historical risk (Appendix C) section. However, if the risk has not been present but this is only because there is an active risk management plan that is working, keep this in the main body of the risk assessment.

## Liquid logic step by step Guide to access risk assessments:

- ▶ Personal
- ▶ Health
- ▶ Education
- ▶ Special Guardianship Support
- ▶ Residential
  - Residential Episode
  - Residential Overview
  - Risk Assessments
  - Forms / Exemplars
  - Documents
  - Case Notes
  - Case Summary
  - Access
  - Audit
- ▶ Signs of Safety

**STEP ONE:** Risk assessments are in the forms and Exemplars under residential NOT Risk assessment tab.

**STEP TWO:** It is the "risk Assessment & Behaviour management" Form at the bottom of the page.

Select the **type of form to be created** from the list below.

- ▶ Monthly Progress & Care Plan - Residential
- ▶ Multi Agency Panel - Residential
- ▶ Multi Agency Professionals Meeting - Residential & Outreach
- ▶ Pen Picture - Residential
- ▶ Philomena Protocol - Residential
- ▶ Property List - Residential
- ▶ Record of Room Search - Residential
- ▶ Request for Investigation of Taxi Journey due to Safeguarding Risk
- ▶ Restorative Conversation - Residential
- ▶ Risk Assessment & Behaviour Management Plan - Residential
- ▶ Sanction - Residential
- ▶ Transition Plan - Residential

**STEP THREE:** Summary page, this will give you a summary of all the risks you have imputed and their risk rating. Here you will enter the date you have started a risk assessment/ reviewed it.

Then the Main Risk assessment is on the next tab down.

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**Stage:** Risk Assessment

### Summary

Name of young person	Harry Brock
DOB	16-May-2012
Date of acceptance to Aspire	06-Jul-2020
Placement type	
Risk assessment last updated	20-Jul-2020
Date for next review	17-Aug-2020

### Summary

Risk to others	Risk	Risk rating
Risk from others	Risk	Risk rating
Risk to self	Risk	Risk rating
Risk to property/environment	Risk	Risk rating
Risk of going missing	Risk	Risk rating
Other risks	Risk	Risk rating

High risk/serious problem  
Moderate risk/problematic  
Low risk/minor problem

**STEP FOUR:** Here you will complete the risk assessment, sectioning the risks into: Risk others, Risk from others, Risk to Self, Risk to environment, Risk of missing's: location known, location unknown and other risks such as non-attendance in education etc. This is followed by potential impact and the scaling questions as previously shown.

**Risk Assessment**

Risk to others  
E.g. physical violence, verbal aggression, harmful sexual behaviour, risk of allegations

Risk	What's increasing or maintaining risk/Triggers	What's working well / protective?	Risk rating: Severity	Risk rating: Likelihood	Risk rating	Plan and how will we know it's worked	Review date

Risk from others  
E.g. criminal exploitation, sexual exploitation, financial, physical harm, emotional harm, sexual harm, risk of allegations

Risk	What's increasing or maintaining risk/Triggers	What's working well / protective?	Risk rating: Severity	Risk rating: Likelihood	Risk rating	Plan and how will we know it's worked	Review date

Risk to self  
Self-harm, suicidal intent, suicidal thoughts, self-neglect

Risk	What's increasing or maintaining risk/Triggers	What's working well / protective?	Risk rating: Severity	Risk rating: Likelihood	Risk rating	Plan and how will we know it's worked	Review date

Risk to property/environment  
E.g. damage to hub property, property out of the home, vehicles, fire setting

Risk	What's increasing or maintaining risk/Triggers	What's working well / protective?	Risk rating: Severity	Risk rating: Likelihood	Risk rating	Plan and how will we know it's worked	Review date

Risk of going missing

Risk	What's increasing or maintaining risk/Triggers	What's working well / protective?	Risk rating: Severity	Risk rating: Likelihood	Risk rating	Plan and how will we know it's worked	Review date

Other risks  
Non-adherence to medication regime, non-attendance at education, health risks

Risk	What's increasing or maintaining risk/Triggers	What's working well / protective?	Risk rating: Severity	Risk rating: Likelihood	Risk rating	Plan and how will we know it's worked	Review date

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Stage: Risk Assessment

**STEP FIVE:** once all sections are complete you may want to attach additional documents that link to the risk assessment e.g., Philomena protocol, behavior management Plan, safety plan etc. However, the documents attached to the risk assessment must also follow the same Risk management plan and not contradict one another.



**STEP SIX:** Once all areas of the risk assessment and risk management plan are completed ensure that you have allocated it to your line Manager to QA. The risk assessment will remain in draft until it has been approved by management.



Who will QA this risk assessment?  
Group Leader/Portfolio Lead

Click here to select a user...

## Additional Support/ Training on high-risk behaviours:

<b><u>Exploitation</u></b>	<ul style="list-style-type: none"> <li>• GOV.UK website - general information on CSE and criminal exploitation, including useful disruption toolkit.</li> <li>• Sheffield safeguarding Hub - different CSE specific training pathways, more information on using appropriate language <a href="#">guidance_app_language_toolkit.pdf</a> (safeguardingsheffieldchildren.org)</li> <li>• Children’s society - #lookcloser campaign - BTP &amp; national county lines coordination centre &amp; the Preventing Exploitation training- focus on public spaces and people who might interact w/ exploited children e.g. Bus or coach drivers/ staff at train stations.</li> <li>• www.thinkuknow.co.uk – Resources to use with children of different ages e.g. ‘send me a pic’ Online activity about sharing images. Also resources on healthy relationships for 11-18 year olds.</li> <li>• Child exploitation and online protection command (for terminology) <a href="https://www.ceop.police.uk/Safety-Centre/what-is-online-child-sexual-abuse">https://www.ceop.police.uk/Safety-Centre/what-is-online-child-sexual-abuse</a></li> <li>• CSE CCE Training amber protect - SCC development hub</li> </ul>
<b><u>Radicalisation</u></b>	<ul style="list-style-type: none"> <li>• Sheffield Children’s safeguarding advice and guidance intranet page or refer to the ‘PREVENT escalation process’ document.</li> <li>• NSPCC radicalisation learning page.</li> <li>• ACT early counter terrorism information page</li> <li>• PERVENT training</li> </ul>
<b><u>Domestic Violence</u></b>	<ul style="list-style-type: none"> <li>• Get help if you are experiencing abuse   Safelives</li> <li>• Invisible Prison - Womens Aid</li> <li>• DASH and MARAC Information and Forms   Sheffield Domestic Abuse (sheffielddact.org.uk)</li> <li>• IDAS</li> <li>• Refuge Against Domestic Violence - Help for women &amp; children.</li> <li>• Training:</li> <li>• Coercive control and domestic Abuse training- SCC development hub</li> </ul>
<b><u>Substance misuse</u></b>	<ul style="list-style-type: none"> <li>• Introduction to Basic Drug Awareness for Young People- SCC development hub</li> <li>• The Corner has additional training on various aspects of substance use in young people.</li> <li>• Talk to Frank</li> </ul>
<b><u>Self-harm and suicide</u></b>	<ul style="list-style-type: none"> <li>• Self-Harm – Children’s Social Care training- SCC Development hub</li> <li>• Mental Health Awareness: Distance Learning- SCC development hub</li> <li>• MIND</li> <li>• IAPT</li> <li>• Consultation with MAPS/ CAMHS</li> </ul>

### Further support

- If you are struggling with any aspects of The Risk Assessment, please speak with your line manager or discuss this within team meetings/ personal supervisions.
- At times we will work with very complex and challenging young people, the risks they present with may at times have an impact on us professionally and/or personally. There is support that can be offered through supervisions and PAM ASSIST to discuss the effects of working with specific Risks. Please discuss this with your line manager