

Individual Student Risk Assessment

ALL RISK ASSESSMENTS SHOULD BE DEVISED, REVIEWED AND READ ALONGSIDE THE OTHER RELEVANT STUDENT INFORMATION
Where new and/or additional information is brought to the attention of a member of staff or If you have any questions please don't hesitate to contact a member of SLT.



RISK ASSESSMENT FOR:		Date of Birth:	Year Group
Name	<i>Insert photo or description of student here.</i>	Care Status: (Please Highlight)	Not in Care Looked After Child (LA) Special Guardianship Order Other
		Pupil Premium Status: (Please Highlight)	In receipt of FSM Ever6 FSM Other LAC Previously LAC Military
		First Written:	1.
		Written by:	1.

PLEASE READ THIS INFORMATION CAREFULLY BEFORE COMPLETING THIS DOCUMENT

1. Identify a potential hazard and **record it as a subheading in the box 'Hazard Identified'** e.g. physical aggression, self-harm etc.
2. **In place of the title 'narrative'**, describe the specific circumstances, observable behaviours and context of the risks in relation to the individual child.
3. Identify those affected by the hazard e.g. *Child (CH), Staff (S), Other Children (OC) or Other Adults (OA)*
4. Determine the Severity of Outcome: ① Inconvenience/Problematic ② Distress ③ Minor Injury/Damage ④ Major Injury/Damage ⑤ Incapacity or Death/Total (Property) Loss
5. Determine the Likelihood of Outcome: ① Very Unlikely to happen ② Unlikely ③ Possible ④ Probable ⑤ Certain to happen
6. Calculate risk (Severity x Likelihood) and identify whether it is Low (1-6), Low Medium (8-12), High Medium (15-16), High (20), Very High (25) add RAG rating colour to risk level.
7. Identify what measures have been taken to control the risk i.e. reduce the severity or likelihood of harm. Under the relevant heading, identify specific and proven techniques that (a) help prevent the behaviour occurring (b) help de-escalate and diffuse the behaviour if it does occur.
8. Identify another potential hazard and start the process again.
9. See example entry below.

Hazard Identified <i>Swearing and Personal Comments</i>	Person(s) Affected	Severity (1-5)	Likelihood (1-5)	Risk Calc S x L	Risk Level (rag rate)	Measures to Control Risk <i>including proactive and reactive strategies</i>
<i>Behaviour</i> Repeated swearing or verbal abuse of other students or staff <i>Trigger</i> Being asked to attempt work, be in a class with other, when he is told no.	CH S OC OA	4	4	16	HM	<div>Speaking calmly and repeat short, simple instructions to stop. Remind him for expectations on a lesson by lesson basis. Repetition of short instructions and reminders about expectations.</div> <div>What are you going to do to de-escalate the behaviour, if it does occur?</div> <div>Move others away if he is upset or escalating, offering a safe change of location or face if possible. Redirect to new task or location. Remind about 5 point scale actions e.g go outside of the classroom, use break out room, sensory activity.</div>

Observed incidents include date, observed behaviours and circumstances: See CPOMS log.

Hazard Identified:	Person(s) Affected	Severity (1-5)	Likelihood (1-5)	Risk Calc $S \times L$	Risk Level (rag rate)	Measures to Control Risk <i>including proactive and reactive strategies</i>
						<i>What are you going to do to prevent the behaviour occurring?</i>
Behaviour	CH S OC OA					
Trigger						<i>What are you going to do to de-escalate the behaviour, if it does occur?</i>
Observed incidents <i>include date, observed behaviours and circumstances:</i>						
Hazard Identified	Person(s) Affected	Severity (1-5)	Likelihood (1-5)	Risk Calc $S \times L$	Risk Level (rag rate)	Measures to Control Risk <i>including proactive and reactive strategies</i>
						<i>What are you going to do to prevent the behaviour occurring?</i>
Behaviour	CH S OC OA					
Trigger						<i>What are you going to do to de-escalate the behaviour, if it does occur?</i>
Observed incidents <i>include date, observed behaviours and circumstances:</i>						
Hazard Identified:	Person(s) Affected	Severity (1-5)	Likelihood (1-5)	Risk Calc $S \times L$	Risk Level (rag rate)	Measures to Control Risk <i>including proactive and reactive strategies</i>
						<i>What are you going to do to prevent the behaviour occurring?</i>
Behaviour	CH S OC OA					
Trigger						<i>What are you going to do to de-escalate the behaviour, if it does occur?</i>
Observed incidents <i>include date, observed behaviours and circumstances:</i>						
Hazard Identified	Person(s) Affected	Severity (1-5)	Likelihood (1-5)	Risk Calc $S \times L$	Risk Level (rag rate)	Measures to Control Risk <i>including proactive and reactive strategies</i>
						<i>What are you going to do to prevent the behaviour occurring?</i>
Behaviour	CH S OC OA					
Trigger						<i>What are you going to do to de-escalate the behaviour, if it does occur?</i>
Observed incidents <i>include date, observed behaviours and circumstances:</i>						

Individual Student Management Plan

Where new and/or additional information is brought to the attention of a member of staff, including preferred de-escalation techniques or the development risk-taking behaviours, staff must inform a member of the Leadership Team.

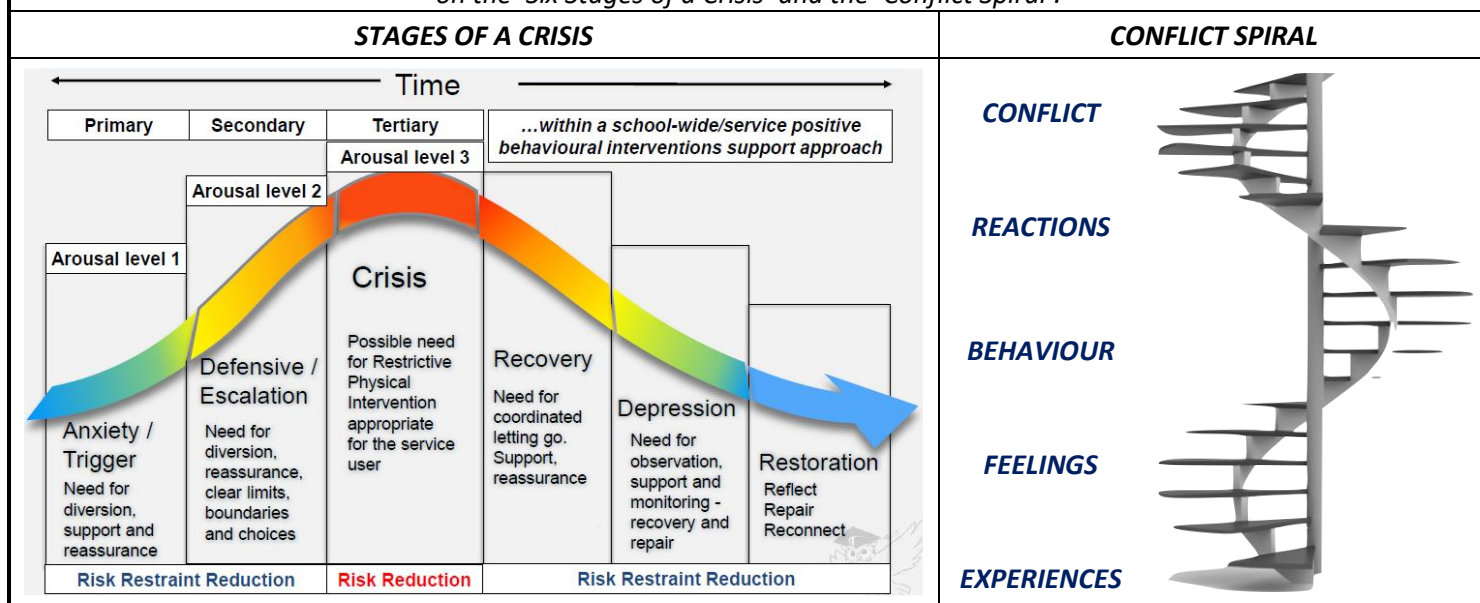
ALL PLANS SHOULD BE READ / UPDATED ALONGSIDE INDIVIDUAL RISK ASSESSMENTS.

Name of Child:		Review Date:	
Date of Birth:		Admission Date:	
Initial Plan Devised:		Plan Last Reviewed/Updated:	
Devised by:		Reviewed by:	

Positives What can we do to prevent 'behaviours of concern' occurring?

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In considering the triggers, behaviours and effective de-escalation techniques for any particular child it is worth reflecting on the 'Six Stages of a Crisis' and the 'Conflict Spiral'.



Triggers A description of specific situations that may give rise to 'behaviours of concern'

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Behaviours

A description of observable and measurable behaviours that may occur during instances of increased support.

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Preferred and effective de-escalation and diffusion techniques used:

Please complete ALL boxes, marking techniques accordingly ✓ !!! ✗

✓ Safe, effective strategy	!!! To be used with caution	✗ Inappropriate / ineffective strategy SHOULD NOT BE USED
Calm body language	Calm talking/active listening	Verbal advice and support
Diversion and distraction	Appropriate humour	Reassurance
Reminders of success	Choices / options offered	Acknowledgement of feelings
Positive/contingent touch	Negotiation	Setting clear limits/boundaries
Planned ignoring	Giving time/space (step away)	Transfer adult
Withdrawal offered	Withdrawal directed	Other (detail)

Further Information including de-escalation techniques which may be inappropriate or ineffective

Please provide further detail on reason/risk for all techniques highlighted as **use with caution** and **inappropriate/effective**.

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What XX behaviours may look like at Point 1 on the 5 Point Scale (Calm)	Useful distraction and de-escalation techniques	Unhelpful and ineffective strategies
Staff Observations	Staff Observations	Staff Observations
•	•	•

What XX behaviours may look like at Point 2 on the 5 Point Scale (Anxiety)	Useful distraction and de-escalation techniques	Unhelpful and ineffective strategies
Staff Observations	Staff Observations	Staff Observations
•	•	•

What XX behaviours may look like at Point 3 on the 5 Point Scale: (Escalation)	Useful distraction and de-escalation techniques	Unhelpful and ineffective strategies
Staff Observations	Staff Observations	Staff Observations
•	•	•

Further Information including hazards and/or techniques which may be inappropriate or ineffective. Please provide further detail on reason/risk for all techniques highlighted as **use with caution** and **inappropriate/effective**.

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What XX behaviours may look like at Point 4 on the 5 Point Scale (Urgent)	Useful distraction and de-escalation techniques	Unhelpful and ineffective strategies
Staff Observations	Staff Observations	Staff Observations
•	•	•

What XXXX behaviours may look like at Point 5 on the 5 Point Scale (Crisis)	Useful distraction and de-escalation techniques	Unhelpful and ineffective strategies
Staff Observations	Staff Observations	Staff Observations
•	•	•

Health Issues including details/guidance on conditions which may impact on the child's well-being/

All children must be monitored in accordance with timescales outlined in our policy.

It is important to be aware how a child is presenting during the period of recovery, following a crisis. Staff must be aware that there is a potential risk of the situation escalating back to crisis, if Unhelpful and ineffective strategies are used at this point.

Positive Listening and Debrief

Discussion and reflection must normally be conducted by someone who was not directly involved in the incident.

What XXXXXX behaviours may look like at Restoration	Useful distraction and de-escalation techniques	Unhelpful and ineffective strategies
Staff Observations	Staff Observations	Staff Observations
<div></div>	<div></div>	<div></div>

Additional Information incl. recording and notification required (please tick ✓ or **!!!** all relevant boxes)

Parents or Guardians		Children’s Services (Social Worker)		Lead Teacher (LT)	
CPOMS		Other: Please detail			

For additional information please refer to the student’s profile. Where appropriate, secure parent/carers agreement to any required positive handling plan and risk assessment strategies.

Lead Teacher Name and Signature:	Date:
Parent/Carer Name & Signature:	Date: