



dialogue

south west registered managers' forum

## **dynamic risk assessment**

John Woodhouse

“ **continuous assessment** of risk in the **rapidly changing circumstances** of an **operational incident**, in order to implement the **control measures necessary** to ensure an **acceptable level of safety** ”



  
dialogue

## what it's **not**

“ the rapid making up of excuses on the hoof to excuse the failure to predict the predictable and justify your response

”



“ Staff should **continually and actively assess** the risks to each child and the arrangements in place to protect them. Where there are safeguarding concerns for a child, **their placement plan**, agreed between the home and their placing authority, **must include details of the steps the home will take to manage any assessed risks on a day to day basis**”

para 9.5, Guide to the Children's Homes Regulations including the quality standards

## what is **risk**

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describe a risk...

HH

MM

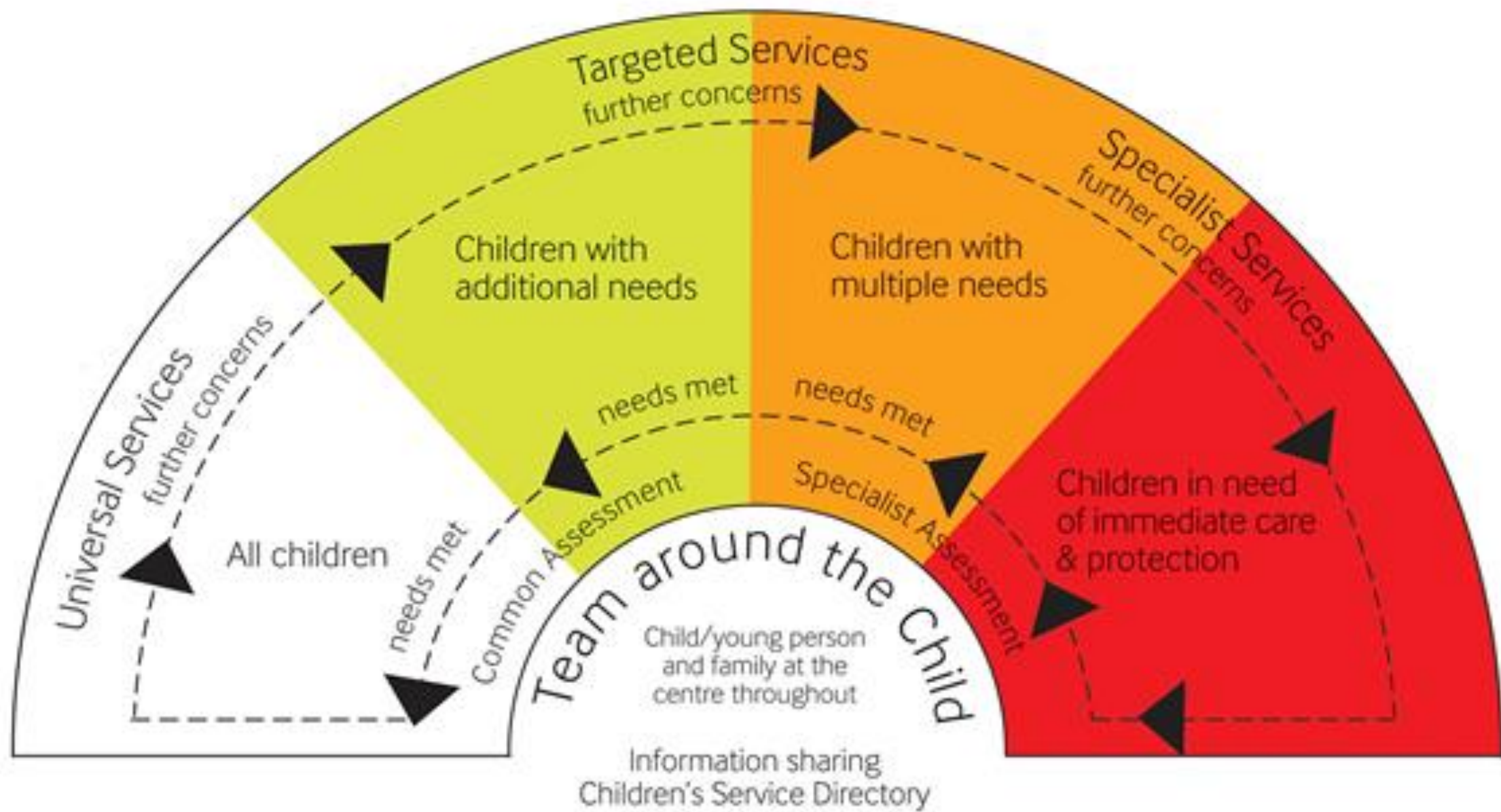
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		Impact			
		Low	Concern	Harmful	Significant harm
Likelihood	Very unlikely				
	Possible				
	Suspected				
	Likely				
	Almost certain				
		<b>LEVEL 1</b>	<b>LEVEL 2</b>	<b>LEVEL 3</b>	<b>LEVEL 4</b>



<b>Very unlikely</b>	An event that could happen, but is almost certain not to happen
<b>Possible</b>	An event that could happen
<b>Suspected</b>	There is an indication that something has happened or may happen
<b>Likely</b>	Something you believe is more likely to happen than not
<b>Almost certain</b>	Something that will happen unless action is taken

<b>Wellbeing - Low</b> <b>LEVEL 1</b>	No injury or cause for concern
<b>Concern – early help</b> <b>LEVEL 2</b>	A young person isn't doing as well as they should, although there is no evidence of harm. They may benefit from extra help. For example, a young person hits herself but has a plan in place to reduce occasions where this happens... on one occasion they hit themselves but do not leave a mark. We would want to review this periodically, or if it worsens.
<b>Harmful</b> <b>LEVEL 3</b>	Harm means ill-treatment or the impairment of health or development, including for example, impairment suffered from seeing or hearing the ill-treatment of another. For example, the above young person injures herself leaving a bruise. This will need to be explored further to establish why they have been harmed.
<b>Significant harm</b> <b>LEVEL 4</b>	Neglect, physical abuse, sexual abuse or emotional abuse including for example, impairment suffered from seeing or hearing the ill-treatment of another. Any harm which may be attributable to an adult coming across a young person at work.



**Continuum of Needs  
(commonly known as The Windscreen)**

**Threshold Guidance**

North Somerset's

THE RIGHT SERVICE  
IN THE RIGHT PLACE  
AT THE RIGHT TIME

**EFFECTIVE SUPPORT  
FOR CHILDREN AND  
FAMILIES IN SOMERSET**

Guidance for all who work with children and families to provide early help and targeted and specialist support.

Somerset Safeguarding  
Children Board

**Devon  
Safeguarding Children  
Board**

Keeping children safe is everyone's responsibility

**Thres**

Practice guidance for  
people through th

[www.devonsafeg...](http://www.devonsafeg...)

Keeping children safe is everyone's responsibility

**Threshold Tool**

Practice guidance for improving outcomes for children and young people through the early identification of need and vulnerability

[www.safechildren-cios.co.uk](http://www.safechildren-cios.co.uk)

**Dorset Safeguarding  
Children Board**

ryone's responsibility

**Threshold Tool**

August 2015

Practice guidance for improving outcomes for children and young people through the early identification of need and vulnerability

[www.dorsetscb.co.uk](http://www.dorsetscb.co.uk)

Version 2 February 2017

Rev 2 July 2015

## national picture

“Uncertainty and risk are features of child protection work...**Risk management cannot eradicate risk**: it can only try to reduce the probability of harm.... Those involved in child protection must **be “risk sensible”**. There is no option of being risk averse since there is no absolutely safe option”

The Munro Review of Child Protection: A Child Centred System, May 2011

# risk management **plan**



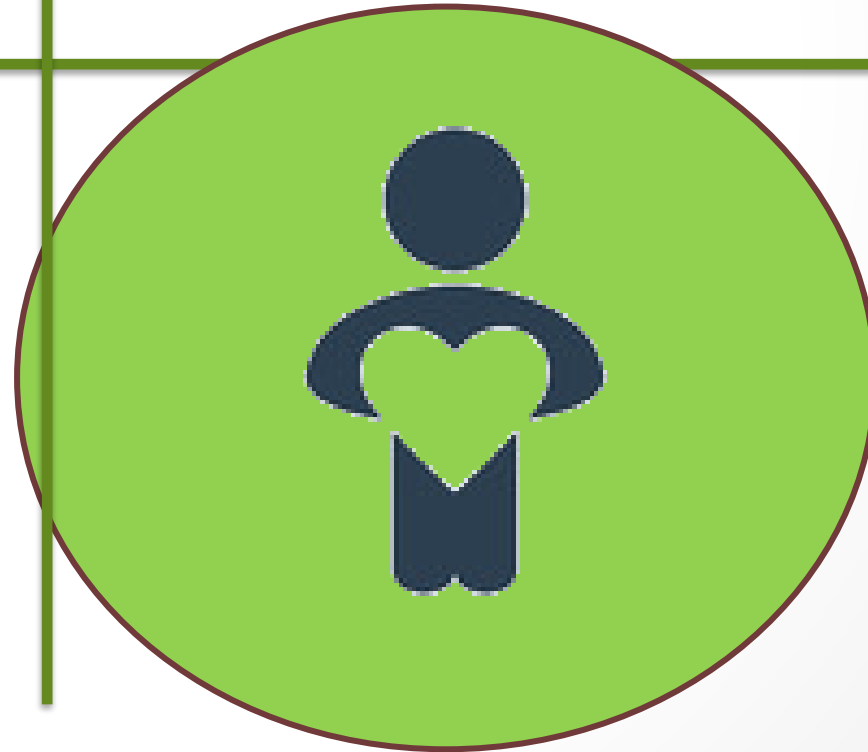


## safety

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what resources we have to draw on

safety







## safe person

- motivation
- experience
- competence
- attitude
- perception of risk
- etc
- 

How do **you** know  
what **they** will do?



# **organisational** responsibilities

- predict the risk as far as possible beforehand
- develop shared competency standards
- train staff so they know the expectations
- seek feedback
- review the risks





# personal responsibilities

- identify the risk
- assess the risk and form a judgement
- have authority to stop or call for help
- take reasonable risks
- be part of the review

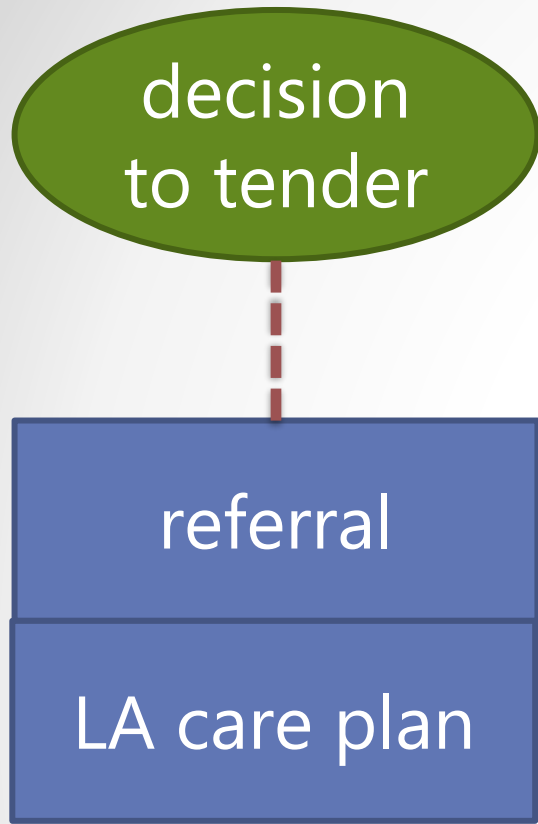
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## how risks **arise**

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risk identification



impact risk assessment

specific risk assessments

risk management plan

specific risk assessments

specific risk assessments

positive behaviour support plan

information reports

organisational risk assessments

## some questions...

1. do you have a systematic approach to risk?
2. are risks known about and shared across the organisation?
3. are risk assessments used in practice? are they also used to target intervention and track progress?
4. do you audit the quality of risk assessments and ensure significant risks are documented?
5. are staff trained, capable and safe practitioners? Do they identify risk effectively? How do you audit and evidence this?



## some questions...

6. has the placing authority agreed to the approach taken to manage the risk? when are they consulted? Do you have a clear process for escalating concerns?
7. do staff share risks with others having care of the young person, such as schools. Is communication about risk effective? Are clear steps to manage risks set out?
8. do staff have the authority to take reasonable risks, have authority to stop or call for help and where necessary change a risk assessment? is this clear in your paperwork?
9. Do you undertake internal analysis when risks become incidents?
10. What is the culture of risk in your home? Does it take a balanced approach recognising the importance of adolescent risk for good health and brain development while adults hold proper responsibility for young people?





## scenarios

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try it out...





## eliza

Several young people come to you to complain about another young person, Eliza (15).

They feel Eliza is being overly aggressive towards them and you have recently been aware that other staff intervened because there was nearly a fight between Eliza and one of her peers.



## eliza

When challenged about what might have caused it most of the young people claim to be at a loss saying that there has been a bit of banter recently and that Eliza might be upset because she has just split up with her boyfriend, Paul, who also lives in the home.



## eliza

When you speak with Eliza she shows a screen capture on her phone that Paul has posted of a topless photo of her which she says he has shared with “everyone”.



## james

James (14) has been self harming on the top of his arms with a razor blade for 3 months and hides his marks from staff.



**james**

Last week he watched a youtube video of someone cutting their wrists.



## james

Today, his girlfriend finished with him and on the way home from school he saw her kissing another boy.



**james**

When he gets home from school he locks himself in his bedroom.

