

MORAY CHILDREN AND FAMILIES SOCIAL WORK SERVICES

RISK ASSESSMENT and MANAGEMENT MANUAL

Risk = “Chance of danger, injury, loss etc”

Assessment = “Consider, estimate, fix, review”

Management = “the act of handling or controlling something successfully”

November 2012

- Keep it simple
- Keep it understandable
- Keep it proportionate
- Make it part of your daily life

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1. INTRODUCTION TO RISK ASSESSMENT

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As employees of The Moray Council we all have a moral and legal duty to ensure our own and each other's safety, and that of service users and members of the public. For an overview of these main responsibilities, please refer to [The Moray Council Safety Management System](#).

This manual adopts the corporate framework, which can be applied to assessing all risks i.e. risks to children, risks to staff and third parties, and risks to the agency or service.

The manual includes procedures to be followed, tools to be used and guidance about how they can be used flexibly in varying situations.

There is an element of risk attached to everything we do, at home at work and at play. Some risk taking is positive and healthy as it can help us to learn, grow and develop.

The aim of the Risk Assessment is to:

- Identify the risk
- Assess how much of a risk it is
- Reduce the risk to an acceptable level

We all carry out risk assessments routinely in our day-to-day lives - for example, Is the ladder secure enough for me to wash the windows without having someone to hold it?

At work, we have to formalise it, to make sure that we are recognising and responding appropriately to risk and to provide evidence that we have done so.

LEGISLATION

The Moray Council has [policies and procedures for specific Health & Safety issues](#). You can find them on the Intranet or refer to your manager.

WHAT TO DO AND WHEN

This manual includes several different forms which can be used to identify, assess and reduce different kinds of risk in varying circumstances.

- Risk assessments and the controls you put in place to reduce risk should be **proportionate** to the **probability** of it happening and the **severity** of the outcome.

In this manual risk assessments are divided into three main groups:

1. **Environmental Risks**, those associated with the physical environment.

Risk assessments should be carried out by appropriate staff, i.e., those with a knowledge of the situation and experience of doing risk assessments on a regular basis, as recommended by Health and Safety Regulations. This type of risk assessment should be recorded on a simple format (see Risk Assessment Forms 1 and 2) or on one designed for a specific purpose, for example Fire Risk Assessment. Risks identified in this area which cannot be reduced to "tolerable" or below should be discussed with a line manager/Health and Safety Adviser.

2. Low Level Individual/Personal Risk associated with the individual member of staff and/or service user. (Use Risk Assessment form 1 and / or 2 as above)

- Such risks may include service user access to The Moray Council kitchen facilities, (e.g. use of kettle/ access to knives): Use of staff cars to transport children and young people, (seat belts, car seats/ locks, behaviour issues): Specific health issues, (e.g. asthma medication): Planned activities.
- These forms should also be used to assess and reduce risks and safe care of children in service users' houses. For example electric socket covers, safe storage of medicines and cleaning products, hygiene, stair gates etc. **In order to reduce repetitive work teams are advised to develop checklists using form 1 for common risks specific to their service.** Use the prompts on the reverse of form 1 and Risk Assessment form 4 to assist in this.
- Risks to members of staff associated with Lone Working will be assessed and recorded on [Risk Assessment form 4](#), and a copy kept in the Service Users' file

3. High Level/Complex Risk, for example, where an integrated approach is required across services to share, manage and reduce complex or high level risks.

A child's or young person's Integrated Assessment and Plan must include any detailed risk assessment agreed and implemented by the team around the child. The Youth Justice Team also has specialist assessments relevant to young people who exhibit inappropriate interpersonal behaviour or who present a risk of serious violence.

Risk identified in this area, which cannot be reduced to "tolerable" or below must be reported to your line manager. The decision as to how to proceed should be clearly recorded on the Risk Assessment Form and signed off by the appropriate manager.

Finally:

- **Keep it live**
- **Report on when necessary**

A risk assessment is not a one-off exercise which gathers dust in a filing cabinet. It should be reviewed. When you carry out a risk assessment decide:

- **When to review it**
- **Who will review it**

Make sure you have a way of remembering when it should be reviewed – mark it on the calendar, in your diary or use a database. (Microsoft Outlook can easily schedule such reviews, with reminders, and, if you want you can use its "categories" feature to specifically highlight risk assessments or any other kind of integrated review).

Having done a risk assessment, discuss areas of concern (follow guidance on forms) with your line manager.

You are responsible for the risk until you have:

- Done something to reduce the risk to a tolerable level (control measures)
- Informed the appropriate manager of the risk (follow guidance on forms)

CATEGORIES OF RISK

Risks to children

Situational Risks

Risks to the child's health or development, arising from their environment or the care that they receive - e.g. neglect, abuse or preventable accident.

Intervention Risks

Risks to the child arising from agency interventions - e.g. breaking/disrupting primary attachments or over-riding expressed wishes

Behavioural Risks

Risks to the child or others, arising from the child's behaviour - e.g. offending or challenging behaviour.

Risks to staff and third parties

Environmental Risks

Factors in the environment presenting a risk to staff doing their job - e.g. the family rottweiler.

Activity Risks

Risks that may arise from the manner in which the work is done - e.g. taking a young person out for a drive and chat

Risks to the Agency or Service

Risks such as litigation, additional expense and public censure arising from factors such as:

- staff acting outwith compliance to requirements
- staff inadequately protected by procedures and systems
- inadequate assessment of risk

RISK ASSESSMENT AND MANAGEMENT – KEY CONCEPTS

Risk Assessment

- Harm – hurt, injury, damage, impairment or loss to a person or group of people
- Severity – the extent or gravity of harm that might occur or has occurred (“significant harm” – as a measure of severity - suggests harm that is substantial in itself, or that has a major, or lasting impact)
- Probability – the chance, odds or likelihood of something (harmful) happening or developing
- Adversity – conditions under which a person is living, which may have a harmful impact, depending on the resilience or vulnerability of the person affected and other protective factors in their situation
- Pre-disposing factors – aspects of a person’s make-up, or conditions under which a person is living which, while not currently causing harm, may make a harmful event or sequence of events more likely to happen
- Triggers – events, or forms of behaviour on the part of another person, which may produce a (harmful) reaction or chain of actions by an individual or group of people
- Protective factors – aspects of the conditions under which a person is living – including personal strengths of individuals, groups, families etc - which reduce the likelihood of harm occurring, either by reducing the likelihood of harmful events or behaviours or reducing the severity of their impact
- Vulnerability – aspects of a person’s make-up which may increase the severity of harm to a person
- Resilience – aspects of a person’s make-up which may reduce the severity of harm to a person (a person’s resilience or vulnerability can change over time in response to adversity or harmful events; other protective factors may support the development of resilience)

Risk Management

- Pro-active measures – active steps that can be taken in advance to prevent harmful events, actions or behaviours from occurring
- Active measures – active steps that can be taken to manage events and behaviours to prevent harmful consequences
- Reactive measures – active steps that can be planned in advance to be taken if harmful events or behaviours occur, in order to reduce, limit or contain the extent or severity of their impact.

2. Guide to Basic Risk Assessment

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Risk Assessment – form 1

This form is a tool to identify all the specific issues under consideration. This can be completed by an individual or a multi-disciplinary or agency team. For example:

- the form should be used and kept in the case file, to record each of the different risks that had been considered in relation to the case
- it can be used in relation to the range of risks presented by a routine activity – such as providing a “duty” social work service
- it should be used in relation to the risks considered in relation to a time-limited group work intervention

The “Situation/Carefirst Reference” box should be used to identify which individual or situation is being assessed. You should note any aspects of risk that you have considered and whether there is the potential for real risk or not. Form 2 should now be completed for each of the issues identified as a potential risk.

Risk Assessment – form 2

Where a risk has been identified on form 1 this should then be copied to form 2 using the same issue number. In the “risk present box” where a risk is present you should tick the box and identify which personnel are at risk using the following keys:

S = staff member; SU = service user; O = other

The details of the risk should be noted, then the existing control measures, which are **currently** in place, should be recorded in the “existing control measures” column. Use the **Simple Risk Level Estimator** to identify the level of **probability** of the event occurring and the most predictable **severity** of consequences of the event in question occurring. You will then be able to identify the **risk rating** by finding where the “severity of consequences” row and the “likelihood of occurrence” column cross over. For example, an event has a “major” level of severity of consequences which is “possible” or “highly likely”, this gives a risk rating of “moderate”. **The Estimator is a tool to help you make a judgement about probability and severity, so that you can decide whether additional measures to reduce risk are necessary, or not. It is not a rigid, decision-making tool.** As a general guide, you should consider additional measures if the risk level is “moderate” or greater.

The kind of additional measures required to minimise risk should then be identified. **You should consider the benefits and drawbacks of all possible interventions, and agree on the best course of action.** The severity and probability of risks arising from any additional measures should then be reviewed as for other risks and the rating estimated and noted in the Final Risk column.

The Risk Assessment Action Plan on the reverse of form 2 can then be completed. The action plan details the actions to be carried, by whom and the target date for completion and the actual date completed. Some actions may be required on an ongoing basis.

Where the final risk rating is moderate or above the action plan should be referred to your line manager for discussion and approval, or to agree further action required to reduce the risk.

The action plan also includes the recording of who is reviewing the risk assessment and the target date for this to happen.

Where the action plan has been referred to your line manager the outcome of this referral should be noted, for example, discussed and agreed. The line manager should sign and date the form. In doing this the line manager is agreeing with the content of the action plan and thereby accepting responsibility for managing the risk.

The Assessor should also sign and date the form.

When reviews are carried out, note in the review table the date it was due to happen, the date it was actually carried out and by whom. The Action Plan should be updated to take account of any changes necessary following the review. With agreement, the review can be carried out by a member of the multi-disciplinary team on behalf of all the care providers. All care providers involved in an individual's care should have a copy of the Risk Assessment Action Plan.

If, at review the assessment is that a Risk Action Plan is no longer required, this should be noted and the review "signed off" by the appropriate practitioner or manager.

(ENVIRONMENTAL/LOW LEVEL/PERSONAL RISKS)

Department/Team:		Date:		
Name:		Carefirst Ref:		
Completed By:				
Issue No.	<u>SPECIFIC ISSUE FOR CONSIDERATION</u>	Do potential risks exist?		
		Yes	Unsure	No
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				

IF "YES" or "UNSURE" to any of above, Risk Assessment 2 **MUST** be completed.

AREAS FOR CONSIDERATION

- Person not known to service/other professionals
- Validated Third Party Information
- History of violence and/or aggression (physical or verbal)
- History of alcohol/drug/substance abuse
- History of inappropriate sexual behaviour (including verbal innuendo, sexualised language)
- History of false allegations against staff/others
- Remoteness/isolation of service user accommodation/ability to contact others in an emergency
- Client access to kitchen facilities e.g. risk of scalding
- Transport of client in staff cars e.g. use of seatbelts / child locks / booster seats
- Activities and outings e.g. isolated location / near water / cycling / swimming – child/young person's supervision requirements / capacity to understand danger / respond to instruction

When undertaking any piece of work or activity with a child or young person – they are technically in our care, and therefore we have responsibility for ensuring their safety.

Using this form, individual teams must consider the type of work/activities and associated risks involved in working with their specific client group. Any issues arising, which are rated 'YES' or 'Unsure' must then have documented risk assessments undertaken, using [RISK ASSESSMENT 2](#) below. These can be generic in relation to an activity, or specific in relation to a young person.

We cannot plan for every eventuality, but once something unforeseen happens we must reflect and learn from it, and ensure procedures are put in place to reduce the risk of it happening again.

RISK ASSESSMENT (ENVIRONMENTAL/LOW LEVEL/PERSONAL RISKS). In the “Risk Present” box, the person at risk is defined by :
(S) = Staff, (SU = Service User, (O) = Others

Name:

Date:

Carefirst Ref:

ISSUE NO.	RISK PRESENT	DETAILS OF RISK.	EXISTING CONTROL MEASURES	PROB.	SEV	R.R.	ADDITIONAL MEASURES REQUIRED TO MINIMISE RISK
	PERSONS AT RISK						

KEY: PROB = Probability SEV = Severity PROB multiplied by SEV=RR RR = Risk Rating

Associated Assessments: ☐ Integrated Assessment of Child Protection Risk and Plan or PROACT-SCIPr-UK® Risk Assessment and Behaviour Support Plan

RISK ASSESSMENT ACTION PLAN

Item	Action	By Whom	Target Date	Completion Date
	Refer to Line Manager if Final Risk rating is "Moderate" or above			
	Organise Review of Risk Assessment			

Outcome of referral to Line Manager.

Signed by Line Manager: _____

Date: _____

Completed by: _____

Name: _____

Signature: _____

Date: _____

Copy of Risk Assessment and Action Plan sent to:on.....

And:on.....

REVIEW

Date Due	Date C/out	Name	Signature

Copy of Review sent to:on

Andon

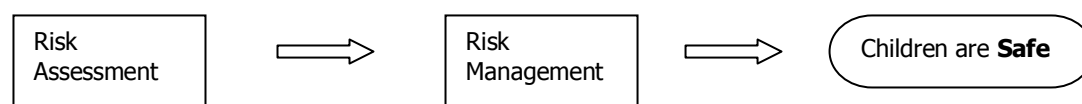
3. THE ASSESSMENT OF RISK

Introduction

In 2004 the Scottish Executive agreed a Vision for Scotland's Children. They should be: **Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included**. These eight **well-being indicators for children** were set by Scottish Ministers to provide a framework for outcome-focused children's services planning and performance reporting.

Risk assessment and risk management are undertaken to achieve the outcome that children are **safe** from harm. If they are not safe, there is likely to be current or future damage to their **health** and ability to **achieve** and to be **responsible**. Risk may arise from deficiencies in how their needs are met – how they are **nurtured, respected and included** - but other factors can also play a part.

Risk assessment informs **risk management**, in order to achieve children's **safety from harm**.



Risk¹ Assessment

Risk assessment involves the identification and assessment of sources of potential harm to children and of sources of potential protection for children.

The assessment should be structured around seven fundamental risk assessment questions that practitioners need to address in order to understand and estimate the sources of risk, the nature, extent and likelihood of harm and the strengths on which a risk reduction plan can be built:

1. **From what sources in the child's world do exceptional² forms of risk of harm arise?**

In most instances such risk to children arises from problems with regard to aspects of "what they need from people who look after them" and this is often as a result of historical patterns of care, together with social, practical and economic factors in the family's "wider world". Some forms of risk to children arise directly from factors in the child's wider world – such as dangerous adults, substance abusing sub-cultures and offending peer groups – or from the child's own behaviour. Identification of the source(s) of harm is essential to reducing the risk of harm actually occurring. It shows you what factors need to be addressed in any intervention.

¹ Chambers Twentieth Century Dictionary defines risk as "hazard, danger, *chance of loss or injury: degree of probability of loss*". It defines the verb to assess as "*to fix the amount of: estimate*".

Cambridge Advanced learner's Dictionary defines risk as "the possibility of something bad happening"

² The world exceptional is used here to remind people that risk is a normal and necessary part of a child's world and that parents are continuously assessing and managing risk on their child's behalf – from checking the temperature of bathwater through allowing the first unaccompanied walk or cycle to school and a myriad other experiences.

2. What kinds of harm to the child are expected to arise from these factors?

With the addition of “belonging” in the “My Wider World” dimension, the kinds of harm anticipated will be either to child’s health – through injury or neglect – or to developmental aspects of “how I grow and develop”. Identification and measurement of the anticipated kinds of harm is essential to reducing the likelihood and severity of harm. It shows you what kind of harm you are trying to prevent and the relative priority of preventing it.

3. How harmful is the impact on the child’s health and development expected to be?

The impact on a particular child’s health and development from events, behaviours and adversity varies, depending on the child’s resilience or vulnerability and the pre-disposition and capacity of people in the child’s world to protect. Identification and measurement of these factors is essential in showing the extent to which an intervention should be designed to strengthen the child, increase the capacity or disposition of others to protect, block or interfere with the behaviours giving rise to risk – including removal of the child, temporarily and conditionally, or permanently from harm’s way. Pro-active, active and reactive steps can be considered in relation to these objectives. Estimation of the anticipated severity of harm from existing factors is also essential to making a balanced judgement as to whether the risk of harm inherent in any intervention options is greater or lesser than the current risk.

4. What factors in the current situation increase or decrease the likelihood of harm occurring?

The situational factors to be considered include pre-disposing factors such as characteristics of carers and patterns of care or other behaviour, triggers, such as use of various substances, refusal to comply with particular demands, or forms of rejection or exclusion and protective factors, such as a person who cares about the child or family and is motivated and able to anticipate difficulties and either prevent their occurrence or protect the child from direct experience or impact. Identifying and estimating these factors is essential to designing interventions that are sufficiently robust, build on current strengths in the child’s world and thereby provide a route to sustainable safety for the child.

5. How likely is it that harm will occur?

The evidence that needs to be considered in relation to this question is partly situational and partly historical. The historical factors are, firstly, that if harm has previously occurred or come close to occurring, to this child or others in this situation, or in comparable situations, it is more likely to recur; secondly, if a pattern of such harm is evident in this family’s history, it is likely to recur. Estimating the likelihood of harm occurring, alongside the estimation of the severity or extent of harm, is essential to enable practitioner to prioritise those risks that they most need to address and to design interventions that are adequate.

6. Taking into account the factors described above, what is the overall level of risk to the child and are existing protective factors in the child’s world sufficient to ensure an acceptable level of safety?

Answering this question requires you to summarise your assessment of the likelihood of harm occurring and the anticipated severity of impact on the child, with regard to the child’s present wellbeing and future development and to show how urgent or pressing you consider the need for additional protective action to be.

7. On what positive strengths in the child and the child’s world can further protective measures build?

This may include strengths in the way the family or individual family members function, resilience in the child and protective factors in the child’s wider world, including universal services like pre-school provision.

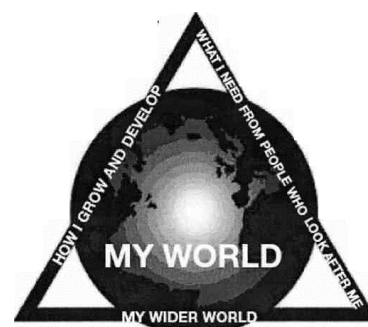
We have three main conceptual frameworks to help practitioners in this assessment, the **My World** assessment model, the **Resilience Matrix** and the **Risk Estimator Matrix**.

My World Assessment Model

The My World "Assessment Triangle" is the primary model to be used in identifying strengths, unmet needs and risks for children. It is an "ecological model"; seven aspects of a child's or young person's wellbeing and development can be considered in relation to two dimensions of the environment in which that development takes place – *what the child needs from those who care* and the child's and family's *wider environment*.

The strengths of this model are in helping to identify **unmet needs, strengths and factors in the child's world from which future harm may arise**, and to identify connections between factors in the child's and family's environment, the care received by the child and the impact on the child's wellbeing and development. The **factors** identified may include those known to be associated with increased **vulnerability** or **resilience** on the part of children and young people.

Risks to children entail potential harm to their wellbeing and development ("How I grow and develop"). In the Child Protection context they generally arise from aspects of the care that they receive ("What I need from people who care for me") or factors in the child's wider environment ("My Wider World").



A limitation of this model is that it does not provide a sufficient focus on historical factors – particularly the past experience of parents and carers – some of which are known to be associated with increased likelihood of harm or failure to protect from harm – or on current characteristics of parents that affect their ability or disposition to meet their child's needs. The past cannot be changed, but the effects of the past in the present have to be taken into consideration and can sometimes be mitigated or ameliorated.

Getting the child and family's perspectives on the risk

Any model which attempts to maximise prevention has to place children and families at the heart of assessing and preventing risk of harm.

The involvement and partnership with children and families is integral to successful risk assessment and management. Without the perspective of families of the risks to their children, information is incomplete, and it may not be possible to reach a full understanding about the risk of harm and the needs of children. The way in which practitioners gather information from children and families, therefore, is as important as the information itself gathered for risk assessment.

An open process which actively involves families and others helps because:

- Children and families can understand why sharing information with professionals is necessary;
- Children and families can help practitioners distinguish what information is significant;
- Everyone who needs to can take part in making decisions about how to help a child;
- Everyone contributes to finding out whether a plan has made a positive difference to a child or family;
- Professionals behave ethically towards families;

- Even in cases where compulsory action is necessary, research has shown better outcomes for children by working collaboratively with parents.

Drawing on evidence from research and developmental literature about the level of risk and its likely impact on an individual child

Risks need to be seen in the wider context of short and long term risks to children's well-being and development. Nevertheless, practitioners from all the children's services will always be most concerned about children's safety and the impact of abuse and neglect.

Systematic reviews based on research findings help to identify the core factors that have been present in relation to abuse or neglect but these cannot be used as predictors for current or future abuse without being considered in the context of the child's unique ecology. These factors should be used as a knowledge base to underpin a more detailed assessment of strengths and pressures based on the domains of the *My World Triangle*.

Using messages from research to assess what is the likely recurrence of harm

In assessing how safe a child is, it is necessary to consider whether harm that has occurred is likely to occur again.

Research has identified factors which pertain to the likelihood of re-abuse and other poor outcomes, including:

- A group of factors associated with severity (for example, extensive harm, duration, and frequency);
- Mixed forms of maltreatment;
- Abuse with accompanying neglect or psychological maltreatment;
- Sadistic acts;
- A group of factors connected with denial - absence of acknowledgement, lack of co-operation, inability to form a partnership and absence of outreach;
- Parental mental health: personality disorder; learning disabilities associated with mental illness; psychosis; substance misuse;

A developmental ecological perspective of the likelihood of recurrence has been developed by Jones *et al* (2006). This includes a table of factors likely to be present if recurrence of harm takes place, as well as factors likely to prevent recurrence.

Using the resilience matrix to make sense of assessment information and evaluate children's needs

Resilience can be defined as: 'Normal development under difficult conditions' (Fonagy *et al* 1994).

In their three workbooks on assessing and promoting resilience in vulnerable children, Daniel and Wassell describe the protective factors that are associated with long term social and emotional well-being in the child's whole world.

The existence of protective factors can help to explain why one child may cope better with adverse life events than another. The level of individual resilience can be seen as falling on a dimension of resilience and vulnerability (see Figure 1).

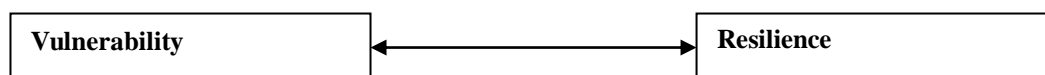


Figure 1. Dimension on which individual resilience can be located

This dimension is usually used to refer to intrinsic qualities of an individual. Some children are more intrinsically resilient than others because of a whole range of factors. For example, an 'easy' temperament is associated with resilience in infancy.

A further dimension for the understanding of individual differences is that of protective and adverse environments; this dimension covers extrinsic factors and is therefore located in the parts of the My World Triangle that are concerned with wider family, school and community. Examples of protective environment might include an adult in a child's wider world, such as a teacher or youth leader, or a grandparent (see Figure 2).

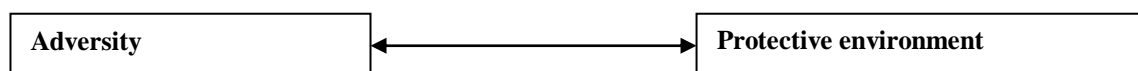


Figure 2. Dimension on which factors of resilience around the young person can be located

When considered together, these dimensions provide a framework for the assessment of adverse and positive factors in every part of the My World Triangle (see Figure 3).

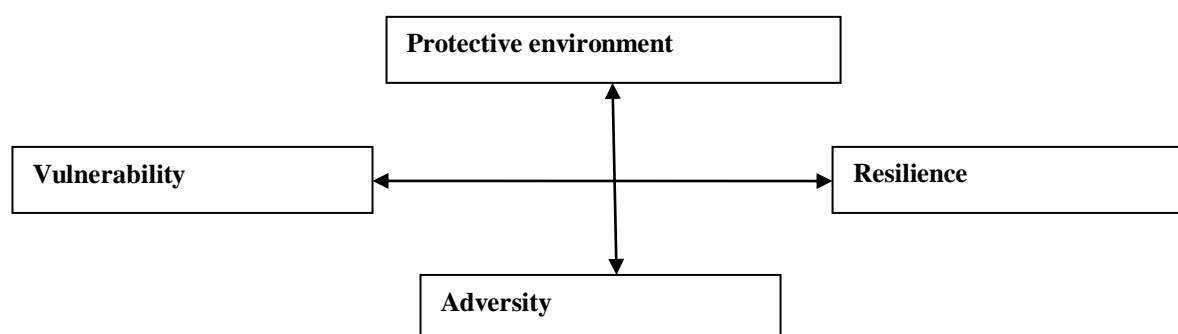


Figure 3. Framework for the assessment of resilience factors

The two dimensions will interact, and an increase in protective factors will help to boost a child's individual resilience.

Daniel and Wassell do point out that resilience is a complex issue and that nothing can be taken for granted when assessing how resilient a child is.

Although pointers to resilience may be present these have always to be taken in the context of an individual child's situation. For example, some children may appear on the surface to be coping well with adversity, but they may be feeling very stressed internally (Daniel and Wassell 2002, p.12). This is why it is important to get to know a child during the process of assessment and also why perspectives of the child from different adults in their world are so valuable.

There are many factors associated with resilience, but Gilligan (1997) suggests that there are three fundamental building blocks of resilience:

- A secure base whereby the child feels a sense of belonging and security.
- Good self esteem, that is an internal sense of worth and competence.

- A sense of self efficacy that is, a sense of mastery and control, along with an accurate understanding of personal strengths and limitations.

How can the resilience matrix be used in ‘*Getting it right for every child*’?

Practitioners will have gathered information around the *My World Triangle* and may also have more specialist information about certain aspects of an individual child’s well-being. It is important to see every child in a family as an individual because each child may experience the same conditions in a very different way.

One way practitioners have found helpful to make sense of this information and identify resilience and vulnerability, as well as adversity and protective factors is to take a blank matrix and ‘plot’ on this matrix the strengths and pressures the child is experiencing in relation to the two sets of factors at each point of the matrix. Yellow ‘post-its’ are a good way of writing down and grouping the information.

Along the axis of adversity and the protective environment, all the factors that provide strengths in the environment, such as the child getting on well at school should be placed from the centre along the protective environment axis. Likewise, all the factors in the environment which are causing adversity, such as insufficient money or a dangerous neighbourhood should be placed from the centre along the adversity axis.

The same process can be repeated for factors with the child that are likely to promote resilience and for those which are making a child vulnerable. The Resilience Matrix below gives some ideas of the main factors which are likely associated with resilience, vulnerability, adversity and a protective environment.

There are some factors which may be both protective and also suggest vulnerability or adversity. In making decisions about where to plot this information where the meanings may be not so straightforward, practitioners need to exercise judgement about how to make sense of these different aspects of information and weigh the competing influences. As the diagram at the top left hand corner of the Resilience Matrix below suggests, factors such as a child’s age may influence the weighting given to the information and the impact of these complex factors on an individual child. Judgement will be needed to weigh which factors are most important. It will also be helpful to look at the interactions between factors because this may also be a dimension that influences whether the impact is negative or positive.

Once these judgements have been made, it will be possible to see what needs to be done to help the child and family. In the top right hand corner of the Matrix below, there are suggestions about the kinds of actions that should be taken. These fall into strengthening protective factors and resilience and reducing adversity and vulnerabilities.

It is also suggested helpfully that achieving small improvements is a good way to accumulate success rather than having over ambitious aims.

Having plotted the factors on the matrix and given some thought to the child’s needs and possible actions, the needs and actions can be plotted briefly against the seven well-being indicators of safe, healthy, achieving, nurtured, active, respected and responsible and included. Action may not be needed against every indicator and the help has to be proportionate to the issues identified.

This analysis then forms the basis for discussion with the child, family and other practitioners on what should go into the Child’s Plan. This will include what needs to be done and who is going to do it.

Reviewing a child's progress will be an essential part of a child's plan. In some circumstances, especially in complex cases, it may be useful to revisit the Resilience Matrix in reviewing the child's progress.

References

Daniel B. and Wassell, S. (2002) *Assessing and Promoting Resilience in Vulnerable Children*, London: Jessica Kingsley Publishing.

1 The Early Years

2 The School Years

3. Adolescence

Fonagy, P., Steele, H., Higgitt, A. and Target, M. (1994) The Emmanuel Miller Memorial Lecture 1992: 'The theory and practice of resilience'. *Journal of Child Psychology and Psychiatry*, 35, 2, 231-257.

Gilligan, R. (1997) Beyond Permanence? The importance of resilience in child placement practice and planning. *Adoption and Fostering*, 21,1,12-20.

ASSESSING WHETHER CHILDREN ARE SAFE FROM HARM

Factors in assessing whether immediate protection of children is needed

[Adapted from *City of Edinburgh Risk Taking Policy and Guidance* (November 2004).]

Factors likely to be important are:

Significant harm

- The use of past history in assessing current functioning is critical.
- Current injury/harm is severe: the more severe an injury, the greater the impairment for the child/young person and the greater the likelihood of reoccurrence;
- Pattern of harm is escalating: if harm has been increasing in severity and frequency over time, it is more likely that without effective intervention the child/young person will be significantly harmed;
- Pattern of harm is continuing: the more often harm has occurred in the past the more likely it is to occur in the future;
- The parent or care-giver has made a threat to cause serious harm to the child/young person: such threats may cause significant emotional harm and may reflect parental inability to cope with stress, the greater the stress for a person with caring responsibilities, the greater the likelihood of future physical and emotional harm to the child/young person;
- Sexual abuse is alleged and the perpetrator continues to have access to the child/young person: if the alleged perpetrator has unlimited access to the child/young person, there is an increased likelihood of further harm;
- Chronic neglect is identified: serious harm may occur through neglect, such as inadequate supervision, failure to attend to medical needs and failure to nurture;
- Previous history of abuse or neglect: if a person with parental responsibility has previously harmed a child or young person, there is a greater likelihood of re-occurrence;

Factors relating to the child or young person

- Physical harm to a child under 12 months: very young children are more vulnerable due to their age and dependency.
- Any physical harm to a child under 12 months should be considered serious and the risk assessment should not focus solely on the action and any resultant harm, but rather that the parent has used physical action against a very young child. This could be as a result of parenting skill deficits or high stress levels.
- Child is unprotected: the risk assessment must consider parental willingness and ability to protect the young child.
- Children aged 0-5 years are unable to protect themselves, as are children with certain learning disabilities and physical impairments.
- Children who are premature, have low birth weight, learning disability, physical or sensory disability and display behavioural problems are more liable to abuse and neglect.
- The child/young person presents as fearful of the parent or care-giver or other member of the household: a child/young person presenting as fearful, withdrawn or distressed can indicate harm or likely harm.
- The child/young person is engaging in self harm, substance misuse, dangerous sexual behaviour or other “at risk” behaviours: such behaviour can be indicators of past or current abuse or harm.

Factors relating to the parent or care-giver

- The parent or care-giver has caused significant harm to any child/young person in the past through physical or sexual abuse: once a person has been a perpetrator of an incident of maltreatment there is an increased likelihood that this behaviour will re-occur.
- The parent or care-giver’s explanation of the current harm/injury is inconsistent or the harm is minimised: this may indicate denial or minimisation. Where a parent or care-giver fails to accept their contribution to the problem, there is a higher likelihood of future significant harm.
- The parent or care-giver’s behaviour is violent or out of control: people who resort to violence in any context are more likely to use violent means with a child or young person.
- The parent or care-giver is unable or unwilling to protect the child/young person: ability to protect the child/young person may be significantly impaired due to mental illness, physical or learning disability, domestic violence, attachment to, or dependence on (psychological or financial) the perpetrator.
- The parent or care-giver is experiencing a high degree of stress: the greater the stress for a parent or care-giver, the greater the likelihood of future harm to the child or young person. Stress factors include poverty and other financial issues, physical or emotional isolation, health issues, disability, the behaviour of the child/young person, death of a child or other family member, divorce/separation, and large numbers of children.
- The parent or care-giver has unrealistic expectations of the child/young person and acts in a negative way towards the child/young person: this can be linked to a lack of knowledge of child development and poor parenting skills. Parents or care-givers who do

not understand normal developmental milestones may make demands which do not match the child/young person's cognitive, developmental or physical ability.

- The parent or care-giver has poor care-giving relationship with the child/young person: a care-giver who is insensitive to the child or young person may demonstrate little interest in the child/young person's wellbeing and may not meet their emotional needs.
- Indicators of poor care-giving include repeated requests for substitute placement for the child/young person.
- The parent or care-giver has a substance misuse problem: parental substance misuse can lead to poor supervision, chronic neglect and inability to meet basic needs through lack of money, harmful responses to the child/young person through altered consciousness, risk of harm from others through inability to protect the child/young person.
- The parent or care-giver refuses access to the child/young person: in these circumstances it is possible that the parent or care-giver wishes to avoid further appraisal of the well-being of the child. Highly mobile families decrease the opportunity for effective intervention which may increase the likelihood of further harm to the child/young person.
- The parent or care-giver is young: a parent or care-giver under 21 years may be more likely to harm the child through immaturity, lack of parenting knowledge, poor judgement and inability to tolerate stress.
- The parents or care-givers themselves experienced childhood neglect or abuse: however caution has to be exercised here; parenting skills are frequently learned/modelled but later positive experiences can counteract an individual's own childhood experiences.

Environment

The physical and social environment is chaotic, hazardous and unsafe: a chaotic, unhygienic and non-safe environment can pose a risk to the child/young person through exposure to bacteria/disease or through exposure to hazards such as drug paraphernalia, unsecured chemicals, medication or alcohol.

Risk Estimator Matrix

This matrix plots a scale for the likelihood, or probability, of harm occurring against a scale for the anticipated severity of harm, to enable a rudimentary quantification of risk in order to support proportionate agency and professional responses to risk.

The strengths of this matrix are in helping people distinguish between the likelihood of an event or behaviour (or sequence of events and behaviours) occurring and the severity of its consequences for the child and helping people to see how those factors interact to create greater or lesser degrees of risk.

The legal term "there are reasonable grounds to believe that a child.....will suffer (significant) harm if he is not removed" – Children (Scotland) Act 1995 S57 – is an expression that incorporates assessment of both probability (likelihood) and severity (significant) and suggests at least a substantial degree of harm with a greater than even chance of occurring.

In the child protection context, resilience or vulnerability on the part of the child tend mostly to affect the anticipated severity of harm that might occur; protective or pre-disposing factors tend to affect the probability of harm occurring. In seeking to estimate the severity of impact of potential harmful experiences on children, it is vitaly important to bear in mind the potential impact on their longer term development as well as their safety in the present.

A Simple Risk Level Estimator

SEVERITY PROBABILITY	1 = Minor	2 = More Serious	3 = Major	4 = Severe	5 = Fatal
1 = Unlikely	1 = Minor	2 = Minor	3 = Tolerable	4 = Tolerable	5 = Tolerable
2 = Possible	2 = Minor	4 = Tolerable	6 = Tolerable	8 = Moderate	10 = Moderate
3 = Probable	3 = Tolerable	6 = Tolerable	9 = Moderate	12 = Moderate	15 = Substantial
4 = Highly Likely	4 = Tolerable	8 = Moderate	12 = Moderate	16 = Substantial	20 = Intolerable
5 = Inevitable	5 = Tolerable	10 = Moderate	15 = Substantial	20 = Intolerable	25 = Intolerable

DETERMINING THE <i>PROBABILITY</i> OF HARM	
UNLIKELY	Not known to have happened and is likely only under exceptional or unusual circumstances.
POSSIBLE	Has not occurred before, or infrequently occurred but could occur under circumstances which could feasibly come to pass, given present circumstances.
PROBABLE*	Has happened before and is more likely to occur than not without additional action to reduce risk.
HIGHLY LIKELY	Current controls are inadequate and there is a strong chance of harm without additional action to reduce risk.
INEVITABLE	Event is sure to happen, sooner or later without additional action to reduce risk.

* More likely than not

DETERMINING THE <i>SEVERITY</i> OF HARM	
MINOR	Superficial harm - for example requiring basic first aid (or equivalent) at the most.
MORE SERIOUS	Harm at a level, for example, of not requiring medical attention, but resulting in temporary physical or mental discomfort,
MAJOR**	Temporary incapacity involving a significant level of suffering, for example - broken bones, serious physical assault, deep lacerations, acute mental stress, significant developmental consequences etc.
SEVERE	Harm – physical or mental – causing permanent disability, long term sickness or significant developmental impairment.
FATAL	Death!

** In most circumstances a “Major” level of severity should be equated by childcare professionals with the term “significant harm”.

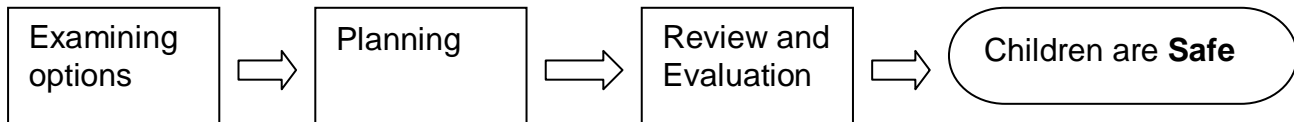
A Simple Risk Control Plan

RISK LEVEL	ACTION and TIMESCALE
1-2 Trivial	Low risk – essentially trivial and no action is required and no records need to be kept.
3 – 7 Tolerable	Low risk – not quite trivial, but still tolerable. Probably no major improvements in controls are necessary, but some improvement in protective factors could be considered and a record made.
8 – 14 Significant	Medium risk – controls are inadequate and need to be strengthened. Where the medium risk is associated with significantly harmful consequences, further assessment will be necessary to determine the need for and nature of improved protection measures. This must be recorded
15 – 19 Substantial	High risk – assessment and planning for improved protection must be prioritised and urgent powers to intervene must be considered. Considerable resources may have to be allocated to reduce the risk to an acceptable level.
20 – 25 Intolerable	Risk so high it is intolerable – assessment and planning for improved protection must be prioritised and urgent powers to intervene must be attempted.

Risk Management

Risk management involves **planning** and **action** to reduce the likelihood and severity of harm and regular **evaluation** of the effectiveness of the measures adopted.

The first step is **examination of options to reduce risk** in order to identify their potential benefits and drawbacks. It is followed by **selection and detailed planning** of the most beneficial options. **Regular evaluation** of its effectiveness and of the child's changing situation is necessary until the safety of the child is sustainable.



Examination of options to reduce risk

No intervention, particularly compulsory state intervention, is itself free from risk. Effective risk management must therefore include an assessment of the risks, potential benefits and drawbacks inherent in any proposed intervention and weighing the merits of any alternatives. The outcome that can reasonably be expected to follow from the chosen intervention should be demonstrably **better** than what is expected to follow from the *status quo*. Effective risk management produces real, tangible benefits in terms of children's current wellbeing and future development as well as safety in the present.

It is helpful to consider three kinds of action that can be planned to reduce risk. Pro-active measures are active steps that can be taken in advance to prevent harmful events, actions or behaviours from occurring. Understanding the settings in which dangerous events in the past have occurred and things that have triggered dangerous sequences of behaviour can help effective planning. Active measures are active steps that can be taken to manage events and behaviours to prevent harmful consequences. Reactive measures are active steps that can be planned in advance to be taken if harmful events or behaviours occur, in order to reduce, limit or contain the extent or severity of their impact.

Parents and extended family members who care and are motivated to protect the child are a real resource in planning these measures. In most instances the first options to be considered are those that **build upon and enhance existing protective strengths**, while **supporting development in areas of weakness or vulnerability**. These options, where viable, are likely to be the **least restrictive or invasive** and to carry fewer or less significant additional risks. They will also, where viable, strengthen the child's resilience and the family's capacity to protect, and therefore provide solutions that are **sustainable**.

Such options are not viable for every situation. They rely on the diligence, trustworthiness and care that are brought to the partnership between professional staff, children and carers. Working effectively to build trust with people who are frightened or defensive is a critical skill in developing safe, sustainable solutions for children. Practitioners also need to be alert, however, to the capacity of some individuals to appear to be co-operative, trustworthy and caring whilst not actually being motivated to protect children.

Where more restrictive or invasive interventions are required to secure a child's safety - particularly those that cut across affectional bonds, parental responsibilities or children's fundamental rights - it is vitally important to bear in mind the potential impact on their longer term development as well as their safety in the present.

Selection and detailed planning

The plan needs to be **understandable** by all of the people who have an active part to play. They need to see how their part will make the child safe and promote the child's wellbeing and development. They need to be **able** to do the things that they have agreed to do.

Where children, parents and carers are required to **learn new concepts and skills** or to **change patterns of behaviour**, the plan should be clear about **who will help them** to learn and change and the **timescale** within which that needs to occur. Sometimes the return of a child from a place of safety, with a relative or foster carer, may be contingent on that change or learning. The plan should be very clear about this. The kind and degree of learning or change that has to take place and the timescale within which that should occur forms a SMART objective on the way to the larger objective of the child's return to a sustainably safe family upbringing.

The efforts of agencies and professionals to protect children should serve also to increase children's resilience and ability to protect themselves. If children's views, wishes and feelings about a situation are disregarded or over-ridden without sufficient cause and without proper explanation, their capacity both to trust others and to protect themselves in the future are actively undermined in a number of significant ways. Children have a right to help to recover from trauma, injury and abuse and such help builds resilience in the future and to prevent generational cycles of abuse and dysfunction.

Plans need to be thought through at the practical level. Attention to detail – for example making sure people have the details written down of who to contact and how they can do so, if they need to as part of the plan – is also important. The plan should also record a date for a review, but it is important that those involved in the plan are continuously evaluating whether the child is safer. Plans to promote children's safety should be integrated with plans that aim to meet other needs, in a **Single Plan** for each child.

Regular review and evaluation

Review and evaluation should always **focus primarily on the outcome** for the child. "Is the child safer?" will be the first consideration, but the review should also seek to establish whether other improvements to the child's wellbeing and development are being achieved. This can be more readily achieved in a review of the child's **Single Plan** than a review only of the protection plan.

Reviews will be carried out under either LIAP or CP Conference arrangements, but generally entail a review of the sources, nature and severity of risk and the value and contribution of protective factors using the same concepts, methods and tools as the initial risk assessment. Core Groups should routinely keep the protection plan, including risk management, under review you will be looking for evidence that:

- The level of risk, severity, likelihood or both, has reduced by a measurable amount
- There has been actual improvement in the child's wellbeing
- The disposition and capacity of parents and others to care for and protect the child has increased

Questions about the extent to which people have done what they agreed to do and the extent to which behaviours have changed are secondary, but still important. The assessment of these factors will inform any revised plan that is required, since that plan will also seek to build on strengths. It is important that people's learning and development are recognised and appreciated as this builds confidence and enhances motivation.

The revised plan follows from the question “what are the child’s needs now?” If there is a continuing need for a plan to secure the child’s safety, the new plan should be formed in the same way as the first plan, considering the same three kinds of measures, but taking into account the changes that have occurred in the meantime.

4. Procedure – Behavioural Risks

Step 1 – Identification of Risk (page 1 of Risk Assessment Form 4)

Consider ‘How could harm occur to this individual or to others as a result of his/her Care or Behaviour?’

- Participants should list areas/issues causing concerns. It is important to be specific in this. If there are several risks, give each one a reference number. The form can be expanded to allow this by creating repeat instances of the “identification of risk” section.
- The lead professional should ensure that all risks noted are relevant, for example, an incident from several years ago should only be considered if it has relevance to the current situation.
- Risk-assess all the concerns you have listed, using the Risk Level Estimator. This will enable you to prioritise the concerns and deal with the most significant risks properly. In most circumstances a “major” level of severity should be equated by childcare professionals with the term “significant harm”. Clearly, if future “significant harm” is “probable”, measures to reduce risk will be required; where it is “possible”, the degree of possibility requires consideration before the necessity and urgency of additional measures can be determined.
- In the event that the risk has been assessed as **intolerable**, then the care arrangements must be changed **immediately**. This may require you to initiate Child Protection Policy and Procedures, if you have not already been working within those procedures.
- When assessing risks relating to behaviour, discussion will be required to clarify the function of the behaviour and context of the risk (setting events / triggers). For example, an incident of aggression by an individual with ASD, which took place when their routine had been disrupted, should not be dismissed but should take into account the context when agreeing the level of the risk and the measures required. For advice or input on functional analysis, risk assessment and behaviour support planning contact the [PROACT-SCIPr-UK® Co-ordinator](#) or the Instructor for your team.
- When assessing risks relating to care, you should consider longer term social, emotional and developmental impacts, arising, for example from broken attachments and breaches of trust, as well as the risk of physical harm.

Step 2 - Are current measures or protective factors adequate to reduce risk to an acceptable level?

Record at this point in the form your judgement about whether the evidence that you have recorded suggests additional measures are required or not. If additional measures are required, proceed to step 4.

Step 3 – Risk Reduction Options

What more could be done to reduce the risk?

- This is the most valuable part of the exercise. You have identified and prioritised the issues and you have identified and explored the factors currently contributing to the severity and probability of the risk.
- If your assessment of the risk **with existing controls** is “Substantial” or above, you **MUST** identify additional measures to further reduce the risk.

- Weigh up the pros and cons for each possible intervention and agree on the best possible approach. No intervention is entirely risk-free; some - for example, removal from home, or a long-term placement - entail very significant risks, that can be difficult to anticipate and quantify. Record all of the reasonable possibilities.
- Other specialist risk assessments should be commissioned as necessary to further inform practice (e.g. ASSET or AIM Assessment) See Specialist Risk Assessments below.
- Make sure proposed measures are practical This may require additional resources. Completed risk assessments can be used to evidence assessment of need with the Resource Panel or Service Manager Group.
- This section can also help evidence need for compulsory measures of care, where relevant.

Step 4 – Agreed Protection Plan

- Agree and record the chosen interventions. Review all risks identified in Step 1 to ensure, where possible, the risk has been reduced to a “tolerable” level. In the context of an integrated assessment and planning process, the person co-ordinating the risk assessment may use this section to outline the proposed set of measures to reduce risk, for agreement at the planning meeting, in which the child, young person and parents would participate. The chosen interventions will reflect a shared judgement of the balance of different kinds of risk, including the risks in the current situation and those associated with the various possible interventions.
- Your Risk Assessment is valueless unless it actually brings about and maintains the necessary improvements that you have agreed.
- You need to agree who will do what and when.
- The actions and improvements from the Protection or Behaviour Support Plan should then be incorporated in the Integrated Action Plan for that child or young person. The implementation of the improvement measures agreed at the Risk Assessment should be added into the Action Plan, with time-scales for reviewing and measuring impact / desired outcomes.
- If the measures are not having a positive impact on the risks identified or if new risks are being identified, a full review of the Risk Assessment should be considered at the review.
- This must be completed within six months of the initial Risk Assessment. The initial Risk Assessment must identify who is responsible for doing this.

Specialist Risk Assessments

This joint Risk Assessment is a generic process which facilitates the sharing of concerns, the agreement of how risks can be managed and the acceptability or not of the presenting risks.

It is possible that, as part of this process, the need for other specialist assessments may be identified. For example a:

- Forensic Risk Assessment by a Forensic Psychologist
- Additional Support for Learning Assessment by an Educational Psychologist

- Mental Health assessment by a Clinical Psychologist
- Asset Assessment (of offending behaviour)
- AIM Assessment (of sexualised behaviour) by Moray Youth Justice team

5. RISK ASSESSMENT & LONE WORKING

[contents](#)

This Procedure is part of a larger Policy and Procedures relating to Lone Working see - appendix 1 & 2

The Policy states 'Each department/section must develop its own Risk Assessment Checklist, to reflect the specific risks associated with their area of work' – the checklist for the Children and Families Social Work Service is included in Form 4 below.

1. INTRODUCTION

Prior to any lone working situation, a risk assessment must be completed to ensure risks are identified and reduced to an acceptable level.

2. PROCEDURE

2.1 At point of allocation, the allocated worker must complete an initial lone working risk assessment checklist ([see below](#)) based on information available.

2.2 Information may be sourced from the referral information, other professionals, previous contact.

If there is not enough information available to make an accurate assessment of the lone working risks, additional information should be sought from the referrer and / or others. If this is not available, consideration must be given to the reduction of risks to staff. E.g. two workers making the initial visit or inviting the Service User into the office. This enables initial assessment of risks posed to a lone worker.

2.3 Any areas of risk or possible risk must be assessed and control measures put in place to reduce the risk to an acceptable level following the guidance held in this manual including the reporting up of any concerns or unresolved risk areas.

2.4 The Lone Working Risk Assessment Checklist and any resultant risk assessments will be shared with all professionals/staff (Local Authority / NHS / External Agencies) who may work with the individual. **This must include the Out of Hours Team**

2.5 The Lone Working Risk Assessment Checklist and resultant Risk Assessments will be regularly reviewed and changes to risk levels noted, and other agencies will be updated.

2.6 **At no time should a member of staff place themselves at risk.** If, at any point, pre, during or post visit, a member of staff has concerns regarding the safety of working alone in any setting, they should discuss this with their manager.

2.7 All existing cases must have the Lone Worker Assessment Form completed, and be reviewed on a quarterly basis, and at any point of change.

2.8 Completed Risk Assessments will be stored in client files and recorded on Carefirst.

CHILDREN & FAMILIES LONE WORKING CHECKLIST

Team:		Date:		
Situation Assessed: (service user/location)		Carefirst Service User Ref.:		
Assessors:				
No.	<u>SPECIFIC ISSUE FOR CONSIDERATION</u>	Do potential risks exist?		
		Yes	Unsure	No
1.	Service User history of violence and/or aggression (physical or verbal)			
2.	Service User history of alcohol/drug/substance abuse			
3.	Service User history of inappropriate sexual behaviours (including verbal innuendoes, sexualised language)			
4.	Service User not known to worker/other professionals			
5.	Service User history of false allegations against staff/other			
6.	Concerns re 1-5 relating to family/carers/neighbours			
7.	Worker Lone Travelling			
8.	Remoteness/isolation of workplace/visit			
9.	Access and egress			
10.	Ability to contact others in an emergency (e.g. no mobile phone reception)			
11.	Ability of service-user to contact help in an emergency			
12.	Worker lives alone (e.g. no-one to track movement out of hours)			
13.	Hazardous environment (e.g., poor hygiene, presence of firearms etc)			
14.	Moving and Handling			
15.	Gender Issues			
16.	Medical Issues (Worker/Service User)			
17.	Purpose of Visit – possible ‘Triggers’			
18.	Can the visit be adequately ‘controlled’ by 1 person?			
19.	Other (please specify)			
20.				

IF “YES” or “UNSURE” to any of above, [Risk Assessment 2](#) **MUST** be completed.

This Procedure is part of a larger Policy and Procedures relating to Lone Working and, as such should be read in conjunction with said documents.

1. INTRODUCTION

Office-based Children & Families staff spend a considerable amount of time outwith the office conducting visits to service users and families. This procedure aims to reduce the risks associated with this but risk assessment, in this context, should always be based on information gathered as part of other risk assessment processes (RA 1- 4).

2. PROCEDURE

- 2.1 All offices in which staff are based who carry out visits to other sites, homes etc must have a sign in/out procedure.
- 2.2 This procedure may be based on a wall board, book, folder or computer system but must include the person's name, their **exact destination** (e.g. not 'Elgin visits' but 21 Smith Street, Elgin) and their expected return time.
- 2.3 Each member of staff leaving the building and re-entering is responsible for completing their entry and for contacting the office if their itinerary changes, e.g. they are no longer able to return to the office as planned.
- 2.4 If a member of staff will not be returning to their base at the end of the day or have a slight concern about the visit but do not believe it is necessary to be accompanied, they should ensure that a colleague or reception staff are aware of the situation. If necessary, arrangements should be made for their colleague to contact them at an agreed time to ensure their safe return home. This should be noted on the system e.g. "Joe to contact Sam at home".
- 2.5 Team managers to establish a process to ensure all staff in their team are accounted for at close of business.
- 2.6 If anyone is not accounted for, Team Managers to delegate responsibility for making contact by mobile to ensure their safety.
- 2.7 If contact cannot be made, the responsible person should contact their duty manager or OOH to discuss options and agree actions, which may include contacting the last known location, attempting to contact the person at home later, and reporting the information to the police.
- 2.8 To enable this procedure to be effective, each office must maintain an up-to-date list of each member of staff:
 - Contact details (home, mobile(s) and work)
 - Car details
- 2.9 Arrangements for Out-Of-Hours Social Workers, including the role and responsibility of the Duty Manager

This Procedure is part of a larger Policy and Procedures relating to Lone Working

1. INTRODUCTION

There will be times and situations which arise, no matter how well a plan has been developed, when the unexpected occurs. It is important that staff feel able to manage these situations to the best of their ability when working alone.

2. PROCEDURE

- 2.1 There are specific [procedures in place to cover certain events/situations](#), e.g. accidents. Staff should ensure that they are aware of these procedures and follow them to the best of their ability.
- 2.2 At all times, staff should remain calm and, if possible take the time to think through the situation and plan the best course of action.
- 2.3 The priority should always be to keep them safe from harm. By doing so they ensure that, whatever the situation, they can summon additional support if required and, in doing this, prevent the situation from escalating.
- 2.4 Staff should make the most appropriate decision/action available to them in the given situation with the information available to them at the time.
- 2.5 Staff should ensure any actions are recorded, as soon as practicably possible, including the reasons for actions and the information available, which led to that particular action. [See Incident Report form](#)
- 2.6 Incidents of Challenging Behaviour should be reported, recorded and processed in terms of Policy and Procedure.

- 3 Staff should inform their line manager of any actions, which are outwith the normal range of activities / decision making or which may have a wider impact.

FIVE-STEP PROCESS

Step 1: Identify people at risk

An assessment should be made of those persons at risk if a fire occurs. This involves identifying the number and capability of people residing, occupying or working on the premises and others who frequent the premises such as visitors, customers or contractors. Those with some form of disability or frailty may have difficulty in perceiving or responding to a fire, or in leaving a building if there is a fire and this must be considered. In addition, some staff or visitors may not be able to leave the premises promptly because they are elderly or they are parents with children.

Step 2: Identify the fire hazards

This step involves identifying potential ignition sources, in other words, the materials that might fuel a fire and oxygen supplies, which will help it, burn. For a fire to start, three things are needed: **a source of ignition** (e.g. naked flames) **fuel** (e.g. flammable liquid) and **oxygen** (the main source of which is in the air around us). If any one of these components is missing, a fire cannot start. Taking steps to avoid the three coming together will, therefore, reduce the chances of a fire occurring.

Step 3: Evaluate the risk and decide if existing fire safety measures are adequate

The premises should be critically examined to identify any potential accidents and any acts or omissions which might allow a fire to start. This should include possible opportunities for deliberate ignition.

Having considered the chances of a fire starting and the people likely to be at risk should a fire occur in the building, the extent of the actual risk to those people must be considered.

In evaluating the risk to people, thought should be given to how and where the fire may spread and how this may affect escape routes.

Fire safety law requires that the following principles must be considered when implementing fire safety measures:

- Avoiding risks
- Evaluating risks which cannot be avoided
- Combating risks at source
- Adapting to technical progress, replacing the dangerous with the non-dangerous or less dangerous
- Developing a coherent fire prevention policy which covers technology, organisation or work and the influence of factors relating to the working environment
- Giving collective fire safety protective measures priority over individual measures
- Giving appropriate instruction to employees

Having identified the fire hazards in Step 2, the risks should be avoided by removing or reducing sources of ignition, fuel and oxygen. If the hazards cannot be removed, measures should be taken to reduce the risks. Fire safety measures should be put in place to reduce the likelihood of a fire and spread of fire: to provide means of escape; to fight fire; to detect fire and give warning; to arrange for action in the event of fire; and for training.

Step 4: Record fire safety risk assessment information

Having carried out a fire safety risk assessment in relation to the premises, the findings may need to be recorded. Fire safety law requires information to be recorded in cases where there are five or more employees (whether they are on site or not) or the premises are subject to registration or an alterations notice has been issued requiring this.

Where information is required to be recorded, the following should be included:

- The significant findings, if any, from the fire safety risk assessment
- The resulting fire safety measures and action to be taken
- Persons who are especially at risk
- Fire safety arrangements for the effective planning, organisation, control, monitoring and review of the fire safety measures

Any information recorded should be available for inspection by the enforcing authority.

Step 5: Review of fire safety risk assessment

A review of the fire safety risk assessment should be carried out regularly. It should occur if the findings of the fire safety risk assessment are considered to be no longer valid, or there has been a significant change to the premises, or the organisation of the work undertaken has affected the fire risk or the fire safety measures. Situations, which might prompt a review, include:

- A change in the number of people present or the characteristics of the occupants including the presence of people with some form of disability;
- Changes to work procedures including the internal layout;
- Significant changes to furniture and fixings;
- Significant changes to displays and quantities of stock;
- The introduction or increase in the storage of hazardous substances; and
- Becoming aware of shortcomings or potential improvements. The potential of any proposed change should be considered before the change is introduced. If a change introduces new hazards, consider the fire risk and if significant, do what ever is needed to keep the risks under control. In any case, the assessment should be kept under review to make sure that the fire safety measures remain adequate.

If a fire or “near miss” occurs, this could indicate that the existing assessment may be inadequate and a re-assessment should be carried out. Identify the cause of any incident then review it and if necessary, revise the outcome of the fire safety risk assessment in the light of this experience.

For further information or advice please contact: safetyadviser@moray.gov.uk



FIRE RISK ASSESSMENT

DEPARTMENT:

PREMISES:

ASSESSMENT

DATE:

CARRIED OUT

BY:

SECTION 1 – GENERAL PRECAUTIONS

In the appropriate boxes enter the following:

Tick – if satisfactory

Cross – where unsatisfactory

N/A – if not applicable

1.1 Fire Certificate

1.2 Nominated Person for fire safety

1.3 Fire Procedures:

- ☐ A written fire procedure exists
- ☐ Fire procedures are displayed
- ☐ Person designated to call fire brigade
- ☐ Assembly points designated
- ☐ Fire marshals nominated
- ☐ Fire drills carried out regularly
- ☐ Special procedures (*e.g., for “hot work”, controlling contractors, etc*)
- ☐ Liaison with other occupiers

1.4 Fire safety training:

- ☐ Fire safety training – carried out
- ☐ Fire is included in induction training
- ☐ Fire safety training records exist

1.5 Escape routes

- ☐
- Unobstructed

Controls in Place	Controls Adequate	Comments: (e.g., give details of defects found, testing schedules, responsible persons, etc)

SECTION 1 – GENERAL PRECAUTIONS

In the appropriate boxes enter the following:

Tick – if satisfactory
Cross – where unsatisfactory
N/A – if not applicable

- ☐ Travel distances
- ☐ Signage
- ☐ Smoke/fire doors
- ☐ Emergency exits

1.6 Fire signage

(i.e., other than signage on escape routes)

1.7 Fire detection systems

(e.g. smoke or fire detectors)

1.8 Emergency lighting system

1.9 Fire alarm system:

- ☐ Alarm call points
- ☐ Alarm bell/buzzer/siren

1.10 Fire fighting equipment:

- ☐ Extinguishers
- ☐ Hoses
- ☐ Fire blankets
- ☐ Sprinklers/automatic systems

1.11 Testing/inspection procedures:

- ☐ **Fire detection systems**
- ☐ Emergency lighting
- ☐ Fire alarm system
- ☐ Fire fighting equipment
- ☐ Testing/inspection records

Controls in Place	Controls Adequate	Comments: (e.g., give details of defects found, testing schedules, responsible persons, etc)

SECTION 2 – SPECIFIC FIRE HAZARDS

In the appropriate boxes enter the following:

Tick – if satisfactory
Cross – where unsatisfactory

List below any specific fire hazards or issues concerning these premises:

2.1

2.2

2.3

2.4

2.5

2.6

2.7

2.8

2.9

2.10

2.11

2.12

2.13

2.14

2.15

in	Controls Place	Controls Adequate	Comments: (e.g., give details of controls in place, defects found, improvements required, etc)

SECTION 3 - THE LEVEL OF RISK

3.1 What is the likelihood of a fire outbreak?

Tick the appropriate answers

- ☐ Reasonable chance of fire breaking out
- ☐ Possibility of fire breaking out
- ☐ Remote chance of fire breaking out

High - 3
Medium - 2
Low - 1

3.2 What is the likely severity of harm?

- ☐ Very likely fatalities, major injuries or severe structural damage will occur
- ☐ Possibility of a death or serious injuries or some structural damage resulting
- ☐ Unlikely harm will occur

High - 3
Medium - 2
Low - 1

3.3 What is the level of fire risk? (Multiply likelihood x severity)

- ☐ The risk is unacceptable. Widespread remedial action is necessary.
- ☐ The risk is acceptable but action in specific areas may be necessary
- ☐ The risk is acceptable

High (6 - 9)
Medium (3 - 4)
Low (1 - 2)

SECTION 4 - REMEDIAL ACTION TO BE TAKEN

Give details of the action to be taken to eliminate or reduce the risk to an acceptable level.

Action To Be Taken

**Person
Responsible**

**Completion
Date**

Continue on a separate sheet of paper if necessary

APPENDICES 'DRAFT'

1. [Lone Working Policy](#)
2. [Lone Working Procedure](#)
3. [Definition of Categories of Risk](#)

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[\]BACK TO APPENDICES](#)

APPENDIX 1



MORAY CHILDREN AND FAMILIES SOCIAL WORK DEPARTMENT

POLICY ON LONE WORKING

INDEX

- 1. AIMS AND OBJECTIVES**
- 2. STRATEGY CONNECTED TO THIS POLICY**
- 3. LEGAL FRAMEWORK**
- 4. IMPLEMENTATION**
- 5. PERFORMANCE MONITORING**
- 6. REFERENCES AND ASSOCIATED DOCUMENTS**
- 7. EQUAL OPPORTUNITIES**
- 8. DATA PROTECTION**
- 9. FREEDOM OF INFORMATION**
- 10. RESPONSIBILITY**
- 11. REVIEW AND FEEDBACK**

1. AIMS AND OBJECTIVES

- 1.1 The overall aim of the Moray Children and Families Lone Working Policy is to detail the roles and responsibilities of managers and staff in minimising the risks to staff who work alone.
- 1.2 The objective of the policy is to ensure, as far as is reasonably practicable, the health, safety and welfare of all Moray Children and Families employees, including agency, contract, volunteer staff and those on work placement.

In order to do so, this policy contains elements, which must be understood and adhered to by all staff in the delivery of their duties.

- 1.3 Lone Working is considered for the purposes of the Policy to be work that can be done by a sole member of staff and is not the chance occurrence of finding oneself last or first in the office. It should be noted that, while risks exist in all areas of life, there have been very few recorded injuries to staff whilst lone working.

2 STRATEGY AND PLANS CONNECTED TO THIS POLICY

This Policy should be read in conjunction with:

- Community Services Training Plan
- Corporate Plan

3. LEGAL FRAMEWORK

Although there is no specific legislation on Lone Working, the broad duties under the Health and Safety at Work Act 1974 and the management of Health and Safety at Work regulations 1999 apply.

These require identifying hazards of the work, assessing the risks involved and putting a policy in place to avoid and control risks.

4. It is the intention of the Moray Children and Families, through this Policy and its associated Procedure, to ensure that Risk Assessment is the fundamental process in reducing actual or potential risk towards lone working staff. All risks must be identified and assessed by local managers. This process, but not the responsibility, may be delegated to competent people.

As a result of Risk Assessment, all areas where lone working occurs should have effective control measures in place to manage identified risk. Core guidelines and protocols will be made available. However, all areas are responsible for developing localised policies and procedures appropriate to their needs.

5. PERFORMANCE MONITORING

Teams, practitioners and managers are using the tools and procedures set out in the manual to identify, evaluate and manage risk, as evidenced by the recording contained in case files, team and service level risk registers and supervision notes.

6. REFERENCES AND ASSOCIATED DOCUMENTS

- Corporate Health and Safety Policy
- Children and Families Risk Assessment Manual
- Workplace Specific Lone Working Procedure
- Mobile Phone Procedure
- Child Protection Policy and Procedure
- Managing Challenging Behaviour Policy and Procedure

7. EQUAL OPPORTUNITIES

The Council will ensure that the policy does not discriminate on any grounds and in particular not on the grounds of: sexual or marital status; on racial grounds; or on grounds of disability, age, illness, sexual orientation, language or social origin, or other personal attributes, including beliefs or opinions such as religious beliefs or political opinion. All communication with service users or other customers will be in plain language. The Council will ensure the promotion of equal opportunities by publishing information and documentation in different formats/languages and for customers who have special needs such as people with sight, hearing or learning difficulties by using, for example, signers.

8. DATA PROTECTION

The Data Protection Act 1998 governs the way information is obtained, recorded, stored, used and destroyed. The Moray Council complies with all the requirements of the Act and ensures that personal data is processed fairly and lawfully, that it is used for the purpose intended and that only relevant information is used. The council will ensure that information held is accurate and where necessary kept up to date and that appropriate measures are taken that would prevent the unauthorised or unlawful use of any personal information.

9. FREEDOM OF INFORMATION

The Freedom of Information (Scotland) Act 2002 came fully into force on 1st January 2005. The purpose of this Act is to “provide a right of access by the public to information held by public authorities”. IN terms of Section 1 of the Act, the general entitlement is that a “person who requests information from a Scottish public authority which holds it, is entitled to be given it by the authority”. Information, which a person is entitled to is the information, held by the public authority at the time that the request is made. However, there are exemptions to this ruling to ensure that “personal data” is not disclosed in breach of the Data Protection Act 1998.

10. RESPONSIBILITY

Organisational

The Chief Executive and the Management Teams are responsible for:

- Ensuring arrangements are in place for the identification, evaluation and management of risk associated with lone working;

- Providing resources for the implementation of the policy; and
- Ensuring effective arrangements are in place for recording and monitoring incidents throughout The Moray Council

Head of Personnel Services is responsible for:

- Provision of adequate support arrangements including Risk Management Support Unit, Occupational Health Service and Learning and Development to implement supporting aspects of this policy.

Departmental

Departmental/Line Managers are responsible for:

- Identifying the lone workers for whom they have responsibility. These will include working away from their fixed base staff working in fixed establishments, staff working outwith normal hours and mobile workers.
- Ensuring risk assessments are conducted for every case and reviewed within a 6 monthly cycle or as situation changes.
- Making sure that all staff are aware of the lone working policy and the relevant procedures associated with it (refer to own team arrangements).
- Always putting into practice, procedures and safe systems of work which are designed to reduce the risks associated with lone working to an absolute minimum.
- Ensuring that all staff who have been identified as being at risk have adequate information, training, instruction, supervision and support. This includes refreshing staff skills when necessary.
- Monitoring and effectiveness of procedures and safe systems of work through incident recording, investigation and management inspections.
- Ensuring that local (team) policies and guidelines are developed to address issues including emergency response and contact/communication procedures.
- Ensuring staff receive suitable and effective support following an accident at work.

All staff are responsible for:

- Taking reasonable care of themselves and other people who may be affected by their actions.
- Co-operating with procedures/safe systems of work that are in place to minimise risk to others and themselves.
- Reporting of all incidents including near misses that arise when lone working.

- Attending the appropriate training and instruction and ensuring practical skills are regularly refreshed.
- Assisting managers with the identification of risks associated with lone working.

11. REVIEW AND FEEDBACK

This policy will be reviewed in _____ and every 3 years thereafter. Feedback can be sent to the Staff Development officer for Children's Services and will be included in the next review.

MORAY CHILDREN AND FAMILIES

LONE WORKING PROCEDURE

Originally issued: May 2008

Maintained and Reviewed by: Children and Families Staff development Officer

Review due: (3 years)

INDEX

1. PURPOSE
2. WHO AND WHERE THIS PROCEDURE APPLIES
3. ASSOCIATED PROCEDURES
4. LONE WORKING PROCEDURE AND RISK ASSESSMENT
5. PERFORMANCE MONITORING
6. DEVELOPMENT AND TRAINING

1. PURPOSE

To ensure the consistent implementation of a risk-based approach to lone working.

2. WHERE AND TO WHOM THIS PROCEDURE APPLIES

This procedure applies to all employees of the Children and Families Team, including agency, contract, volunteer staff and those in work experience and their associated managers / supervisors who are involved in lone working activities. It reflects similar procedures being implemented across all Community Services

3. ASSOCIATED PROCEDURES

This procedure relates to:

- The Moray Council Lone Working Policy for Children and Families
- Children and Families Risk Assessment Manual
- Mobile Phone Procedure
- Child Protection Policy and Procedure
- Managing Challenging Behaviour Policy and Procedure

4. LONE WORKING PROCEDURE AND RISK ASSESSMENT

Prior to the commencement of any Lone Working Situation, the responsible local manager must identify and assess the risks. It is appropriate for managers to develop routine risk management strategies for Lone Working Situations that occur routinely, to maintain these with team or service Risk Registers and to ensure that staff are aware of these routine risk management strategies.

The actual risk assessment but not the responsibility can be delegated to another competent person, for example, someone who has been trained to carry out Risk Assessments. This could be the worker him/herself or may be based on the knowledge of other colleagues, professionals or the Health and Safety Officer.

4.1. The following factors could be considered when carrying out the Risk Assessment:

- Violence and Aggression
- Moving and Handling
- Fire
- Access and Egress
- Driving alone/lone travelling on work related business
- Communication inadequacies, e.g., lack of mobile 'phone coverage
- Working in confined spaces
- Working with electricity
- Home visits

- The history and/or illness of the client being visited and any family/carers members likely to be present
- Working out of hours
- Working with substances hazardous to health
- Any other risks specific to the individual's role

These factors will vary, depending on the specific circumstances/role of the lone worker. **Each department/section must develop its own Risk Assessment checklist** to reflect the specific risks associated with their area of work (see Appendix 1 for proforma).

N.B. This checklist may relate specifically to lone working or can be used to incorporate all areas of risk associated with the situation, for example, a support worker could complete a checklist which included lone working, environmental risks, risks to the client etc, to avoid duplication.

If any factors are identified as a risk by the assessor, which cannot be brought within an acceptable risk level, the assessor must inform the local manager who must carry out a more detailed risk assessment (Risk Assessment 2) and control measures put in place. **This task cannot be delegated. Local managers have responsibility for the health and safety of their staff.** Safe systems of working must be adapted locally and protocols and procedures must be put in place to reduce the risk to a tolerable level.

Control measures could include:

- Adequate training, i.e., during induction and ongoing (both specific and generic as appropriate).
- Adequate supervision/guidance for new employees, i.e., they must be made aware of these procedures and related Policy
- Managers/supervisors visiting and observing people who work alone, the frequency of which would be determined by the risks identified and the level of experience of the worker
- Working in pairs where an element of uncontrollable risk is anticipated
- Carry a mobile 'phone
- Leave details of their work plan (include contact name and address) with service colleagues and/or at home prior to any trip
- Specify dates and times of departure and return
- Avoidance of starting and finishing on site and only with line manager's prior agreement, i.e., it is preferable to leave from and return to the office
- Mechanisms to ensure mobile staff contact the office preferably throughout and at least at the end of each working day
- Designated rotas to ensure cover available at office base to receive calls from mobile staff at least between normal office hours

- Mechanisms to ensure staff are contacted by designated persons during the day or at home when they have not reported in
- Mechanisms to ensure the designated senior officer (team leader or above) has responsibility for contacting relevant authorities (police, hospitals etc) and/or visiting site as necessary to check where staff have not reported back as expected/cannot be contacted
- Clear procedure to abort visits that appear to be dangerous
- Informing someone as soon as possible if plans change
- Not carrying valuables or large sums of money unless necessary
- Carrying a personal alarm

5. PERFORMANCE MONITORING

All incidents and accidents must be recorded using the agreed systems with lone working noted as a contributing factor, if relevant.

5. DEVELOPMENT AND TRAINING

6. Necessary 'in house' training in agreed team procedures will be provided to all staff who are ever likely to work alone, either within premises or when out visiting clients, as part of staff induction process. This must include admin staff, as they are often responsible for monitoring the whereabouts of team members.

CHILDREN & FAMILIES RISK ASSESSMENT MANUAL

Please note any issues, suggestions etc resulting from the use of this document.

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Name:

Team:

Address:

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Please return form to: <mailto:jeremy.akehurst@moray.gov.uk>

Many thanks for your feedback