POLICY – Risk Assessment and Management Care Practice

Children Universal

Policy Author	Laura Dickie, Head of Policy
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Policy Approver	Jo Dunn, Compliance, Regulation and Quality Director
Next Review Date	Feb 2029
Version No.	001
Policy Level	Homes and Education
Staff groups affected	All Homes and Education Staff

Monitoring and Review

This policy will be monitored on an ongoing basis through the service's established governance and quality assurance systems. Responsibility for ensuring that the policy remains compliant with legislation and regulatory frameworks sits with the Responsible Individual or Senior Leader**.** A formal review of this policy will be undertaken no later than three years from the date of approval**,** or sooner if changes in legislation, regulatory guidance, or operational requirements necessitate it.

The Head of Policy will support this process by identifying relevant changes in legislation, regulation, national standards and emerging best practice. The Head of Policy will also incorporate learning from inspections, audits and practice developments into future revisions whilst overseeing all proposed amendments to this policy to ensure accuracy, consistency and compliance.

Local or service-level alterations may not be made without approval through the organisation's policy governance process.

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[Registered Education Lead / Director of Education)

Terminology

Our aim is to use consistent terminology throughout this policy and all supporting documentation as follows:

'Establishment' or 'Location	This is a generic term which means the home/school/college owned by CareTech.
Individual	Means any child or young person under the age of 18 or young adult between the ages of 18 and 25.
Service Head	This is the senior person with overall responsibility for the school/college/home.* *dual registered locations need to include Service Head and Registered Manager if they are not the same person.*
Key Worker	Members of staff that have special responsibility for Individuals residing at or attending the Establishment.
Parent	means parent or person with Parental Responsibility
Regulatory Authority	Regulatory Authority is the generic term used in this policy to describe the independent regulatory body responsible for inspecting and regulating services. E.g. Ofsted, DfE, CIW, CIS, ESTYN, HMIE etc)
Social Worker	This means the worker allocated to the individual. If there is no allocated worker, the Duty Social Worker or Team Manager is responsible.
Placing Authority	Placing Authority means the local authority/agency responsible for placing the child or commissioning the service
Local Authority	This means the local authority for the location.
Staff	All staff working at the Location including employed staff, students on placement, contractors, agency staff, volunteers and proprietors.
Company	Any service owned by CareTech

Legislative Context

This policy aligns with the following legislation and guidance.

ENGLAND

- Children Act 1989 / 2004
- Children's Homes (England) Regulations 2015
- Social Care Common Inspection Framework (SCCIF)
- Keeping Children Safe in Education (KCSIE) 2026
- Working Together to Safeguard Children (2026)
- Positive Environments Where Children Can Flourish (Ofsted)
- Ofsted Education Inspection Framework (safeguarding expectations)

This policy also must be read in conjunction with:

- Serious Incident Reporting Policy
- Safeguarding Children Policy
- Safeguarding Adults Policy
- Placement Plans, including Statutory Review Policy
- Shared Risk Approach Pro forma (ClearCare)
- Risk Assessment & Management Competency Workbook
- Individual Risk Assessment Form (ClearCare)
- Reducing Restrictive Practices Policy
- Positive Behaviour Support Policy

1. Introduction

The policy refers to children and young people and/or adults we support collectively throughout this policy as people we support.

Risk is the possibility that an event will occur with harmful consequences for a particular person or others they come in contact with. Establishing a clear understanding of risk is central to the work that is undertaken with children, young people and adults. Assessment and management of risk is one of the cornerstones of high-quality social care and the delivery of effective services and good outcomes for children, young people and adults Furthermore, risk management is a statutory requirement that is underpinned with quality standards, - but it is also an indispensable element of good care.

CareTech is committed to delivering high quality and safe services; - this requires all staff to consider, assess and actively manage risks or potential risks to and from children, young people and adults.

All risks should be considered in the context of the person's overall needs and wherever possible actively and persistently mitigate to reduce the likelihood of harm.

The purpose of this policy is to set out the overarching principles, requirements, responsibilities and procedure underpinning effective assessment and management of risk in CareTech. The policy also aims to develop a common language of risk across the organisation and enhance risk practice.

Robust and effective risk management aims to maximise a person's quality of life and help children, young people and adults access opportunities, taking worthwhile chances that allows them to grow and thrive. CareTech supports and endorses positive risk taking that is based on robust and well evidenced professional decision making.

The application of this policy aims to achieve the following:

- Risk assessments and decisions about risk management are recorded in accordance with this policy and procedure. And that all identified risks are

reflected in the overall care/support and risk management plans for every child, young person and adult.

- Decisions about risk are carefully considered, are made in partnership, based on best information available and in accordance with relevant guidelines and best practice.
- Risks are communicated to all relevant people in a timely manner, including all people who are expected to contribute to the risk assessment and management process e.g. social care team, family, clinical professionals and specialists.

N.B. The implementation of this policy must be supported and enhanced with staff supervision and continued professional development and training. It should be used in conjunction with relevant legislation, policy, procedures and practice guidelines.

2. Scope

- This policy applies to all members of staff within CareTech (permanent, temporary or contractors).
- It is the responsibility of all staff to identify, assess, control and document risks as part of good care.
- This policy and procedure should be used to inform the risk assessment and management process for every child, young person and adult.

3. Abbreviations and Definitions

Term	Definition/ meaning
Indicator	An indicator is a 'thing' that points out the state or level of something. In the social care context it is frequently a behaviour that signals that a situation or event may escalate and the risk increase.
Inherent risk	Inherent risk or presenting risk is the amount of risk that is present before any risk control measures are applied.
Hazard	Potential of danger or something that is dangerous or likely to cause damage or harm.

Protective factors	Any circumstance, event, factor or consideration with the capacity to prevent or reduce the severity or likelihood of harm to self or others.
Residual risk	The amount of risk that remains after the risk control measures have been applied.
Risk	A possibility/ chance that an activity or action could happen and cause harm
Risk assessment	Purposeful gathering and analysis of available risk information. In the context of social care, risk assessment is underpinned by professional judgements and structured tool used to inform and determine the level of risk and type of intervention needed to reduce the potential for harm.
Dynamic risk assessment	The process of continually observing and analysing risks and hazards in changing or high-risk environment.
Risk factor	A condition or characteristic which at certain levels may be associated with an increased risk
Risk level	The risk level is determined by the multiplication of likelihood and consequence scores (1-5). It is defined in terms of Low, Medium or High-risk level e.g. a likelihood score of 4 and a consequence score of 5 equals 20 – a score of 20 represent HIGH risk level.
Risk management	The actions taken, on the basis of assessed risk, that are designed to reduce the level of risk by reducing or eliminating the potential for harm.
Risk score	Risk score is the multiplication of the likelihood score with the consequence score as indicated on the risk rating matrix.
Triggers	A risk trigger is an event that will or may cause a risk to take place. Risk triggers for a given risk are identified during the risk analysis. Understanding risk triggers helps a person develop a more efficient risk response.
Triangulation	Combination of information from a variety of sources in order to determine an outcome or a decision. Triangulating past, current/

	presenting risks is an effective way of assessing appropriate management plans.
Shared Risk Approach	Shared Risk Approach is the involvement, collaboration and joint decision making concerning a child/young person/adult by involving key people, including the child/young person/adult, that are involved in that person's support. A shared risk approach demonstrates good practice as the risk is considered from the perspectives of all individuals involved, - to strengthen the management of the risk and reduce the likelihood of harm.

4. Best Practice for Effective Risk Assessment and Management

- Effective risk management is based on up-to-date knowledge of the risk and on an accurate and recent assessment of the individual and their social context.
- Best practice in risk management involves working in partnership (involving the person and those involved in their care) to develop practical and effective strategies based on the assessed level of risk. The strategies being aimed at minimising the risk of negative consequences.
- It is important that all those who are expected to contribute to a risk management plan are involved in its development. And where possible that agreement on how the risk should be managed is reached. This extends to the child/young person/adult themselves who should be involved in decisions about their risks, understanding safety plans that are in place for them and be encouraged to actively participate in managing their own risks.
- The *Shared Risk Approach* is a vehicle that facilitates shared risk accountability and decision making. It is essential in considering the views of all professionals involved in the care of the child/young person/adult and therefore strengthening the risk management process.
- Risk management should be understood as risk reduction, with no situation considered entirely risk free. There is no complete, fail-safe method of

predicting risk to children/young people/adults. Structured risk assessment tools, forms and checklists can be helpful in guiding and understanding, but they cannot be absolutely relied upon to provide definitive answers. Risk assessment must incorporate a structured judgement approach, however professional judgement and knowledge is essential.

- Although accurate prediction of risk-related events is extremely difficult, past behaviour remains a predictive indicator of future behaviour. Therefore, historical risk factors should be considered alongside current presentation/situation in assessing the likelihood and consequence of any identified risk.
- Risk assessment should be based on information that is corroborated or triangulated from various sources. This includes gathering information on identified protective factors, - factors that have the capacity to prevent or reduce harm.
- All risks identified should be put into context and a person-centred approach adopted to the situations in which the risks may occur. It needs to consider the dynamic factors that may increase or decrease the likelihood of a risk occurring and severity of consequence if it occurs.
- Risk-related behaviours may arise from a number of (often inter-related) factors, - these are the things identified in a person's circumstances or environment that might constitute a risk or a threat. The more risk factors present (or the more serious one single factor is), the greater the risk of harm. Best practice is for risk management plans to be based on a clear risk analysis that identifies all the relevant factors that influence the risk and includes a judgement of the likely ways that these factors may interact.
- It should be recognised that risk-related behaviour may be survival/coping-related strategy that has historically functioned to help an individual manage traumatic or adverse life experiences. Children/young people/adults who have experienced trauma, who have had negative experiences with care givers or have had disagreements with others about their needs and risks, - may find trust

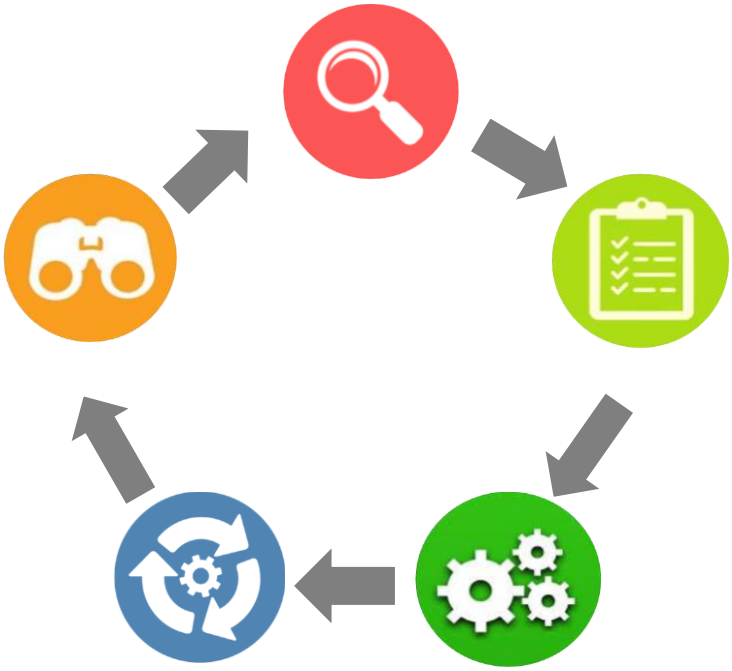
very difficult and this may increase the risk of disengagement or of threat-related behavioural responses.

- Acknowledging the uncertainty of risk and the challenges it brings is central to managing risk. Staff have to make judgements in seeking the right balance between proportionate response to risk, and enabling children/young people/adults to participate and have control over their lives.
- Taking risks is an essential part of learning, developing, coping and resilience mechanisms, and human growth. Positive risk management builds upon a person's strengths and resources, and should support development and growth whilst doing its best to minimise the potential for harm.

5. Risk Assessment and Management Procedure

There are five (5) key stages in the assessment and management of risk. The stage approach is illustrated in Diagram 1 and must be undertaken on regular and cyclical basis.

Diagram 1: Risk Assessment & Management Cycle



1. **Identify**
Identify all presenting and historic risks and hazards

2. **Assess**
Assess the risk based on all available information with key professionals involved and the individual

3. **Control**
Identify risk management plans that will control and reduce the risks

4. **Implement**
Put in place the risk management plans that control the risk

5. **Monitor & Review**
Monitor the risk and review management plans

Stage 1: Identify

- Risk assessment is a systematic process of determining the potential risks that may be involved. The first step of the risk assessment process is the identification or risks and hazards using a systematic approach. This stage is critical because a potential risk not identified at this stage will be excluded from further analysis.

- Identification of risks includes risks that are present and require active management, as well as historic risks that may not be present but have the potential to re-emerge. It is crucial in identifying the level of intervention that will be needed and guiding an appropriate risk response.

- It is not possible to predict future with any certainty, however, historic risks should be viewed as markers which require consideration and analysis, using knowledge and judgement.

- The person/s undertaking the risk assessment process should consider information from a wide range of available sources, including the expertise and knowledge of professionals involved as well as carers/ parents (where appropriate) and of course the child/young person/adult themselves.

- Interactions between multiple factors may combine to increase the probability of risk occurring. Stage 1 should therefore consider potential risk interactions.

- This stage also includes the identification of risk triggers and risk indicators that will help develop a better understanding of the risk.

- Staff must carefully explore all available information and triangulate the information in order to really understand the risk. This will enable the development of robust and well considered risk management plans.

- It is important that staff are inquisitive and exercise their curiosity in pursuit of a greater understanding of risk.

Stage 2: Assess

- Assessing the level of risk is crucial to determining the need for intervention and joint decision making with key professionals involved in the care of the child/young person/ adult.
- Where possible and appropriate the child/young person/adult should be involved in the assessment of risk to ensure that they are at the centre of risk management decisions, and encouraging them to play an active role is their own safety.
- All available risk information gathered at the stage 1 must be taken into consideration when assessing the presenting level of risk. The presenting risk is the risks that exists before any risk control measures are applied, – it is referred to as *inherent* risk. The assessed risk after control measures have been applied is referred to as *residual* risk.
- Structured tools should be used as a guide to assessing the level of risk. However, staff must exercise their knowledge and professional judgement when assessing risk.
- Assessing the level of risk should also include the knowledge and professional judgement of others involved in the care of the young person/ service user.
- Based on all information identified at stage 1, - an assessment of the inherent risk is made. This is a judgement about the likelihood that a risk will occur and the potential consequence if there nothing done to control it.
- The assessed level of inherent risk should guide appropriate interventions/control measures to reduce or eliminate the risk. Risk control measures must be proportionate to the level of risk. If the inherent risk is high there is likely to be more absolute exacting measures in place than if the risk is lower.
- The risk level must be reassessed after all control measures have been put in place. This will identify how much risk remains after all control measures

have been applied (*residual risk*.) This enables staff to determine if the measures that have put in place have reduced the risk to a more acceptable level. It is also an opportunity to further consider the measures and if they can be made more robust. Furthermore, staff should seek further multi-agency input if the risk control measures are not reducing the risk to acceptable levels.

- When assessing risk, staff must consider all existing and relevant protective factors. Risk cannot be considered in isolation; protective factors can influence the direction or strength of the interaction between risk factors. Therefore the decision on the appropriate response to the risk must take into consideration the factors that are protective.
- Assessing risk is a dynamic process and the risk information identified at stage 1 can quickly change. This in turn will require a dynamic response and adapt the risk response accordingly.

Scoring Risk:

When writing risk assessments and agreeing risk control measures, the following must be considered:

- What is the **likelihood (L)** that the risk will occur?
- If it does occur – potentially how severe will the **consequence (C)** be?
- If the risk occurs, appropriate action should be taken, reported and shared with those involved in the care of the individual

Staff must refer to tables 1 and 2 when scoring the risk. Use the descriptors to guide the scoring decisions.

Table 1: Likelihood Descriptors

Rating	Description	Likelihood of occurrence
1	Rare	Highly unlikely, but it may occur in exceptional circumstances. It could happen, but probably never will.
2	Unlikely	Not expected, but there's a slight possibility it may occur at some time.
3	Possible	The event might occur at some time as there is a history of casual occurrence at the service
4	Likely	There is a strong possibility the event will occur as there is a history of frequent occurrence at the service
5	Almost Certain	Very likely. The event is expected to occur in most circumstances as there is a history of regular occurrence at the service

Table 2: Consequence Descriptors

Rating	Description	Severity of consequence
1	Insignificant	No or only minor personal injury; No lasting impact. Resolved quickly. No impact on others on environment.
2	Minor	Minor injury/harm; First aid needed, temporary impact, minor damage
3	Moderate	Injury; Possible hospitalisation or attendance at hospital, police involvement, impact on others, harm may have implications for the future

4	Major	Single death &/or long-term illness or multiple serious injuries, multi-agency involvement, major damage requiring long term recovery, levels of company exposure
5	Catastrophic	Fatality(ies) or permanent disability or ill-health, profound and enduring effects on others and environment, criminal acts, high level of company exposure

The overall risk score is the multiplication of the likelihood and consequence scores.

Likelihood x Consequence = Risk Score

N.B. Both inherent and residual risk are scored using the same method.

The risk score indicates the **Level of Risk**. Scores between 16 and 25 are High risks; 9 to 15 constitutes a Medium risk; 1 to 8 a Low risk.

LIKELIHOOD					
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5
0	1	2	3	4	5
	CONSEQUENCE				

16-25 HIGH
9-15 MEDIUM
1-8 LOW

Stage 3: Control

- The specified risk control measures form the individual risk management plan. Whilst there may be standardised risk management practices that would apply to all children/young people/adults – risk management plans must be person-centred and tailored to the needs and risks of the individual.
- Risk cannot always be completely eliminated; therefore it is important to acknowledge any limitations of the risk controls that are in place.

- Risk controls should not be delayed until the end of an assessment, - it should be determined according to what is required at the time to ensure safety.
- Risk controls are identified measures that are intended to reduce the likelihood of a risk occurring, as well as reducing the severity of consequences if it occurs. Risk controls are considered at three different level; - measures that should be applied before; measures that should be applied during; and those that should be applied after.

Before	Control measures that are in place to reduce the risk occurring. These are the proactive measures taken in an attempt to prevent something happening. For example, education and advice may be provided in an attempt to discourage a young person from taking drugs and ensuring that they are at the centre of the learning/understanding process.
During	Control measures that are in place to reduce potential for harm whilst the risk is occurring. For example if a young person has self-injured, – staff would ensure immediately that they are safe and get the right level of first aid.
After	Control measures that are in place after the risk occurs. This is where all relevant parties are notified but there is also a process whereby everyone learns from the event to inform future risk management. For example a young person who physically assaulted a staff member – a debrief with the young person/service and staff may lead to a better understanding of why this occurred.

- Risk control measures must always be specific, clearly and separately identified against each identified risk. In other words, actions must relate

directly to individual risks and be designed to directly minimise that risk. Risk control measures must never be ambiguous or contain statements that are open to interpretation.

- Control measures should be proportionate to the level of risk and this is determined the by the risk levels that have been assessed at stage 2.
- Risk controls should be informed by best practice guidance, legislation, and professional judgement and knowledge or those involved in the care of the child/young person/adult.
- Risk control measures, where relevant should be cross referenced to behaviour management and support plans, clinical strategies and other relevant risk assessments.

Stage 4: Implement

- All staff must be fully informed of the content of risk assessments for each child/young person/adult they work with. They must understand and know how to apply the risk control measures in each and every individual circumstance, and in order of priority.
- Consistency in the application of risk management plans is essential to effective risk management, - this is achieved and enhanced through clear and robust communication mechanisms.

Stage 5: Monitoring and Evaluation (Review)

- All risk assessments must be monitored and evaluated by a member of the management team within the service.
- Risk assessment and management requires continuous monitoring and evaluation.
- Monitoring involves analysis of information relevant to the risk. It considers all factors pertaining to the risk and their outcome/ impact.

- Risk evaluation is a time-bound and a periodic exercise that seeks assurance that risk is effectively managed. Evaluation assesses relevance, efficiency, effectiveness, impact and sustainability or the risk management plan. It examines whether the risk management plans are valid, what works, what does not and why.
- Risk reviews should be undertaken regularly and particularly following any untoward event or factors which may exacerbate the risk.
- Full review and revision, if required, of entire risk assessment should take place at a minimum every 6 months, regardless of whether any changes require to be made. This should involve the child/young person/adult and all individuals involved in their life.

6. Shared Risk Approach - Accountability and Decision Making

- CareTech operates a s*hared risk approach* in the assessment and management of risk. The *Shared Risk Approach Protocol* should be initiated where joint decision making in the assessment and management of risk is required. This is most relevant in the management of complex and/or high risks (See Appendix 1 – Shared Risk Approach Protocol).
- Any decisions that are made by initiating the shared risk protocol, must be documented using the *Shared Risk Approach Pro forma* (See Appendix 2).
- Managers should never make unilateral decisions on the long-term management of risks, – this is particularly relevant with high and complex risks that are difficult to control. Whilst it is the responsibility of the service to keep children/young people/adults safe, – the responsibility for managing the risk must be shared with all relevant people/ agencies (internal and external) who involved in the care of the child/young person/adult.
- It is recognised that staff will have to make decisions quickly that are in the best interest in of the child/young person/adult when risks are escalating. However, it is expected that all relevant agencies will be notified and/or involved as soon as is practicable.

- The team involved in the care of the child/young person/adult should aim to reach agreement on the best way to manage risk. However, when agreement cannot be reached, – it is important that these concerns are clearly communicated, documented, and escalated accordingly using *Shared Risk Approach Protocol*.
- Risks that that are assessed as high and of significant concern despite high level of intervention must be escalated to Senior Management.
- A multi-agency discussion should take place to review the risk and the measures to control it
- Managers must ensure that concerns about the management of risks are shared promptly and effectively with all those involved.
- The degree of communication, co-ordination and collaboration with external agencies must be proportionate to the risk and complexities of the child/young person/adult.
- It is essential that comprehensive accurate records are maintained of all risk related communications and decisions.

7. Training and Competency Requirements

- Service Managers will ensure all staff familiarise themselves with this policy during their induction period, with further assurance sought through monitoring of mandatory policy compliance.
- Competencies are best developed through a combination of reading and reflection; team working and supervision; and provision of appropriate training courses and materials. Managers should ensure there are systems in place to support staff development in risk practice and this should form part of workforce development and individual development plans.
- All Service Managers are responsible for developing, updating and maintaining their competencies in relation to risk assessment and management practice. Training in the assessment and management of risk is available to all Service

Managers (and Deputy Managers) from the Compliance, Quality and Regulation team.

- Service Managers (and Deputy Managers) are responsible ensuring that staff in their team have received adequate training and development in the assessment and management of risks. Staff who are expected to take the responsibility for writing and/ or reviewing risk related documents should complete the *Writing Risk Assessments Competency Workbook*.

8. Responsibilities

The Senior Leadership Team are responsible for the approval of any approach to the assessment and management of risk, including the development of structured tool and documentation.

The Compliance, Quality and Regulation Team is responsible for the evaluation of the approach to the assessment and management of risk employed in services and, based upon this evaluation, for the identification or development of alternative procedures and tools for consideration by the Senior Leadership Team**.**

Regional Education Leads are responsible for effectively overseeing services under their control to monitor compliance with this policy and all matters related to the assessment and management of risk, – this particularly pertains to high risks. They must also ensure that high risks and significant concerns are escalated to the Managing Director without delay.

Head Teachers are responsible for the oversight of all risk management within their service and ensuring that risk management is informed by best practice. They must ensure that their approach to supervision is conducive to supporting staff in risk related decisions and the ongoing risk management. They are responsible for the development of staff knowledge and understanding of risk related practice and furnished with relevant training and development materials - *Writing Risk Assessment Competency Workbook*. The completion of the workbooks should be supported with structured supervision and where appropriate, the appraisal process.

All staff are responsible for remaining up to date and implementing current best practice by employing the agreed approach to the assessment and management of risk. They are responsible for raising any queries or concerns in relation to the approach through their managerial and/ or professional lines.

9. Monitoring Policy Implementation

- Risk related documentation and practices should be routinely reviewed through structured supervision and management oversight systems and processes.
- Risk related practice will be monitored through quality and statutory monitoring activities.
- Review and analysis of untoward events should always form part of monitoring risk related practice.
- The approach to managing risks should be monitored and overseen by professionals involved in the care of the child/young person/adult user and form part of multi-disciplinary meetings and/or statutory reviews (e.g. *Look After Child* reviews).
- Services are responsible for monitoring compliance with training requirements as well as good practice standards in relation to risk practice.

10. Equality Impact Statement

This policy has been developed to promote equality, safeguard individual's rights, and ensure fair and inclusive practice across all services. The potential impact of the policy on children, young people, young adults, families, and staff with protected characteristics has been considered in line with the Equality Act 2010.

No negative impacts have been identified. Staff must apply this policy with sensitivity to individual need and make reasonable adjustments to ensure equitable access, safety, wellbeing, and participation for every individual. Any emerging risks of

differential impact should be reported and addressed through ongoing review and quality assurance.