**INDIVIDUAL CHILD BEHAVIOUR RISK AUDIT**

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| **Child’s Name:** | **Date** |
| **Assessor’s Name** | **Review Date** |

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| **BEHAVIOUR** | **WHEN?** | **MOST AT RISK** | **HOW LIKELY?** | **X** | **HOW OFTEN?** | **X** | **POTENTIAL HARM** | **=** | **RISK FACTOR** | **ACTION** |
| *(Circle or underline those which apply)*NB – In cases where a child is suspected or found to be carrying a weapon, action should always be taken, regardless of the apparent likelihood of harm. | *Time of day; potential triggers etc.* | *Who is most likely to be harmed and how?* | *5=Certain**4=Probable**3=Possible**2=Not impossible**1=Never* |  | *5=Daily**4=Weekly**3=Monthly**2=Rarely**1=Never* |  | *(Include an assessment of the likely physical and psychological harm)**4= Life-*  *threatening**3=Serious**2=Harm* *1=No harm* |  | *Approximate percentage chance of harm occurring:*100%=certain>50%=probable>9%=possible>1%=not impossible1%=never | *Is a formal risk assessment required? Are existing measures sufficient, or can the risk be lowered further? If applicable, list any initial suggestions for achieving such aims in the space below.*  |
| **Verbal abuse****Threats/Aggression****Violence****Vandalism****Bullying****Fighting****Possible Weapon(s)****Racial Harassment****Sexual Harassment****False Accusations****Self Harm****Other -** *please specify:* | **Before intervention****Break times****Lunch times****After intervention****Morning** **Afternoon** **Other,** *e.g. evening, please specifiy* | **Child themselves****Other children****Staff****Parent/Carer****Visitors** | **5****4****3****2****1** | **X** | **5****4****3****2****1** | **x** | **4****3****2****1** | ***=*** |   \_\_\_\_\_\_\_\_\_\_\_\_\_ **%** |  |
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**Completing the Risk Audit**

Note: The primary function of the risk audit pro forma set out overleaf is that of a diagnostic tool, allowing for the compilation of an accurate and comprehensive individual child behaviour profile. It is also possible to use the same form for carrying out a formal risk assessment, although in cases where numerous or detailed control measures are required, the ‘ACTION’ column may lack sufficient space.

* Consider what sorts of behaviour are likely to be exhibited by the child in question. What hazards might arise as a result of the behaviour? Find out if there is a pattern to the behaviour. Does it happen at a particular time or place? Is there something usually going on immediately before or after? Is there any way of predicting it? Are there circumstances which make the behaviour more likely to occur?
* Based on past evidence, common sense and likelihood of occurrence, think about the impact of this behaviour - who is likely to be harmed and how? **Life-threatening** = fatality, hospitalisation, long-term absence etc; **Serious** = requiring medical treatment and, usually, absence from work; **Harm** = e.g. 1st Aid, possible GP check-up and/or treatment.
* How likely is this behaviour? How frequently has the behaviour happened in the past? How recently? Is it possible to make realistic predictions for the future? On what grounds? (NB: Where more than one form of poor behaviour has been identified, the combined impact of *all* of them should be considered when determining the likelihood and frequency of harm arising).
* Calculate the numerical risk factor by multiplying **likelihood x** **frequency x harm**. Any resulting percentage greater than 1 per cent indicates a measure of risk; a figure of 100 per cent means it is certain to happen.
* Evaluate the risks and decide what recommendations might be made for further action. Is a full risk assessment required, together with suitable control measures? Are existing precautions – where applicable - sufficient, or should further steps be taken?
* It is important that the ‘percentage chance’ of harm occurring is not seen as a single, authoritative predictor of future outcomes. It is merely one indicator of several which can assist those charged with tackling such behaviour. The action to be taken will clearly depend on the type(s) of behaviour identified. A ten per cent chance of a child carrying a knife, for example, clearly poses a greater level of possible harm than a ten per cent chance of a child verbally abusing somebody. As a general rule, any percentage risk of more than one per cent should be closely analysed, and where the potential harm is calculated as a score of two or more, this becomes even more important.
* Decide when this audit should be reviewed (for example, in 6 months’ time, or sooner if behaviour patterns change). If a formal risk assessment is required, then reviews should follow automatically as part of the risk assessment process.
* If a formal risk assessment is recommended, this should be carried out by a competent person in full accordance with the Management of Health and Safety at Work Regulations 1999 – see NUT guidance on risk assessments available on the NUT website at [www.teachers.org.uk](http://www.teachers.org.uk). The outcome of the risk assessment should then be disseminated to all staff and volunteers.

**CHILD BEHAVIOUR RISK ASSESSMENT**

NOTE: Risk assessments should be carried out by a suitably competent person, who has received an appropriate level of training and guidance prior to fulfilling this function.

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| Child Name | Assessor | Review Date |
| Age | Date |  |

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| --- |
| What health and safety hazards arise or could arise from the behaviour of this child? |
| 1. What risks do they pose and to whom?
 | LEVEL OF RISK:High/Medium/Low |
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| 1. What has been done so far to remove or reduce the risks?
 | REMAINING RISK: High/Medium/Low |
|  |
| 1. What further action is required to reduce the risk further?
 | LEVEL OF RISK ONCE ALL CONTROL MEASURES ARE IN PLACE (High/Medium/Low): |
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| 1. List any activities which cannot be safely managed, as far as it is possible to foresee.
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Any further comments:

**‘MENU’ of possible options to consider as control measures**

Note: This list is indicative of the types of interventions which might be applied. It is not intended to be an exhaustive list, and those carrying out the risk assessment should seek to implement a tailored strategy to address the specific needs of the student within existing behaviour and/or special needs policies. Measures set out in EHCP’s will clearly always take priority over any others.

* Behaviour chart for the intervention
* Requires clear/explicit tasks of short duration
* Remind of consequences of choices
* Use of emergency contact information to bring the session to a close
* Requires a set routine which must be followed
* Use of activities as ‘rewards’ for positive behaviour
* Use non-confrontational strategies
* Immediate withdrawal from activity as a consequence of certain pre-determined acts, such as swearing at staff
* Specific instructions given to staff not to try to stop if he attempts to leave a room, instead allowed to go to … … ….. ….. until calmed down
* Withdrawal from danger areas
* Make it clear to both child and referrer that further incidents of harassment of our staff will result in the police being contacted and a complaint of harassment being made, with redress sought via anti-harassment legislation.