

**The Peaceful Pony CIC**

**Therapeutic Levels of support and Risk Assessment Policy and Procedure**

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**Last Review 12/12/2024**

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**Scope**

Each child that accesses support within “The Peaceful Pony Specialist Alternative Education and The Peaceful Pony Therapy Centre”, is and always should be treated as **a unique person** with their own strengths and experiences. Children are at the heart of everything we do. Our ethos is that, for children to feel safe and learn, they require autonomy and guidance to thrive. There should be no right nor wrong, we all take time and different paths to learn and thrive. The role of adults working with children in our setting to ensure safety but also support choice so these key needs can be met. This will also mean that for children to thrive and be safe, an assessment of their wellbeing, risk and holistic needs should form part of a therapeutic support plan which fundamentally supports their educational delivery,

This procedure underpins the recommendations of the Section 19 principles of the Children and Families Act 2014 Part 3 and SEND Code of Practice 2015, Children’s Act 1989, The Equality Act 2010 and the Mental Capacity Act 2005.

This policy and procedure apply to all adults working and volunteering withing The Peaceful Pony. It is a requirement that all staff working directly with and indirectly with following the guiding principles outlined in this policy to ensure SEND best practices, and Risk Assessments/ contingency plans are implemented. The Children and Families Act 2014 Part 3, SEND code of Practice 2015, and Lets Talk Managing Risk to Support Children and Young People’s Mental Health in Education Setting 2024 are guiding principles used to help navigate the deliver a best practice quality in the provision and evidencing of good to outstanding performance in line with procedures and practice outlined in this policy.

It is vital to understand that whilst our setting is specialist in providing emotional wellbeing assessment and support, our setting may also provide support to those children that may need little intervention with their emotional wellbeing. Risks and therapeutic planning will always be understood with a wide range of understanding of possible risks that are holistic and cover a broad range of supported interventions. This policy does take into consideration and is reflective of our specialist area of knowledge, Social, Emotional Mental Health.

**Definitions**

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| Term | Definition |
| SEND  CoP  EHCP  LA  IPES  SENCO  S/SW  TPP  MH | The 2015 SEND Code of Practice 0-25 states that “a person has a SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. At compulsory school age  this means he or she has a significantly greater difficulty in learning than most others the same age, or, has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools."  Code of Practice  Education, Health and Care Plan  Local Authority  Individual Packages of Education support  Special Educational Needs Coordinator  Senior and Support Worker  The Peaceful Pony  Mental Health |

**Introduction**

At TPP, each child is treated as an individual, given access to the specialist learning and therapeutic support they may need, whilst ensuring all legal guidelines, staff

competency and safety of all are upheld. Children being given the opportunity to thrive is the reason the reason WHY TPP does what it does, regardless of need or reasons what brought them to be placed with TPP. Each child deserves to have the opportunity to feel safe, develop belief in themselves, follow their specialist interests, learn, build connections and friendships, feel happiness and fulfilment and DREAM. TPP will ensure that children are given every opportunity to success and achieve their dreams. To ensure “whole” support and healing TPP will work with the whole family. TPP will not “DO” with children and families but “WITH”.

**National Research suggests-**

* One in Six children aged 5-16 years were identified as having a probable MH condition in July 2021. This is a significant increase from one in nine in 2017 (Source: Five Children in Every Classroom).
* The number of A&E attendances by YP aged 18 or under with a recorded diagnosis of a psychiatric condition more than tripled between 2010 and 2018-2019.
* 83% of YP with MH needs agreed that Lockdown in 2020 had an impact on their wellbeing.
* In 2018-2019, 24% of 17-year-olds reported having self-harmed in the previous year, and 7% reported having self-harmed with suicidal intent at some point in their lives. 16% reported high levels of psychological distress.
* Suicide was the leading cause of death for males and females between 5-34 years in 2019.
* Almost half of 17–19-year-olds with a diagnosable MH disorder have self-harmed or attempted suicide at some point, rising to 52.7% for young women (Source: Young Minds: Mental Health Statistics 2023)

**Aims**

TPP has a responsibility to provide a physically and therapeutically safe space for all those that attend. Including but not limited to staff, young persons, visitors and contractors. The aim of this policy is to mitigate as many risks identified as possible and control measures to be put reasonably in place to avoid injury or harm. Risk assessments are conducted and reviewed on a regular basis, at least termly or as and when required sooner through the term.

**Purpose**

Within the Education setting, staff are often on the front line of supporting children or Young Persons (YP), who for different reasons are not able to access education, interact with their friends/families/ choose to partake in unsafe activities (and many more effects). This can result in children and YP being unable to achieve their dreams, keep themselves safe and ultimately thriving. Staff at TPP could, as a direct result of supporting children and YP with this level of need may be also emotionally affected with the need of having to assess and manage significant risk and uncertainty.

Where there is uncertainty about the level of risk within a child or YP wellbeing or risk level, advice should always be to link with appropriate health colleagues, or if a child is believed to be at high levels of risk, advice would be to attend A&E for a crisis assessment. This, however, is not always the appropriate, thus this policy and procedure will support TPP staff in identifying, assessing and responding to the risk associated with the Child and YP and if relevant their mental health presentation. The guidance also aims to support our setting in developing our own processes to manage various levels of risk that may present concerns for staff.

Additional support and guidance can be found via:

• Essex safeguarding page

• Essex SEMH pages

• SET CAMHS

• Essex Effective Support

It is important to understanding that children will need different types of approaches to support. This could include for example, low demand, non-direct questioning, or direct verbal or picture cards/prompts. This will also include the type of observation level of support children will need, and how this is delivered in line with support for children. It is important that support and observations always remain in line with our Safeguarding Policy, Autonomous with full levels of transpiratory at the least restrictive always. The agreed level of support and observation will depend on a

focus of what the child and family feel each need, management of safety and positive risk implementation.

**Legislation**

This policy is based on the following legislation and Department for Education (DfE) guidance:

* Paragraph 16 of part 3 of The Education (Independent School Standards) Regulations 2014 which requires proprietors to have a written risk assessment policy • Regulations 3 and 16 of The Management of Health and Safety at Work Regulations 1999 require employers to assess risks to the health and safety of their employees
* Employers must assess the risk to workers from substances hazardous to health under regulation 6 of The Control of Substances Hazardous to Health Regulations 2002
* Regulation 9 of The Regulatory Reform (Fire Safety) Order 2005 says that fire risks must be assessed.
* Regulation 4 of The Manual Handling Operations Regulations 1992 requires employers to conduct a risk assessment for manual handling operations. • DfE guidance on first aid in schools says schools must carry out a risk assessment to determine what first aid provision is needed.
* DfE guidance on the prevent duty states that schools are expected to assess the risk of pupils being drawn into terrorism.

**Safeguarding and Levels of Risk**

TPP staff may often be the people observing concerning behaviour or managing a disclosure (directly or indirectly) and therefore it is important that they feel equipped to assess the risk of a child and YP mental and/or physical health. Regardless of where the concern/disclosure has come from, it is important to always take the child/ YP seriously and assess any risk to inform an appropriate response. This document is best practice guidance and should inform and be consistent with other related policies and procedures, particularly safeguarding which must always be followed.

When managing levels of risk with a child/ YP, it is important to gain the consent from the child/ YP wherever required and be explicit about the limits to confidentiality. It is vital to acknowledge there may be times where the level of risk outweighs the level of consent. (Please also see linked Safeguarding Children Policy 2024 for guidance).

**Defining Risk Levels**

After identifying a concern with a child and YP CYP’s, it is important to assess the level of risk and define why objectively what is the evidence for the presenting level of risks. This should include the type of concern:

* **risk to self**
* **risk to other(s) (please follow TPP safeguarding procedures)**
* **risk from other(s) (please follow TPP safeguarding procedures)**

It is vital to remember that a risk assessment is a tool for the purpose of providing a unified approach to understanding and managing risk through an organisation by several different people who have different subjective views. It should be considered that though a score could be deemed moderate risk, there may be views from others that it may be high or low. In this case, a selective agreement should be considered to ensure full understanding of rationale for risks. In any case, there should always be clear objective’s to identified risks which could further provide information on any score.

**Assessing and responding to risk levels**

Where concerns are identified (at any level), or following an incident, a risk assessment and plan should be written / updated and implemented. It is important that all appropriate agencies are involved in this process and that the child and YP and their parent/carer are also involved and given the opportunity to contribute to all personalised support documents. When considering interventions, it is important to consider how these can be specific to meeting an identified need which can impact changes in risk levels. Also how these interventions will fundamentally form part of a risk plan. Risk assessments and plans should be dynamic, in that they are regularly reviewed and updated, and reflect current levels of need.

The process of the risk assessment and plan, and any subsequent reviews, should be a multi- agency approach.

**Roles and Responsibilities**

**The Directors:** The directors of TPP have ultimate responsibility for health and safety matters in the provision, but will delegate the day-to-day responsibility to the senior leadership team / lead of the day.

The directors will take reasonable steps to ensure the that all on site are not exposed to unnecessary risks to their health and safety. This applies to activities on or off of TPP premises.

The directors have a responsibility as the employer to assess the risks to staff, young people and visitors affected by provision activities and in order to identify the risks and introduce safety measures in order to manage these risks. These should be fed back to the employees and implemented accordingly.

**Provision Staff and Volunteers:**

• Assisting with, and participating in, risk assessment processes, as required • Familiarising themselves with risk assessments

• Implementing control measures identified in risk assessments.

• Alerting the senior leadership team to any risks they find which need assessing.

**Young people and Parents:**

Are responsible for following TPP advice relating to risk whilst in their care and alerting staff to any risk factors or changes of circumstances.

**Contractors:**

Contractors are expected to provide evidence that they have adequately risk assessed all their planned work.

**Risk Procedure and Implementation**

When assessing risks at TPP, we will follow the process outlined below. We will also involve staff, where appropriate, to ensure that all possible hazards have been identified and to discuss control measures, following a risk assessment.

Step 1: identify hazards – we will consider activities, processes and substances within the environment and establish what associated-hazards could injure or harm the health of staff, young people and visitors.

Step 2: decide who may be harmed and how – for each hazard, we will establish who might be harmed, listing groups rather than individuals. We will bear in mind that some people will have special requirements, for instance young people with special educational needs (SEN) and expectant mothers. We will then establish how these groups might be harmed.

Step 3: evaluate the risks and decide on control measures (reviewing existing ones as well) – we will establish the level of risk posed by each hazard and review existing control measures. We will balance the level of risk against the measures needed to control them and do everything that is reasonably practicable to protect people from harm.

Step 4: record significant findings – the findings from steps 1-3 will be written up and recorded in order to produce the risk assessment. A risk assessment template can be found in addition to this policy (please see one-drive).

Step 5: review the assessment and update, as needed – we will review our risk assessments, as needed, and the following questions will be asked when doing so: • Have there been any significant changes?

• Are there improvements that still need to be made?

• Have we learnt anything from accidents or near misses?

**When considering individual risk assessments:**

Each young person attending TPP will have a risk assessment prior to starting this will be done during their planning meeting where all agencies working with

the young person will be present to have their input. Including but not limited to, parents, the LA, social workers and schools (where applicable)

**Competency and Training to undertake Risk Assessment**

All staff and Bank staff as part of their induction to TPP Specialist Alternative education will complete training through working with a member of staff to observe practice, induction checklist, reading of policy and procedure, daily debriefs, handovers and supervision (termly). There will also be specialist training on Risk assessment delivered by Director of Services to all Senior members of staff completing and assessing risk.

**Least Restrictive principle**

Therapeutic Support and Risk strategies will be on a child’s individual needs based on their risk assessment and care plans undertaken by a Senior member of staff. The principle to ensure that therapeutic support and risk strategies are the least restrictive and always aims to support the child/persons independent rather than inhibit it. TPP should be aiming to also be looking to support with taking planned proactive risks, as opposed to being risk adverse.

**Allocation of support**

This will be formally written in a child/persons care plan and risk assessment with discussion from family/child and all persons working with the child. The level of support may change on a day-by-day basis depending on the need of support or to help support safety during that day. These choices will always be the least restrictive. If changes of support are needed, staff have a duty to discuss these chances with the child, family and all professionals. In the child’s best interest, the allocation of support needs may change in the need of urgency prior to consultations being made with persons. In this case, an explanation of support and risk management explanations will be declared after the event to all parties.

**Recording of Support and Completion of Risk assessments**

Risk assessments will be completed when a child/ YP starts within our setting and reviewed every half term unless there are increases/decreases in risks would document reflective changes. Risk assessments will be completed with children/

YP if appropriate, parents/ carers and any professionals working with the child. Other Risk assessment guidance includes- (*Please also reference Behaviour and Relationship Policy)*

**Assess the risk and reducing the potential for harm.**

Adopting precautionary and preventative steps which help to avoid, prevent, minimise or mitigate incidents where staff can be harmed. Maintaining a sense of proportion in relation to the assessed risk. Best practice will be to involve parents/carers and the child or young person in this risk assessment process.

Possible questions to inform the risk assessment.

* What harm could occur and how severe could this be? How likely is this harm? • What information is provided for staff, how is it communicated? • Is the right level of training provided to relevant staff?
* Are there changes needed to the way people carry out their duties or where they work?
* Has there been sufficient accounting of the site layout and the knowledge of the immediate working environment?
* Incident recording and response to incidents.
* How is any information, reports, involvement with other agencies such as the police and Children’s Social Care shared?

The assessment will include:

* Identified vulnerable child/young person (those that are most likely to become dysregulated when, where including activities and areas).
* Existing preventative measures and evaluation of the other potential risks. • Additional preventative and control measures identified, including timescales. • Communication procedures and review arrangements.

Write an action plan

Any actions should be written monitored by Senior Management and Governors to ensure that all items identified have sufficient resources allocated and have been addressed. The plan should be fit for purpose and tailored to managing the specific risk presented by identified child/young person or groups of children and young people. The plan should include the following:

• Action required,

• Action by whom

• Risk priority

• Projected timescales

• Date completed

Monitor, Review and update the assessment

Any risk assessment should be regularly reviewed and updated. It also should be visited again following a significant incident to reflect on any learning or additional protective measures.

All observations and levels of support are to be recorded through the day in a person’s daily feedback/ online notes. Each child will be offered a Children’s Records journal for home to alt ed capture of information only. All other records will be recorded on termly reports unless otherwise required, always reflecting the level of support children have needed during the day. For older children/young persons they and their parents/caregivers may not wish for daily children’s journals. If this is the case, all information will be recorded on termly reports.

**Level of Risk assessment in relation to level of therapeutic support**

During the assessment process, there may be objective risks considered to be high risk, moderate risk and low risk. There may also be factors which mitigate risks and support risk prevention. When considering what level of support each child may need, factors of the initial risk rating should provide a rating based on probability or risk and potential frequency. Following identified interventions which formulate risk plan, consideration should be given to both initial and revisited risk assessments as to what support a child/YP may need.

• One to one Support

• Two to One Support

• Intermittent with allocated Adult

• Allocated Group

**One to one Support**

The Child/Person has an allocated S/SW with them through the day to complete learning, social interactions and maintain safety. This support can be delivered fluid, but the ratio will always be one adult to one child. The child may need or wish the S/SW to remain with them by their side undertaking activities, or the

child may feel safer /may need an adult within eyesight with the adult. Children who need one to one support may be a risk to themselves of others in which one to one support is felt required. It is vital to ensure one to one support procedure is undertaken in line with the child’s best interest and is lest restrictive.

**Two to one Support**

The Child/Person will have two allocated S/SW with them through the day, within the same principles of one-to-one support. However, in this case, one member of staff will need to stay in arms reach of the child, and the other SS/W in eyesight. This level of observation will be to manage risk only and should not be a long term implemented level of support. It is vital to ensure one to one support procedure is undertaken in line with the child’s best interest and is least restrictive. This level of support is only suitable for a short period of time and should not be an indefinite type of support.

**Intermittent with allocated adult**

The Child/Person will have an allocated an allocated adult for support during the day. This type of support will be there for those that do not need one to one support but do still need some adult support to navigate needs and safety during the day. Staff will have a maximum of two of staff allocated to them on any day where they are permitted intermittent support. This support will take place at different times during the day/hours that they are working with children, examples, could be once every 5 minutes or 30 minutes. Children that need this type of support are felt to be at low risk to others or themselves.

**General with Allocated group**

Children or young people that are felt to be able to fully take part in group activities through the day, with some adult support and interaction through the day during the group/lunch and one to one conversation with staff if occur/requested. An adult will always be around the set up and lead the activities through the day. People that are supported in the group are no risk to themselves or others.

**Specific risk assessments**

Specific risk assessments will be carried out for:

• Fire risk

• All work involving exposure to hazardous substances

• Employees using VDU screens as a significant part of their job • Staff or students who are expectant mothers

**Review**

Risk assessments will be reviewed at least annually and following any changes to the activity, environment, or circumstances, by the directors or senior leadership team. Individual risk assessments will be reviewed termly.

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