# Behaviour risk assessment

At times, children may demonstrate behaviour that places the safety of themselves or others at immediate risk. This tool will assist the determination of:

* the level of risk of the behaviour to the safety of the child or others including other children and carers
* appropriate strategies to ensure the safety of the child or others in the future.

This process involves determining the level of risk of the behaviour and the impact or outcome of the behaviour. To assess the level of risk, it is important to consider all available information including but not limited to:

* the known behaviour/s of the child
* information held about the child’s behaviour including prior assessments, critical incident reports
* the knowledge of the child’s individual history including physical health, mental health, cultural background, disability, and trauma history.

A risk assessment process is required when the child has been identified as demonstrating behaviour that presents such significant risk to themselves or others that a positive behaviour support and a plan to manage crisis situations is required.

## Risk assessment and management process

A risk assessment and management process involves the following key steps:

## How to use this tool

This tool can help complete a behaviour risk assessment in situations where they are worried about a child or young person’s behaviour. In this tool the word ‘child’ is used to describe both children and young people.

The information from the behaviour risk assessment can help:

* reach agreement on the level of risk of each behaviour
* identify risk management strategies including positive strategies to help the child. This can quickly reduce risk to the child or others
* develop and review any plan to manage crisis situations for the child or young person completed by the safety and support network
* provide information to help make decisions about models of care.

The following explains how to use this tool:

* The behaviour risk assessment is used by the safety and support network. The people who know the child well can be part of the discussion and share information.
* List each behaviour the child demonstrates. Assess the risk of each behaviour by itself, for example, physical aggression, or property damage. Each behaviour may have a different level of risk. Each behaviour will respond to different strategies to reduce the risk. Do not assess risk based on all of the behaviours demonstrated by the child.
* Decide if the risk of the behaviour needs to be assessed in different environments, for example, when the child demonstrates physical aggression in the home and when out in the community.
* Use information and behavioural data to describe the frequency and severity of each behaviour to assess the risk. This can be from shift notes or incident reports. Sometimes risk may be assessed on the ‘worst’ case scenario. When this occurs, it may not be the correct level of risk with the current strategies.
* Where it is agreed that there is not enough information and behavioural data to complete the risk assessment, a decision will be made about how to source the required information.

## Risk Assessment Score Table

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **FREQUENCY OF THE BEHAVIOUR** | | | | |
|  |  |  | **How often does the behaviour occur?**  Refer to previous critical incidents, behaviour support plans to determine the frequency of the behaviour | | | | |
|  |  |  | **RARE**  May occur in exceptional circumstances.  Doesn’t happen often | **UNLIKELY**  Unlikely to occur e,g. less than once per month | **POSSIBLE**  Possible to occur in some circumstances e.g. one to three times per month | **LIKELY**  Likely to occur. e.g. one or more times per week | **ALMOST CERTAIN**  Almost certain to occur e.g. daily |
| **INTENSITY OF THE BEHAVIOUR** | **If the behaviour occurred, what would be the impact?** | A behaviour that causes **insignificant impact** on the safety of the child or others that causes minor disruption and does not lead to injury or physical harm. | **Low risk** | **Low risk** | **Low risk** | **Low risk** | **Low risk** |
| A behaviour that **minor impact** on the safety of the child or others that requires a response to de-escalate the situation or ensure the safety of the child or others and/or reduce environmental risk. | **Low risk** | **Low risk** | **Medium risk** | **Medium risk** | **Medium risk** |
| A behaviour that causes **moderate impact** on the safety of the child or others that has the potential to require an immediate response to advert and adverse outcome and reduce the risk to the child or others. | **Medium risk** | **Medium risk** | **Medium risk** | **High risk** | **High risk** |
| A behaviour that causes **major impact** on the safety of the child or others that has the potential to cause significant injury; or an outcome that requires first aid response/medical treatment | **Medium risk** | **Medium risk** | **High risk** | **Extreme risk** | **Extreme risk** |
| A behaviour that causes **serious and critical impact** on the safety of the child or others that has the potential to cause serious injury that requires hospitalisation, urgent medical treatment, police and or ambulance presence or illegal behaviour | **Medium risk** | **High risk** | **High risk** | **Extreme risk** | **Extreme risk** |

## 

## Impact example

Use the table below to help with decision making about the impact of each behaviour. It is a guide only and provides some examples. The safety and support network will use their own judgement.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **EXAMPLES OF BEHAVIOURS** |
| **IMPACT OF THE BEHAVIOUR** | **If the behaviour occurred, what would be the impact?** | A behaviour that causes **insignificant impact** on the safety of the child or others that causes minor disruption and does not lead to injury or physical harm. | * Behaviours that would typically be seen in children of a similar age/development e.g. testing boundaries as a teenager, repeatedly asking for food as a teenager. * Not following simple instructions. * Not following household rules. * Causing minor disruption within the placement e.g. making gestures, calling other children or staff names, throwing food without injury to others. * Sexual behaviours which are typical, developmentally appropriate, spontaneous and mutual. |
| A behaviour that **minor impact** on the safety of the child or others that requires a response to de-escalate the situation or ensure the safety of the child or others and/or reduce environmental risk. | * Behaviours that would typically be seen in children of a similar age/development e.g. testing boundaries as a teenager, repeatedly asking for food as a teenager. * Touching or taking property from other children or staff. * Becoming upset and their behaviour escalates causing minor disruption or property damage * Constantly disrupting others who are close by e.g. when watching TV. * Swearing at staff and other children and making low level threats. * Sexual behaviours which are typical, developmentally appropriate, spontaneous and mutual. |
| A behaviour that causes **moderate impact** on the safety of the child or others that has the potential to require an immediate response to avert or mitigate an adverse outcome and reduce the risk to the child or others. | * Makes threats of physical violence to children or staff with no previous history of following through. * Locking themselves and/or others in an area and refusing to leave. * Throwing objects around the room with or without the intention of hitting other children or staff. * Pushing and shoving children and staff. * Sexual behaviours that are not typical or developmentally appropriate. These may be causing physical or psychological impact (masturbates to the extent of physical injury; can’t be diverted to age appropriate activities) or involve an inequality in age or power with other children. * Directing aggression to property resulting in damage e.g. holes in walls. |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | A behaviour that causes **major impact** on the safety of the child or others that has the potential to cause significant injury; or an outcome that requires first aid response/medical treatment | * Selling or supplying drugs or drug paraphernalia that may or may not be illegal substances. * Using threatening language towards others including threats of sexual violence. * Self-harm. * Physical aggression to others which leads to physical injury which requires first aid eg application of an ice pack. Carers or other children may need to seek medical treatment e.g. review by a GP within a day. * The child leaves the care arrangement, but their location is known or can be quickly worked out (absent child). * Carrying concealed weapons. * Sexual behaviours that are problematic or harmful to the child or others. The behaviours are secretive or coercive towards other children. |
| A behaviour that causes **serious and critical impact** on the safety of the child or others that has the potential to cause serious injury that requires hospitalisation, urgent medical treatment, police and or ambulance presence or illegal behaviour | * Running onto a busy road. * Threatening other people with a weapon. * Physical aggression to others causing physical injury. Police or ambulance are required. * Self-harm. * Suicide attempts. * The child leaves the placement and carers do not know where the child is (missing). * Sexual behaviours that are problematic or harmful to the child or others. The behaviours are secretive or coercive towards other children. The behaviours may result in contact with the police and youth justice system. |

## Managing risk

Where possible, strategies to control or lower the risk should be prioritised. When a child demonstrates high or extreme risk behaviour, the safety and support network may need to seek an experienced clinician with relevant skills to develop a positive behaviour support plan. They will assess the function of the behaviour. The plan will include both proactive strategies and develop graded strategies to respond to high risk behaviour. Examples of strategies to reduce the risk could include:

* increasing supervision and engagement with the child
* reducing general clutter in the house to reduce the number of items that could be thrown during an escalation
* Increasing support at times that escalations are known to occur e.g. transitions, shift change over
* staff being mindful of specific locations in the house where incidents may occur where it is difficult to create space between the child and themselves e.g. bathroom or hallway.
* not transporting the child when escalated (where possible)
* making environmental modifications, for example, a change in fencing.

The risk level should be assessed after strategies to reduce the risks have been identified and put into place. The risk level without these strategies might be assessed as ‘High’. Once appropriate strategies to control the risk are in place, the risk level may be assessed as ‘moderate’.

|  |  |
| --- | --- |
| **RISK LEVEL** | **DEFINITION** |
| Low risk | **Behaviours that require positive parenting responses.**  These behaviours can be supported through positive parenting responses. Routine processes can be used to monitor the level of risk within case planning and the use of structured decision making tools, for example, the child strengths and needs assessment. |
| Moderate risk | **Behaviours that require a combination of positive parenting responses and more focussed supports**  Actions by carers or residential services to reduce the risk – this may include development of interim strategies to reduce risk until permanent solutions and/or a plan to manage the behaviour is agreed. |
| High risk | **Behaviours that typically require more focussed supports with involvement from specialised services**  Immediate action required to ensure safety. Prioritise development of a positive behaviour support plan and a plan to manage crisis situations based on risk assessment; monitor closely and review regularly. |
| Extreme risk | **Behaviours that typically require an intensive response**  Immediate action required by carers to ensure safety. Plans to manage crisis situations in place including guidance about when to call police or ambulance. |

## Risk Action Table

Once a risk has been identified, it is important to ensure that strategies are implemented to reduce or mitigate the known risk. The Risk Action Table may assist the safety and support network members in their decision making.

|  |  |
| --- | --- |
| **LEVEL OF RISK** | **EXAMPLES OF RISK ACTIONS AND CONTROLS** |
| **Low risk**  These behaviours are those that require typical parenting responses. | * Identify behaviour(s) and plan to monitor the behaviour through the safety and support network. * Support the child’s behaviour through strategies such as positive parenting responses, house rules, natural consequences. * Support the child’s skill development e.g. self-regulation, problem solving, learning to wait, communication. * Support carers to access general parenting courses if appropriate e.g. Triple P, Circle of Security. * Review monthly or as needed to ensure the level of risk remains low. * Ensure the safety and support network are aware of any concerns including increase in the frequency or intensity of the behaviour. |
| **Moderate risk**  These behaviours are those that typically require a combination of typical parenting responses and more focussed supports | * Review the incident/s in the safety and support network to explore the frequency and impact of the behaviour to re-assess the level of risk and develop risk management strategies to lower the risk where possible. * Consider referral for any other assessments and therapy to support skill development e.g. communication, sensory, mental health. These can be accessed from mainstream services such as health. They can also be accessed through existing funded supports through the residential or foster care agency as appropriate. * The safety and support network develops a behaviour support plan that identifies triggers, early signs of escalation and crisis, identifies strategies that include environmental changes to meet the child’s needs, and strategies that can support de-escalation. This is shared across the safety and support network to ensure consistent approaches to supporting the child’s behaviour. * The safety and support network work collaboratively to implement and review the positive behaviour support plan as required. * Ensure the child’s safety and support network are aware of any concerns including increase in the frequency or intensity of the behaviour. * Notify the CSSC of incidents as outlined in the Managing high risk behaviour policy. |

|  |  |
| --- | --- |
| **High risk**  These behaviours are those that typically require more focussed supports with involvement from specialised services | * Immediately respond to reduce the risk and seek police or ambulance assistance as required. * Notify the CSSC as per critical incident reporting. * Immediate re-assessment of the level of risk. This includes re-assessment of whether the current positive behaviour support plan adequately meets the child’s needs. * Development and implementation of a positive behaviour support plan by a clinician with the appropriate skills. This will include an assessment of the function of the behaviour and multielement approaches to meeting the child’s needs. The positive behaviour support plan should detail a graded level of responses to support de-escalation when behaviours present low risk. * Development of a plan to manage crisis situations to guide emergency responses where there is imminent risk of harm to the child. * Consider referral for any other assessments and therapy to support skill development e.g. communication, sensory, mental health. This may include referral to Evolve and other specialised services. * Review the plan on a regular basis. * Review the associated risk on a regular basis (at least once a month, post incident or as required). * Consider use of the high intensity safety and support network process to meet on a regular basis to review and manage risk. |
| **Extreme risk**  These behaviours are those that typically require an intensive response | * Immediately respond to reduce the risk and seek police or ambulance assistance as required. * Notify the CSSC as per critical incident reporting. * Immediate re-assessment of the level of risk by the safety and support network. This includes re-assessment of whether the current positive behaviour support plan adequately meets the child’s needs. * Development and implementation of a positive behaviour support plan by a clinician with the appropriate skills. This will include an assessment of the function of the behaviour and multielement approaches to meeting the child’s needs. The positive behaviour support plan should detail a graded level of responses to support de-escalation when behaviours present low risk. * Development of a plan to manage crisis situations to guide emergency responses where there is imminent risk of harm to the child. There may also be the need to develop a police and ambulance intervention plan if emergency services are involved. * Consider referral for any other assessments and therapy to support skill development e.g. communication, sensory, mental health. This may include referral to Evolve and other specialised services. * Review the plan on a regular basis. * Review the associated risk on a regular basis (at least once a month, post incident or as required). * Consider use of the high intensity safety and support network process to meet on a regular basis to review and manage risk. |