

# From mountain to sea



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| **Planning for a Pupil with Additional Support Needs,**  **Personal Emergency Evacuation Plans and Risk Assessment Guidance** |
| November 2023 |

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This guidance was amended by Education and Children’s Services Inclusion, Equity and Wellbeing Team

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| --- | --- | --- |
| **Version** | **Date** | **Reason for update** |
| 2.0 | 5th April 2017 | Previous MAP and CSP combined version – content no longer applicable. PEEP and Risk Assessment information included, and all documents update. |
| 2.1 | 14th July 2017 | Inclusion of exemplar for MAP |
| 2.2 | September 2017 | GIRFEC information and enable hyperlinks |
| 2.3 | November 2023 | MAP removed and Checklist added to replace MAP |

**Visit aberdeenshire.gov.uk**

## Introduction

The following guidance is to support staff in supporting pupils with ASN. The guidance promotes consideration of what is required to support pupils with ASN as well as signposting to other ASN related Aberdeenshire documentation. This guidance also provides assistance with the drafting of planning documentation:

* Personal emergency evacuation plans
* Risk assessments

The appendices contain copies of blank proformas and completed examples.

## GIRFEC

Children and young people have their needs assessed on an individual basis and support will be provided as required in line with [GIRFEC](http://www.gov.scot/Topics/People/Young-People/gettingitright). The Getting it Right for Every Child (GIRFEC) is a national approach to improving the Wellbeing of children and young people in Scotland.

Specific aims relevant to this guidance are:

* Improve outcomes for children, young people and their families
* Put the child or young person at the centre of any assessment, planning and support, actively promoting their participation and engagement in any processes.
* Proactively seek the views of children, young people and their families, providing information and support which encourages involvement.
* Achieve high standards of multi-agency working, based on a co-ordinated approach to identifying Wellbeing concerns, assessing need, and agreeing outcomes and actions.
* Ensure education staff are aware of the specific training and documentation to support and evidence the specific needs of pupils with health care needs

Please refer to Appendix 5 for more information about GIRFEC and the 5 questions, together with the [Aberdeenshire GIRFEC Website](http://www.girfec-aberdeenshire.org/).

Allied Health Professionals provide targeted interventions to secure outcomes as detailed in [Ready to Act](http://www.gov.scot/Publications/2016/01/1324/3) (participation and engagement, early intervention and prevention, partnership and integration, access, and leadership for quality improvement). There is a statutory requirement for education authorities and their partners to work together to ensure the wellbeing needs of the child/young person as detailed in the [Children and Young People (Scotland) Act 2014.](http://www.legislation.gov.uk/asp/2014/8/contents/enacted)

## Planning for a Pupil with Additional Support Needs

Communication and sharing of information are a key part of the transition process when a pupil with additional support needs transitions from one educational establishment to another. Consultation should take place with Parents/Carers and other agencies involved with the pupil. It is important that plans are made to involve the pupil in the process, taking into account their age and stage. Education staff can utilise the Checklist Form (Appendix 1) to identify the specific support the child/ young person needs. This Checklist can be used to detail the information gathered about the pupil and/or identify areas that need further exploration e.g agency contacts, specialist equipment required and staff training implications.

Multi Agency Involvement

For pupils with significant and complex additional support needs consideration should be given to arranging a multi-agency meeting in order to identify the specific needs of the pupil. The meeting could include the Quality Improvement Officer, Educational Psychology Service, Community Paediatrician, Social Work, Allied Health Professionals, School Nurse and Health Visitor and other professionals as appropriate. This meeting should also allow consultation with Parents/Carers and the child/ young person.

Multi-agency meetings are not always easy to arrange quickly, and on occasion it may be more practical for the Head Teacher or appointed representative to meet with colleagues who are most easily available (this should include the Parent/Carer). School staff can also request information specific to the pupil to be provided from other partners / colleagues who cannot attend the meeting to allow informed decisions relating to the pupil to be made. A minute of the meeting should be shared with all relevant agencies associated with the pupil.

### Staffing Needs

To help schools effectively deploy their current staffing there must be a clear outline of the role of staff members, specific goals for the pupil and how these will be achieved, and arrangements for reducing the level of support (where appropriate).

### Training Needs

Staff training may be required to address the specific needs of a pupil. A note of training requirements can be made on the Checklist. It is the responsibility of Head Teachers / PT ASL to organise the training for staff. This may involve utilising ALDO or more specific training to support health care needs can be sought from NHS Grampian staff or the Educational Psychology service. The completion of training should be recorded on Appendix 2a. Head Teachers and PT ASL should be mindful of refresher training requirements, and this can be monitored through use of the Staff Training Record (Appendix 2)

Aberdeenshire Policies and Guidance:

Aberdeenshire Policies and Guidance to support staff in supporting pupils with ASN can be found: [Additional Support Needs (ASN) Aberdeenshire, Inclusion, Equity and Wellbeing (asn-aberdeenshire.org)](https://asn-aberdeenshire.org/). This website is regularly updated and provides protocols, templates and proformas that staff can utilise to document the specific support required by pupils with ASN.

## Personal Emergency Evacuation Plan (PEEP)

### Introduction

For pupils who require assistance to exit the school building in the event of an emergency, a Personal Emergency Evacuation Plan should be completed. The child/young person, parents/carers, school staff/specialist staff and other agencies (NHS Grampian Allied Health Professionals) should all be consulted for their input. If adaptations to the building are required for the pupil [Learning Estates](mailto:LearningEstates@aberdeenshire.gov.uk) should be contacted.

Pupils with mobility and sensory needs in particular should be considered for a PEEP and arrangements made for their assistance in an emergency. Consideration must be given to how the alarm is raised and who would be responsible for going to the assistance of the child/young person and ensuring their safe removal from the building. Staff responsibilities must be identified on the PEEP, with consideration made to cover possible staff absence. Responsibilities MUST be clearly communicated to all staff, specifically personnel with identified responsibilities to support the evacuation of pupils named in the document. A copy should also be retained in the Pupil’s Profile Record (PPR).

### Methods of Assistance

Methods of assistance/guidance must be detailed and include how transfers would be made to enable evacuation to take place speedily and safely. Equipment should be listed in connection with safe evacuation, for example if a child is in a dynamic stander, hoist or classroom chair that equipment may be suitable for immediate evacuation. **If a pupil has specialised equipment to support their health needs this must be discussed with the appropriate Allied Health Professional in the event of an emergency requiring evacuation of the building to ensure the safety of all.** If the equipment is not suitable for use during an emergency evacuation, the requirement of evacuation mats on the floor, or evacuation chairs for removal of a pupil downstairs must be considered and recorded as required.

Aberdeenshire’s Moving and Handling Trainers can provide staff training on the use of evacuation equipment. This training is advertised on ALDO and can be requested by contacting the Moving and Handling Trainers: [lynda.watson@aberdeenshire.gov.uk](mailto:lynda.watson@aberdeenshire.gov.uk) or [jacqueline.smith2@aberdeenshire.gov.uk](mailto:jacqueline.smith2@aberdeenshire.gov.uk)

### Procedures

The exact procedure must be detailed for each type of evacuation for example, evacuation using a wheelchair, from a therapy bench, classroom floor, sensory room, swimming pool, ball pool, etc. Please consider carefully the needs of children with hearing/visual impairments, and those with auditory/ other sensory hyper/hyposensitivity as introduction and practising of a routine at a time without a fire alarm sounding may be very beneficial. All schools are required to practice a fire drill termly to ensure safe and swift evacuation and identify further arrangements as required.

A list of the safe routes out of the school should be made for each pupil requiring a PEEP, considering their timetable and access to rooms/areas of the building.

In the event of a wheelchair user accessing an upper floor of a building, please ensure that a method of evacuation is identified as the lift cannot be used. Should a wheelchair user not be suited to the use of an ‘Evac’ chair from an upper floor, please seek advice from the relevant Allied Health Professional, the fire-brigade, the Moving and Handling Trainers and the Parent/ Carer regarding an agreed procedure and verify with the QIO.

Some secondary school buildings have a designated ‘safe space’ for wheelchair users who may require evacuation by the fire brigade due to lack of suitability of use

of an ‘Evac’ chair. Clear arrangements for personnel remaining in the building with the wheelchair user in an emergency must be agreed and recorded.

### Individual or Group Planning

As the name implies this plan is for individuals, however on occasion a school management team may wish to adapt it as a generic plan for evacuation by groups of children/young people from areas such as a swimming pool/showers, sensory room, soft play area, dining room or gym. The format must record how the alarm would be raised for the group, persons responsible for evacuation, and the nearest exit. In the case of a swimming pool; consideration must be made of the provision of silver emergency blankets near to the exit for collection on the way out of the building.

A generic plan is not a substitute for an individual personal emergency evacuation plan for a child who has physical/sensory/other needs for which the procedure needs to be detailed to ensure their safe evacuation.

### Review and Update

Personal Emergency Evacuation Plans must be reviewed annually, or earlier if there is a change to the child/young person’s timetable, equipment, health/mobility needs or following a request from parent/carer/child/young person/school staff or allied health professionals.

Risk assessments may also be required to ensure that risks are minimised in the event of an emergency evacuation.

Appendix 3 details a PEEP, and [Appendix 3A](#_bookmark30) illustrates a completed exemplar. A copy of the PEEP template is available on:

[Aberdeenshire ASN IEW Website- Planning Documentation](http://asn-aberdeenshire.org/planning-documentation/)

## Risk Assessment

### Introduction

A risk assessment should be considered in the following instances:

* **BEHAVIOUR:** where a pupil’s conduct poses a demonstrable and ongoing risk to the health, safety and wellbeing of others at the school and/or presents a risk to their own safety

.

* **PHYSICAL RISK:** where limitations due to lack of mobility, hearing/visual impairment and/or other sensory needs there is a risk posed to the health, safety and wellbeing of others at the school and/or the pupil’s own safety.
* **MEDICAL:** where a pupil’s medical/healthcare needs may pose risks to the health, safety and wellbeing of others at the school and/or to the pupil’s own safety.

All risk assessments must be shared with personnel supporting the pupil and reviewed at a minimum annually or early due to changes in circumstances/by request.

### Content of a Risk Assessment

#### A risk assessment should:

* Involve the pupil where possible
* Involve all relevant staff who work with the pupil (e.g. Class/subject teachers, Pupil Support Assistant, Additional Support for Learning Teacher, Educational Psychologist)
* Involve parents/carers
* Be conducted by a competent person
* Involve outside agencies where appropriate (e.g. NHS Grampian Allied Health Professionals, Social Work, 3rd Sector providers as part of a commissioned service)

#### All risk assessments must:

1. *Identify and assess impact of the risk*

One way in which you can identify the risks is to gather evidence that can be compiled via a risk audit. This should include:

* + BEHAVIOUR: The actual behaviour (observed actions), previous behaviour and relevant behaviour of others
  + PHYSICAL: The actual risk e.g. slips, trips falls, exit from school building onto main road and risk of being hit by a car etc.

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* + MEDICAL: The actual risk which may arise from missed dose / over-dose of medicines, other child accessing medicine etc.
  + The potential of harm (no harm, harm, serious)
  + Pre-existing medical conditions and impact on control measures
  + In what situation does the risk occur (time of day, trigger points, pattern to behaviour) etc.
  + Who is likely to be injured or harmed?
  + What kinds of harm, injuries are likely to occur?

1. *Manage the risk*

From the risk audit you will be able to devise a risk assessment detailing control measures to remove / reduce the risk. There should be a clear rating of the risk level prior to implementation of control measures, and the rating once measures are in place.

The outcome of the risk assessment should be disseminated to all staff, including support staff, supply, temporary and student teachers, and shared with parent/carer and child/young person.

A child in a wheelchair

Description automatically generatedThe risk assessment should take into account the views of the pupil, staff and parents/carers. All people involved in the creation of the Risk Assessment should be identified and included in any review of it.

[Appendix 4](#_bookmark31) details a blank risk audit, and Appendix 4A details a blank risk assessment.

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## APPENDIX 1:

|  |  |  |
| --- | --- | --- |
| **Enrolment / Transition Checklist to Support Pupils with ASN** | | |
| Name of Pupil: |  |  |
| Date of Birth: |  |  |
| School / Nursery Attended: |  |  |
| Proposed Date of Enrolment / Transition: |  |  |
| Are extended Transition opportunities required: |  |  |
| Agencies involved: |  |  |
| **Additional Support Needs** | | |
| Health / Disability / Diagnosis: |  |  |
| NHS Grampian professionals: |  |  |
| Social Work: |  |  |
| Admin of Meds Forms: |  |  |
| Social / Emotional: |  |  |
| Learning Environment: |  |  |
| Family Circumstances: |  |  |
| Communication needs: |  |  |
| Coordinated Support Plan: |  |  |
| **Moving and Handling Requirements** | | |
| M&H Plan: |  |  |
| M&H Risk Assessment: |  |  |
| NHS Grampian Protocols: |  |  |
| Specialist Equipment Required: |  |  |
| Staff Training Implications: |  |  |
| **Personal and Intimate Care** | | |
| Intimate Care Protocol: |  |  |
| NHS Grampian Protocols: |  |  |
| Risk Assessments Required (health, medical): |  |  |
| Specialist Equipment: |  |  |
| Staff Training Implications: |  |  |
| Arrangement of nappy disposal: |  |  |
| **Sensory Needs** | | |
| Sensory Profile: |  |  |
| Sensory Needs: |  |  |
| **Transport** | | |
| Application Required: |  |  |
| Escort Required: |  |  |
| Specialist equipment required (for transport): |  |  |
| Risk Assessment: |  |  |
| **Relationships, Learning and Behaviour** | | |
| Behaviour Support Plan: |  |  |
| Risk Assessment: |  |  |
| Child’s Plan: |  |  |
| IEP: |  |  |
| ASN Progression Framework: |  |  |
| **Physical Accessibility** | | |
| Learning Estates: |  |  |
| Personal Emergency Evacuation Plan: |  |  |

## 

## APPENDIX 2: Training Record

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff Member | Training | Date | Refresher Date | Training | Date | Refresher  Date | Training | Date | Refresher Date |
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## APPENDIX 2A: Individual Staff Training Record:

Head Teachers- Please ensure staff have this form when attending training so they can request the trainer completes the document:

|  |  |
| --- | --- |
| **Record of Medical Training for Education Staff** | |
| **Staff Member Name** |  |
| **Designation** |  |
| **School** |  |
| **Type of Training Received** |  |
| **Date Training Completed** |  |
| **Training Provided by** |  |

|  |  |
| --- | --- |
| **Trainer Declaration** | |
| I, the assessor, confirm that the training has been completed on the topic named above and to the best of my knowledge has been understood by the learner. | |
| **Trainer Signature** |  |
| **Trainer Print Name** |  |
| **Date of Training** |  |
| **Suggested Review Date** |  |

|  |  |
| --- | --- |
| **Trainee Declaration** | |
| I have received the training on the topic named above. I confirm that I understand the procedure on which I have received the training and feel confident in using that procedure. | |
| **Staff Signature** |  |
| **Staff Member Print Name** |  |
| **Date of Training** |  |

## A copy of this completed form is to be provided to Aberdeenshire Council Member of Staff. Original to be kept by Head Teacher / PT ASL

## APPENDIX 3: PERSONAL EMERGENCY EVACUATION PLAN (PEEP) Template

|  |
| --- |
| Name |
| Department |
| Building |
| Floor |
| Room Number |

#### AWARENESS OF PROCEDURE:

The child/ young person is informed of a fire evacuation by a staff member.

#### DESIGNATED ASSISTANCE:

(The following people have been designated to give the pupil assistance to get out of the building in an emergency).

|  |  |
| --- | --- |
| Name |  |
| Contact details |  |
| Name |  |
| Contact details |  |
| Name |  |
| Contact details |  |

In addition the following will raise awareness:

* + Existing alarm system
  + Pager device
  + Visual alarm system
  + Other (please specify)

#### METHODS OF ASSISTANCE:

(E.g. transfer procedures, methods of guidance etc.)



**EQUIPMENT PROVIDED** (including means of communication):



#### EVACUATION PROCEDURE:

(A step by step account beginning from the alarm being activated)



#### SAFE ROUTE (S):

Line Managers signature

Date of initial assessment

**REVIEW** (when required- minimum annually):

Date:

*Copied to: Pupil Profile Record, Class folder for all staff including subject teachers/ visiting specialists and supply teachers, Parent/Carer. Copied to other personnel who contributed as required.*

## APPENDIX 3A: PERSONAL EMERGENCY EVACUATION PLAN (PEEP) Exemplar

|  |  |
| --- | --- |
| Name | Pupil M |
| Department | n/a |
| Building | X primary school |
| Floor | All on level ground floor |
| Room Number | Mrs Smith’s P4 classroom |

#### AWARENESS OF PROCEDURE:

The child/young person is informed of a fire evacuation by a staff member.

#### DESIGNATED ASSISTANCE:

(The following people have been designated to give me assistance to get out of the building in an emergency).

|  |  |
| --- | --- |
| Name | Mrs Smith / Supply Teacher / Mr Thom / Miss Jones / Mrs Gordon |
| Contact details | *Insert internal phone numbers* |
| Name | PSAs: Mr Long / Mrs Young / Miss Davies |
| Contact details | *Insert internal phone numbers* |
| Name | Head Teacher: Mr McAndrew |
| Contact details | *Insert internal phone number* |

In addition the following will raise awareness:

* + Existing alarm system



* + Pager device
  + Visual alarm system
  + Other (please specify) Informed by staff member

#### METHODS OF ASSISTANCE:

(E.g. transfer procedures, methods of guidance etc.)

* Pupil M should be assisted in her wheelchair to the playground via the rear exit or ramped senior classroom exit

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* Pupil M to be assisted out of the building in her standing frame / walker / Leckey class chair (if being used)
* Pupil M to be pulled out of the building using an evacuation cushion / pod / mat or beanbag from the therapy bench or the floor
* If the walker / standing frame are difficult to manoeuvre then Pupil M to be assisted rapidly to the floor and the equipment above will be used

**EQUIPMENT PROVIDED** (including means of communication):

* Manual wheelchair
* classroom chair (Leckey chair on wheels)
* standing frame (wheeled)
* walker (Kaye walker)
* mat (gym mat) for playground / floor
* bean bag for classroom floor
* Communication is verbal.

#### EVACUATION PROCEDURE:

(A step by step account beginning from the alarm being activated)

* When the fire alarm sounds, the class teacher will designate a PSA or leave what she is doing and go straight to Pupil M. (Other children in the class will receive verbal instruction to line up at the class door)
* The class teacher/PSA will push Pupil M in her wheelchair out of the school building using the nearest and safest route.
* When Pupil M is in her walker, standing frame or Leckey classroom chair, the class teacher/PSA will push the equipment out of the nearest fire exit.
* When Pupil M is on the floor or the therapy bench, the class teacher/PSA will assist her to the evacuation cushion, beanbag or mat to pull her out of the classroom and through the nearest fire exit
* If in the toilet, Pupil M will be assisted out having first ensured clothes are in place, using the mobile toilet frame.
* Ramps are in position from every exit in the school, and once outside the building pupil M will be taken to the assembly point for her class in the front playground. If at the back of the building an adult will remain with her as moving over the grass area is difficult if in the Leckey chair/standing frame. However, Pupil M will be removed away from the building.

3

#### SAFE ROUTE (S):

Pupil M will leave the school building via the rear entrance and be assisted around to the front of the building to the class assembly point.

If the rear exit is blocked then Pupil M will be assisted by an adult to leave the school building via the senior classroom fire exit and down the ramp to the assembly point.

If Pupil M is in the senior classroom the fire exit and ramp should be used to leave the building.

If Pupil M is in the GP room, she should be assisted out through the rear door as this entrance is the nearest fire exit.

If in the canteen or gym hall (PE), Pupil M will be assisted to leave through the nearest ramped exit, and join other pupils at the assembly point.

Line Managers signature

Date of initial assessment:

**REVIEW:** (minimum annually)

Dates:

*Copied to: Pupil Profile Record, Class folder for all staff including subject teachers/ visiting specialists and supply teachers, Parent/Carer. Copied to other personnel who contributed as required.*

**APPENDIX 4: Blank Risk Audit**

**PUPIL RISK AUDIT**

|  |  |
| --- | --- |
| **Pupils Name:** |  |
| **DOB:** |  |
| **Audit compiled by:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hazard / Risk** | **Person (s) Affected** | **What happened (including when, where and time of day)** | **Category of Risk** | | |
|  | **M P B** | | |
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**CATEGORY OF RISK: Medical (M) Physical (P) Behavioural (B)**

**All risks should be identified in Pupil Specific Risk Assessment (s)**

**APPENDIX 4A: Blank Risk Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Purpose of Risk Assessment** | *Health, Behaviour, Physical* | |  |
| **Pupils Name:** | *Pupil X* | **Date:** |  |
| **School and Class:** |  | | |
| **Detail any Additional Support Needs of the pupil:** |  | | |
| **Relevant Pre-Existing Medical Conditions** |  | | |
| **Risk Assessment Written By:** | *Class Teacher* | | |
| **Other individuals involved in Risk Assessment:** | *Pupil, Education Staff, Parents, Head Teacher, Depute Head Teacher* | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard / Risk** | **Person/s Affected** | **Risk level before controls are in place**  **LOW MED HIGH** | | | **Control Measures** | **Risk level after controls are in place**  **LOW MED HIGH** | | |
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**To be reviewed termly and / or as part of the Child’ Plan process or when required.**

## APPENDIX 5: GIRFEC information and the 5 questions

GIRFEC sets out a vision which aims to:

* Improve outcomes for children, young people and their families.
* Put the child or young person at the centre of any assessment, planning and support, actively promoting their participation and engagement in any processes.
* Proactively seek the views of children, young people and their families, providing information and support which encourages involvement.
* Promote shared language through a [National Practice Model](http://www.gov.scot/Publications/2015/02/1851/15) providing a consistent approach to safeguard, ensure and promote the Wellbeing of children and young people.
* Streamline assessment, planning and decision-making processes via a single planning framework – called the Child’s Plan – to ensure a consistent approach to how a range of extra support that is not generally available should be planned, delivered and coordinated around an individual child’s needs and circumstances.
* Increase prevention and earlier intervention so all children and young people are supported to achieve their potential
* Achieve high standards of multi-agency working, based on a co-ordinated approach to identifying Wellbeing concerns, assessing need, and agreeing outcomes and actions.
* Maximise the skills of the Universal Services workforce, and focus targeted and specialist services to meet the needs of children and young people where higher thresholds of risk and need exist
* Embed individual and unique professional responsibility and accountability towards supporting children and young people
* Support proportionate and considered sharing of Wellbeing information, in line with Data Protection, other legislative requirements, confidentiality and the views of families.
* Ensure a [Named Person](http://www.gov.scot/Topics/People/Young-People/gettingitright/named-person) is available as a central point of contact for children, young people and parents, to provide advice, information, and support, and help to access other services if and when needed
* Identify a [Lead Professional](http://www.gov.scot/Topics/People/Young-People/gettingitright/lead-professional) where a Child’s Plan is in place, to co-ordinate and monitor progress of actions and improved outcomes.

#### The Five GIRFEC Questions

A child or young person’s Wellbeing is influenced by everything around them, and by different needs they will have at different points of their life. Wellbeing concerns may arise from a child or young person’s individual experiences or circumstance, or be posed by the impact of a family member or significant person’s situation (this could include a non-resident partner of a parent/carer, or a peer).

When a Wellbeing concern is identified or raised for a child or young person, you should ask yourself the 5 GIRFEC questions:

#### What is getting in the way of this child or young person’s wellbeing?

1. **Do I have all the information I need to help this child or young person?**
2. **What can I do now to help this child or young person?**
3. **What can my service or organisation do to help this child or young person?**
4. **What additional help, if any, may be needed from others?**

If you don’t have all the information you need, you may need to gather further information either by speaking with the child or young person themselves, their parents or carers, or from other people within your own, or other agencies. This will ensure you have as full a picture as possible to inform your own assessment, and informs any Request for Assistance made to other agencies if needed.

Findings from recent Significant Case Reviews tell us that sharing the right information at the right time can help improve outcomes for children, young people and their families. It can often help prevent low level concerns growing into more serious or entrenched difficulties. In the majority of cases, Wellbeing concerns should be openly discussed with the child, young person, family members or other person, including explicit discussions\* around what information may need to be shared, why, and with whom.

*\*Unless there are child protection concerns\*.*

#### Child Protection Prompt: If at any point concerns are raised which suggests a child or young person is at risk, of harm or neglect, or potentially at risk of harm or neglect, Child Protection Procedures must be followed without delay.

## Please refer to the [Aberdeenshire GIRFEC](http://www.girfec-aberdeenshire.org/) website for more information.