

RISK ASSESSMENT

Multi-agency guidance

2013



Camden Safeguarding
Children Board

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1 DEFINITION AND PURPOSE

Risk assessment is defined as “the process of estimating and evaluating risk, which is the possibility of beneficial and harmful outcomes and the likelihood of their occurrence in a stated timescale.”

In social services, it is the process of gathering information in order to identify sources of safeguarding risk, evaluate the likelihood of that risk causing harm to children, and deciding on what action to take to eliminate or reduce the risk.

Risk assessments are an important part of social care assessments because they may be used to:

- Identify risk heightening factors and protective factors that reduce risk and harm
- allow analysis of risk and its potential impact
- predict future behaviour and the likelihood of change in this behaviour
- evaluate chances of risks within a family reducing or increasing in the future
- establish the level of risk and whether thresholds, such as significant harm, have been reached.

This policy addresses the assessment of safeguarding risk, which is defined as the risk to the child’s present and future safety and welfare. Some agencies may consider risk in the context of repeat offending, failure to reach educational targets or risks to health. Although these form part of the child’s elfare and development, such

risks should be subject to specialist agency risk assessments.

It should be remembered that risk assessment is not an exact science as it deals in probabilities, and professionals need to be aware of the limitations of any risk assessment tool, using them to gather information but being aware of the need for professional judgement in reaching conclusions.

No one agency or professional will hold all information about risk or should dominate the discussion around risk. All professionals working with the child and family will have a valid view regarding the level and nature of risk and it is important that professionals should feel empowered to challenge others views where this is appropriate.

2 SCOPE

Camden recognises that in order to safeguard children effectively, risk assessment must be a multi-agency undertaking, involving all members of the child’s professional network. This policy has been developed by the Camden Safeguarding Children Board in order to provide a framework of risk assessment that can be used by all agencies and professionals working with families in order to support the identification of risk and make decisions on appropriate actions to address risks.

3 WHEN TO CARRY OUT SAFEGUARDING RISK ASSESSMENTS

Risk assessments should be carried out at the following points:

:

- as part of a CAF when a referral to FSSW is being considered
- as part of the original child and family assessment
- as part of a pre-birth assessment
- as part of a section 47 investigation
- when assessing family members for Regulation 24 placements
- when updating an assessment prior to review
- whenever a child is returning to their parents care.

However, risk assessment should be regarded as an on-going process rather than a separate task, and needs to be continually updated to include any new information from the professional network in order to remain relevant.

Sometimes, a risk assessment may indicate that there is a serious and immediate risk to the child's safety and welfare; in these cases action should not be delayed and social workers must act proportionately and in a timely manner to ensure the child's safety. This may involve removing the child from the parent's care or removing an adult from the household.

4 WHAT INFORMATION TO INCLUDE

It is important that all agencies working with the family contribute to the identification of safeguarding risk, using a **joint assessment** where possible so that there is a collective and comprehensive view of the situation and the risks involved. This

will enable social workers to build a holistic picture of the child's life, where all their needs and their circumstances are considered, leading to better informed actions and interventions.

Social workers and professionals should ensure that a risk assessment includes all members of the household, including non-resident, absent or "not available" fathers and partners. In some cases, this may require visiting the home out of office hours or arrangements made for joint visits with other professionals. An inability to engage a partner in the risk assessment will indicate a heightened level of risk in itself.

It is widely accepted that a key predictor of future behaviour and possible harm is past behaviour and resulting harm. For this reason, **social history** will be a vital component of risk assessment. Social workers should therefore ensure that they look at records of previous involvement with FSSW and other agencies, including information on how families engaged with services and what outcomes were achieved.

Information about **previous FSSW involvement** with families will provide indications of emerging patterns or a warning that the situation in the family is coming to crisis point. Earlier case information can also indicate how parents are likely to engage and co-operate with services.

When considering **parenting capacity**, social workers will need to gather information on the parent's history and how their experiences of being parented have impacted on them and their own parenting abilities.

Parenting capacity can be observed where the parent is currently looking

after children, but in the case of pre-birth assessments, social workers will have to rely on other sources of information to make a judgement.

Risk assessment needs to be based on and informed by an understanding of **child development** so that social workers and other professionals can make judgements on delay or impairment and the impact of harm, abuse and neglect on the child's development. This includes longer-term impact on the child's development, based on knowledge from research.

Any **identified risks** and vulnerabilities need to be balanced against any **protective factors** in order to gain an understanding of the level of risk present. However, social workers and professionals must be able to shift perspective as new information comes to light, so for this reason, risk assessment needs to be a continuous process.

Social workers should separate known risks from concerns about development or outcomes and assessment should be based on fact rather than opinion unless it is a professional opinion relating to the impact of the risk on the child.

5 IDENTIFYING SAFEGUARDING RISK

The following factors need to be identified and quantified in order to analyse risk effectively:

Risk factors: this is anything in the child's circumstances or environment that is external to the child and which may constitute a risk, hazard or threat. Analysis should identify the specific risk factor and look at how it will impact

on the child in terms of potential harm or neglect, considering the frequency and level of such harm or neglect.

Vulnerabilities: these are known characteristics or attributes internal to the child that might pre-dispose them to risk of harm. Examples are their age, presence of a learning disability or a history of abuse. Analysis needs to look at how the attributes may make the child more vulnerable to abuse or harm or otherwise lead to poor outcomes.

Protective factors: these are features of the child's circumstances or environment that may counteract risk or pre-disposition to risk. Analysis needs to cross-reference protective factors to specific identified risk in order to understand how it negates or reduces the risk and must be sustainable over time.

Warning signs; these are signs that give a clear indication of harm or abuse and must not be ignored but acted on immediately. Examples are:

- signs of physical injury that suggest deliberate infliction or admission by a parent of causing deliberate physical harm
- parents who are consistently hostile or aggressive towards the child and where threats and violence are used to intimidate professionals
- the child is deliberately "hidden" or unavailable
- the presence of sexually transmitted infections
- a child for whom there are high levels of safeguarding concerns

goes missing with or without the parent.

6 ANALYSING RISK

In order to manage risk effectively and be able to predict the likelihood of future harm, it is necessary to have an understanding of the nature of the risk and what is happening within the family.

Risk assessments should be used to establish what has happened and how this has affected the child's safety now and the likelihood of future harm. Social workers and professionals should ask:

- what has been happening (past)
- what is happening now (present)
- what might happen (future)
- how likely is it
- how serious would it be
- what is the likelihood for change?

A combination of the last 2 will form the basis of the social worker's professional judgement on risk.

When conducting an analysis, the following need to be addressed;

Nature of the harm

- What is the nature of the harm?
- Who is causing the harm?
- What is contributing to the harm; is it the quality of care received or environmental factors or both?
- Are any of the factors causing harm inter-related, for example alcohol abuse and domestic violence?

- Are there any triggers to what has happened or any emerging patterns?
- What are the protective and supportive factors that may reduce harm?
- When considering a specific incident, how serious was it?

Impact on child

- What is the impact of the harm for the child and what are the likely outcomes if the harm continues?

Parent's attitude

- What is the parent's attitude towards concerns held; do they show any insight or accept responsibility or is the problem being minimized?
- Can parents manage the risk themselves?
- To what extent are parents engaging with FSSW and what is the quality of their engagement?

Likelihood of change

- What needs to change?
- What is the likelihood of any change being sustained and what are the triggers for a relapse?
- Can the changes needed come about in a timeframe that is right for the child?
- Has any previous agency intervention made a difference to the family?

Information available

- What are the sources of evidence and are they credible?

- What information remains unknown and how important is this information in terms of understanding what is happening?

To help in measuring the significance of the information, social workers and professionals can use the risk assessment matrix shown at Appendix 1. This is based on the Assessment Framework and for each domain, includes statements that indicate either strengths or difficulties in that area.

Social workers and professionals should give a score of 1-5 (where 1 indicates severe difficulties and 5 indicates considerable strengths) for each domain based on the statements in order to assess the level and breadth of strengths or difficulties.

Where possible, assessment should be reflective rather than reactive, but this may not be possible in urgent situations. The analysis must be child centred and must not shift focus onto parental issues.

7 WHAT TO AVOID

Social workers and professionals should avoid:

- treating pieces of information in isolation but should work to see connections in order to build as comprehensive a picture as possible of the child's life
- making assumptions or selectively interpreting

information about risk and quality of care and be able to identify recurrent themes and issues

- reaching conclusions about a case too soon or allowing a fixed view to become too dominant to the exclusion of all other possible explanations
- failure to amend risk assessments despite new incidents or information
- not giving enough weight to information from neighbours or relatives, giving too much weight to unreliable information or making decisions on risk based on too little information
- placing too much emphasis on practical help to families rather than emotional help and support that may be needed to reduce risk of harm and abuse.

8 RISK ASSESSMENT TOOLS

Specialist risk assessment tools can help social workers to identify and quantify risk but it should be noted that the tools may have limited use and may not predict future harm. Examples of risk assessment tools are available at the link below.

[Z:\Children schools & families \(social care\)\Children and Families\Social Work policy folder\Risk assessments](Z:\Children schools & families (social care)\Children and Families\Social Work policy folder\Risk assessments)

APPENDIX 1: SAFEGUARDING RISK ASSESSMENT MATRIX

Key: A score of 1 indicates a considerable strength and a score of 5 indicates a severe difficulty

CHILD'S DEVELOPMENT			
	Strength	Score	Difficulty
Health	<ul style="list-style-type: none"> • Normal foetal development in pregnancy • Good general health with no repeat injuries or illnesses • No physical or genetic disorders • Child eats a healthy diet and takes exercise • Meeting developmental milestones with good prognosis for future health • No sexualised behaviour or evidence of CSE 		<ul style="list-style-type: none"> • Foetus at risk during pregnancy • Poor physical health with repeat injuries or illnesses including hospitalisation • Physical or genetic disorders • Poor diet and little exercise • Persistent failure to thrive, poor prognosis for future health, evidence of poor physical care • Sexualised behaviour, evidence of possible CSE such as STIs
Education	<ul style="list-style-type: none"> • Good development of cognitive and language skills • Ready for school, interest in learning • Interest in and self-motivation to learn • No evidence of SEND or SEND but making progress with suitable support 		<ul style="list-style-type: none"> • Significant delay in development of cognitive and language skills • Not ready to participate in or cannot adjust to educational context • No interest in or self-motivation to learn • Evidence of SEND or failure to achieve despite support
Emotional and behavioural	<ul style="list-style-type: none"> • Emotional state well regulated with appropriate responses and shows good concentration • Secure attachment behaviour towards parents and other adults • Expresses feelings well and shows sympathy and empathy 		<ul style="list-style-type: none"> • Exhibits persistent or recurrent states of frustration, arousal or distress with poor concentration • Insecure or disorganised attachment behaviour towards parents and other adults • Lack of or inappropriate expression of feeling, lack of sympathy or empathy • Evidence of mental health difficulties

	<ul style="list-style-type: none"> No evidence of mental health difficulties Sociable with no behavioural problems or risk taking behaviour 		<ul style="list-style-type: none"> Anti-social behaviour and risk taking
Identity	<ul style="list-style-type: none"> Secure and positive sense of self Able to make choices and assert views and needs appropriately 		<ul style="list-style-type: none"> Poor self-image and sense of self Unable to make choices and assert views and needs appropriately
Family and social relationships	<ul style="list-style-type: none"> Experiences stable and responsive relationships within the family Positive relationships with peers/adults Able to relate well to others in a collaborative way Shows appropriate social wariness 		<ul style="list-style-type: none"> Experiences unstable or disrupted relationships within the family Negative relationships with peers/adults Withdrawn, hostile and unresponsive to others, exhibits exploitative behaviour Overfriendly or disinhibited with strangers
Social presentation	<ul style="list-style-type: none"> Presents positively, takes pride in their appearance, good personal hygiene Shows respect for family, culture etc 		<ul style="list-style-type: none"> Presents negatively with no pride in appearance, poor personal hygiene Shows little respect for family, culture etc
Self-care skills	<ul style="list-style-type: none"> Positive self-care, emotional and communicative skills showing appropriate social development Able to solve problems within school, family and community Appreciates danger and risk 		<ul style="list-style-type: none"> Poor self-care skills, uneven development of emotional and communicative skills for stage of development Failure to problem solve, presenting as helpless or over-confident Failure to appreciate danger and risk
PARENTAL CAPACITY			
	Strength	Score	Difficulty
Basic care	<ul style="list-style-type: none"> Engages with ante-natal care, takes up advice on healthy lifestyles while pregnant Provides adequate and effective basic care Understands and adapts to the child's needs 		<ul style="list-style-type: none"> Fails to engage properly with ante-natal care, lifestyle puts the foetus at risk Fails to provide adequate and effective basic care Fails to understand and adapt to the child's needs, inconsistent parenting Places undue reliance on family and community support

	<ul style="list-style-type: none"> • Appropriate use of support from family and community 		
Ensuring safety	<ul style="list-style-type: none"> • Ensures adequate care and safety at home and in the community • Able to identify risks and take action to protect the child • Protects child from individuals who pose a risk 		<ul style="list-style-type: none"> • Fail to protect child at home and in the community • Not able to identify risks or take action to protect the child • Fails to protect child from individuals who pose a risk
Emotional warmth	<ul style="list-style-type: none"> • Provides positive and consistent caregiving that is responsive to the child's needs • Evidence of attachment • Exhibits warmth and empathy • Values the child, supportive and engaged 		<ul style="list-style-type: none"> • Fragmented and unresponsive care giving or rejection of child and their needs, detachment • Absence of or overwhelming expression of emotion by parents • Cold, critical, or unreceptive towards child • Rejection or scapegoating of child, unsupportive or over-involved
Stimulation	<ul style="list-style-type: none"> • Provides stimulation and responsive to child's learning needs • Provides a learning-rich environment with good communication, praise and encouragement • Involved in child's play and activities • Child is supported to do well at school 		<ul style="list-style-type: none"> • Little stimulation and unresponsiveness to child's learning needs • Parents cold and rejecting, undermining, controlling or stifling • Little interaction with child's play or activities • Poor preparation or support for school
Guidance and boundaries	<ul style="list-style-type: none"> • Provides positive guidance around behaviour management with realistic expectations using appropriate sanctions and rewards • Helps the child to manage frustrations • Provides flexible boundaries and rules and maintains structures 		<ul style="list-style-type: none"> • Absent or oppressive guidance and behaviour management or control, unrealistic expectations, use of punitive sanctions or inappropriate rewards • Intolerance or reinforcement of child's frustrations • Rigid boundaries or lack of boundaries and rules, over-protection • Decision-making on boundaries marked by arguments and conflict

	<ul style="list-style-type: none"> and supervision • Collaborative decision-making with child on boundaries 		
Stability	<ul style="list-style-type: none"> • Ensures family stability and manages change or crisis • Maintains contact with extended family and significant others • Stable network of substitute carers • Encourages child to be socially responsible • Consistent parenting 		<ul style="list-style-type: none"> • Transient family structure, disruption, no adaptation to change • Isolated from wider family • Unstable network of substitute carers • Does not help child to be socially responsible • Disrupted parenting

FAMILY AND ENVIRONMENTAL FACTORS

	Strengths	Score	Difficulties
Family history and functioning/wider family	<ul style="list-style-type: none"> • Stable household, good family relationships, support from wider family and community • Parents had stable childhood and/or have dealt with traumatic events • Recognition of the impact of past events and relationships • Adequate family functioning, no issues with mental health, substance misuse or criminality • Good relationships between parents • Family organisation is flexible and stable • Family able to communicate effectively • Wider family offer good 		<ul style="list-style-type: none"> • Unstable, changing household, disrupted family relationships, no support from wider family or community • Parents had unstable childhood and have not dealt with traumatic events and this affects current functioning • Poor family functioning, significant issues with mental health, substance misuse or criminality • Poor relationships between parents, presence of domestic violence • Family organisation is rigid/chaotic • Family have difficulty communicating • Wider family intrusive, over-involved or do not provide good support or protection

	support/protection		
Housing, employment and income	<ul style="list-style-type: none"> • Stable housing that meets the needs of the family • Work available and pattern of working supports family life • Unemployment managed and does not undermine family life • Adequate and sustained income • Child's needs prioritised regarding resources • Resources well managed 		<ul style="list-style-type: none"> • Unstable housing circumstances including temporary housing or homelessness, housing that is sub-standard and does not meet the family's needs • Inconsistent work available or working patterns undermine family life • Unemployment disrupts family life • Inadequate and inconsistent income • Resources used to meet adult needs • Resources not well managed
Social integration and community resources	<ul style="list-style-type: none"> • Family accepted by and integrated into the neighbourhood • Family uses available public and community resources to help child's development • Child has good support from peer group • Community resources available • Family engage well with professionals 		<ul style="list-style-type: none"> • Family isolated and not integrated into the neighbourhood • Family does not use available public and community resources to help child's development • Child has no support from peer group • Absence of or inadequate resources • Family has poor relationship with professionals