**ST HELENS BOROUGH COUNCIL CHILDREN’S SOCIAL CARE**

**RISK ASSESSMENT GUIDANCE**

**INTRODUCTION**

The Framework for the Assessment of Children is based on a child’s needs and the capacity of parents to meet those needs within their family, social and environmental networks.

Undertaking this analysis to determine risk is complex. Not all decisions taken in the context of risk can be guaranteed to prevent a hazard from occurring. Planned and informed risk assessment and risk management based on research will better predict outcomes than unevaluated information collection.

The risk decision must be sufficiently robust and documented to enable the Directorate to show that the risks were competently evaluated and managed.

**LEGAL ISSUES**

The most significant legal issue in connection with risk is the civil law offence of negligence. A health or social care professional owes the child or young person a common law duty of care. If there has been a breach in the standard of care owed and if this breach has caused reasonable, foreseeable harm, then this could result in a negligence claim. The is a duty on local authorities to promote and safeguard the welfare of the child or young person and so far, as is consistent with that duty, to promote the care of such children by their families as per the Children Act 1989 and Working Together 2018.

Providing an employee can demonstrate that they have acted within the Directorate’s policies, procedures and guidance and they have applied the knowledge and skills it is reasonable to expect them to exercise, then they will have applied the expected standard of care and will be supported in their decisions and actions.

**PRINCIPLES**

1. In exercising their professional judgement, all staff will act within the law and in accordance with the Directorate’s policies and procedures and in doing so will receive support from the Directorate whatever the eventual outcome.

2. Children and young people should have the opportunity to live safely and free from harm and vulnerable children should be protected from significant harm.

3. Any risk assessment will consider and respond to a person’s race, religion, culture, gender, sexual orientation, disability, and communication needs.

4. Risk assessments and judgements should be founded on the application of explicit criteria and form part of an overall assessment process.

5. Risk assessment is undertaken in partnership with other agencies, children, young people, and their carers to agree: -

* Factors which may increase the risk of harm
* Factors which may protect from harm
* The robustness of support systems
* Services which can be used to reduce risks
* A care plan which addresses the agreed risks
* Actions to be taken in an emergency

6. Decisions that follow on from risk assessments should be shared with children, young people, and their parent/carers.

**SIGNIFICANT HARM**

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, section 47 of the act places a duty on local authorities to make enquiries, or cause enquiries to be made to decide whether to take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer significant harm. There are no absolute criteria on which to rely when judging what constitutes significant harm.

This guidance aims to provide a framework within which the significant harm/risk assessment and decision can be made.

In making a significant harm/risk decision the following factors need to be considered:

* Age of the child
* Level of Disability and ability to communicate
* Reason for concern
* History or Past harm
* Acknowledgement by parent/carer of problem
* Co-operation of parents
* One – off incident v repeated incidents
* Degree of injury/harm
* Contributing factors
* Identified protective factors
* Support networks
* Likelihood of harm occurring or re-occurring

**LEVEL OF RISK**

There are two fundamental factors to consider when calculating the significance of a particular risk. These are:

* The level of risk and the severity of its consequences (impact)
* The likelihood of the risk occurring in the period covered by the risk assessment (considering history and frequency)

**Levels of Risk (Impact):**

**Low**

* The risk of harm is easily resolved through provision of services.
* The risk of harm is counterbalanced by protective factors
* Any harm that results would not require professional intervention.

**Medium**

* Harm to the child may result in a child protection investigation.
* Provision of care by the parent/carer may be disrupted resulting in the child needing to be looked after.
* The child’s wellbeing would be affected and would require professional support.

**High**

* Breakdown of current placement.
* Trauma to the child which may result in a child protection plan
* Behaviour, which would result in criminal prosecution and imprisonment or sectioning under the Mental Health Act.

**WHEN TO COMPLETE A RISK ASSESSMENT**

The Risk Assessment Document should be used to assess:

1. Risks arising from the level of a child’s needs

2. Risks arising from a lack of parenting capacity

3. Risks arising from the social and physical environment within which a child is living

**Principles and guidance of assessing risk will be incorporated into all Child and Family Assessments. The decision to complete a standalone Risk Assessment will be made in consultation with the relevant line manager.**

**COMPLETING THE RISK ASSESSMENT DOCUMENT**

Consider the full history of the child and family members and any previous serious or potentially serious events that have occurred:

* How were these managed?
* What were the risk or protective factors?
* How reliable were protective factors/measures?

Describe the current situation and determine the significance of the current risk. Risks which are identified as of high significance must be prioritised for action.

Consider any current protective factors and whether these are additional to or of greater/lesser reliability than any previous protective factors.

Analyse the balance of risk and protective factors and record the conclusions. Consider:

* Is it possible to reduce the likelihood of risk?
* Is it possible to reduce the impact of the risk?

Consider how identified risks can be managed. Strategies to consider are:

* Introducing more protective factors
* Adopting a different approach to the problem
* Service provision to reduce impact or likelihood
* Does the parent/carer have the capacity to recognise the risk?
* Does the parent/carer have the capacity to make appropriate changes?
* Contingency provisions

Having identified the level of significant harm use the Risk Assessment document to specify the actions and services to be put in place to manage all severe and high significance risks. If it is not possible to put measures in place to reduce high significance risks, consideration must be given to immediate intervention to protect the child as specified within the Risk Assessment document.

**ST HELENS BOROUGH COUNCIL**

**RISK ASSESSMENT CHILDREN’S SOCIAL CARE**

**RISK ASSESSMENT IN RESPECT OF (Name of person/relationship/family time etc)**

**AUTHOR: Name of social worker/assessor**

**CHILD/CHILDREN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Names** | **Gender** | **Date of Birth** | **Child’s current placement status** | **Child’s current  legal status** |
|  |  |  |  |  |
|  |  |  |  |  |

**PARENTS/CARERS**

|  |  |  |
| --- | --- | --- |
| **Names** | **Gender** | **Date of Birth** |
|  |  |  |
|  |  |  |

**PROTECTIVE/SIGNIFICANT OTHERS**

|  |  |  |
| --- | --- | --- |
| **Names** | **Gender** | **Date of Birth** |
|  |  |  |
|  |  |  |

**REASON FOR RISK ASSESSMENT**

Example

This risk assessment is being undertaken because father to the youngest child Joe Bloggs has been staying away from the family home with family since there was an assault on Jane Doe which the older children witnessed, resulting in the police attending the property. Joe and Jane have been encouraged to work openly and honestly with professionals and they tell use that they wish to continue to present as a couple and for Joe to move back into the family home. This assessment will consider the potential risk or harm to the children if that was to happen and will aim to provide recommendations and safety planning around that.

It is acknowledged that Joe has engaged and co-operated fully through discussions and visits to understand his history and the current concerns that are being presented. It should be mentioned that while Joe has engaged, there have been times when he has not provided us with information such as getting his own flat and being cautioned for possession of cannabis. It is recognised that when presented with information and questions Joe is honest about such occurrences.

**Assessment Date: …………………………..**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RISK FACTOR:**  **(What is this? Alcohol abuse, domestic abuse, drug use)** | **CURRENT PROTECTIVE FACTORS** | **LEVEL OF RISK / IMPACT** | **ACTION REQUIRED TO MANAGE RISK** | **IMMEDIATE ACTION IF RISK REMAINS HIGH** |
| What facts are there about this issue?  What is the information agencies hold about this?  i.e police reports, health records?  What are the reports or allegation and how likely are these to be true? What is the evidence? | Is the parent completing any work to reduce the risk?  Is the parent working with the plan to resolve the issue and reduce the risk, what updates do we know?  Is the last incident a long time ago? This could evidence that a change has been sustained  What support has the parent got, friends, family, or agencies? | What has the professionals/worker/family members seen or heard that has reduced/increased the risk/concerns?  **HIGH RISK**  Is this still a current issue, which is chaotic or presents a risk to the child?  **MEDIUM RISK**  Is the risk reducing by evidencing sustained change, or understands impact on child, engages with services to reduce risk, working on the plan?  **LOW RISK**  Have we seen sustained changes?  Does the parent understand the impact of their previous issue on the child?  Is there no current evidence that this is still an issue? | High  Should there be specific work carried out before the plan progresses?  What should the parent do to address the issue further to reduce the risk?  Should contact be indirect, would need to be high risk or child not ready to see parent?  Should contact be supervised and if so by who, how, when and for how long?  Medium  Should a transition plan be considered?  What should the parent do to address the issue further to reduce the risk?  Could we manage the risk within the community?  Does the child understand the worries/risk so they can tell professionals?  Do they have a safety object or word they can use if worried?  If medium is the main concern DV and conflict and the children seeing this, could a third person be involved in handovers to remove this risk and make it low.  Low risk what should contact/reintegration/progression with the plan look like. What are the children’s wishes? | What advice should we give if issues arose?  So fully supervised due to ongoing alcohol use. Mum turns up intoxicated to contact, advise for family member to leave with children etc.  If there is a DV incident the mum will call police and inform social worker.  If Dad comes home drunk that mum does not let him in and calls police.  Call 999 if imminent harm is likely |
| **RISK FACTOR:** | **CURRENT PROTECTIVE FACTORS** | **LEVEL OF RISK / IMPACT** | **ACTION REQUIRED TO MANAGE RISK** | **IMMEDIATE ACTION IF RISK REMAINS HIGH** |
|  |  |  |  | . |

**ANALYSIS**

What is the overall risk Level?

Why is it this level?

What could be the impact on the child if the child was exposed to this?

What does the child want?

How can the plan/contact/relationship progress?

**SIGNS OF SAFETY SCALING**

Taking into consideration all of the above in terms of highlighted risks, protective factors, and impact, on a scale of 0 -10 what is the likelihood that the child/children/young person will experience significant harm if xxxxx was to go ahead? 0 would be that it is extremely likely the child would experience significant harm and therefore xxxx cannot happen and 10 would be that it is evidently safe and the support level is going to be reduced/stepped down.

**RECOMMENDATION AND PLAN**

What should contact/progression look like? Could there be indirect contact? Supervised? If a parent is re-entering the home is there a transition plan- what will this look like?

What could contact/progression look like if the risk was reduced? How can the parent reduce the risk how could it move to un supervised or living together full-time?

Signed:

………………….Social Worker