

# **Risk Management Policy and Guidance**

## **Policy**

Durham LSCB is committed to supporting staff whose work includes risk decision making through agreed lines of accountability, clear procedures, professional supervision arrangements and workload management systems and taking seriously any concerns that are expressed about staff safety.

## **Using this guidance**

This guidance is of interest to all staff and managers in agencies that work or have contact with children and their families. Safeguarding is everyone's business therefore all agencies who work with children or their families will on occasion be faced with situations that concern them.

If there are child protection concerns referrals need to be made to Social Care Direct in accordance with Durham LSCB Child Protection Procedures.

For the tool to be used, some knowledge is assumed, of risk and vulnerability factors impacting on children and families.

Agencies working in the field of child protection make judgements and manage risk on a daily basis. For those agencies this guidance can act as a reminder of good practice and a tool to assist the collection and analysis of information to judge and manage risk.

All agencies may find it helpful to consider the areas highlighted in Part One to help clarify their thinking and response in relation to a child/family.

**It is essential that this does not delay a referral to the appropriate agencies if there are concerns regarding significant harm/risk to children.**

These tools can be used in conjunction with single and interagency procedures and guidelines and with the framework for assessment of Children in Need and with the Common Assessment Framework (CAF)

## **Principles of Risk Assessment**

- Child centred
- Rooted in child development
- Involve children and families
- Build on strengths as well as difficulties
- Are a continuing process, not a single event
- Are grounded in evidence based knowledge
- Openness and honesty should permeate the process

## **Risk Assessment Tool**

The attached risk assessment tool is intended to assist practitioners and managers in all agencies that have to make judgements about how to respond to the needs of vulnerable children.

The aim of the tool is to provide a simple risk assessment tool. It is designed to be:

- Simple
- Familiar
- Quick and easy to use
- Usable for anyone experienced with working with children and families

Key to successful assessment:

- A strong viewpoint needs to be justified by evidence
- Conclusions need to be based on analysis
- Conclusions flow from the concerns identified
- Distinguish between fact and opinion

Using this tool will assist you to:

- Highlight Key areas of risk
- Analyse their impact on the child
- Make plans to reduce/minimise the risk areas

This tool should be used in conjunction with single and inter-agency procedures and guidelines and with the Framework for the Assessment of Children in Need and with CAF (Common Assessment Framework).

## **RISK ASSESSMENT TOOL**

This tool has two parts; they are designed to be used together but can be used separately if required. For the tool to be used, some knowledge is assumed, of risk and vulnerability factors impacting on children and families.

- COLLECTION OF INFORMATION IS OF NO USE UNLESS IT IS ANALYSED.
- DECISIONS ARE OF NO PURPOSE UNLESS BASED ON AN ANALYSIS OF AVAILABLE INFORMATION.
- IF YOU DO NOT RECORD YOUR ANALYSIS AND REASONS FOR DECISION MAKING YOU HAVE NO EVIDENCE FOR YOUR ACTIONS.

### **PART 1**

A checklist designed to highlight areas of concern.

### **PART 2**

A more considered account of risk examining specific risks, their causes and consequences. This is the evaluative part of the tool, firmly based on facts. The analysis of risk leads into the creation of a Risk Management Plan.



### 3. Emotional & Behavioural Development

<b>Problematic attachment</b>	
<b>Difficult/aggressive</b>	
<b>Vulnerable</b>	
<b>Poor self-control</b>	
<b>Mental health issues</b>	
<b>Inadequate hygiene</b>	
<b>Low confidence</b>	
<b>Inappropriate risk taking</b>	

### 4. Identity/Social Presentation

<b>Inadequate sense of belonging</b>	
<b>Lack of acceptance in family/community</b>	
<b>Poor self-esteem</b>	
<b>Low aspirations/few life interests</b>	

### 5. Family/Social Relationships

<b>Problematic parents/sibling relationships</b>	
<b>Bullying/bullied</b>	
<b>Peer group problems</b>	
<b>Poor use of spare time</b>	
<b>Anti-social behaviour</b>	

### 6. Positives

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**Risks to Family & Environment**

14. Yes \* No o Don't Know ▽  
(Insert symbol that applies)

<b>Adverse factors in family history</b>	
<b>Family conflict/breakdown</b>	
<b>Lack of wider family support</b>	
<b>Inadequate accommodation</b>	
<b>Inadequate income</b>	
<b>Unemployment</b>	
<b>Few resources in community</b>	
<b>Disputes with neighbours</b>	
<b>History of involvement with statutory agencies</b>	
<b>Positives</b>	

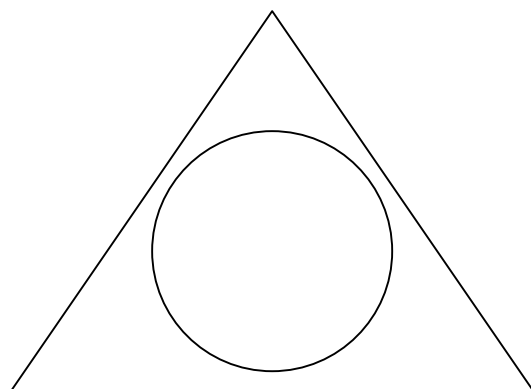
**Special features which impact**

15. Yes \* No o Don't Know ▽  
(Insert symbol that applies)

<b>Physical illness or disability</b>	
<b>Mental health problems</b>	
<b>Learning disability</b>	
<b>Substance/alcohol abuse</b>	
<b>Domestic abuse</b>	
<b>Childhood abuse</b>	
<b>Previous abuse issues</b>	
<b>Positives</b>	

## PART 2

### Risk Assessment Outcome



#### Details

<b>Child/Young Person</b>	
<b>Carers</b>	
<b>Worker</b>	
<b>Assessment carried out by</b>	

#### Based on:

<b>No. of risk indicators</b>	
<b>No. of non-indicated risk</b>	
<b>No. of insufficient information</b>	

#### 1. **Child Development Risks**

Risks to a child's development need to be clearly set out. It is helpful to comment on their severity, duration and the likely continued impact on the child if no intervention takes place.

#### 2. **Family & Environmental Risks**

The specific family, social and cultural context may reduce, increase or help maintain risk factors. It is important to highlight what these risks are and how they are likely to impact on the child. It is important to describe how particular strengths and protective factors will affect the child/reduce risk.

### 3. **Caring Capacity Risks**

Risk factors for the child need to be set alongside identified risks to the parenting capacity. It is helpful to comment whether parenting capacity reduces risk, maintains risk or increases risk. What will the impact on the child be if parenting capacity does not change

### 4. **Analysis of Risks**

Use the information above to consider the following.

- What is your analysis of the balance factors for this child and relative strength of risks and protective factors?
- What factors need more assessment before you can be clear about their significance for the child?
- On the basis of what is known at present, what do you consider will be the likely outcomes for the child if there is no change?
- How can the child be kept safe while further assessment takes place?
- What needs to change to reduce the level of risk to the child?
- What is your assessment of the parents/carers capacity for change?  
(Denial, Resistance, Tokenistic compliance, Making adjustment, Commitment, Response to change)

### 5. **Risk Management Plan (to reduce adverse outcomes and/or optimise positive outcomes)**

AN IMPORTANT INDICATOR OF THE DIRECTION OF THE RISK MANAGEMENT AND FUTURE PLANNING IS WHETHER THIS SITUATION IS ONE OPEN TO CHANGE

- Are there any issues known which are likely to inhibit or prevent the plan being carried out?
- How is it intended that these are to be managed?  
(consideration should be given to any risk factors related to workers personal safety in carrying out the Risk Management Plan )

**Completed by:**

**Date:**

**Copies to:**

**Initial Assessments and Enquiries – 10 pitfalls and how to avoid them**  
*“Assessing Risk in Child Protection”; Cleaver, Wattam & Cawson*

This checklist can be used by practitioners and managers, to reflect on what is influencing their assessment in specific cases. It can be used in conjunction with Appendix 1 and Appendix 4, to evaluate the information available and to plan further assessment.

1. **Not enough weight is given to information from family, friends and neighbours.**

**Ask yourself:** Would I react differently if these reports had come from a different source? How can I check whether or not they have substance? Even if they are not accurate, could they be a sign that the family are in need of some help or support?

2. **Not enough attention is paid to what children say, how they look and how they behave.**

**Ask yourself:** Have I been given appropriate access to all the children in the family? If I have not been able to see the child, is there a very good reason, and have I made arrangements to see him/her as soon as possible, or made sure that another relevant professional sees him/her? How should I follow up any uneasiness about the child/ren's health or wellbeing? If the child is old enough and has the communication skills, what is the child's account of events? If the child uses a language other than English, or alternative non-verbal communication, have I made every effort to enlist help in understanding him/her? What is the evidence to support or refute the young person's account?

3. **Attention is focussed on the most visible or pressing problems and other warning signs are not approached.**

**Ask yourself:** What is the most striking thing about this situation? If this feature was to be removed or changed, would I still have concerns?

4. **Pressures from high status referrers or the press, with fears that a child may die, lead to over-precipitate action.**

**Ask yourself:** Would I see this referral as a child protection matter if it came from another source?

5. **Professionals think that when they have explained something as clearly as they can, the other person will have understood it.**

**Ask yourself:** Have I double-checked with the family and the child/ren that they understand what will happen next?

6. **Assumptions and pre-judgements about families lead to observations being ignored or misinterpreted.**

**Ask yourself:** What were my assumptions about this family? What, if any, is the hard evidence which supports them? What, if any, is the hard evidence which refutes them?

7. **Parents' behaviour, whether co-operative or unco-operative, is often misinterpreted.**

**Ask yourself:** What were the reasons for the parents' behaviour? Are there other possibilities besides the most obvious? Could their behaviour have been a reaction to something I did or said rather than to do with the child?

8. **When the initial enquiry shows that the child is not at risk of significant harm, families are seldom referred to other services which they need to prevent longer term problems.**

**Ask yourself:** Is this family's situation satisfactory for meet the child/ren's needs? Whether or not there is a child protection concern, does the family need support or practical help? How can I make sure they know about services they are entitled to, and can access them if they wish?

9. **When faced with an aggressive or frightening family, professionals are reluctant to discuss fears for their own safety and ask for help.**

**Ask yourself:** Did I feel safe in this household? If not, why not? If I or another professional should go back there to ensure the child's safety, what supports should I ask for? If necessary, put your concerns and requests it writing to your manager.

10. **Information taken at the first enquiry is not adequately recorded, facts are not checked and reasons for decisions are not noted.**

**Ask yourself:** Am I sure the information I have noted is 100% accurate? If I did not check my notes with the family during the interview, what steps should I take to verify them? Do my notes show clearly the difference between the information the family gave me, my own direct observations, and my interpretation or assessment of the situation? Do my notes record what action I have taken/will take? What action all other relevant people have taken/will take?