



Children's Safeguarding and Family Help

Risk assessment: guidance for social workers

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 children’s social care, 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 factors that heighten risk and protective factors that reduce risk
 - 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 welfare and development, such risks should be subject to specialist agency risk assessments.
- Social workers should be aware that:
 - Risk assessment is not an exact science but deals in probabilities.
 - It is not possible to eliminate risk entirely and some element of risk must be carried in order to work effectively with children and families.
 - Risk is not static; it can change over time and may be multi-layered with a range of elements intersecting to heighten or reduce risk.
- It is therefore important for social workers to understand this complexity when making judgements on risk and the importance of continually review risk, especially in volatile situations where risk can escalate quickly.

2 Multi-agency working

- Camden recognises that no one agency or professional will hold all information about risk to a child and in order to safeguard children effectively, risk assessment must be a multi-agency undertaking, involving all members of the child's professional network.
- Social workers must ensure that all agencies working with the family contribute to the identification of safeguarding risk and gather relevant information from agencies 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.

3 When to carry out safeguarding risk assessments

- Risk assessments should be carried out at the following points:
 - 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 of a plan
 - 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.

4 What information to include

- Social workers should ensure that a risk assessment includes all members of the household, including non-resident, absent or "not available" fathers and partners and where appropriate the extended family. 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 CSSW and other agencies, including information on how families engaged with services and what outcomes were achieved.
- Information about **previous CSSW 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. Social workers should use **chronologies** to identify patterns and themes over time.
- 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 and consider in particular the care experiences of older siblings and any outcomes of these, for example if they were removed from the parent's care.
- Risk assessment needs to be based on and informed by an understanding of **child development** so that social workers 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. In these cases, social workers will need to consult with relevant health and other professionals with regard to the impact of risks on the child's development as developmental delay may be due to other factors.
- 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 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 Conducting risk assessments

- The framework of risk assessment is:
 - gathering information
 - assessing harm and risk
 - deciding on the response/desired outcome
 - reviewing the risk.

- The following activities should be part of any risk assessment:
 - Record what the risks are over time using chronologies to ensure continuity of the child's story and that the nature of risk is clear.
 - Profile the risks for each child in the context of their age and stage of development.
 - Record details of risk – the source, type of harm, and link each risk to parenting capacity or other factors.
 - Consider the impact of each identified risk and use RAG ratings where appropriate.
 - Consider the likelihood of harm, whether it is:
 - imminent requiring immediate action
 - very likely and involving significant harm
 - likely and involving suspected harm
 - not likely with low risk of harm.
 - Consider the changing nature of the risk; is it static and not changeable or is it dynamic and situational and therefore changeable?
 - What exacerbates risk and what mitigates it?
 - How do parents actions and awareness of risk contribute to risk?

6 Identifying safeguarding risks

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.
- **Cumulative harm:** this is recurring harm that is experienced over a long period of time and though each incident may not reach the threshold for intervention, the impact of the cumulative harm can reach significant harm levels. Cumulative harm may stem from recurring adverse circumstances such as low level neglect or due to multiple factors such as harsh discipline or exposure to domestic abuse or other adverse childhood experiences.
- Cumulative harm and its impact needs to be considered in the context of child development; it can be greater in impact than one-off incidents of harm with a longer-term negative impact on development leading to poor emotional responses, low self-esteem and poor attachments.

7 Analysing risk

- Risk assessment involves predicting the likelihood of a particular event will happen based on the information gathered. 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 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 - consider its frequency, severity and duration.
- Who is causing the harm – what is their relationship with the child?
- If the source of risk is from outside the home what form does it take and to what extent are parents able or willing to protect the child?
- 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 abuse?
- 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? This should be considered in the context of the child's development and advice should be sought from relevant health and education professionals.

Assessing parents

- 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 this risk themselves?
- To what extent are parents engaging with CSSW and what is the quality of their engagement?
- What are parental strengths and can these be developed to reduce risk?

When assessing parental strengths, consider:

- the nature of their relationship and interactions characteristics of interaction with child
- how well they can employ positive coping mechanisms
- their knowledge and competence as a parent
- their relationships with others and any support network
- how they manager conflict.

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 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 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.

8 What to avoid

Social workers 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
- the rule of optimism based on disguised compliance allowing children to remain in risky situations too long
- lack of professional curiosity, respectful uncertainty or challenge
- focussing on incidents
- focussing on parental needs rather than the child's
- lack of communication with the professional network or allowing one agency to dominate.

9` Risk assessment tools and questionnaires

Specialist risk assessment tools for specific risks and questionnaires to be used with children and parents can help social workers to identify (and to a limited extent) quantify risk but it should be noted that these may have limited use and may not predict future harm. Although useful, they do not replace good social work practice and professional judgement.

Examples of risk assessment tools and questionnaires are available at: [Risk assessment tools | Children's Policy & Practice Hub](#)

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 		<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"> • Provides flexible boundaries and rules and maintains structures 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 support/protection 		<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

<p>Housing, employment and income</p>	<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
<p>Social integration and community resources</p>	<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