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Risk Assessment - Stage 2

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| **What is risk assessment?**Risk is about uncertainty. Risk Assessment is a process where this uncertainty is recorded and reviewed. It should lead to increased focus and clarity in order to reduce this uncertainty.Risk Assessment within Children’s Services considers whether the child is suffering or likely to suffer harm or significant harm as a consequence of their needs not being met. It is focused on evaluating the effect (impact) on the child and the likelihood that this is going to happen.This Risk Assessment Tool provides a framework for reviewing the critical components of risk in Children’s Services. It prompts the worker to consider each of these components in turn, forming a view or judgement about these. It may identify areas where the information is not adequate, available or where the worker remains unclear. This prompts workers to consider follow up actions to obtain further information or use specialist tools to explore specific areas.The critical components of assessing risk include:* Page 2 - Understanding the capacity of the parents/carers
* Page 5 - Understanding the needs of the child
* Page 7 - Assessing the level of harm
* Page 8 - Classifying the harm
* Page 8 - Predicting the likelihood of future harm
* Page 9 – Summarising risk
* Page 10 - Considering whether the harm is significant
* Page 10+11- Making decisions
* Page 12 - Follow up actions
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|  |
| Name of child/ Young person: |  |
| Client number: |  |
| Date of birth: |  |
| Date of assessment:  |  |
| *For* ***help*** *on each section, please refer to Risk 2 Guidance* |
| Reason for this Risk Assessment being undertaken:  |
|  |
|  |
| **1. Understanding the capacity of the parents/carers** |
|  |
| *The purpose of this section is to establish whether the parents/carers have the capacity to meet the child’s needs and protect them from harm. It is important to ensure all the relevant information is available to support your decision. Other agencies will have access to information about the child/family even if they have previously resided in another authority or changed their name.  For example the GP, Health Visitor, Police will have access to past information. Evidence in relation to each item can be recorded at the end of the section (Notes and evidence in relation to parental capacity) and any Follow Up Actions can be recorded in section 9.*  |
| **Consider:** | **Please choose:** |
|  | * Has a family history been recorded with the family?
 | Yes | [ ]  |
| No | [ ]  |
|  |
| * Have the family moved home recently or regularly?
 | Yes | [ ]  |
| No | [ ]  |
| Not sure | [ ]  |
|  |
| * Do you have their previous addresses?
 | Yes | [ ]  |
| No | [ ]  |
| Not moved | [ ]  |
|  |
| * If the family have moved areas, has relevant information from previous addresses been requested or obtained?
 | Yes | [ ]  |
| No | [ ]  |
| Not moved | [ ]  |
|  |
| * Have there been historical events or concerns about the ability of the parent / carers to meet the child’s needs and/or protect them from harm?
 | Yes | [ ]  |
| No | [ ]  |
| Not sure | [ ]  |
|  |
|  | * Some factors in the parents’ current or past circumstances may impact on their capacity to meet the child’s needs. Please tick any relevant factors from the list below:
 |
|  | * Dependency on alcohol or drugs
 | [ ]  |
|  | * Domestic abuse
 | [ ]  |
|  | * Violent or abusive behaviour (including towards professionals)
 | [ ]  |
|  | * Cruelty towards animals
 | [ ]  |
|  | * Recent separation (acrimonious)
 | [ ]  |
|  | * Mental health or psychiatric problems
 | [ ]  |
|  | * Learning disability
 | [ ]  |
|  | * Ongoing effects of childhood abuse
 | [ ]  |
|  | * Periods in care
 | [ ]  |
|  | * Partner is not the biological parent of the child
 | [ ]  |
|  | * **Other factors**: Please note any other factors in the parents’ current or past circumstances that impact on their capacity to meet the child’s needs below.
 |
|  |  |
|  |  |
|  | Other adults or young people who live or spend time within the household may present a risk |
|  | * Do you have any concerns about other adults or young people who live or spend time within this household or spend time with the children or young people either in the house or outside it?
 | Yes | [ ]  |
| No | [ ]  |
| No relevant people | [ ]  |
|  |
|  | * Do you know who they are in order to make further enquiries?
 | Yes | [ ]  |
| No | [ ]  |
| No relevant adults | [ ]  |
|  |
|  | * Do you know enough about the capacity of the parent/carers to meet this child’s needs?
 | Yes | [ ]  |
| No | [ ]  |
| Not sure | [ ]  |
|  |
|  | * Do you know enough about the capacity of the parent/carers to protect this child from harm?
 | Yes | [ ]  |
| No | [ ]  |
| Not sure | [ ]  |
|  |
| **1.1 Professional opinion regarding Parental Capacity** |
| **Do the parents/carers have the capacity to meet the child’s needs and protect them from harm?** |
| ***(Tick one box only)*** |
| **➀**  | **➁** | **➂** | **➃** |
| Parent /carer has capacity to meet **most** of the child’s needs and protect from harm | Parent /carer has capacity to meet **some** of the child’s needs and protect from harm | Parent /carer has **limited** capacity to meet the child’s needs or protect from harm | Parent /carer **does not** have the capacity to meet the child’s needs or protect from harm |
| [ ]  | [ ]  | [ ]  | [ ]  |
|  |
| **Notes and evidence in relation to parental capacity:** This section can be used to reference sources of evidence, or if evidence is not recorded elsewhere (e.g. Core Assessment, Case Notes) it can be noted here.  |
|  |
|  |
| **2. Understanding the needs of the Child** |
|  |
| *As part of risk assessment it is important to understand the needs of the child across the domains and dimensions of the Assessment Framework. Some of these needs will be met by support provided by family or agencies. The purpose of this section is to establish whether the child has substantial unmet needs. It is important to ensure all the relevant information is available to support your decision. Evidence in relation to each item can be recorded at the end of the section (Notes and evidence in relation to the child’s needs) and any Follow Up Actions can be recorded in section 9.*  |
| **Consider:** | **Please choose:** |
|  | * Have you seen the child to help you understand their needs?
 | Yes | [ ]  |
| No | [ ]  |
|  |
|  | * Have you seen the child alone without their parent/carers?
 | Yes | [ ]  |
| No | [ ]  |
|  |
|  | * Have you spoken to current or previous professional(s) who know the child or family and can give you their view of their circumstances?
 | Yes | [ ]  |
| No | [ ]  |
| Not relevant | [ ]  |
|  |
|  | * Have any past records held by this Authority regarding the child or family been requested or obtained?
 | Yes | [ ]  |
| No | [ ]  |
| No records | [ ]  |
|  |
|  | * Have the current or past records held by other agencies regarding the child or family been requested or obtained?
 | Yes | [ ]  |
| No | [ ]  |
| Not required | [ ]  |
|  |
|  | * Has a chronology of events for your own agency been started or completed?
 | Yes | [ ]  |
| No | [ ]  |
|  |
|  | * Has a chronology of events from other agencies been requested or obtained?
 | Yes | [ ]  |
| No | [ ]  |
|  |
|  | **Needs**: Are there any areas of this child’s needs where you have concerns? (Please refer to the Assessment Framework triangle) | Yes | [ ]  |
| No | [ ]  |
|  |
|  | Please comment on these needs (e.g. Child has a need for attention and makes indiscriminate approaches to adults. Child has a need to be kept safe but is exposed to needles within the home) |
|  |
|  |
|  | **Needs which are currently unmet:** Please note any of these needs which are currently unmet (e.g. child is not kept safe from exposed needles) |
|  |
| **Historical information about past areas of need:** Please note any relevant issues related to the child’s past needs (e.g. child was physically abused in past) |
|  |  |
|  |
| **2.1 Professional opinion regarding the Child’s Needs** |
| **To what degree are this child’s needs being met ?** |
| ***(Tick one box only)*** |
| **➀**  | **➁** | **➂** | **➃** |
| Very few of this child’s needs remains unmet, those needs are not critical needs | Some of this child’s needs remains unmet (those needs are not critical needs) | Many of this child’s needs remain unmet. (those needs are not critical needs) | Most of this child’s needs remain unmet and/or a critical need is unmet |
| [ ]  | [ ]  | [ ]  | [ ]  |
|  |
| **Notes and evidence in relation to the child’s needs:** This section can be used to reference sources of evidence, or if evidence is not recorded elsewhere (e.g. Core Assessment, Case Notes) it can be noted here.  |
|  |
|  |
| **3. Indicating the level of Harm** |
|  |
| *Understanding the current needs of a child and the capacity of the parent/carer to meet these is the foundation of assessing risk of harm. Please transpose the scores from the two sections above into this grid. This will represent an indication of harm based on your assessment.* |
|  |
| **Child’s****Unmet Needs** | ➃ |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |
| ➂ |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |
| ➁ |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |
| ➀ |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |
|  | ➀ | ➁ | ➂ | ➃ |
| **Parenting Capacity** |
|  |
| **3.1 Professional opinion regarding Harm** |
| **Indication of the level of harm**  |
| (please tick the relevant category based on the grid above) |
|  | Strong indication of harm | **[ ]**  |
|  | Indication of harm  | **[ ]**  |
|  | Little indication of harm  | **[ ]**  |
|  |
| **Notes:** Please record any additional comments  |
|  |
|  |
| **4. Classifying Harm**  |
|  |
| *Please classify the harm in accordance with the categories of s31 (9) of the Children Act 1989 (as amended). Please tick all relevant categories.*  |
|  |
| **Impairment** | [ ]  | Development | [ ]  | Physical | [ ]  |
| Intellectual | [ ]  |
| Emotional | [ ]  |
| Social | [ ]  |
| Behavioural Development  | [ ]  |
|  |
| Health | [ ]  | Physical | [ ]  |
| Mental | [ ]  |
|  |
| **Ill-Treatment** | [ ]  | Sexual Abuse | [ ]  |  |
| Physical Abuse | [ ]  |
| Non – Physical Abusee.g. seeing or hearing the ill treatment of another | [ ]  |
|  |
| **5. Predicting the likelihood of future harm** |
|  |
| *Past behaviour and circumstances informs our prediction about the future. The purpose of this section is to identify current patterns of harm and predict the likelihood of harm occurring in the future* |
| **5.1 Current Circumstances** |
| * How often is harm currently occurring?
 |
|  |
| What has been the pattern? (Please select one option) |
| * ***Harmful effects have been increasing***
 | [ ]  |
| * ***Harmful effects have continued at the same level***
 | [ ]  |
| * ***Harmful effects have been decreasing***
 | [ ]  |
|  |
| **5.2 Prediction / likelihood** |
| How often is this harm likely to occur in the future? (please select one option) |
|  | ***Harmful effects are likely to increase*** | [ ]  |
| ◆ | ***Harmful effects are likely to continue at same level*** | [ ]  |
|  | ***Harmful effects are decreasing or likely to decrease*** | [ ]  |
| Please record the reasons why the effect is likely to continue, increase or decrease (e.g. increasing due to partner returning to household from prison, baby becoming mobile, withdrawal of service, decreasing as parent is engaging with substance misuse service).  |
|  |
| **Guidance: Factors relating to likelihood are often related to the capacity of the parent/carers or child to change. Additional tools are available to assist in the assessment capacity to change e.g. Change Model.** |
|  |
| **6. Risk Summary** |
|  |
| *Risk is the relationship between harm and likelihood. This section draws together your previous findings regarding the level of harm (see Section 3.1) and your prediction regarding the likelihood of harm occurring in the future (see Section 5.2). Please transfer your previous findings to the table below.* |
| **Level of harm** | **Likelihood** |
|  | Strong indication that harm may be present |  | Likelihood to increase | **[ ]**  |
| ◆ | Likelihood to continue at same level | **[ ]**  |
|  | Likelihood to decrease | **[ ]**  |
|  |
|  | Indication that harm may be present |  | Likelihood to increase | **[ ]**  |
| ◆ | Likelihood to continue at same level | **[ ]**  |
|  | Likelihood to decrease | **[ ]**  |
|  |
|  | Little indication that harm may be present |  | Likelihood to increase | **[ ]**  |
| ◆ | Likelihood to continue at same level | **[ ]**  |
|  | Likelihood to decrease | **[ ]**  |
|  |
| **Notes:** Please record any additional comments |
|  |
|  |
| **7. Considering whether this harm is ‘significant’** |
|  |
| Harm may become significant when there is an additional meaning or inference to the harm. For example, a child with a broken arm will have suffered harm. This may be ‘significant’ if there are concerns that it was inflicted by the carer on purpose, through neglecting to keep the child safe in a hazardous environment, or not seeking timely treatment. Significant harm is often incident based, but longer term neglect may also constitute ‘significant harm’. Reaching a professional decision about whether the unmet needs constitute harm and whether this harm is significant is a complex judgement. As a part of this risk assessment please record the factors that may indicate that this harm is ‘significant’. *Further help with identifying significant harm is available in the Risk Assessment Significant Harm Supplement.* |
|  |
| **Please record any factors, meaning or inference to the harm which may indicate that this harm is significant.** |
|  |
|  |
| **8. Decisions** |
|  |
| Decisions following Risk Assessment: |
| ***Please tick one of the following:*** |
| ⬤ | **YES** | Significant harm suspected | [ ]  |
| ⬤ | **NOT SURE** | Insufficient information (see below) | [ ]  |
| ⬤ | **NO** | No suspicion of significant harm | [ ]  |
|  |
| **Reason for decision** |
|  |
| This section can be used to clarify the reason for your decision. This can be constructed by drawing the statements from the different sections of this assessment into a statement (*e.g. ‘I consider that the parent carer has limited capacity to meet this child’s needs and protect him from harm.’ ‘Many of this child’s needs remain unmet but these are not critical needs.’ ‘I consider that there is an indication that harm may be present.’ ‘This harm is an impairment of emotional development and ill treatment of a non-physical nature through seeing the mother abused.’ ‘I predict the harmful effects are likely to continue at same level.’ ‘I consider that this harm is significant due to the unwillingness of the mother to change her relationships or put other measures in place to protect her child from this seeing this.’)* Further help to construct a summary statement and examples are available in the Guidance document.  |
|  |
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| **Tools**  |
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| **Require further information?** There are a range of specialist assessment tools available to assist the worker to focus on specific areas. These include scales, questionnaires and checklists.Examples of these are the:* Change Model (identifies changes required by parents and their motivation)
* Graded Care Profile (neglect)
* Young Persons Substance Misuse Assessment Tool
* Updated versions of the Family Pack of Questionnaires and Scales.

These tools can be used in all assessment processes for Children Services and are not limited to those where there is a ‘concern about significant harm.’ **Please see “list of tools” in guidance.** |
| *If you have already used a specialist assessment tool as part of the risk assessment please list the tools that you have used* |
| **Name** | **Date used** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |
| **9. Follow up Actions** |
|  |
| *Please list any actions to be taken following this risk assessment. Follow up actions may be indicated even if there is no suspicion of significant harm.*  |
|  |
| Significant harm suspected, follow ‘Child Protection Procedures’ | [ ]  |
|  |
| Further enquiries about the family history | [ ]  |
| Further enquiries about other adults or young people | [ ]  |
| Further enquiries about addresses and moves | [ ]  |
| Further enquiries about records and chronologies from other agencies  | [ ]  |
| Further enquiries with other professionals who are familiar with the family | [ ]  |
| Further enquiries about records and chronologies from our own agency | [ ]  |
| Use a specialist tool to focus on specific areas | [ ]  |
| New needs have been identified for the child, update the Care Plan | [ ]  |
| Other actions or new needs |
|  |
|  |
| * Have you discussed this risk assessment with your supervisor or manager
 | Yes | [ ]  |
| No | [ ]  |
|  |
| * Target date to repeat this risk assessment (optional)
 |  |
|  |
| **10. Comments of Team Manager** |
|  |
|  |
|  |
| ***Name of person completing assessment and date completed.*** |
| Name of Social Worker: |  | Date: |  |
| Name of Team Manager: |  | Date: |  |
|  |

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