



Understanding Risk Assessment

Multi-agency Practice Guidance

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This guidance explains the concepts of risk, vulnerability, warning signs and protective factors.

To be able to make best use of it you will need an understanding of child development and the potential impact of child abuse on children and young people (including the long term consequences of abusive experiences). It is also reliant on the complementary skills, knowledge and abilities of all those professionals working with vulnerable children and their families.

Section 1	Introduction to Risk Assessment	pp. 3 -
5		
Section 2	Guidance for Professionals	pp. 6 -
17		
	Examples	pp. 18 - 21
Section 3	What do the words mean?	pp. 22 -
28		
	Appendix A Risk Analysis Grid	p. 29

Section 1

Introduction to Risk Assessment

1.1 Assessment of Risk

An 'Assessment' is the purposeful gathering and analysis of available information from which to draw conclusions.

In the context of child protection, an assessment should underpin professional judgements to inform and agree the level and type of intervention that is most appropriate for vulnerable children and young people who may have been harmed or are at risk of harm.

Assessment of risk in child protection can only be comprehensive if it considers both *past* and *present* in order to identify *future* risks to a child or young person. It is helpful to consider assessment of risk on a continuum: the *ongoing* analysis of a child's known circumstances throughout their life and from original referral through to long term care planning.

Interventions should not be delayed until the end of an assessment, but should be determined according to what is required to ensure a child or young person's safety, taking account of any indications of accelerated risks and warning signs. The type and level of intervention, irrespective of when it is made, should always be proportionate to the evidenced circumstances and risks to the child/ren.

Risk assessment is a pivotal aspect of effective child protection practice and, for some agencies, is a core responsibility. Good systematic assessment establishes what may have happened, how this affects the immediate and future safety of the child or young person, places this in a context, and informs what needs to be done.

There is no definitive, fail-safe method of predicting risk of harm to children and young people.

1.2 Involvement of Agencies

In all cases that require an assessment of risk, more than one (and probably several) agencies will be involved in the process.

It is imperative that all agencies involved with the child or young person and their parents and carers contribute to the sharing of information. This allows a holistic picture to be developed. When services operate in a joined up way, where all the needs and circumstances of the child are considered, the impact and longer-term outcomes for children and young people are considerably improved.

While some professionals may not define their core role as a 'child protection' one (i.e. professionals who may be working primarily with

the adults in the household), their information and involvement may be crucial in identifying and managing present and future risks to a child or young person. Professionals working with substance misusing parents, for example, can contribute to the assessment by helping others to recognise the impact of the alcohol or drug use on the individuals, particularly on the adult's ability to parent safely.

To optimise the protection of children and young people, agencies must collaborate and undertake assessment tasks together. Findings should be collated into a comprehensive view of the risks facing the child or young person along with the 'protective' factors that exist to minimise risks and maximise their future safety. A collective view of what needs to be done (and when) can then be formed based on all of the information available.

1.3 Management of Risk

As well as contributing to the assessment of risk, relevant agencies are expected to undertake tasks in the ongoing management of identified risks to the child or young person. The multi-agency Child Protection Plan (established during the Child Protection Conference and managed by the multi-agency Core Group) is the mechanism that ensures this for children and young people.

Continuous assessment of risk is an essential component of risk management. Planning should always be proactive, ensuring that measures are in place to protect the child or young person in the event that the Child Protection Plan is not implemented consistently. Contingencies should always be made explicit to all parties (including parents and carers) and should be recorded and updated in the Child Protection Plan.

In all cases, parenting capacity should be considered. This involves taking account of parental history as well as assessing the "here and now". This means finding out about an adult's own experience of being parented and forming a view as to how they have processed any experiences that may have caused them harm or upset.

Prediction of likely future risk of harm should always be based on *evidenced* risk factors and the identified vulnerabilities associated with the child. These should always be understood alongside identifiable protective factors in respect of the child or their circumstances.

1.4 Intervention

Any intervention considered necessary to improve the circumstances of a child in order to better protect them must always be proportionate i.e. action will be **inappropriate** if it is not **proportionate** to the presenting **evidence**. For example, it may not be proportionate to remove a child from the family home if there are risks that are countered by several protective factors (including a

supportive and protective extended family) and the child is not considered vulnerable.

In addition, the assessment of risk to children and young people is not purposeful unless it results in identified action.

By identifying risks, vulnerabilities, and protective factors, a full and balanced assessment provides agencies with:

- An evidential basis on which to proceed and justify decisions and actions
- A platform for future planning
- A framework for managing and minimising risks
- A clear idea of what needs to be done to protect the child (and how)
- A means against which achievements (or otherwise) can be measured

In agreeing intervention, all actions must be clearly and separately identified against each identified risk. In other words, actions must relate directly to individual risks and be designed to directly minimise or remove them.

All this must be set out in a systematic way that is achievable, accountable and accessible.

1.5 Involving children and young people

The assessment of risk to children or young people must, as far as possible, incorporate their views of the risks that they face and their understanding of what is expected to counter these.

Professionals and agencies must consider the right way to capture the views of children and young people in the event, for instance, that they do not want to attend their Child Protection Conference or participate in formal mechanisms to manage risks.

Children and young people do not necessarily differentiate between the different components of interventions by professionals or various meetings they may have to attend. However, it is important that their wishes and concerns are routinely considered with them throughout professional involvement.

If children and young people do not feel safe, accessible arrangements should always be in place to allow them to say so since young people who are vulnerable may not always be able to communicate this directly or articulate this clearly.

In the process of risk assessment, there should always be an explicit agreement as to how the views of children and young people are to be obtained and how these are to be brought into any assessment or management planning.

Section 2

Guidance for Professionals

This guidance does not provide an exhaustive assessment “tool”. Rather, it offers a systematic structure for the collection and analysis of information that aims to support, guide and inform professional judgments about how children and young people at risk of harm get the help they need when they need it.

To work well, it relies on an understanding of child development and the impact of child abuse on children and young people and encourages consideration of the longer-term impact of certain risks, for example, sustained neglect of young children. As well as considering immediate safety provisions that have to be put in place (which are generally the focus of traditional approaches to risk assessment), this framework encourages the consideration of the longer-term effects of harm and abusive experiences on children and young people. This will enable immediate and short-term interventions to be both proportionate and appropriate, while allowing for consideration of longer-term outcomes as a result of the abuse or neglect.

Protective factors only act to protect the child or young person when there is evidence to indicate that risk is reduced by their presence.

Protective factors alone do not in themselves counteract risk and should not be recorded without qualification. **Similarly, listing “risk factors” without an exploration of what they mean for each child, will not in themselves contribute to a comprehensive assessment of risk.** This framework encourages an analysis of the types of risk that these individual factors (or a culmination of these) may pose for a child, limiting the likelihood of it being used merely as a tool for information gathering.

Finally, it is advised NOT to avoid any parts of the assessment. In other words, simply selecting areas for attention will not result in a comprehensive assessment of risk. All of the key areas are potentially significant.

The grid below highlights the key components of any risk assessment and provides guidance to practitioners as to how each should be addressed.

ASSESSMENT – A SUM OF ALL ITS PARTS

Child's Details

This should provide a detailed summary of the facts that you know about a child/young person and their circumstances. Identify particular considerations, eg. Special developmental needs, language, culture, ethnicity, race, religion and sexual orientation. Make clear which agencies are involved and specify the names of professionals, identifying the Lead Professional where there is one.

This section should also set out the household/family structure, including the details of siblings and relevant adults in the child's life.

Background

This section should include a detailed background history of the child or young person.

A detailed chronology should be included containing a 'timeline' (i.e. sequential) representation of "key events" in the life of the child and including professional contacts with them or their family. These **MUST** include any previous child protection referrals, periods of registration etc.

In deciding what events may be 'key' or 'significant' (and therefore feature in a chronology), professionals need to use keen professional judgement since the significance of events differs from case to case. Essentially, what is recorded as significant is largely a matter for the professional concerned to determine based on the application of their specialist knowledge, skill and professional judgement.

A chronology should record those events that are viewed as significant and should not be viewed as another case record.

If 'Chronologies' are provided by several agencies, these should be set alongside each other in a comparative way so that the full picture of professional involvement

Parental Histories

and the circumstances of the child over time can be seen. In other words, episodes are understood as components of emerging patterns and viewed as part of a whole.

Professionals are expected to share information their agency has about:

- the child
- the child's living environment
- family members and relevant adults
- historical information
- the abuse incident(s) and any past incidents (including those that have been recorded as "unsubstantiated")
- the alleged perpetrator or suspects
- known risk factors
- known vulnerabilities
- known protective factors
- any warning signs
- the identified source of risk or harm
- possible longer term impact of abuse (some professionals may be able to share their knowledge about, for example, the likely consequences of developmental delay at this stage; effects of severe physical harm, neglect or sexual abuse)

Parental histories are an important component of comprehensive risk assessments. It is recognised that this information is not always readily available but provisions should be put in place to identify which professional(s) are best placed to undertake this part of the assessment. Where possible, the following information should be ascertained:

- What are the experiences of the caregivers when they were children?
- Is there a history of child abuse or neglect? Has there been therapeutic intervention with the adult survivors of child abuse?
- Significant life events and their meaning to the adult care givers
- Exploration of parental strengths and difficulties

These will provide information which will

Risk Factors

assist in the assessment of:

- The parent's capacity to change
- The level of support needed, and what timescales should be imposed, for sufficient change to occur
- Whether parenting is, or is going to be, good enough

Risk factors are those things that are identified in the child's circumstances or environment that might constitute a risk, a hazard or a threat. Essentially, risk factors are external to the child.

Risk Factors need to be understood in relation to the potential for child abuse and neglect rather than accidental harm to children, although this possibility should not be overlooked since a predisposition to accidental harm may be relative to safe-caring issues, poor supervision or parental recklessness.

Examples of risk factors include:

- Previous abuse or neglect
- Parental substance misuse
- Domestic abuse
- Known or suspected sex offenders involved with the family
- Known or suspected violent offenders involved with the family
- Persons known or suspected of having physically harmed children and young people previously
- Persons known to or suspected of having seriously neglected children and young people previously
- Mental illness or serious mental health problems in caregivers
- Economic and social disadvantage
- Evidence of significant debt
- Young parents
- Parents and carers with physical disabilities
- Parents and carers with learning disabilities
- Parents and carers who have unrealistic expectations of their child

The more risk factors present (or the more serious one single factor is) then the greater the risk of harm.

Further issues, such as whether a child who has disclosed abuse has been taken seriously and action taken, may also have a serious impact on the likelihood (or otherwise) of future victimisation and good outcomes for the child. In this respect, inadequate past or current responses of professionals to reported concerns also constitute a further risk factor.

Simply recording risk factors is not sufficient. Each needs to be clearly identified and presented with the supporting evidence.

The benefits of sharing this information and assessing the impact for the child in a collaborative way are self-evident since what may not be apparent to one agency or professional may be more obvious or significant to another. The information, perspective and expertise of all relevant professionals ensures that the collation of risk factors is as comprehensive and reliable as possible and based on the widest and most robust evidential platform.

Some circumstances may act to accelerate or heighten the impact of risk to children and young people. Parental substance misuse is an example where, often very quickly, the child or young person is exposed to a high level of risk over a short period of time. While it is accepted that parental substance misuse in itself, while an indicator for concern, does not exclusively mean that children and young people are at risk of harm, the adverse affects of care givers using substances can affect children and young people in a number of ways:

- Harmful physical effects on unborn and newborn babies
- Higher risk of emotional and physical abuse and neglect due to impaired patterns of parental care
- Chaotic lifestyles disrupt children's

- routines and relationships and lead to behavioural and emotional problems
- Income diversion leading to poverty, debt and deprivation
 - Homelessness and unstable accommodation
 - Disrupted education
 - Exposure to criminality
 - Children and young people assuming responsibility for caring for adults

Similarly, adult mental health, domestic abuse or other risk factors should be recorded with detailed descriptions of what this means for the individual child or young person living in the home, using the experience and skills of those professionals proficient in their individual fields to contribute fully to the risk assessment

Vulnerabilities

Vulnerabilities are any known characteristics or factors in respect of the child which might predispose them to risk of harm.

Essentially, these are internal to the child – aspects of their constitution or personal presentation that may make it more likely that they might be at greater risk.

Clearly these need to be understood in relation to potential child abuse and neglect although some may also significantly contribute to possible serious disadvantage and poorer welfare outcomes for children and young people. Consideration should be given to any unmet need which in itself makes a child more vulnerable.

Examples of vulnerabilities include:

- Age
- Prematurity
- Learning difficulties or additional support needs
- Physical disability
- Communication difficulties/impairment
- Isolation
- Frequent episodes in public or substitute care

- Frequent episodes of running away
- Conduct disorder
- Mental health problems
- Substance dependency/misuse
- Self-harm and suicide attempts
- Other high-risk behaviours

As is the case for vulnerability in the general population, the significance of these characteristics are contextual i.e. all people are, to some extent, vulnerable depending on the circumstances in which they find themselves. It should always be considered that the seriousness of risk factors could be indicators of likely harm even where identified vulnerabilities are few.

Some individual vulnerabilities, in and of themselves, may indicate the possibility of a predisposition to risk rather than probability. The more vulnerabilities present (or the more serious one single vulnerability is) then the greater the predisposition to risk of harm.

The presence of vulnerabilities in and of itself, is neither conclusive or compellingly predictive. These must be set alongside identified and itemised risk factors to be properly understood as part of an assessment process.

Protective Factors

Protective factors are features of the child or their world that might counteract identified risks or a predisposition to risk.

Essentially, there are protective factors in the lives of almost every child. Where none can be identified this in itself must seriously increase concern as to current or future risk.

Examples of protective factors include:

- Emotional maturity and social awareness
- Evidenced personal safety skills (incl. knowledge of sources of help)
- Strong self esteem
- Evidenced resilience and strong attachment
- Evidence of protective adults
- Evidence of support network(s) e.g. supportive peers or supportive

relationships or strong social networks

- **Demonstrable** capacity for change by caregivers and the sustained acceptance of the need to change to protect their child
- Evidence of openness and willingness to co-operate and accept professional intervention

Protective factors can only be understood when considered alongside identified risks and vulnerabilities. In the face of one serious risk factor or a set of factors, the capacity of even the most socially skilled and supported child to be protected is seriously compromised.

If professionals give disproportionate prominence to protective factors when there are compelling risk factors and/or vulnerabilities, this constitutes a false positive that may lead to poor outcomes for a child. For example, parental assertions of commitment to a child may increase professional confidence that they will be more effectively protective although evidenced risk factors and vulnerabilities point to a different story. It is important not to accept such assertions at face value regardless of the genuineness of their intent.

While there is sometimes concern that over-optimism clouds the judgement of professionals, it is also important that strengths in a child's circumstances are considered.

In every case Protective Factors should be clearly and individually identified. Protective factors do not in themselves negate high risks, so these should be cross-referred with individually identified risks and vulnerabilities and an explicit view made as to whether they have a direct positive influence on neutralising the likelihood of harm that arises from the combination of risk and vulnerability. The grid at Appendix A provides a useful visual aid to this thinking that can be used in a range of settings, from

supervision to Child Protection Conferences and core groups.

During analysis then, protective factors should be able to show that their presence is reducing risk to the individual child or young person and that this reduction is capable of being sustained over a period of time.

In the case of substance misuse, for example, the fact that parents are on a treatment programme should not necessarily be recorded as a "protective factor" unless there is evidence of compliance, and importantly, improved parenting ability with demonstrable improvements for the child as a result of successful treatment. The same applies to those situations where there are parental mental health issues and /or domestic violence.

Warning Signs

Assessments should include and describe any warning signs that are or have been present.

Warning signs should never be ignored and are an indication that immediate intervention might be needed to ensure the child or young person is safeguarded from future harm. Emergency measures should be considered if it is necessary to take immediate action to ensure the child or young person's safety.

Examples of warning signs include:

- Instance of physical injury to the child or young person or an admission of deliberate harm from care-givers
- A child or young person who is considered vulnerable goes missing (with or without their parents)
- Parents or care-givers who are hostile and aggressive to all of the professionals involved and are consistently non-cooperative (including with services that are universal)
- Parents or care-givers who threaten violence

Analysis

- Children and young people who are deliberately hidden from view; are “unavailable” when professionals visit the family home or are prevented from attending school or nursery
- A child or young person with a sexually transmitted disease

The analytical stage of assessment depends on information (evidence) having been systematically gathered and then clearly presented so that it can be readily understood and interpreted.

In examining the range of information available - including chronologies - itemised risk factors and vulnerabilities should be laid out so they can be understood and interpreted and that interventions (risk management) can be planned accordingly.

Where a set of risk factors occurs in addition to a set of vulnerabilities, it can be deduced that the likelihood of continued or future harm is serious. Proportionately, this should lead to the highest level of intervention or activity on the part of professionals. This would usually involve commencing the process to take a child into the care of the local authority (**Haringey threshold level 4**).

Where a set of risk factors occurs but comparatively few vulnerabilities, it can be deduced that there is a moderate to high likelihood of continued or future risk of harm. Proportionately, this should lead to child protection measures being put in place which are robust enough to continue to assess risk and, equally, to manage existing risks as part of a plan for improvement. This would usually involve a child becoming subject to a Child Protection Plan with associated formal planning and review. Professional activity will normally involve explicit elements of monitoring and surveillance (**Haringey threshold level 4**).

Where a low or moderate risk and vulnerabilities are identified (or few in

Decision Making and Planning

number) then it can be deduced that there is a comparatively low risk of likelihood of future harm but services are required to improve the circumstances and quality of life of the child to prevent further escalation. These would usually involve specialist parts of universal services such as Health and Education as well as other support services from the local authority or voluntary sector (**Haringey threshold levels 3 or 2b - CAF**).

Where none (or very few) vulnerabilities and risks are identified (and protective factors also prevail) it may be a proportionate response to introduce no additional services other than universal services (although the general responsibility for continued vigilance in respect of children and young people's safety and well-being remains) – **Haringey threshold level 2a**.

The key questions that should be asked in and throughout any assessment are "what is it like to be this child?" and "is this child safe?" This maintains a clear focus on the individual child and their unique circumstances and helps professionals to achieve a better appreciation of both the significance of particular factors in a child's life as well as their effect on outcomes.

The assessing practitioner should ensure that an explicit link is made between the risks outlined in the assessment and the decision making. Interventions that are proportionate and appropriate to the needs of the child can demonstrate that they are evidence based.

The Plan should ensure the following are answered:

- What are the expected outcomes for this child?
- What risks are getting in the way?
- What protective factors can significantly reduce the risks in the immediate and longer term?
- How can protective factors be strengthened?
- What potential for change is there?

How is this evidenced?

- What can the parents do?
- What can be provided by the community?
- What can professionals do?
- What will this achieve?

It will include an explicit statement about the aims of the Child Protection Plan; what is expected to reduce the risks to the child or young person, by when and what planning is in place should this not be achieved. It is also important to ensure that there is sufficient clarity with parents and carers about areas of concern, what is expected of them and what they need to do to keep their children safe and how they will be assisted to achieve and maintain change.

The inter-agency Child Protection Plan will include (as a minimum):

- How risk will be reduced and what resources are needed to increase or strengthen protective factors and sustain change
- Identified roles and responsibilities of all professionals
- Roles and responsibilities of family members
- Specific timescales
- Provision, supports and interventions to be put in place, with specific detail about what they should achieve
- Contingency planning and what this will mean for the individual child
- Timescales for review
- Explicit timeframes for each stage.
- The name of the Lead Professional that will be responsible for overseeing and coordinating the work and details (including membership) of the Core Group should be included.

The child or young person's name will remain on a Child Protection Plan until risk is reduced sufficiently and there is evidence to indicate that future harm is unlikely.

Post De-
Registration

There should always be evidence that plans for children and young people who are no

Planning

longer formally considered as part of the Child Protection process (i.e. no longer subject to a multi-agency Child Protection Plan) have:

- Been informed by risk assessment
- Encouraged a positive impact on the child; with an ability to monitor that the child continues to be safe and that their needs are consistently met
- Identified individual family and professional responsibilities and outlined adequate resources that can be provided to sustain change
- Identified the Lead Professional (with lead role in continuing to coordinate across agencies and ensure the flow of information)
- Indicated expected remaining actions (and explicit outcomes) with timescales for their achievement
- Clear referral routes for all concerned (including the child, young person, their parents or carers as well as professionals) should circumstances change and the child is considered to be at further risk of harm
- Identified appropriate therapeutic follow through with the child or young person
- Detailed monitoring and review arrangements

EXAMPLES

Risk Factors	Impact on the Child	Assessment and Analysis	Outcomes
Domestic Abuse	<p>Exploration of how domestic abuse affects <u>this child</u>:</p> <p>Details of the nature, severity and frequency of individual violent incidents.</p> <p>The duration of the incidents involving the child witnessing DV is significant.</p> <p>Details of how this affects the culture of the family, the emotional climate and the potential for physical harm.</p> <p>Children under the age of 7 are additionally vulnerable to harm because of their inability to protect themselves and their reliance on their mother to do so.</p>	<p>Are there any indications that the child is:</p> <ul style="list-style-type: none"> ▪ Demonstrating inappropriate behavioural responses through witnessing domestic abuse? ▪ Displaying emotional symptoms (such as hyper-vigilance, attachment issues, "clinginess", insomnia, nightmares, poor appetite, depression, not knowing how to play or relax) as a result of an unpredictable and frightening parent? ▪ Displaying concentration deficits in school that result in poor attainment? Check for school absences and correlate these with any police records of incidents 	<p>What is the long-term impact of sustained domestic abuse for this child? (Including his/her social, emotional and physical development; mental health and self esteem)</p> <p>Relate domestic violence to the impact on the child's development and well-being by focussing intervention on the 5 Every Child Matters Outcomes, the first priority being the child's safety, especially prevention of injury</p>

		<p>and health records of attendance at A&E</p> <ul style="list-style-type: none"> ▪ What is the non-abusing parent's ability to protect the child? Analyse and explore issues about the mother's psychological health including low self-esteem, depression, irritability, loss of affect, lack of empathy, anxiety, taking out frustration and sense of powerlessness on children, using child as emotional 'crutch' ▪ During home visits check for pets as animal abuse if often an indicator of domestic violence 	
Parental Alcohol Misuse	<p>Exploration of how parental alcohol misuse affects <u>this child</u>.</p> <p>Details of the physical and emotional family environment.</p> <p>Impact of the</p>	<p>Attachment and relationships:</p> <ul style="list-style-type: none"> ▪ Is the child's attachment damaged due to inconsistent parenting? ▪ Is there consistent emotional warmth from adult care givers? 	<p>What are the long term consequences of sustained parental alcohol misuse for this child?</p> <p>(include impact on attachment; behaviour,</p>

	<p>alcohol use on the adult and how that affects their ability to function as a parent.</p> <p>Culture of the family and how alcohol misuse affects family life i.e. unknown adults coming into the family home; children and young people being taken to potentially risky environments.</p> <p>The level of unpredictability of the care giver(s) and inconsistencies in parenting and how these affect the child or young person.</p>	<ul style="list-style-type: none"> ▪ Is there appropriate parental response in accordance with the child's age and stage? ▪ Is parental incapacity affecting the child taking on too much responsibility? ▪ Are there any care givers that do not use substances? Is there evidence of praise and encouragement? <p>Living conditions:</p> <ul style="list-style-type: none"> ▪ Are the child's physical needs being consistently met? ▪ What are the child's living conditions like? ▪ Is the physical environment provided for the child good enough? <p>Financial circumstances:</p> <ul style="list-style-type: none"> ▪ Is there enough money to allow for adequate parenting/the child's needs 	<p>social, emotional and physical development; mental health; self esteem)</p>
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		<p>to be met?</p> <p>Potential for harm:</p> <ul style="list-style-type: none"> ▪ Is the child placed in physical danger? ▪ Are the child's emotional needs consistently met? (including security; stability and affection). <p>Social and environmental circumstances:</p> <ul style="list-style-type: none"> ▪ Does the parent's behaviour impact negatively on the child treatment in the community? (e.g. bullied, excluded, ostracised) ▪ Is the child or young person and their family able to access resources in the community? ▪ How is alcohol sourced? What impact has this on the child? ▪ Who looks after this child when parents 	
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		<p>are incapacitated; seeking treatment; sourcing alcohol?</p> <ul style="list-style-type: none"> ▪ Is the child in contact with unknown/potentially risky adults at any time? 	
Risk Factors		Protective factors that are meaningful in this case	
<p>Poor parenting capacity of young children which has led to neglect</p>		<ul style="list-style-type: none"> ▪ Parents demonstrate ability to work with professionals ▪ Sure Start Support which is well received and makes a difference ▪ Nursery Placement and regular attendance ▪ Parenting Skills supports offered and accepted ▪ Parents demonstrate an ability to improve parenting capacity ▪ Evidence of consistent nurture and affection and improvement of the physical care of the children ▪ Detailed Child Protection Plan which spells out who should do what, with identified timescales and includes the expectations professionals have of parents and identifies contingencies should these not be met ▪ Extended family supports are in place 	

Section 3

WHAT DO THE WORDS MEAN?

Assessment of Risk

Assessment is the term that describes the analysis of the information available. In the context of child protection, assessment should inform and tailor the intervention with vulnerable children, young people and their parents and carers. Comprehensive assessment of risk should consider the past and the present with a view to ascertaining the future risks to the child.

The assessment of risk in child protection is a highly complex process and involves reliance on the knowledge, experience, expertise and professional judgement of **all** of the professionals involved with children, young people and their families.

In all cases of child abuse, parenting capacity should be considered and this involves taking account of historical information as well as assessing the "here and now". Protective factors should be weighed up against risk factors and vulnerability to determine the level of risk to the individual child or young person and the likelihood of future harm.

The impact of child abuse should be considered and what the likely outcomes of future harm are, to the safety, health and development of individual children and young people. The consideration of these outcomes should influence the decision about the acceptability of the present level of risk.

Child Protection Conference

A Child Protection Conference is a multi-disciplinary meeting where information relevant to concerns about abuse, or risk of abuse, is shared and considered, and decisions are made regarding the future protection of the child or young person.

The roles and tasks of key agency personnel and the Lead Professional are clarified at a Child Protection Conference. A Child Protection Conference will be arranged, where it appears there may be risks to child(ren) within a household, where there is a need to share and assess information and if it is felt that a child or young person would benefit from an inter-agency Child Protection Plan.

Child Protection Conferences play a key role in the management of child abuse and it is the Conference that decides whether the child(ren) should be subjects of Child Protection Plans. It is therefore important that all Child Protection Conferences are given the highest priority in the respective agencies involved in child protection.

Child Protection Plan

When the Child Protection Conference decides to place a child on a Child Protection Plan, the plan must be agreed by the Child

Protection Conference to reduce the risk to the child and provide support to the family.

The Child Protection Plan should list and number individual tasks and ensure clarity about the roles and responsibilities of the various people involved in the plan, including agency staff and family members; what contingency planning is in place if tasks are not achieved and clear timescales and identified expectations.

Making a child subject of a Child Protection Plan is the system in place for alerting professionals that there is a high level of concern about a child or young person. The local authority is responsible for maintaining a list of all children and young people who are the subject of an inter-agency Child Protection Plan, which provides a point of enquiry for professionals who are concerned about a child's wellbeing or safety. The multi-agency Child Protection Conference takes the decision of whether or not to place a child's name on this list under established categories of physical abuse; emotional abuse; sexual abuse; neglect and failure to thrive.

A child will remain subject of a Child Protection Plan until such times as the risk to them is significantly reduced. After the initial Child Protection Conference, the first review takes place 3 months later and subsequent Review Conferences take place at six monthly intervals or earlier if considered necessary.

Chronology

Chronologies are a key component of risk assessment where significant or "key events" pertaining to risk should be recorded. Chronologies should be written in chronological order, indicating all key events that are considered to indicate risk in the child or young person's life. Examples include:

- A child's distress or behaviour indicating the child may be traumatised
- Frequent changes of address for the child or young person
- Frequent moves to another school for the child or young person
- An adult moving into or out of the family home
- An injury to the child, young person or their sibling
- Deliberate harm of a child or young person by an adult or adult care giver
- A visit to accident and emergency department
- An incident requiring police attendance at the family home
- Frequent missed appointments
- Occasions when children or young people are considered to be missing or have run away

All of the main agencies, including universal services (Education and Health Services) should ensure that mechanisms are in place to record a chronology. Single agency chronologies should start from

the time the child became involved with that particular agency and be maintained to ensure they are up to date.

Protective factors should be recorded where these have evidently influenced a reduction in risk or impacted on a particular risk factor.

Core Group

Core Groups provide an important mechanism to ensure a coordinated approach to the protection of a child. A Core Group is set up in all cases where a decision has been made to make a child subject of a Child Protection Plan. The primary purpose of the group is the implementation of the Child Protection Plan.

The Core Group has the responsibility to finely tune the Child Protection Plan, ensure that the agreed tasks to keep the child safe are being carried out and to continuously review the risks to the child. The minutes of the initial Child Protection Conference will record the decision to establish a Core Group, its membership, its purpose/tasks and its chairperson. The frequency of Core Group meetings will be agreed at the Child Protection Conference. The meetings will be attended by all professionals responsible for carrying out tasks identified in the Child Protection Plan, the parents and carers and the child or young person. Haringey Local Safeguarding Children Board has produced detailed guidance on Core Groups, which is available to download on www.haringeylscb.org

Domestic Violence Safety Plan

A safety plan is not a child protection plan although it has as its primary objective the protection of a child who witnessed domestic violence. It builds on the healthy strategies a child may already have been deploying to protect him/herself. The basis for safety planning is working with the child to explore exactly what happens at home when domestic violence takes place. There are three central imperatives of any intervention for children living with domestic violence:

- To protect the child/ren
- To support the mother/non-offending parent to protect herself and her child/ren
- To hold the abuser accountable for his violence and provide him with opportunities for change

Key questions that need to be asked in order to complete a safety plan:

1. What do you do when mum and dad are fighting (use pictures to assist the child to explain)

Further details:

2. Where do you go?
3. Do you stay in the room?
4. Can you leave the room?
5. Do you hide? Where?

6. Have you gone for help?
7. Have you ever called the police?
8. If so, what happened afterwards when the police had gone (you are trying to establish the risk of recriminations and punishment by the perpetrator or even by the mother, motivated by fear)
9. Have you tried to stop the fighting?
10. Did you get hurt?
11. How did you feel?
12. What about the other siblings (older, younger)? What do they do? Do you try to protect them?
13. Have you told anyone else what happens at home?
14. Is there another adult you can talk to or go to for help, safety?
15. What makes you feel better when you think about mum and dad or mum and boyfriend fighting?
16. Do you have a mobile phone you can use in an emergency?

Sample Safety Plans can be found in Appendices 8 & 9, London SCB "Safeguarding Children Abused through Domestic Violence":

www.londonscb.gov.uk

Emotional Abuse

This is the failure to provide for the child's basic emotional needs such as to have a severe effect on their behaviour and development.

This may include situations where, as a result of persistent behaviours by the parent(s) or carer(s), children and young people are rejected, denigrated or scapegoated; inappropriately punished; denied opportunities for exploration, play and socialisation appropriate to their stage of development or encouraged to engage in antisocial behaviour; put in a state of terror or extreme anxiety by the use of threats or practices designed to intimidate them; isolated from normal social experiences, preventing the child or other family members from forming friendships.

Children who are left on their own for long periods, are under-stimulated or suffer sensory deprivation, especially in infancy; who do not experience adequate nurturing; or who are subject to a large number of care givers, may also come into this category.

Sustained or repeated abuse of this type is likely, in the longer term, to result in failures or disruptions of development of personality and inability to form secure relationships, and may additionally have an effect on intellectual development and educational attainment.

Failure to Thrive

Children who significantly fail to reach normal growth and development milestones (i.e. physical growth, weight, motor, social and intellectual development) where physical and genetic reasons have been medically eliminated and a diagnosis of non-organic failure to thrive has been established.

Factors affecting a diagnosis may include inappropriate relationships between the care giver(s) and child, especially at meal times, for example the persistent withholding of food as punishment and the sufficiency and/or suitability of the food for the child. In its chronic form, non-organic failure to thrive can result in greater susceptibility to more serious childhood illnesses, reduction in potential stature, and with young children particularly, the results may be life threatening over a relatively short period.

Inter-agency Strategy Meeting/Discussion

An inter-agency strategy meeting is the first stage, following a child protection referral, in the process of joint information sharing, assessment and decision making about risk to children and young people. A co-ordinated response is agreed by the core agencies that are involved. Discussions will take place on whether to carry out a joint child protection investigation, whether further strategy meetings are necessary through which to collate additional information and whether/when a child protection conference should be convened.

Lead Professional

Where there is inter-agency involvement with children or young people and their parents and carers, it is recommended that there is an identified Lead Professional who can act as a coordinator for the family and professionals. This individual should have an ability to access all of the information about a child and be in a position to demonstrate a consistent and coordinated approach across all of the agencies involved. The Lead Professional should be named at each stage in the child protection process, including the Inter-agency strategy meeting, Child Protection Conference and Core Group and should be named in the Child Protection Plan.

Neglect

This occurs when a child's essential needs are not met and this is likely to cause impairment to physical health and development. Such needs include food, clothing, cleanliness, shelter and warmth. A lack of appropriate care results in persistent or severe exposure, through negligence, to circumstances that endanger the child.

Neglect may also include a failure to secure appropriate medical treatment for the child, or when an adult carer persistently pursues or allows the child to follow a lifestyle inappropriate to the child's developmental needs or which jeopardises the child's health.

Physical Abuse

This is the actual or attempted physical injury to a child where there is definite knowledge, or reasonable suspicion, that the injury was inflicted or knowingly not prevented.

Physical injury may include a serious incident or a series of incidents involving bruising, fractures, scratches, burns or scalds; deliberate poisoning; attempted drowning or smothering; fabricated and induced illness (previously known as Munchausen's Syndrome by proxy); physical chastisement deemed to be unreasonable; and serious risk of actual injuries resulting from parental lifestyle prior to birth, for example, substance misuse and domestic violence.

Protective Factors

Are the factors that are known to assist in reducing risks to children and young people and help to diminish the risk of future harm. Examples of recognised protective factors include a vigilant teacher; a nursery placement; a nurturing care-giver; supportive extended family; professional intervention and supportive services.

Risk Factors

Are the factors, which are known to heighten the risk to children and young people and may increase the risk of future harm. Examples of recognised risk factors include:

- parental substance misuse
- parental mental ill health
- domestic abuse
- non-cooperative parents
- previous history of child abuse
- social isolation
- minimal familial supports
- parents who have had poor parenting or abusive experiences in childhood

Sexual Abuse

Any child may be deemed to have been sexually abused when any person(s), by design or neglect, exploits the child, directly or indirectly, in any activity intended to lead to the sexual arousal or other forms of gratification of that person or any other person(s) including organised networks. This definition holds whether or not there has been genital contact and whether or not the child is said to have initiated the behaviour.

Sexual abuse may include activities such as incest, rape, sodomy or intercourse with children and young people; lewd or libidinous practices or behaviour towards children and young people; homosexual practices towards children and young people; indecent assault of children and young people; taking indecent photographs of children and young people or encouraging children and young people to become prostitutes or witness sexual behaviour or pornographic materials.

Activities involving sexual exploitation, particularly between young people, may be indicated by the presence of one or more of the following characteristics: lack of informed consent; inequalities in terms of chronological age, developmental stage or size; actual, threatened or implied coercion.

Vulnerability

Vulnerability is a feature in respect of a child or young person, which might predispose them to risk. Examples include:

- Children and young people who may be physically disabled
- Children and young people with additional support needs

Warning Signs

Child Death and Serious Case Reviews have indicated that often there are “warning signs” that agencies have failed to react to which have acted as indicators that children and young people might be at risk of serious harm.

Examples include:

- Children and young people who may be hidden from view; are “unavailable” when professionals visit the family home or are prevented from attending school or nursery
- Parents who do not cooperate with services; fail to take their children to routine health appointments and discourage professionals from visiting (including those professionals from Universal Services such as Health Visitors)
- Parents who are consistently hostile and aggressive to professionals and may threaten violence
- Children and young people who are in emotional or physical distress, but may be unable to verbalise this.
- Children and young people who are in physical pain (from an injury) may be told to sit or stand in a certain way when professionals visit the family home or may hide injuries (e.g. scars and burns) from view
- Children and young people who have gone missing (with or without their families)
- Children and young people who have run away

Warning signs should never be ignored and are an indication that immediate intervention might be needed to ensure the child or young person is safeguarded from future harm. In those sets of circumstances, immediate measures should be put in place to ensure timely and proportionate intervention.

Warning signs should always trigger a reaction. Decisions to safeguard children and young people should never be delayed and where applicable, emergency measures should be considered.

APPENDIX A: RISK ANALYSIS GRID - WHAT DO WE KNOW?

