

PRACTICE TIPS - DEMYSTIFYING THE ASSESSMENT OF RISK

These tips have been drawn together to support practitioners who have voiced concerns and anxieties that at times they do not feel equipped to assess risk.

Assessing risk is often perceived as a great mystery in terms of what to do? how to do it? And what it looks like?

Professor Eileen Munro in her work, Effective Child Protection, states that in order to manage risk there is a need to identify:

* What has been happening?
* What is happening now?
* What might happen & how likely is it?
* How serious could it be?

She concludes that ‘A combination of seriousness and likelihood leads to an overall judgement of risk’.

UNDERSTANDING RISK

There are 2 key elements to assessing risk, one is the understanding and knowledge of what risk is and the impact it has on others and the other is the judgement that you make in terms of severity, intent, reasonableness, and prediction for the future.

Knowledge of risk is developed from research and evidence based practice. Knowledge of risk indicators informs us of specific issues to be mindful of - The more indicators present the greater the risk.

Risk is present on a daily basis, it is the frequency and intensity of the risk that is important and to what degree this impacts on the child’s welfare, development, safety and future outcomes.

Risk matrices are located within the Assessment Toolkit. They provide a framework of alerts to measure and evaluate in terms of impact for the child. - link

Specific risk assessment tools are available when assessing Domestic Abuse - DASH, Sexual Exploitation- Seraf, Learning Difficulties -PAMS, Sexually Harmful Behaviour- Aim,

Judgements are based on personal and professional values, beliefs and standards. Good Social work is about developing self-awareness of these and how they are used to inform your practice and judgments. For example two social workers with different views about smacking could lead to different outcomes in terms of judgment of risk. – this highlights the necessity for reflection and good supervision where challenge of evidence, values and Judgment can take place in a safe setting

**Risk on a continuum:** frequency and intensity informs the level of risk and likelihood of harm. An assessment of risk is an ongoing evolving process and not a one off event. It stays the same, increases or reduces. The impact of this continuum is what needs to be assessed and analysed.

**Vulnerabilities**: these are known factors within the family system which may predispose the child to risk of harm. The higher the number of vulnerabilities the greater the likelihood of harm ie : prematurity, health needs, learning disabilities, poverty, isolation, young parents, mental health, substance misuse, etc. Vulnerabilities need to relate to age, gender and culture as this could exacerbate the level of risk.ie FGM in young African girls.

**Risk Assessment Tools** : Tools are a good guide to inform the assessment of current and future risk, they can provide a framework for discussion and exploration, drawing on research and knowledge about features which cause harm. However, they do not analyse the data gathered, and should not be relied upon in isolation to all the facts and over all analysis.

**Hypothesis:** this is the method of forming different ideas about what, why and how. This helps to prevent assumptions, over optimism and narrow focused assessments.

**Think the Unthinkable**: Use your hypothesis to explore the unthinkable. Just because someone says something happened in a specific way does not necessarily mean it is the truth. Seek to triangulate self-reported information and place this in the context of what is known. This is particularly relevant when working with families where disguised compliance is an issue. SCR recommendation of Daniel Pelka.

**Healthy Scepticism & Respectful Uncertainty**: Laming (2003) raised our consciousness around this issue following the death of Victoria Climbie. Professional curiosity to probe and explore is at the heart of good social work. This is not about not believing everything said, it is about testing/ evaluating what is said. Would your reaction to what is being reported be different if it came from a different source? Does the information being provided fit within the context of the family? Where is the evidence to confirm this?

**Rule of Optimism** – Dingwall (1983) Found that SW frequently formed overly positive views of families, their abilities, relationships and functioning. Often they overly relied on the premise that all parents love their children. The consequences of these beliefs can lead to false assessments and possibly serious harm or death to the child – this is a repeat theme identified within Serious Case Reviews.

**Rule of Hopelessness** – a sense/belief that change cannot take place and as a result intervention is not tried leaving children at risk. A fixed belief of here we go again, or nothing ever works can influence the Social workers ability to identify change and work to the families strengths. Effectively this is giving up before trying, this does not enable children to be kept safe.

**Incident – led responses** – Often response occurs to the presenting issue without consideration of history, context and the presence of other complicating factors. Information is dealt with in isolation and the accumulative impact for the child is not understood or considered.

BALANCE

Assessing risk is about achieving balance and whether this makes a difference or not, for the child and their lived experience.-

* **Strengths vs Risk** – does the impact change? Strengths need to offset the risk. A list of positive features which do not address the risk are not strengths. Whether a positive can become a strength is part of the analysis which considers frequency, intensity, and endurance.
* **View of mother vs view of father** – are these the same? What do they mean? Is there collusion or elements of blame? – How does this affect the child?
* **Positive attributes Vs Safety** – is a friendly engaging parent safe? Does a parent attending a parenting course make a situation different? – Not necessarily.
* **Poverty VS Neglect** – does the provision of services and additional funds help to reduce or change the experience of being parented for a child
* **Optimism Vs Realism** – we need to work with optimism in order that families are treated fairly, provided with support and opportunity to affect change, to build hopes and aspirations for the future. However this needs to be balanced against how likely/ realistic it is to achieve what is necessary in the timescale for the child? Consider the facts that would influence whether change is possible or not and whether that change is sufficient to make things different for the child
* **Certainty Vs Scepticism** – we need to work with honesty and transparency, however that does not mean we are to believe everything that we are told. Narratives change over time depending on who is reporting the narrative. Therefore we need to apply curiosity and strive to triangulate the information provided
* **Challenge Vs Acceptance** – Accepting an account or a fixed view restricts open-mindedness. We need to challenge what we are told and what we know. We need to consider and reflect on differing views and how they have been formed and influenced.
* **Adult led versus Child focus** – Our primary work is with the adults and they are the ones responsible for affecting change for their child. However the dilemma lies in balancing the needs of the child alongside those of the parent. This can be harder to achieve when the timescales for the child are significantly different to those of the parent. Adult led assessments can lead to losing sight of the child, their lived experience and safety.

Thinking the unthinkable

This may be an alien concept to you however if utilised in reflective supervision it may enable further hypothesis to be developed that can be tested and hopefully ruled out. Whilst addressing some of the balancing dilemmas as described above.

Some of the children that have died over the years, died as a result of action we did not consider because it was unusual and unthinkable. However we must remember that not all parents/ families/ people are reasonable, and this in itself needs to be evaluated.

We are guided by morals, rules, values, and accepting of societal norms and standards, this is what informs our benchmark of reasonable behaviour. However there are variations and limitations to how this is interpreted, which allows openness, autonomy, respect and individuality. Sadly there are situations where this benchmark is not recognised or accepted, with deceit, cruelty, intent, and manipulation present, this is when children and young people suffer harm.

Some examples of unthinkable actions. –

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| EVENT/ INCIDENT/ ACTION | WHAT CAN WE LEARN TO DEVELOP PRACTICE |
| A small child died as a result of being fed methadone to induce sleep in order that the parents could continue with their drug use and lifestyle | Parents might do the unthinkable in order that their needs are met.  Develop prof curiosity as to how the parent manages their addiction alongside parenting. Ask what the parent thinks about medicating a child to sleep ie use of calpol, alcohol or adult prescriptions.  Be curious about small children sleeping in the day and whether this appears to be more than what is expected given their age and stage of development. Vary times of visits to establish and observe when the child is awake. Liaise with other professionals who may observe the child in their home environment. |
| A child was mistreated and died, it was later established she was forced to sleep in the bath | Assess the home environment and see the childs space, their room and whether it looks lived in or for show. Talk to the child about life at home. Use pictures and explore what is ok and not ok, who sleeps where and who does what in the home. |
| A sister was murdered and dismembered by her older step brother | This is tricky. – always check the nature of sibling and step sibling relationships, use a variety of words to describe feelings and behaviours in order to try and get behind what is being said. |
| A school age child was identified as having additional learning needs. He was withdrawn from school and exposed to an exorcism due to the belief he had been possessed by a spirit | Be curious about family culture, religion and belief systems. Do not assume that all African families believe in spirit possession. Any family may hold these beliefs along with witchcraft, satanic worship, and extremism in terms of their religion. We need to be braver about having conversations about religion, faith and culture without fear of being perceived racist or disrespectful.  Explore the views of other professionals and how they perceive the families belief system |
| Smothering a small child to the point they would have seizures and require hospitalisation. Hospital tests could find no cause. The seizures were only evident when with the mother  After several months it was identified that mother fabricated and induced the seizures. | Family history in terms of the parents childhood and any evidence of ACE  Use of observation in assessing the nature of the interaction between parent and child  Be suspicious and curious around repeat hospital admissions |

Reminders –

* Risk is not static, it evolves given the environment and motivation of the parent.
* Context and complicating factors need to be evaluated alongside the risk to ascertain the nature of the impact for the child
* Positives are not strengths unless they reduce risk
* Evidence is the greatest predictor of harm and likelihood of change
* Triangulation of facts, views and different sources of data seeks to reinforce or challenge information