

The PCFSW Best Practice Guide for Risk Assessment and Prioritising Children and Families' Needs during Pandemic

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Context and Introduction

The impact of COVID-19 on services has put significant strain on practitioners and many services are working at reduced capacity and therefore, find themselves having to prioritise risks, needs and services.

Different organisations and local authorities have adopted different approaches to risk assessing the current situation based on local needs and circumstances. While local approaches are necessary to ensure solutions are compatible and applicable to local context, the opportunity to learn from and adapt and apply practice solutions from different local authorities and contexts is more important than ever before. Therefore, to support practitioners and local authorities and collective learning this guide draws on the PSW national research and practice development project and our continued learning from local authorities to provide best practice guidance for assessing and prioritising needs and risks in the context of COVID-19 pandemic. This guide offers evidence-based support for practitioners and managers to help continuity of services and should be considered alongside the local authority's guidance to ensure continued support and safeguarding of vulnerable children and young people and their families and carers.

As a rule of thumb, practitioners should draw on their diverse relationship-based skills including strength-based and solution-focused approaches, restorative approaches, crisis intervention, child-centred and person-centred approaches to support children and families' safety and well-being during this period.

Home visits and seeing children and young people and speaking with them on their own are essential for assessment of needs and risks and effective safeguarding and are integral part of social workers' statutory responsibilities. However, given the risks COVID-19 contagion for practitioners as well as children and families and adults and adults who access services, local authorities and social workers are adapting alternative ways of communicating with children and families and carrying out virtual/digital home visits. This has important impacts on risks and needs and therefore, this guide should be considered together with the PSW Best Practice Guide for Home Visits.

This guidance has been developed as a matter of urgency and will be updated as needs be and in response to the changing circumstances. Therefore, please use the online document to ensure you have the most recent and up-to-date version.

Purpose of this document

Social work is complex and this as well as other PSW guides are aimed at helping practitioners work through complexity and maintain relationship-based practice as the bedrock of social work, social care and human services. Therefore, Drawing on the PCFSW national research and the recent feedback from local authorities this document is aimed at supporting local authority practitioners and managers and serves as a helpful guide or a checklist, reflecting some of the more salient points about assessing and prioritising risks, needs and services as well as practice challenges to ensure continued support and safeguarding for children and families during the current COVID-19 pandemic.

Furthermore, this guide can be used as a prompt for individual reflection or in supervision and in virtual group discussion to support reflection for and after action during uncertain conditions.

Risk assessing and prioritizing children and families' needs during the pandemic

The following are helpful best practice approaches to support practitioners in assessing needs and risks and prioritising vulnerable children and families:

RAG rating all children and families' needs and risks – using the assessment framework and your own organisation's practice framework think about the following questions and RAG rate all children and families' cases into the following three categories:

RAG rating:

Red – significant risk of serious harm, injury or death

Amber – moderate risk of either emotional or physical harm or neglect

Green – low risk of harm or neglect for the child

The RAG rating and prioritisation of needs and risk should be discussed and agreed between practitioners and their managers and further approved by the service manager and the head of service.

Questions to consider in RAG rating – In carrying out your risk assessment and RAG rating consider the following questions:

What would be the risks if no professional was able to have face-to-face contact with the child or young person and their family or carers?

RAG rate how worried would you be:

- if visits to the family were not possible and the child or young person could not be seen by any professionals for the next 4 weeks?

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- If a review meeting (e.g. CiN, Core Group, CPC) could not be held or the family cannot attend the review or the group meeting for the next four weeks?

Think about the impact of COVID-19 on the child and family and the existing risks – think critically and analytical about the situation and how the risks associated with COVID-19 (for example, self-isolation) affect the existing risks and what is their impact for the child and family (response to these questions may be informed by your existing knowledge of the child and their family, previous assessments and analysis of the child's lived experiences, environment and networks):

In your professional view:

- What would be the impact for the child and family if they are self-isolating?
- What measures are in place and how does the family plan to keep the child safe?
- What help does the family need to manage the situation and keep the child safe?
- What help do they need to be able to do so and to manage the situation?
- Does the family appreciate and acknowledge the risks and their impact for the child?
- How worried is the family about the child? How does the family manage these worries?
- How does the family manage stress and what are their coping strategies?

Identify protective factors and safeguarding needs – consider any protective factors and support and safeguarding measures that are in place or that need to be put in place to ensure safety and well-being of the child and family. For example,

- What are the existing protective factors for the child or young person and what are the existing safety and well-being plans for the child and family? How are these impacted by the COVID-19 pandemic and its associated risks?
- Are there any other professionals who have seen or are seeing the child regularly (either in-person or virtually)? Are you able to contact this professional and could contact information be shared by them?
- When was the last time the child or the young person was seen in-person by a social worker or social care practitioner? What was the context and what were the concerns? (Was there any further contact with child after that? For example, via phone or virtual/digital visit)

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- If there is an existing safety plan? How will this be affected by self-isolation or reductions in workforce capacity or services?
- Are there any concerns about the child or young person's household or placement with regards to domestic abuse, sexual abuse, violence or coercive control, substance misuse, mental health, vulnerability to online grooming and sexual or criminal exploitation or radicalization, or history of the young person absconding? How are these factors influenced by the confinement of the young person and/or their family in their current home or placement?
- What activities will take place over the coming 4 weeks to support and safeguard the child and family?
Planned activities could vary widely ranging from a physical in-person contact to phone conversation to video communication, virtual/digital home visit, online support groups, digital/virtual home visit, digital virtual review or CPD, online activities and support provided by other agencies and organisations (e.g. schools, family centres, etc.).
- Are there any agreed or existing arrangements that need to be reconsidered or rearranged or is there a need for alternative arrangements?
For example:
If the child is looked after, what are the agreed and usual contact arrangements for family and friends? How are these affected and is there a need for alternative arrangements?
- What are the family support and respite arrangements and how are they affected? Is there a need for alternative arrangements?
- Is the young person autistic or does the young person have any special needs or learning difficulty?
- Are there ongoing or upcoming court proceedings? If yes, what stage are you at and how has this been impacted?
- If the young person is a care leaver, how are the existing arrangements impacted and what arrangements need to be put in place to ensure continuous support, safety and well-being of the young person?
- Is the young person in a stable placement and are there any reported or escalating concerns? How do consequences of COVID-19 influence these arrangements and concerns?
- What are other practical arrangements for safety and support for the young person and what changes are needed to ensure their continuity?
For example:

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Can the young person contact their social worker or the services independently (e.g. using their own mobile phone)?

- Does the child or young person have an identified network of trusted adults - are school or other support agencies still in contact? If yes, are you able to contact any of the trusted adults or contact and receive the information from other agencies?
- What arrangements are in place and what advice has been given to care leavers and children looked after about contacting services in case they need support with food, medication, electricity or other basic necessities? Or if they need help to manage the current stress and anxieties or their well-being?

Clear agreement about contact with the child and family – Compatible with the complexity and level of needs and risks, practitioners should agree the time, frequency and preferred mode of contact with children and families. These can vary from a phone call to virtual/digital home visits to door-step visits or physical and in-person home visits. In agreeing the means and mode of communicating with children and families, you will need to consider any guidance or limitations by your employer and balance the level of required social presence (for example video connection versus voice call or text message) vis-à-vis the level of risk and safeguarding needs and be clear and purposeful about the difference and what is needed to assess the young person's safety and well-being; for further detail about this point and other aspects of virtual/digital visits please see the PSW Best Practice Guide for Home Visits.

Direct work with children and families – children experience added anxieties and worries during this time and direct work with children and families offers opportunities to understand and address their fears and worries and to better support and strengthen professional relationships with the children and family (please see “PSW Best Practice Guide for Direct Work With Children and Families Online” and the “PSW Best Practice Guide for Speaking with Children and Young People about Coronavirus”).

Be explicit and agree progress and what is expected – be clear and explicit and agree with your manager about what is expected and what progress or lack thereof look like. This should be in line with your employer's policies and standards and the DfE guidance as well as Social Work England practice standards.

Keep accurate notes and document exceptions – given the changing circumstances and that something that is applicable today may not be appropriate at a later date, it is essential to ensure accurate case recording and keep a journal of all agreed changes and/or exceptions. Changing practice and deviating from standard statutory expectations require clear and coherent

explanation and evidence-based justification. Therefore, case recordings should offer a clear narrative of the child and how the child is/was being supported as well as documenting and ensuring that any changes in practice and decisions have a clear explanation of context and the reason for the decision or action or lack of action.

Systemic risk and need for continuous assessment – The added risks and psychosocial impact and consequences of COVID-19 pandemic add significant complexity to existing risks and their impact for children and families. These risks and the reduced visibility of children and families and vulnerable adults who access services combined with the uncertainties about the unfolding situation can result in rapidly escalating needs and risks that may go undetected, leaving children and families without the help and support they need. These circumstances represent complex systemic risks that require constant monitoring and support.

Therefore, it is essential that practitioners are aware and keep in touch with children and families and vulnerable adults and continuously reassess the situation from a child-centred or person-centred and whole-family perspective.

These risks also highlight the importance of the role of the family in safeguarding and people's well-being and therefore require a whole-system (systemic) and whole-family approach.

Complex and composite risks and other complicating factors – the consequences of COVID-19 pandemic such as social distancing, self-isolation, closure of most public and social venues and lack of face-to-face and in-person social engagement, play and peer contact can reduce opportunities for validation and intensify feelings of loneliness and isolation. The behavioural consequences of such emotions can vary from withdrawal and low mood to acting out and dangerous or threatening behaviour toward self or others with particularly devastating consequences for people who experience mental health difficulties.

Digital and online risks – at home with limited opportunity for in-person social engagement, children and young people as well as adults spend increasing amount of time online developing and maintaining relationships and seeking friendship and validation. Although positive online engagements are important and can support people's mental health and emotional well-being, online engagement also entails risks and new challenges. Research indicates that increased anxiety, loneliness or social isolation can lead to more frequent online activity and greater self-disclosure resulting in increased vulnerability. Therefore, it is essential that practitioners are able to systematically assess online risks and safeguard children and young people online. The "PSW network Best Practice Guidance for Online Safeguarding" offers an evidence-informed and child-centred approach to assessing online risks and

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safeguarding children and young people online as well as supporting carers and vulnerable parents in these difficult times.

Restorative and reflective supervision – given the reduced social presence and team interactions, it is essential that supervision takes place regularly and offers a space for reflection and restorative supervision of practitioners practice challenges and development. Furthermore, practitioners, supervisors and managers should consider and maximise opportunities for informal supervision and de-brief to enhance oversight and better support practitioners’ and staff’s mental health and wellbeing.

Given the impact of lone working and social isolation, particular attention is needed to sensitively consider staff’s feelings, coping strategies, emotional well-being and mental health to ensure they are supported both professionally and emotionally.

Quality assurance and management oversight – given the high and fast changing nature of risks and needs and the significant systemic challenges, appropriate quality assurance measures and processes should be put in place to ensure clear line of sight from strategic and operational leadership to frontline practitioners within and across services. In such circumstances, it is good practice to match the level of children and families’ visibility and management oversight with the level of risks and for

- Operational director and/or assistant director to have oversight of all children whose cases are rated **red** within their directorate;
- Head of services to have oversight of all children whose cases are rated **amber** within their service;
- Service managers and team managers to have oversight of all children whose cases are rated **green** within their teams.

Deciding about alternative approaches to home visits – one of the most challenging questions for practitioners is whether a physical and in-person home visit is indispensable and urgent? Or can the home visit be carried out online or in alternative ways such as “door-step” visits? These questions and working through the complexity of home visits are addressed in the PSW Best Practice Guide for Home Visits. Therefore, please consult the PSW Best Practice Guide for Home Visit after RAG rating children and families’ needs and risks in line with your employer’s guidance and this document.

A point of reflection and caution – the current risks and context are complex and this can result in abrupt escalation of needs and risks and therefore, the above RAG rating should be reviewed and revised accordingly.

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It is good practice to create reflective and group discussion opportunities for practitioners to receive critical and constructive feedback.

Supervisors, managers and service managers should provide regular challenge to test the appropriateness, adequacy and effectiveness of any risk analysis or RAG rating as well as professional decisions and actions or plans with particular attention to any alternative solutions relating to statutory responsibilities or deviation from national guidance and practice standards.

Coproduction and partnership working – safeguarding is everyone’s responsibility and coproduction and partnership working are central to good practice and effective safeguarding. Given the reduced visibility of children and young people and their families and carers, good and timely information sharing and close and effective partnership work within and across services and different safeguarding partners and agencies is so much more important and indispensable in the current context. This helps practitioners and services identify any changes in risks, needs or children and families’ circumstances and ensure timely action and effective support. This also highlights the importance of partnership with children and young people and their parents and carers and ensuring that their voices and preferences are heard, respected and reflected in all decisions, actions and plans.

Health and well-being – given the risks and complexity of the situation the health and well-being of practitioners and staff and children and families should be everyone’s priority. This includes taking appropriate measures such as provision of personal protective equipment (PPE) to protect staff’s physical/biological health and safety as well as team building initiatives and online social engagement, online games and online group activities and restorative supervision to support staff’s emotional and mental health.

Furthermore, lone working and remote working can have significant impact on staff’s mental health and well-being, particularly if the current situation continues over an extended period of time. Therefore, it is good practice to create opportunities for staff to come together on regular basis and to reflect on work and their experiences in virtual weekly meetings such as “Tea with the Team”. This can help team building and mitigate stress and feelings of isolation and loneliness.

Self-care and practitioners’ emotional well-being – the consequences of COVID-19 pandemic such as social distancing, self-isolation, closure of most public and social venues and lack of face-to-face and in-person social engagement, play and peer contact can reduce opportunities to validation and intensify feelings of loneliness and isolation. The behavioural consequences of such emotions can vary from withdrawal and low mood to acting out and dangerous or threatening behaviour toward self or others with particularly devastating consequences for people who experience mental health difficulties.



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We hope this guide is helpful and value your comments and feedback. Please address all feedback, comments, additions or suggestions to Dr. Peter Buzzi at:

PSWresearch@esafeguarding.org

For: The PCFSW Research and Practice Development Project; and
The Principal Children and Families Social Worker (PCFSW) Network

Author: Dr. Peter Buzzi (National Research Lead, PCFSW Project); and
Claudia Megele (National Chair PCFSW Network)

Co-authored with the PCFSW Digital Research and Practice Development reference group:

Emma Coxon
Paul McGee
Sarah Nichols
Lara Timms
Rob Tyrell

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