

## The PCFSW & Social Work England Best Practice Guide for Risk Assessment and Prioritising Children and Families' Needs during Pandemic

31 March 2020

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### Context and Introduction

This guidance has been developed by the Principal Children and Families Social Worker (PCFSW) network and Social Work England. It has been informed by practitioners and managers and the PCFSW reference group. The guidance aims to support practitioners and managers in thinking about ethical, practical, and professional aspects of risk assessments and prioritising needs during Covid-19.

Social workers and services are experiencing significant demand. Many services are working at reduced capacity, often needing to prioritise risks, needs and services. Different organisations and local authorities have adopted different approaches to risk assessment. This flexibility is necessary to ensure solutions are compatible and applicable to local context and need. To support these considerations and adaptations, learning from and considering practice and national guidance is more important than ever before.

This guide draws on the PSW national research and practice development project and our continued learning from local authorities to provide guidance for assessing and prioritising needs and risks in the context of the Covid-19 pandemic. It offers evidence-based support for practitioners and managers to help continuity of services and should be considered alongside national and local guidance to ensure continued support and safeguarding of vulnerable children and young people and their families and carers.

Home visits, seeing children and young people and speaking with them on their own are essential for an assessment of needs and risks and effective safeguarding. They are an integral part of a social worker's statutory responsibilities. However, given the risks posed by Covid-19, local authorities and social workers are adapting 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 in response to the current crisis 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.**

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### [Understanding my regulator: Social Work England](#)

Social Work England is the specialist regulator for social workers in England. Our role is to set professional standards and assure the public's confidence in social work. We are collaborating on this guide to support social workers in understanding the link between our professional standards and practice.

In response to Covid-19, you may need to adapt your practice and ways of working. In doing so, we encourage you to think carefully about the professional standards and how to maintain them against a rapidly changing context. This guide offers up practical advice from sector leaders to support you as you adapt.

It is important to reflect on changes to practice and to explore professional and ethical dilemmas with peers or managers. Social workers are doing this as they explore new and different ways of working. This can be an important source of learning to record as part of your continuing professional development, which is central to your registration as a social worker.

Some social workers have returned to the profession during the pandemic through temporary registration. There can be a lot to consider when returning to practice. We hope this guide will support you as you support local teams and services at a time of considerable pressure.

We thank the Principal Social Workers networks for their commitment to embedding our professional standards and we continue to work collaboratively to make the link between standards and practice.

If you'd like to know more about Social Work England, you can find more on our website, or get in touch with us, at [www.socialworkengland.org.uk](http://www.socialworkengland.org.uk).

### 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 children and families' cases into the following three categories:

**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 managers and further approved by the service manager and the head of service.

In carrying out your risk assessment and RAG rating consider the following questions:

1. 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?
2. RAG rate how worried you would be:
  - a. 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?
  - b. 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. Think critically and analytically about the situation and how the risks associated with Covid-19 (for example, self-isolation) affect the existing risks and their impact for the child and family. Your 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:

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

### Identifying protective factors and safeguarding needs

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

1. 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?

2. 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?
3. 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?
4. Is there is an existing safety plan? How will this be affected by self-isolation or reductions in workforce capacity or services?
5. 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 radicalisation, 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?
6. 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.).
7. Are there any agreed or existing arrangements that need to be reconsidered or rearranged, or is there need for an alternative arrangement? For example, is the child 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?
8. What are the family support and respite arrangements and how are they affected? Is there a need for alternative arrangements?
9. Is the young person autistic or does the young person have any special needs or learning difficulties?
10. Are there ongoing or upcoming court proceedings? If yes, what stage are you at and how has this been impacted?
11. 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?
12. 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?
13. What are other practical arrangements for safety and support for the young person and what changes are needed to ensure their continuity? Can the young person contact their social worker or the services independently (e.g. using their own mobile phone)?
14. 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?
15. 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). This takes account of the level of risk and safeguarding needs and is 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 can 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. 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".

### Agreeing progress and what is expected

It is important to be clear and explicit and agree with your manager what is expected and what progress, or lack thereof, looks 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.

### Keeping accurate notes and documenting exceptions

Given the changing circumstances and that something that is applicable today may not be appropriate later, 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 requires clear and coherent explanation and evidence-based justification. Therefore, case recording 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 risks and psychosocial impact and consequences of the Covid-19 pandemic add significant complexity to existing risks and their impact on 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. They 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.

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.

### Complex and composite risks and other complicating factors

The consequences of the Covid-19 pandemic 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. These can have particularly devastating consequences for people who experience mental health difficulties.

### Digital and online risks

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 brings risks and 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 can 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 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' mental health and wellbeing.

Given the impact of lone working and social isolation, particular attention is needed to sensitively consider staff members' 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 fast changing nature of risk and needs against a backdrop of 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. 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:

1. Operational directors and/or assistant directors to have oversight of all children whose cases are rated **red** within their directorate;
2. Head of services to have oversight of all children whose cases are rated **amber** within their service;
3. 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 an in-person home visit is necessary. Many will be considering whether a visit can be carried out online or in alternative ways such as "door-step" visits. It is important to be clear about the difference between each approach, assess what you can and cannot achieve and why. Reflecting on and being explicit about the purpose of the home visit and what you need to achieve will help you identify the advantages as well as the risks and limitations for each type of home visit. In discussion with your manager, this should be considered, balancing the different risks, including the risk of contagion to yourself or children and families. You should agree a pragmatic approach that is child and family-centred and adequately addresses and balances the child(ren) and family's needs, the various risks and their impact. For more information about carrying out a virtual home visit please see the PSW and Social Work England "Best Practice Guide for Video Call and Virtual Home Visit". We recommend consulting this guidance 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 context is complex. This can result in an abrupt escalation of needs and risks and therefore, the RAG rating should be reviewed and revised accordingly. 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. They should also consider professional decisions and actions or plans and pay 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. 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 in close and effective partnership work

is indispensable. 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 decisions, actions and plans.

### Health and well-being

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 health and safety. It also includes team-building initiatives and online social engagement, online games and online group activities and restorative supervision to support staff members' emotional and mental health.

Furthermore, lone working and remote working can pose particular risks, 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 a 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.

**From the Principal Children and Families Social Worker (PCFSW) Network and Social Work England, thank you for all that you do.**

We hope this guide is helpful and value your comments and feedback. Please address all feedback, comments or suggestions to Dr. Peter Buzzi at: [PSWresearch@esafeguarding.org](mailto:PSWresearch@esafeguarding.org)

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