

National Risk Framework

to Support the Assessment of
Children and Young People



2012



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What do we hope to do in the sessions

Session 1

Walk through the Framework content

Session 2

Exploring the tools in more detail

UNCRC

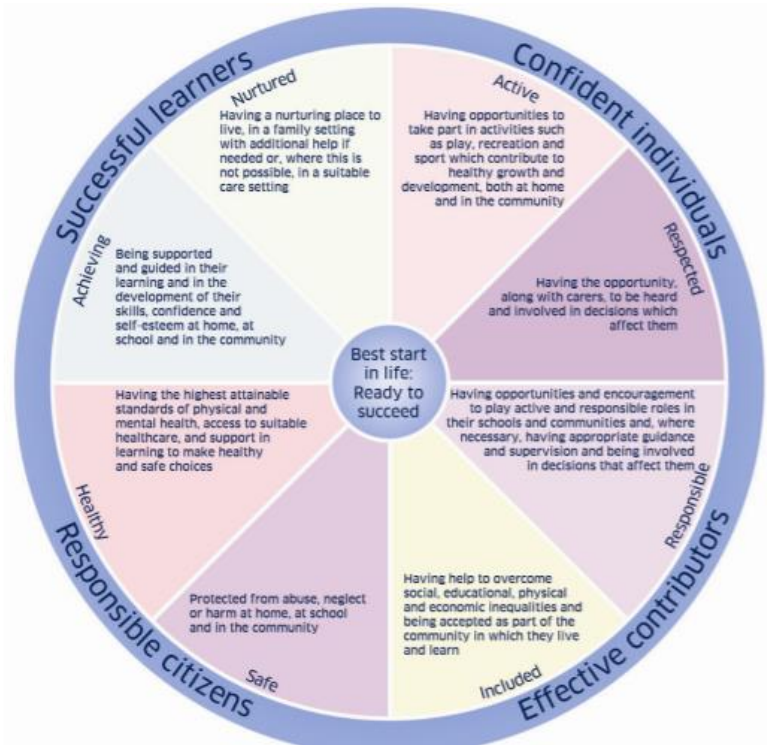
The Convention sets out these rights in 54 Articles and two Optional Protocols. Children everywhere have the right:

- to survival
- to develop to the fullest
- to protection from harmful influences, abuse and exploitation
- to participate fully in family, cultural and social life

The four core principles of the Convention are:

- non-discrimination
- devotion to the best interests of the child
- the right to life, survival and development
- respect for the views of the child

UNCRC Articles and the GIRFEC Well-being indicators



The Girfec Approach

- is child-focused
- is based on an understanding of the wellbeing of a child in their current situation
- is based on tackling needs early
- requires joined-up working

GIRFEC practice model

Framework for understanding assessment

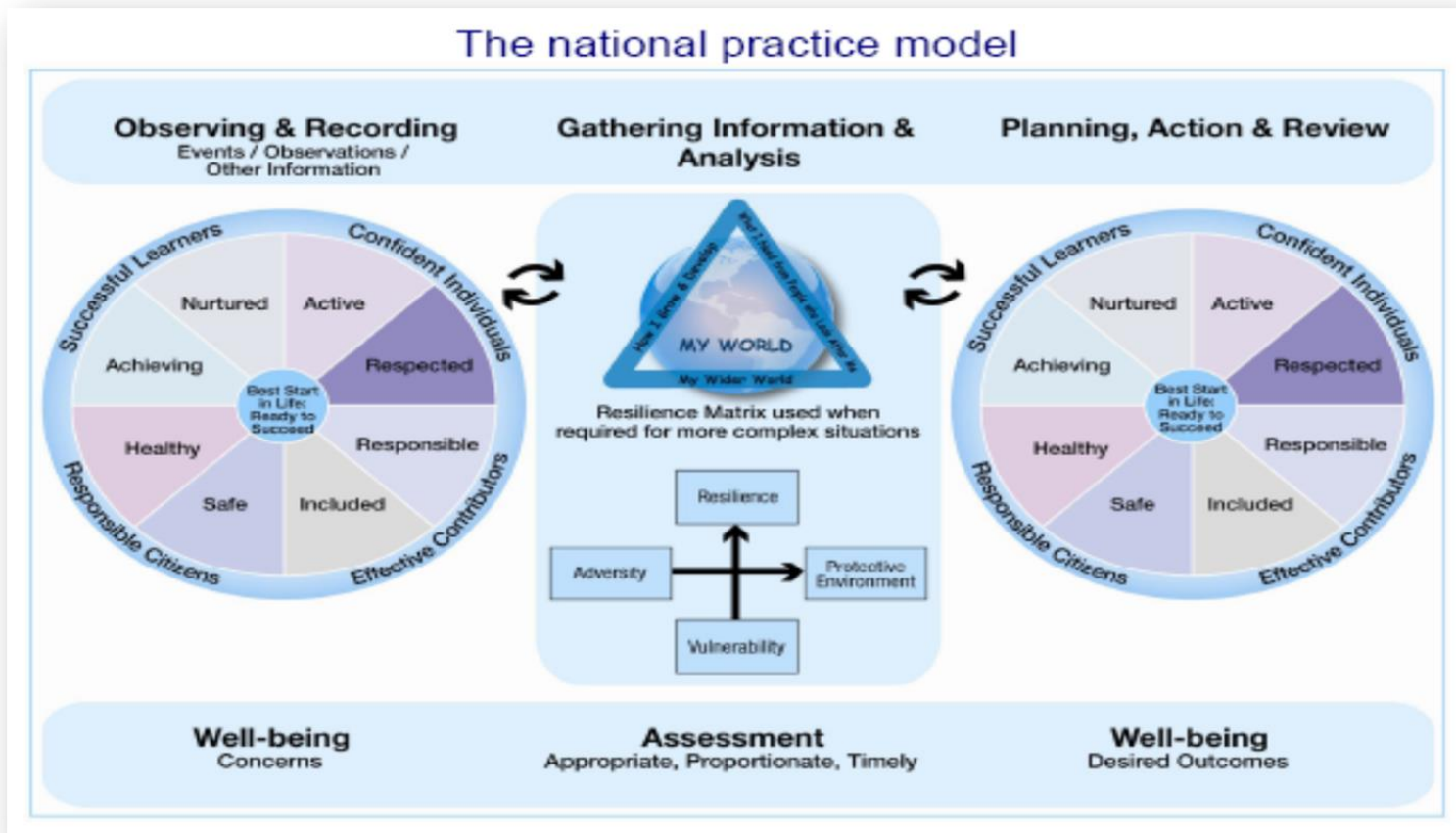
The **Well Being Indicators**

The **My World Triangle** – elements of assessment

- The child's world
- What the child needs from parents/carers
- Family and wider world

Resilience Vulnerability Matrix

GIRFEC ... assessing need & risk



Wheel of Wellbeing

My World Triangle

RV Matrix

Wheel of Wellbeing

The Independent Care Review

the promise



the pinky
promise



- Voice
- Family
- Care
- People
- Scaffolding

Assessment and the Promise

help to change when their needs

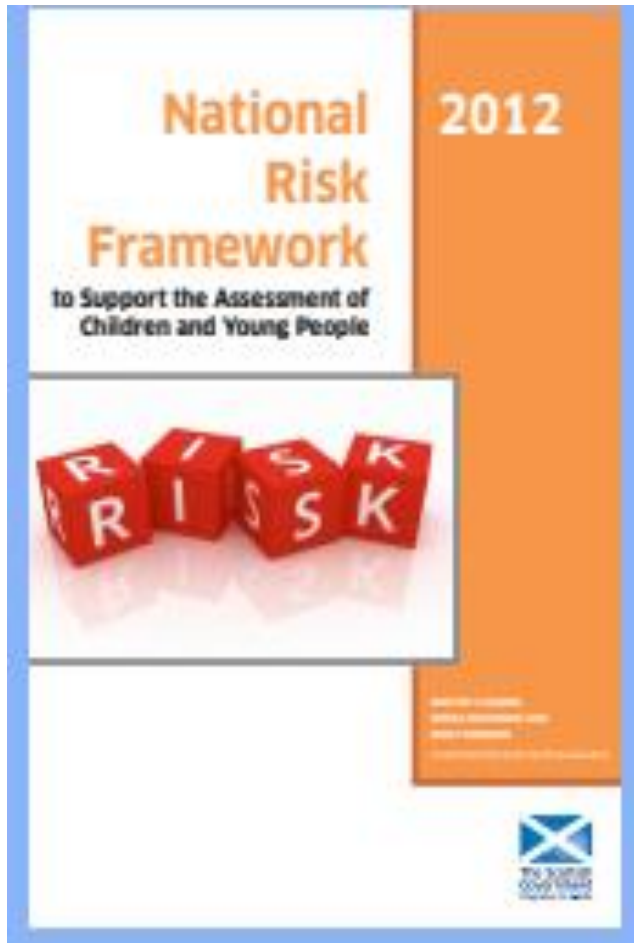
change: Families need different things at different times. Sometimes things are hard and sometimes they get better. Help must change too. Families must be able to say what they need and then get the help they need to make it happen. Sometimes that will mean help looks different and that is ok.

help for whole families: The whole family must get the help they need. If only one person is getting help, everyone else will still be finding it hard

help to understand their

stories: People in families might have had bad things happen to them in the past. They might still find it hard to do some things because of this. Help should not just focus on what is hard right now, it has to also understand why it is hard.

The Framework



Easily
Grasped
by ALL
Services

Creates a
Common
Language
of Risk

Helps
Develop
Common
Cultures
of
Practice

When can the framework be used

- **Single Agency Assessment**
- **Child protection investigation**
- **An accumulation of concern**
- **Child protection registration**
- **Where circumstances have improved** – tools can support ongoing assessment and intervention



The Toolkit

**A National Multi-Agency Risk Framework
for Working with Children & Families**

**Concise, Easily Accessible and Useable by
Staff/Practitioners Across ALL Agencies**

**Comprising of Practice Guidance and Tools
to Support its Use**

**Sitting Within the National GIRFEC Practice
Model**

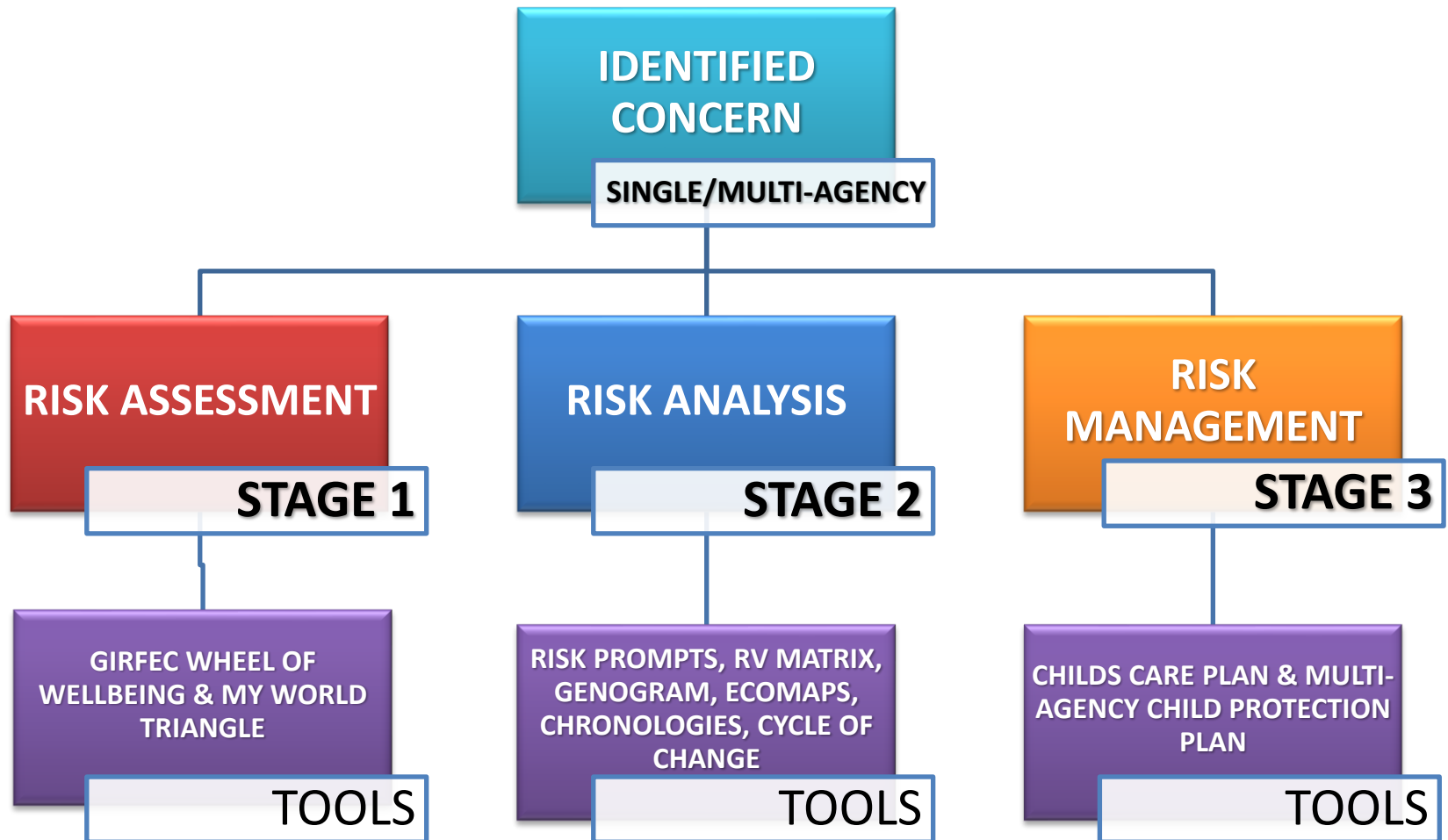
Content

Section 1: General Introduction to the Risk Framework and Risk Assessment

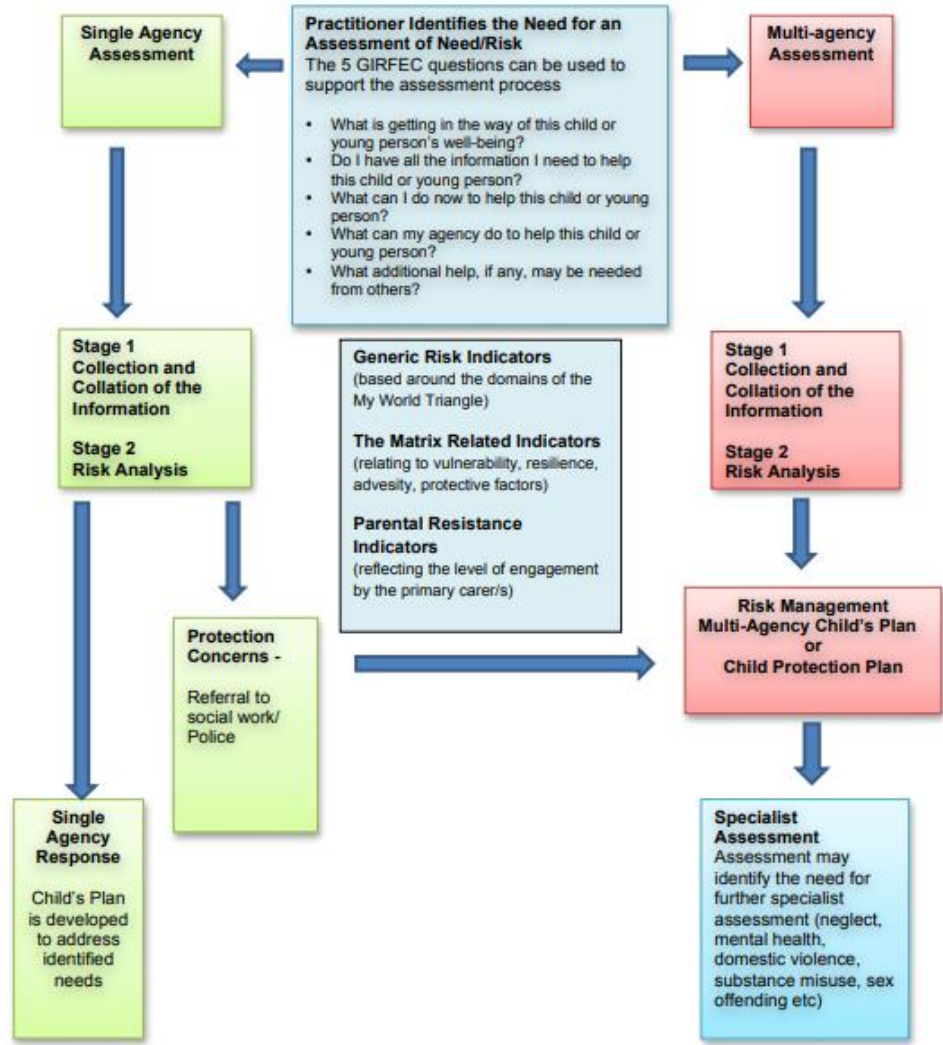
- Framework in context
- Gifrec - Practice Model and Risk Assessment
- Key Principles
- Risk Framework
- Core Components – Risk, Resilience & Resistance
- Staged Approach to Risk



3 Staged Approach to Risk



Single and Multi-Agency Assessment Process



Content

Section 2: The Risk Framework Practice Guidance

- Step by Step Guidance to Using the Framework
- How toStages in detail (assessment, analysis, management and planning)



10 Considerations

1. **Gather and read the available records and information – all of them**
2. **Identify and gather information that is referenced but not at hand**
3. **Build as full a history as possible (the child, parent/carer and child's wider world)**
4. **Check this history for corroboration and/or disagreement**
5. **Build the case chronology of significant events (single or multi-agency)**
6. **Consider the 4 C's – Cause, Character, Context and Consequence**
7. **Examine the evidence base**
8. **Build the visual reference material**
9. **Balance informed reasoned analysis with practitioner intuition**
10. **Revisit and reconsider the initial analysis and conclusions reached through single/multi-agency case planning and review processes**

**Assessing
Need and
Risk
Through the
lense of...**

Risk

Resilience

Resistance

My World Triangle...assessment dimensions



Risk and Significant Harm

- The **character** of the actual/likely harm, in terms of abuse or failure/inability to provide adequate care and protection
- The **impact** on/potential consequences for the child's health and development
- The child's development within the **context** of their family and wider environment
- Any **special individual needs**, such as a medical condition, communication impairment or disability, that may affect the child's development or vulnerability and care within the family
- The **capacity/ability** of the parents or carers to adequately meet the child's needs, including their need to be safe
- The wider **familial and environmental** context

Risk Indicators	Child 1	Child 2	Child 3	Child 4	Notes
Premature birth/low birth weight	R	NR	NK	R	Two known premature deliveries with Child 1 and 4 (Midwifery and Maternity Hospital Records)
Early prolonged separation at birth	R	NR	NR	NR	Child 1 experienced early separation that was not known to have been experienced by the other 3 children
Baby born with substance withdrawal (NAS)	R	NR	NR	R	Child 1 and 4 both experienced NAS while Child 2 and 3 seem not to have

R = RELEVANT

This should be used when the risk indicator is thought or known **to have relevance** to the child, the parent/carer and in relation to child's wider world

NR = NOT RELEVANT

This should be used when the risk indicator is thought or known **not to be relevant** to the child, the parent/carer and in relation to child's wider world

N/K = NOT KNOWN

This should be used where information is **insufficient or not known**. A decision then needs to be taken as to whether this information requires to be obtained

How to Use the Risk Indicator Recording Sheets to Aid Analysis

Having gathered information using the risk indicator recording sheets - Generic, Matrix Related and Resistance Related - practitioners are guided to the analysis section and asked to consider “**what is the information telling me**”.

Practitioners should.....

1

Consider the information gathered and identify the key risk factors for each child, parent/carer and wider world. The Recording Sheets will highlight the specific areas of concern/risk (your evidence) but you should give an overview of what you consider to be the key issues within the three domains of the My World Triangle (Generic Risk Indicators) and those gathered relative to the Matrix Related and Resistance Related Indicators.

This is a very visual exercise and immediately practitioners should be able to see if risks vary from child to child within a sibling group

What is the information telling me?

Risk Indicators for

Child 1

Child 2

Child 3

Child 4

Parent/Carer

Family & Wider World

What is the information telling me about the level of concern/risk (consider frequency, duration, severity, single or accumulative in nature -significance of factors in reaching a conclusion about the level of risk)

Risk Indicators for

i. **Child 1:** Joseph is 3 months. Clear history of being born prematurely, experiencing early maternal separation via placement in Special Care Unit (SCU) as a result parental drugs use in pregnancy. Joseph required medication and close clinical supervision for an extended periods of 4 weeks. Mum left hospital prior to Joseph's discharge. Parents attendance at hospital has been erratic while child in hospital.

Child 2: Complete similarly for child 2 capturing key details highlighted from completion of the Risk Indicator Sheets

Child 3: Complete similarly for child 3 capturing key details highlighted from completion of the Risk Indicator Sheets

Child 4: Complete similarly for child 4 capturing key details highlighted from completion of the Risk Indicator Sheets

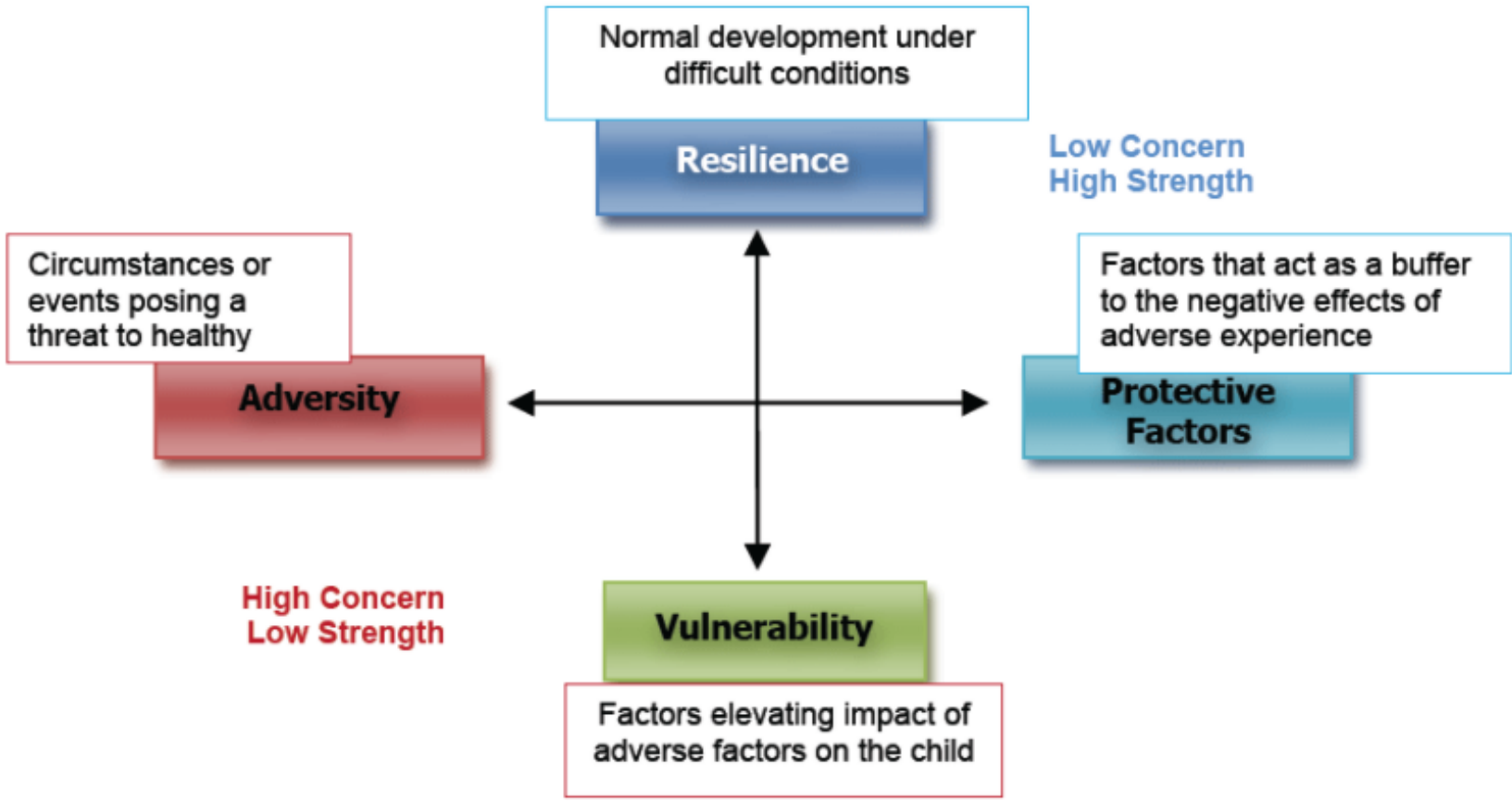
Parent/Carer: Complete in terms of what's known and discovered about the parents/carers capturing key details highlighted from completion of the Risk Indicator Sheets

Family & Wider World: Complete in terms of what's known and discovered about the Child's wider world, again capturing key details highlighted from completion of the Risk Indicator Sheets

Risk Analysis

Risk Questions / Prompts

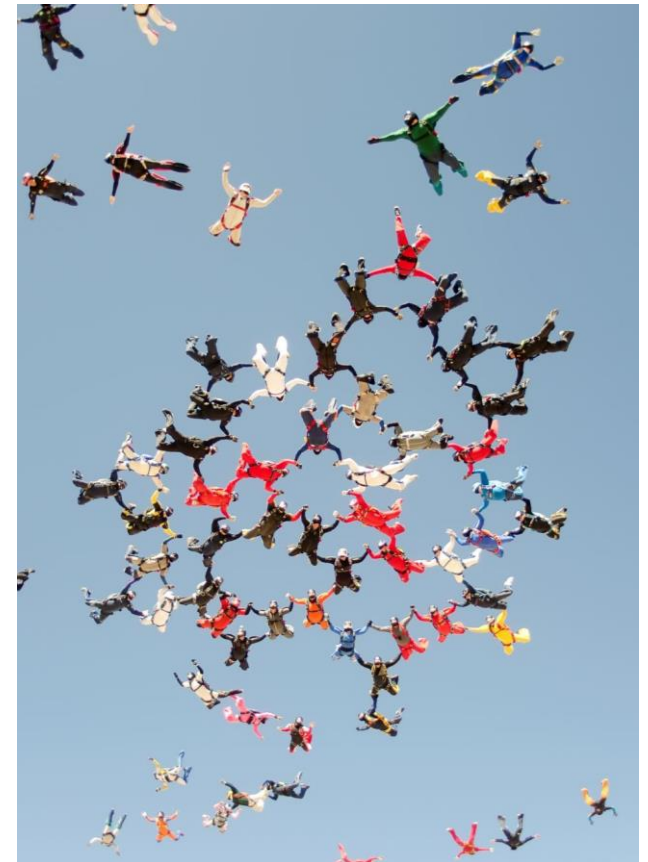
Areas for Consideration	Practitioner Prompts
1. Are you able to describe the current incident of concern – record these accurately?	<ul style="list-style-type: none">• What are the parent's attitudes and responses to your concerns?• Is their explanation consistent with the injury/incident?• What status does the child have within the family?
2. Have you assessed all areas of potential risk?	<ul style="list-style-type: none">• Note and record each risk factor separately (eg. child, parent, family, surrounding environment, type and nature of abuse, intervention issues)
3. Can you describe the potential behaviours of concern?	<ul style="list-style-type: none">• Rather than focus on the individual, assess each worrying behaviour individually – as each is likely to involve different risk factors
4. Can you describe the nature of the risk factors?	<ul style="list-style-type: none">• How long have they been operating?• How severe are they?• Are the injuries/incidents one off or cumulative over a period of time
5. Grade the identified risk factors, and be alert for especially serious risk factors (High, Medium or Low – this is a professional judgement)	<ul style="list-style-type: none">• For example, previous corroborated or uncorroborated concerns, unwillingness or inability to protect. If a young baby is with an alcoholic mother and basic care (safety) is not being provided then the severity of the risk is clearly high. If the child is older and has a number of protective factors around them (eg. a good school, grandmother who can spend lots of time with them) then the severity of the risk posed by the alcoholic mother may not be high



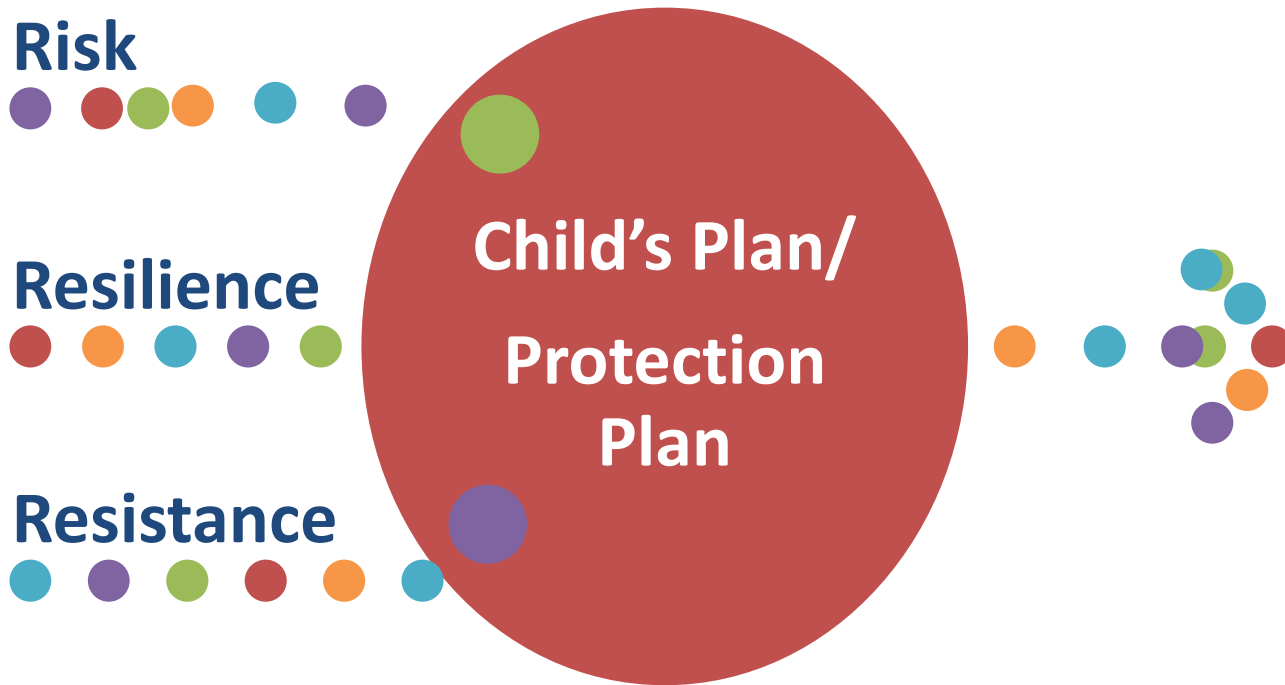
Content

Section 3: Risk Tools

- Risk Indicator Sheets – Generic, Matrix Related & Resistance
- Chronology Genograms
Ecomaps Cycle of Change



Stage 3 - Risk Management/Reduction



WELLBEING ↔ NEED ↔ RISK ↔ NEED ↔ WELLBEING

FAMILY/INDIVIDUAL:

Date Last Reviewed/Updated:				
DATE OF EVENT	DETAIL OF EVENT	OUTCOME	NOTES/ COMMENTS	CODE

EXAMPLE RECORD SHEET

Risk Indicators	Child 1	Child 2	Child 3	Child 4	Notes
Premature birth/low birth weight	R	NR	NK	R	Two known premature deliveries with Child 1 and 4 (Midwifery and Maternity Hospital Records)
Early prolonged separation at birth	R	NR	NR	NR	Child 1 experienced early separation that was not known to have been experienced by the other 3 children
Baby born with substance withdrawal (NAS)	R	NR	NR	R	Child 1 and 4 both experienced NAS while Child 2 and 3 seem not to have

Each indicator needs to be considered and comment put against each

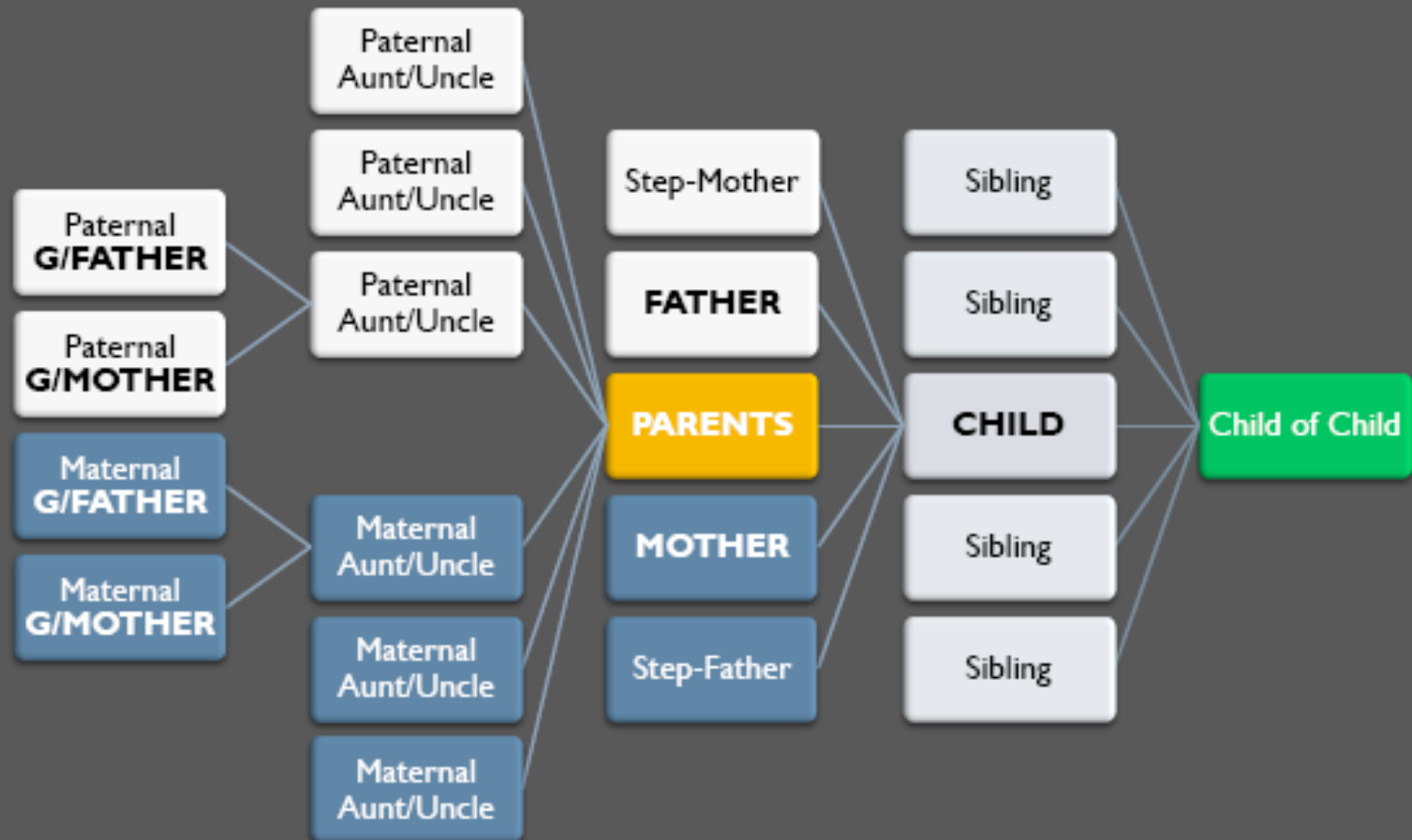
R = Relevant

NR = Not relevant

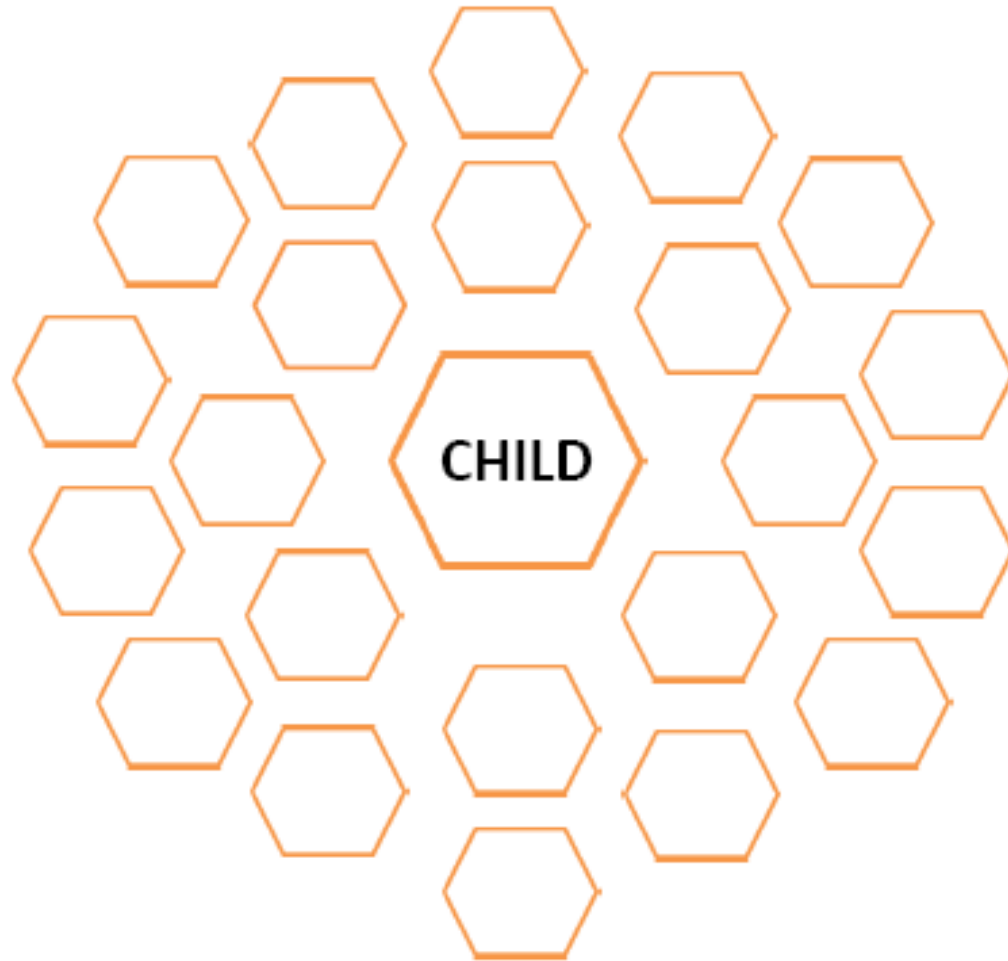
N/K = Not Known

GENOGRAM

Name: _____



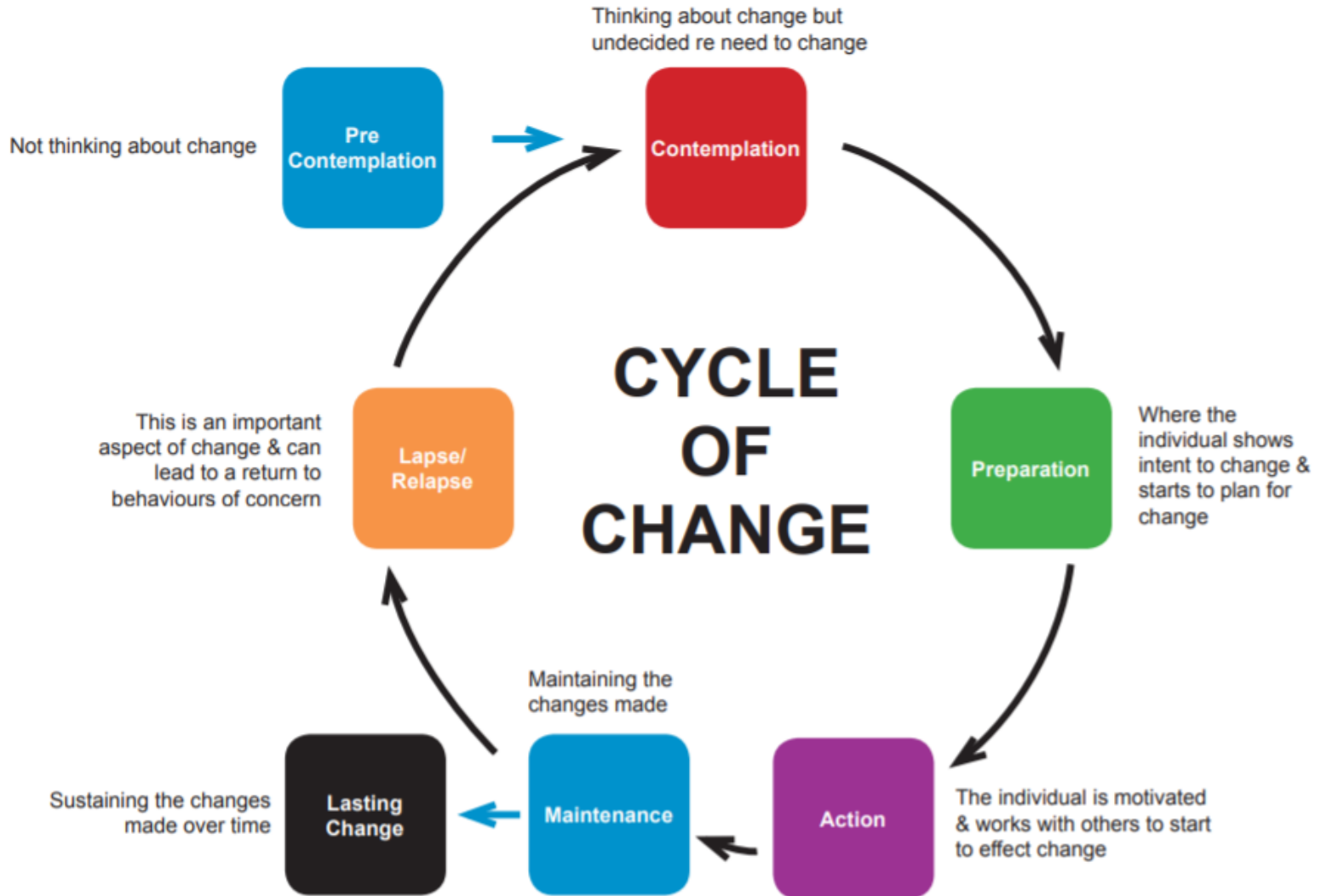
ECOMAP on



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Date:

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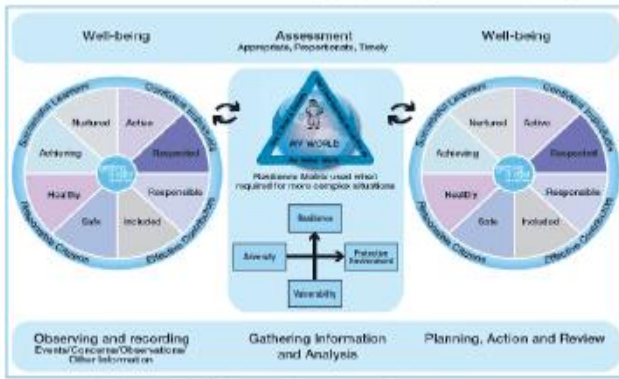


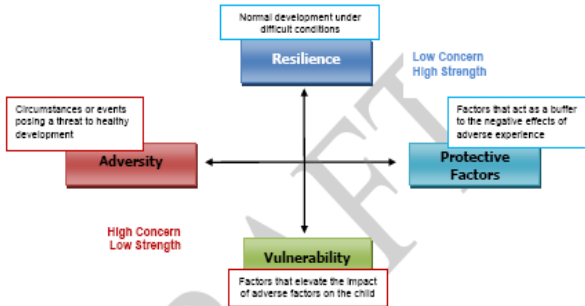
Image Source: Scottish Government 2010 (<http://www.scotland.gov.uk/Publications/2010/05/27095736/4>)

Generic Risk Indicators

Risk Indicators Particular to the Child (How I Grow and Develop)

Generic Risk Indicators- Child	Child 1	Child 2	Child 3	Child 4	Notes
Premature birth / low birth weight					
Early prolonged separation at birth					
Baby born with substance withdrawal (NAS)					
Very young - highly dependent (born < 5 yrs)					
Cries frequently, difficult to comfort					
Difficulties in feeding/toileting					
Periods of separation from parent / primary caregiver / Adopted or step-child					
Fostered					
Child developmental delay					
Child mental health difficulties					
Child learning disabilities					
Child behavioural difficulties					

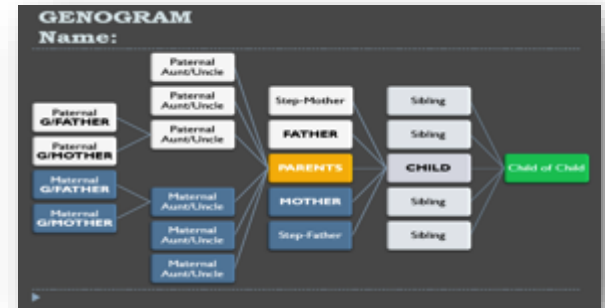
Resilience - Vulnerability Matrix: (Daniel, Wassell & Gilligan 2016)



1. Gather & read the available records & information – all of them
2. Identify and gather information that is referenced but not at hand
3. Build as full a history as possible relating to the child, parent/carer and child's wider world
4. Check this history for corroboration and/or disagreement with the various parties involved – child, family and other professionals
5. Build the case chronology of significant events (single or multi agency)¹
6. Consider the 4 C's – Cause, Character, Context and Consequence - of any significant event for all involved
 - Cause - What is stated or noted to be triggering the event
 - Character - Describe the concern/abuse - be specific on the detail not just the generalities (eg. "assault to the body" - assault by punches targeting the chest and arms, causing fracture, bruising and lacerations)
 - Context - What was happening at the time - actual circumstances of the event/s (e.g. timing, location, presence of others, etc)
 - Consequence - What is the impact and outcome of the event or circumstances – individual and/or cumulative? Again note the detail and specifics, identify individual or collective vulnerabilities, risks and harm/s
7. Examine the evidence base- Identify where circumstances and events are corroborated, challenged or contradicted by information from other sources. Note the different sources, how long concerns have existed and/or if prevalent across generations. Identify the significance of the concerns for individual and family functioning, for the particular child/young person, for effecting potential change, for efforts to be made at addressing needs and reducing risks
8. Build visual reference material to support your analysis and help convey understandings with the family and other colleagues through the use of EcoMaps, Genograms – ensure copies are retained within core records
9. Balance informed analysis with practitioner intuition- practitioner senses are an inherent part of assessment, and should be acknowledged within the analysis process
10. Revisit and reconsider the initial analysis and conclusions reached through multi-agency case planning and review processes

12 Risk Questions/Prompts

Areas for Consideration	Practitioner Prompts
1. Are you able to describe the current incident of concern - record these accurately?	<ul style="list-style-type: none"> • What are the parent's attitudes and responses to your concerns? • Is their explanation consistent with the injury/incident? • What status does the child have within the family?
2. Have you assessed all areas of potential risk?	<ul style="list-style-type: none"> • Write each risk down and consider each one separately eg. child, parent, family, surrounding environment, type and nature of abuse, intervention issues
3. Can you describe the potential behaviours of concern?	<ul style="list-style-type: none"> • Rather than focus on the individual, assess each worrying behaviour individually - as each is likely to involve different risk factors
4. Can you describe the nature of the risk factors?	<ul style="list-style-type: none"> • How long have they been operating? • How severe are they? • Are the injuries / incidents one off or cumulative over a period of time
5. Grade the risks, and be alert for especially serious risk factors	<ul style="list-style-type: none"> • For example, previous corroborated or uncorroborated concerns, unwillingness or inability to protect. If a young baby is with an alcoholic mother and basic care (safely) is not being provided then the severity of the risk is clearly high. If the child is older and has a number of protective factors around them (eg a good school, grandmother who can spend lots of time with them) then the severity of the risk posed by the alcoholic mother may not be high
6. How serious are the consequences of the abuse occurring for the child, for the child's family and for the agencies involved?	<ul style="list-style-type: none"> • We need to distinguish between the likelihood of the behaviour occurring from the seriousness of it if it does. For example, someone may indicate they are allowed to smack their child thus the likelihood is that the child will be smacked again in the future and we need to assess the impact of the action of the child
7. Detail ALL previous incidents of abuse and neglect	<ul style="list-style-type: none"> • Detail any previous incident of abuse or neglect (type and frequency) in this family OR any record of the current caretakers having abused or neglected other children • Is there a pattern of abuse (such as physical abuse being repeated) or is it changing (such as the concerns spanning a range of abuses)? • Do they accept any of the previous concerns? • Do they have any insight into their previous behaviour? If so why the lapse? Do they accept or reject themselves as a continuing risk
8. What are the strengths in the situation being analysed?	<ul style="list-style-type: none"> • A broad view should be taken of possible strengths including extended family and community supports but they should be related to the abuse or neglect under consideration • Here too the emphasis is on the situation being assessed but consideration should also be given to factors from the caretaker's past where there is evidence that there are strengthening current coping capacity. For example, a parent who has "lapsed" for a number of years prior to the current concerns, this shows the capacity under other circumstances to provide appropriate care for the children



ECOMAP on



Name:

Date:

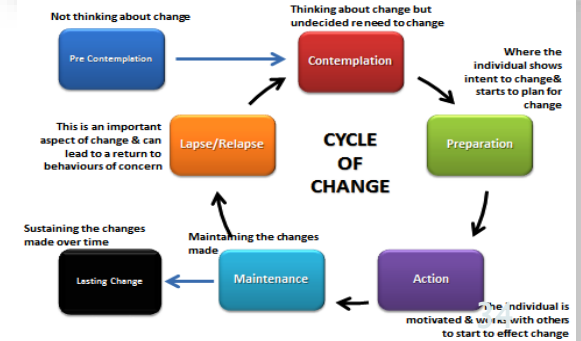
CHRONOLOGY

FAMILY/INDIVIDUAL:

DATE OF EVENT	DETAIL OF EVENT	ACTION	OUTCOME	SOURCE OF INFO	AGREED BY FAMILY	AGE OF CHILD	NOTES	CODE
					Y	N		

Signature:

Job Title:





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The national risk toolkit