

National Risk Framework

to Support the Assessment of Children and Young People



2012



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What we will be looking at today

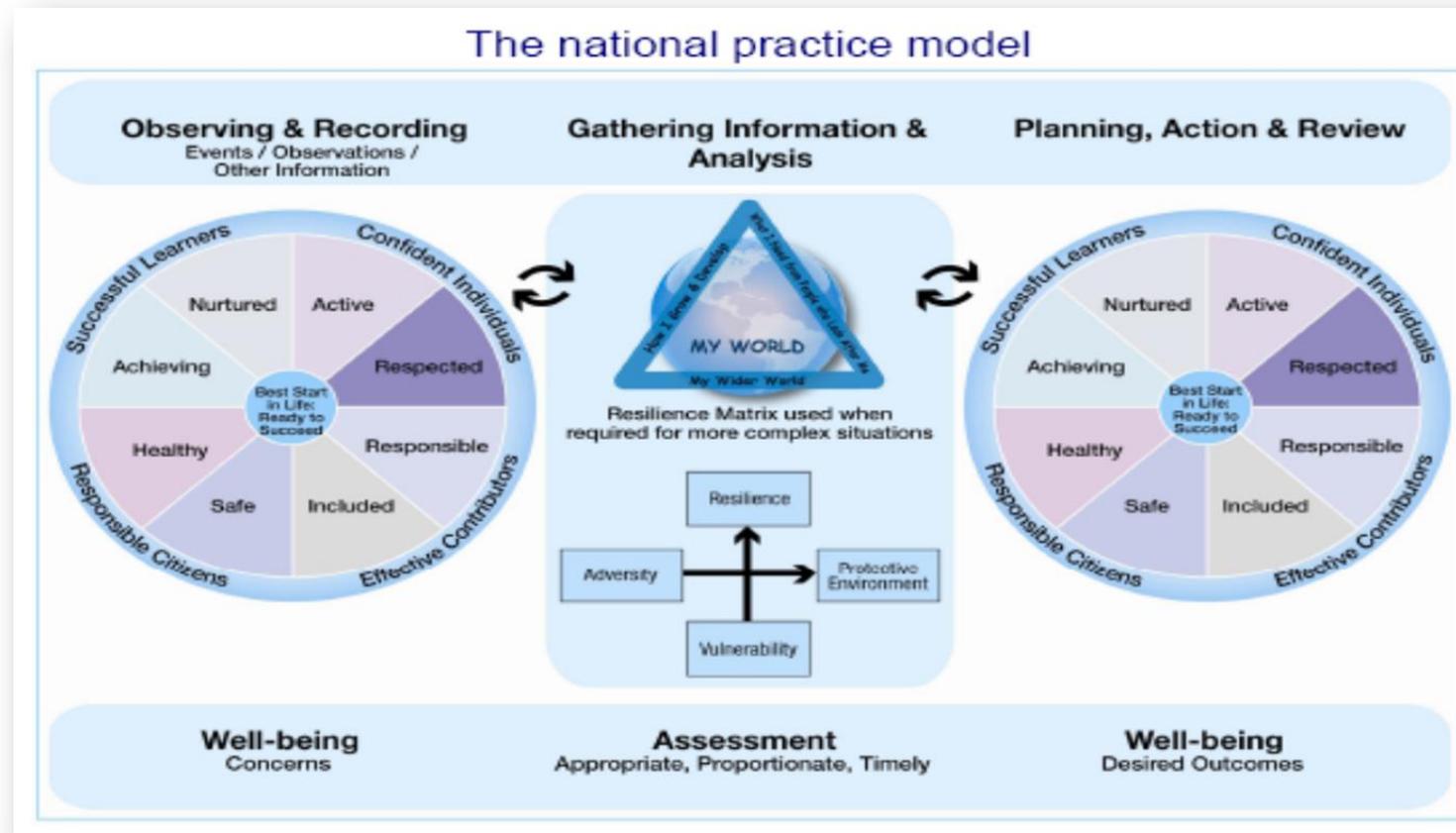
Risk

Resistance

Resilience

Applying the tools to a case example

GIRFEC practice model ...



Wheel of Wellbeing

My World Triangle

RV Matrix

Wheel of Wellbeing

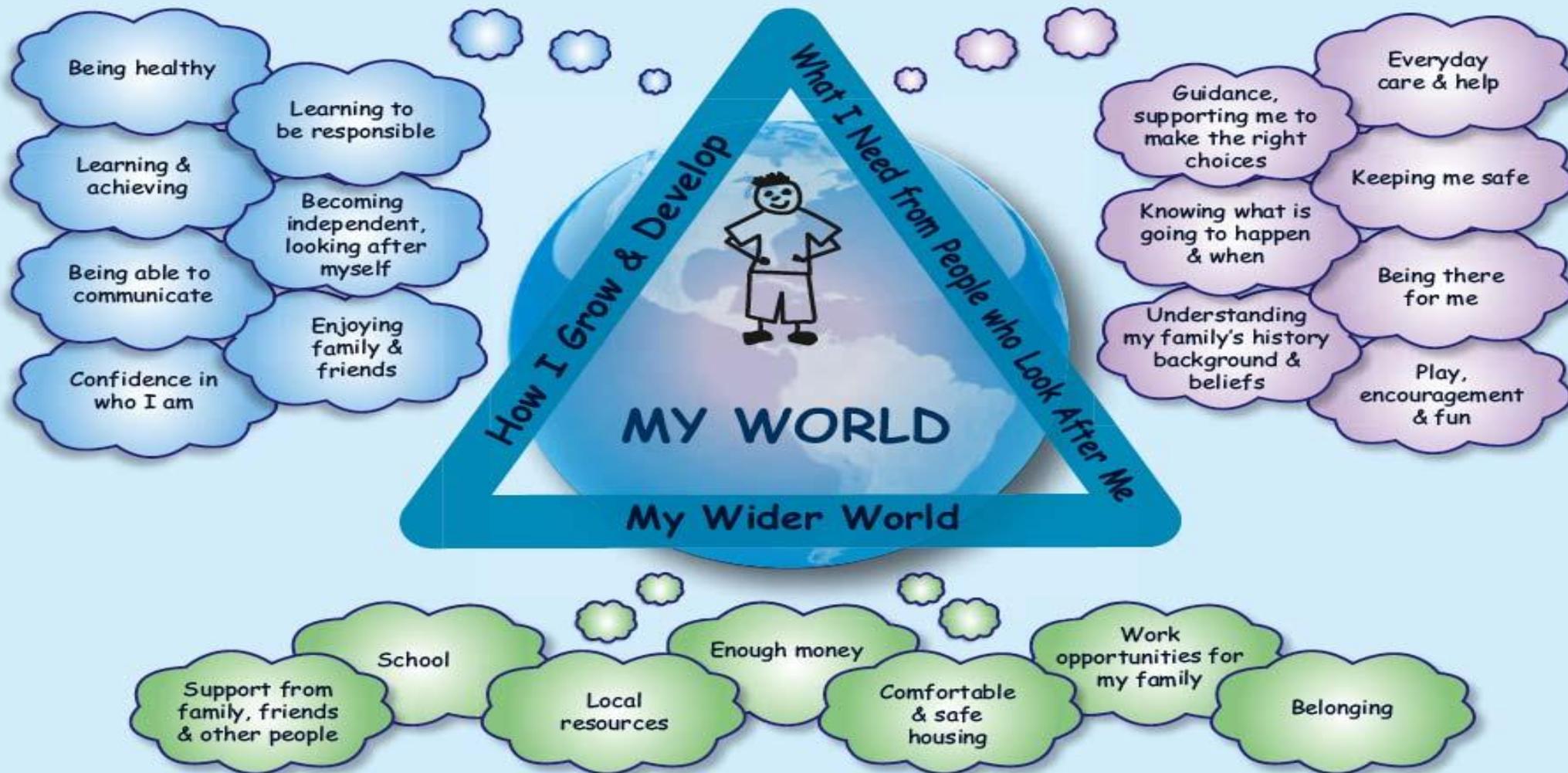
Well-being

1. What is getting in the way of this child or young person's well-being?
2. Do I have all the information I need to help this child or young person?
3. What can I do now to help this child or young person?
4. What can my agency do to help this child or young person?
5. What additional help, if any, may be needed from others?



My World Triangle

getting
it right
for every child



The whole child or young person: Physical, Social, Educational, Emotional, Spiritual & Psychological development

Assessment

Assessment is

“**a tool** to aid in the **planning of future work**, the beginning of **helping** another person to **identify areas for growth and change**. Its purpose is the **identification of needs** – it is never an end in itself”

Assessment is about **making sense** of the situation as a whole, and working out the best way to **achieve change**

Principles of assessment

- **Listening** to and taking **account of the views** of children and their families / carers
- Recognition of **diversity** to ensure individual needs are being met
- **Openness** and **honesty** with children and their families
- Respecting the **rights** of individuals
- Importance of **partnership** with parents/carers, children/YP
- Children with **disabilities** are children first and their experiences and needs will be similar to those of all children
- All professionals are accountable and require to contribute to the assessment process

Diversity

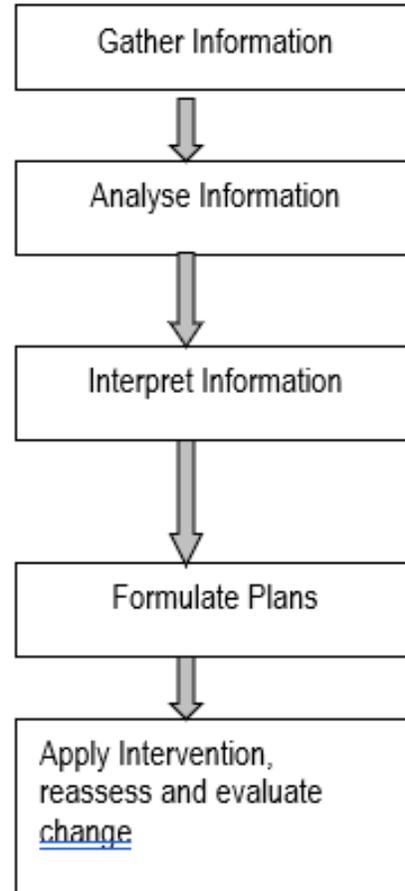
Since discrimination of all kinds is an everyday reality in many children's lives, every effort must be made to ensure that agency responses do not reflect or reinforce that experience and indeed, should counteract it.

(NSPCC)

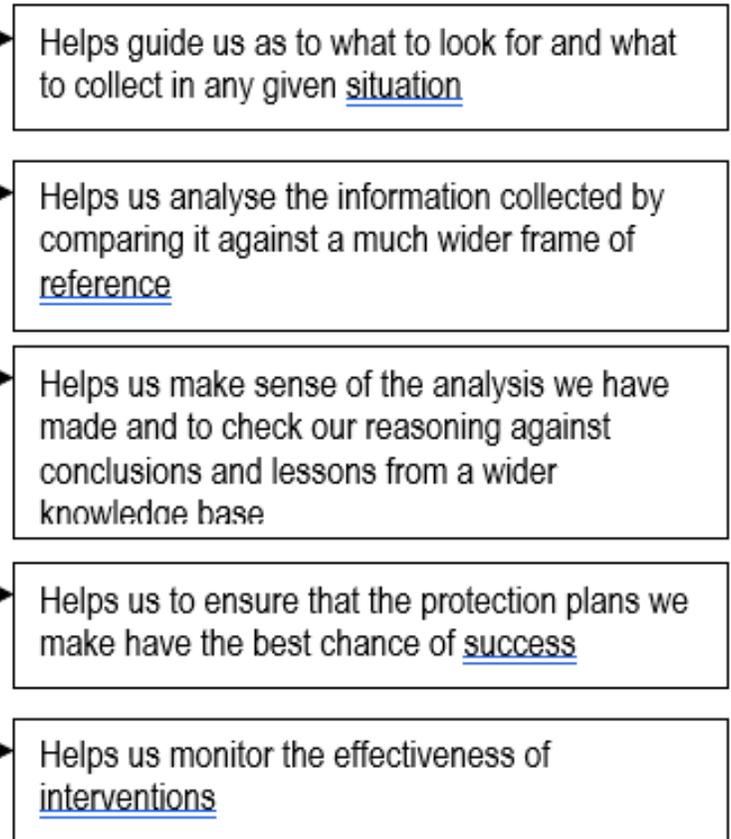
Ensuring equality of opportunity does not mean that all children are treated the same. It does mean understanding and working sensitively with diversity.

Assessment process and the relevance of evidence

Stages in the assessment process



Relevance of 'evidence base'



Context of risk assessment

Balance: risk and protective factors



A core worker activity, but little guidance

- At the heart of good child protection work is risk identification, risk assessment and risk management
- Can mean accountability for decisions
- Requires evidence for underpinning decisions
- Shared multi-agency definition of risk •

Following procedures is not necessarily the same as managing risk well

Judgements of Risk

to make a decision on the most appropriate course of action we must first make a judgement of risk

- Decision thresholds: the point the level of risk needs to be to make the decision (ie the line in the sand)
- Decision thresholds are independent of judgements of risk
- Practitioners may make different decisions for 2 reasons: they make a different estimate of risk or they vary in their decision thresholds

Risk Prediction

True positive

(eg harmful behaviour will occur)

False negative

(eg. risk of harm not identified but does occur – the consequence are acute)

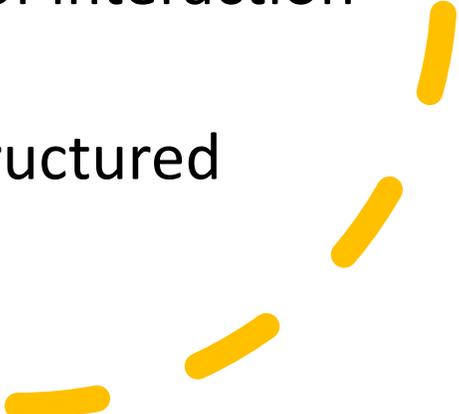
False positive

(eg. risk of harm predicted but does not occur / ? over-intervention)

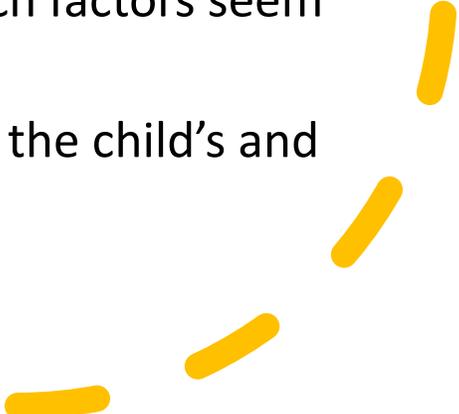
True negative

(eg. harmful behaviour will not occur)

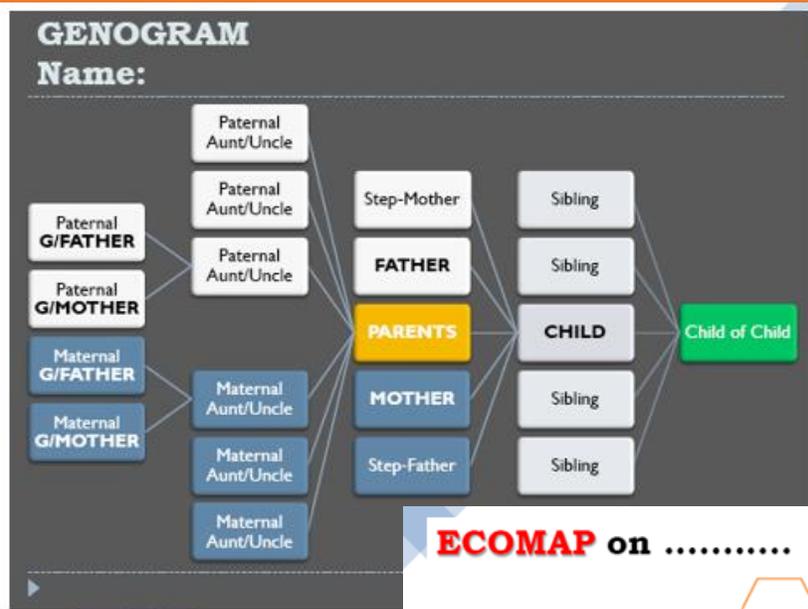
Use of tools and the prediction of risk

- Research argues that the insights that come from intuitive reasoning and experience need to be counterbalanced and tested out by an exploration of more objective data
 - Risk assessment is complex and is more complex than can be evidenced in a tool as internal and external factors interact in complex and fluid ways
 - Each case will have its own particular circumstances and unique pattern of interaction between risk and protective factors
 - Tools can inform but not replace structured professional decision-making
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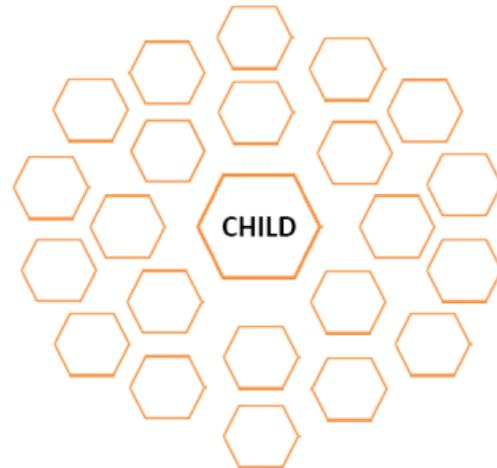
Understanding the probability of future harm

- How often has this harm occurred to the child before
 - Over what time period has it occurred
 - In how wide a range of circumstances has it occurred
 - Consider the unusualness/specificity of internal and external factors which seem necessary for the harm to occur (internal – thoughts, emotions, arousals External – situations/the actions of others)
 - If the harm has occurred before, can we identify what the situations had in common? What factors were present?
 - To what extent have these factors needed to be present for the harm to occur?
 - What reinforces the harmful behaviour? Which factors seem to increase the probability of harm occurring
 - Is it likely that these factors will occur again in the child's and family's environment
- 

The Tools



ECOMAP on



Name: _____

Date: _____

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

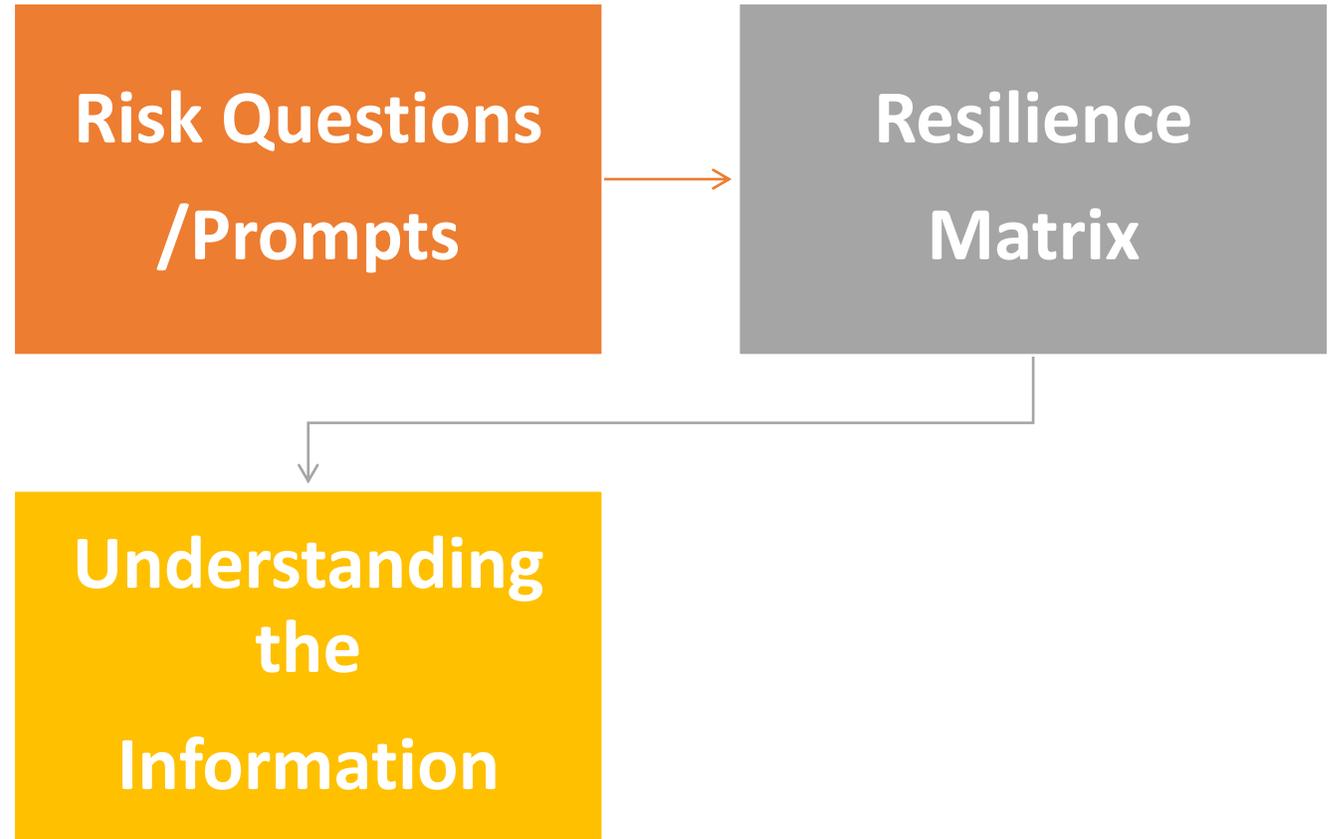
Each indicator needs to be considered and comment put against each
R = Relevant **NR = Not relevant** **N/K = Not Known**

FAMILY/INDIVIDUAL:

Date Last Reviewed/Updated: _____

DATE OF EVENT	DETAIL OF EVENT	OUTCOME	NOTES/ COMMENTS	CODE

Core Components of the framework



WELLBEING

NEED

RISK

NEED

WELLBEING

My World Triangle

getting
it right
for every child



The whole child or young person: Physical, Social, Educational, Emotional, Spiritual & Psychological development

Gathering Phase Risk

Examples of factors that increase risk

The Child

- abuse involving neglect
- the child has suffered more than one previous episode of abuse
- young children
- disabled children

The Parent

- personality disorder
- learning disability when accompanied by mental health
- paranoid psychosis
- substance misuse and inter parental conflict and violence

- family stress
- lack of social and family support networks
- parent-child relationship difficulties
- living in violent or unsupportive neighbourhood

Family & Environment

Generic Risk Indicators

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

Generic Indicators - The 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 (birth - 5 years)					
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					

Risk Indicators Particular to the Parent/Carer (What I Need from the People Who Look after Me)

Generic Indicators - Parent/Carer	Child 1	Child 2	Child 3	Child 4	Notes
Parent under 21 years					
Poor parenting skills					
Poor understanding of child's needs					
Lack of empathy					
Unrealistic expectations of child (age & stage)					
Unable and/or unwilling to meet child's needs					
Poor attachment					
Evidence of rejection towards the child					
Lack of interest in child					
Threats/requests to have the child accommodated					
Child perceived as difficult and/or labelled by parent					
Prioritises adult needs over child's					
Inappropriate rigid attitudes towards child					

Risk Indicators Particular to the Child's Family and Wider World (My Wider World)

Generic Indicators - Wider World	Child 1	Child 2	Child 3	Child 4	Notes
Family socially isolated					
Absence of social supports/networks					
Problems within extended family					
Illness within extended family					
Conflict within extended family					
Substance misuse within extended family					
Family - frequent changes of address					
Home environment chaotic, unsafe					
Concerns about sleeping arrangements					
Family history of poor engagement with services					
Discriminated within community victim/perpetrator					
Culturally inappropriate behaviours					
Neighbourhood characterised by offending/violence					

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

Gathering Phase Resistance

Why might someone be resistant to help

- Fear loss of self determination, feeling powerless and negative repercussions
- Don't think anything can be done to help them
- Distrust authority based on past experience
- Lack material resources and social supports
- To protect themselves
- Own childhood abuse experiences
- Feelings of alienation and despair
- Not able to articulate feelings easily
- May act out feelings rather than talk about them
- Frustrated, argumentative or demanding when needs not met

Resistant Families

- Is this family **open** to working with you
- Do they feel **hopeful or overwhelmed** about their situation
- Do they /can they **support** the child's plan
- Do you think **they feel** they are to work with you
- Do you need to address a real deep seated **mistrust** in services

2 key questions to consider

- What might it take to create that sense of
- Would you have any ideas about this

<p>GENUINE COMMITMENT</p> <p>Parent recognises the need to change and makes real efforts to bring about these changes</p>	<p>TOKENISM</p> <p>Parent will agree with the professionals regarding the required changes but will put little effort into making change work</p> <p>While some changes may occur they will not have required any effort from the parent. Change occurs despite, not because of, parental actions</p>
<p>COMPLIANCE/APPROVAL SEEKING</p> <p>Parents will do what is expected of them because they have been told to “do it”</p> <p>Change may occur but has not been internalised because the parents are doing it without having gone through the process of thinking and responding emotionally to the need for change</p>	<p>DISSENT/AVOIDANCE</p> <p>Dissent can range from proactively sabotaging efforts to bring about change to passively disengaging from the process</p> <p>The most difficult parents are those who do not admit their lack of commitment to change but work subversively to undermine the process (ie. perpetrators of sexual abuse or fictitious illness)</p>

Resistance Factors

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

Resistance Indicators - The Child	Child 1	Child 2	Child 3	Child 4	Notes
Scapegoated for disclosing family problems					
Fearful/unwilling to disclose anything further					
Identifies with the perpetrator/strong feelings for abuser					
Finds ways of coping with abuse (dissociates)					
Child normalises damaging home circumstances					

Resistance Related Risk Indicators Particular to the Parent/Carer (What I Need from the People Who Look after Me)

Resistance Indicators – Parent/Carer	Child 1	Child 2	Child 3	Child 4	Notes
Threatening workers (physical/verbal)					
No recognition of the problems					
Has a different perception of the problems/risks					
Only recognises some professional concerns					
No/limited/tokenistic capacity for change					
Parent/carer overwhelmed with situation					

Resistance Indicators – Parent/Carer	Child 1	Child 2	Child 3	Child 4	Notes
Gives different information to different workers					
Says right things - not backed by behaviour/actions					
Past negative relationships with professionals					
No/limited awareness of impact of own behaviour					
Lacks understanding of what is expected of them					
Actively disrupts professional plans and actions					

Resistance Related Risk Indicators Particular to the Child's Wider World (My Wider World)

Resistance Indicators – My Wider World	Child 1	Child 2	Child 3	Child 4	Notes
Poor family/community support networks					
Changes service driven not driven by parent/carer					
Professional splits/disagreements					
Cultural issues impact on engagement					
Services not available to tackle the problem					

Gathering Phase Resilience

Vulnerability Risk Indicators

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

Vulnerability Indicators - The Child	Child 1	Child 2	Child 3	Child 4	Notes
Unwanted or unplanned pregnancy					
Difficult birth					
Born with substance withdrawal					
Child behaviour problems					
Child born at time of crisis					
Developmental impairment or disabilities					
Very young child					
Evidence of insecure attachments					
Child finds it hard to make and keep friends					
Child previously been abused or neglected					
Child resembles a hated partner or spouse					
Asylum seeking child					



Resilience Indicators

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

Resilience Indicators - The Child	Child 1	Child 2	Child 3	Child 4	Notes
Secure attachment to primary carer					
Positive self-esteem					
Ability to use adults for support and assistance					
Good communication skills					
Ability to deal with change					
Good problem solving skills					
Positive sense of belonging					
Positive sense of own identity					

Resilience Risk Indicators Particular to the Parent/Carer
(What I Need from the People Who Look after Me)

Resilience Indicators - Parent/Carer	Child 1	Child 2	Child 3	Child 4	Notes
Stable, nurturing caregiver					
Positive family structures and routines					
Stable family environment					

Protective Indicators

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

Protective Indicators - The Child	Child 1	Child 2	Child 3	Child 4	Notes
Child is in good health					
Older child able to keep self safe					
Outgoing personality					
Child demonstrates good self-control					
Bright/intelligent child					
Child has high self-esteem					
Child has positive relationships in their life	1				
Regular nursery or school attendance					
Involvement in out of school activities					
The child is aware and supports the Child's Plan					
Parents support the Child's Plan					



Adversity Risk Indicators

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

Adversity Indicators - The Child	Child 1	Child 2	Child 3	Child 4	Notes
No significant or primary attachment figure					
No clear boundaries or routines					
Child presenting with abusive behaviours					
Child's behaviour unstable or unpredictable					
Child displays poor coping strategies					
Victim of abuse/neglect					
Experience of loss/rejection or bereavement					
Repeated changes of placement					
More than 4 children in the home					

Resilience

- Research on resilience seeks to identify factors that moderate the effects of risk.
- When individuals are able to mobilize their resources and cope with, adapt to, or overcome risks, they are said to be resilient
- Resources within individuals, families and systems external to families are associated with resilience, or good outcomes under adverse conditions

(Giligan)

**Analysis The So
What Question?**

What is analysis

- Process of breaking down something complex and working back to what is more fundamental
- Allowing local structure to be displayed, explained and reconstructed
- It is bound by the context in which it takes place
- In child care/protection it is the part of the process where meaning is ascribed to information
- Asking of ALL information **WHAT DOES THIS MEAN FOR THE CHILD or the SO WHAT QUESTION**

**Why is
analysis
important
Without
analysis we**



can not understand the needs upon which the individual child's life is predicted



we can not direct the actions and processes required to attend to unmet needs



Effective practice requires the presence of analysis



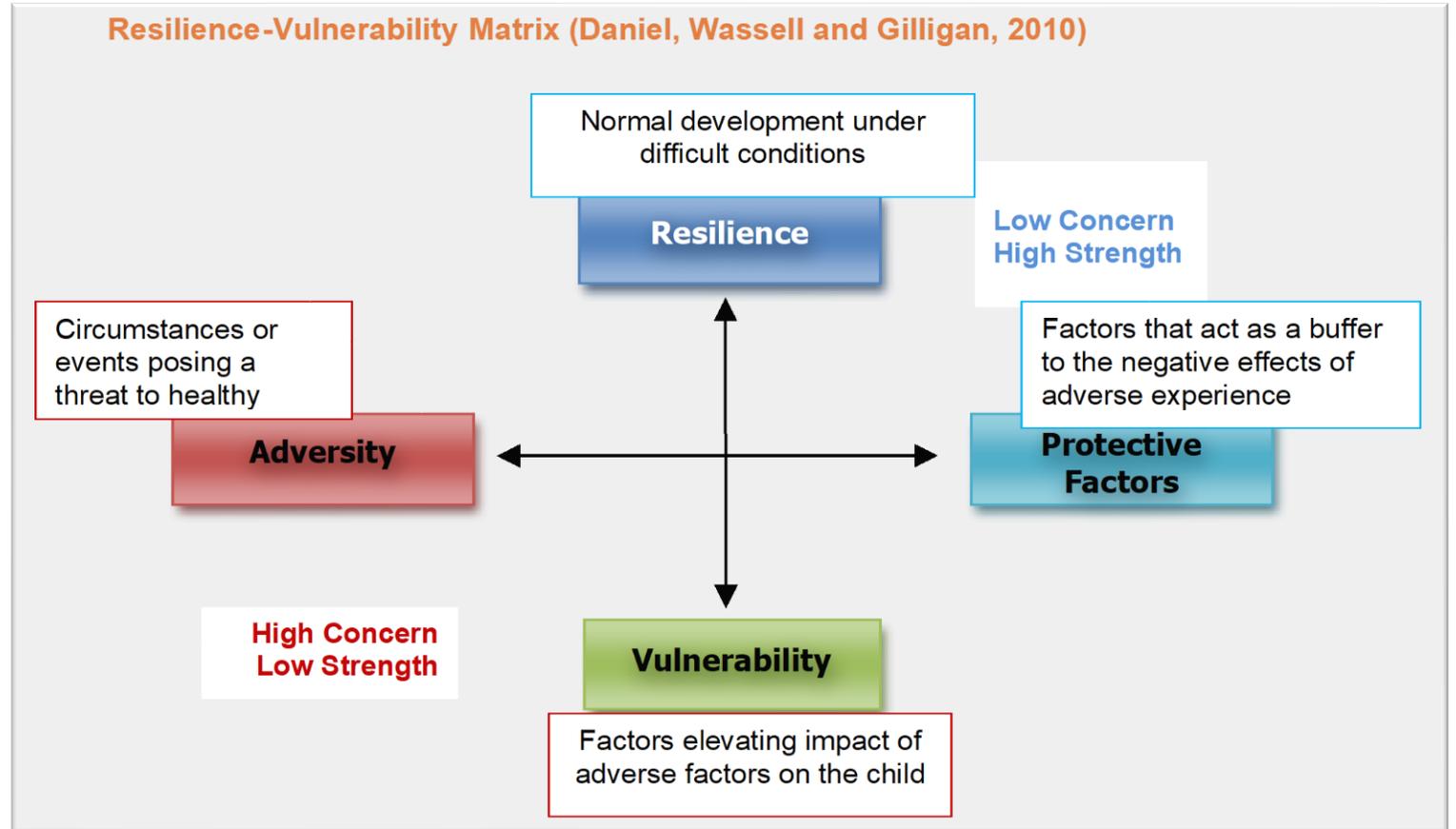
**Once we
gathered
information
we**

- **Sort**
- **Weighted in terms of its significance**
- **Made sense of**

While separated out here as a distinct stage, analysis is a dynamic, continued process that is present in all aspects of risk considerations.

The analysis of harm and risk of harm is undertaken prior to identifying an appropriate response or intervention. This does not mean that the formulation of a care plan or interventions should wait until the end of the assessment

Resilience / Vulnerability



High Concern	Low Concern
Current injury/harm is severe	No history of significant trauma or abuse
Pattern of harm is continuing/escalating	Recognition of the problem
Parent indicating repeat behaviour likely	Perpetrator demonstrating remorse/empathy
Access to Vulnerable Persons	Perpetrator accepting responsibility for their behavior
Diagnosis of untreatable mental health and substance misuse	Children able to protect themselves if the need arises
A history of interpersonal conflict and violence – power and control issues, poor negotiation and lack of autonomy	Healthy peer relationships
Recent separation or recurrent reconciliations	No documented school problems
Uncontrolled contact between perpetrator and child	No history of behavioural/emotional problems
The parent unwilling or unable to protect the children	Parental mental health and/or substance problem responsive to treatment
High levels of trauma in parents, childhood not recognised as a problem	Parent with empathy for the child
Previous child protection concerns with no significant changes effected or sustained	Parental competence and capacity in key areas of parenting
Parents not accepting their behaviour is a concern and are unwilling to work with practitioners	Risk reactive to circumstances (eg. loss) and parents/carers display capacity to make improvement and change
Children too young to be able to take any action to protect themselves and require rapid parental change	Family with access to social support/networks and access to child care facilities
Child presenting as fearful of parents or other household member	Difficulties, illness or disabilities on the part of the adult carers temporary
Children engaging in self-harm, substance misuse, dangerous sexual behavior or other 'at risk' behaviours	Stressors within normal range of day-to-day circumstances and carers display capacity to cope
Parent is young – under 21 years	
Evidence of social isolation and lack of social supports	
Resident in violent, unsupportive neighborhood	
Parent experiencing high levels of stress	
Physical and social environment chaotic, hazardous and unsafe	
Family remaining unpredictable and potential for change limited	

High Strength	Low Strength
Parents demonstrating good protective attitudes and behaviours	Parents and young person appearing not to care what happens
Family with clear, positive boundaries in place	Young person with poor communication skills
Family demonstrating good communications	Young person with no support/is rejected by parents/carers
Family demonstrating ability to positively process emotional issues	Young person excluded from school
Family positive about receiving help	Family/young person appear isolated
Young person living in supportive environment	Absence of supportive/structured living environment
Network of support and supervision available to young person	Parents/carers unwilling/unable to supervise
Young person with positive plans and goals	Family enmeshed in unhealthy social networks
Young person with positive relationship with school/work	Family with high levels of stress
Young person with experienced consistent positive care	History of unresolved significant abuse in family
Young person with at least one emotional confidant	Family unable to understand the consequences of their behaviour
Young person with good problem solving and negotiation skills	Family refusing to engage or only engage conditionally with services
Family being adaptive and developed new coping strategies when stressed	Lack of available resources to meet identified needs resources (familial and professional)
Parent/carer demonstrating empathy and responds appropriately to cues of others	Family seem vulnerable in the face of perceived external threat
Family taking responsibility for their own behaviour	Family displaying low self-esteem
Able to manage frustration and unfavourable events – displaying good self-regulation when confronted with stress or difficulty	Family/child with negative expectations and goals
Resolving conflicts and make decisions that support stability and recovery (assertive, tolerant, forgiving, cooperative; able to negotiate and compromise)	Family isolated and lacking in supports
Thinking and communicating effectively (rational cognitive processing; adequate verbal skills; able to focus on the tasks requiring attention)	

Risk Management child/protection plan

Risk Management

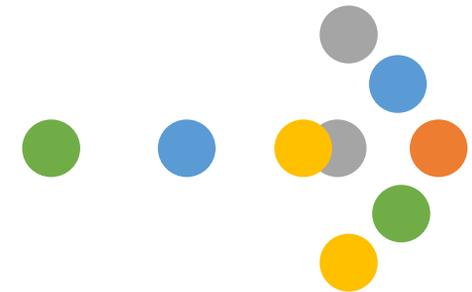
Risk



Resilience

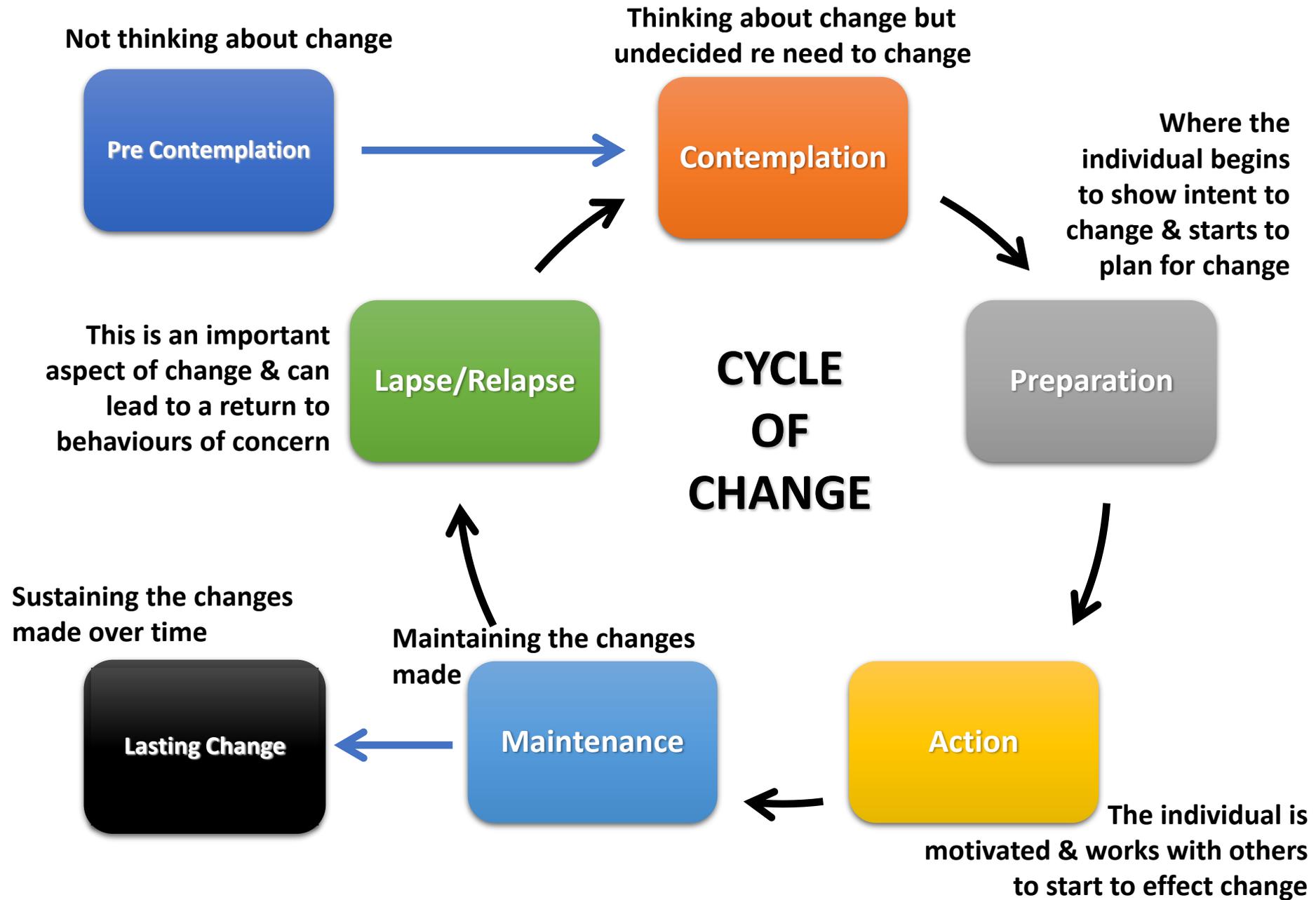


Resistance



Factors to consider when working to achieve change

1. Shared understanding of concern
2. Thinking about the need for change
3. Factors that will support and encourage change
4. Identifying things that need to change and thinking about how this might be achieved
5. Willing to work openly and honestly with services
6. Motivated and working with services
7. How do professionals assess their engagement
8. Is progress being made – can change be sustained
9. Factors that led to lapse/relapse



Child/Protection Plan must be built upon

**Straight forward
statements**

**Agency needs to be
clear about outcomes**

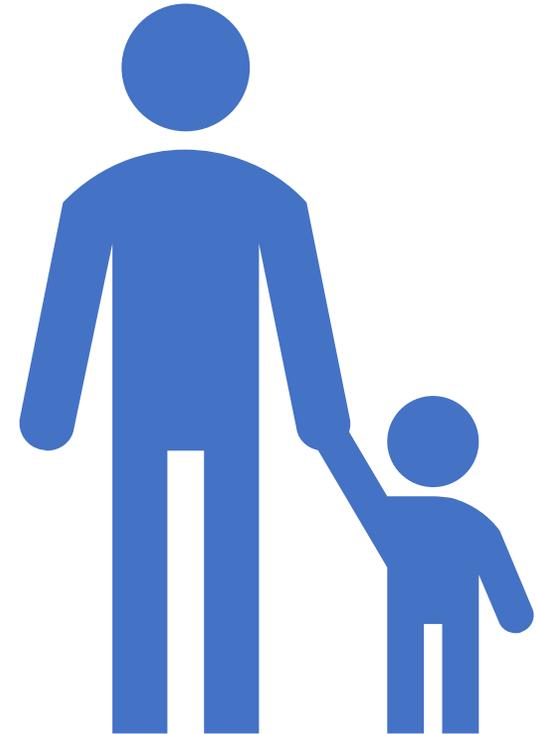
**Involve the child
where appropriate**

Involve family

**Describe specific
behaviours to
address the danger**

The Child's Plan

- It is the role of the *Lead Professional* to make sense of all the inputs into the assessment from the child, the family and practitioners. The *Lead Professional* analyses the information in terms of the impact of needs and risks on the child. The *Lead Professional*, with all the partners to the plan, will then make a summary of the assessment, making sure all the relevant strengths and pressures have been recorded
- Out of this summary will emerge the *Child's Plan*, which can be structured under headings of the appropriate *Well-being Indicators*, detailing what needs to change. This will be brought to the table of a *Child's Plan Meeting* and actions designed to improve the child's outcomes will be agreed



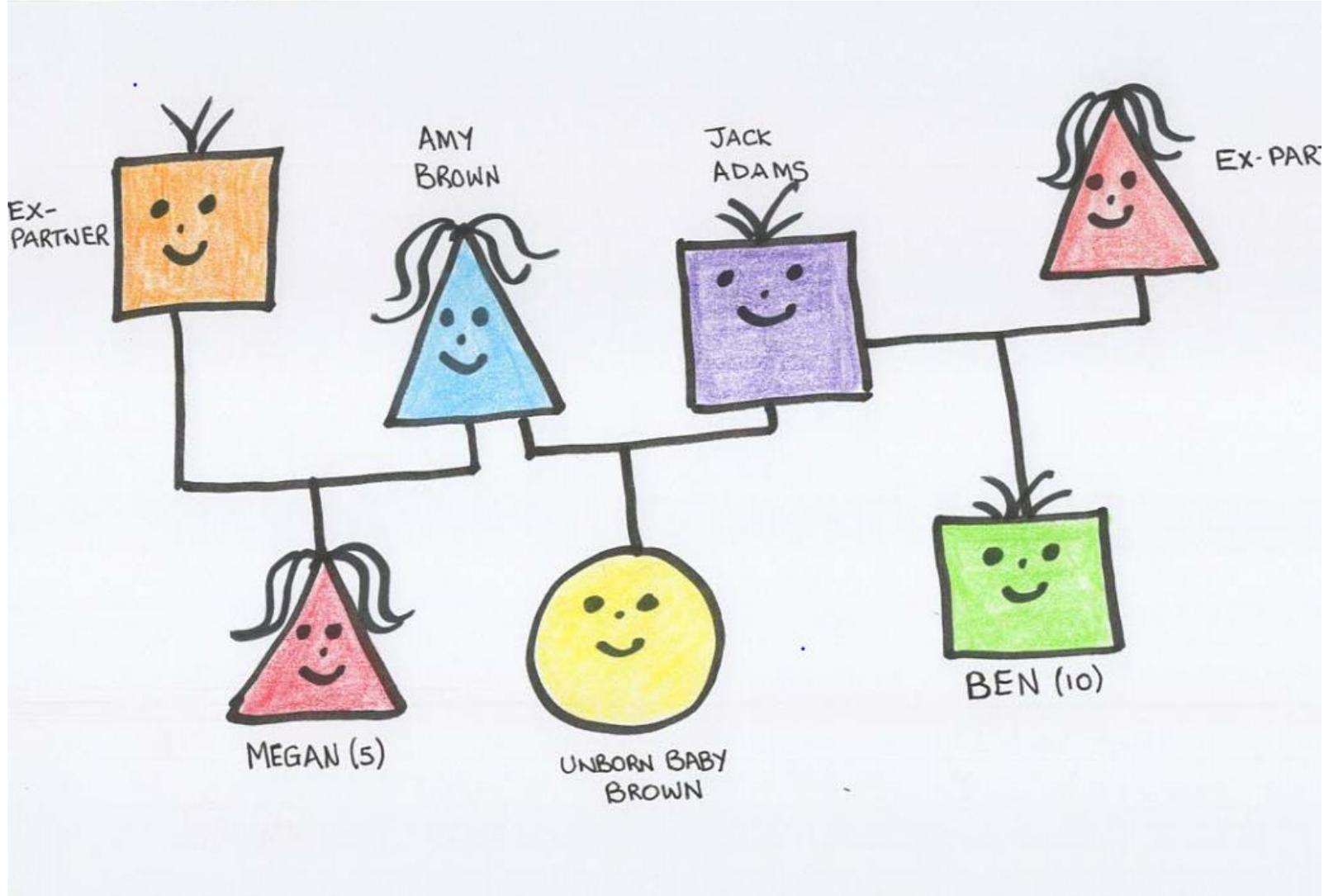
Key question – *So what difference does it make?*

Accurate recording of outcomes over time makes it possible to *measure the difference* support is making to individuals

A key benefit of recording outcomes is clarity of purpose – with a shift from focusing solely on *WHAT* is going to be done to *WHY*

Recording outcomes and updating this information at regular intervals enables the progress of individuals to be *measured* over time

Recording Outcomes



**Brown /
Adams Family
Composition**

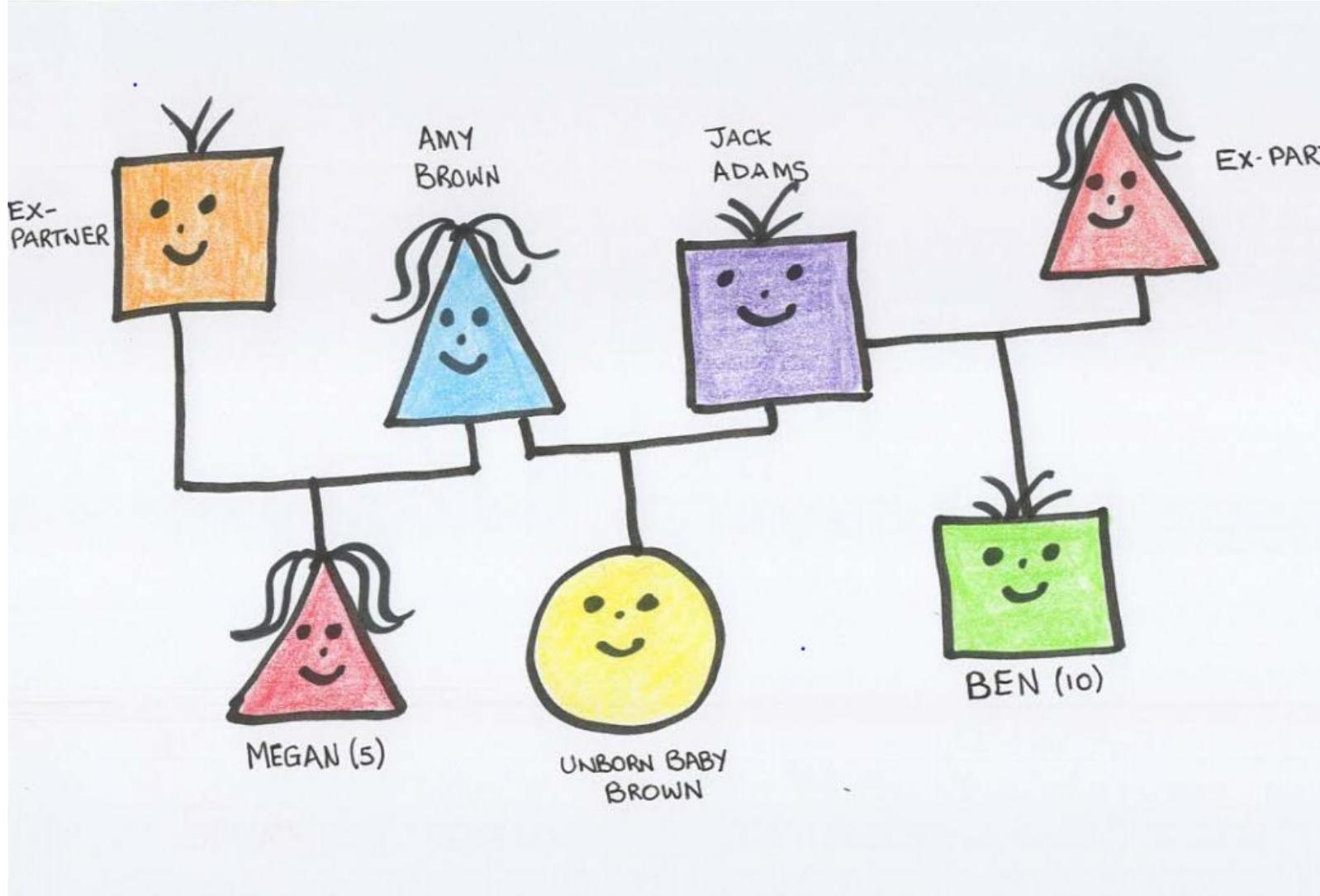
Genogram

Brown / Adams Family Brief Chronology

- Amy - history of LA care, neglect and PA, CSE, drugs, self harming episodes. Sister in Dundee – limited contact. Amy fell pregnant with Megan aged 18 yrs -
- Ian – Megan’s father – history of LA care, petty offending – limited contact with family. Has been in employment since 18 yrs.
- Pre-birth assessment – positive – couple prepared for the birth and no CP concerns– Megan born full term and no care concerns and developing well
- Ian and Amy separate (Amy 20 yrs and Megan 2 yrs)
- Amy struggled to cope, home situation deteriorated and nursery concerned about Megan’s appearance, child presented as tired. SW concerned about home conditions and nursery raising concern that Mum may be drinking – thought they could smell alcohol when she collected Megan
- Supports increased and Amy did really well – attending parenting class in the nursery, connected to young mum’s group, working well with HV and SW and engaging well with nursery
- Megan settled and doing well

Brief Chronology Current situation

- Megan is now 5 yrs and will be going to school in August
- Amy met Jack 9 months ago through the internet and he moved in to the family home after 3 months - Amy states she is very happy – Jack has a criminal offence for adult assault 5 yrs ago
- Workers are concerned as Amy is now pregnant but has recently missed ante natal appointments, Jack's son Ben stays some weekends and there is a difficult relationship between Megan and Ben and Amy
- Amy advised HV that Jack did not want another child, concern that both may be drinking and workers saw a bruise on Amy's face (she said she fell and hit her head), Jack is indicating that the couple do not need support and it is becoming harder for workers to meet with Amy and see Megan
- Jack is in employment and there do not appear to be financial difficulties
- Nursery monitoring Megan and expressing concern that her attendance has reduced, she is easily distracted and note a deterioration in appearance – they describe her as quiet and withdrawn
- Ben – school describe him as a very loud child in class, can be disruptive and has lashed out at other children, he is behind in class work. Mum and dad's relationship very poor and antagonistic and Ben appears to be in the centre. Ian does very little with him at week-ends when he visits



**Brown /
Adams Family
Composition**

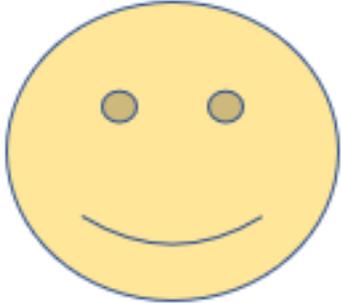
Genogram

Jack

Mum

Spot
the
dog

Sophie



Christine
nursery
worker

Jane

Auntie
Susan

Ben

Helen
SW

Megan's Ecomap

Generic Risk Indicators

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

Generic Risk Indicators - The 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 (birth - 5 years)					
Cries frequently, difficult to comfort					
Difficulties in feeding/toileting					
Periods of separation from parent/primary caregiver					
Adopted or step-child	x				
Fostered					
Child developmental delay		x			
Child mental health difficulties					
Child learning disabilities					
Child behavioural difficulties		x			
Difficult temperament		x			

Generic Risk Indicators - The Child	Child 1	Child 2	Child 3	Child 4	Notes
Health issues requiring ongoing medical treatment					
Engaging in self-harm					
Involved in substance misuse					
Anti-social behaviour/relationships					
Involved in offending					
Evidence sexually inappropriate behaviour					
Poor relationship with parents					
Fearful of parent/caregiver					
Outwith parental control					
Child not seen by or given chance to talk to workers	x	x			
Contested contact and residence issues					
Repeat victim					
Historical abuse of siblings by carers					
Direct or indirect exposure to domestic abuse	x	x			
Statutory or child protection measures in place					

Generic Risk Indicators - The Child	Child 1	Child 2	Child 3	Child 4	Notes
Poor school attendance	x	x			
Young carer					
English is not first language of child					
More than 4 children in the family					

**Risk indicators Particular to the Parent/Carer
(What I Need from the People Who Look after Me)**

Generic Indicators - Parent/Carer	Child 1	Child 2	Child 3	Child 4	Notes
Parent under 21 years					
Poor parenting skills	x				
Poor understanding of child's needs	x				
Lack of empathy	x	x			
Unrealistic expectations of child (age and stage)	x				
Unable and/or unwilling to meet child's needs		x			
Poor attachment		x			
Evidence of rejection towards the child					
Lack of interest in child	x	x			
Threats/requests to have the child accommodated					
Child perceived as difficult and/or labelled by parent		x			
Prioritises adult needs over child's	x	x			
Inappropriate rigid attitudes towards child					
Partner is not biological parent of child	x	x			

Generic Indicators - Parent/Carer	Child 1	Child 2	Child 3	Child 4	Notes
New partner - background is unknown	x	x			
Parental resistance/limited engagement	x	x			
Refuses workers access to child					
Parents masking the reality of the situation	x	x			
No shared understanding of concerns	x	x			
Child's account minimised/not believed by carer					
Physical illness which impairs parenting ability					
Mental illness which impairs parenting ability					
Substance misuse which impairs parenting ability	x	x			
Physical disability which impairs parenting ability					
High stress levels such as poverty, isolation, loss					
Parents parenting was poor/abusive	x	x			
Low self-esteem	x	x			
Poor life skills and problem solving abilities					
Poor impulse control					

Generic Indicators - Parent/Carer	Child 1	Child 2	Child 3	Child 4	Notes
Difficulty with communication					
Lack of trust towards workers and others	x	x			
History of multiple relationships					
Carer continually defers to partner for response	x	x			
History of domestic violence	x	x			
History of community violence	x				
History of violence /aggression towards workers					
Parents in conflict over custody or residence					
Inability/unwillingness to make use of supports	x	x			
Breaches of legal orders/agreement - criminal/civil					

**Risk Indicators Particular to the Child's Family and Wider World
(My Wider World)**

Generic Indicators - Wider World	Child 1	Child 2	Child 3	Child 4	Notes
Family socially isolated	x	x			
Absence of social supports/networks	x				
Problems within extended family	x				
Illness within extended family					
Conflict within extended family	x	x			
Substance misuse within extended family					
Family - frequent changes of address					
Home environment chaotic, unsafe					
Concerns about sleeping arrangements					
Family history of poor engagement with services	x	x			
Discriminated within community victim/perpetrator					
Culturally inappropriate behaviours					
Neighbourhood characterised by offending/violence					
Neighbourhood characterised by poverty					

Generic Indicators - Wider World	Child 1	Child 2	Child 3	Child 4	Notes
Housing quality poor					
Lack of community services	x	x			

The Child	Parent/Carer	Wider World
Adopted/ <u>step-child</u>	Poor parenting skills	Family socially isolated
Developmental delay	Poor understanding of child's needs	Absence of social supports/networks
Child behavioural difficulties	Lack of empathy	Conflict within extended family
Difficult temperament	Unrealistic expectations of child	Family history of poor engagement with services
Child not allowed to speak to workers on their own	Unable/unwilling to meet child's needs	Lack of community services
Direct/indirect exposure to DA	Poor attachment	
Poor school attendance	Lack of interest in child	
	Child labelled difficult by parent	
	Adults prioritise needs over child's	
	Parent is not biological <u>parent</u>	
	New partner background unknown	
	Parental resistance/limited engagement	
	Parents masking reality of situation	
	Substance misuse	
	<u>Parents</u> parenting was poor/abusive	
	Low self esteem	
	Lack of trust towards workers and others	
	Carer continually defers to <u>partner for response</u>	
	History of domestic abuse	
	History of community violence	
	Inability/unwillingness to make use of supports	

Generic Risk Indicators

What is the information telling me?

Using the Record Sheets practitioners should under each of the risk domains analyse the information gathered asking the key question "**what is this information telling me?**".

1. Consider the information gathered and identify the key risk factors for child, parent/carer and wider world. The Record 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
2. You then need to form a view as to the level of risk for the child taking account of the interaction between the child, the parent/carer and the child's wider world. What is the information telling you about the level of concern/risk?

Risk Indicators for

Child 1 Amy and Megan were doing very well prior to Jack moving in to the family home. Megan did not know Jack before he moved in and she is having to try and understand the change in her home life. It is no longer just Mum and her. She also now has another child in the house competing for attention and we know she does not get on very well with Ben.

Since Jack's arrival the nursery have begun to raise concerns about Megan's attendance which previously had been good. They are concerned about her physical appearance and she is looking tired and her presentation is poor - her clothes are not fresh and this is contrast to her presentation when it was just Amy and Megan in the house. Megan is tired in nursery and staff are concerned that she is not getting enough sleep. She was a happy, bright little girl but she presents as quiet and her concentration is noted to be poor.

When nursery staff have tried to speak to Mum about this when she is in the nursery she quickly collects Megan and leaves. This again is very different when previously Mum was engaged in nursery activities and was interested and would chat with nursery staff. Workers are not getting to spend time with Megan on her own and nursery staff say she is much quieter and hard to engage. Workers are concerned that Megan may be exposed to domestic abuse in the house

Child 2 Ben lives with his mother but has contact with his Dad some weekends - this arrangements can be quite sporadic. Mum and Dad do not have a positive relationship and Ben appears to be in the middle of this. Dad does not show a great deal of interest in Ben and does very little with him at weekends when he visits. Ben's mum has poor mental health.

Ben has had to get to know Amy and Megan and he is struggling with this. His relationship with Amy is difficult as she feels that Jack does not put boundaries down for Ben and he is rough with Megan and Jack does not intervene. Often Ben will blame Megan for things that happen in the house.

Ben's relationship with his Dad is concerning and Dad has failed to attend meetings in school to talk about Ben's difficulties. David's school attendance is poor and he is displaying some difficult behaviours in class. Workers are concerned that he has previously, and may be currently exposed, to domestic abuse .

Child 3

Child 4

Parent/Carer

Following Amy's separation from Megan's father she struggled to care for Amy, however, she was open to support from a range of services and she made great progress and professionals had no concerns about Amy's health and well-being.

Mum has a history of being in care due to neglect and poor parenting. Her experiences in care were poor and as a young woman there were concerns about substance misuse and exploitation. Her own parenting was poor and she had little positive parenting experience when she became a mother at 18 yrs. She has limited contact with her sister who can be a strength, however, can get frustrated with Amy and withdraw support.

At present there are concerns that since Jack came to live in the family home there has been a significant deterioration in the progress made by Amy. She is no longer engaged in any of the community groups she had been attending and workers are concerned that she is very focused on her relationship with Jack to the detriment of Amy. Jack moved in to the family home very quickly after they met on the intranet.

Amy is less willing to meet with workers or to engage in any external activities. Workers are concerned that she is using alcohol and nursery staff have thought they could smell alcohol when she came to pick Megan up but they were of the view she was fit to care for the child.

Amy is very wrapped up in her new relationship and is not willing to discuss concerns that workers have about Megan and the current situation. Workers are concerned that she is the victim of domestic abuse but she denies this. Her relationship with Ben is difficult and she feels Megan is getting the blame for everything.

Amy is pregnant and she has told workers that Jack did not want any more children.

Jack has a poor relationship with his ex-partner and workers are concerned that Ben is in the middle of this. There is limited information known about Jack and workers are trying to pull together further information. Police confirm that he has a previous conviction for assault on an adult 5 years ago and charges of

BoP when under the influence.

Jack is telling workers the family does not need their support and he is shutting down Amy's contact with workers. There are concerns he may be violent towards Amy and concern that she is pregnant. Workers have witnessed Jack being quite controlling in the home and concerned that he may be encouraging Amy to drink

Family and Wider World

The family are isolated in their community with no family supports. While Amy's sister has been supportive in the past she does not like Jack and does not visit her sister since Jack moved in. There is a history of poor engagement with services. Amy has no contact with any of the community supports she was previously involved in.

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.)

There are significant concerns at this time with regard to social isolation, parenting of the children, parental alcohol use, children missing school and nursery. Mum's disengagement with services is worrying and Jack appears to be controlling and workers are concerned about domestic abuse having seen bruising to Megan's face.

We are seeing an accumulation of concern since Jack moved in to the family home and Amy's and Megan's health and well-being are of a concern at this time. Jack's behaviour and lack of attachment to Ben is worrying and there are concerns that the couple are not acknowledging workers concerns at this time. Amy has become more and more isolated and this may impact on her mental health and well-being and impact on her ability to care for Megan and Ben when he visits.

Resilience Vulnerability Matrix for Megan

ADVERSITY

- Relationship between Jack and Amy
- Adult unrealistic expectations of the children
- Chaotic family home situation
- Deteriorating home conditions
- Parent abused as a child
- No community supports - isolated in community
- No family supports
- Concern Domestic Abuse
- Jack and Amy's alcohol use
- Jack's offending/violent behaviour
- Amy's poor engagement with nursery workers
- Amy's and Jack's poor engagement with workers
- Amy is pregnant -missed ante natal appointments
- Ben's relationship with Amy which can be quite aggressive

RESILIENCE

- has had a secure attachment with Amy
- the nursery indicate that she is a bright, able little girl
- her communication skills are good
- Megan has mixed well with other children when in the nursery

PROTECTIVE FACTORS

- Megan is in good health
- She has a good relationship with nursery staff and enjoys being in nursery
- Mum is still having contact with workers
- Workers are working well together and have a clear understanding of concerns

- Amy's age
- Dependence on mum for physical and emotional care
- Amy's ability to communicate if she is worried/frightened
- Lack of peer relationships
- Missing nursery
- Megan having to be encouraged to mix with other children in nursery - this is new

VULNERABILITY

SMART Child's Plan

include collated assessment information in line with the Wellbeing Indicators

capitalise upon the expertise of all present to state how identified needs will be addressed

outline who will be involved in the delivery of the support and what that support will look like;

make it clear how everyone will know if the support has been effective;

be regularly reviewed to check that a positive difference is being made to the child's or young person's wellbeing;

be co-ordinated by the Named Person or a Lead Professional

be signed by all the team around the child including the child or young person and their family

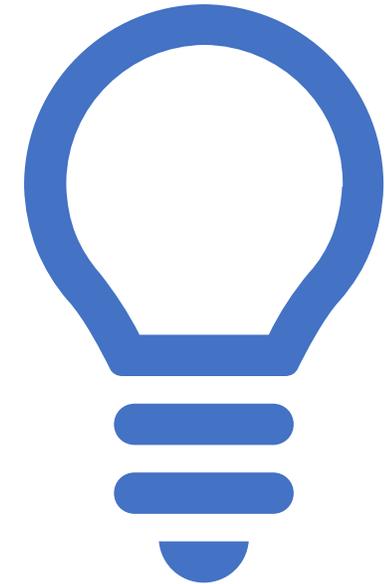
be written in such a way that it is easy for the child or young person to understand



Solution Focused

Solution focused approaches are based on a number of key principles and have a focus on empowerment

- Focus on future possibilities and solutions enhances change
- Language shapes and moulds perceptions
- The 'problem' is the problem – not the person
- People have the resources to resolve their difficulties in their own right
- Small changes lead to bigger changes
- If it works do more of it – if it doesn't do something different





The national risk toolkit

Martin C Calder, Moira McKinnon & Rikki Sneddon