



North East of Scotland Child Protection Committee

NESCPC MULTI-AGENCY RISK ASSESSMENT FRAMEWORK



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www.nescpc.org.uk

Foreword

This multi-agency guidance has been produced by the NESCPG on behalf of its member agencies within the areas of Aberdeen City, Aberdeenshire and Moray.

The aim of this Risk Assessment Framework is to provide a systematic structure for the collection and analysis of information in order to support, guide and inform professional judgments about how children and young people at risk of harm get the help they need when they need it.

To ensure the effective use of this guidance, its implementation and usage needs to be monitored to evidence the impact on practice and on outcomes for children and families.

Each service should, through their own quality assurance mechanisms, gather information on their monitoring / sampling of the implementation of the framework about the usefulness of this guidance for practitioners and the impact on outcomes for children and their families.

The information will then be collated and reviewed and necessary changes made to a revised Framework, initially at the end of 2009 and then on an ongoing 3 yearly basis. Any changes arising from *“Getting It Right For Every Child”* or the impact of national policy developments will also be considered for inclusion.

NESCPC Risk Assessment Framework

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NESCPC Risk Assessment Framework

1. 0. Background

In 2004 the Scottish Executive agreed a vision for Scotland's Children: they should be Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included. These are referred to as the SHANARRI well-being indicators. These eight outcomes for children were set to provide a framework for outcome focused children's services planning and performance reporting.

This Framework :

- Is based on the work of Jane Aldgate and Wendy Rose (2006) and takes account of the "Getting It Right for Every Child" (GIRFEC) principles and values. It is also based on the principles and philosophies in the United Nations Convention, the Children (Scotland) Act, 1995 and "Protecting Children and Young People - Framework for Standards", 2004
- takes a developmental 'ecological' approach to assessment and identification of risk. Emphasis is placed on seeing risk in the context of the child's whole development and environment and identifying strengths and pressures in a child's world. There is also an emphasis on risk management being built into the "Child or Young Person's Plan".
- is to be understood within the context of the overarching NESCPC guidelines (see at www.nescpc.org.uk) and in terms of the responsibility of all agencies to ensure that their staff are familiar with their own child protection procedures; these should detail the steps necessary to respond to concerns, who is responsible for decisions and how information and actions are recorded.
- is reliant on the combined skills, values, knowledge and abilities of all those working, both directly and indirectly, with vulnerable children and families.

1.1. Who is this Framework for?

This Risk Assessment Framework is for ***all professionals whose work impacts upon children and families.***

Every professional providing help to children and families will be involved in making assessments and plans, as part of their day-to-day work. Risk Assessment relies on the skills, knowledge and abilities of all of the professionals involved in a child's life. While some professionals may not define their core role as a 'child protection' one (e.g. professionals who may be working primarily with the adults in the household), their information and involvement may be crucial in ascertaining and managing present and future risks to a child or young person. Different levels of assessment will be undertaken by professionals depending upon their professional role and proportionate to need.

Where there are concerns about a child's safety, agencies must **work together to undertake an assessment**. A collective view of risk can then be achieved, based on all of the information available

It is imperative that:

- Adult services **MUST ALWAYS** consider any potential risks for any child linked to adult service users.
- Children's services **MUST ALWAYS** ascertain whether any adult services are involved with the child or family.
- All services **MUST ALWAYS** ensure there is effective communication where there are concerns about the protection of a child.

1.2. Aim of Framework

The aim of this Risk Assessment Framework is to provide a systematic structure for the collection and analysis of information in order to support, guide and inform professional judgments about how children and young people at risk of harm get the help they need when they need it.

The framework:

- relies on the use of all agencies expertise and skills, including knowledge of child development and the impact of the various influences on a child's whole world.
- ***emphasises the need to regard assessment as a process rather than an event.*** In evaluating assessments and planning responses to a child's need for protection, professionals are expected to consider these within the wider context of the child's development and needs.
- aims to provide a common language for professionals when assessing risk and need.

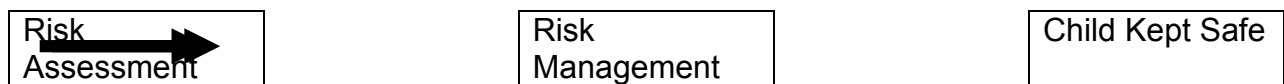
1.3. What is Risk Assessment?

"Risk assessment is merely the description of good methodical practice to risky situations" (Jones, 1998).

"Risk Assessment is a common first step in a risk management process. Risk Assessment is the determination of quantitative or qualitative value of risk related to a concrete situation and a recognised threat. Quantitative Risk Assessment requires calculations of two components of risk **R**, the magnitude of the potential loss **L**, and the probability **P** that the loss will occur." (Wikipedia definition).

Risk Assessment is a critical element of the Integrated Assessment Framework within GIRFEC, which identifies strengths and need within a family as well as those areas of concern or risk that need to be addressed. It is a complex, continuous and dynamic process which involves the gathering and weighting of relevant information in order to inform decisions and intervention plans.

Risk Assessment and Risk Management are undertaken in order that children are safe from harm.



Good systematic assessment can indicate to professionals, the child and family how circumstances might have arisen and how these are likely to affect the immediate and future safety of a child or young person. Risk assessments can assist in identifying changes over time and can help anticipate outcomes. Assessing risk, however, is not an exact science and in practice requires the acceptance of a realistic margin of error.

1.4. Core Principles and Values when Assessing Risk.

Values inform or influence choices and actions across a wide range of roles and in a variety of contexts. The successful evolution of a unified culture, system and value base amongst a diversity of agencies depends partly on a shared philosophy. For more information see *Getting it Right* Principles and Values:

(www.scotland.gov.uk/gettingitright).

Professionals need to consider:

- Child at the centre and early intervention
- Holistic approach
- Confidentiality and information sharing
- ***Safety: Recognise each child's right to be safe.***
- Promoting opportunities and valuing diversity
- Partnership with families
- Building on strengths
- Bringing help to the child
- Bringing help together
- Supporting informed choice
- Teamwork between professionals and agencies
- Professional boundaries and standards

- Individual development
- Values across all working relationships

1.5. The Risk Assessment Framework

Risk assessment and risk management are undertaken to achieve the outcome of children being **Safe** from harm. If they are not safe, there is likely to be current or future damage to their **Health**, ability to **Achieve** or to be **Responsible**. Some forms of risk may impact on how they are **Nurtured**, **Respected** or **Included** (Known as the SHANARRI indicators). Professionals can use SHANARRI to identify immediate risk by asking a key question: What is getting in the way of a child reaching the SHANARRI outcomes?

Risk Assessment involves the identification and evaluation of sources of potential harm to children and of sources of potential protection for children.

Risk Assessment is a critical element of the Integrated Assessment Framework (IAF) which brings together the identified strengths within a family as well as those areas of risk that need to be addressed. As previously stated, it is a complex, continuous and dynamic process, which involves the gathering and weighting of relevant information to help make decisions about the family's strengths, needs and risks and plan for necessary interventions.

Work to safeguard and promote a child's welfare must begin as soon as there are concerns about a child's welfare, not just when harm has occurred. Assessment continues throughout a period of intervention and intervention may start at the beginning of an assessment – it is an ongoing cycle.

1.5.1. Helping Professionals with Risk Assessment

The two main tools within this framework, designed to help professionals with risk assessment are:

- ***the My World Assessment Triangle,***
- ***the Resilience-Vulnerability Matrix***

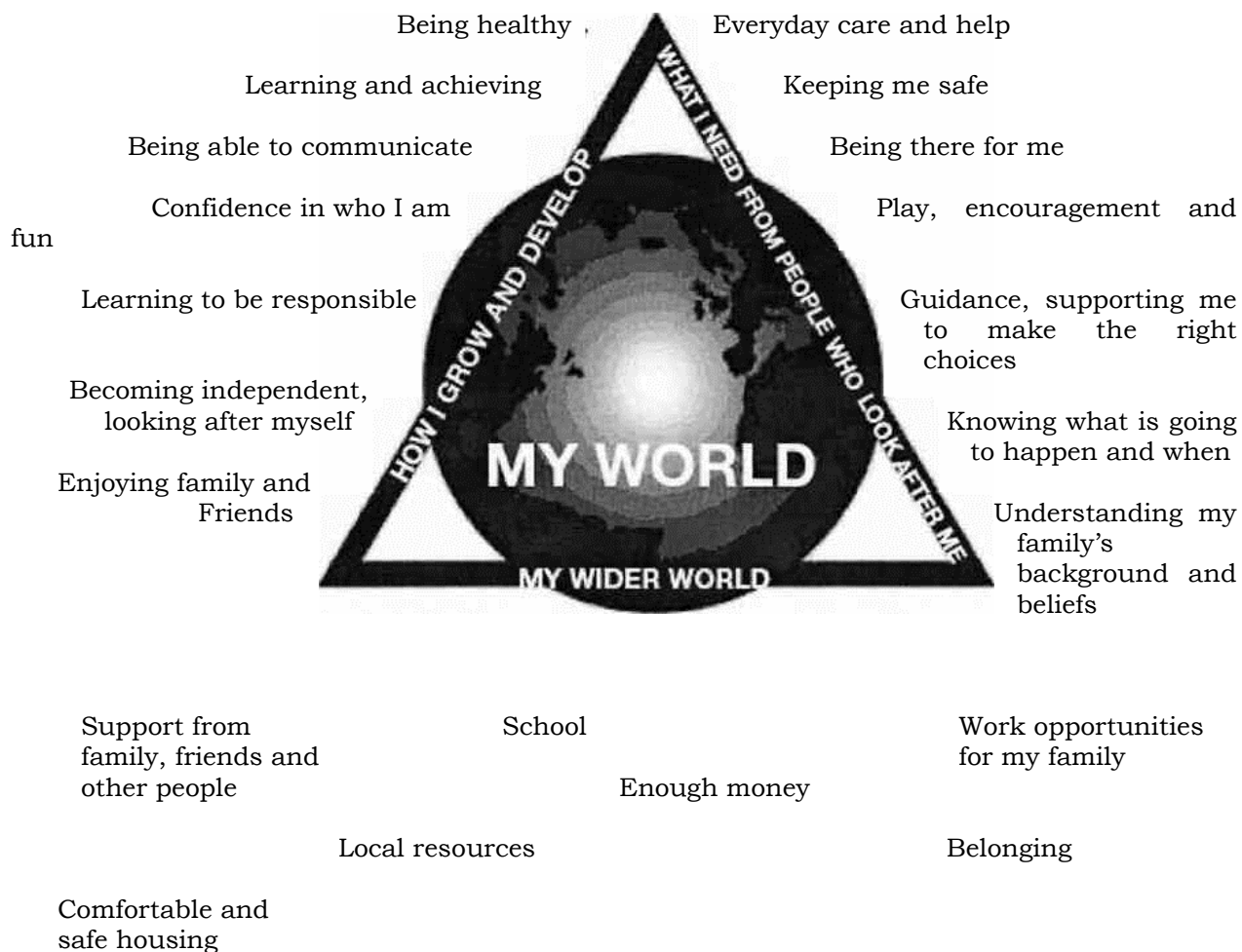
These are described in detail in the Practitioners Guide - see section 2.

The use of these tools will help to ensure a more consistent approach to risk assessment. Effective Risk Assessment requires sound professional judgements which draw on each practitioner's knowledge and experience.

Protecting children depends crucially upon professionals working together to assess risk.

1.5.2. My World Assessment Triangle

The Assessment Triangle



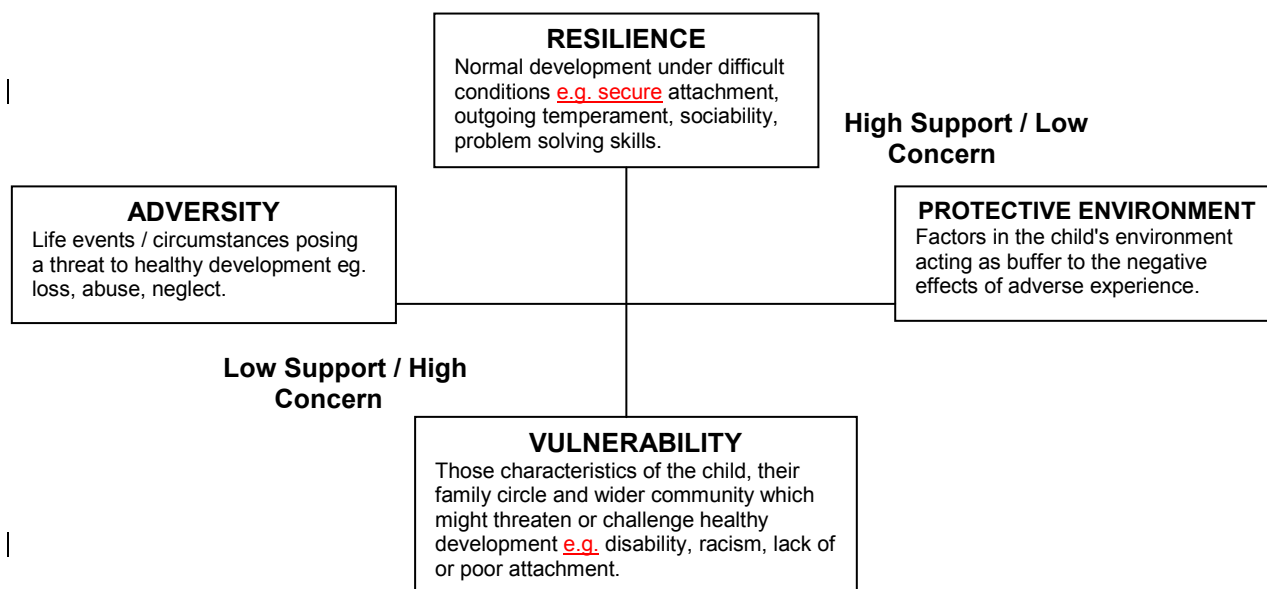
The My World Assessment triangle is the primary tool to be used in risk assessments. The triangle considers three domains and each domain of the "My World" triangle provides a prompt to consider:

- the various areas of a child's life
- the circumstances of the child at the time of assessment
- the impact of the risks on the various parts of the child's world.

The Triangle looks at the child's whole world from the perspective of the child or young person: **How I grow and develop**; **what I need from people to look after me** and **My wider world**.

Other information is fed into this to complete the picture of **strengths and pressures**. **The practical application of the model is described in detail in the Practitioners Guide - see section 2.**

1.5.3. The Resilience - Vulnerability Matrix -- As defined by Daniel and Wassell, (2002).



In the course of undertaking an assessment a lot of information is often gathered which can overwhelm practitioners. **This matrix is used to analyse the information collected.**

Analysis is an integral part of assessment, but is sometimes given insufficient attention; it is a critical part of understanding what all the information means. **Careful analysis and interpretation of assessment information is essential to enable professionals and families to:**

- **identify need and risk;**
- **explain why these have occurred;**
- **understand the impact of strengths and pressures on an individual child;**
- **help professionals and families agree what needs to change;**
- **describe desired outcomes against the 8 SHANARRI well-being indicators.**
- **construct a plan for the child.**

The Resilience Matrix allows the professional to take the strengths and pressures identified from the *My World Triangle*, along with any specialist assessments, and to

group that information within the four headings of Resilience, Vulnerability, Protective Environment and Adversity.

The concept of resilience is fundamental to children's well-being. It is described as 'Normal development under difficult conditions' (Fonagy *et al.* 1994).

A resilience-based approach fits closely with the aim of *Getting It Right for Every Child*: to build on the strengths in the child's whole world, always drawing on what the family, community and universal services can offer.

It is always important to be alert to whether any adversity or vulnerability is putting children's well-being at risk and make sure this is taken into account. Home is important, but so too is what is going on in the rest of a child's world. School and spare-time activities, for example can provide opportunities for enhancing resilience. (Gilligan, 2000).

This matrix provides a framework to support the assessment of the capacity of the child and family to protect the child from harm. By implication the greater the child's vulnerability and the more restricted the disposition of the family to protect, the greater the requirement for agency intervention to secure the child's safety.

Practical ways of using this matrix are described in the following Practitioners Guide.

1.5.4. Risk Management

Risk assessment is only part of the process. A clear and ongoing risk management plan is also essential.

Risk Management involves **planning** and **action** to reduce the likelihood and severity of harm and periodic **evaluation** of the measure adopted.

No intervention, particularly state intervention, is itself free from risk. Effective risk management must therefore include an assessment of the risks inherent in any proposed intervention and a consideration of the merits of the alternatives.

The outcome that can reasonably be expected to follow from the chosen intervention should be demonstrably better than what is expected to follow from the status quo.

Practical considerations for risk management are described in the following Practitioners Guide.

2.0. Practitioners Guide

This framework assumes a working knowledge about how professionals should respond when they have concerns about a child. The NESCPG guidelines (found at www.nescpc.org.uk) and individual agency child protection procedures should be followed.

2.1. Impact of Personal and Professional Value Base

Individual professionals will incorporate their personal beliefs and values, their own organisational culture and practices into their work; these will influence any assessment process. One of the aims of this framework and approach is to encourage professionals, by challenging, and being challenged by, each other, to actively discuss their views in order to arrive at an agreed understanding of risks, to keep children and their family's needs firmly at the centre of the process.

2.2. Risk Assessment Process

The Integrated Assessment Framework incorporates arrangements for assessing, planning, recording and helping families.

It is essential that those exercising professional judgment in relation to protecting children take account of all agencies' skills and expertise. The corroboration of information provided by parents, and challenging their views and perceptions, is also necessary to effectively determine the risks; parents' or carers' statements should be considered within the context of agency information.

A key factor identified in inquiries and significant case reviews has been a failure to record information, share it, understand the significance of it and to take appropriate action.

Risk assessment and risk management are integral to the protection of children. Risks can be short or long term. All risk should be addressed via the Integrated Assessment Framework process of assessment and planning unless concerns indicate that a child or young person is believed to have been, or is suspected to be at risk of harm or injury, or has been harmed or injured. In these circumstances the NESCPG interagency Child Protection Guidelines must be followed and an initial assessment made via Initial Referral Discussion between Social Work, Police and Health and other agencies where relevant. (See www.nescpc.org.uk).

Police and Social Work must be involved when it is considered that a child is at immediate risk; they might need to activate emergency procedures to protect the child.

Assessment and planning are part of the everyday processes all professionals use to help children and their families. Assessment, including assessment of risk, will vary in complexity and scope, ***but the actions taken by agencies should always be proportionate to the needs of the child.***

It will be necessary to:

1. Clarify inter-agency responsibilities: the steps each agency will take and who is leading the risk assessment.

2. Gather/share information from all sources: e.g. from family/child, agency records or chronologies, My World Triangle, etc.

3. Make sense of the information/(evidence) gathered. Use Resilience Matrix to help analyse the information. This should be done on a co-operative basis. The child and family should be included in the process, unless doing so would increase the risk to the child.

4. Make a plan: *Getting It Right For Every Child* has introduced the concept of a single agency plan or multi-agency **Child or Young Person's Plan** for use with children where there is a concern about their well-being.

5. Management of Risk: Risk assessment is only part of the process. A clear and ongoing risk management plan is also essential.

2.2.1. Clarify inter-agency responsibilities.

Where there are immediate or significant concerns about safety of a child, a Child Protection Case Conference will bring together everyone with relevant information to assist in deciding whether a child needs a multi-agency child protection plan in order to protect him or her from significant harm.

Where it is agreed that a child protection plan is necessary, the child's **key worker** (the key worker must be a social worker or senior/team manager) will have the responsibility to co-ordinate and lead the assessment of risk and need (link to NESCPG guidance).

2.2.2. Gathering and Sharing information for Risk Assessment

a). Seeking consent to share information

- Professionals working with children and families across Grampian are committed to a process of seeking consent wherever possible to share information. ***It is permissible to share information without seeking consent where this is necessary to protect children and young people.*** (see NESCPG Guidelines)
- Children have a right to know what information is held about them, unless sharing it with them is likely to be harmful to themselves or others.
- There might very occasionally be circumstances when it is in the child or young person's best interest to seek consent to share information from the child only. (See NESCPG Guidelines for further details).

b). Child's Core Records

From birth, nearly all children will become involved with universal services. A range of professionals, including midwives, health visitors, general practitioners, nursery staff and teachers will have a role in assessing their general wellbeing and development. Children who are vulnerable are, therefore, likely to be identified by these professionals who have an important responsibility in sharing their concerns with the statutory agencies such as social work or police for further assessment and help.

The knowledge universal services already have about a child and family is an essential component of any risk assessment. These agencies may also be requested to provide more specialist assessment for those children for whom there are particular causes for concern.

c). Records of Concerns/Chronologies

Concerns can arise for a number of reasons, for example:

- a particular event, e.g. a domestic violence incident at the child's home;
- a pattern or cluster of events which cause concern when they are considered together, but where any individual event might not, in itself, cause concern;
- an attribute or characteristic of someone associated with the child, or a fact about someone associated with the child which does not take the form of an event, (a factor that might indicate the child is vulnerable, such as a parent who is misusing substances);
- something about the child's environment that puts them at risk;
- some combination of these factors – where concern arises because there is a range of factors that makes the child vulnerable (e.g. a premature baby living in a household where there is domestic abuse and limited income).

It is an expectation, as stated in *Getting It Right For Every Child*, that every case file should contain an up to date chronology – and this relates to all agency case files.

d). The Child's Views

"Involving children and young people in finding solutions to their problems can also help build resilience." (Daniel *et al.* 1999).

Children themselves have made their views known about how they want practitioners to treat them through The Children's Charter (Scottish Executive, 2004):

"As children and young people we have a right to be protected and be safe from harm from others. When we have difficulties or problems we expect you to:

- Get to know us, speak with us and listen to us
- Take us seriously and involve us
- Respect our privacy

- Be responsible to us
- Think about our lives as a whole
- Think carefully about how you use information about us
- Put us in touch with the right people
- Use your power to help
- Make things happen when they should
- Help us be safe”

e). The Child’s Rights

The right for children be involved in decisions made about them comes from section 12 of the *UN Convention on the Rights of the Child* and the *Children (Scotland) Act, 1995*. Both specify that ***children have a right to be involved in decisions that affect their lives.***

Under *The Age of Legal Capacity (Scotland) Act, 1991* a child under 16, if deemed capable of understanding should be capable of giving consent in their own right.

Where a child has a disability, it should not be assumed that child does not have the capacity to consent to information sharing; practitioners must make a professional judgment as to the child’s capacity to understand the proceedings and provide informed consent, or participate in discussions, using relevant forms of communication.

f). The Family: Partnership with Parents and Carers.

An open and transparent approach that actively involves all concerned, including children and families is of clear benefit in that:

- Parents and children are often very aware of what they need. Parents and children themselves may be the first people to recognise that there is a significant risk to the child’s welfare.
- Children form strong bonds with those that care for them. Even when affective bonds are distorted by trauma, dysfunction or abuse, these bonds can continue to represent a degree of security for the child.
- Not all parents and carers accept professional help, or work in partnership to safeguard the child. It is therefore very important to assess the effectiveness of any intervention to ensure any ‘apparent’ partnership does actually result in change. (See NESCPG multi-agency guidance on Working with Unco-operative Families for further information – www.nescpg.org.uk .)
- Professionals should pay particular attention to the “rule of optimism”. Many significant case reviews have illustrated that professionals’ views can be strongly influenced by factors such as accepting at face value apparent indicators of progress or apparent compliance and cooperation. In order for the child or young person to be safe, such factors need to be balanced against the overall weight of evidence and actual risks.

- Children and families need to understand why sharing information with professionals is necessary; they can help professionals distinguish what information is significant and work with professionals to analyse the information appropriately to reach an agreed plan.
- Even in cases where compulsory action is necessary, research has shown outcomes for children are better by working collaboratively with families.

g). *My World Triangle*; How to gather the information round the triangle

The *My World Triangle* provides a graphical representation of the various aspects of a child's life, which helps professionals explore a child's experience and identify needs and risks to a child's wellbeing. These are recorded as **strengths** and **pressures**.

Information should be gathered from a number of sources under the three domain headings.

1). How I grow and develop - In order to understand and reach sound judgments about how well a child or young person is growing and developing, professionals must think about many different aspects of the child's life, including physical growth and health, their progress in school, their emotional well-being (including relationships with other people) and a sense of identity that includes race and culture. Recently, there has been a growing emphasis on seeing fun in children's lives as being a protective factor. (Social Work Inspection Agency, 2006). These factors need to be assessed against what is known about child development and what children are likely to achieve at different stages of life.

2). What I need from the people who look after me – Clearly, parents and carers have a significant role to play here but the role of siblings, wider family, teachers, friends and community group leaders and are also important in keeping a child safe. Looking at the inputs from people surrounding the child can indicate where there are strong supports and where those supports are weak. It is important to build a picture of how well parents or carers are able to support a child's development, provide appropriate care and protection and promote well-being, so that the child thrives.

Families' history, circumstances and current and past experiences can have a significant influence on whether parents and carers are able to care safely for their child and encourage their progress and development.

3). My wider world – This includes information about housing, employment, income, family composition and social networks. The extent to which the family is integrated or isolated within their local community should also be considered.

The information under any section of any of the three headings, individually or collectively, may indicate why the child or young person may be unsafe and the family experiences pressure. The information may also point to strengths or helpful factors and inputs which promote their welfare and resilience.

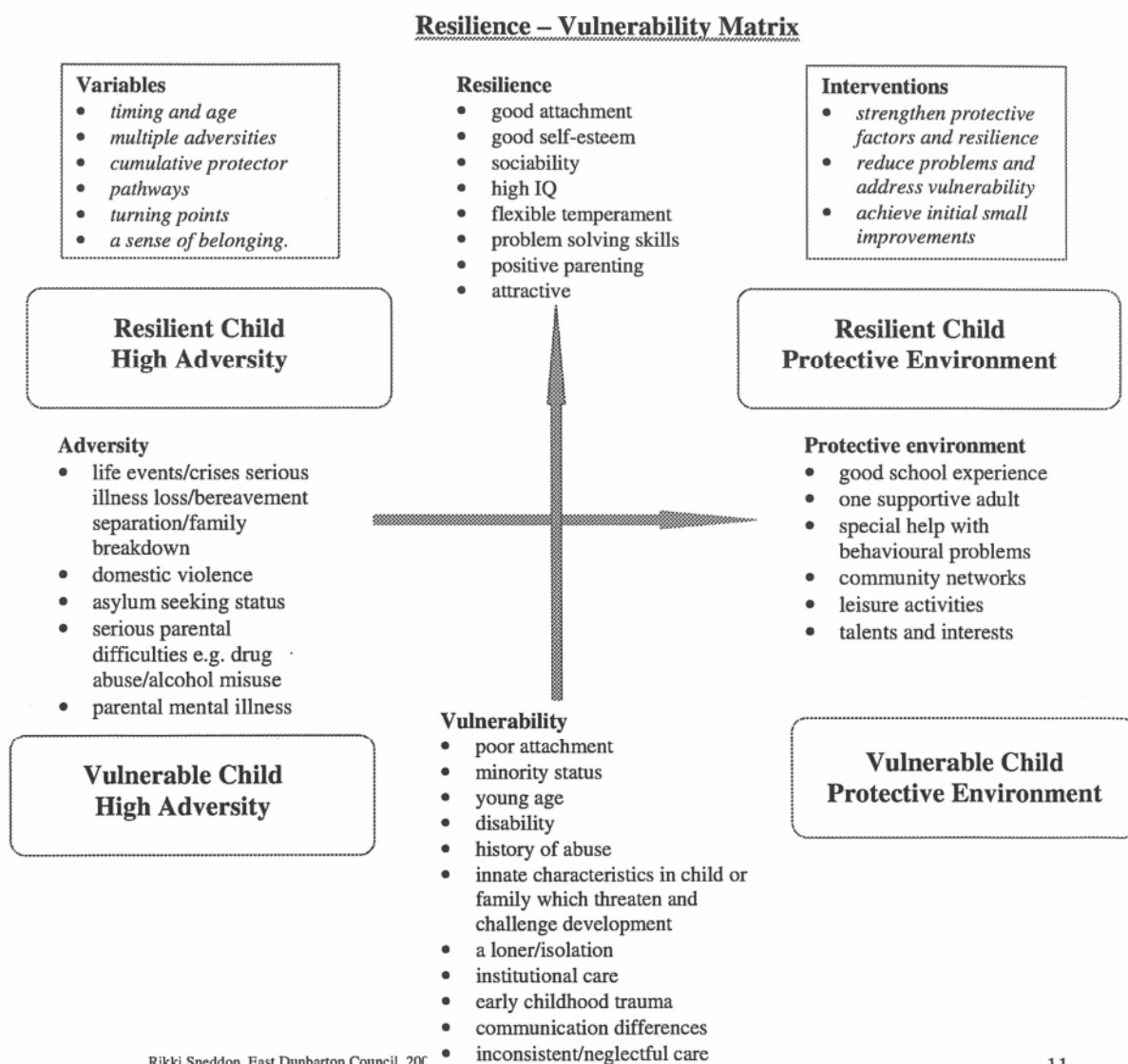
There may be overlap between the different domains. The important point is that strengths and pressures are recorded. It is less important where they are noted.

Where a lead professional or key worker is appointed, he or she must ensure that each member of the multi-disciplinary group and the child and family contribute information and views that can be shared to build up a total picture.

2.2.3. Using the resilience matrix to make sense of assessment information to evaluate risk and need.

Resilience can be defined as: 'Normal development under difficult conditions' (Fonagy *et al* 1994).

a). The Resilience Matrix



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(Diagram taken from East Dunbartonshire's Risk Assessment Guidance)

b). Information to Evaluate Risk and Need

Resilience –Vulnerability - Protective factors as described by Daniel and Wassell, (2002), are associated with long term social and emotional well-being in the child's whole world.

The existence of protective factors can help to explain why one child may cope better with adverse life events than another. Some children are more intrinsically resilient than others because of a whole range of factors. For example, an 'easy' temperament might contribute to resilience in infancy.

Resilience includes the **protective factors** that are features of the child or their world that might counteract identified risks or a predisposition to risk, such as those described in the above diagram under "resilience" and also:

- Emotional maturity and social awareness.
- Evidenced personal safety skills (including knowledge of sources of help).
- Evidence of protective adults.
- Evidence of support networks (supportive peers / relationships).
- Demonstrable capacity for change by caregivers and a sustained commitment to making changes to protect their child.
- Evidence of openness and willingness to co-operate and accept professional intervention.

Protective factors do not, in themselves, negate risks, so these need to be cross-referred with individually identified risks and vulnerabilities.

Adversity-Protective Environment - A further dimension for the understanding of individual differences between children is that of protective and adverse environments; this dimension is located in the parts of the My World Triangle that are concerned with wider family, school and community. Examples of protective environment might include a supportive adult in a child's wider world, such as a teacher or youth leader, or a grandparent.

When considered together, these dimensions provide a framework for the assessment of adverse and positive factors in every part of the My World Triangle. The combination of these two dimensions results in an increase in protective factors and enhances a child's individual resilience.

Vulnerabilities are any known characteristics or factors in respect of the child that might predispose him or her to risk of harm. Examples of these include those illustrated on the above diagram and also:

- Prematurity.
- Learning difficulties or additional support needs.
- Frequent episodes in public or substitute care.
- Frequent episodes of running away.
- Conduct disorder.
- Mental health problems.
- Substance dependence / misuse.
- Self-harm and suicide attempts.
- Other high risk behaviours.

The more vulnerabilities present (or the more serious any single vulnerability is), then the greater the predisposition to risk of harm. The presence of vulnerability in itself is neither conclusive nor predictive of the occurrence of actual harm. As part of an assessment process, vulnerabilities must be set alongside identified risk factors to be properly understood.

Resilience is a complex issue and nothing can be taken for granted when assessing how resilient a child is. Although indicators of resilience may be present, these must always be considered in the context of an individual child's situation. For example, "some children may appear on the surface to be coping well with adversity, but they may be feeling very stressed internally" (Daniel and Wassell 2002, p.12).

This is why it is important to get to know a child during the process of assessment and also why views of the child from different adults in their world are so valuable. There are many factors that contribute to resilience, but Gilligan (1997) suggests that there are ***three fundamental building blocks of resilience***:

1. A secure base whereby the child feels a sense of belonging and security.
2. Good self esteem, that is an internal sense of worth and competence.
3. A sense of self efficacy that is, a sense of mastery and control, along with an accurate understanding of personal strengths and limitations.

c). Practical Application of the Resilience Matrix

Professionals will have gathered information around the *My World Triangle* and may also have more specialist information about certain aspects of an individual child's well-being. It is important to regard each child within a family as an individual, because each child may experience the same conditions in very different ways.

Professionals might find it helpful to make sense of this information, and identify resilience and vulnerability (as well as adversity and protective factors) by taking a blank matrix and 'plot' on it the strengths and pressures the child is experiencing in relation to the two sets of factors at each point of the matrix. ('Post-its' are a good way of writing down and grouping the information.)

Adversity-Protective Environment

Along the axis of ***adversity and the protective environment*** list:

- all the factors that provide strengths in the environment, such as the child getting on well at school and ***place these from the centre along the protective environment axis.***
- all the factors in the environment which are causing adversity, such as insufficient money or a dangerous neighbourhood should be ***placed from the centre along the adversity axis.***

Vulnerability-Resilience

Along the axis of resilience – vulnerability list:

- all the factors with the child that are likely to **promote resilience and for those** which **are making a child vulnerable**. (The Resilience Matrix gives some ideas of the main factors which are likely to be associated with resilience, vulnerability, adversity and a protective environment.)

There are some **factors which may be both protective and also suggest vulnerability or adversity**. In making decisions about where to plot this information, professionals need to exercise judgment about how to make sense of these different aspects of information and weigh up the relative influences.

Factors such as a child's age might influence the weighting given to the information, as might the impact of any complex factors on an individual child.

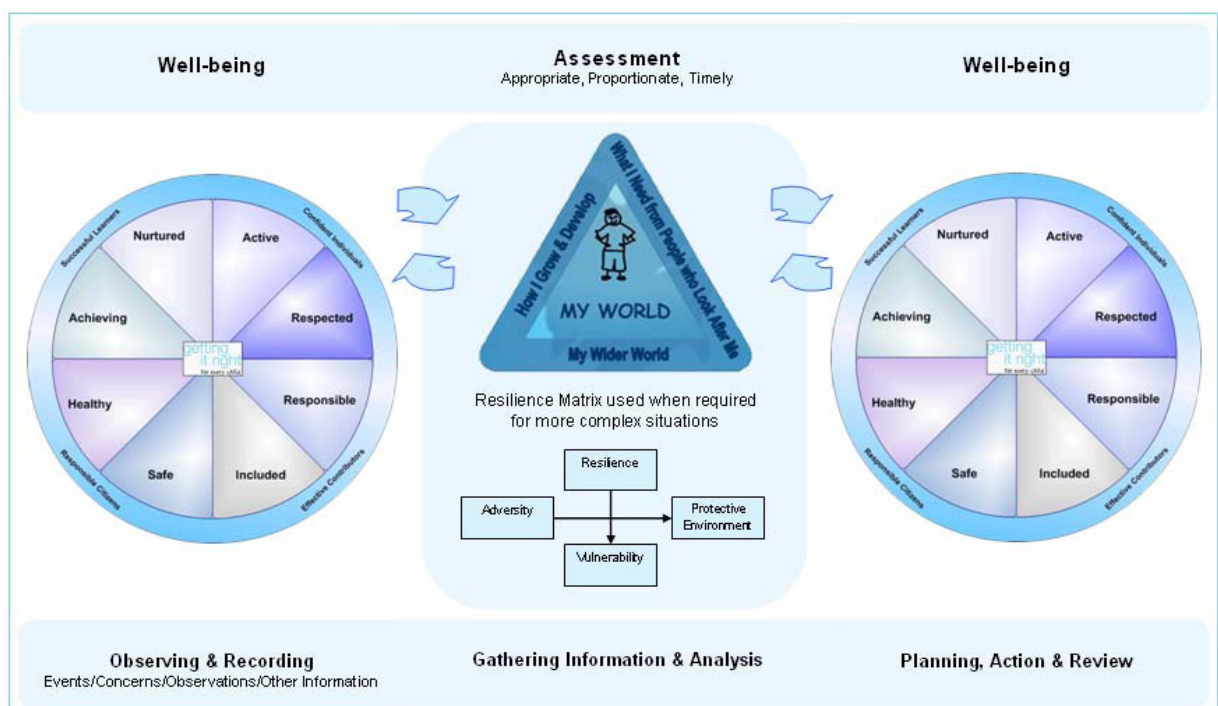
Interactions between factors may also influence whether the impact is negative or positive.

(Examples of further factors for consideration are detailed in appendix 1.)

Once these have been considered, it is possible to see what needs to be done to keep the child safe.

Having plotted the factors on the matrix and given some thought to risk to the child and possible actions, the risks and actions can be plotted briefly against the 8 SHANNARI well-being indicators of **Safe, Healthy, Achieving, Nurtured, Active, Respected and Responsible and Included**.

d). See below **the “Getting It Right for Every Child” Practice Model** which further illustrates the principles supporting this process.



2.2.4. Making a Plan to Manage the Risk

At the stage when plans for action are being made, *GIRFEC* requires that a Child's Plan shows how safety, or any of the other wellbeing indicators, can be achieved and what actions will be required to make sure the child's needs are met.

Action might not be needed against every indicator and the level of services provided has to be proportionate to the issues identified. This analysis then forms the basis for discussion with the child, family and other practitioners on what plans are needed for the child, i.e. what needs to be done and who is going to do it.

Arrangements to review the progress of the plan are an essential part of a child's plan.

The plan should be **SMART** (**S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime bound) and address key questions:

- What is to be done?
- Who is to do it?
- How will we know if the objectives have been reached?
- What are the timescales?

"The Child's Plan should be monitored and reviewed and amended, as need, circumstances and risks change". (Scottish Executive, 2007).

Making Effective Risk Assessments

- Assess all areas of potential risk from the My World triangle and resilience matrix and any other additional tools used
- Define the concern, abuse or neglect
- Grade the risks into high medium or low.
- Specifically document the identified risk factors
- Identify factors that may increase risk of harm in the child's world.
- Consider the nature of the risk - its duration / severity
- Gather key information and evidence
- Has all the required information been gathered?
- Assess the strengths in the situation
- Check if any risk reducing factors exist?
- Build a detailed family history and chronology of key events/concerns
- Assess the motivation, capacity and prospects for change.
- What risk is associated with intervention?
- Be aware of potential sources of error
- Identify the need for specialist supports
- Plan your key interventions, by developing a SMART (Specific; Measured; Achievable; Realistic; Time-bound) action plan.

What Factors Reduce the Effectiveness of Risk Assessment?

- Poor integrated working practices between agencies and individuals.

- Lack of holistic assessment.
- Inadequate knowledge of signs, symptoms and child protection processes.
- Information that has not been shared.
- Difficulty in interpreting, or understanding, the information that is available.
- Difficulty in identifying what is significant.
- Difficulty in distinguishing fact from opinion.
- Difficulty in establishing linkage across available evidence.
- Working from assumptions rather than evidence.
- Over confidence in the certainty of an assessment.
- A lack of objectivity

3.0. Risk Management

There is a need to ensure that the plan:

- Manages the risk using the SMART objectives (see previous page)
- Formally documents the assessment and required actions in order to evidence how and why decisions were reached.
- Makes the risk management an ongoing process that is compatible with appropriate areas of professional practice and expertise.
- Ensures that the plan details specific actions allocated to named persons, with clear timescales and review dates.
- Ensures that any agreed actions or timescales will be reviewed if new risks / needs become apparent.
- Ensures that risk assessment and analysis is continuous and evaluates and informs the ongoing review of the plan.

Child Protection Case Conferences play a key role in the management of risk. A Child Protection Case Conference will be arranged:

- where it appears that a child has been harmed or there may be risk of significant harm to children within a household and
- there is a need to share and assess information to decide whether the child's name needs to be placed on the Child Protection Register and a Child Protection Plan agreed. (See Part 4 of the NESCPG guidelines, www.nescpc.org.uk).
- When a child's name has been placed on the Child Protection Register and a Child Protection Plan has been agreed, there is a need for Core Group meetings. (As described in NESCPG guidelines in previous point).

Where there appears to be an acceptable level of risk and there is a decision not to convene a case conference then a Lead Professional must be appointed to ensure that assessment of risk is a continuous part of the child's IAF plan and is responsive to any changes.

Appendix 1

Factors to be considered:

(This list is not complete - it is a general guide with additional points for consideration). Adapted from "City of Edinburgh Risk Taking Policy and Guidance" (2004).

- Consideration of significant harm (see Safety Threshold considerations, Section 3 NESPC guidelines for further explanation);
- Current injury/harm is severe: the more severe an injury, the greater the impairment for the child/young person and the greater the likelihood of reoccurrence;
- Pattern of harm is escalating: if harm has been increasing in severity and frequency over time, it is more likely that without effective intervention the child/young person will be significantly harmed;
- Pattern of harm is continual: the more often harm has occurred in the past the more likely it is to occur in the future;
- The parent or care-giver has made a threat to cause serious harm to the child/young person. Such threats may cause significant emotional harm and may reflect parental inability to cope with stress; the greater the stress for a person with caring responsibilities, the greater the likelihood of future physical and emotional harm to the child/young person;
- Sexual abuse is alleged and the perpetrator continues to have access to the child/young person. If the alleged perpetrator has access to the child/young person, there is an increased likelihood of further harm;
- Neglect is identified: serious harm may occur through neglect, such as inadequate supervision, failure to attend to medical needs and failure to nurture; (NB. Gibbon's and Gallagher's research shows that when neglect is combined with other forms of harm, it acts as a multiplier; "outcomes tended to be worse...whenever neglect entered the picture."
- Previous history of abusing or neglecting a child: if a person with (or without) parental responsibilities has previously harmed a child or young person, there is a greater likelihood of re-occurrence;
- The use of past history in assessing the current functioning of a child or young person and/or their parent/care-giver is crucial.

Factors relating to the child or young person

- Physical harm to a child under 12 months: very young children are more vulnerable due to their age and dependency.

- Any physical harm to a child under 12 months must be considered serious. The risk assessment should not focus solely on the nature of the harm, but rather that a parent or carer has acted with physical aggression towards a very young child.
- Children aged 0-5 years are unable to protect themselves, as are some children with certain learning disabilities or physical difficulties.
- Children, who are premature, have low birth weight, learning disability, physical or sensory disability or display behavioural problems are more likely to be abused or neglected.
- The child/young person presents as fearful of the parent or care-giver or other member of the household: a child/young person presenting as fearful, withdrawn or distressed might indicate that their family environment is characterised by “low warmth / high criticism” and are less likely to be protected by their parent.
- The child/young person is engaging in self-harm, substance misuse, dangerous sexual behaviour or other risk-taking behaviours: such behaviour can be indicators of past or current abuse or harm.

Factors relating to the parent or care-giver

- The parent or care-giver has caused significant harm to any child/young person in the past: once a person has harmed a child, or has been responsible for risks to a child, there is an increased likelihood that this behaviour will re-occur.
- The parent or care-giver’s explanation of the current harm/injury is inconsistent or the harm is minimised: this may indicate denial or minimisation. Where a parent or care-giver fails to accept responsibility for their actions, there is a higher likelihood of future significant harm.
- Parental co-operation: the risk assessment must consider the parents’ willingness and ability to protect the young child. Consideration must also be given to the possibility that the parent or carer, whilst appearing to co-operate, might only be doing so in a superficial manner.
- The parent or care-giver’s behaviour is violent or out of control: people who resort to violence in any context are likely to act violently towards a child or young person.
- The parent or care-giver is unable or unwilling to protect the child/young person: ability to protect the child/young person may be significantly impaired due to mental illness, physical or learning disability, domestic abuse including placing greater priority on their relationship with the perpetrator, for whatever reason.
- The parent or care-giver is experiencing a high degree of stress: the greater the stress for a parent or care-giver, the greater the likelihood of future harm to the child or young person. Stress factors include poverty, other financial issues,

physical or emotional isolation, health issues, disability, bereavement and divorce/separation.

- The parent or care-giver has unrealistic expectations of the child/young person and/or acts in a negative way towards the child/young person: this might indicate a lack of knowledge of child development and/or poor parenting skills. Parents or care-givers who do not understand the stages through which children develop might place unreasonable demands on the child/young person's cognitive, developmental or physical ability.
- The parent or care-giver has poor care-giving relationship with the child/young person: a care-giver who is insensitive to the child or young person might demonstrate little interest in the child/young person's wellbeing and may not meet their emotional or physical needs.
- Indicators of poor care-giving include repeated requests for substitute placements for the child/young person.
- The parent or care-giver has a substance misuse problem: Parental substance misuse can lead to poor supervision; chronic neglect; an inability to meet basic needs through lack of money; harmful responses to the child/young person through altered consciousness; and a risk of harm from others through inability to protect the child/young person.
- The parent or care-giver refuses access to the child/young person: in these circumstances, it is possible that the parent or care-giver wishes to avoid the well-being of the child being made evident to the agencies. With families who frequently move between addresses there are decreases opportunities for effective intervention, which might increase the likelihood of further harm to the child/young person.
- The parent or care-giver is young: a parent or care-giver under 21 years might be more likely to harm the child through immaturity, lack of parenting knowledge, poor judgement and inability to tolerate stress.
- Parents or care-givers who experienced childhood neglect or abuse: parenting skills are frequently learned/modelled on the experience of being parented, however, discretion has to be exercised, as later positive experiences can counteract an individual's own childhood experiences.

Factors relating to the Environment

- The physical and social environment is chaotic, hazardous and unsafe: a chaotic, unhygienic and non-safe environment can pose a risk to the child/young person through exposure to bacteria/disease, or through exposure to hazards such as drug paraphernalia, unsecured chemicals, medicines or alcohol.

Conversely, an environment with overly sanitised conditions, where the child's needs are not recognised or prioritised, e.g. unable to easily access toys or games, or their play is overly restricted, is also harmful.

Assessing the likely recurrence of harm.

When assessing how safe a child is consideration must be given to likelihood of recurrence of any previous harm.

Factors for consideration:

- The severity of the harm (How serious was it? How long did it continue? How often?)
- In what form was the abuse / harm?
- Did the abuse have any accompanying neglect or psychological maltreatment?
- Sadistic acts?
- Was there any denial? This could include absence of acknowledgement, lack of co-operation, inability to form a partnership.
- Are there issues with parental mental health? This could include personality disorder, learning disabilities associated with mental illness, psychosis, and substance/alcohol misuse.

Appendix 2.

Lessons from Significant Case Reviews.

Significant Case Reviews repeatedly describe "warning signs" that agencies have failed to recognise or take account of, to which have should acted as indicators that children and young people at risk of serious harm. Examples include:

- Children and young people who might be hidden from view; they are "unavailable" when professionals visit the family.
- Children and young people who might be prevented from attending school or nursery, or accessing health care, or other services.
- Parents who do not co-operate with services; fail to take their children to routine health appointments and/or discourage professionals from visiting.
- Parents who appear to co-operate, but do so only in a superficial manner.
- Parents who are consistently hostile and aggressive towards professionals and might threaten violence.
- Children and young people, who are in emotional or physical distress, but might be unable to verbalise this. Children and young people who are in physical pain

(possibly from an injury) might be told to sit or stand in a certain way when professionals visit the family or might hide, or otherwise disguise injuries.

- Children and young people who have gone missing / run away (with or without their families).
- Concerns relating to actual or potential harm should never be ignored and are an indication that immediate intervention might be needed to ensure the protection of the child from future harm. Actions to protect children and young people should never be delayed and where applicable, emergency measures should be considered. (See Part 3 of NESPC Guidelines).

Appendix 3

Risk Assessment Questions

These questions may help professionals understand and estimate the nature, extent and likelihood of harm.

- **From what sources in the child's world do exceptional¹ forms of risk of harm arise?** – In most instances such risk to children arises from problems with regard to aspects of “what they need from people who look after them” and this is often as a result of historical patterns of care, together with social, practical and economic factors in the family's “wider world”. Some forms of risk to children arise directly from factors in the child's wider world – such as dangerous adults, substance abusing sub-cultures and offending peer groups – or from the child's own behaviour. Identification of the source(s) of harm is essential to reducing the risk of harm actually occurring. It shows you what factors need to be addressed in any intervention, the events and behaviours that you will seek to prevent or to alter.
- **What kinds of harm to the child are expected to arise from these factors?** – With the addition of “belonging” in the “My Wider World” dimension, the kinds of harm anticipated will be either to child's health – through injury or neglect – or to developmental aspects of “how I grow and develop”. Identification and measurement of the anticipated kinds of harm is essential to reducing the likelihood and severity of harm. It shows you what you are trying to prevent and the relative priority of preventing it.
- **How harmful is the impact on the child's health and development expected to be?** – The impact on a particular child's health and development from events, behaviours and adversity varies, depending on the child's resilience or vulnerability and the pre-disposition and capacity of people in the child's world to protect. Identification and measurement of these factors is essential in showing the extent to which an intervention should be designed to strengthen the child, increase the capacity or disposition of others to protect, block or interfere with the behaviours giving rise to risk – including removal of the child, temporarily and

¹ The world exceptional is used here to remind people that risk is a normal and necessary part of a child's world and that parents are continuously assessing and managing risk on their child's behalf – from checking the temperature of bathwater through allowing the first unaccompanied walk or cycle to school and a myriad other experiences.

conditionally, or permanently - from harm's way. Pro-active, active and reactive steps can be considered in relation to these objectives. Estimation of the anticipated severity of harm from existing factors is also essential to making a balanced judgement as to whether the risk of harm inherent in any intervention options is greater or lesser than the current risk.

- **How likely is it that harm will occur?** – The evidence that needs to be considered in relation to this question is partly situational and partly historical. The historical factors are, firstly, that if harm has previously occurred or come close to occurring, to this child or others in this situation, or in comparable situations, it is more likely to recur; secondly, if a pattern of such harm is evident in this family's history, it is likely to recur. Estimating the likelihood of harm occurring, alongside the estimation of the severity or extent of harm, is essential to enable practitioner to prioritise those risks that they most need to address and to design interventions that are adequate.
- **What factors in the current situation increase or decrease the likelihood of harm occurring?** – This is a subordinate, supplementary question to the one above. The situational factors to be considered include pre-disposing factors such as characteristics of carers and patterns of care or other behaviour, triggers, such as use of various substances, refusal to comply with particular demands, or forms of rejection or exclusion and protective factors, such as a person who cares about the child or family and is motivated and able to anticipate difficulties and either prevent their occurrence or protect the child from direct experience or impact. Identifying and estimating these factors is essential to designing interventions that are sufficiently robust, build on current strengths in the child's world and thereby provide a route to sustainable safety for the child, through addressing the final question -
- **On what positive strengths in the child and the child's world can further protective measures build?** – strengths, resilience and protective factors.

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Glossary

Risk Assessment

- Harm – hurt, injury, damage, impairment or loss to a person or group of people
- Severity – the extent or gravity of harm that might occur or has occurred (“significant harm” – as a measure of severity - suggests harm that is substantial in itself, or that has a major, or lasting impact)
- Probability – the chance, odds or likelihood of something (harmful) happening or developing
- Adversity – conditions under which a person is living, which may have a harmful impact, depending on the resilience or vulnerability of the person affected and other protective factors in their situation
- Pre-disposing factors – aspects of a person’s make-up, or conditions under which a person is living which, while not currently causing harm, may make a harmful event or sequence of events more likely to happen
- Triggers – events, or forms of behaviour on the part of another person, which may produce a (harmful) reaction or chain of actions by an individual or group of people
- Protective factors – aspects of the conditions under which a person is living – including personal strengths of individuals, groups, families etc - which reduce the likelihood of harm occurring, either by reducing the likelihood of harmful events or behaviours or reducing the severity of their impact
- Vulnerability – aspects of a person’s make-up which may increase the severity of harm to a person
- Resilience – aspects of a person’s make-up which may reduce the severity of harm to a person (a person’s resilience or vulnerability can change over time in response to adversity or harmful events; other protective factors may support the development of resilience)
- Ecology - the relationship between people and their environment. In this case relates to the child, their developmental stage and the environment around them. Their environment consists of their family /relationships and their emotional, psychological and physical environment.

Risk Management

- Pro-active measures – active steps that can be taken in advance to prevent harmful events, actions or behaviours from occurring
- Active measures – active steps that can be taken to manage events and behaviours to prevent harmful consequences
- Reactive measures – active steps that can be planned in advance to be taken if harmful events or behaviours occur, in order to reduce, limit or contain the extent or severity of their impact.