National Risk Framework

to Support the Assessment of Children and Young People

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In partnership with Garth Associates

The Scottish Government
Riaghaltas na h-Alba

Introduction

Risk is a difficult and complex notion that can create understandable anxiety for many. It is, however, also a core consideration of any intervention that is undertaken with children and families.

Risk is not just about considerations of concern or harm. It is also an inherent aspect of all healthy human development. Children and young people have to be exposed to experiences that may raise their risk potential at differing stages of their growth and development to help them develop into rounded, secure, healthy individuals. It is further an aspect of life in every area of society. Staff within every service at every level, no matter where they work and with whom, are at some point going to be working directly with children and young people who may be both in need and at risk.

Risk is also a dynamic concept that can be multi-dimensional in character – it's not static and seldom mono-dimensional, it is fluid and critically shaped and characterised by a range of events and movement in the context and setting where it occurs. For instance, when supporting an individual adult to address a substance misuse issue, it may become apparent that there are also clear parenting issues, self-esteem and confidence concerns, possible mental health matters, relationship difficulties with partner and child, aspects of violence and aggression and so on. Thus, practitioners may be faced with trying to address a single area of need (eg. parental substance misuse) while this in itself may be reflective of a wider combination of risk variables that also require close consideration.

In approaching risk within the assessment task, thus, there is a need to take account of, not only current circumstances but past history and future potentials. This means we have to investigate and explore family circumstances in some detail in order to acquire adequate grasp of how needs may have gone unmet and how risk circumstances may have emerged. Using the understandings acquired, Named Persons, Lead Professionals and others then need to project the future probability or likelihood of harm and to determine if this harm is significant in nature or not. Projection of probable risk of harm significantly also means that there is a potential for error in terms of what we think may occur. This is no small task indeed.

This Guidance therefore, aims to support and assist practitioners at all levels, in every agency, to be able to approach the task of risk identification, assessment, analysis and management with more confidence and competence. It seeks to provide tools that, if used, support methodical and systematic approaches to not only better understanding risk and its presentation with children and families, but also enhance interventions and potential outcomes.

The Guidance should not, though, be viewed as prescriptive in character; it requires practitioners to consider the use and application of the tools with each individual set of circumstances they are faced with. The expectation is not to follow slavishly each element but to apply these proportionately when focusing upon the child's needs, their well-being and the strengths and pressures within their life circumstances. This Framework, the Guidance and Tools it contains, seek to support and complement existing assessment processes. Risk is an element of all assessment, it does not

stand alone. Children and young people's needs and emerging risks require to be considered along the continuum of their lifespan.

Drawing upon current research, theory and practice knowledge the Framework provides a toolkit through which practitioners can work more confidently with risk. By using the materials and guidance provided practitioners may be enabled to reach more informed understandings of risk and build greater competence and ability in its identification, assessment, analysis and management.

Importantly, this Guidance, and risk considerations with children and families sit firmly within Scotland's national policy of Getting It Right for Every Child (GIRFEC) and as such it should be used in conjunction with the tools provided by the GIRFEC National Practice Model. Local application of GIRFEC may vary across Authorities, however, the Risk Framework provides a consistent practice approach that can be integrated into existing assessment and recording processes.

In Scotland, GIRFEC sets out clear roles and responsibilities for practitioners to promote well-being and ensure safety across the child's/young person's lifespan via the identification of Named Persons, Lead Professionals and others. This means that all children, through universal service provision should have a Named Person responsible for them, and where required, a coordinated child's plan to meet their needs.

Set firmly within the context of GIRFEC in Scotland, the Framework aims to help practitioners establish a common language and cultures of practice around considerations of risk. Risk is a global concept in the lives of children, young people and their families and as such the materials within the toolkit also have integrity and application beyond the Scottish context.

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Section 1

The Framework in Context

1.1 Introduction

The GIRFEC National Practice Model and Risk Assessment

The Getting it right for every child[1] (GIRFEC) approach is the key thread running through policy and practice affecting children, young people and their families in Scotland. At its heart is the **National Practice Model**, which provides the foundation for identifying concerns, assessing needs and initial risks and making plans for children in **ALL** situations. It helpfully provides a shared language and a common understanding and approach for all practitioners across all services. This **single system of planning** for a child should be used in every case. All agencies, thus, need to use and contribute to the model in a way that reflects their core responsibilities; this includes all adult services.

To fully assess a child's circumstances when a concern has been identified the GIRFEC Practice Model combines a number of useful tools for practitioners addressing the needs of children and young people: the **Well-being Wheel, My World Triangle** and **Resilience/Vulnerability Matrix**. The diagram below shows these, and the concepts it contains underpin this toolkit as a whole.
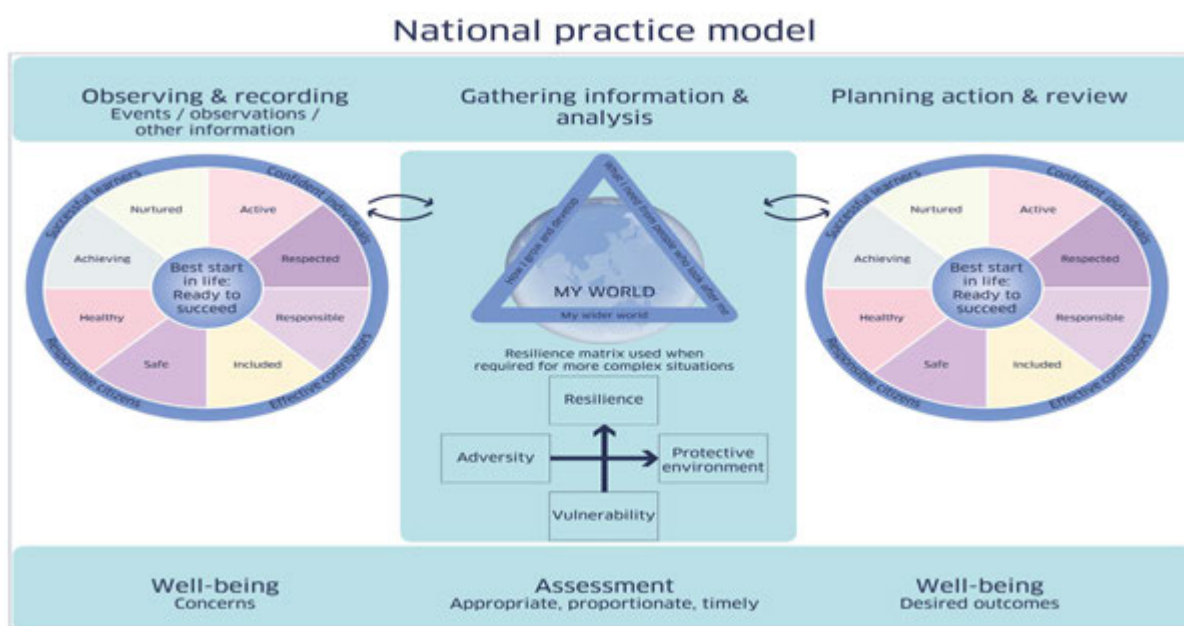
GIRFEC National Practice Model
Image Source: Scottish Government 2010 (http:/www.scotland.gov.uk/Publications/2010/05/27095736/4)

At all points in a child's/young person's life there are identified needs and when such needs go unmet, are partially met or inappropriately met, risks may arise. Risk is fluid; it can change over time dependent on the relationships across a whole range of different factors and may require different interventions at different stages to ensure a child's safety and well-being. Within the context of any assessment of need, the child's need to be safe should always be the priority.

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[1]For more information: http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright/publications.

Key Principles in Applying the Framework

To optimise the protection of children, **ALL** agencies should collaborate and undertake the tasks of assessment and analysis of family circumstances together. When services operate in a collaborative and co-ordinated way; where all the needs and circumstances of the child and their family are openly and honestly explored, the impact and longer-term outcomes for children and young people can be considerably improved. To do this, practitioners need to take a holistic approach to practice that ensures the child is kept at the centre.

Involving Children and Families

Practitioners need to take a whole child approach to practice. When undertaking a risk assessment, there should always be an explicit agreement as to how the views of children and parents are to be obtained and how they will be represented, either within the context of a report or at a child protection meeting, such as a case conference. Involving parents where there are child protection concerns should lead to improved family assessments, more focused interventions and better outcomes for children. The assessment process should also, where possible, be fully shared with parents to encourage and support their understandings of service interventions and their potential participation.

Working Together

The application of the Framework aims to build upon the cumulative and complementary skills, knowledge and abilities of **ALL** practitioners working with vulnerable children and their families. While some practitioners may not define or perceive their core role as a "child focused" one (ie. practitioners who may be working primarily with the adults in the household), their information and involvement remains crucial in ascertaining and managing present and future needs/risks to a child or young person. In applying the Framework, it is essential that practitioners do so: **collaboratively** through good joint working arrangements; **proportionately** balancing strengths/resilience's against the identified vulnerabilities/need for protection; and **transparently** via open exploration of family circumstances.

Evidence Based Practice (EBP)

All practice interventions with children/young people and their families should operate to evidence based principles. This refers to the process by which practitioners gather relevant information about what is happening to a child and use their knowledge from **research, theory** and **practice experience** to arrive at a **better understanding of a child and family's experience/s**. This is graphically represented below:

Risk and Significant Harm

The National Child Protection Guidance for Scotland (2010) sets out a definition of risk and significant harm that underpins this toolkit. Indeed, the Guidance as a whole should be used in conjunction with this toolkit where child protection concerns are involved. On risk and significant harm, the Guidance states:

> "Risk is the **likelihood** or **probability** of a particular outcome given the presence of factors in a child or young person's life. Risk is part and parcel of everyday life: a toddler learning to walk is likely to be at risk from some stumbles and scrapes but this does not mean the child should not be encouraged to walk. Risks may be deemed acceptable; they may also be reduced by parents/carers or through the early intervention of universal services. At other times, a number of services may need to respond together as part of a co-ordinated intervention. Only where risks cause, or are likely to cause, **significant harm** to a child would a response under child protection be required. Where a child has already been exposed to actual harm, assessment will mean looking at the extent to which they are at risk of repeated harm and the potential effects of continued exposure over time."

Where a child's/young person's core needs are not appropriately met, whatever the parental intent, this poses potential risk to the child's/young person's future long-term development, for example, through neglect. Children can also be at risk from more immediate threats – eg. physical or sexual abuse – which can have both a short- and long-term impact on the child's physical and emotional well-being and development.

The likelihood of **future significant harm** occurring as defined in the Scottish National Child Protection Guidance, establishes the point beyond which children in need begin also to be treated as children at significant risk and may become involved in the child protection system. There is no simple definition of the degree of concern or level of risk that sets this threshold; this is a matter for collective professional judgement dependent upon identified prevailing circumstances. However, the following elements should be considered when reaching judgements as to the likelihood of future significant harm:

- **The seriousness of the abuse**, particularly in terms of harm to the child
- **The likely level of risk** to the future safety and welfare of the child
- **The degree of professional confidence** in the information that either the abuse has occurred and is likely to be repeated, or that the child is at risk of harm

To understand and identify significant harm, it is necessary to consider:

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

If children do not feel safe, arrangements should always be in place to provide them with opportunity to say so, as many vulnerable children may not always be able to communicate this directly or articulate this clearly.

1.2   The Risk Framework

Core Components of the Framework – Risk, Resilience and Resistance

The Framework has been developed around three risk components that build upon the GIRFEC Practice Model – **Risk, Resilience and Resistance (the 3R's).** These three factors require to be considered when undertaking any assessment of need/risk. It is the complex interplay and weighting of these three factors that requires close exploration to help reach a clear understanding of risk.

Risk

Risk indicators are those factors that are identified in the child's circumstances or environment that may constitute a risk, a hazard or a threat to the child/young person. The **My World Triangle** and **Well-being Wheel** support practitioners to explore needs and risks across the three domains of the child's life.

The Framework provides a set of **Generic Risk Indicators** which directly relate to the three domains of the My World Triangle – the child, the parent/carer and the child's wider world – to actively guide practitioners through a series of potential risk indicators relating to each domain.

My World Triangle

Risk Indicators for the Child

Risk Indicators for the Parent/Carer

Risk Indicators for the Child's Wider World
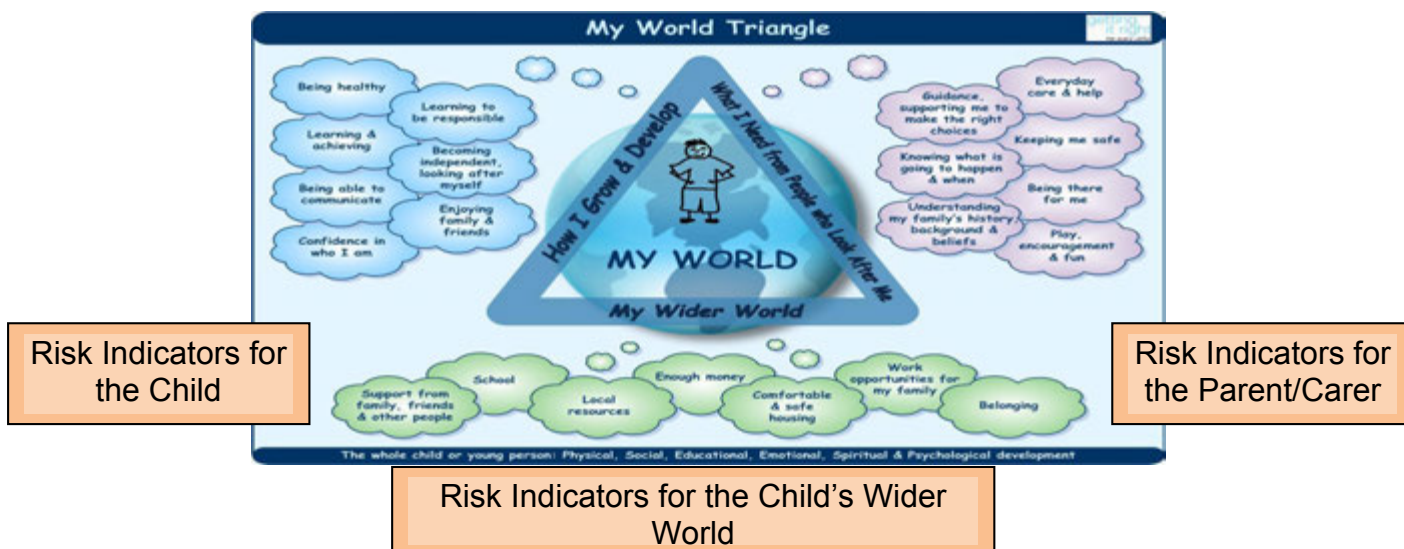
Risk indicators need to be understood in relation to the potential for child abuse and neglect rather than accidental harm to children. However, this possibility should not be overlooked since accidental harm may also highlight safe caring issues, poor supervision or diminished parenting capacity. Simply recording the risk indicators is not sufficient. Each needs to be clearly identified and made sense of relative to the supporting information and evidence.

Resilience

Resilience has been viewed as "normal development under difficult conditions" (Fonagay et al, 1994).
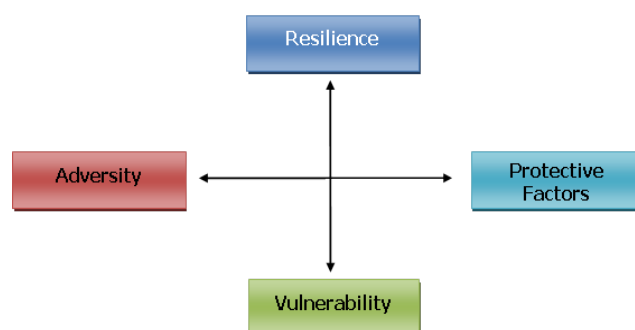
Focusing on the positives and the strengths in a child's life is likely to help improve outcomes by building the protective network around the child and the self protective potentials within the child. (Daniel B & Wassel S, 2002).

At the same time, it is important to be alert to factors of adversity or vulnerability, which may potentially impact upon the child's well-being and the interaction of these factors with any identified resilience and protective aspects.

This is the second core component of the Risk Framework and builds upon the Resilience/Vulnerability Matrix within the GIRFEC Practice Model. A set of **Matrix Related Indicators** have been developed here to support practitioners explore the key concepts of **adversity/protective factors** and **vulnerability/resilience**.

Resistance

The third component relates to families who, for whatever reason, are or may be difficult to engage. This may present through the family's aggression, conditional compliance, refusal to co-operate, missed appointments and other forms of avoidance, or it may be masked by superficial engagement and co-operation. There may also be unintended barriers to engagement that arise as direct consequence of an individual's circumstances, such as mental health, mental illness or disability. The common feature in all cases is resistance to change and an inability/unwillingness to acknowledge and/or address the risk/s to the child.

Before concluding that a family is resistant, practitioners should:

- Respect the right of parents/carers to challenge any professional's interpretation of events, assessment of their child's needs or assessment of risk to the child
- Confirm that the parents/carers understand the professionals concerns and what is expected of them relative to these
- Assess what, if any, contribution the service approach and/or interventions may make to this

Risk assessment is therefore a complex task in which workers need to "… balance an empathic approach with a boundaried authoritative approach which avoids over-optimism and scrutinises apparent parental compliance" (Sen and Green Lister, 2011).

Risk Assessment

Work with children and young people and their family needs to be both supportive in character and investigative in approach. We have to acknowledge that intrusion in people's lives is sometimes necessary to support improvement and change in their life circumstances.

Assessment of risk in child protection needs to be comprehensive but can only be so if it methodically and analytically considers both **past** and **present** in order to identify **future** risks to the child or young person. When conducting an assessment of risk, the focus is on the safety and well-being of the child and it is important that the child's "whole needs" are fully assessed. This will assist agencies and families to better understand what contributes to a family crisis. It may also help identify the strengths and resources a family has that can be drawn upon when intervention may be necessary to protect a child.

Research provides evidence that parents who abuse/neglect their children are frequently struggling with a range of problems, such as poor mental health, substance/alcohol misuse and domestic violence. Such difficulties may increase the potential for abuse when they occur in combination or are compounded by other stressors such as parental capacity, material deprivation, housing problems and unsupportive/inadequate social and familial networks. A thorough risk assessment should take into account the **strength/resilience factors, support networks** and

resources that a family has to draw upon to better identify the nature of intervention necessary to protect the child.

A thorough approach to risk assessment also needs to take account of the GIRFEC key questions:

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

In addition, any assessment of risk must also consider the following.

Source of the Risk

- Who or what presents the danger/threat to the child's well-being?
- Where does the abuse occur – at home and/or in the wider community?
- What is the level of intent – is the abuse an act of commission or omission?
- Is the harm isolated to a single event or cumulative, reflecting more than one risk factor?
- What is the actual or likely impact of any harm?

Capacity of the Parent/Carer to Effect the Necessary Changes

- Does the parent have insight into self, child and the circumstances?
- Is there a shared understanding of professional concern/s by the family?
- What is the parents/carers understanding of the need for change – is change possible?
- Do they sincerely want to change?
- Are they able and willing to work with services to effect change?
- Do we have the resources to help address needs/risk(s) and to build child and family resiliencies?
- How long is it likely to take to effect change?
- Can they maintain the change required?

The assessment information can then be used to help determine, if a child is safe, what agency resources are needed to keep the child safe with their family and where the risks are such that a child may need to be removed from immediate family.

A Staged Approach to Risk Assessment

The framework supports practitioners to take a staged appraoch to assessment, analysis and risk management and sets out a range of tasks and activities that can be undertaken within each stage. As noted previously, risk is dynamic and as such practitioners will often move between these stages as information and circumstances change. New information may also come to light that requires practitioners to revisit the assessment and revise their interventions with a family and reshape the Child's Plan. The graphic below sets out this staged process and highlights the various tools that practitioners can use at each particular stage to support them in the process of assessing, analysing and managing needs/risks.

A 3 Staged Approach to Risk

IDENTIFIED CONCERN
SINGLE/MULTI-AGENCY

RISK ASSESSMENT — STAGE 1 — TOOLS
GIRFEC WELL-BEING WHEEL & MY WORLD TRIANGLE

RISK ANALYSIS — STAGE 2 — TOOLS
RISK PROMPTS, R-V MATRIX, GENOGRAM, ECOMAPS, CHRONOLOGIES, CYCLE OF CHANGE

RISK MANAGEMENT — STAGE 3 — TOOLS
SINGLE CHILDS PLAN (CARE PLAN/MULTI-AGENCY PROTECTION PLAN)

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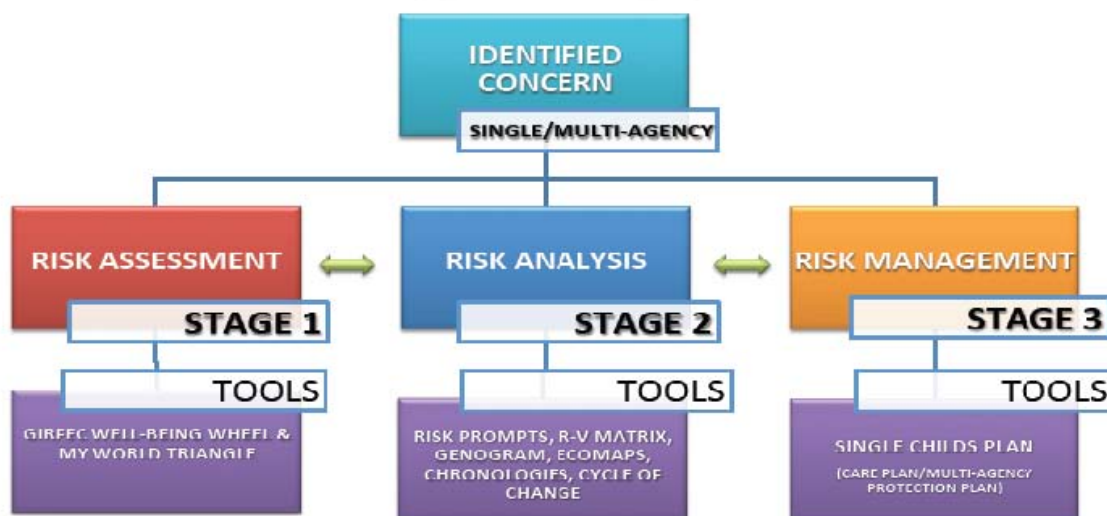
STAGE 1: Collection and Collation of Information

All assessment, no matter the service or circumstances, is based upon the gathering of relevant information from across all areas of a child and family's life circumstances identified as having significance. Information is gathered from a range of sources around the three domains of the My World Triangle, and the Risk Framework supplements and further supports this process by setting out three sets of Risk Indicators – Generic, Matrix Related and Resistance Related. This allows practitioners to comprehensively cover generic aspects of risk as well as to actively consider particular aspects of vulnerability, resilience, adversity, protection and resistance within the three dimensions of the My World Triangle.

STAGE 2: Risk Analysis

Analysis is a key activity in assessment. Making sense of children's lives and relationships is fundamental to understanding their well-being and safety. Risk analysis is the process of understanding what the information gathered is saying about the actual and potential needs of and risks to the child. Information gathering should be purposeful, systematic and organised in approach and practitioners must consistently ask themselves, **"what is this information telling me"?**

Key consideration needs to be given to the following:

- The abilities of the parent/carer to protect
- The known resilience and protective factors, particular to and around the child that may help to better protect
- The impact of the identified risk factors on the child's future safety
- The capacity of the parents to effect any necessary changes in the timeframe commensurate with the childs age and development

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Analysis is a continuous process: it begins as information is gathered and organised and explores circumstances which are identified as having meaning and significance for the child's safety and well-being. Analysis draws upon practitioner reasoning to make sense of circumstances and in this respect it can be deliberate, considered, formal, explicit and logical. However, as Eileen Munro (2005) noted, it can also draw upon the intuitive reasoning of the practitioners involved. Both approaches are acknowledged as having validity as part of a continnuum for analysing family circumstances and events, albeit that, where time and significance of decision making apply, the more deliberate approach is preferred. Analysis of the information gathered will then critically be used to inform professional interventions and any risk management strategy to be set out within the Child's Plan.

STAGE 3: Risk Management

Clear assessment through focused, systematic information gathering and analysis will better inform the risk management strategy framed within the single Child's Plan. The development of the Child's Plan is key in defining the actions necessary to be undertaken by services and parent/carers, to satisfactorily address need and reduce risk. This should clearly state who is doing what, when, within what timescale, to achieve what outcome and for what purpose.

1.3   When Can the Framework be Used?

The Framework can be used by any practitioner in any circumstances where agencies are exploring a child's needs. Any assessment of a child's circumstances should always consider the child's need to be safe and protected. Where the assessment process identifies concerns, the Framework can support practitioners to explore potential risk in greater detail. It can assist in deciding whether a **single agency response** will meet the child's needs or whether there is the need for a **multi-agency approach** that may ultimately require intervention under child protection.

The Framework, thus, aims to inform practitioners across the spectrum of needs and risks to help identify what may be of concern and then better record and communicate incidents or circumstances of concern.

In its application, **it can be used within the following circumstances:**

- **Single agency** assessment of need – to assist identifying issues of concern which require to be addressed within a single service assessment
- **Child protection investigation** – to help obtain initial multi-agency understanding and agreement on the level of actual and potential risk/s and the initial action/s that may be necessary to support and protect the child
- **An accumulation of concerns** – such as in cases of domestic abuse and neglect where practitioners require a better shared understanding of the multi-dimensional nature of the concerns, the level of risk and whether change is possible within the family context

- **Child protection registration** – where a comprehensive assessment of need and risk requires to be undertaken to inform the child protection plan and risk management/reduction strategies
- **Where circumstances have improved** and services remain involved the Framework and the tools it contains can still usefully support on-going assessment and intervention

Single and multi-agency assessments will be informed, in the first instance, by the National Practice Model and identified risk factors explored in greater detail by the use of the **Generic Risk Indictors** and **Matrix Related Indicators** in Section 2 of the Framework.

Single Agency Generic Assessment

Where single agencies begin to have concerns about a child, but are not at the point of seeking additional service involvement, the Framework can help practitioners work out whether the child's needs may be met within their own organisation or if there is a need for other agencies to be involved. Having gathered all the relevant available information about the child, the parent/carer and the child's wider environment, the **Generic Risk Indicators** can then be used to help identify the key risk factors and the level and type of service required.

The worker can then consult with their line manager to screen concerns and agree whether their single service can satisfactorily meet and address the needs of the child or whether there is a need to share concerns with and involve another agency. Where it is thought that the level of concern may require multi-agency involvement on a child protection basis these should be immediately shared with social work services and/or the Police.

Multi-Agency Risk Assessment

This may be conducted in response to an accumulation of concern, as part of a child protection initial investigation where decisions have to made quickly and often with limited information, or where a child is already identified as in need/at risk and whose name is on the Child Protection Register, where the assessment may be planned and undertaken over a period of time.

Where concerns are being considered under child protection the **Lead Professional** is likely to be a social worker and they will have the lead responsibility for collating the comprehensive multi-agency view of the risks and needs facing the child or young person, along with any strengths/resilience factors that exist to minimise risk and maximise their future safety. A generic risk assessment may however also identify the need for further specialist assessment around areas such as neglect where, such specialist tools as the Graded Care Profile, may be used to explore in greater detail the level of neglect and the aspects of parenting that require to be improved to ensure the child's safety and well-being.

Single and Multi-Agency Assessment Process

Single Agency Assessment

Practitioner Identifies the Need for an Assessment of Need/Risk
The 5 GIRFEC questions can be used to support the assessment process

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

Multi-agency Assessment

Stage 1
Collection and Collation of the Information

Stage 2
Risk Analysis

Generic Risk Indicators
(based around the domains of the My World Triangle)

The Matrix Related Indicators
(relating to vulnerability, resilience, advesity, protective factors)

Parental Resistance Indicators
(reflecting the level of engagement by the primary carer/s)

Stage 1
Collection and Collation of the Information

Stage 2
Risk Analysis

Protection Concerns -

Referral to social work/ Police

Risk Management
Multi-Agency Child's Plan
or
Child Protection Plan

Single Agency Response

Child's Plan is developed to address identified needs

Specialist Assessment
Assessment may identify the need for further specialist assessment (neglect, mental health, domestic violence, substance misuse, sex offending etc)

Section 2

Step-by-Step Guide to Using the Framework

2.1 Getting Started

How to Use the Framework

All child assessments should be undertaken using the GIRFEC National Practice Model with its Well-being Wheel, the My World Triangle and the Resilience-Vulnerability Matrix. This allows practitioners to assess the child's "whole world" and the interplay between the three domains of the triangle (as set out in the National Practice Model).

In this section you will be guided through the staged approach to risk assessment and the tools that are available to support practitioners in the assessment task. However, before commencing any risk assessment practitioners should take account of the factors that may increase the likelihood of abuse occurring or recurring.

Messages from Research

- Once a person has been a perpetrator of an incident of abuse or neglect, there is an increased probability that their behaviour may recur

- People can change but there is a need to anchor any signs of change against any identified historical or current risk factors to offset against any tendency for over-optimism

- The likelihood of recurrence is increased by the degree to which the functioning of the perpetrator and their partner is impaired by substance abuse and other issues such as mental health, disability etc

- If a partner is active or complicit within the abuse or neglect, the possibility of recurrence is increased. Conversely, a partner who is actively opposed the abuse can lower the risk of recurrence

- People, who are violent in any context, are more likely to behave in a violent manner with their children than someone who never uses violence as a means of coping with difficulty

- If the parents/carers perceive children as objects, or merely as extensions of themselves, there will be a higher probability of the recurrence of abuse or neglect than if the children are viewed as individuals in their own right

- The greater the vulnerability of the child, the greater the further probability of being exposed to abuse or neglect

- The higher the level of stress experienced by the family, the greater the probability of being exposed to further abuse or neglect

Practitioners also need to be aware of other significant research which notes a tendency to overlook or minimise the role of fathers and father figures, either as

posing risk/s of harm or as providing potential protective factors. Linked to this is the tendency to hold women to account for the protection of children, even in circumstances where this may be very difficult for them to do so – for example, in circumstances of living with violent and abusive partners.

10 Key Assessment Principles

1. **Gather and read** the available records and information – all of them

2. **Identify and gather information** that is referenced but not at hand

3. **Build as full a history as possible** relating to the child, parent/carer and child's wider world

4. **Check this history** for corroboration and/or disagreement with the various parties involved – child, family and other professionals

5. **Build the case chronology** of significant events (single or multi-agency)

6. **Consider the 4 C's – Cause, Character, Context and Consequence – of any significant event for all involved**
   - **Cause** – What is stated or noted to be triggering the event
   - **Character** – Describe the concerns/abuse – **be specific on the detail** not just the generalities (eg. "assault to the body" – assault by punches targeting the chest and arms, causing fracture, bruising and lacerations)
   - **Context –** What was happening at the time **–** actual circumstances of the event/s (eg. timing, location, presence of others, etc)
   - **Consequence** – What is the impact and outcome of the event or circumstances – individual and/or cumulative? Again note the detail and specifics, identify individual or collective vulnerabilities, risks and harm/s

7. **Examine the evidence base** – Identify where circumstances and events are corroborated, challenged or contradicted by information from other sources. Note the different sources, how long concerns have existed and/or if prevalent across generations. Identify the significance of the concerns for individual and family functioning, for the particular child/young person, for effecting potential change, for efforts to be made at addressing needs and reducing risks

8. **Build the visual reference material to support your analysis** and help convey understandings with the family and other colleagues through the use of Chronologies, EcoMaps, Genograms – ensure copies are retained within core records

9. **Balance informed reasoned analysis with practitioner intuition**– practitioner intuition is an inherent part of assessment and should be acknowledged within the analysis process

10. **Revisit and reconsider the initial analysis and conclusions** reached through single/multi-agency case planning and review processes

R. Sneddon (2012)

Using the Tools – Some Things to Think About

- When undertaking a comprehensive assessment, practitioners should consider **ALL** indicators, as it is the interplay between the domains of the My World Triangle (**Generic Risk Indicators**) and strengths and vulnerabilities of the child and their family (**Matrix Related Indicators**) that will help to identify the level of risk and inform what action may be necessary to keep the child safe.

  At early stages of investigation however, practitioners may be time limited and may wish simply to draw on the **Generic Risk Indicators** and the **Risk Questions/Prompts.**

- Practitioners are required to use local existing assessment frameworks/paperwork and the Risk Framework needs to be incorporated to build upon locally established processes (eg. the IAF – Integrated Assessment Framework).

- The **Risk Recording Sheets** **should not be given out to children/families to complete**. Rather, they should be used by practitioners to provide as comprehensive a picture as possible. They are, thus, an aid to ensuring that all relevant information is being gathered and where information is not known, to assist professionals make a decision as to whether this information is necessary to the decision making process. The risk indicators may also help support and inform discussions between the child and their family and the services involved in developing appropriate and proportionate responses to the needs/risks identified.

  In all circumstances practitioners should seek to obtain an overview of the child's world (the child's/family's history, family composition and relationships) in order to make better sense of what may be going on. To achieve this all work with children and young people should be supported by the use of clear Chronologies, Genograms and EcoMaps.

2.2   Stage 1 – Collection and Collation of Information

At this initial stage, the focus of practitioner activity is the collection and collation of information and this process can be enhanced by the use of the **Risk Indicator Sheets** and the appended tools such as **Genograms, Chronologies, EcoMaps and Cycle of Change.** (Refer to Sections 2 and 3)

Risk Indicators

To assist practitioners in the gathering of information a series of **Risk Indicator Sheets** have been developed that build upon the My World Triangle and provide additional information for practitioners assessing risk and the impact that risk factors may have on the safety and well-being of the child.

The **Risk Indicators** are drawn from current research findings and directly informed by frontline practice experience. While comprehensive they do not seek to be exhaustive. They encourage practitioners and those examining risk to consider the wide spectrum of need/s prevailing and identify particular areas that may not otherwise have been considered by them, but which through research have been highlighted as important.

- **Risk Indicators** – these help practitioners to look at a range of possible risk factors within a child and families life. As such they support single/multi-agency assessment and enable practitioners to explore multiple areas of potential/actual risk. This will help inform information gathering, and decision making about the need to share concern beyond the single agency.

- Where there is the need to share concern across agencies and develop **multi-agency assessments and interventions**, practitioners should comprehensively consider not only the Generic Risk Indicators and Risk Questions/Prompts but also the Matrix and Resistance Related Risk Indicators.

How to Use the Risk Indicators and Recording Sheets

- The **Risk Indicator Recording Sheets** provided, take practitioners through a series of potential risk indicators, allowing information to be gathered, examined and recorded in a methodical and systematic way. This better informs the analysis of risk and supports decision making in a way that helps establish a strong evidence base. The Recording Sheets can also be easily attached in the form of supporting information as an appendix to single or multi-agency assessments.

- The risk indicators seek to provide a clear focus for exploration and discussion by the practitioner, child and family. **THEY ARE NOT INTENDED** to be a set of questions that workers sit and work their way through with children/families one question at a time. Rather they provide an aid to ensuring that potential aspects of risk are actively considered and, as information is gathered, fully recorded.

- They also provide a focus for discussion and debate between professionals as concerns are explored, levels of risk are agreed and interventions decided upon (eg. within the context of the child protection core group).

- The Record Sheets have been developed to allow up to **FOUR**[2] children within the one family to be individually considered. This allows consideration and comparison of need/risk across sibling groups without the need to start using another Record Sheet. When completing the sheets the following key should be used:

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

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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

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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

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[2] While the Record Sheets allow the recording of information for up to four children, the need to consider each child individually means that local assessment processes and management information systems will require the needs/risks for each child to be captured and recorded individually.

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

Notes or comments on each Risk Indicator can be recorded where necessary and practitioners can also record the source of any evidence pertaining to each. Having gathered information and using the series of questions and prompts, the recording sheets can then be systematically used by practitioners to better answer the question, **"what it is the information telling me?",** leading logically to Stage 2, Risk Analysis.

2.3   Stage 2 – Risk Analysis

What Do We Mean by Analysis?

Analysis involves the process of breaking down what is known about the complexity of a child and family's circumstances into smaller parts, so as to acquire a better overall understanding of what is, or may be, going on. Analysis critically draws on the information gathered, and the quality and character of the information collected can shape how analysis is applied and the early conclusions reached.

Analysis is where information that the professional has gathered is then:

- Sorted
- Weighted in terms of its significance, and
- Ultimately made sense of

While separated out here as a distinct stage, analysis is obviously a dynamic, interactive process that is present in all aspects of risk considerations; from information gathering to the implementation of day-to-day risk management through the Child's Plan and case review. It also draws upon reasoned induction from the information obtained and from practitioner intuition about what may be going on for a child and their family.

Through good use of analysis practitioners may reach a more informed and insightful position whereby they can competently and confidently convey what it all means for the individual child, the adult carer/s, and the various relationships between each, as well as the services involved. Analysis should, thus, provide practitioners with a clearer picture of circumstances and inform future interventions that address need and manage/reduce risk for children and families.

Making sense of the information gathered through analysis is, thus, **the key task of the assessment process after acquiring the information.** The principal output of any analysis is the development of a risk management plan – the Child's Plan – that sets out specific tasks aimed at successfully addressing the risk factors that have been identified while also building upon any known resilience's and/or protective factors.

Using Analysis to Understand the Child's World

Analysis of information requires that practitioners appropriately share information, actively discuss its character, meaning and significance and work closely together to reach better understandings of what is going on for the children and families involved.

Risk is a fundamental element of child welfare and protection practice: it is uncertain, often changing in nature and focuses on the three dimensions of what is known about the child, the parent/carer and the wider environment. Informed analysis will not only help determine the nature of current circumstances but also the potential likelihood of an event or series of events occurring/recurring.

Making sense of complex family and social situations is not an easy task. Analysis demands a thorough investigative approach on the part of practitioners, and it requires that they forensically and systematically examine circumstances and events to help understand:

- Why they may have arisen – **the reasons, triggers, history?**
- What they mean for the individuals and others involved – **their significance and impact?**
- How, if possible, they may be addressed – **how best to manage, minimise and resolve?**

Practitioners, therefore, need to reflect critically on all information gathered – its source, credibility, integrity, validity, whether it corroborates, challenges or contradicts the current assessment and analysis. They also need to be aware of any potential for bias and the difficulties of working solely on the basis of information that is contested.

Ultimately, analysis is about making sense of a child and family's circumstances **(what is the information telling me?)** and the decisions/outcomes reached are influenced and determined by the exercise of professional judgement in relation to this, be it individual and/or collective. It is neither appropriate nor possible to provide simple answers for practitioners about how to do analysis as this is determined by

individual case circumstances and the available practitioner skills, ability and knowledge as well as the service responses to these.

It is possible, though, to provide a core range of tools within the Framework that help build more analytical approaches to practice and which greatly assist practitioner ability to better undertake the task of analysis. These can also support practitioners to achieve better overall understandings of family history, context and dynamics and assist in obtaining improved outcomes for children, young people and their families. In following the guidance below, practitioners may be supported to establish common cultures of practice around risk, using common tools and a common language. These tools, and the Framework supporting them, assist practitioners to gather and organise the available information around the child and their family, establish more rigorous evidence about their circumstances and make better informed decisions about the range of interventions and actions to be taken.

How to Use the Risk Indicator Recording Sheets to Aid Analysis

Having gathered information using the Risk Indicator Recording Sheets – Generic, Matrix Related and Resistance Related – practitioners are guided to the Analysis section and asked to consider **"what is the information telling me?"**.

Practitioners should…

1 | **Consider the information gathered and identify the key risk factors** for each child, parent/carer and the child's wider world. The Recording Sheets will highlight the specific areas of concern/risk (your evidence) but you should give an overview of what you consider to be the key issues within the three domains of the My World Triangle (Generic Risk Indicators) and those gathered relative to the Matrix and Resistance Related Indicators. This is a very visual exercise and immediately practitioners should be able to see if risks vary from child to child within a sibling group.

EXAMPLE OF ANALYSIS OF RISK INDICATOR SHEET RETURNS (using the example already noted)

Risk Indicators for:
Child 1: Child currently aged 3 months. Clear history of being born prematurely, experiencing early maternal separation via placement in Special Care Unit (SCU) as a result of experiencing NAS which required dual medication (Oramorph and Phenobarbital) and close clinical supervision for an extended period of 4 weeks. Mother discharged post birth prior to baby. Erratic and irregular commitment by both parents to contact visits with newborn at SCU.
Child 2: Complete similarly for Child 2 capturing key details highlighted from completion of the Risk Indicator Sheets.

Child 3: Complete similarly for Child 3 capturing key details highlighted from completion of the Risk Indicator Sheets.
Child 4: Complete similarly for Child 4 capturing key details highlighted from completion of the Risk Indicator Sheets.
Parent/Carer: Complete in terms of what's known and discovered about the parents/carers capturing key details highlighted from completion of the Risk Indicator Sheets.
Family and Wider World: Complete in terms of what's known and discovered about the child's wider world, again capturing key details highlighted from completion of the Risk Indicator Sheets.

2

Having identified and recorded the key areas of risk/concern for each child via the Recording Sheets, **practitioners then need to form a view as to the overall level of concern** taking account of the interaction between the child, parent/carer and the child's wider world. When answering the question – **"what is the information telling me about the level of concern"** – they need to consider issues of frequency, duration, severity, single event/cumulative concern etc.

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).

By reviewing the information acquired on the Risk Indicator Sheets, and the analysis undertaken within the individual sections for each child, the parents/carers and the child's/family's wider world, practitioners should be better placed to make sense of the range of needs and risks presented – for both child and adult. Practitioners will also be better placed to assess the dynamic relationship of each parent/carer to each child and to identify any similarities or variance in this and the needs/risks identified. The children, their need and risk profiles and presentation are, thus, examined individually and, where part of a sibling group, also considered collectively.

The practitioner is then better placed to provide a well informed view as to the overall presentation of the concern/s for each child, the range of tasks that may be required to address needs/risks and the kind of timeframes that may be required to be worked to in order to progress any possible change.

As the Risk Indicator Sheets actively lead practitioners through a number of known potential risk factors there may be less likelihood of failing to consider a key element or of missing traits and patterns that prevail.

3 As each area of risk is explored and analysed – using the My World Triangle and the Vulnerability Matrix and exploring Parental Resistance – practitioners will begin to form a professional view as to the level of risk/concern that may be present for each individual child. **The 12 Risk Questions/Prompts and the model outlined below for considering parental resistance** can also be used by practitioners as a further aid to ensure that all aspects – risk, resilience and resistance have been actively considered.

Risk Questions/Prompts

Areas for Consideration		Practitioner Prompts
1.	**Are you able to describe the current incident of concern – record these accurately?**	• What are the parent's attitudes and responses to your concerns? • Is their explanation consistent with the injury/incident? • What status does the child have within the family?
2.	**Have you assessed all areas of potential risk?**	• Note and record each risk factor separately (eg. child, parent, family, surrounding environment, type and nature of abuse, intervention issues)
3.	**Can you describe the potential behaviours of concern?**	• Rather than focus on the individual, assess each worrying behaviour individually – as each is likely to involve different risk factors
4.	**Can you describe the nature of the risk factors?**	• How long have they been operating? • How severe are they? • Are the injuries/incidents one off or cumulative over a period of time
5.	**Grade the identified risk factors, and be alert for especially serious risk factors (High, Medium or Low – this is a professional judgement)**	• For example, previous corroborated or uncorroborated concerns, unwillingness or inability to protect. If a young baby is with an alcoholic mother and basic care (safety) is not being provided then the severity of the risk is clearly high. If the child is older and has a number of protective factors around them (eg. a good school, grandmother who can spend lots of time with them) then the severity of the risk posed by the alcoholic mother may not be high

Areas for Consideration		Practitioner Prompts
6.	How serious are the consequences of the abuse occurring for the child, for the child's family and for the agencies involved?	• We need to distinguish between the likelihood of the behaviour occurring from its seriousness if it does. For example, someone may indicate they are allowed to smack their child, thus, the likelihood is that the child will be smacked again in the future and we need to assess the impact of the action of the child
7.	Detail ALL previous incidents of abuse and neglect	• Detail any previous incident of abuse or neglect (type and frequency) in this family and/or any record of the current caretakers having abused or neglected other children • Is there a pattern of abuse (such as physical abuse being repeated) or is it changing (such as the concerns spanning a range of abuses)? • Do they accept any of the previous concerns? • Do they have any insight into their previous behaviour? If so why the lapse? Do they accept or reject themselves as a continuing risk?
8.	What are the strengths in the situation being analysed?	• A broad view should be taken of possible strengths including extended family and community supports but they should be related to the abuse or neglect under consideration. • Here too the emphasis is on the situation being assessed but consideration should also be given to factors from the caretaker's past where there is evidence that these are strengthening current coping capacity. For example, a parent who has "coped" for a number of years prior to the current concerns can show the capacity under other circumstances to provide appropriate care for the children
9.	Do any risk reducing factors exist?	• An admission by a parent of the problem and a willingness to co-operate with a treatment and intervention programme can reduce risk. The use of interventions known to bring benefits (eg. appropriate, regular medication for a mental illness would also reduce risk)

	Areas for Consideration	Practitioner Prompts
10.	**What are the prospects for change in the situation and for growth?**	• A risk assessment should attempt to forecast how a situation will develop in the future. Clearly, the capacity for improvement or deterioration in the current conditions is central to any such assessment. A key indicator of the likelihood of change is the parent's attitude to the abuse or concerns – an acknowledgement of the difficulties and a preparedness to work towards change would normally be seen as lessening the risk and the denial of the problem as increasing it • Other areas may include parenting skills and the capacity to learn – so can ways of teaching and imparting parenting skills, matched to the parent(s) methods of learning, be improved? • Do they have the capacity to generalise learning to adapt it to new situations? Have they made some changes previously but could not sustain?
11.	**What is the risk associated with each intervention?**	• Removing a child allegedly in danger from its family exposes them to other dangers which can be equally damaging • We need to consider whether the benefits of intervention outweigh the problems of separation if we are considering removal from the home – the inability to place siblings together in substitute care, the location from the placement may be some distance and can, thus, disrupt the child's peer networks, schooling and social life

12.	**What is the family's motivation and capacity for change?**	• As noted, a genuine shared understanding and acknowledgement of concern on the part of the parent/carer alongside a willingness and ability to work with services would normally be viewed as supportive to reducing risk potentials, while an absence of each would likely increase risks
		• However, care needs to be taken not to discriminate against parents solely on the basis of their taking a different view of the abuse or alleged abuse from practitioners. Key questions to ask include:
		  • Does the parent have insight into your concerns?
		  • Do they want to change?

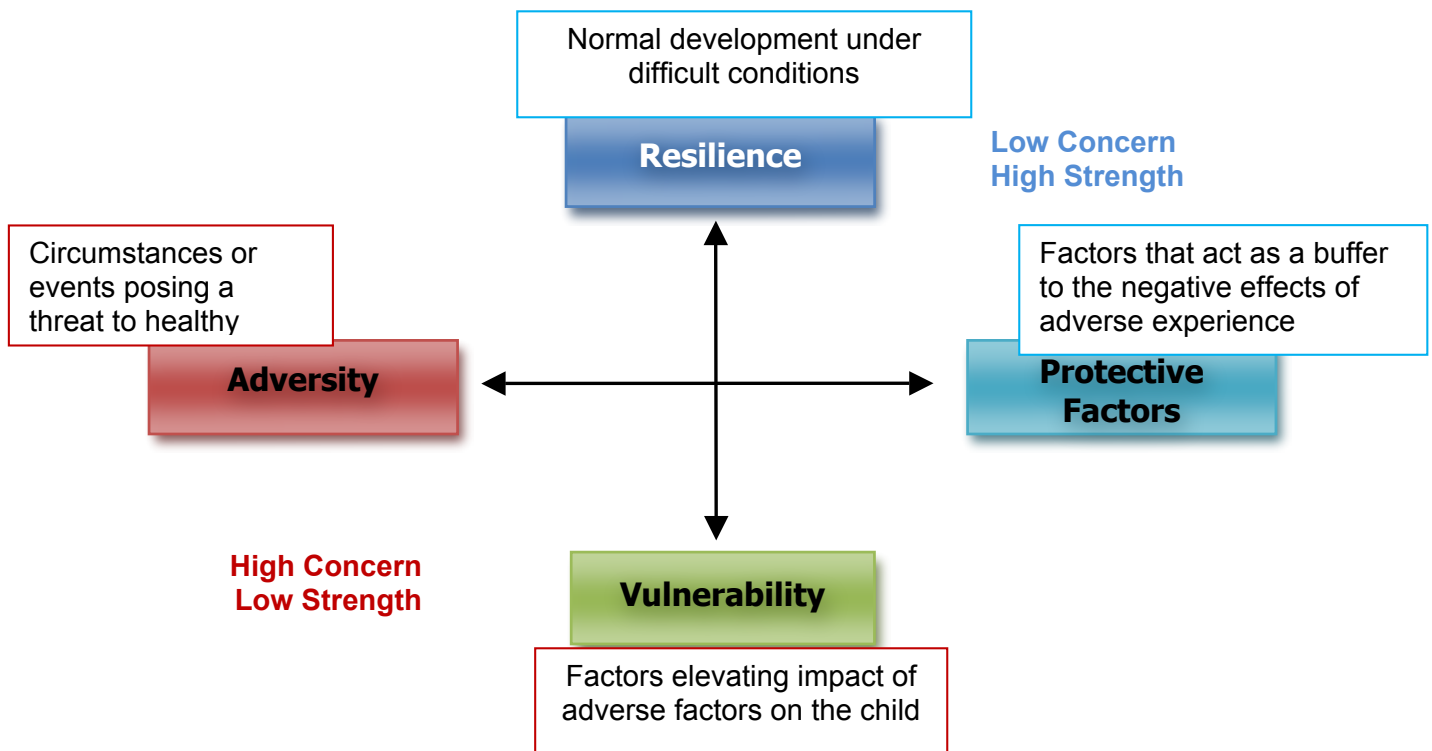| | | • Do we have the resources to help? |
		• How long will it take?
		• Can they maintain the changes?
		• Does the child need to live somewhere else?

Considering Parental Resistance and Risk

A crucial task for the worker is to assess the parent's commitment to engaging and implementing change. Horwath and Morrison (1999) developed a model to provide a framework for assessing parent's responses to change.

GENUINE COMMITMENT	**TOKENISM**
Parent recognises the need to change and makes real efforts to bring about these changes	Parent will agree with the professionals regarding the required changes but will put little effort into making change work

While some changes may occur they will not have required any effort from the parent. Change occurs despite, not because of, parental actions |
| **COMPLIANCE/APPROVAL SEEKING** | **DISSENT/AVOIDANCE** |
| Parents will do what is expected of them because they have been told to "do it"

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 | Dissent can range from proactively sabotaging efforts to bring about change to passively disengaging from the process

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) |

How to Use the Resilience/Vulnerability Matrix to Aid Analysis

The Resilience/Vulnerability Matrix sits within the National Practice Model and practitioners will be familiar with this analysis tool and its use to sort information gathered using the key headings of **vulnerability, resilience, adversity** and **protective factors**.

Resilience-Vulnerability Matrix (Daniel, Wassell and Gilligan, 2010)

Normal development under difficult conditions

Resilience

Low Concern High Strength

Circumstances or events posing a threat to healthy

Adversity

Factors that act as a buffer to the negative effects of adverse experience

Protective Factors

High Concern Low Strength

Vulnerability

Factors elevating impact of adverse factors on the child

The aim is to organise the information collated from the Record Sheets into a matrix that provides some indication of risk and resilience to help identify what action may be necessary to better meet the child's needs and manage/reduce risk. The **Matrix Risk Indicators** link directly to the four quadrants of the Matrix – Resilience, Vulnerability, Factors of Protection and Adversity – adding Resistance as a key consideration also. To do this, practitioners should take the following steps:

Step 1 Complete the **Matrix Related Risk Indicator Sheets** as fully as possible.

Step 2 Practitioners should explore each area of the Matrix in detail using the the individual **Recording Sheets**. The record sheets will clearly identify which risk indicators are relevant to the child, parent/carer and child's wider world.

Step 3 Practitioners should weigh up the information and identify those factors of resilience and protection which may reduce potential risk. Information gathered within each of the four areas can be integrated in to local assessment framework processes and report structures.

Step 4 Having collected the information, practitioners should start to make sense of what each section means. It is important to pull each of the three areas together to provide an over-arching pathway that not only informs the plan, but also indicates whether this is a single or a multi-agency response. It should also help determine whether the threshold for initiating child protection processes is met.

Understanding What the Information is Telling Me

The following is an integrative framework designed to indicate the balance of risks and strengths. Calder (2010) has organised the currently available evidence base for each of the possible quadrants as follows.

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)	

The information gathered will indicate the overall calculation of risk that then has to be managed. An indicator of what each quadrant means is presented below and will aid practitioners in quantifying the level of risk and future potential change on the part of the parent/carer.

Low strength/ high concern	High concern/ high strength
Parents are likely to be at the pre-contemplative stage and unlikely to move from this position. Families assessed to be in this category are the most worrying. The children are likely to need to be looked after, probably long term. The length of time in care will be dependent on the parent's ability to change, however their own upbringing may have left them too damaged to change.	Parents may be more willing to change at this level. There will be parents at different stages of change. There could be worries about children living in these families and alternative placement may be an option however this depends on the parent's ability to change. There is more scope for working with families in this group and less need to separate.
Low concern/ low strengths	**Low concern/ high strengths**
Families in this group are highly unlikely to need care. These are the referrals that are likely to be referred on a number of occasions before they are willing to change. Community resources are the best outcome. This group of children/young people should not come in to care as generally there are no issues to put the child at risk at home.	Network of support and supervision is available to child/young person. Families in this group are generally of little worry and would probably benefit from standard support systems, school, GP etc. Generally these families should not be referred to social services as their needs are similar to the standard population. They may need advice and guidance from standard services.

Step 5 When completed the **Recording Sheets** provide an evidence base as to how decisions have been reached. In addition the recording sheets can form part of the evidence presented to a Sheriff for a CPO (Child Protection Order) or inform multi-agency discussions through the Core Group.

NOTE – For further information on the Resilience/Vulnerability Matrix and its application refer to the National Guidance.

2.4   Stage 3 – Risk Management

Risk Management is the third stage of the risk consideration process. It is where the work undertaken in Stages 1 and 2 is brought together to shape and plan the agencies interventions aimed at keeping the child safe. Once risks have been identified and assessed it is critical that clear and specific actions are set out to successfully address and reduce that risk. These actions have to be formally written and recorded within the Child's Plan.

This risk management planning also has to clearly outline the various steps to be taken that actively consider and address risk, both in the immediate and in the longer

term. A robust risk management plan helps to ensure shared accountability, clarity of professional roles and responsibilities and supports the interventions of the various staff involved.

While social work services will have lead responsibility for convening and chairing child protection meetings; risk management approaches overall need to reflect the primary GIRFEC principles of agencies working closely together to both promote children's welfare and ensure their safety. To do this effectively key professionals from other agencies have to prioritise attendance at, and commitment to, these meetings. **Care planning and risk management, thus, has to be equally owned across all the services.**

Practitioners from across a number of agencies, therefore, contribute to multi-agency care planning and risk management for the child. The team require to consider the information collected; organise and weight it in terms of its significance and examine the relationships between the different domains of the My World Triangle. This builds further upon the early analysis undertaken from the initial assessment to move towards the development of a clear risk management/care plan.

Risk Management Planning

Risk assessment must be **balanced** and separate facts (observed evidence of risk) from opinions to arrive at an informed professional judgement. Practitioners require to approach the risk management task with a degree of both optimism and scepticism.

Assessment of risk is not a stand-alone exercise it has to have the purpose of leading to the management and eventual reduction of risk. Indeed it is not purposeful unless it results in identified actions to keep the child safe.

By identifying **risks, vulnerabilities** and **protective factors** practitioners ought to arrive at a comprehensive and informed assessment that provides agencies with:

- An evidence base on which to proceed and make defensible decisions and actions
- A platform for future planning and interventions
- A clear idea of what needs to be done to protect the child/young person
- A framework for managing and reducing risk
- A framework against which progress (or deterioration) can be measured

Practitioners within multi-agency forums such as looked-after children reviews, case conferences or core groups need to be specific about the various risks that a child/young person is facing and identify both the potential for those risks occurring and the impact they will have on the child/young person if not managed or addressed. Multi-agency decision making wherever possible should be arrived at in conjunction with parents/carers, be informed by the views of the child/young person and an understanding of the circumstances of the child.

Risk management also has to be adaptive and flexible and be modified in light of changing events and circumstances.

The Child's Plan

The Child's Plan/Multi-Agency Child Protection Plan is fundamentally informed by the assessment and should identify how the following will be addressed:

- The identified needs of the child or young person – including their need to be protected from future harm
- Factors that impact on parents/carers capacity to respond to the needs of the child or young person, drawing on their strengths and areas of competence whilst recognising difficulties
- Wider family and environmental factors which may have an impact on the child or young person and family, drawing on strengths in the wider family and community as well as identifying difficulties

Risk management plans should be **SMART** (Specific, Measurable, Achievable, Realistic and Time-limited) and specific about the actions to be taken and:

- Identify who is at risk: from whom and what and, if possible, in which circumstances
- Set out the range of needs and risks to be addressed and outcomes to achieve
- Identify who is responsible for each action
- Identify any services or resources that will be required to ensure that the planned outcomes can be achieved within the agreed timescales
- Agree how agencies can measure reduction in risk
- State the timescales within which changes/improvements are to be made
- Note what the contingency plans are

The plan should clearly set out the key outcomes that are required for the child and all actions must be separately identified and linked to individual needs/risks. The plan should be set out in a systematic way that is achievable, accountable and accessible for all parties involved, including the child/family. Risk management planning must also be subject to regular review, which, where statutory involvement is present, will reflect statutory review requirements and timeframes where these exist.

Any intervention to better protect a child/young person must be **proportionate** to the presenting **evidence/information available** and formally set out within the Child's Plan or the multi-agency child protection plan.

Section 3

Risk Tools

- Risk Indicator Sheets
- The Chronology
- Genograms
- EcoMaps
- The Cycle of Change

Risk Indicator Sheets

Generic Risk Indicators
(Child, Parent/Carer and Wider World)

Matrix Related Risk Indicators
(Child, Parent/Carer and Wider World)
- **Resilience**
- **Adversity**
- **Vulnerability**
- **Protective**

Resistance Related Risk Indicators
(Child, Parent/Carer and Wider World)

Generic Risk Indicators

A collection of Generic Risk Indicators drawn from research and practice that help highlight potential risk factors within a child's/young person's life circumstances relative to the three dimensions of assessment within the My World Triangle – the child (how I grow and develop), parent/carer (what I need from the people who care for me) and their wider world.

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					

Generic Indicators - The Child	Child 1	Child 2	Child 3	Child 4	Notes
Difficult temperament					
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					
Contested contact and residence issues					
Repeat victim					
Historical abuse of siblings by carers					

Generic Indicators - The Child	Child 1	Child 2	Child 3	Child 4	Notes
Direct or indirect exposure to domestic abuse					
Statutory or CP measures in place					
Poor school attendance					
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					
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					

Generic Indicators - Parent/Carer	Child 1	Child 2	Child 3	Child 4	Notes
Partner is not biological parent of child					
New partner - background is unknown					
Parental resistance/limited engagement					
Refuses workers access to child					
Parents masking the reality of the situation					
No shared understanding of concerns					
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					
Physical disability which impairs parenting ability					
High stress levels such as poverty, isolation, loss					
Parents' parenting was poor/abusive					

Generic Indicators - Parent/Carer	Child 1	Child 2	Child 3	Child 4	Notes
Low self-esteem					
Poor life skills and problem solving abilities					
Poor impulse control					
Difficulty with communication					
Lack of trust towards workers and others					
History of multiple relationships					
Carer continually defers to partner for response					
History of domestic violence					
History of community violence					
History of violence /aggression towards workers					
Parents in conflict over custody or residence					
Inability/unwilling-ness to make use of supports					
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					
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					

Generic Indicators - Wider World	Child 1	Child 2	Child 3	Child 4	Notes
Neighbourhood characterised by poverty					
Housing quality poor					
Lack of community services					

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
Child 2
Child 3
Child 4
Parent/Carer
Family and Wider World

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

Matrix Related Risk Indicators

A collection of Risk Indicators directly linked to each axis of the Resilience-Vulnerability Matrix which lead practitioners to examine Resilience, Adversity, Vulnerability and Protective Factors. Drawn from research and practice these aim to help highlight potential strength and risk factors within a child/young persons life circumstances. Again, each are directly examined relative to the three dimensions of assessment within the My World Triangle – the child (how I grow and develop), parent/carer (what I need from the people who care for me) and their wider world.

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					

Resilience Indicators - Parent/Carer	Child 1	Child 2	Child 3	Child 4	Notes
Parents have good self-esteem					
Consistent quality of care					
Good communication within family					
Affectionate bonds within the family					
Reliable emotional support for child					
Good parental supervision					

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

Resilience Indicators - Wider World	Child 1	Child 2	Child 3	Child 4	Notes
Supportive adults outwith the family					
Parents suffering from poor mental health supported					
Good community resources (e.g. childcare)					
Child has cultural connections in community					
Wider family supports (e.g. grandparents)					
Community resources combat racism/exclusion					

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?

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Child 3
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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.)

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					

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

Adversity Indicators - Parent/Carer	Child 1	Child 2	Child 3	Child 4	Notes
Evidence of unresolved childhood trauma					
Living in recurrent crisis					
History of substance misuse					
Isolated within culture/community					
Longstanding mental health problems					
History of criminal/offending behaviour					
History of violence/conflict					

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

Adversity Indicators - Wider World	Child 1	Child 2	Child 3	Child 4	Notes
History of concerns about wider family					
Unable/unwilling to overcome adversity					

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
Child 2
Child 3
Child 4
Parent/Carer
Family and Wider World

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

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					

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

Vulnerability Indicators - Parent/Carer	Child 1	Child 2	Child 3	Child 4	Notes
Parental difficulties (e.g. domestic abuse)					
Poor partner relationships/ multiple partners					
Single parent household					
Young parent under 21 years or immature					
Unrealistic expectations of the child					
History of offending					
Chaotic family situation					
Parent abused as a child					
Asylum seeking					

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

Vulnerability Indicators - Wider World	Child 1	Child 2	Child 3	Child 4	Notes
No access to community resources					
Subject to racism or other isolating factors					
Poor/unsuitable housing					
Homelessness					
Financial difficulties					
Residing detention centre/secure accommodation					
Family home overcrowded					
Lack of extended family support					
Poor support networks					

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
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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.)

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					
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					

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

Protective Indicators - Parent /Carer	Child 1	Child 2	Child 3	Child 4	Notes
Parent has good relationship with child					
Parent has a positive view of the child					
Parents understands the needs of the child					
Consistent caring, responsive to the needs of the child					
Demonstrates effective parenting					
Resilient and a good parental role model					
Demonstrates motivation to change					
Willing to receive help and accepts Responsibility					
Capacity for change - shows insight/initiative					
Actively involved in planning work					
Open to feedback/ advice/difficult conversations					
Good relationship with professionals					
Ability to manage behaviour appropriately					
Relatively few sources of stress					

Protective Indicators - Parent /Carer	Child 1	Child 2	Child 3	Child 4	Notes
Strong relationship with own parents/carers					
Mental health problems respond to treatment					
Overcome own childhood abuse					
Positive childhood experiences					
No previous history of abuse					

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

Protective Indicators - My Wider World	Child 1	Child 2	Child 3	Child 4	Notes
Supportive extended family					
Regular, positive contact with extended family					
Ability to access /use appropriate services					
Strong relationship with own parents					
Access to supportive					
Family settled in their home					

Protective Indicators - My Wider World	Child 1	Child 2	Child 3	Child 4	Notes
Family live in a safe and secure neighbourhood					
Access to resources (health, education etc)					
Sufficient income and good physical living standards					
No previous professional supports					
Shared agency understanding of issues/planning					

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
Child 2
Child 3
Child 4
Parent/Carer
Family and Wider World

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

Resistance Related Risk Indicators

A collection of Resistance Related Risk Indicators drawn from research and practice that help highlight potential risk factors within a child/young persons life circumstances relative to the three dimensions of assessment within the My World Triangle – the child (how I grow and develop), parent/carer (what I need from the people who care for me) and their wider world.

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 over-whelmed 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 aware-ness of impact of own behaviour					
Lacks under-standing 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					

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
Child 2
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Child 4
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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.)

The Chronology

THE CHRONOLOGY

Chronologies provide a key link in the chain of understanding needs/risks, including the need for protection from harm. Setting out key events in sequential date order, they give a summary timeline of child and family circumstances, patterns of behaviour and trends in lifestyle that may greatly assist any assessment and analysis. They are a logical, methodical and systematic means of organising, merging and helping make sense of information. They also help to highlight gaps and omitted details that require further exploration, investigation and assessment.

They can and should also be used to promote engagement with the service user/s. The content of chronologies is however determined by individual/collective professional judgements as to what is in fact significant in a child's and family's lives. They should not replicate or attempt to substitute for case recording but should rather provide clear outline of the most important elements of individual or family circumstances.

As noted in the former Social Work Inspection Agency Practice Guidance on Chronologies, chronologies need to be:

- **Succinct,** if too detailed and capturing every issue or contact they lose their value
- **Simple,** ensuring that information can be effectively and efficiently combined and sorted
- **Standardised** in format utilising a shared template to capture core details and events (SWIA, 2010)

Chronologies can be single agency or multi-agency in character, simple or sophisticated in format, individual or collective in focus and can be used for a variety of purposes. A good chronology is a critical tool in helping make sense of the complexity of a child and family's life and circumstances. It also establishes a sound foundation for future understandings, and analysis where professional staff change or new staff or services come on board. Chronologies are, however, not an end in and of themselves; rather they constitute one significant element of the suite of tools that we point to as useful in facilitating analysis of needs/risks in assessments and interventions, including Risk Indicator Sheets, Risk Prompts, EcoMaps, Genograms and the Cycle of Change.

As dynamic tools, chronologies require consistent attention to ensure they are kept accurate, informative and up to date. As example, each agency involved with a child and their family should collate key information into a single agency chronology of contact and where working with partner agencies actively work to combine and consolidate this into a multi-agency chronology. As is noted within the Western Isles Inquiry Report of 2005:

"All of the agencies involved in protecting children must gather the information they have on individual children at risk into a chronology of key events and contacts, review it regularly and make sure that it is passed on to the professional with the lead role in protecting the child. The professional with the lead role must co-ordinate this into a multi-agency chronology on a regular basis". (SWIA, 2005).

Below are two suggested templates – one simple, one complex – for use in undertaking a family or individual chronology. They succinctly set out an order and structure to framing the core information required. There is also a column that can be utilised to suit particular needs. For example you can colour code or mark this to indicate and assist counting of similar events or behavioural/situational themes – for example, substance misuse, violence, mental health, neglect, physical assault and so on. Or as GIRFEC Briefing 8 suggests, note event significance through something like a "traffic light" system of red, amber and green (Scottish Government, 2012).

It is acknowledged that many services will have already developed a format for chronologies within their GIRFEC processes and that this already reflects some of what they capture at present.[3] The key is to have an up-to-date chronology, to ensure that there are good cultures of use of the chronology to inform understandings and analysis (single and multi-agency) and to subject it to regular review and update.

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[3] For example: GIRFEC in South Ayrshire. Good Practice Guidance – Appendix 3

CHRONOLOGY

FAMILY/INDIVIDUAL:

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

Signature:
Job Title:

CHRONOLOGY

FAMILY/INDIVIDUAL:

Date Chronology was Last Reviewed/Updated:

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

Signature:
Job Title:

Genograms

THE GENOGRAM

A **genogram** is a visual tool to help display a person's family network and relationships that goes beyond a traditional family tree. It provides opportunity for practitioners and service users to obtain better grasp of family make up or context as well as the varying dynamics around the character and strength of some of these relationships. It can also be used to identify trends or patterns in behaviour – inter and intra generationally – and to recognise familial tendencies.

The templates below are provided to assist the organisation of information around family structure and organisation. Slide 1 is a guide to the possible layout of content with a family. Slide 2 is a blank version that may be used with the family. These are provided for guidance to assist understanding of how to set out a genogram on a single A4 sheet. The aim is to support practitioners to provide visual reference of a family's make up such that the reader can immediately grasp inter and intra generational relationships. However, the genogram is a tool to assist practice understandings of family make up and should be modified and adapted to suit individual family circumstances.

When completing the genogram, the key notations noted below can be inserted in each box and used to improve understandings of identified relationships. The key can also be adapted to take account of same sex relationships. With this basic information completed the genogram can be added to practitioner records and easily incorporated as appendix to any assessment report facilitating better grasp of the immediate familial context in which a child/young person resides. It can also usefully be used to support understandings of the connections between particular individuals that may reflect inter generational patterns of behaviour (eg. neglect, alcohol, drugs, mental health, violence etc).

This is a tool to be used both with the family and the professionals involved.

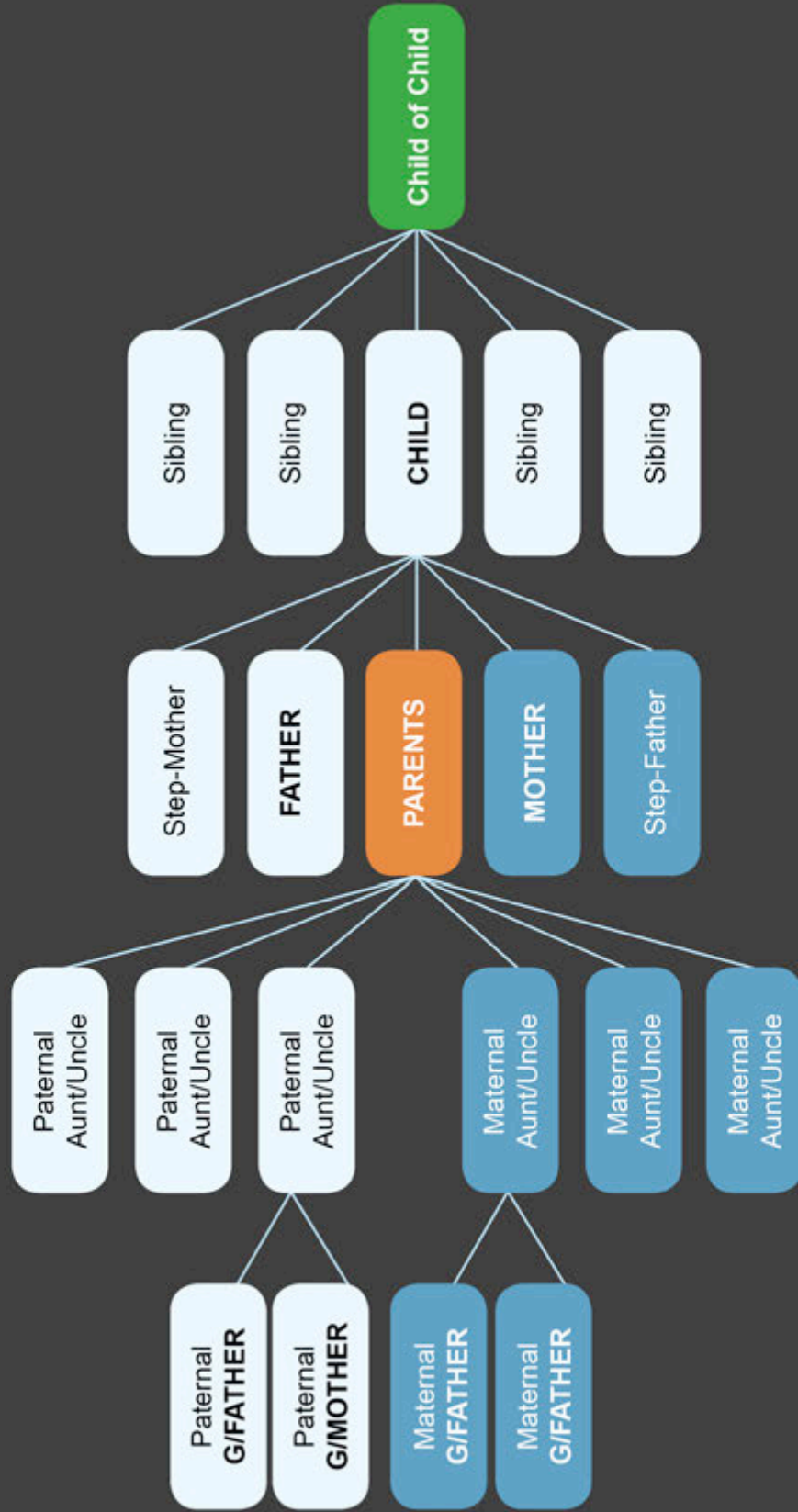## GENOGRAM KEY

⬤   Female

▭   Male

X   Deceased
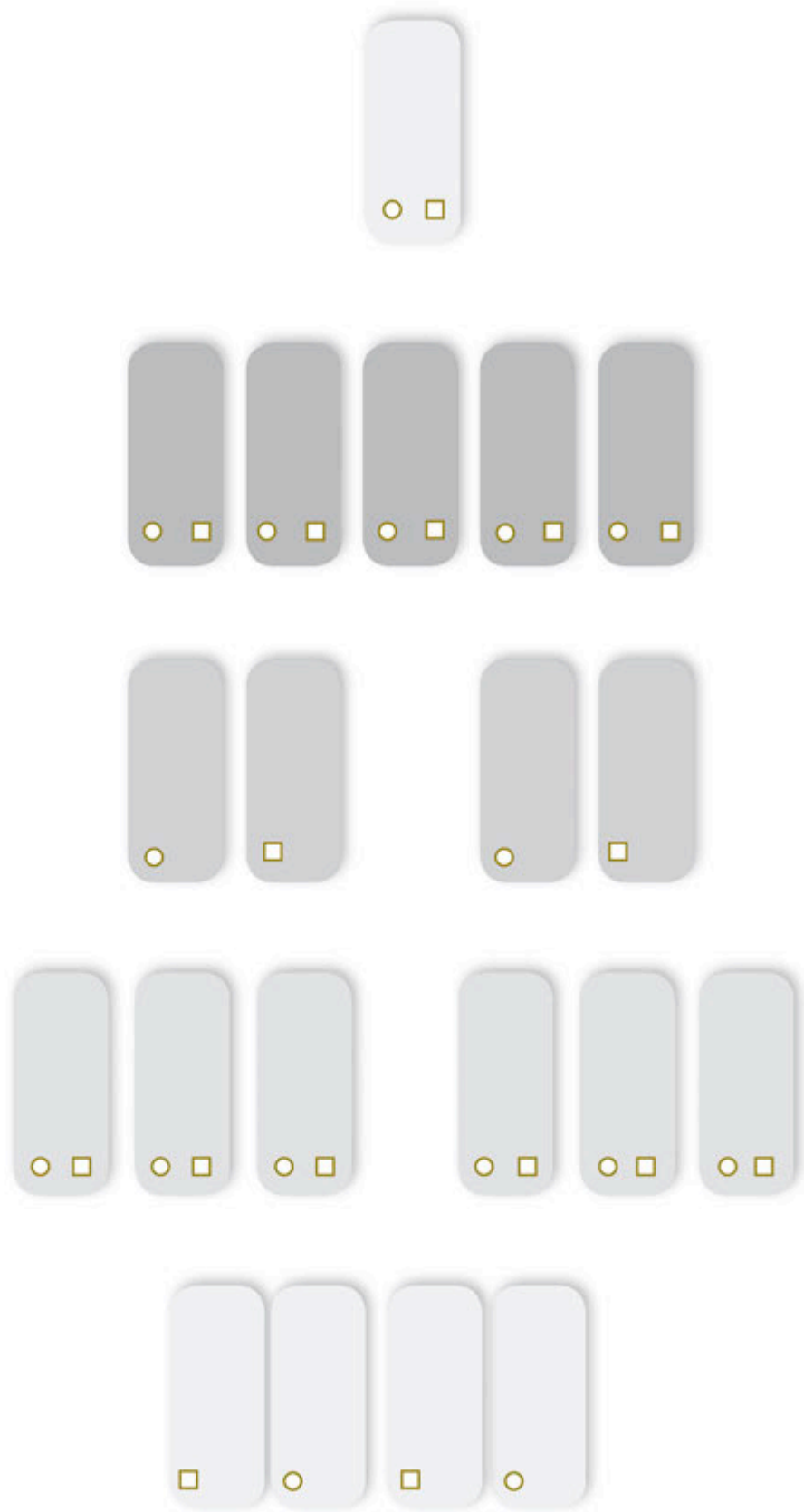
D   Year of Death/Age

B   Year of Birth/Age

GENOGRAM

Name:

Child of Child

Sibling — Sibling — CHILD — Sibling — Sibling

Step-Mother — FATHER — PARENTS — MOTHER — Step-Father

Paternal Aunt/Uncle — Paternal Aunt/Uncle — Paternal Aunt/Uncle — Maternal Aunt/Uncle — Maternal Aunt/Uncle — Maternal Aunt/Uncle

Paternal G/FATHER — Paternal G/MOTHER — Maternal G/FATHER — Maternal G/FATHER

GENOGRAM

Name: _____

EcoMaps

THE ECOMAP

The **EcoMap** is a simple visual assessment tool used to highlight relationships between a child, their family and their social network. Practitioner and service user together map out the key connections between the child, the family and their ecological environment. Identifying theses links clarifies and organises information displaying familial dynamics; raising issues about the character and reciprocity of relationships, and access to or absence of available resources.

The EcoMap uses standard symbols to express how the child/young person connects with the radial elements in their life – family, people, organisations, activities etc. For example, **a solid line** may indicate **a strong and healthy relationship**, while **a broken line** represents **a weaker tie**. Arrows can be added at the end of each line to indicate reciprocity of some relationships while **stressful or adverse relationships** are represented by **a dotted line crossed by several hashed lines.**

Using the EcoMap the practitioner can work directly with the child/family in an effort to better identify those relationships that are strong and resilient and those that may be characterised by risk and adversity.

As a simple visual tool the EcoMap can helpfully support the analysis and understandings of family relationships and assist improve grasp of the child's/young person's wider circumstances. Practitoners should:

- Place the person of focus – child/young person, parents/carers or family – at the centre
- Identify the significant relationships this person has to other people, organisations and activities
- Using the key below, draw connecting lines that identify the character of connection/relationship between the person of focus at the centre and the other people, organisations, and activities that are noted around them
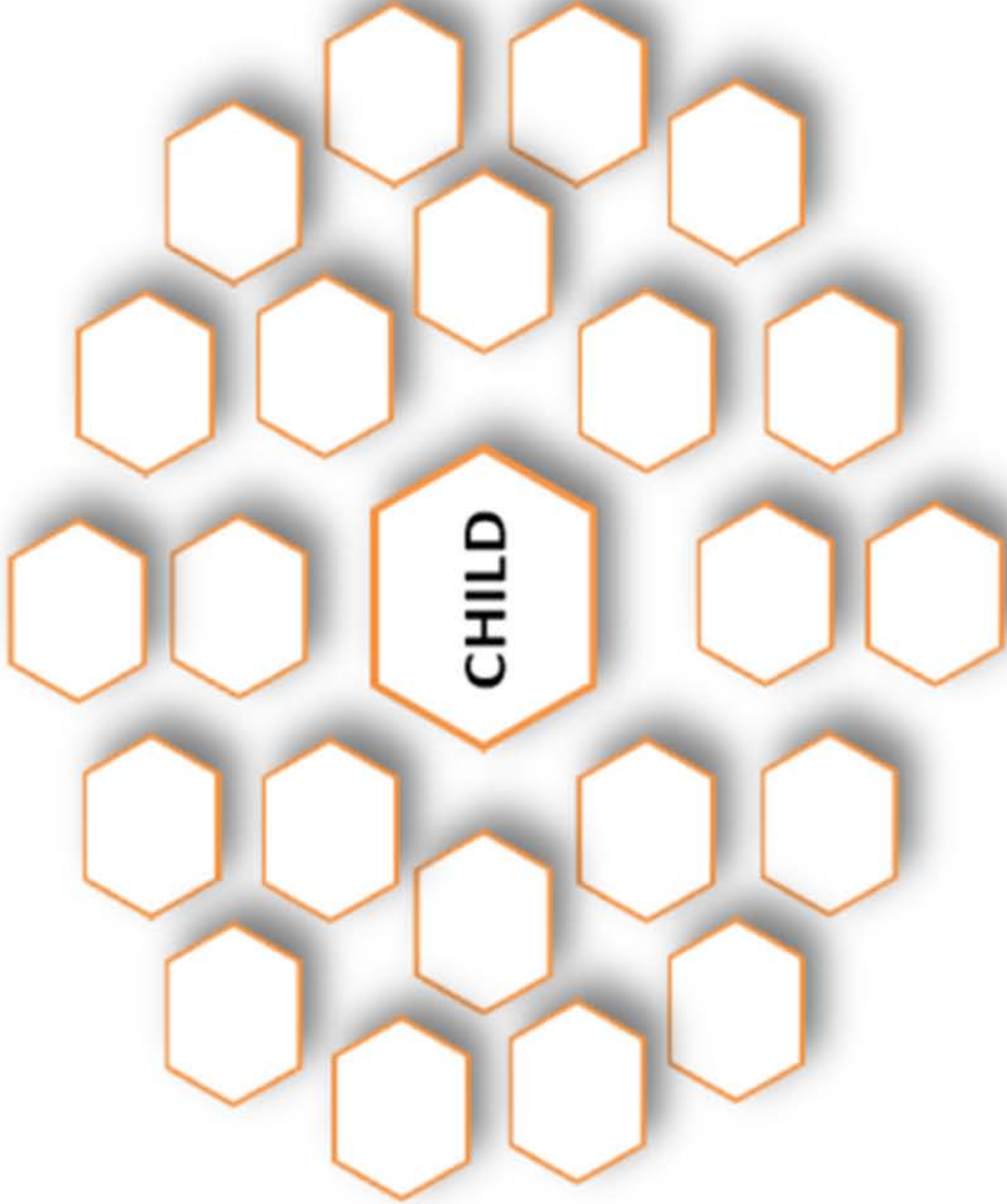
KEY

⎯⎯⎯⎯⎯ = A Strong Relationship

▬ ▬ ▬ ▬ = A Weak/Vulnerable Relationship

–/–/–/– = A Stressful/Adverse Relationship

ECOMAP on . . . .

CHILD

Name: Date:

The Cycle of Change

THE CYCLE OF CHANGE

Linked to motivational interviewing and relapse prevention work in addictions services, the **Cycle of Change** is a helpful tool in understanding and plotting a parent/carers potential for engagement with the risk identification, assessment and management processes. It also actively encourages consideration of particular aspects of resistance in parents/carers and assists understandings of issues such as those reflected where there is

- Denial that a problem exists
- Resistance to change
- A lack of commitment to making the agreed changes happen
- The parent/carers slip-back into their old behaviours when changes have previously been implemented

Used primarily in addictions services, the Cycle of Change can be applied to assist understanding of any change process.

The Cycle proposes **two key principles**:

- **There are several stages a person must go through before they successfully action and maintain lasting change** (a stage cannot be missed)
- **Change is cyclical**, people will have a range of feelings at different times about their risk behaviour/s and it can involve several attempts before they achieve any lasting change

The model is drawn up in various ways but is normally seen as having six stages set out as follows.

- Pre-contemplation
- Contemplation
- Preparation (sometimes called Decision or Determination)
- Action
- Maintenance (with an exit to termination or lasting change), and
- (Re)Lapse

The techniques to help move people from one stage to another are different depending on the current stage they are in. For example, offering solutions or seeking engagement in change processes when a person is in Pre-contemplation will not help whereas if they are in Determination this could be very productive. It is, therefore, very important to identify what stage a person is in when they are confronted with the need to change aspects of their behaviour, circumstances, lifestyles etc.

In **Pre-Contemplation**, the parent/carer has not thought about the need to change or does not acknowledge a problem exists. They are 'uninformed' in the sense that no personally convincing reason for change has been presented as yet.

In **Contemplation**, the parent/carer is ambivalent – they are in two minds about what they want to do. Sometimes they feel the need to change but not always.

In **Action**, the parent/carer is preparing and planning for change. When they are ready the decision to change is made and it becomes all consuming.

In **Maintenance**, the change has been integrated into the parents'/carers' life. Some support may still be needed through this stage. In Maintenance, lasting change is learned, practised and becomes possible. When we are able to maintain what we have achieved we exit the cycle entirely.

Lapse is a temporary return to 'old' unhelpful thoughts, feelings or behaviour.

Relapse is a full return to the old behaviour.

Lapse and Relapse are intrinsic to the Cycle Of Change and do not necessarily infer failure. It does not mean that lapse or relapse is desirable or even invariably expected. It simply means that change is difficult, not often a linear process and it is unreasonable to expect anyone to be able to modify behaviour perfectly without any slips. When Relapse occurs, several trips through the stages may be necessary to make lasting changes. Each time the person is encouraged to review, reflect and learn from their slips.

In child welfare there may be greater time and opportunity for working with parents/carers through the cycle of change. In a child protection scanario this will obviously be more boundaried by the character and severity of the risk (actual and potential) and time limited by the mandate to keep the child safe and protected.
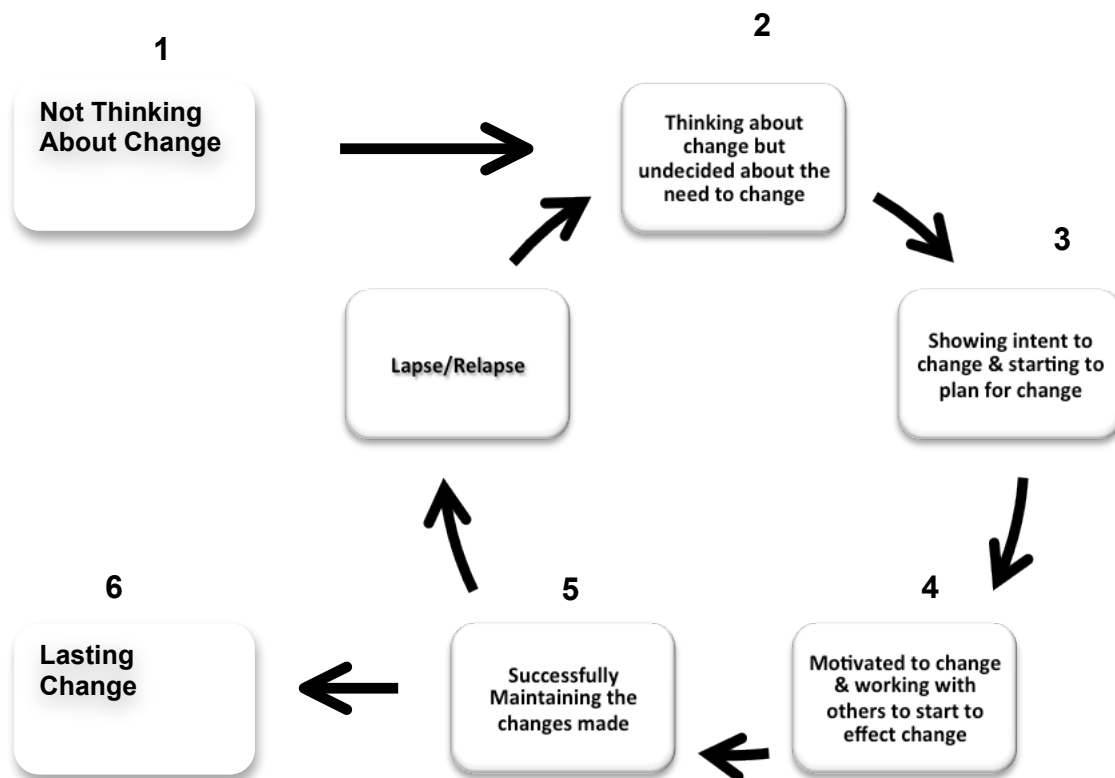
Whilst the model is used widely to help with a range of behaviours, it is acknowledged questions about it remain. If simply viewed as an illustration of processes involved in change rather than as a defined pattern that fits everyone, it can though, help staff make better sense of the potentials for change, how to best shape practice interventions as well as the parent/carer's experiences of negotiating change.

Some Key Questions to Consider When Working for Individual Change

1. Is there a clear, shared understanding of concern by the service user/s?
2. Are they thinking about the need for change?
3. Whatfactors are present that support the potential for change and/or lapse/relapse?
4. Are they motivated to change?
5. Are there indicators of planning and action to support change?
6. Are they able and willing to work openly and honestly with services to address the identified concerns?
7. Are they motivated and positively engaged with others to secure change?
8. Is there Professional Confidence that engagement is genuine and sincere?
9. Is change being achieved, progress being made and improvement being sustained by them?
10. If lapse/relapse, what factors were contributory?

CYCLE OF CHANGE

Preparation
Where the individual shows intent to change & starts to plan for change

Action
The individual is motivated & works with others to effect change

Maintenance
Maintaining the changes made

Lasting Change
Sustaining the changes made over time

Lapse/Relapse
This is an important aspect of change & can lead to a return to behaviours of concern

Pre Contemplation
Not thinking about change

Contemplation
Thinking about change but undecided re need to change

Monitoring and Tracking Change

Example Means of Tracking Individual Change

This simple table allows practitioners to record, with the service user, their understandings of where they may be at in the change process at a particular point in time and to track progress and/or regression over time. Record number of current position, period allocated to obtain some progress and positive change in this, then record number for target position set and finally actual position reached after the review period agreed. The overall goal is to secure ability to maintain change over time but this can help highlight and track any trends or patterns in change efforts and provide useful evidence of the pace and type of progress being made.

Date	Current Position	Period for Change	Target Position	Actual Position After Review Period
29th Jul 2012	1	4 weeks	2	2
27th Aug 2012	2	5 weeks	3	3
4th Oct 2012	2	3 weeks	4	Lapse/Relapse
21st Oct 2012	Lapse/Relapse	4 weeks	3	3

Name: Signed:
Worker: Signed:

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