

Appendix 1

Assessing whether children are safe from harm

The first part of this appendix details the factors that need to be considered if a child is thought to be at risk of harm. The second part of the Appendix shows how assessment of risk where children may not be safe is integrated into *Getting it right for every child*.

1. Factors in assessing whether immediate protection of children is needed

Adapted from *City of Edinburgh Risk Taking Policy and Guidance* November 2004.

Factors likely to be important are:

Significant harm

- Current injury/harm is severe: the more severe an injury, the greater the impairment for the child/young person and the greater the likelihood of re-occurrence;
- Pattern of harm is escalating: if harm has been increasing in severity and frequency over time, it is more likely that without effective intervention the child/young person will be significantly harmed;
- Pattern of harm is continuing: the more often harm has occurred in the past the more likely it is to occur in the future;
- The parent or care-giver has made a threat to cause serious harm to the child/young person: such threats may cause significant emotional harm and may reflect parental inability to cope with stress, the greater the stress for a person with caring responsibilities, the greater the likelihood of future physical and emotional harm to the child/young person;
- Sexual abuse is alleged and the perpetrator continues to have access to the child/young person: if the alleged perpetrator has unlimited access to the child/young person, there is an increased likelihood of further harm;

- Chronic neglect is identified: serious harm may occur through neglect, such as inadequate supervision, failure to attend to medical needs and failure to nurture;
- Previous history of abuse or neglect: if a person with parental responsibility has previously harmed a child or young person, there is a greater likelihood of re-occurrence;
- The use of past history in assessing current functioning is critical.

Factors relating to the child or young person

- Physical harm to a child under 12 months: very young children are more vulnerable due to their age and dependency.
- Any physical harm to a child under 12 months should be considered serious and the risk assessment should not focus solely on the action and any resultant harm, but rather that the parent has used physical action against a very young child. This could be as a result of parenting skill deficits or high stress levels.
- Child is unprotected: the risk assessment must consider parental willingness and ability to protect the young child.
- Children aged 0-5 years are unable to protect themselves, as are children with certain learning disabilities and physical impairments. Children who are premature, have low birth weight, learning disability, physical or sensory disability and display behavioural problems are more liable to abuse and neglect.
- The child/young person presents as fearful of the parent or care-giver or other member of the household: a child/young person presenting as fearful, withdrawn or distressed can indicate harm or likely harm.
- The child/young person is engaging in self harm, substance misuse, dangerous sexual behaviour or other “at risk” behaviours: such behaviour can be indicators of past or current abuse or harm.

Factors relating to the parent or care-giver

- The parent or care-giver has caused significant harm to any child/young person in the past through physical or sexual abuse: once a person has

been a perpetrator of an incident of maltreatment there is an increased likelihood that this behaviour will re-occur.

- The parent or care-giver's explanation of the current harm/injury is inconsistent or the harm is minimised: this may indicate denial or minimisation. Where a parent or care-giver fails to accept their contribution to the problem, there is a higher likelihood of future significant harm.
- The parent or care-giver's behaviour is violent or out of control: people who resort to violence in any context are more likely to use violent means with a child or young person.
- The parent or care-giver is unable or unwilling to protect the child/young person: ability to protect the child/young person may be significantly impaired due to mental illness, physical or learning disability, domestic violence, attachment to, or dependence on (psychological or financial) the perpetrator.
- The parent or care-giver is experiencing a high degree of stress: the greater the stress for a parent or care-giver, the greater the likelihood of future harm to the child or young person. Stress factors include poverty and other financial issues, physical or emotional isolation, health issues, disability, the behaviour of the child/young person, death of a child or other family member, divorce/separation, and large numbers of children.
- The parent or care-giver has unrealistic expectations of the child/young person and acts in a negative way towards the child/young person: this can be linked to a lack of knowledge of child development and poor parenting skills. Parents or care-givers who do not understand normal developmental milestones may make demands which do not match the child/young person's cognitive, developmental or physical ability.
- The parent or care-giver has poor care-giving relationship with the child/young person: a care-giver who is insensitive to the child or young person may demonstrate little interest in the child/young person's wellbeing and may not meet their emotional needs.
- Indicators of poor care-giving include repeated requests for substitute placement for the child/young person.
- The parent or care-giver has a substance misuse problem: parental substance misuse can lead to poor supervision, chronic neglect and inability

to meet basic needs through lack of money, harmful responses to the child/young person through altered consciousness, risk of harm from others through inability to protect the child/young person.

- The parent or care-giver refuses access to the child/young person: in these circumstances it is possible that the parent or care-giver wishes to avoid further appraisal of the well-being of the child. Highly mobile families decrease the opportunity for effective intervention which may increase the likelihood of further harm to the child/young person.
- The parent or care-giver is young: a parent or care-giver under 21 years may be more likely to harm the child through immaturity, lack of parenting knowledge, poor judgement and inability to tolerate stress.
- The parents or care-givers themselves experienced childhood neglect or abuse: however caution has to be exercised here; parenting skills are frequently learned/modelled but later positive experiences can counteract an individual's own childhood experiences.

Environment

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

2. Factors associated with recurrence of risk of maltreatment

Jones and colleagues undertook an evidence-based, systematic review of studies of outcome following identification of child abuse and neglect, in order to provide the most up to date assessment of factors which pertain to the likelihood of re-abuse and other poor outcomes. They reviewed many thousands of abstracts, and selected only those which met their criteria. From these 16 studies, the rate of recurrence of abuse or neglect, following demonstrated incident averaged 20%. The rate for recurrence within the family was 30%. What is significant about this review is that it takes a developmental-ecological perspective, looking at factors within the child's whole world. It also signals preventive approach, identifying where reoccurrence is less likely to occur.

The table below is reproduced in Aldgate, J. Jones, D.P.H., Rose, W. and Jeffery, C. (2006) *The Developing World of the Child*, London Jessica Kingsley and is adapted here by kind permission of the authors and the publishers

The factors with the strongest association with future risk of maltreatment are indicated in italics in Table 1 below. The strongest associations were with:

- a prior history of maltreatment before the index case;
- neglect cases;
- interparental conflict;
- parental mental health problems;
- early recurrence.

In addition, there was a strong, but less powerful link with:

- parental substance/alcohol use;
- family stress;
- lack of social support;
- younger children;
- parents' own history of abuse.

The following groups of factors have been shown to have an influence both on the occurrence and likelihood for significant harm to be maintained or to recur over time:

- factors related to the original abuse or neglect;
- child factors;
- parent factors;
- those associated with parenting and parent/child interaction;
- dynamics and relationships within the family;
- factors linked to the neighbourhood and social setting wherein the family live;
- factors associated with the professional system and the resources which are available.

Table 1 sets out those factors associated with an increased likelihood of future harm, contrasted with those where the likelihood is decreased following initial identification of significant harm to an index child. Factors in italics are those which withstood the rigorous inclusion criteria we used in our systematic review. The remaining factors have support from other studies which did not necessarily meet our inclusion criteria.

Table 1 Factors associated with future harm:

Factors	Future significant harm more likely	Future significant harm less likely
Abuse	Severe physical abuse inc. burns/scalds <i>Neglect</i> Severe growth failure Mixed abuse <i>Previous maltreatment</i> Sexual abuse with penetration or over long duration Fabricated/induced illness Sadistic abuse	Less severe forms of abuse If severe, yet compliance and lack of denial, success still possible
Child	Developmental delay with special needs Mental health problems Very young – requiring rapid parental change	Healthy child Attributions (in sexual abuse) Later age of onset One good corrective relationship
Parent	<i>Personality-</i> Antisocial - Sadistic - Aggressive Lack of compliance Denial of problems Learning disabilities plus <i>mental illness</i> Substance abuse <i>Paranoid psychosis</i> Abuse in childhood – not recognised as a problem	Non-abusive partner Willingness to engage with services Recognition of problem Responsibility taken Mental disorder, responsive to treatment Adaptation to childhood abuse
Parenting and parent/child interaction	Disordered attachment Lack of empathy for child Poor parenting competency Own needs before child's	Normal attachment Empathy for child Competence in some areas
Family	<i>Interparental conflict and violence</i> Family stress Power problems: poor negotiation, autonomy and affect expression	Absence of domestic violence Non-abusive partner Capacity for change Supportive extended family
Professional	Lack of resources Ineptitude	Therapeutic relationship with child Outreach to family Partnership with parents
Social setting	Social isolation Lack of social support Violent, unsupportive neighbourhood	Social support More local child care facilities Volunteer networks

See Jones *et al* (2006) in J. Aldgate, D.P.H. Jones, W. Rose and C. Jeffery (eds), *The Developing World of the Child*, London, Jessica Kingsley Publishing. Adapted from earlier work by Jones.

3. Assessing Factors In The Child’s Wider World

Jack and Gill (2003) have developed a useful framework for considering both the strengths and pressures in children’s wider environments. This is reproduced in Aldgate, J. Jones, D.P.H., Rose, W. and Jeffery, C. (2006) *The Developing World of the Child*, London Jessica Kingsley Publishing, by kind permission of Barnardo’s).

STRENGTHS		PRESSURES	
PARENTS	CHILDREN	PARENTS	CHILDREN
1. Practical resources in the community			
Employment (links to income and social integration) Good local shops (e.g. good quality/value food) Transport available (access to employment and leisure facilities) Anti-poverty resources (e.g. credit unions, welfare rights advice) Affordable local childcare (access to employment for parents) Social network development (e.g. drop-ins, community centres)	Anti-poverty resources (e.g. breakfast clubs, subsidised holidays) Good quality, accessible play resources Specific resources for black, other minority ethnic or dual-heritage children, and children with disabilities Social network development (e.g. clubs, playgroups) Local schools provide inclusive and Supportive environment	High local levels of unemployment Inadequate local shops (including rural accessibility) Transport expensive, infrequent, unreliable No access to financial advice or services Expensive credit facilities Childcare resources inadequate (opening hours, location, cost)	Leisure facilities, outings and holidays not affordable or accessible Lack of safe, local play areas/facilities Few organised clubs or out-of school activities No specific resources for black, other minority ethnic or dual-heritage children, or children with disabilities Local schools provide poor educational and social environments (e.g. low achievement, bullying)

STRENGTHS		PRESSURES	
CHILDREN	PARENTS	CHILDREN	PARENTS
2. Natural networks in the community			
Reciprocal 'helping' relationships in community Long-term residence of families Non-threatening relations with immediate neighbours Balanced community - mixed age structure	Established and supportive social networks Good contact with immediate neighbours Positive contact with significant adults from different generations in community Integration between school and home	Culture of people 'keeping themselves to themselves' High rates of mobility into and out of neighbourhood Lack of links between wider family networks and community networks	Lack of positive contact with range of people in community Children's networks disrupted by high mobility of residents Lack of links between school and community networks
3. Child and family safety in the community			
Community members perceived as safe (people safety) Community activities are seen as safe (crime/ drugs safety) Community area is perceived as physically safe (e.g. roads, buildings)	Children perceive their immediate area to be safe, rather than threatening (people safety, crime/drugs safety, physical safety)	Parents see community as unsafe (people safety, crime/drugs safety, physical safety) Harassment from neighbours (including racial)	Children perceive local environment as threatening (people, crime/drugs, physical danger) Harassment from local adults and children (including racial harassment)
4. Community norms around children and childcare			
Established positive community norms	Children experience stable and established community norms Positive sense of identity conveyed	Lack of established positive community norms	Children do not experience stable and established community norms Negative sense of identity conveyed to certain children (e.g. teenagers, poor children, black, other minority ethnic and dual-heritage children, children with disabilities)

STRENGTHS		PRESSURES	
PARENTS	CHILDREN	PARENTS	CHILDREN
5 The individual child and family in the community			
Personal resources and knowledge to access available facilities Personal resources to develop and maintain supportive networks Perceptions that local facilities are accessible for their family	Developing confidence in using available facilities Developing confidence in local networks with other children Perception that facilities are accessible to them (e.g. disabled child and black or dual-heritage child sees facilities as accessible)	Lack of personal resources or knowledge to access available facilities Personal demands too high to develop reciprocal supportive relationships Alienates potential sources of support Networks produce demands rather than support Perception that facilities are not accessible for their family (e.g. black families) Experience of frequent house moves including homeless	Lack of personal resources to access available facilities and networks Alienates other children/other children bully or stigmatise them Family networks either very limited or difficult Child has had frequent moves (including homeless) Perceptions that facilities are not accessible to her/him
6 Cumulative impact of all of the above			
Low level of individual 'environmental stress'. Feel supported in the community in their parental role of bringing up children Community is perceived as a 'good place to bring up children'	Children feel their community is a good place to be living Children feel safe and valued in their community Development of positive identity,	High level of individual 'environmental stress' (e.g. poor quality housing, unemployment, lack of childcare) Parents feel unsupported, threatened, or frightened in their community (mental health issues, isolation) Parents ambitions are to leave the	Children feel threatened, frightened, and unvalued in their community Anxiety, depression, anti-social behaviour, school failure/exclusion

**A systematic practice model for assessing and managing risk where
children need to be protected from harm**

Executive summary July 2007

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Getting it right for every child team/The Open University

Summary

Developing a model of risk assessment most appropriate to *Getting it right for every child* is one which takes a developmental ecological approach to assessment and identification of risk. It adopts a **systematic practice model**. This allows for using evidence-based reviews of risk factors to guide practitioners in their thinking without adopting a rigid and unreliable actuarial prediction approach. Emphasis is placed on seeing risk in the context of a child's whole development and ecology, identifying strengths and pressures in a child's world and, above all, looking at the interaction between factors. The gathering of information about the whole child allows for identification of the balance between risks and protective factors. These can then be weighed in decision-making to inform planning and action, looking at strategies for preventing harm or further harm. There is an emphasis on risk management and this should be built into the child's plan.

This is a model which brings together the best from the different approaches so that practitioners can see how risk assessment and management of risk will help with assessment, decision-making, planning and action. Such a model will have elements that bring together the best knowledge and its application from different risk assessment models. Although in assessing risk, safety issues will be prominent, the impact of risk on other aspects of children's development must be taken into account and is an essential part of the management of risk. We call this a **systematic practice model** for risk assessment and management. There are eight steps in the model. These are:

- 1. Using the seven well-being indicators of being safe, healthy, achieving, nurtured, active, respected and responsible and included to identify immediate risk of harm, with a special emphasis on safety;**
- 2. Getting the child and family’s perspectives on the risk;**
- 3. Drawing on evidence from research and developmental literature about the level of risk and its likely impact on an individual child;**
- 4. Using messages from research to assess what is the likely recurrence of harm;**
- 5. Looking at the immediate and long term risks in the context of the *My World Triangle*;**
- 6. Using the resilience framework to analyse the risks, strengths, protective factors and vulnerabilities;**
- 7. Weighing the balance of that evidence and making decisions;**
- 8. Constructing a plan and taking appropriate action.**

1. Using the seven well-being indicators I to identify immediate risk

Practitioners will use the well-being indicators to log initial concerns factors.

They will need to ask:

- what is getting in the way of this child reaching the well-being indicators?
- why, do I think on initial contact with child and family, this child not safe?
- what have I observed, heard, identified from the child’s history that causes concern?
- are there factors of risk of significant harm present and what, in my view is the severity of those factors enough to warrant immediate action?

2. Getting the child and family’s perspectives on the risk

Any model which attempts to maximise prevention has to place children and families at the heart of assessing and preventing risk of harm. Seeing service users as experts is endorsed by writers who champion this approach (see Stalker 2003) but, as Stalker points out, service users’ views are largely missing from risk literature.

Getting it right for every child sees the involvement and partnership with children and families being integral to successful risk assessment and management. Without families' perspectives on the risks to their children's difficulties, practitioners' information is incomplete and they cannot reach a good understanding of the risks of harm and needs of children. The way in which practitioners gather information from children and families, therefore, is as important as the information itself gathered for risk assessment. An open process which actively involves families and others has many advantages for both practitioners and families (see, for example Department of Health 2001). It helps because:

- children and families can understand why sharing information with professionals is necessary;
- children and families can help practitioners distinguish what information is significant;
- everyone who needs to can take part in making decisions about how to help a child; and
- everyone contributes to finding out whether a plan has made a positive difference to a child or family;
- professionals behave ethically towards families;
- even in cases where compulsory action is necessary, research has shown better outcomes for children by working collaboratively with parents.

3. Drawing on evidence from research and developmental literature about the level of risk and its likely impact on an individual child

Risks need to be seen in the wider context of short and long term risks to children's wellbeing and development. Nevertheless, practitioners from all the children's services will always be most concerned about children's safety and the impact of abuse and neglect and find it helpful to have information about what when children with whom they are faced are at the greatest risk.

Systematic reviews based on research findings help to identify the core factors that have been present in relation to abuse or neglect but these cannot be used as predictors for current or future abuse without being considered in the context

of the child's unique ecology. These factors should be used as a knowledge base to underpin a more detailed assessment of strengths and pressures based on the domains of the Child's World Triangle. An example of a list of evidence-based factors used by one local authority to help identify the possibility of significant harm is shown in Appendix 1.

4. Using messages from research to assess what is the likely recurrence of harm

In assessing how safe a child is, a frequently asked question is whether harm that has occurred is likely to occur again. Jones has identified the characteristics of those cases in which intervention was much less likely to be successful with respect to re-abuse and/or lack of success with attempted family re-unification (see Jones *et al* 2006). These factors were the following:

- A group of factors associated with severity (extensive harm, duration, and frequency);
- Mixed forms of maltreatment;
- Abuse with accompanying neglect or psychological maltreatment;
- Sadistic acts;
- A group of factors connected with denial. Absence of acknowledgement, lack of co-operation, inability to form a partnership and absence of out-reach;
- Parental mental health: personality disorder; learning disabilities associated with mental illness; psychosis; substance misuse.

Incorporating a developmental ecological perspective into identifying the likelihood of recurrence has been developed by Jones *et al* (2006). This includes a table of factors likely to be present if recurrence of harm takes place, as well as factors likely to prevent recurrence (see Appendix 2).

5. Looking at the immediate and long term risks in the context of the *Child's World Triangle*

Getting it right for every child is not confined to identifying and preventing risk of harm caused by abuse and neglect within children's families. Although this summary has stressed protecting children from harm of child maltreatment, the

ecological approach recognises that there are many ways in which children can be placed at risk and any system of risk assessment needs to include the wider context of children's environment as well as looking at immediate harm. All the domains of the child's world triangle have been informed by research evidence and risks can come from many sources. Each domain of the Child's World Triangle provides a source of evidence contributing to a full developmental ecological assessment of an individual child. Each domain can be used to identify strengths and pressures which balance risk and protective factors.

Having identified strengths and pressures, standardised scales and tools can be useful to identify in more detail specific aspects of children's behaviour or demeanour as well as helping assess the parenting and wider environment.

6. Using the Resilience Matrix to analyse the risks, strengths, protective factors and vulnerabilities.

The resilience matrix drawn from Daniel *et al* (1999) can then be used to identify not only the factors contributing to strengths and pressures but also to gain a picture of the balance between positive and negative parts of the child's ecology.

7. Weighing the balance of that evidence and making decisions

Having gathered information about the protective and negative factors in a child's ecology, and weighed the balance of these factors, decisions need to be made about what to do to address his or her needs in the context of keeping the child safe. Then practitioners need to make decisions that will lead to a plan to protect to child and address the child's broader developmental needs simultaneously.

An emphasis on openness and management of risk

Jones *et al* (2006) suggest there are several reasons why openness, with respect to decision-making, is needed. This includes recognising the potentially serious consequences of poor decision-making and that 'children and their parents have a right to understand and be involved with the decisions that are being made about them, particularly because the results of decisions in this area are so far-reaching'.

In addition, ‘openness also encourages the practitioner to distinguish between amassing facts, and evaluating the relative importance, positively or negatively, of the data that have been gathered’.

In practice, Jones *et al* (2006) go on to suggest that decision-making, needs to ‘take into account both the limitations and imprecision of the evidence base when making decisions in this area’ and that it demands ‘a major move in the direction of risk management, rather than an emphasis on a risk assessment. Risk assessment, for all the reasons outlined above, is simply too imprecise and inexact to apply in this field. However, that is not to say that risk of future harm to the child cannot be managed in a sensible, logical and open manner.’

The following stages of decision-making are proposed in cases where there is risk of harm:

- 1 Data gathering
- 2 Weigh relative significance
- 3 Assessment of current situation
- 4 Circumstances which may alter child’s welfare
- 5 Prospects for change
- 6 Criteria for gauging effectiveness
- 7 Timescale proposed
- 8 Child’s plan (child in need plan, child protection plan or care plan, depending on status of the child).

From (Jones *et al* 2006, p.282).

8. Constructing a plan and taking appropriate action

As shown above, Jones *et al*, have incorporated planning and action into their decision-making processes. Constructing the child’s plan is a fundamental part of the Scottish Executive’s *Getting it right for every child* initiative and is very much aligned with the approach Jones *et al* have taken. The Scottish Executive’s *Guidance on the Child or Young Person’s Plan* (2007) specifically incorporates the assessment of risk and its management into the child’s plan. It

confirms the processes and stages which have been set out in the **systematic practice model** described so far in this paper:

Getting it right for every child specifies that there will be a plan for a child in any case where it is thought to be helpful. This can be in both a single agency and a multi-agency context. The assessment of risk and the management of risk will be incorporated into the child's plan. This will include a summary of analysis of the child's or young person's circumstances based on the Child's World Triangle. This should cover:

- how the child or young person is growing and developing (including their health education, physical and mental development, behaviour and social skills);
- what the child or young person needs from the people who look after him or her, including the strengths and risks involved;
- the strengths and pressures of the young person's wider world of family friends and community; and

Assessment of risk, detailing:

- the kind of risk involved;
- what is likely to trigger harmful behaviour; and
- in what circumstances the behaviour is most likely to happen.

The plan should note risk – low medium or high – as well as the impact of the child or young person on others
(Scottish Executive 2007, p.13).

There are key questions the plan should address:

- What is to be done?
- Who is to do it?
- How will we know if there are improvements?

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

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