# CHILD PROTECTION SAFEGUARDING CHILDREN ASSESSMENT AND ANALYSIS FRAMEWORK

EVIDENCE
BASED
APPROACHES
TO ASSESSING
THE RISK
OF FUTURE
HARM
AND PROSPECTS
FOR
INTERVENTION

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# Safeguarding Children Assessment and Analysis Framework

Evidence-Based
Approaches to Assessing
Harm, the Likelihood
of Future Harm and
Prospects for Intervention

Stages in Assessment, Analysis & Planning Intervention

#### STAGE 1

The phase of identification and protection from harm.

#### STAGE 2

Making a full assessment of child's developmental needs, parenting capacity and family and environmental factors and constructing a comprehensive chronology.

#### STAGE 3

Establishing the nature and level of harm to the child and harmful effects.

#### STAGE 4

Safeguarding Analysis: Systemic analysis of patterns of harm and protection.

Analysis of the profile of harm and risks of re-abuse or likelihood of future harm to a child and the prospects for successful rehabilitation.

#### STAGE 5

Predicting the outlook for the child.

#### STAGE 6

Developing a plan of intervention to include therapeutic work in a context of safety and protection from harm.

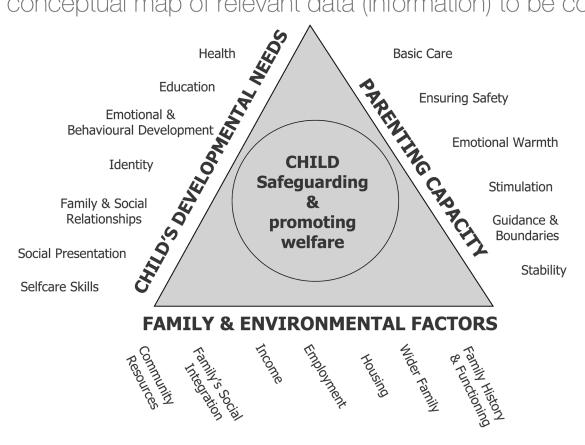
Identifying outcomes and measures for intervention.

#### STAGE 7

Either rehabilitation of the child to the family when living separately or moving on from a context of protection and support to placement in new family contexts where rehabilitation is not possible.

# Assessment Framework

A conceptual map of relevant data (information) to be collected



# Child Protection Safeguarding Children Assessment and Analysis Framework

Stage 3: Establishing the Nature and Level of Harm and Harmful Effects

Operationalising the Assessment Framework for Safeguarding

Gathering information using evidence based assessment tools and approaches is the first step in assessment, analysis and planning.

The next step is mapping the information around the Assessment Framework triangle dimensions and domains.

This Proforma assists the mapping of information in the child protection/safeguarding context and assessing the level of strengths and difficulties.

Factors relevant to safeguarding are highlighted in each dimension with descriptors illustrating magnitude of strengths and severity of difficulties and rating scales to assess the level of strengths and difficulties.

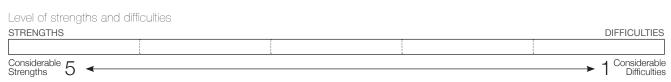
Factors need to be considered in terms of:

- their current state
- the history
- the degree of severity
- the parent/carer's ability to:
  - i) identify or recognise the factors
  - ii) acknowledge their relevance to the child
  - iii) take relevant responsibility for any difficulties

## HEALTH

Health includes growth and development as well as physical and mental well being. The impact of genetic factors as well as of any impairment should be considered. Involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse The Assessment Framework, p.19

	Indicators of strengths and difficulties in the health dimension	
Level of functioning	Child's functioning	Level of functioning
MAGNITUDE OF STRENGTHS	General physical health	SEVERITY OF DIFFICULTIES
Positive foetal health and development in pregnancy.		Foetal health and development/ survival threatened in pregnancy.
No signs of Foetal Alcohol Syndrome or Foetal Alcohol Spectrum Disorder.		Signs of Foetal Alcohol Syndrome or Foetal Alcohol Spectrum Disorder.
No signs of effects of parental drug misuse at birth or later.		Signs of effects of parental drug misuse at birth or later and history of maternal substance misuse.
No persistent or repeated injuries, infections or infestations.		Repeated injuries and/or infections/ infestations at any stage of development.
Good general health in perinatal period, the early years and later childhood.		Chronic physical illness and/ or illness or injury requiring repeated hospitalisation.
No physical genetic disorders.		Physical or genetic disorders.
No injuries or illnesses requiring repeated or protracted hospitalisation.		Onset of soiling or enuresis after continence was firmly established.
Child takes exercise and eats a healthy diet.		Takes little exercise, eats a poor diet.
Good dental hygiene.		Poor dental hygiene, widespread caries.
Child has positive attitudes towards their health.		Child has negative attitudes towards their health.
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.

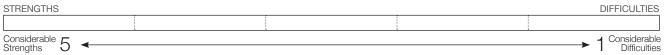


Indicators of strengths and difficulties in the health dimension			
Level of functioning	Child's functioning	Level of functioning	
MAGNITUDE OF STRENGTHS	Growth and development conditions	SEVERITY OF DIFFICULTIES	
Child has positive trajectory of physical growth and development, evidence of good care.		Child has negative trajectory of physical growth. Persistent failure to thrive, ingrained dirt, evidence of poor care.	
No persistent developmental problems.		Presence of a developmental problem e.g. learning difficulties, autism or delay in language development.	
No soiling or enuresis once continence established.		Onset of soiling and/or enuresis once continence established.	
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.	

Level of strengths and difficulties



Indicators of strengths and difficulties in the health dimension		
Level of functioning	Child's functioning	Level of functioning
MAGNITUDE OF STRENGTHS	Injuries/infections conditions which may be related to abuse	SEVERITY OF DIFFICULTIES
Child has had no non-accidental injury or injuries appropriate to age and developmental stage.		Child has had non-accidental injury, bruising, lacerations, burns, scalds, fractures, intracranial injuries.
No injuries or illnesses requiring protection or hospitalisation.		Frequent or serious illness or injuries requiring protection or hospitalisation.
No evidence of induced/fabricated illness states.		No evidence of induced/fabricated illness states.
No genital injuries or infections. Hymen intact.		Genital injuries, persistent, genital, anal and urinary symptoms, ruptured hymen, genital infections and sexually transmitted conditions. Pregnancy.
No sexualised behaviour.		Sexualised behaviour.
No evidence child has experienced sexual abuse.		Other evidence child may have experienced sexual abuse.
Positive sexual health.		Poor sexual health, e.g. HIV Aids/STI's.
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.

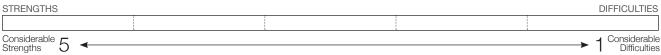


## EDUCATION

Education covers all areas of a child's cognitive development which begins from birth. Includes opportunities for play and interaction with other children, access to books, the development of skills and interests and the need to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

	Indicators of strengths and difficulties in the education dimension	
Level of functioning	Child's functioning	Level of functioning
MAGNITUDE OF STRENGTHS	<ul> <li>Development of cognitive and language skills</li> <li>Attitude to learning and work and adjustment to educational context</li> <li>Educational progress</li> </ul>	SEVERITY OF DIFFICULTIES
Satisfactory unfolding of child's cognitive and language skills.		Significant delays and/or unevenness in development of child's cognitive and/or language skills.
Satisfactory readiness for educational contexts; interest in learning.		Child not ready to participate in or cannot adjust to educational context.
Child accepts teaching; self-reinforced learning.		Lack of interest in learning; rejects teaching; no self- motivation to learn.
Satisfactory acquisition of educational skills and knowledge according to ability and stage of development.		Failure to acquire educational skills and/or knowledge at level appropriate to ability and stage of development.
No special educational needs.		Evidence of special educational needs.
Child has special educational needs but makes progress expected taking in to account the nature of their specific educational difficulty.		Failure to achieve at level expected for intelligence and specific educational difficulty, e.g. dyslexia.
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.



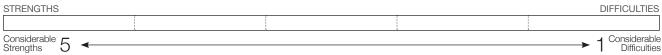


## EMOTIONAL AND BEHAVIOURAL DEVELOPMENT: Part 1

Emotional and behavioural development concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family. Includes the nature and quality of early attachments, characteristic of temperament, adaptation to change, response to stress and degree of appropriate self-control.

The Assessment Framework, p.1

Indicators of strengths and difficulties in the emotional and behavioural dimension		
Level of functioning	Child's general functioning	Level of functioning
MAGNITUDE OF STRENGTHS	<ul> <li>Regulation of emotional states relative to age and developmental stage</li> <li>Early and current attachment behaviour</li> <li>Concentration and level of activity</li> <li>Expression of feelings and characteristic mood</li> </ul>	SEVERITY OF DIFFICULTIES
Child's emotional states and levels of arousal well-regulated, appropriate responses to age and stage of development.		Child exhibits persistent or recurrent states of arousal, frustration, distress and/or disorganised emotions.
Secure attachment behaviour towards caregivers and/or other salient adults.		Markedly insecure or disorganised attachment behaviours towards caregivers or other salient adults.
Capacity to concentrate and maintain attention; not overactive.		Difficulties with attention and concentration; marked overactivity.
Feelings clearly and appropriately expressed; predominantly positive mood.		Expression of feelings lacking or inappropriate; pervasive negative mood.
Shows sympathy and empathy.		Lack of sympathetic and/or empathetic behaviour.
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.

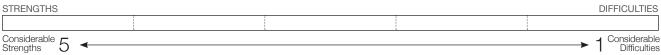


# EMOTIONAL AND BEHAVIOURAL DEVELOPMENT: Part 2

Emotional and behavioural development concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family. Includes the nature and quality of early attachments, characteristic of temperament, adaptation to change, response to stress and degree of appropriate self-control.

The Assessment Framework, p.1

Indicators of strengths and difficulties in the emotional and behavioural dimension		ension
Level of functioning	Child's mental health	Level of functioning
MAGNITUDE OF STRENGTHS	Response to traumatic and stressful events     Social behaviour (Behavioural disorders are usually included here although they get double-coded under family and social relationships if that behaviour is evident in those relationships)	SEVERITY OF DIFFICULTIES
Child's traumatic experiences resolved; no persistent post-traumatic stress symptoms.		Child exhibits persistent unresolved post-traumatic stress symptoms.
Positive emotional and behavioural adjustment and reasonable response to stressful events.		Exaggerated or absent arousal response to stressful events.
No evidence of disorder of attachment or conduct.		Evidence of serious attachment disorder or conduct disorder.
No evidence of serious mental health difficulties, amnesia, bulimia, psychotic symptoms.		Evidence of serious mental health difficulties, amnesia, bulimia, psychotic symptoms.
No mood difficulties with appropriate variations in mood.		Mood difficulties including depression.
Assertive rather than oppositional or aggressive behaviour. No self-harm.		Oppositional behaviour, aggression, self-harm, dangerous behaviour.
Can manage frustration and calm down if angry.		Flies off handle repeatedly. Has difficulties in calming down.
Collaborative and pro-social; no or infrequent dangerous risk-taking behaviour.		Severe or persistent uncooperative and/or dangerous risk-taking behaviour.
No severe nor persistent aggressive behaviour, stealing.		Severe or persistent aggressive behaviour or stealing.
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.

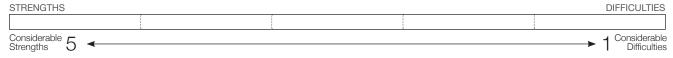


#### DENTITY

Identity concerns the child's growing sense of self as a separate and valued person. Includes the child's view of self and abilities, self image and self esteem and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

The Assessment Framework, p.19

	Indicators of strengths and difficulties in the identity dimension	
Level of functioning	Child's functioning	Level of functioning
MAGNITUDE OF STRENGTHS	<ul> <li>Sense of self as individual in family</li> <li>Individual choice and action</li> <li>Sense of self and others in social and cultural contexts</li> <li>Gender and/or sexual identity</li> </ul>	SEVERITY OF DIFFICULTIES
Child has secure sense of self as an individual and as belonging to a family.		Child does not have a secure sense of self as individual and as belonging to a family.
Child is able to make choices, assert their views and needs, and act as an individual at a developmentally appropriate level.		Child unable to make choices, assert personal views or needs and cannot initiate action for self; 'omnipotent' sense of self; over-assertive.
Positive sense of self as valued and of value to others; confident in where belongs socially and culturally but preserving sense of individuality.		Negative sense of self as unvalued or bad; unconfident or unhappy with where belongs socially or culturally; no sense of belonging or identity absorbed; no independent views or actions.
Satisfactory sense of gender and/or sexual identity and comfortable with it.		Unhappy with gender and/or sexual identity or uncertain of it.
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.

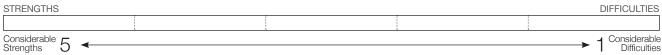


# FAMILY AND SOCIAL RELATIONSHIPS

Family and social relationships concern the development of empathy and the capacity to place self in someone else's shoes. Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships

The Assessment Framework, p.19

Level of functioning	Child's functioning	Level of functioning
MAGNITUDE OF STRENGTHS	<ul> <li>Child's growing relationships with family and others</li> <li>Development of network of attachments</li> <li>Relationships with parents, siblings, peers,</li> <li>Relationships in school</li> <li>Attitudes to family social and cultural contexts</li> </ul>	SEVERITY OF DIFFICULTIES
Child able to participate in a network of emotionally responsive, stable, affectionate relationships inside and outside the family.		Child has a network of disrupted, unstable relationships or relationships marked by enmeshment, or hostility, absence of warmth inside and outside the family.
Child able to relate to, be responsive towards and show affection and empathy for others.		Child withdrawn, hostile or unable to be responsive and empathic towards others in family.
Child has a number of secure attachments with several organised attachment figures.		Child has a number of insecure or disorganised attachments. Child has no or only one attachment figure.
Child shows appropriate social wariness.		Child is indiscriminately friendly/ disinhibited with people they do not know.
Collaborative relationships with parents, reasonable demands made by child.		Exploitative, avoidant, over/under- dependant relationships with parents, unreasonable demands made by child.
Child protective towards and protected by siblings and peers, older and younger.		Child fighting and/or rivalrous with siblings, abusive towards or abused by peers and siblings.
Appropriate sexual interests and behaviour, age and development.		Indiscriminate, precocious or coercive sexualised behaviour.
Positive relationships with teachers and peers.		Negative relationships with teachers and peers.
Child connected, responsive, independent, pro-social attitudes and relationships; respects diversity.		Child isolated, dominating, controlling, dependant; antisocial attitudes and relationships, prejudiced.
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility

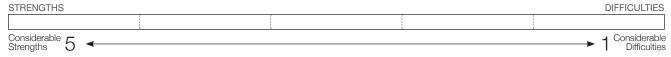


# SOCIAL PRESENTATION

Social presentation concerns the child's growing understanding of the way in which appearance, behaviour and any impairment are perceived by the outside world and the impression being created. Includes appropriateness of dress for age, gender, culture and religion; cleanliness and hygiene; and availability from parents or caregivers about presentation in different settings.

The Assessment Framework, p.19

Indicators of strengths and difficulties in the social presentation dimension		
Level of functioning	Child's functioning	Level of functioning
MAGNITUDE OF STRENGTHS	<ul> <li>Understanding the need to pay attention to appearance, dress, behaviour and hygiene (as appropriate for their age, gender and culture)</li> <li>Adjustment and attitudes to impairment and discrimination by others</li> <li>Respect for family, cultural, religious and spiritual values and diversity</li> </ul>	SEVERITY OF DIFFICULTIES
Child shows awareness of and capacity to present self positively, with pride in appearance, dress, hygiene and behaviour, appropriate to age, gender and culture		Child shows lack of awareness or capacity to present self in positive light; no pride in appearance, dress, hygiene and behaviour, appropriate to age, gender and culture
Impairments adjusted to and managed, copes with discrimination by others		Failure to adjust or manage impairment, child rejects impairment and/or diversity in self or others; child unable to cope with discrimination by others
Evidence of respect for family, cultural, religious and spiritual values and diversity in own social presentation		Shows lack of respect for family, cultural, religious and spiritual values
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility

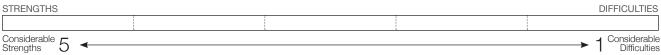


# SELF-CARE SKILLS

Self care skills concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. Includes encouragement to acquire problem-solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting the development of self-care skills.

The Assessment Framework, p.19

	Indicators of strengths and difficulties in the self-care skills dimension	ı
Level of functioning	Child's functioning	Level of functioning
MAGNITUDE OF STRENGTHS	<ul> <li>Developing a capacity for independent living skills</li> <li>Developing a capacity to problem-solve in family and community contexts</li> <li>Appreciation of risks and safety</li> </ul>	SEVERITY OF DIFFICULTIES
Child has positive self-care skills, emotional and communication skills unfolding in sequence of competencies leading to increasing independence within child's capacity and stage of development.		Child has poor self-care skills, uneven pattern of development of emotional and communication skills so that the child fails to achieve independence given their capacity and stage of development.
Positive capacity to problem- solve in family, school and community.		Failure to problem-solve in family, school or community; child helpless or over-confident.
Appreciates contexts of danger and risk, realistic sense of safety and an ability to keep self safe, capacity for exploration.		Failure to appreciate risks, over- anxious or puts self in danger.
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.



# PARENTING CAPACITY DOMAIN

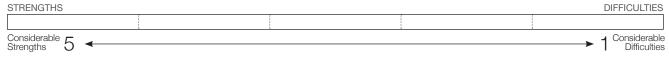
Critically important to a child's health and development is the ability of parents and caregivers to ensure that the child's developmental needs are being appropriately and adequately responded to, and to adapt to his or her changing needs over time The Assessment Framework, 120:2.9

#### BASIC CARE

Basic care involves providing for the child's physical needs, and appropriate medical and dental care. Includes the provision of food, drink, warmth and shelter, clean and appropriate clothing and adequate personal hygiene.

The Assessment Framework, p.21

	Indicators of strengths and difficulties in the basic care dimension	
Level of functioning	Parenting capacity	Level of functioning
MAGNITUDE OF STRENGTHS	<ul> <li>Parents' capacity to provide effective basic care</li> <li>Adaptability to changing needs and consistency of basic care over time</li> <li>Parents' ability to use extended family and community resources to provide basic care</li> </ul>	SEVERITY OF DIFFICULTIES
Positive parenting provided for unborn baby, e.g. regular attendance at antenatal clinic, no smoking or substance misuse during pregnancy.		Parents fail to provide positive for unborn baby, e.g. do not attend antenatal clinic, smoking or substance misuse during pregnancy.
Parents work well together to provide adequate, reasonably organised, effective basic care.		Parents fail to provide adequate basic care, parents divided and provide ineffective, inadequately organised basic care.
Parents understand and are reasonably adaptable to child's changing needs, basic care consistent over time.		Parents fail to understand or adapt to child's changing needs; basic care inconsistent over time.
Parents able to place appropriate reliance and support from extended family and community agencies to provide basic care.		Parents place undue reliance of family and community or unable to use family or community resources to enable them to provide basic care.
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.

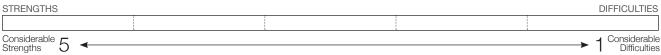


# ENSURING SAFETY

Ensuring safety involves ensuring a child is adequately protected from harm or danger. It Includes protection from significant harm or danger, and contact with unsafe adults/other children and from self-harm. Recognition of hazards and danger both in the home and elsewhere.

Indicators of strengths and difficulties in the ensuring safety dimension		
Level of functioning	Parenting capacity	Level of functioning
MAGNITUDE OF STRENGTHS	<ul> <li>Parents' expectations of children and handling of protection issues</li> <li>Provision of safety in the home and in the environment (relative to risks and developmental stage)</li> <li>Protection from individuals who present a risk to children</li> </ul>	SEVERITY OF DIFFICULTIES
Parents ensure adequate care and safety for children in home and environment.		Parents fail to protect children from hazards in the home and environment.
Parents have reasonable expectations of child in respect of protection and ensuring safety, appropriate handling, reliable caregiving and protection.		Parents have inappropriate expectations in relation to protection and safety of child, unreliable, poor handling of protection issues.
Parents protect children from individuals who present a risk to them.		Parents fail to protect children from individual(s) who present a risk to them in the home environment.
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.



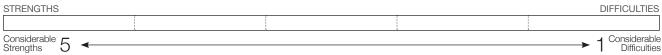


# EMOTIONAL WARMTH

Emotional warmth includes ensuring that the child's emotional needs are met and giving the child a feeling of being especially valued and a positive sense of his or her own racial and cultural identity. Includes ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.

Indicators of strengths and difficulties in the emotional warmth dimension			
Level of functioning	Parenting capacity	Level of functioning	
MAGNITUDE OF STRENGTHS	<ul> <li>Parental consistency, responsiveness, empathy and understanding of children's varying emotional states</li> <li>Parents' valuing of children and parents' emotional tone</li> <li>Degree of parental support, engagement and participation and management of balance of dependence and independence</li> </ul>	SEVERITY OF DIFFICULTIES	
Parents provide positive, consistent caregiving responses to careseeking behaviour by child, evidence of establishment of secure attachments.		Fragmented or unresponsive caregiving by parents or rejection of care-seeking behaviour by child, evidence of insecure or disorganised attachments.	
Parents express feelings clearly and with consistency.		Overwhelming or absent expression of feelings by parents.	
Parental warmth, tolerance, receptiveness, attunement, empathy.		Parents unreceptive, cold, critical or punitive towards children and lack of empathy and attunement to child.	
Parental understanding towards children and appropriate responses to children's feeling states.		Lack of parental understanding and/or inconsistency in responses to children's feeling states.	
Parents' valuing of child, positive emotional tone, calmness.		Parents attacking, rejecting, scapegoating, devaluing, undermining towards children with negative emotional tone, negative parental emotions predominate.	
Atmosphere warm.		Atmosphere negative, chaotic, unsafe or panicky.	
Parents supportive towards children, engaged and involved, respect child.		Parents unsupportive, over-involved or under-involved with child, enmeshed with or ignore, exploit, disqualify or humiliate the child.	
Parents maintain balance of dependence and independence.		Parents promote either under-dependence or over-dependence of child.	
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.	



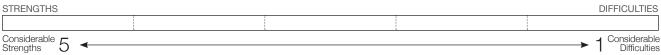


## STIMULATION

Stimulation relates to the need to promote a child's learning and intellectual development through encouragement, cognitive stimulation and providing social opportunities. Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play, and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent opportunity. Facilitating child to meet the challenges of life.

Indicators of strengths and difficulties in the stimulation dimension			
Level of functioning	Parenting capacity	Level of functioning	
MAGNITUDE OF STRENGTHS	<ul> <li>Degree of parental stimulation and praise, encouragement and responsiveness to child's learning needs</li> <li>Parents' ability to communicate with children and listen, acknowledge and respond to them</li> <li>Provision of opportunities for learning and social development and parental participation</li> <li>Preparation and support for child for educational contexts</li> </ul>	SEVERITY OF DIFFICULTIES	
Parents provide stimulation, responsive to child's learning needs.		Little stimulation provided by parents for child's learning and social development; unresponsive to child's learning needs.	
Parents provide praise and encouragement, persistence and continuity.		Parents cold, rejecting, undermining, critical atmosphere. Failure to provide continuity.	
Parents provide clear communication, attentive listening, acknowledgement and responsiveness towards children.		Parents fail to acknowledge or listen to child, parents controlling, directive, stifling towards children or ignore them.	
Good communication between parents and children.		Minimal interchange between parents and children.	
Parents provide challenging tasks and activities in home and social contexts and support learning and social development.		Parents provide few or inappropriate opportunities for learning and social development in family or social context.	
Parents involved, sharing, focused, and creative in relation to children's play, learning and social activities,		Lack of parental involvement, focus or sharing in relation to children's play, learning or social activities.	
Child well prepared and supported for and parents involved in educational contexts.		Poor preparation and support for attendance and involvement in educational contexts and parents not involved.	
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.	



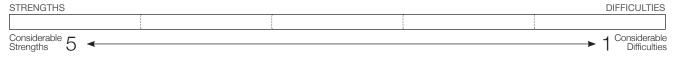


## GUIDANCE AND BOUNDARIES

Guidance and boundaries includes enabling the child to regulate their own emotions and behaviour. The key parental tasks are demonstrating and modelling appropriate behaviour and control of emotions and interactions with others, and guidance, which involves setting boundaries, so that the child is able to develop a internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up. The aim is to enable to grow up into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to dependent on rules outside themselves. This includes not over protecting children from exploratory and learning experiences. Includes social problem solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

The Assessment Framework, p.21

Indicators of strengths and difficulties in the guidance and boundaries dimension			
Level of functioning	Parenting capacity	Level of functioning	
MAGNITUDE OF STRENGTHS	<ul> <li>Guidance and behavioural management</li> <li>Helping children manage frustration</li> <li>Clarity and flexibility of boundaries, rules and expectations</li> <li>Management of conflict and oppositional behaviour</li> </ul>	SEVERITY OF DIFFICULTIES	
Parents provide positive and reflective guidance and behavioural management and adequate care, realistic expectations of children, appropriate use of reward and sanctions.		Absent or oppressive parental guidance and behavioural management or control, unrealistic expectations of children, inappropriate, punitiveness and use of sanctions and rewards.	
Parents help child to manage or distract child from frustration or negative states.		Parental intolerance or reinforcement of frustration or negative states in child.	
Parents provide flexible boundaries and rules, parents maintain structures and adult and child distinction.		Parents set rigid boundaries, lack of boundaries or rules, over-protection or child expected to care for parent.	
Parents manage decision- making collaboratively in relation to providing guidance and boundaries for children, oppositional behaviours managed without undue conflict with child.		Parental provision of guidance and boundaries marked by frequent futile arguments with child, failure to resolve conflicts with or manage oppositional behaviour by child.	
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.	

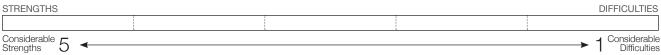


# STABILITY

Stability involves providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development. Includes ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour. Parental responses change and develop according to the child's developmental progress. In addition, ensuring children keep in contact with important family members and significant others.

The Assessment Framework, p.21

	Indicators of strengths and difficulties in the stability dimension	
Level of functioning	Parenting capacity	Level of functioning
MAGNITUDE OF STRENGTHS	<ul> <li>Degree of stability of parenting during developmental and family life cycle</li> <li>Maintaining contact with known family members</li> <li>Stability of a network of important figures</li> <li>Developing child's sense of social responsibility and family, cultural and social identity</li> <li>Managing stability in the face of adversity and major family changes</li> </ul>	SEVERITY OF DIFFICULTIES
Parents ensure stability provided during development in family and adaptable to changes in family and social contexts.		Transient family structure, disruption, no adaptation to changes in family and social contexts.
Parents maintain appropriate contact with key significant family members or others despite separation.		Isolation of parents and children, contacts with key significant family members and others not sustained or distorted.
Parents maintain stable network of parents and parent substitutes for children.		Unstable network of parents and parent substitutes.
Parents help child to develop social responsibility.		Parents do not help child to develop social responsibility or encourage a lack of responsibility.
Parents do not expect child to be inappropriately adult or treat them as much younger child.		Parents expect child to be inappropriately adult or treat them as much younger child.
Parents help child develop a sense of their identity in family, cultural and social contexts.		Parents fail to help their child to develop sense of their identity in family, cultural and social contexts.
Parents maintain consistency and stability in the face of significantly stressful and potentially destabilising events.		Children exposed to variations of parental involvement and disruption in the face of stressful and destabilising events.
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.



#### FAMILY AND ENMRONMENTAL FACTORS DOMAIN

The care and upbringing of children does not take place in a vacuum. All family members are influenced both positively and negatively by the wider family, the neighbourhood and social networks in which they live. The history of the child's family and of the individual family members may have a significant impact on the child and parents. A range of environmental factors can either help or hinder a family's functioning.

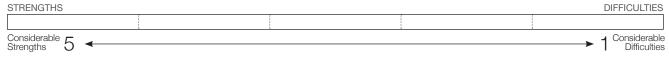
The Assessment Framework, p.22:2.13

#### FAMILY HISTORY AND FAMILY FUNCTIONING: Part 1

Family history includes both genetic and psychosocial factors. Family Functioning is influenced by who is living in the household and how they are related to the child; significant changes in family/household composition; history of childhood experiences of parents; chronology of significant life events and their meaning to family members; nature of family functioning, including sibling relationships and its impact on the child; parental strengths and difficulties, including those of an absent parent; the relationship between separated parents.

The Assessment Framework, p.23

Indicators of strengths and difficulties in the family history and family functioning dimension		
Level of functioning	Family history and functioning	Level of functioning
MAGNITUDE OF STRENGTHS	Stability of the household     Parents' childhood     Impact of family history	SEVERITY OF DIFFICULTIES
Stable household, maintenance of significant relationships despite separation and change, family and social support.		Unstable changing household, relationships disrupted, not maintained or destabilised by extended family and social context.
Parents had stable childhood and protected from major losses, illness, trauma or disruption.		Parents experiences unstable family environment in childhood; exposure to violence, abuse, rejection, loss, illness.
Traumatic events processed, so autonomous functioning achieved and secure attachment style.		Traumatic events unprocessed and attachment style is dismissive or preoccupied or avoidant or disorganised.
Recognition and acknowledgement of significant past events, relationships and circumstances and appropriate 'coming to terms' with traumatic or distressing experiences.		Unresolved past significant events, relationships or circumstances having major impact on current individual emotional states and family functioning.



# FAMILY HISTORY AND FAMILY FUNCTIONING: Part 2

Indicators	Indicators of strengths and difficulties in the family history and family functioning dimension		
Level of functioning	Family history and functioning	Level of functioning	
MAGNITUDE OF STRENGTHS	<ul> <li>Individual functioning and health</li> <li>Mental health</li> <li>Substance use/misuse</li> <li>Criminal activities</li> </ul>	SEVERITY OF DIFFICULTIES	
Adequate functioning, reasonable health, acknowledgement and management of physical and mental illness, disability and/or impairments.		Negative functioning with regard to physical and mental health, impairments and/or disability.	
No significant mental health problems or personality difficulties.		Significant mental health problems or personality difficulties.	
Appropriate management of drugs or alcohol or other substances.		Serious substance misuse.	
No involvement with criminal activities.		Involvement with serious criminal activities.	
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.	





# FAMILY HISTORY AND FAMILY FUNCTIONING: Part 3

Indicators of strengths and difficulties in the family history and family functioning dimension		
Level of functioning	Family history and functioning	Level of functioning
MAGNITUDE OF STRENGTHS	<ul><li>Couples's relationship</li><li>Domestic violence</li><li>Family organisation</li><li>Family relationships</li></ul>	SEVERITY OF DIFFICULTIES
Couple supportive, respectful, confiding, balance of assertiveness and ability to compromise.		Couple isolated, unsupportive, unconfiding, unbalanced, dominant or submissive pattern, destructive, at war.
Violent partner ceases domestic violence, acknowledges responsibility, aware of consequences for partner and children; collaborative, sharing, motivation to change.		Violent partner denies or legitimises violence, continues to be violent, fails to take responsibility or blames victim, impact on children ignored, uncollaborative, resistance to intervention.
Reasonably flexible yet stable family organisation meeting individual needs and adaptable to changing circumstances and life cycle stages.		Family rigid, chaotic, disrupted by stress, minimal adaptation to changing individual needs, inconsistent provision of care for family members.
Family members have reasonable strengths in ability to communicate, listen and respond to each other, to express and respond to feelings appropriately, to maintain positive family alliances and a sense of individual and family identity over time.		Family members have considerable difficulties in communicating clearly and listening to one another and responding appropriately and expressing and responding to emotions positively; family alliances divide or disempower some family members, negative sense of individual and family identity.
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.





# WIDER FAMILY

Who are considered to members of the wider family by the child and parents? Includes related and non-related person and absent wider family. What is their role and importance to child and parents and in precisely what way?

The Assessment Framework, p.23

Indicators of strengths and difficulties in the wider family dimension			
Level of functioning	Wider family	Level of functioning	
MAGNITUDE OF STRENGTHS	<ul> <li>Relationship with the wider family</li> <li>Protection of family members from individuals who present a risk to them</li> </ul>	SEVERITY OF DIFFICULTIES	
Network of supportive family members; support available when needed with disability, illness and times of stress; caregiving provided and practical and emotional support.  Protection from individuals presenting risks to family members provided.		Wider family intrusive, over-involved, abandoning or ineffective; failure to provide caregiving or practical or emotional support when needed with disability, illness or times of stress.  Failure to protect from individuals who present risks to family members.	
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.	

Level of strengths and difficulties



# HOUSING

Does accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members? Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing.

The Assessment Framework, p.23

Indicators of strengths and difficulties in the housing dimension			
Level of functioning	Housing	Level of functioning	
MAGNITUDE OF STRENGTHS	Availability, quality, maintenance and adaptations	SEVERITY OF DIFFICULTIES	
Stable housing availability, suitable for needs of child and other family members, maintained by owner or family, child and parent friendly, adapted for disability.		Unstable housing circumstances, unsuitable for needs of child and other family members, poorly maintained by owner or family, poorly adapted for children and/or disability.	
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.	

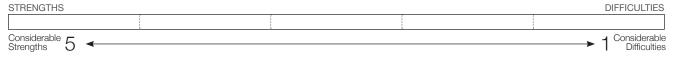
STRENGTHS			DIFFICULTIES
Considerable 5 Strengths	<b>~</b>		→ 1 Considerable Difficulties

# **EMPLOYMENT**

Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child? Includes children's experience of work and its impact on them.

The Assessment Framework, p.23

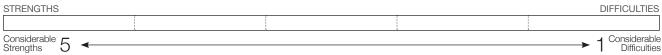
	Indicators of strengths and difficulties in the employment dimension	
Level of functioning	Employment	Level of functioning
MAGNITUDE OF STRENGTHS	<ul> <li>Nature and pattern of work</li> <li>Balance of work and parenting</li> <li>Issues associated with unemployment</li> <li>Child's experience of work</li> </ul>	SEVERITY OF DIFFICULTIES
Work available, working patterns consistent with supporting family life and providing adequate consistent care.		Inconsistency of work availability, unpredictability of working patterns, work patterns fail to support and provide for family life.
Balance between work hours or pattern and child's needs for care or contact and substitute care arrangements adequate.		Hours or work pattern undermines family life, or interferes with child's needs for care or contact and substitute care arrangements inadequate.
Unemployment managed in way which does not undermine family life.		Unemployment disrupts and undermines family life.
Work undertaken by young people or associated responsibilities appropriate.		Undue pressure on children and young people to work or take responsibility for care due to parents'.
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.



#### INCOME

Income available over a sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to family are used. Are there financial difficulties which affect the child. The Assessment Framework, p.23

Indicators of strengths and difficulties in the income dimension			
Level of functioning	Income	Level of functioning	
MAGNITUDE OF STRENGTHS	Availability of income     Use of available resources	SEVERITY OF DIFFICULTIES	
Sustained and adequate income, entitlements claimed and utilized.		Income inadequate, inconsistent or unsustained leading to privation; entitlements not claimed or used inappropriately.	
Primary focus for use of available resources is on child and family needs.		Available resources used on adult needs, children and family needs neglected.	
Children buffered from variations in income.		Children not protected from impact of variations in income.	
Resources well-managed and adequate standard of care maintained within income.		Available resources poorly managed and inadequate standard of care maintained.	
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.	

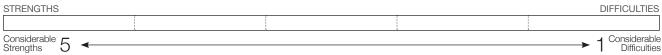


# FAMILY'S SOCIAL INTEGRATION

Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents. Includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.

Indicators of strengths and difficulties in the family's social integration dimension				
Level of functioning	Family's social integration	Level of functioning		
MAGNITUDE OF STRENGTHS	<ul> <li>Integration of children and parents into local neighbourhood and community context</li> <li>Family use of available resources, social and educational opportunities to develop social skills, identity and independence of children</li> <li>Community attitude to diversity</li> </ul>	SEVERITY OF DIFFICULTIES		
	Availability and use of peer group and friendship networks			
Family accepted by and integrated into neighbourhood and wider community.		Children and family isolated, not accepted by or integrated into neighbourhood or wider community.		
Family uses available resources, educational and social opportunities to support development of children's sense of identity, social skills, independence and sense of responsibility.		Family does not use available resources and opportunities for development of child's identity, social skills, independence and sense of responsibility.		
Acceptance and valuing of diversity; discrimination actively discouraged.		Climate of threat, discrimination, absence of tolerance, antisocial influence in neighbourhood and wider community.		
Peer group and friendship networks available and used by children.		Peer group and friendship networks unavailable or not used by children.		
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.		



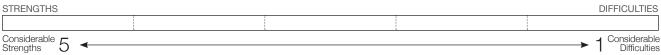


# COMMUNITY RESOURCES

Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities. Includes availability, accessibility and standard of resources and impact on family, including disabled members.

The Assessment Framework, p.23

Indicators of strengths and difficulties in the community resources dimension				
Level of functioning	Community resources	Level of functioning		
MAGNITUDE OF STRENGTHS	<ul> <li>Community resources and facilities</li> <li>Access to universal services</li> <li>Accessibility and availability of specialist resources and services</li> <li>Cooperation between family and professionals</li> </ul>	SEVERITY OF DIFFICULTIES		
Availability of accessible community resources and facilities to fit needs of child and other family members.		Absent or inadequate or inaccessible community resources and facilities which do not fit needs of the child and other family members.		
Threshold for services reasonable; recognition by services of needs related to child living in context of family violence.		High threshold for services; little or no recognition by services of needs related to child living in context of family violence.		
Specialist resources available and accessible.		Lack of availability of or access to specialist resources and services.		
Recognition by services of needs related to child living in context of family violence.		Little recognition by services of needs related to child living in context of family violence.		
Family members use appropriate treatment; community support is used.		Family members fail to engage in treatment and social support or reject appropriate services .		
Relationship and communication between family and professionals reasonable.		Poor relationship and communication between family and professionals.		
Family able to cooperate with professionals to work towards changes in child's best interests.		Family not able to work with professionals towards changes in child's best interests.		
Parents able to: i) identify/recognise factors ii) acknowledge their relevance to the child and iii) take relevant responsibility.		Parents not able to: i) identify/recognise factors ii) acknowledge their relevance to the child and/or iii) take relevant responsibility.		



# Safeguarding Children Assessment and Analysis Framework

Stage 4: Safeguarding Analysis

A Systemic Analysis of Patterns of Harm and Protection

#### Met and Unmet Developmental Needs of the Child

#### Met child's developmental needs

 What needs of the child are being met and how?

#### Unmet child's developmental needs

 What needs of the child are not being met and why?

What is central is whether there is impairment or likelihood of impairment of the child's development.

Difficulties/impairments in Parenting or broader Family and Environment <u>may or may not be producing impairments in the child's development.</u>

# Severity of Difficulties & Magnitude of Strengths

When considering severity/strengths of factors and processes, explore:

- <u>Pervasiveness</u> (breadth): the greater the number aspects of child development, people, situations etc on which the factor impacts, the greater the concern/benefit.
- <u>Intrusiveness</u> (depth): the more a factor intrudes upon others the greater the concern benefit.
- Frequency (how often): the more frequent a factor/process, the greater its impact.
- <u>Duration</u> (length): the longer duration of a factor/process, the greater the weight.
- Modifiability (change): to what extent do other actions or experiences alter a factor/process.
- <u>Unusualness</u>: the more unusual a factor/ process the greater likelihood of it being severe.

#### Processes and Impact

In analysing the categorised information consideration should be given to:

Processes – the pattern of influences

Impact – the weight/effect of factors/processes

#### Processes:

Processes may be linear or circular

#### Distinguish:

- What has brought things about (past)
- What keeps things going (present)
- What's likely to happen in the future

#### Impact

Severity of difficulty: the weight of a negative factor or process

or

Magnitude of strength: the weight of a positive factor or process

#### Predicting the Outlook for the Child

What are the consequences for each child if each particular need continues to be:

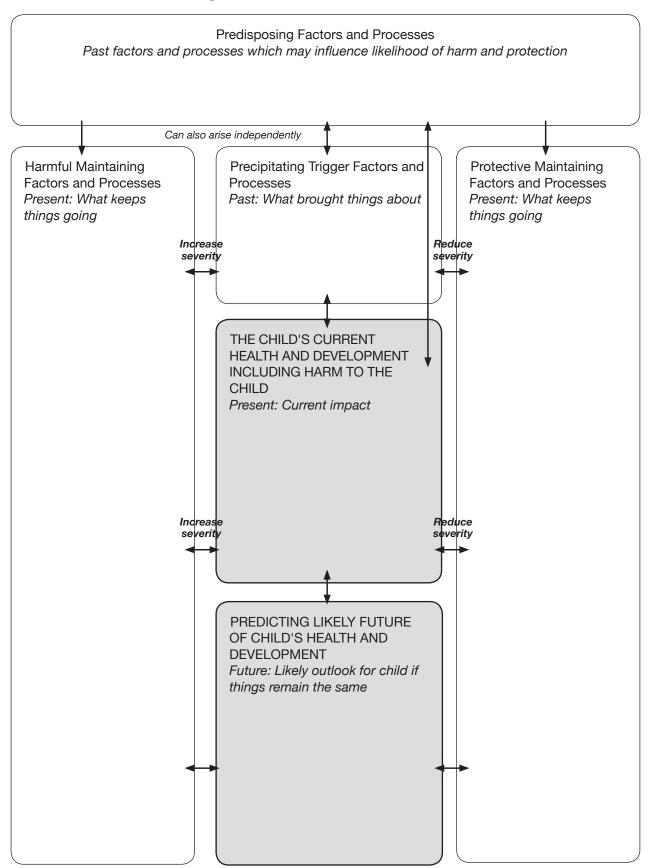
- met in the short term
- met in the long term

Or

- unmet in the short term and
- unmet in the long term

# A Systemic Analysis of Patterns of Harm and Protection

Factors and Processes Leading to Patterns of Harm to the Child



NB Arrows represent processes which may be linear or circular. It is essential to identify processes as well as factors in the systemic analysis

# Safeguarding Children Assessment and Analysis Framework

Stage 4: Safeguarding Analysis

A Process for Analysing the Profile of Harm to a Child, Risk of Re-Abuse or Likelihood of Future Harm and the Prospects for Successful Intervention.

Proforma for Safeguarding Analysis of Risks of Future Harm and Prospects for Intervention

#### INTRODUCTION

The Safeguarding Assessment and Analysis Framework is based on the Framework for the Assessment of Children in Need and their Families, and research on factors associated with levels of harm to a child, the risk of re-abuse or likelihood of future harm and the prospects for successful intervention (Bentovim et al, Sylvester et al, Jones et al). The domains which form the basis of the analysis include: Children's Developmental Needs and functioning; Parenting Capacity and Family and Environmental Factors which is divided into two areas: (i) Individual and Family Factors and (ii) Environmental Factors including family-professional relationship issues.

The Safeguarding Analysis process (see the centre column on pages 36 and 37) is divided into these four areas, and consider:

- 1. The Profile of Harm to the Child: The overall nature of harmful actions past and present, and impact on the child's functioning; the need for protection, and intervention; the nature and level of difficulty in the parenting provided, and the influence of individual, family and environmental factors on parenting capacity and on the child's functioning.
- 2. The Child-Centredness of the Parents: Whether the parents/carers recognise, acknowledge and take appropriate responsibility for the harm suffered; can recognise and acknowledge the nature and level of difficulties in parenting, individual, family and environmental factors which have harmed the child, and whether they are motivated to improve those areas of concern?
- 3. <u>Modifiabiliy</u>: Whether it is judged that the parents have the potential to protect the child and respond to the child's needs, and to modify individual, family and environmental factors within the child's timeframe given the need for protection and intervention.
- 4. <u>Cooperation</u>: Whether parents and family are able to cooperate and work together with professionals to achieve change

It is helpful to focus on specific steps in the **Safeguarding Analysis** process to establish the overall level of harm, the likelihood of further harm and determine the prospects for change (see the right and left hand columns below).

To analyse the level of harm and risks of reabuse and likelihood of future harm a number of these steps on the left-hand side of the Safeguarding Analysis are brought together to produce a profile based on the descriptors in the sections which follow. These descriptors help to identify higher or lower levels of harm or likely harm to the child, and its impact, and parenting, individual, family and environmental factors which are judged to be risks for harmful action, or protective against it. In turn, these levels are associated with higher or lower risks of re-abuse or likelihood of future harm

<u>Determining the prospects for successful intervention</u> requires consideration of the steps on the right-hand side of the **Safeguarding Analysis** which again are brought together to produce a profile based on the descriptors in the boxes which follow associated with better or poorer prospects for intervention. These include consideration of:

- <u>Child centredness</u>: the level of parental recognition and acknowledgement of harm to children and children's need for protection and therapy, and recognition, acknowledgement and motivation to improve parenting, individual, family and environmental difficulties.
- Cooperation: the parents' ability to work with professionals to achieve change
- <u>Modifiability</u>: professional views about the <u>likelihood of change</u> and the capacity of parents to respond within the children's time-frame

An **overall view** can then be taken which provides an analysis of the level of harm, risk of future harm and likelihood of intervention being successful. A plan to provide appropriate levels of protection and intervention then follows, specifying the outcomes for success, or how the longer term needs of the child need to be provided for.

Stage 4: A 12-step Process for Analysing the Profile of Harm, Risk of Re-Abuse or Likelihood of Future Harm to a Child and Determining the Prospects for Successful Intervention.

Analysing the level of harm & risks of re-abuse / likelihood of future harm 'Static factors'		Determining the prospects for successful intervention 'Dynamic factors'				
THE 12-STEP PROCESS						
Child's Developmental Needs						
Level of harm to child and impact on child's developmental needs and how child's needs met.	Severity of harm and impact on child  Examine the context and overall severity of harm, past and present and the impact on the child's health, safety, education, emotional life, behaviour, and identity and history of the child's needs and how they were met in the past and currently. Establish what needs to change.		V			
Level of parenting protection & therapeutic work child now requires, as a result of harm.	Parenting, protection and the Assess the level of parenting, protection the child requires, considering the level harm, and factors which would indicate particular parenting skills, e.g. disability					
Parenting Capacity						
	Child-centredness of parents Child-centredness of parents: Do pare acknowledge the severity of harm to t appropriate responsibility for harm? D for protection and therapeutic work to safety and recovery?	ents recognise and he child? Can they take an o they acknowledge the need	Parental acknowledgment of harm to child & child's need for protection & therapy.			
Level of parenting provided.	Severity of parenting difficult Consider the severity of difficulties in provision of basic care, ensuring safet warmth, stimulation, guidance and both history of parenting provided. Establish	parenting capacity in the cy, providing emotional undaries and stability and the				
	Child-centredness of parents difficulties Child-centredness of parents: Do pare and take responsibility for the nature a difficulties in parenting capacity. Do the achieve change.	ents understand, acknowledge and level of severity of current	Parental acknowledgment of parenting difficulties & motivation to change.			
	Modifiability regarding parent Assess the parents' potential to response to develop their capacity as parents to abusive effects and achieve their potentials.	nd to the child's needs and be help children recover from	Potential of parents to change & develop parenting capacity.			

Analysing the level of harm & risks of re-abuse / likelihood of future harm 'Static factors'

Determining the prospects for successful intervention

'Dynamic factors'

#### THE 12-STEP PROCESS

Individual and Family Factors and Processes

Influence of individual and family factors on parenting capacity to meet child's needs.

#### Severity of individual family difficulties

Identify the severity of difficulties linked to individual and family factors and processes and the extent of their influence on parenting capacity, considering factors from the parents' childhood, health, relationships, family organisation and family relationships, including with the wider family. Establish what needs to change.

## Child-centredness of parents regarding individual/ family difficulties

Find out whether the parents understand, acknowledge and take responsibility for the role and severity of individual and family factors and processes and their effect on parenting and their level of motivation to change.

# Parental acknowledgment of role of individual & family factors & motivation to change.

#### Modifiability regarding individual/family difficulties

Assess the potential for change in individual and family factors and processes and to respond to intervention and improve parenting to meet the child's needs.

#### Potential of parents to change individual and family factors and respond to intervention.

#### Environmental and Professional Factors and Processes

Environmental factors and their impact on the parents' capacity to meet children's needs.

#### Severity of environmental difficulties

Consider the severity of environmental factors such as housing, employment, income and family integration and the extent of their impact on parenting, individual and family functioning and the parents' capacity to meet children's needs. Establish what needs to change.

## Child-centredness and modifiability regarding environmental factors

Establish whether parents understand, acknowledge and take responsibility for the role of environmental factors and the potential for change.

# Parental acknowledgment of role of environmental factors & motivation to change.

## Co-operation of parents/family and child's wishes and feelings

Explore the nature and history of family's relationships with professionals and agencies. Establish whether there is a potential for working together and the availability of resources to achieve change within the child's timeframe. Establish child or young person's wishes and feelings and how far they match professionals and/or family's view of intervention most likely to promote child's health and welfare.

Potential of parents to work with professionals and availability of resources to achieve change within child's timeframe.

# Analysing the Profile of Harm and the Risk of Re-Abuse or Likelihood of Future Harm to the Child

To analyse the Profile of Harm which maybe significant and the closely associated Risk of Re-Abuse or Likelihood of Future Harm to the Child it is helpful to draw together the steps which indicate the situation at the point when the child is subjected to harmful behaviour. These could be considered as 'static' factors as they largely relate to the past and present rather than the future. The tables which follow provide descriptors for strengths and difficulties related to factors which are important to consider in safeguarding/child protection cases.

	Severity of harm and impact on the child *	
Level of functioning	Areas to be considered	Level of functioning
LOWER RISKS	Nature and impact of Harm sustained and what needs to change  Nature of harmful actions  Impact on child's health, growth and care  Impact on emotional development - traumatic effects, attachments, mood and behaviour  Impact on educational/psychological development  Impact on identity and family and social relationships  Impact on self-presentation self-care skills  Balance of vulnerability/resilience factors - disability, intelligence, gender, developmental stage  History of previous care, how needs met and previous harm	HIGHER RISKS
Single forms of harm/less severe/ not sustained.		Child subject to multiple/severe/ harm/ sustained harm, neglect/ emotional /physically/sexually.
Limited traumatic effects, better modulated arousal, mood variable, reasonably compliant, empathic and responsive.		Considerable impact on health repeated or severe injuries, bruising, fractures, growth failure, genital injuries, neglect patterns, e.g. a child has feeding or sleeping problems poor self care, fabricated illness.
Limited impact on health fewer, less severe, less sustained injuries, and impact on growth, care patterns, and health.		Extensive traumatic effects, poorly modulated arousal states, pervasive mood difficulties, aggression and oppositional behaviour, sexualisation and failure of empathy.
Limited impact on emotional development, secure attachments.		Considerable impact on emotional development, disorganised, indiscriminate attachments.
Satisfactory unfolding of cognition and language, educational progress and learning skills.		Considerable Impact on Psychological Development, significant delays in cognitive, and language skills, considerable educational difficulties, failure to acquire skills.
Limited Impact on relationships and Identity, no sustained patterns of withdrawal and hostility, more collaborative, friendly, caring, discriminating and positive self-regard.		Considerable Impact on relationships and Identity, sustained withdrawal, dependency, hostility, unresponsive, exploitative, fighting, controlling, rivalrous, abusive, antisocial, indiscriminate, precocious sexuality, self-hatred.
Child's social presentation and self-care skills appropriate.		Major issues with child's social presentation or self-care skills.
A balance of reduced vulnerability and greater resilience factors.		A balance of greater vulnerability and few resilience factors.
Satisfactory history of early development in all dimensions and no evidence of previous harm.		History of impairments in any of the dimensions and/or history of previous harm.

<sup>\*</sup> To establish the level of severity consider each factor in terms of pervasiveness, intrusiveness, frequency, duration, persistence and unusualness. Also indicate what needs to change as this is likely to be the focus for intervention.

Level of parenting, protection and therapy required by child		
Level of functioning	Areas to be considered	Level of functioning
LOWER RISKS	<ul> <li>Level of protection required by the child</li> <li>Level of parenting required by the child</li> <li>Level of therapeutic work required by the child</li> </ul>	HIGHER RISKS
Child does not require high levels of protection, use of conference and core group approaches.		The highest level of protection required through appropriate legal proceedings.
Child has potential to respond to variety of parenting.		Requires specialist parenting for recovery, over a significant time period.
Focused therapeutic help required for specific forms of harm.		Extensive therapeutic help required for recovery from harm.

Severity of parenting difficulties *		
Level of functioning	Areas to be considered	Level of functioning
LOWER RISKS	Level of parenting provided and what needs to change  Basic care and organisation and safety  Ensuring safety  Level of emotional; warmth and responsiveness  Provision of stimulation and encouragement  Boundaries and behavioural management.  Stability of relationships	HIGHER RISKS
Reasonable provision of basic care.		Extensive difficulties in the provision of basic care,
More adequate family organisation.		Unreliable, fragmented chaotic organisation of family functioning.
Acceptable level of safety within the home and environment.		Failure to provide adequate, safety inside and outside the family.
Adequate emotional warmth and response to emotional needs.		Negative emotions, punitive and/or rejecting, exploiting, disqualification, critical, attacking, coldness.
Reasonable degree of stimulation, encouragement of development and educational achievement.		Lack of stimulation, praise, encouragement of educational attendance and achievement.
Adequate guidance and boundaries, behavioural management.		Absent or inappropriate guidance, punitive or abusive levels of discipline, rigid boundaries, parentification of child, enmeshment, failure to manage behaviour.
No history of other children being harmed or previous child deaths.		History of other children being seriously harmed and/or previous child deaths.

<sup>\*</sup> To establish the level of severity consider each factor in terms of pervasiveness, intrusiveness, frequency, duration, persistence and unusualness. Also indicate what needs to change as this is likely to be the focus for intervention.

Severity	of difficulties in individual and family factors and pro	ocesses *
Level of functioning	Areas to be considered	Level of functioning
LOWER RISKS	Influence of individual and family factors on parenting and what needs to change  • Factors from childhood  • Individual health and development  • History of harm to other children  • Current relationships  • Family organisation  • Management of conflict, decision-making, communication and emotional support  • Relationships with wider family	HIGHER RISKS
Parents had reasonably stable protected childhood, traumatic loss and disruption processed, reasonable coming to terms with experience.		Parents experienced exposure to violence, abuse, rejection in childhood. Instability continuing, unresolved, unprocessed events.
Reasonably secure attachments.		Disorganised attachments.
Positive functioning physical and mental health.		Negative functioning, physical and mental health.
Adequate functioning, acknowledgement, management of physical and mental health difficulties and impairment, antisocial activities.		Antisocial, sadistic, aggressive, borderline personality disorders, paranoid psychosis, criminal history, severe physical health.
No adequate support for learning difficulties and disabilities.		Learning difficulties, worsened by mental health problems and lack of support.
No persistent substance misuse/alcoholism.		Persistent substance misuse/alcoholism.
No other children with physical or mental health difficulties in family.		Other children with physical or mental health difficulties in family.
Reasonably supportive confiding relationships, responsibility acknowledged for violence and adequate management.		Isolated unsupportive relationships, violent partner, ignores impact on children.
Flexible family organisation to meet changing needs.		Rigid, chaotic family organisation, failure to respond to changing family needs.
Adequate conflict management, decision-making, communication, emotional support and identity.		Considerable difficulties in conflict management, decision-making, communication, alliances emotional support and identity.
Reasonably supportive network in wider family, support and substitute.		Intrusive, over-involved, ineffective relationships with wider family.

<sup>\*</sup> To establish the level of severity consider each factor in terms of pervasiveness, intrusiveness, frequency, duration, persistence and unusualness. Also indicate what needs to change as this is likely to be the focus for intervention.

	Severity of environmental difficulties *	
Level of functioning	Areas to be considered	Level of functioning
LOWER RISKS	Influence of environmental factors and what needs to change  • Housing  • Employment  • Income  • Family's social integration  • Resources in community	HIGHER RISKS
Stable, reasonably maintained housing and adapted for needs.		Unstable, disrupted, poorly maintained housing.
Consistent working patterns support family life, sustained.		Unpredictability, inconsistency of employment, failure to support, provide for family life.
Adequate income and entitlements claimed.		Inadequate income, entitlements not claimed.
Available resources used appropriately to support needs of children and family.		Income used for adult needs at expense of child's needs. Resources not used, opportunities rejected.
Reasonable stability and maintenance of network of relationships.		Transient, disrupted unstable network.
Acceptance and valuing of diversity.		Climate of threat, discrimination, antisocial influence.
Available adequate resources.		Absent, inadequate resources, not fitting needs of the family.

<sup>\*</sup> To establish the level of severity consider each factor in terms of pervasiveness, intrusiveness, frequency, duration, persistence and unusualness. Also indicate what needs to change as this is likely to be the focus for intervention.

## Determining the Prospects for Successful Intervention

This includes a consideration of these steps which look at parental recognition, understanding, acknowledgement and taking responsibility for difficulties and their level of modifiability, i.e. their level of motivation and capacity for change and their readiness and ability to co-operate with professionals and agencies. These could be seen as 'dynamic' factors in that they represent the potential for change.

Child-ce	ntredness of parents regarding harm and impact on	the child
Level of functioning	Areas to be considered	Level of functioning
BETTER PROSPECT FOR INTERVENTION	<ul> <li>Parental acknowledgement of level of harm/harmful behaviour and responses</li> <li>Degree of responsibility taken for abusive action and impact</li> <li>Acknowledgement of impact of abuse and harmful effects</li> <li>Acknowledgement of the need for protection and therapeutic work</li> </ul>	POORER PROSPECT FOR INTERVENTION
Parents acknowledge level of harm to child.		Failure of parents and/or child to acknowledge level of harm.
Parental acknowledgement of traumatic responses of child and emotional and relationship impact and impairments to child's development.		Parents fail to acknowledge level of traumatic responses of child, emotional and relationship impact and impairment to child's development.
Parents accept appropriate degree of responsibility for harm.		Parents deny responsibility for abusive or neglectful action and harm to child. Allege falsification by professionals.
Parents accept need for protection/changes in care arrangement for child.		Parents fail to acknowledge a need for protection/changes in care arrangements for child.
Parents acknowledge child's need for support/intervention including therapeutic work.		Parents do not acknowledge child's need for support/ intervention including therapeutic work.

Child-centredness of parents regarding parenting difficulties		
Level of functioning	Areas to be considered	Level of functioning
BETTER PROSPECT FOR INTERVENTION	<ul> <li>Parents' acknowledgement of level of parenting difficulties and the maintaining processes which impact on meeting child's developmental needs</li> <li>Motivation to achieve change</li> </ul>	POORER PROSPECT FOR INTERVENTION
Reasonable acknowledgement and acceptance by parents of level of parental difficulties and awareness of resulting harm and impairments to child's development.		Failure by parents to acknowledge level of parenting difficulties, or harm and impairments to child's development. Parents blame family or environmental factors or processes or agency failures or mutual blame.
Motivation to achieve adequate levels of parenting.		Limited or little motivation to contemplate the need for change.

Modifiability and cooperation regarding parenting difficulties **		
Level of functioning	Areas to be considered	Level of functioning
BETTER PROSPECT FOR INTERVENTION	<ul> <li>Severity of child's developmental impairment</li> <li>Severity of parenting capacity difficulties</li> <li>Potential for parenting capacity to change and respond to child's needs within timeframes, given level of harm</li> <li>Parents motivation and willingness to cooperate with action related to parents safety and welfare of child and to accept help required to achieve change</li> </ul>	POORER PROSPECT FOR INTERVENTION
No or few areas of impairment of child's development.		Significant or pervasive impairment in child's development.
Some areas of difficulty in parenting capacity.		Severe difficulties in parenting capacity to meet needs of child.
Parents have the potential to achieve level of parenting to meet children's needs. Harm limited degree fewer, parenting difficulties.		Highly unlikely that parents could develop adequate skills to protect, support and meet children's needs, extensive harm, and extensiveness of parenting difficulties.
Parents willing to cooperate with action needed to promote safety and welfare of child, including parenting work.		Parents unwilling to cooperate with action needed to promote safety and welfare of child. Parents unable to contemplate need or benefit from parenting work, considerable doubt about commencing work.

<sup>\*</sup> To establish the level of severity consider each factor in terms of pervasiveness, intrusiveness, frequency, duration, persistence and unusualness. Also indicate what needs to change as this is likely to be the focus for intervention.

Child-centredness regarding difficulties in individual and family factors and processes		
Level of functioning	Areas to be considered	Level of functioning
BETTER PROSPECT FOR INTERVENTION	<ul> <li>Parents' acknowledgment of role of individual and family factors and environmental factors and the processes which impact on parenting and the safety and welfare of the child</li> <li>Parents' motivation to change</li> </ul>	POORER PROSPECT FOR INTERVENTION
Acknowledgement by the parents of role of childhood, individual functioning and family relationships in affecting parenting and the safety and welfare of the child.		Failure by the parents to acknowledge role of childhood factors, individual functioning or relationship, family difficulties and the processes impacting their capacity to parent and on the safety and welfare of the child.
Parents motivated to change, willingness to engage in therapeutic work.		Low parental motivation to change, unwillingness to acknowledge or to be involved in therapeutic work.

Modifiability and	cooperation regarding individual and family factors	and processes **
Level of functioning	Areas to be considered	Level of functioning
BETTER PROSPECT FOR INTERVENTION	<ul> <li>Potential for change in individual and family factors to impact on parenting to meet child's needs.</li> <li>Prospect of parental response to therapeutic work.</li> <li>Availability of therapeutic resources/services.</li> </ul>	POORER PROSPECT FOR INTERVENTION
Individual relationship and family factors and processes impacting on parenting and the child's safety and welfare are modifiable within child's timeframe.		Extensiveness of individual family and relationship factors and processes impacting on parenting and the child's safety and welfare are highly unlikely to be changeable within child's timeframe.
Therapeutic work available and likelihood of change good in individual and family factors and processes impacting on parenting and consequent meeting of child's needs.		Requisite therapeutic work unavailable or potentially ineffective as a result of level of difficulties in child, individual and family factors and processes and their impact on parenting resulting in failure to meet child's needs.
Good prospect for effectiveness of trial of therapeutic intervention.		Poor prospect for success of any trial of therapeutic intervention.

<sup>\*</sup> To establish the level of severity consider each factor in terms of pervasiveness, intrusiveness, frequency, duration, persistence and unusualness. Also indicate what needs to change as this is likely to be the focus for intervention.

Child-centredness and modifiability regarding difficulties in environmental factors and processes **		
Level of functioning	Areas to be considered	Level of functioning
BETTER PROSPECT FOR INTERVENTION	<ul> <li>Parents' recognition and acknowledgement of role of environmental factors and taking relevant responsibilities</li> <li>Potential for change</li> </ul>	POORER PROSPECT FOR INTERVENTION
Parental recognition of the role of environmental factors and processes impacting on parenting and the safety and welfare of the child.		Failure by the parents to acknowledge environmental factors and the processes by which their impact on individual and family functioning, parenting and the safety and welfare of the child.
Parents motivated to change, seek support and help to improve and modify where required.		Parents refuse to acknowledge needs for change, refusal to engage with appropriate agencies.
Level of environmental difficulties modifiable with positive motivation and work with support and other agencies.		Extensiveness of environmental difficulties considerable and lack of positive motivation and work with support and other agencies.
Action needed to promote the safety and welfare of the child is achievable within child's timeframe.		Unlikely to achieve sufficient change to promote the safety and welfare of the child within the child's timeframe.

Co-operation with professionals and agencies and child's wishes and feelings		
Level of functioning	Areas to be considered	Level of functioning
BETTER PROSPECT FOR INTERVENTION	<ul><li>Family-professional relationships</li><li>Child's wishes and feelings</li></ul>	POORER PROSPECT FOR INTERVENTION
History of family responding positively to interventions.		History of family responding poorly to interventions.
History of reasonably positive co-operation with professionals and agencies.		History of negative relationships and level of co-operation with professionals and agencies or moving from agency to agency.
Positive current relationships between family and professionals/agencies, understandable levels of negative feelings and grievances or dependence.		Negative, combative current relationship between family and professionals, endless conflicts, divisive, inconsistent responses or high level of dependence.
Resources available in community to meet individual, family and parenting needs as well as the needs of the child.		Resources not available within the timescale of the child and family.
Child's wishes and feelings in line with professionals and family's view of the plan most likely to promote their health and wellfare.		Child's wishes and feelings very different from professionals and/ or family's view of the plan most likely to promote their health and wellfare.

<sup>\*</sup> To establish the level of severity consider each factor in terms of pervasiveness, intrusiveness, frequency, duration, persistence and unusualness. Also indicate what needs to change as this is likely to be the focus for intervention.

Safeguarding Analysis Summary Grid of the Profile of Harm, the Risk of Re-Abuse or Likelihood of Future Harm and the Prospects for Successful Intervention

Analysing the Profile of Harm and the Risk of Re-abuse and Likelihood of Future Harm

#### Severity and impact of harm to child

The overall levels of harm, past and present and the impact on the child's health, safety, educational issues, emotional life, behaviour, and identity and the child's how needs were met in the past and currently.

(please tick a box)

	LOW LEVEL OF CONCERN	HIGHER LEVEL OF CONCERN
Nature and level of harm sustained by child		
Nature of harmful actions towards the child		
Traumatic effects on child		
Impact on child's health		
Impact on child's education		
Impact on child's emotional & behavioural development		
Impact on child's relationships & identity		
Impact on child's social presentation & selfcare		
Balance of vulnerability & resilience factors		
History of previous care, how needs met & previous harm		

#### Parenting, protection and therapy required by child

The level of parenting, protection and therapeutic work the child requires, considering the levels and extensiveness of harm, and factors which would act as an additional factor requiring particular parenting skills, e.g. disability.

(please tick a box)	LOW LEVEL OF CONCERN	HIGHER LEVEL OF CONCERN
Level of protection required by child		
Level of parenting required by child		
Level of therapeutic work required by child		77

#### Severity of parenting difficulties

The level of parenting capacity provided in the areas of provision of basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability.

Level of parenting provided

Basic care and organisation

Ensuring safety

Level of emotional; warmth and responsiveness

Provision of stimulation and encouragement

Boundaries and behavioural management.

History of other children being harmed or child deaths

#### Severity of individual and family factors

The influence of individual and family factors on parenting capacity, considering factors from the parents' childhood, health, relationships, family organisation and family relationships, including with the wider family.

(please tick a box)

LOW LEVEL
OF CONCERN

HIGHER LEVEL
OF CONCERN

Influence of individual and family factors on parenting

Factors from parents' childhood	
Individual health and development	
Impact of learning difficulties and impairments	
Other children with physical or mental health difficulties	
Current relationships	
Family organisation	
Management of conflict, decision-making, communication and emotional support	
Relationships with wider family	

#### Severity of environmental factors

The role of environmental factors such as housing, employment, income and family's social integration and their impact on parenting, individual and family functioning and the parents' capacity to meet child's needs.

please tick a box)  Role of environmental factors	OF CONCERN	OF CONCERN
nlease tick a hox)	LOW LEVEL OF CONCERN	HIGHER LEVEL OF CONCERN

Role of environmental factors			
Housing			
Employment			
Income			
Family's social integration			
Stability of relationships			
Resources in community			

### Determining the Prospects for Successful Intervention

#### Child-centredness regarding harm to child

Do parents acknowledge the level of harm? Can they take an appropriate responsibility for harm? Do they acknowledge the need for protection and therapeutic work to ensure the child's future safety and recovery?

(please tick a box)	REASONABLE PROSPECTS	POOR PROSPECTS
Parental acknowledgement of level of harm		
Acknowledgement of impact of abuse and harmful effects on child's development		
Degree of responsibility taken for abusive action and harm to child		
Acknowledgement of the need for protection/changes to care arrangement for child		
Acknowledgement of child's need for support/intervention including therapeutic work		

#### Child-centredness regarding parenting difficulties

Establish whether parents acknowledge the nature and level of current difficulties in parenting capacity and they have the motivation to achieve change.

(please tick a box)	REASONABLE PROSPECTS	POOR PROSPECTS
Acknowledgement of level of parenting difficulties		
Motivation to achieve change		

#### Modifiability regarding parenting capacity

Assess the parents' potential to respond to child's needs and to develop their capacity to help child recover from abusive effects and achieve their potential.

(please tick a box)	PROSPECTS	POOR PROSPECTS
Potential for parenting capacity to respond to child's needs within timeframe, given level of harm and parental level		
Motivation to accept help required to achieve change		

#### Child-centredness regarding individual and family factors

Assess the parents' potential to respond to child's needs and to develop their capacity to help child recover from abusive effects and achieve their potential.

(please tick a box)	REASONABLE PROSPECTS	POOR PROSPECTS
Acknowledgment of role of individual and family factors		
Motivation to change		

#### Modifiability regarding individual and family factors

Assess the potential for change in individual and family factors and to respond to intervention and improve parenting to meet the child's needs.

(please tick a box)	REASONABLE PROSPECTS	POOR PROSPECTS
Potential for change in individual and family factors to impact on parenting to meet child's needs.		
Availability of therapeutic work, and prospect of response to therapeutic work		

#### Child-centredness and modifiabilty regarding environmental factors

Establish whether parents recognise the role of environmental factors and the potential for change.

(please tick a box)	REASONABLE PROSPECTS	POOR PROSPECTS
Recognition, acknowledgement and taking responsibility for role of environmental factors		
Potential for change		

#### Co-operation with professional and agencies and child's wishes and feelings

Explore the nature of family professional relationships, and to establish whether there is a potential for working together and the availability of resources to achieve change within the child's timeframe and child's wishes and feelings and how far they match professionals and/or family's view of the intervention most likely to promote their health and welfare.

(please tick a box)	REASONABLE PROSPECTS	POOR PROSPECTS
Family-professional relationships		
Child or young person's wishes and feelings		

Integrating the Assessment of the Overall Level of Harm and the Risk of Re-Abuse or Likelihood of Future Harm and the Prospects for Successful Intervention

OVERALL LEVEL OF HARM	LOW LEVEL OF HARM	MODERATE LEVEL OF HARM	HIGH LEVEL OF HARM
(please tick a box)			

OVERALL LEVEL OF RISKS OF RE-ABUSE OR LIKELIHOOD OF FUTURE HARM	LOW LEVEL OF RISKS	MODERATE LEVEL OF RISKS	HIGH LEVEL OF RISKS
(please tick a box)			

OVERALL PROSPECTS FOR SUCCESSFUL INTERVENTION	POOR PROSPECTS	MODERATE PROSPECTS	BETTER PROSPECTS
(please tick a box)			

On the basis of the level of risk of re-abuse or likelihood of future harm and the prospects for intervention, it is possible to decide the overall outlook is **reasonably hopeful** where the risks of re-abuse are low or moderate, and there are good prospects for intervention, i.e. there are sufficient factors to feel that a positive outcome can be achieved within the child's timeframe.

Alternatively, the overall prognosis is **poor** if the risk of re-abuse and prospects for intervention are so limited so that is highly unlikely that a safe context can be achieved for the child.

Very frequently there is a **degree of doubt** because, for example, although the risk of re-abuse is not great, there may be considerable doubts about the response to intervention or rehabilitation. Alternately there may be considerable risks of re-abuse but a high level of motivation and better prospects for intervention. Some areas, e.g. past history of abuse, acceptance of responsibility for the child's state, current psychiatric history may indicate grave concerns. In such situations further assessments, or interventions may be required to determine whether the situation is hopeful and a plan of intervention can be initiated or whether the prospects of safe care is unlikely to be achieved.

The judgement of significant harm has to accord with the Children Act (see page HM Government 2006 page 36) and will depend on the particular balance of the profile of harm, the risks of re-abuse or likelihood of future harm and the prospects for successful intervention. Stage 5: Formulating a plan of intervention – therapeutic work in a context of safety.

#### Stage 5

### Predicting the outlook for the child

This stage involves predicting the likely future outlook for the child if no action is taken and this remains the same. It is useful to consider what both the short and long term consequences are likely to be for the child's future health and development.

#### Stage 6

# Formulating a plan of intervention – therapeutic work in a context of safety

This next stage of the 7-stage process of assessment where there are safeguarding concerns is formulating a plan of intervention. A view has to be taken as to what is the most appropriate plan for the child and other children in the family on the basis of the level of harm which has occurred, the risks of re-abuse, and the prospects for rehabilitation and taking all these factors into account.

In developing a plan for intervention, it is useful to consider the following questions:

- What interventions are required to ensure the safety of the child?
- What are the options for interventions that might:
   (a) help support strengths and/or (b) help meet the unmet needs?
- Towards which met/unmet need is each intervention targeted?
- What resources are available?
- Which of those available is the family most likely to cooperate with?
- Which intervention is likely to produce the most immediate benefit and which might take time?
- What should be he sequence of interventions and why?
- What is he likelihood of achieving sufficient change within the child's timeframe?

It is helpful to consider plans for each area of parenting in terms of providing basic care, ensuring Safety, providing Emotional Warmth, Stimulation, Guidance and Boundaries and Stability, as well as the specific needs of the children and parents as individuals.

#### Identifying Outcomes and Measures for Interventions

Outcomes should be established related to hypotheses about how the interventions are expected (a) to improve the health and development of the child and (b) those factors and processes considered to be influencing the child's developmental needs. Measures for assessing whether change has been achieved also need to be identified for each outcome and applied before and after interventions.

#### Stage 7

# Rehabilitation of the child and family when living separately or moving on from a context of protection and support.

If rehabilitation if is to be achieved, it is crucial to target interventions in as focused way to achieve change in the identified areas of difficulty in parenting capacity, the family and environmental factors affecting parenting and to meet the needs of the child more directly where necessary.

#### This can be achieved

- By providing support for the family through a professional network of support provided in the home.
- By providing contexts outside the home for the family to attend. Facilities can range from family centres to residential contexts which provide levels of supervision indicated by the assessment of the level of harm and potential to harm which indicates the degree of protection required.
- Separation of children from sources of harm, either through care being provided by a non-abusive parent, or children being placed with foster-carers, or in contexts which meet their needs, depending on levels of harm and extensiveness of the impact of harm

#### Therapeutic Work

Therapeutic work needs to be multi-modal focussed on offending parent(s)) children and family contexts. There is a growing body of evidence based approaches now available to focus on the areas of parenting which results in negative impacts, on the effects on the child, and on the family and environmental factors which have a negative impact on parenting, and on the capacity of families to meet the needs of children.)

# Placement of children in a new family context is required when rehabilitation is not possible

There is a current emphasis on placing within the family network before considering placements in non-family placements. Kinship placements have the strengths of maintaining the child's sense of identity, and the maintenance of established relationships. However there may be risks of the child being exposed to significant adversity, depending on the patterns of strength and difficulty of the extended family network, and there may be risks of re-traumatisation and undermining of placement security through contact with abusive family members.

When a child is placed in a new family (e.g. through long-term fostering or adoption), loss is a pervasive issue for the child and new carers and can occur at various phases of the Adoptive Family Life Cycle (Bingley Miller and Bentovim 2008). At each stage of development the foster carers or adoptive parent may become aware of discrepancies with the 'lost ideal child' and the adopted child the loss of the 'idealised' parent who did not, for example, protect older children in the face of trauma and family violence.

As a result of early adverse experiences and the later placements of children who have suffered maltreatment, there may be persistent emotional and behavioural difficulties, and the emergence of difficulties e.g. around later phases of development. It is essential that adoptive parents or others who take on the care of children who have lived with trauma and family violence are supported through the provision of therapeutic work. A key to successful outcomes is the provision of good quality care. The adoptive parent is a key partner in the task of promoting resilience, and the journey to recovery, but their care needs to be enhanced through specific approaches to meet the considerable needs of the children placed in their care.

