

Assessing Risk Briefing

13th February 2019



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What did JTAI tell us?

- **Lack of effective risk assessments** across agencies and understanding of thresholds contributing to strategy meetings not always being held
- When professionals make decisions on thresholds **cumulative risk** not fully considered
- Often **over-optimism** of all agencies in relation to assessing future risk of abuse including a **lack of professional challenge**
- **Flags not always used to aid decision making** about the extent/severity of risk

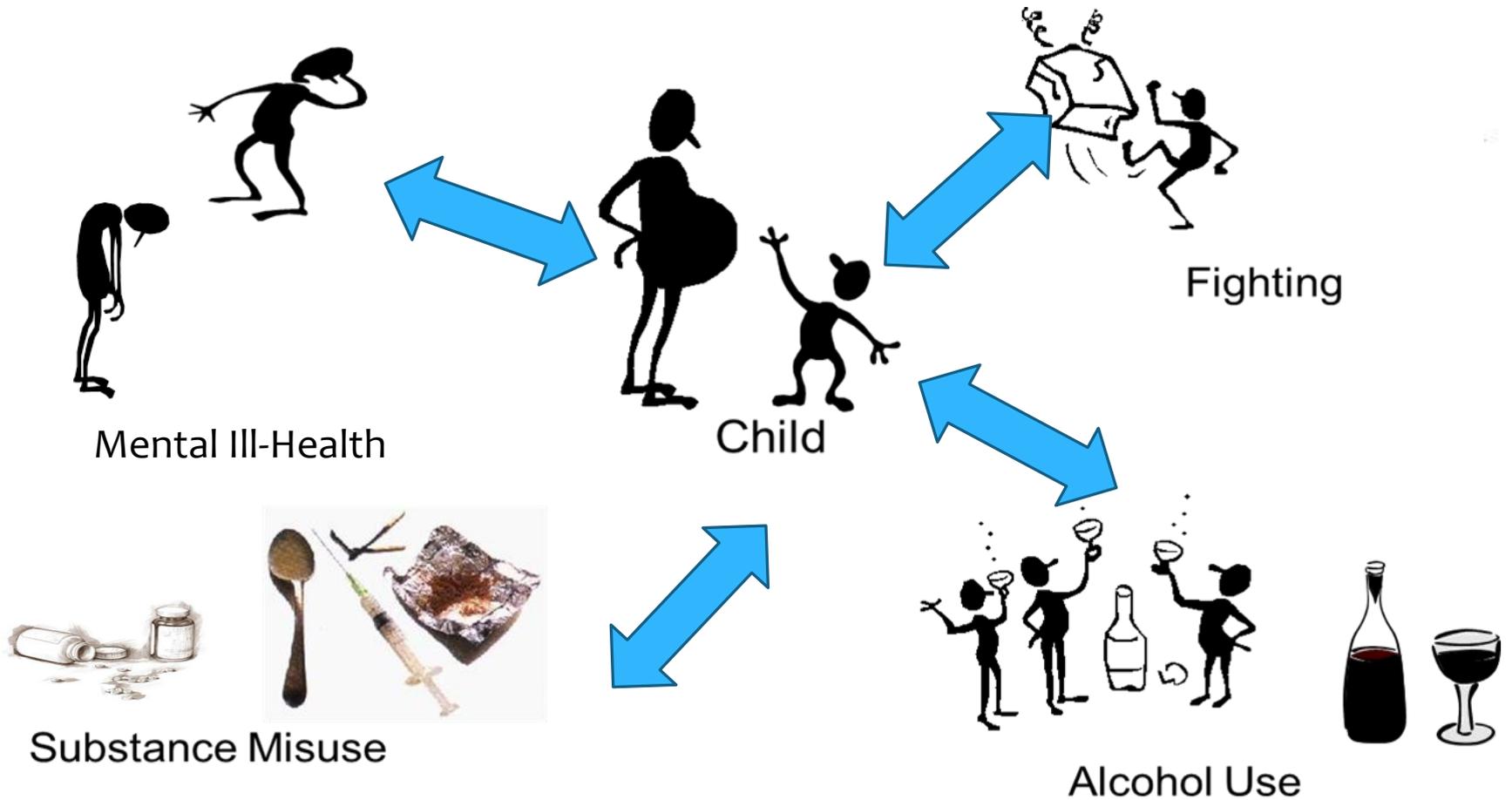
What are we doing?

- **Multi-agency Briefing – Assessing Risk**
- Signs of Safety implementation
- Multi agency dip sample audits
- Effective application of thresholds
- Review of our Conflict Resolution/Professional Challenge Pledge

Learning Outcomes

- * Have an understanding of what is meant by a 'good risk assessment';
- * Be clear about what is meant by analysing risk
- * Be clear on the need to analyse cumulative risk.
- * Be clear on what is meant coercive control and how we identify the warning signs
- * Have awareness of the key tools that support the process;

Record Risk



Analysis

- * Addresses the original reason for the assessment.
- * Addresses the significance of historical information and make reference to the multi-agency **chronology**, identifying any patterns and themes.
- * Identifies what strengths, sources of resilience and resources within the family, extended family and community and balance these against the issues/concerns/risks identified.
- * Clearly states what is effecting the parent's capacity to meet the child's needs and draw conclusions about current/likely future impact/risk upon the child.

Risk Domain

- Weighing up of concerns and strengths;
- Known harm and likely harm weighted for severity and probable impact on the child;
- The parent/carer's ability to ensure the child is protected from physical, sexual, emotional abuse and neglect;
- Causal factors and impact on the child now and in the future should nothing change;
- Professional (and evidenced) opinion for parental co-operation, ability and motivation for sustained change in keeping with the child's timescale.

The child and their story

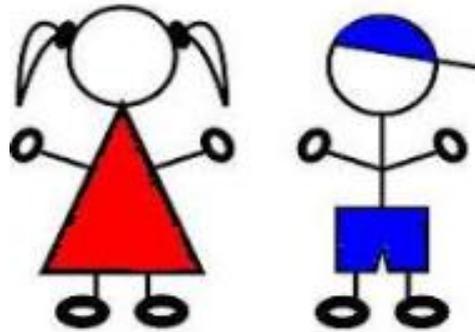
Health

Emotional & Behavioural

Education

Identity

The child's wishes & feelings



Relationships

Abilities & Skills

Presentation



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**Ensures that
the child
remains
central**

**What it's like to be this child?
Is this child safe?**

**Makes good use of
information from a range of
sources**

**Includes analysis that makes
clear links between the
analysis and Care Plan for
intervention.**

**Consider how we capture the
voice of younger children/and
children with disabilities**

- The child is often not seen enough alone by professionals, or not asked about their views and feelings.
- Practitioners focus too much on parents' needs, especially vulnerable parents and overlooked the implications for the child.
- Agencies don't listen to adults who tried to speak on the child's behalf and had important information to contribute.

Parenting capacity

Safety

Warmth & love

Stimulation

Basic Care



Stability & Security

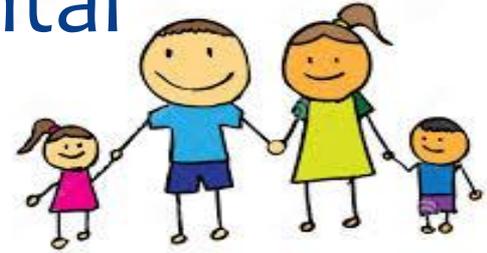
Guidance & boundaries



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Family and Environmental



Community Resources

Social Integration

Income

Extended Family Network

Family History

Employment

Housing

Family Functioning

Our Professional Curiosity



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Cumulative Harm

the persistent failure to meet a child's basic physical, emotional and/or psychological needs

Listing “risk factors” without an exploration of what they mean for each child, will not in themselves contribute to a comprehensive assessment of risk.

Simply recording risk factors is not sufficient. Each needs to be clearly identified and presented with the supporting evidence.

Use of effective chronologies!

Date & Time	Event	Whose Records?	Who was involved?	Decisions/ Actions	Child seen/views sought. Record the child's views
09/06/14	Teacher reports Child has arrived at school with serious bite on leg	School nurse	School nurse, Janice West, informed by class teacher, Mrs Jepson	Wound dressed – school nurse advises parents to take Gemma to hospital. Social Worker, John Simpson, informed	Gemma reports dog belongs to her uncle but she has been told not to tell anyone this. Gemma is very distressed.

- * **A succinct, accurate and factual record** of a significant event or change in circumstances (progress or concern) that impacts on the child/young person's safety, welfare and/or development.
- * Provides an early indication of an emerging pattern of progress or concern.
- * Should be commenced single agency and developed into a multi-agency document by the lead professional as part of the TAF within Early Help.
- * Should be completed using LSCB format.

Decision Making

- What are the expected outcomes for this child?
- What risks are getting in the way?
- What protective factors can significantly reduce the risks in the immediate and longer term?
- How can protective factors be strengthened?
- What potential for change is there?
- How is this evidenced?
- What can the parents do?
- What can be provided by the community?
- What can professionals do?

Listening to the Voice of the Child !

What key things contribute to effective Risk Assessments?

- Relationships; with children, young people and families Inc. partner agencies.
- Consistency of approach in assessment of risk.
- Review risk using a continuous approach to determine change.
- Regular supervision to reflect case management

Tools

Signs of Safety

- * Developed in the 1990s in Australia by Andrew Turnell and Steve Edwards
- * The approach focuses on the question “How can the worker build partnerships with parents and children in situations of suspected or substantiated child abuse and still deal rigorously with the maltreatment issues?”
- * This strengths-based and safety-focused approach to child protection work is grounded in partnership and collaboration
- * A format for undertaking comprehensive risk assessment — assessing both danger and strengths/safety

What is the Signs of Safety Approach?

Signs of Safety Assessment and Planning Form

Involves building relationships

A Questioning not an expert approach

What are we Worried About?	What's Working Well?	What Needs to Happen?
<p>Past Harm to Children Action/ Behaviour – who, what, where, when; Severity; Incidence & Impact</p>	<p>Existing Strengths</p>	<p>Future Safety/ Protection What must the caregivers be doing in their care of the child that addresses the future danger?</p>
<p>Future Danger for Children Worries for the future is nothing changes.</p>	<p>Existing Safety/ Protection The Strengths demonstrated as protection over time. Must directly relate to danger.</p>	<p>What does the family want generally and in relation to safety?</p>
<p>Complicating Factors Factors which make the situation more difficult to resolve.</p>		<p>Next Steps What are the next steps to be taken to move towards achieving the goal?</p>

Safety Scale On a scale of 0 to 10 where 10 means everyone knows the children are safe enough for the child to return home and zero means things are so bad for the children they can't live at home where do we get this situation? (If different judgement so use different people's number on the continuum).

Focused above all on BUILDING ENOUGH SAFETY to close the case. 0 ← → 10

What's Working Well?

- * Emotional maturity and social awareness
- * Evidenced personal safety skills (incl. knowledge of sources of help)
- * Strong self esteem
- * Evidenced resilience and strong attachment
- * Evidence of protective adults
- * Evidence of support network(s) e.g. supportive peers or supportive relationships or strong social networks
- * Demonstrable capacity for change by caregivers and the sustained acceptance of the need to change to protect their child
- * Evidence of openness and willingness to co-operate and accept professional intervention

Thinking about a child/teenager in your life that you feel a worried about:

What are you worried about?

What has happened, what have you seen, that makes you worried about this child/teenager

What words would use to talk about this problem so that _____ would understand what you're worried about?

When you think about what has already happened to _____ what do you think is the worst thing that could happen to _____ because of this problem?

Are their things happening in _____'s life or family that make this problem harder to deal with?

What's working well?

What do you like about _____ what are his/her best attributes?

Who are the people that care most about _____? What are the best things about how they care for _____?

What would _____ say are the best things about his/her life?

Who would _____ say are the most important people in his/her life? How do they help _____ grow up well?

Has there been times when this problem has been dealt with or was even a little better? How did that happen?

What needs to happen?

Having thought more about this problem now, what would you need to see that would make you satisfied the situation is at a 10?

What would _____ need to see that would make them say this problem is completely sorted out?

What do you think is the next step that should happen to get this worry sorted out?

On a scale of 0 to 10 where 10 means this problem is sorted out as much as it can be and zero means things are so bad for the young person you need to get professional or other outside help, where do you rate this situation today? (Put different judgment numbers on scale for different people e.g., you, child, teacher etc).

0



10

Tools

Single agency processes e.g Risk Matrix

Vulnerability Risk Matrix

Family Engagement Risk Assessment tool

Risk Matrix

STRENGTH	RISK
ANALYSIS	ACTIONS

Resilience

Adversity

Protective
Environment

Vulnerability



Resilience

Normal development under difficult conditions e.g. secure attachment, outgoing temperament, sociability, problem-solving skills

Adversity

Life events or circumstances which pose a threat to healthy development e.g. loss, abuse, neglect

Protective Environment

Factors in the child's environment that act as a buffer to the negative effects of adverse experiences

Vulnerability

Those characteristics of the child, their family circle and wider community which might threaten or challenge healthy development e.g. disability, racism, lack of or poor attachment.

Resilient child
High adversity

Resilient Child
Protective
Environment

ADVERSITY

PROTECTIVE
FACTORS

Vulnerable child
High Adversity

Vulnerable child
Protective Environment

Family Engagement Risk Assessment

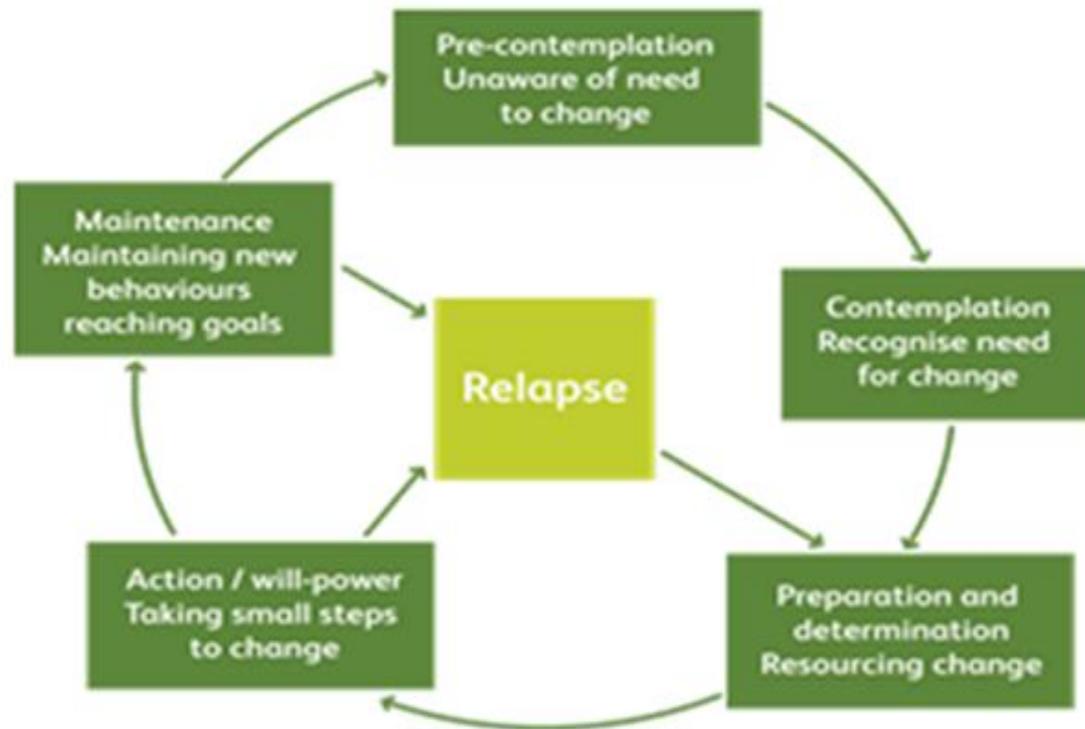


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Engagement Risk Assessment

Five stages of change



Engagement Risk Assessment

Family Engagement Risk Assessment

Name of Family / Child/ren:		Date of Family Engagement Risk Assessment:	
Who involved in Risk Assessment:			
Name of Lead Practitioner:		Name of Manager:	Name of Service:

Risk and Vulnerability [Evidenced]		Protective/Resilient Factors [Evidenced]	
Historical	Current	Historical	Current
+			
'Grey Areas'	'Grey Areas'	'Grey Areas'	'Grey Areas'
+			

30

What is coercive control ?

- * Coercive control describes a range or pattern of behaviours that enable a perpetrator to maintain or regain control of a partner, ex-partner or family member
- * .
- * In March 2013, the cross-government definition of domestic abuse was extended to include ‘any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.
- * The types of coercive control being used will differ from victim to victim. Perpetrators will often use a combination of tactics and/or take advantage of any perceived weaknesses or insecurities in order to maximise the victim's distress. Coercive control describes a range or pattern of behaviours that enable a perpetrator to maintain or regain control of a partner, ex-partner or family member.

Examples of Coercive control



Controlling or observing the victim's daily activities

- making them account for their time
- restricting their movements



Isolating the victim from family and friends

- intercepting messages or phone calls
- Taking away their mobile phone



Preventing the victim from taking medication or accessing care

- Not allowing to attend medical appointments
- Controlling the medication



Using children to control their partner

- Threatening to take the children away
- restricting their movements



Threats of suicide/homicide

- If I cant have you.... No one else can
- If you leave me, I don't know what I'll do



Extreme jealousy

- Constant accusations of having affairs
- Checking for sexual activity after they have left the house



Threats to expose sensitive information

- Breaking previous confidence
- Disclosing personal information

The power and control wheel is a useful tool to consider the various forms of Co-ercive & Controlling behaviours.



Although the examples are very gender specific – it can be used by professionals as a way of identifying what these can be help to initiate conversation.

Case Study



Coercive Control



Case Study

- * What evidence is there of Coercive Control?
- *
 - *What impact will this control have on Rachel?
 - *How will this impact on her parenting?



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Case Study



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Contact us:

- * www.myharbour.org.uk
- * Info@myharbour.org.uk
- * 03000 202525

Challenge is an opportunity for shared learning

- * **WE SEEK CONVERSATIONS AT THE EARLIEST OPPORTUNITY**
- * **WE RESPECT EACH OTHER'S EXPERTISE AND ACTIVELY LISTEN TO EACH OTHER**
- * **WE ARE OPEN AND EMPATHETIC TO RECEIVING CHALLENGES**
- * **WE EVIDENCE WHAT WE SAY**
- * **WE USE THE COMMON LANGUAGE SIGNS OF SAFETY PROVIDES**

Other Key messages

- Robust multi-agency planning and intervention is essential.
- Roles and responsibilities must be clearly understood by all professionals.
- Language must be free from jargon and clearly understood by the family and all professionals.
- Where families refuse to engage this should not prevent sharing information.