

# Tools and Tips to support Practice Matters Analysis

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## Introduction

This paper aims to support the recent *Practice Matters Analysis* guidance and identifies a number of 'tips' and 'tools' that may be used to assist in 'making sense' and analysing when working with children and young people and their carers. It endorses the importance of 'structured professional judgement' in Barlow et al's research paper: *Systematic Review of Models of Analysing Significant Harm* (DfE Research Report 199 2012) and builds on the ideas and tools considered in the DCC 2012 two day training course for social workers focussing on Assessment and Analysis. The tools included are by no means definitive and additional work is being undertaken by sub-groups of the County and City safeguarding boards to consider recommended or endorsed tools to complement the emerging *Assessment Protocol* required by *Working Together 2013*.

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### 1) Guidance in *Working Together 2013* and two fundamental questions

*Working Together 2013* provides clear guidance and expectations in relation to assessment (with assessment defined as information gathered plus analysis)

1.27: 'Whatever legislation the child is assessed under, the purpose of the assessment is always:

- to gather information about a child and family
- to analyse the needs and/or the nature and level of any risk and harm being suffered by the child
- to decide whether the child is a child in need (sn.17) and/or is suffering or likely to suffer significant harm (sn. 47)

to provide support to address those needs to improve the child's outcomes to make them safe'

1.29: 'Good assessments support professionals to understand whether a child has needs relating to their care or a disability and/or is suffering, or likely to suffer, significant harm. The specific needs of disabled children should be given sufficient recognition and priority in the assessment process.'

1.32: High quality assessments

- are child centred
- are rooted in child development and informed by evidence
- are focused on action and outcomes for children
- are holistic in approach, addressing the child’s needs within their family and wider community
- involve children and families
- build on strengths as well as difficulties
- are integrated in approach
- are a continuing process not an event
- lead to action, including the provision and review of services

are transparent and open to challenge

1.33 & 1.34: Research has shown that taking a systematic approach to enquiries using a conceptual model is the best way to deliver a comprehensive assessment for all children.

A good assessment is one which investigates the following three domains:

- the child’s developmental needs, including whether they are suffering or likely to suffer significant harm
- parents’ or carers’ capacity to respond to those needs

the impact and influence of wider family, community and environmental circumstances

The interaction of these domains requires careful investigation during the assessment. The aim is to reach a judgement about the nature and level of needs and/or risks that the child may be facing within their family.

1.38: ‘Every assessment must be informed by the views of the child as well as the family... It is important to understand the resilience of the individual child when planning appropriate services’

1.39: ‘Every assessment should reflect the unique characteristics of the child within their family and community context... that family structures, culture, religion, ethnic origins and other characteristics should be respected’

1.42: ‘The aim is to use all the information to identify difficulties and risk factors as well as developing a picture of strengths and protective factors’

*Working Together 2013* includes the Assessment Framework for the first time in formal statutory guidance

Links to the ‘Assessment Framework’ as a core reference structure for analysis enables the use of a shared language and ‘map’ for analysis that would be relevant at all four levels or stages of need and ‘concern’ as outlined in WT 2013 1.15 (‘low level’



needs/concern; 'emerging' needs/concerns; 'complex' needs/concerns; 'CP'/possible significant harm' level) and therefore enable analytical assessments of need/concern and proposed response/action to link for children, young people and families who, at different times, may be at different 'levels' of a tiered concern/response spectrum: early help/CAF; Child in Need; CP etc.

If assessment is seen as answering key questions about a child or young person's well-being, health and development, then **two fundamental questions** for analysis might be:

***What needs of the child/young person are being met? – and how?***

***What needs of the child/young person are not being met – and why?***

Followed by:

- Tracking and plotting the influences and impact on child/young person's health and development
  - Linear and circular influential factors and processes that impact on child/young person (+ or -)
  - Past: what has brought these factors and processes about?
  - Present: what keeps these factors and processes going?
  - Future: what may continue to happen in the future?
- Possible consequences
  - What might be the short or longer term consequences and outcomes for the child/young person if each of her/his needs continue to be met *or* not met as presently? (the importance of hypothesising and theorising)

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## **2) In pursuit of 'structured professional judgement'**

A 'stepwise' thinking process can help bring clarity and consistency to what may often be complex circumstances and processes. Here are two possible stepped outlines to follow:

### ***'7 steps' underpinning the DfE-funded work by Child and Family Training***

- 1) Consider the referral and aims of involvement/assessment
- 2) Making an assessment of the child/young person's needs, of the carer/s' capacity, of family and environmental influences
- 3) Establishing the nature and level of harm to the child/young *person*
- 4) Systemic analysis ~ patterns of harm and protection
- 5) Analysing the profile of harm and the risks of re-abuse or likelihood of future harm ~ determining the prospects for successful intervention
- 6) Developing a plan of intervention including therapeutic work in a context of safety and protection
- 7) Identifying outcomes and measures for intervention

*Child and Family Training* (supported by the DfE have produced a number of tools and instruments to use with these steps e.g. 'Strengths' and 'Difficulties' analysis; 'Summary Systemic Analysis'; 'Profile of Harm' and 'Prospects for Intervention'

### ***Research in Practice '5 Anchors'...***

- Why is the assessment being done?
- What is the story?
- What does the story mean?

- What needs to happen?
- How will we know we are making progress?

### 3) Links to the pilot Public Law Outline social work statement requirements 2013

The requirements for the SW statement in the new **July 2013 pilot PLO processes** include the following elements:

- Root cause analysis (beyond/behind symptomology? PH)
- Parenting/carer capacity (and 'gap' in meeting child/young person's needs)
- Impact on child analysis
- Early permanence analysis
- Care plan analysis

From the ANNEX TO PRACTICE DIRECTION 36C PILOT PRACTICE DIRECTION 12A

"Social Work Chronology" means a schedule containing—

- (a) a succinct summary of the significant dates and events in the child's life in chronological order- a running record up to the issue of the proceedings;
- (b) information under the following headings—
  - (i) serial number;
  - (ii) date;
  - (iii) event-detail;
  - (iv) witness or document reference (where applicable);

"Social Work Statement" means a statement prepared by the Local Authority limited to the following evidence—

Summary

- (a) The order sought;
- (b) Succinct summary of reasons with reference as appropriate to the Welfare Checklist;

Family

- (c) Family members and relationships especially the primary carers and significant adults/other children;
- (d) Genogram;

Threshold

- (e) Precipitating events;
- (f) Background circumstances;
  - (i) summary of children's services involvement cross-referenced to the chronology;
  - (ii) previous court orders and emergency steps;
  - (iii) previous assessments;

- (g) Summary of significant harm and or likelihood of significant harm which the LA will seek to establish by evidence or concession;

Parenting capacity

- (h) Assessment of child's needs;
- (i) Assessment of parental capacity to meet needs;
- (j) Analysis of why there is a gap between parental capacity and the child's needs;
- (k) Assessment of other significant adults who may be carers;

Child impact

- (l) Wishes and feelings of the child(ren);
- (m) Timetable for the Child;

(n) Delay and timetable for the proceedings;

Early permanence and contact

(o) Parallel planning;

(p) Placement options;

(q) Contact framework;

Case Management

(r) Evidence and assessments necessary and outstanding;

(s) Case management proposals;

From: <http://www.justice.gov.uk/downloads/protecting-the-vulnerable/care-proceeding-reform/practice-direction-36c-annex.pdf> / accessed 1.8.2013

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#### 4) Hallmarks/characteristics of effective analysis

The following elements of a 'sound' analytical assessment have been identified from research compiled by Research in Practice in 2012

A sound analytical assessment is likely to:

- State clearly why the assessment is being done and what it hopes to achieve
- Show an understanding of family history and context ~ context is key
- Be specific about the individual child and family's needs
- Include a clear, evidence informed hypothesis about likely impact on the child if identified needs are not met - what will be the consequences – or risks for this child or young person – in the short and long term
- Include evidence to support the decision (research, experience, observations)
- Be logical, focused, concise and jargon-free

There is further consideration of these points in the RIP paper: 'Analysis and Critical Thinking in Assessment' – a briefing for practitioners and another accompanying briefings (e.g: for managers) available on the research in Practice website: [www.rip.org.uk](http://www.rip.org.uk)

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#### 5) The 'voice' of children and young people

The Ofsted report: *The Voice of the child* (2011) highlighted lessons from a review of serious cases

**The voice of the child: learning lessons from serious case reviews ~ Ofsted April to September 2010**

- 67 case reviews
- 93 children

**6 main messages recurring from previous reports**

**The importance of:**

- ✓ focusing on good practice
- ✓ ensuring that the necessary action takes place
  - ✓ using all sources of information
  - ✓ carrying out assessments effectively
- ✓ implementing effective multi-agency working
- ✓ valuing challenge, supervision and scrutiny <sup>92</sup>

Suggesting that:

**In too many cases...**  
**Five main messages**

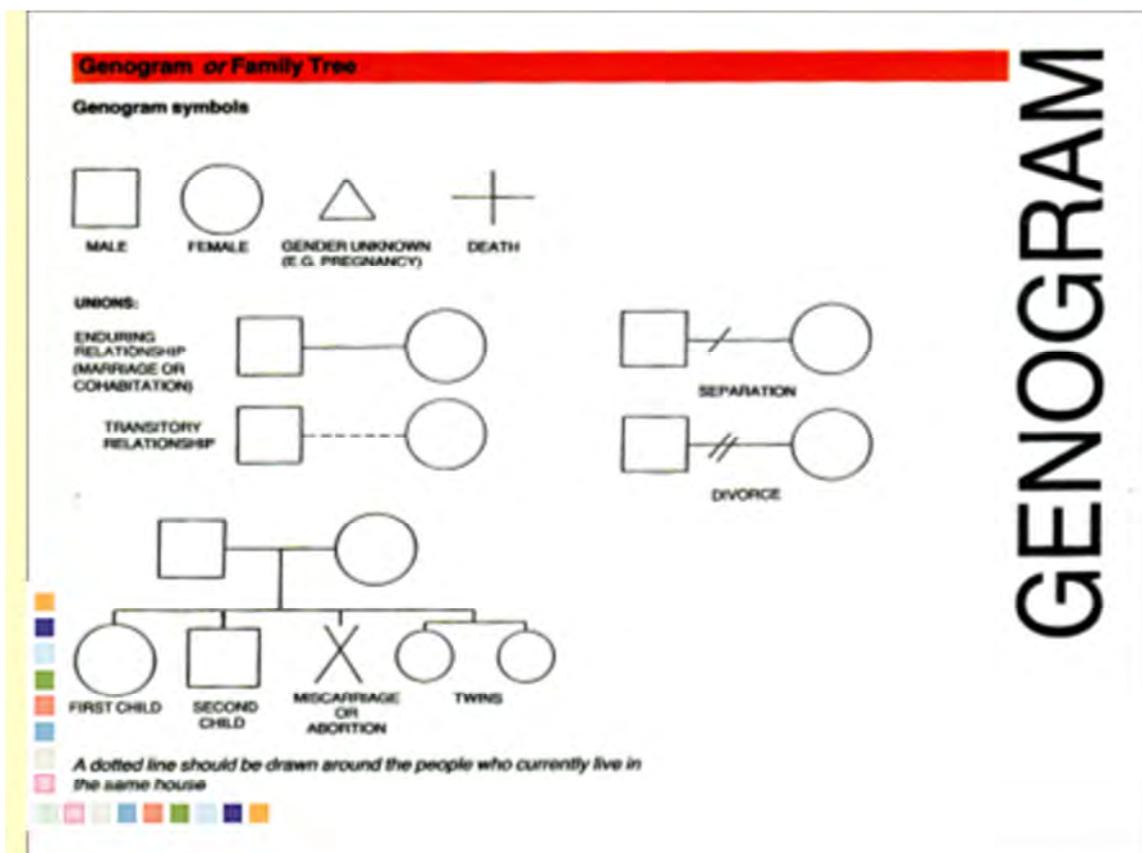
- 1) the child/young person was not seen frequently enough by the professionals involved, or was not asked about their views and feelings
- 2) agencies did not listen to adults who tried to speak on behalf of the child/young person and who had important information to contribute
- 3) parents and carers prevented professionals from seeing and listening to the child/young person
- 4) practitioners focused too much on the needs of parents, especially on vulnerable parents, and overlooked the implications for the child
- 5) agencies did not interpret their findings well enough to protect the child

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## 6) Additional tools

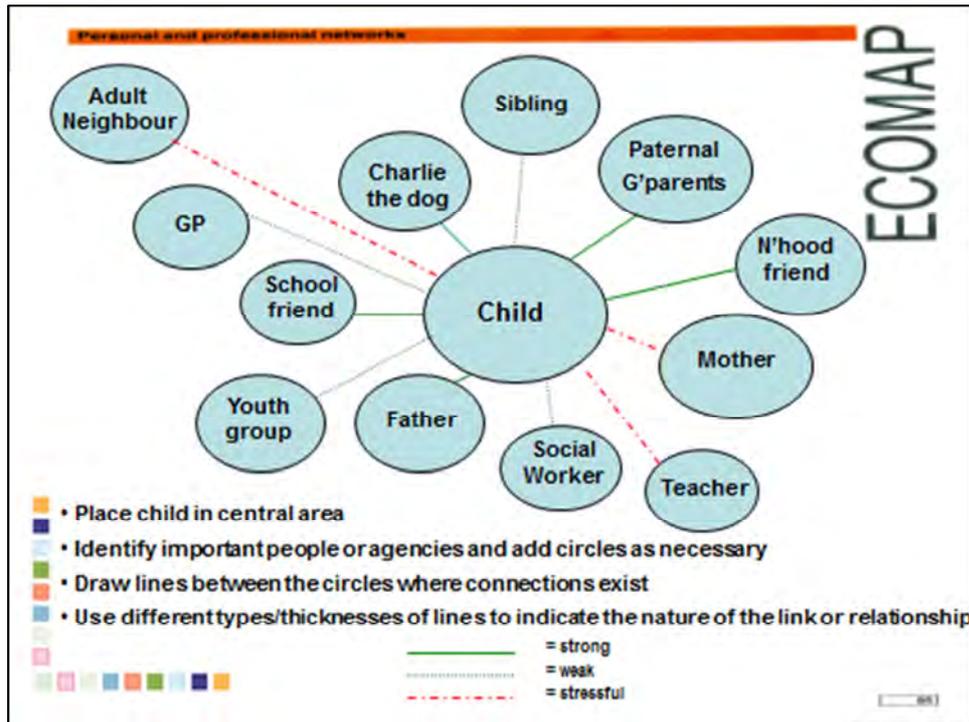
### a) Genogram

A vital tool for identifying who is who and beginning to explore family dynamics and relations



**b) Ecomap**

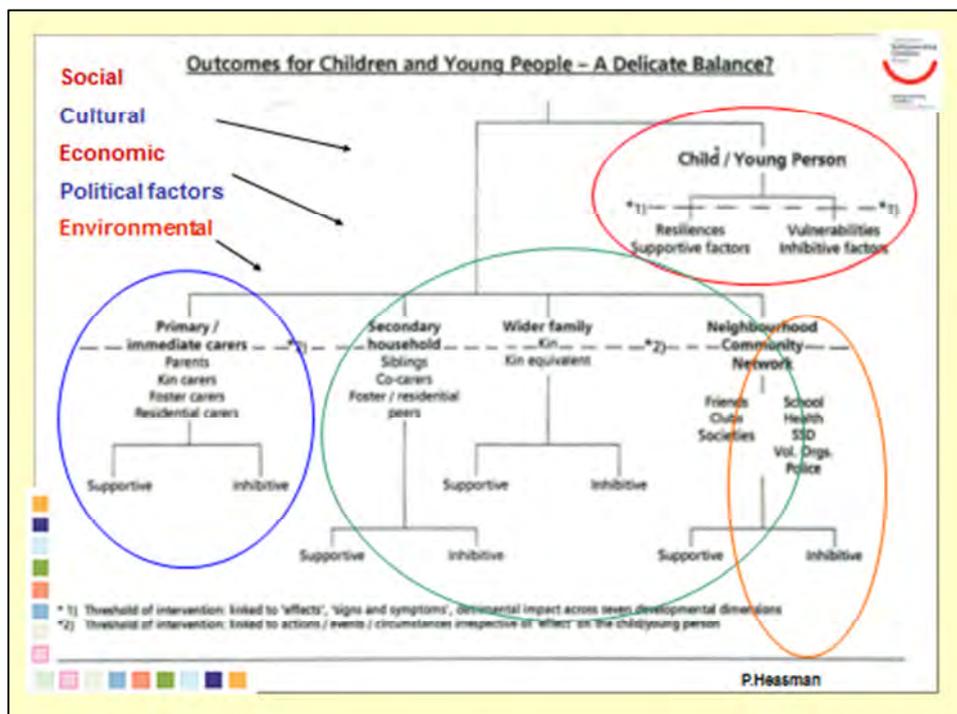
Another vital tool for exploring the child or young person's 'world' – especially their perceptions



**c) Chronologies**

Vital.....

**d) A systemic (delicate) balance model**

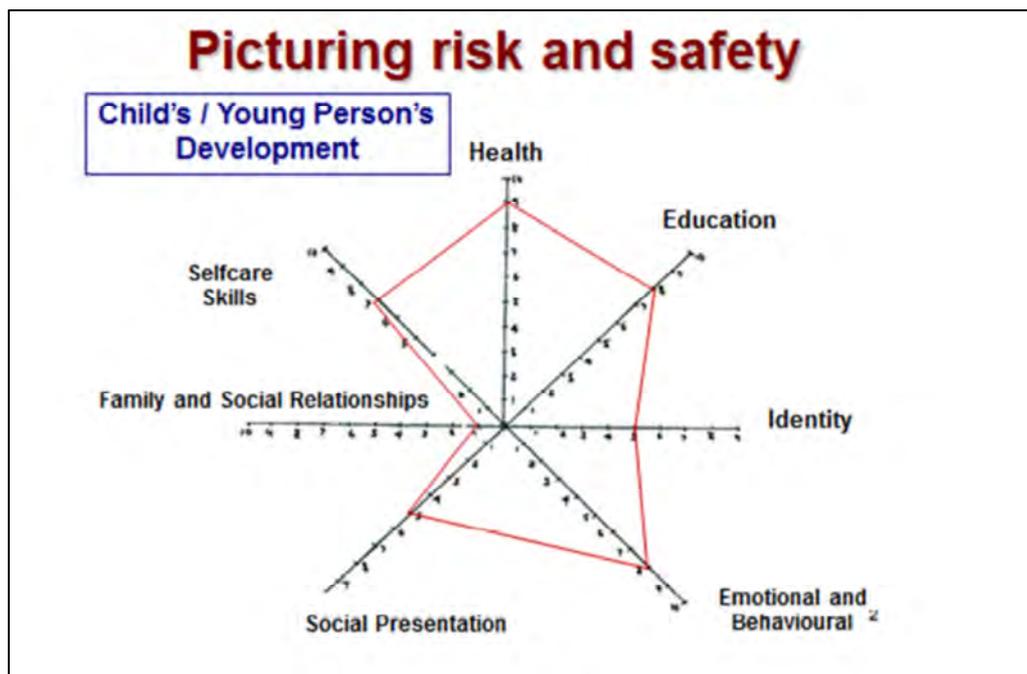


This model encourages a broad systemic analysis of the potential factors tipping the balance towards safety or danger for a child or young person; factors that may promote or inhibit the opportunity for a

child or young person to achieve their optimal potential. It also includes the 'professional dimension' as we may be a critical factor – for the most part tipping the balance towards safety, but occasionally (as serious case reviews may identify) ripping the balance towards danger.

#### e) Picturing domains and dimensions of the 'Assessment Framework'

Putting together a visual analysis of the current situation for a child or young person using the dimensions of the Assessment Framework can be helpful – and encourage 'rating' of strengths or difficulties. A similar process can be undertaken in relation to 'parenting capacity' the 'wider family and environment' domains. The 'size' of the strengths and difficulties can be compared across two assessment points with accompanying discussion of the dynamics and influential factors – and of what might be planned to decrease the size or severity of the 'problem' areas, or increase the magnitude of the strengths



#### f) Analysing Strengths and Difficulties (Bentovim et al – adapted PH)

'Child and Family Training' (C&FT) (Arnon Bentovim, Liza Bingley Miller and colleagues) is a national organisation that, in recent years, has developed assessment and analysis models, tools and training through projects funded by the Department for Education. These have been adopted by many Local Authorities and have evaluated very well in Barlow et al's national study (2012) 'Systematic Review of Models of Analysing Significant Harm' (DfE RR199 2012)

Developed from research and approaches outlined in 'Safeguarding Children Living with Trauma and Family Violence' Bentovim et al (2009) a 'strengths and difficulties' analysis proforma (with links to the analytical tools in the C&FT 'SAAF' tools) has been used in Derbyshire training and enables detailed consideration of the domains and dimensions of the national 'Assessment Framework' (Assessment Triangle).

*Social Workers should remember this from the 'Assessment and Analysis' two day training in 2012*

**Assessing Strengths and Risks with Children and their Families**  
 ~ Operationalizing the Assessment Framework where there are Safeguarding Concerns ~

<b>Child's or Young Person's Development</b>				
		<b>Domain Dimensions and Sub-dimensions</b>		
<b>Specific evidence for this particular Child/Young Person (with source/date/status – observed or inferred - of information)</b>	<b>Strengths (potential indicators)</b>		<b>Difficulties (potential indicators)</b>	<b>Specific evidence for this particular Child/Young Person (with source/date/status – observed or inferred - of information)</b>
<b>Health</b>				
	3    2	1    0    -1    -2    -3		
	Foetus healthy in pregnancy	<b>General physical health</b>	Foetal health or survival threatened in pregnancy; repeated injuries and/or infections 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 repeated hospitalization	
	No injuries or illnesses requiring repeated or protracted hospitalization		Onset of soiling or enuresis after continence was firmly established	
	No physical genetic disorders		Physical or genetic disorders	
	Child/Young person takes exercise and eats a healthy diet		Takes little exercise	
	Child/Young person has positive health attitudes		Child/Young person has negative attitudes towards health	

	Positive trajectory of physical health	<b>Growth and Development</b>	Negative trajectory of physical growth and failure to thrive	
	No persistent developmental problems		Presence of a developmental problem, e.g: learning difficulties, autism or delay in language development	
	No non-accidental injury	<b>Injuries or illnesses related to physical or sexual abuse</b>	Non-accidental injury	
	No genital injuries or infection		Genital injuries or infection	
			Other evidence that the child/young person has experienced sexual abuse	
			Fictitious illness or injuries to child/young person reported	
	No significant level of anxiety or depression	<b>Mental health</b>	Protracted periods of anxiety or depression	
	Absence of delusions or persistent hallucinations		Firmly held delusions or persistent hallucinations	
	No major sleep problems		Major and protracted sleep disturbances	
	Absence of flashbacks of abusive or traumatic experiences		Flashbacks of abusive or traumatic experiences	
	Capacity to mentalize and appreciate feelings and point of view of others		Lack of capacity to mentalize or appreciate feelings and point of view of others	
<b>Education</b>				
3      2      1      0      -1      -2      -3				
	Satisfactory unfolding of cognitive and language skills	<b>Development of cognitive and</b>	Significant delays and/or unevenness in cognitive and/or language skills	

		<b>language skills</b>		
	Satisfactory readiness for educational contexts; interest in learning	<b>Attitude to learning and work and adjustment to educational context</b>	Child/Young person not ready to participate in or cannot adjust to educational context	
	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	<b>Educational progress</b>	Failure to acquire educational skills and/or knowledge at level appropriate to ability	
	No special educational needs	<b>Special educational needs</b>	Evidence of special educational needs	
	Has special educational needs but makes progress expected taking into account the nature of their specific educational difficulty		Failure to achieve at level expected for intelligence and specific education difficulty e.g: dyslexia	
<b>Emotional and Behavioural Development</b>				
3    2    1    0    -1    -2    -3				
	Emotional states and levels of arousal well-regulated, appropriate responses to age and stage of development	<b>Regulation of emotional states relative to age and developmental stage</b>	Persistent or recurrent states of arousal, frustration, distress and disorganized emotions	
	Secure attachment behaviour towards caregivers and/or other salient adults	<b>Early attachment behaviour</b>	Markedly insecure or disorganized attachment behaviour towards caregivers or other salient adults	
	Capacity to concentrate and maintain attention; not overactive	<b>Concentration and level of activity</b>	Difficulties with attention and concentration; marked overactivity	

	Feelings clearly and appropriately expressed	<b>Expression of feelings and characteristic mood</b>	Expression of feelings lacking or inappropriate; pervasive negative mood	
	No persistent anxiety or depression		Persistent anxiety or depressed mood	
	Traumatic experiences resolved; no persistent post-traumatic symptoms	<b>Response to traumatic and stressful events</b>	Persistent unresolved traumatic symptoms	
	Positive emotional and behavioural adjustment and reasonable response to stressful events		Exaggerated or absent response to stressful events, mood difficulties, oppositional behaviour, aggression, self-harm, dangerous behaviour	
	Collaborative and pro-social; no or infrequent dangerous risk-taking behaviour	<b>Social behaviour</b> <b>Behavioural disorders are usually included here although they get double-coded under family and social relationships if that behaviour is evident in those relationships</b>	Severe or persistent uncooperative behaviour	
	No severe nor persistent aggressive behaviour, stealing		Aggressive behaviour or stealing	
	Shows sympathy and empathy		Lack of sympathetic and/or empathetic behaviour	

<b>Identity</b>						
3	2	1	0	-1	-2	-3
	Child/Young person has secure sense of self as an individual who belongs to a family	<b>Sense of self as individual in family</b>		Child/Young person does not have a secure sense of self as individual belonging to a family		
	Child/Young person is able to make choices, assert their views and need, and act as an individual at a developmentally appropriate level	<b>Individual choice and action</b>		Child/Young person unable to make choices, assert personal views or needs and cannot initiate action for self; 'omnipotent' self 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 identity	<b>Sense of self and others in social and cultural context</b>		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	<b>Gender and/or sexual identity</b>		Unhappy with gender and/or sexual identity or uncertain of it		

<b>Family and Social Relationships</b>				
3      2      1      0      -1      -2      -3				
	Child/Young person able to participate in a network of emotionally responsive, stable, affectionate relationships inside and outside the family	<b>Child's growing relationship with family and others</b>	Child/Young person has a network of disrupted, unstable relationships or relationships marked by enmeshment, or hostility, absence of warmth inside and outside the family	
	Child/Young person able to relate to, be responsive towards and show affection and empathy for others		Child/Young person withdrawn, hostile or unable to be responsive and empathic towards others in family	
	Child/Young person has a network of secure organized attachment figures	<b>Development of network of attachments</b>	Child/Young person has a network of insecure, disorganized or indiscriminate attachments	
	Collaborative relationships with parents/carers, reasonable demands made by child/young person; child/young person protective towards and protected by siblings and peers, older and younger	<b>Relationships with Carers, siblings and peers</b>	Exploitative, avoidant, over/under-dependent relationship with parents/carers, unreasonable demands made by child/young person; child/young person fighting and/or rivalrous with siblings, abusive towards or abused by peers and siblings	

	Positive relationships with teachers and peers	<b>Relationships in school</b>	Negative relationships with teachers and peers	
	Child/Young person connected, responsive, independent, pro-social attitudes and relationships, respects diversity	<b>Attitude to family, social and cultural contexts</b>	Child/Young person isolated, dominating, controlling, dependent, antisocial attitudes and relationships, prejudiced	
<b>Social Presentation</b>				
	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
	<b>-1</b>	<b>-2</b>	<b>-3</b>	
	Awareness and capacity to present self-positively, with pride in appearance, dress, hygiene and behaviour, appropriate to age, gender and culture	<b>Understanding the need to pay attention to appearance, dress, behaviour and hygiene (as appropriate for their age, gender and culture)</b>	Lack of awareness or capacity to present self in positive light, with pride in appearance, dress, hygiene and behaviour, appropriate to age, gender and culture	
	Impairments adjusted to and managed, copes with discrimination by others	<b>Adjustment and attitudes to impairment and discrimination by others</b>	Failure to adjust or manage impairment, child/young person rejects impairment and/or diversity in self or others; child/young person unable to cope with discrimination by others	

	Evidence of respect for family, cultural, religious and spiritual values and diversity in own social presentation	<b>Respect for family, cultural, religious and spiritual values and diversity</b>	Shows lack of respect for family, cultural, religious and spiritual values in self-presentation	
<b>Self-care skills</b>				
3      2      1      0      -1      -2      -3				
	Positive self-care, emotional and communication skills unfolding in sequence of competencies leading to increasing independence within child's capacity	<b>Developing a capacity for independent living skills</b>	Poor self-care skills, uneven pattern of development of emotional and communication skills so that the child/young person fails to achieve independence given their capacity	
	Positive capacity to problem-solve in family, school and community	<b>Developing a capacity to problem-solve in family and community contexts</b>	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	<b>Appreciation of risks and safety</b>	Failure to appreciate risks, over-anxious or puts self in danger	
<b>Additional notes: e.g: missing information / summary of main difficulties / summary of main strengths</b>				

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**Assessing Strengths and Risks with Children and their Families**  
 ~ Operationalizing the Assessment Framework where there are Safeguarding Concerns ~

<b>Capacity of Parent/s or Carer/s</b>				
<b>Specific evidence relevant for this particular Child/Young Person</b> <small>(with source/date/status – observed or inferred - of information)</small>	<b>Strengths</b> <small>(potential indicators)</small>	<b>Domain Dimensions and Sub-dimensions</b>	<b>Difficulties</b> <small>(potential indicators)</small>	<b>Specific evidence relevant for this particular Child/Young Person</b> <small>(with source/date/status – observed or inferred - of information)</small>
<b>Basic Care</b>				
	<b>3    2</b>	<b>1    0    -1    -2    -3</b>		
	Parent/s / Carer/s work well together to provide adequate, reasonably organized, effective basic care	<b>Parent/s' / Carer/s' capacity to provide effective basic care</b>	Parent/s / Carer/s fail to provide adequate basic care, Parent/s / Carer/s divided and provide ineffective, inadequately organized basic care	

	Parent/s / Carer/s reasonably adaptable to child's/young person's changing needs, basic care consistent over time	<b>Adaptability to changing needs and consistency of care over time</b>	Parent/s / Carer/s fail to adapt to child's/young person's changing needs; basic care inconsistent over time	
	Parent/s / Carer/s able to place appropriate reliance on and support from extended family and community agencies to provide basic care	<b>Parent/s' / Carer/s' ability to use extended family and community resources to provide basic care</b>	Parent/s / Carer/s place undue reliance on family and community or unable to use family or community resources to enable them to provide basic care	
<b>Ensuring Safety</b>				
3      2      1      0      -1      -2      -3				
	Parent/s / Carer/s provide positive care-giving responses to care-seeking behaviour by child/young person, evidence of establishment of secure attachments	<b>Establishment of secure attachments</b>	Unresponsive care-giving by Parent/s / Carer/s or rejection of care-seeking behaviour by child/young person, evidence of insecure or disorganized attachments	
	Parent/s / Carer/s have reasonable expectations of child/young person in respect of protection and ensuring safety, appropriate handling, reliable care-giving and protection	<b>Parent/s' / Carer/s' expectations of children and handling of protection issues</b>	Parent/s / Carer/s have inappropriate expectations in relation to protection and safety of child/young person, unreliable, fragmented care-giving and handling of protection issues	

	Parent/s / Carer/s ensure adequate care and safety for child/young person in home and environment	<b>Provision of safety in the home and in the environment (relative to risks and developmental stage)</b>	Parent/s / Carer/s fail to protect child/young person from hazards in the home and environment	
	Parent/s / Carer/s protect child/young person from individuals who present a risk to them	<b>Protection from individuals who present a risk to child/young person</b>	Parent/s / Carer/s fail to protect child/young person from individual(s) who present a risk to them in the home environment or elsewhere	
<b>Emotional Warmth</b>				
3      2      1      0      -1      -2      -3				
	Parent/s / Carer/s express feelings clearly with consistency, warmth, tolerance, receptiveness, attunement, empathy and understanding towards child/young person and appropriate responses to her/his feeling states	<b>Parent/s / Carer/s consistency, responsiveness, empathy and understanding of children's varying emotional states</b>	Overwhelming or absent expression of feelings by parent/s / carer/s, Parent/s / carer/s unreceptive, cold, critical or punitive towards children and lack of empathy, attunement and/or understanding, Parent/s / carer/s inconsistent in responses to child's/young person's feeling states	

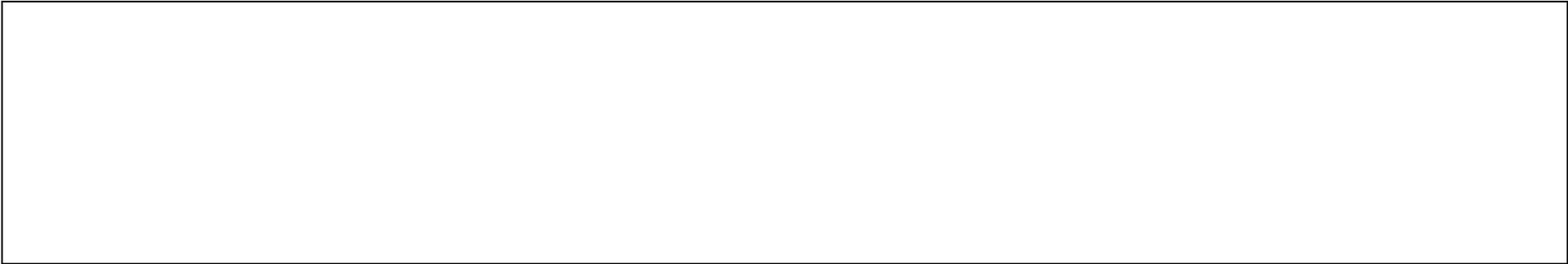
	Parent/s / Carer/s valuing of child/young person, positive emotional tone, calmness, atmosphere warm	<b>Parent/s' / Carers' valuing of children and parent/s' / carer/s' emotional tone</b>	Parent/s / Carer/s attacking, rejecting, scapegoating, devaluing, undermining towards child/young person with negative emotional tone. Parent/s' / Carer/s' emotions predominate and atmosphere negative, chaotic and panicky	
	Parent's / Carer/s supportive towards child/young person, engaged and involved, respect child/young person, maintain balance of dependence and independence	<b>Degree of Parent/s' / Carer/s' support, engagement and participation and management of balance of dependence and independence</b>	Parent/s / Carer/s unresponsive, over-involved or under-involved with child, enmeshed with or ignore, exploit, disqualify, humiliate the child; Carer/s promote either under-dependence or over-dependence of child	
<b>Stimulation</b>				
	3      2      1      0      -1      -2      -3	<b>Degree of Parent/s' / Carer/s' stimulation and praise, encouragement and responsiveness to child's/young person's learning needs</b>	Little stimulation provided by parent/s / carer/s for child's/young person's learning and social development; parent/s / carer/s cold, rejecting, undermining; critical atmosphere, unresponsive to child's/young person's learning needs	

	Parent/s / Carer/s provide clear communication, attentive listening, acknowledgement and responsiveness towards children	<b>Parent/s' / Carer/s' ability to communicate with child/young person and listen, acknowledge and respond to her/him</b>	Parent/s / Carer/s fail to acknowledge or listen to child/young person. Parent/s / Carer/s controlling, directive, stifling towards child/young person or ignore her/him; minimal interchange between parent/s / carer/s and child	
	Parent/s / Carers provide challenging tasks and activities in home and social contexts and support learning and social development; Parent/s / Carers involved, sharing, focused and creative in relation to children's play, learning and social activities, provide encouragement, persistence and continuity	<b>Provision of opportunities for learning and social development</b>	Carers provide few or inappropriate opportunities for learning and social development in family or social context, lack of parental / carer involvement, focus or sharing in relation to children's play, learning or social activities, failure to provide encouragement or continuity	
	Child/young person well-prepared and supported for and parent/s / carer/s involved in educational contexts	<b>Preparation and support for child for educational contexts</b>	Poor preparation and support for attendance and involvement in educational contexts and parent/s / carer/s not involved	
<b>Guidance and boundaries</b>				
<b>3      2      1      0      -1      -2      -3</b>				
	Parent/s / Carer/s provide positive and reflective guidance and behavioural management and adequate care, realistic expectations of child/young person, appropriate use of reward and sanctions	<b>Guidance and behavioural management</b>	Absent or oppressive parental / carer guidance and behavioural control, unrealistic expectations of child/young person, inappropriate, punitiveness and use of sanctions and rewards	

	Parent/s / Carer/s help to manage or distract child/young person from frustration	<b>Helping child/young person manage frustration</b>	Parental / Carer intolerance or reinforcement of frustration or negative states in child/young person	
	Parent/s / Carer/s provide flexible boundaries and rules, parent/s / carer/s maintain structures and adult and child/young person distinction	<b>Clarity and flexibility of boundaries, rules and expectations</b>	Parent/s / Carer/s set rigid boundaries, lack of boundaries or rules, over-protection or child/young person expected to care for parent / carer	
	Parent/s / Carer/s manage decision-making collaboratively in relation to providing guidance and boundaries for child/young person, oppositional behaviours managed without undue conflict with child/young person	<b>Management of conflict and oppositional behaviour</b>	Parent/s / Carer/s' provision of guidance and boundaries marked by frequent futile arguments with child/young person, failure to resolve conflicts with or manage oppositional behaviour by child/young person	
<b>Stability</b>				
3      2      1      0      -1      -2      -3				
	Parent/s / Carer/s ensure stability provided during development	<b>Degree of stability of parenting / care during developmental and family life cycle</b>	Transient family structure, disruption, no adaptation to changes in family and social contexts	

	Parent/s / Carer/s maintain appropriate contact with key members despite separation	<b>Maintaining contact with known family members</b>	Isolation of Parent/s / Carer/s and child/young person, contacts not sustained, or distorted	
	Parent/s / Carer/s maintain stable network of important and positive figures for child/young person	<b>Stability of a network of important figures</b>	Unstable and/or inappropriate network,	
	Parent/s / Carer/s help child/young person to develop social responsibility and a sense of her/his identity in family, cultural and social contexts	<b>Developing child's / young person's sense of social responsibility and family, cultural and social identity</b>	Parent/s / Carer/s expect child/young person to be inappropriately adult or treat them as much younger child, parent/s / carer/s fail to help the child/young person to develop sense of her/his identity in family, cultural and social contexts	
	Parent/s / Carer/s maintain consistency and stability in the face of significantly stressful and potentially destabilizing events	<b>Managing stability in the face of adversity and major family changes</b>	Child/young person exposed to variations of parental / carer involvement, response and disruption in the face of stressful and destabilizing events	

Additional notes: e.g: missing information / summary of main concerns / summary of main strengths



**Assessing Strengths and Risks with Children and their Families**  
 ~ Operationalizing the Assessment Framework where there are Safeguarding Concerns ~

<b>Family and Environmental Factors</b>				
<b>Specific evidence relevant for this particular Child/Young Person (with source/date of information)</b>	<b>Strengths (potential indicators)</b>	<b>Domain Dimensions and Sub-dimensions</b>	<b>Difficulties (potential indicators)</b>	<b>Specific evidence relevant for this particular Child/Young Person (with source/date of information)</b>
	Stable family/household, maintenance of significant relationships despite separation and change, family and social support	<b>Stability of the family/household</b> 3    2    1    0    -1    -2    -3	Unstable changing family/household, relationships disrupted, not maintained or destabilized by extended family and social context	

	Stable childhood and/or adolescence protected from major losses or disruption; traumatic events processed, so autonomous functioning achieved	<b>Parent/s' / Carer/s' own childhood</b>	Unstable family environment in childhood and/or adolescence; exposure to violence, abuse, rejection, loss, illness; traumatic events unprocessed and attachments dismissive or preoccupied or entangled	
	Recognition and acknowledgement of significant past events, relationships and circumstances and appropriate 'coming to terms' with traumatic or distressing experiences	<b>Impact of parent/s' / carer/s' own family history</b>	Unresolved past significant events, relationships or circumstances having major impact on current emotional states and family functioning	
	Adequate functioning, reasonable health, acknowledgement and management of physical and mental illness or impairments, or personality difficulties, appropriate management of drugs and alcohol	<b>Individual functioning of the parent/s / carer/s during own development and currently; physical and mental health; management of impairments, personality difficulties, criminality, substance misuse</b>	Negative functioning with regard to physical and mental health, impairments and disability, personality problems, criminal activities, substance misuse	

	Family/household members use appropriate treatment; community support is used	<b>Family's use of treatment and community support</b>	Family/household members fail to engage in treatment and social support or reject appropriate services	
	Couple supportive, respectful, confiding, balance of assertiveness and ability to compromise	<b>Couple relationship (where appropriate)</b>	Couple isolated, unsupportive, unconfiding, unbalanced, dominant or submissive pattern, destructive, at war	
	Violent/abusive partner ceases domestic violence, acknowledges responsibility, aware of consequences for partner and child/young person; collaborative, sharing, motivation to change	<b>Domestic abuse issues</b>	Violent/abusive partner denies or legitimizes violence, continues to be violent, fails to take responsibility or blames victim, impact on child/young person ignored, uncollaborative, resistance to intervention	

	Reasonably flexible yet stable family/care/household organization - meeting individual needs and adaptable to changing circumstances and life cycle stages	<b>Organization of family/care/household arrangements to meet everyone's basic needs and respond to changing needs and stressful events over life cycle</b>	Family/care/household arrangements rigid, chaotic, disrupted by stress, minimal adaptation to changing individual needs, inconsistent provision of care for family/household members	
	Family/household members have reasonable strengths in ability to communicate, listen and respond to each other, to express and respond to feelings appropriately to maintain positive alliances and a sense of individual and family identity over time	<b>Nature and stability of family functioning</b>	Family/household members have considerable difficulties in communicating clearly and listening to one another and responding appropriately and expressing and responding to emotions positively; family/household alliances divide or disempower some members, negative sense of individual and family identity	
<b>Wider family</b>				
3      2      1      0      -1      -2      -3				
	Network of supportive family members; support available when needed with disability, illness and times of stress; care-giving provided and practical and emotional	<b>Relationship with the wider family</b>	Wider family intrusive, over-involved, abandoning or ineffective; failure to provide care-giving or practical or emotional support when needed with disability, illness	

	support		or times of stress	
	Protection from individuals presenting risks to family/household members provided	<b>Protection of family/care/household members from individuals who present a risk to them</b>	Failure to protect from individuals who present risks to family/household members	
<b>Housing</b>				
3    2    1    0    -1    -2    -3				
	Stable housing availability, suitable for needs of child/young person and other family/household members, maintained by owner or family, child/young person and parent/carer friendly, adapted for disability	<b>Availability, quality, maintenance and adaptations</b>	Unstable housing circumstances, unsuitable for needs of child/young person and other family/household members, poorly maintained by owner or family/household, poorly adapted for child/young person and any disability	
<b>Employment</b>				
3    2    1    0    -1    -2    -3				
	Work available, working patterns consistent with supporting family/household life and providing adequate consistent care	<b>Nature and pattern of work</b>	Inconsistency of work availability, unpredictability of working patterns, work patterns fail to support and provide for family/household life	

	Balance between work hours or pattern and child's/young person's needs for care or contact and substitute care arrangements adequate	<b>Balance of work and parenting/carer</b>	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/household life	<b>Issues associated with unemployment</b>	Unemployment disrupts and undermines family/household life	
	Work undertaken by young person or associated responsibilities appropriate	<b>Young person's / child's experience of work and/or caring responsibilities</b>	Undue pressure on child/young person to work or take responsibility for care due to parent/s' / carer/s' work patterns	
<b>Income</b>				
3    2    1    0    -1    -2    -3				
	Sustained and adequate income, entitlements claimed and used appropriately for child/young person	<b>Availability of income</b>	Income inadequate, inconsistent or unsustainable leading to privation; entitlements not claimed or used inappropriately	

	Primary focus for use of available resources is on child/young person and family/household needs	<b>Use of available resources</b>	Available resources used on adult needs, child/young person and family/household needs neglected	
	Child/young person buffered from variations in income		Child/young person 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	

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<b>Family's/household's social integration</b>								
	3	2	1	0	-1	-2	-3	

	Family/household accepted and integrated into neighbourhood and wider community as appropriate	<b>Integration of children and parent/s / carer/s into local neighbourhood and community contexts</b>	Child/young person and family isolated, not accepted by or integrated into neighbourhood or wider community as appropriate	
	Family/household uses available resources, educational and social opportunities to support development of child's/young		<b>Family/household use of available resources, social and educational opportunities to</b>	Family/household does not use available resources and opportunities for development of child's/young person's identity, social skills,

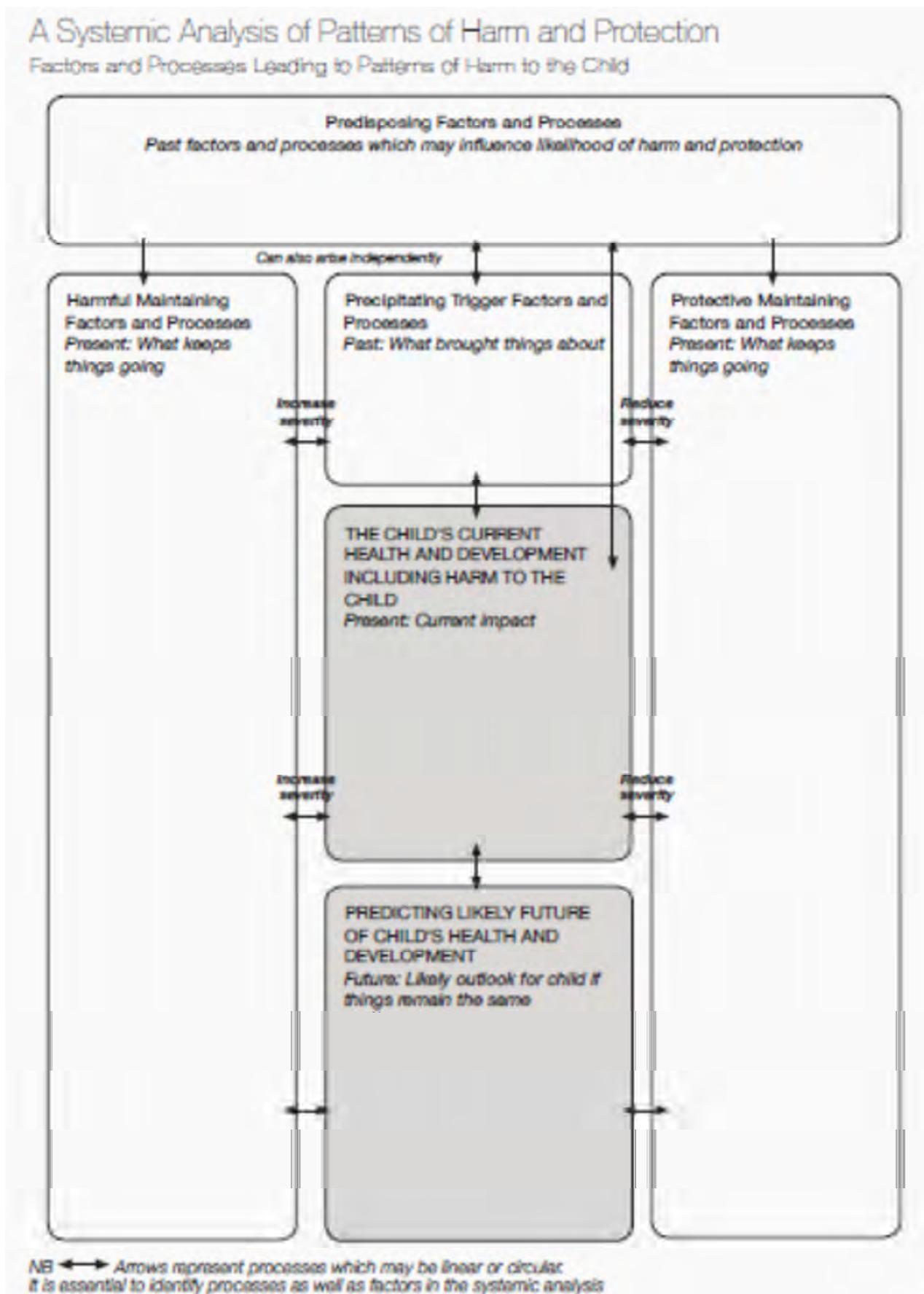
	person's sense of identity, social skills, independence and sense of responsibility	<b>develop social skills, identity and independence of children</b>	independence and sense of responsibility	
	Acceptance and valuing of diversity; discrimination actively discouraged	<b>Community attitude to diversity</b>	Climate of threat, discrimination, absence of tolerance, antisocial influence in neighbourhood and wider community	
	Appropriate peer group and friendship networks available and used by child/young person and adults in family/household	<b>Availability and use of peer group and friendship networks</b>	Appropriate peer group and friendship networks unavailable or not used by child/young person and adults in family	
<b>Community resources</b>				
3    2    1    0    -1    -2    -3				
	Availability of accessible community resources and facilities to fit needs of child/young person and other family/household members	<b>Community resources and facilities</b>	Absent or inadequate or inaccessible community resources and facilities which do not fit needs of the child/young person and other family/household members	

	Threshold for services reasonable; recognition by services of needs related to child/young person living in context of family violence	<b>Access to universal services</b>	High threshold for services; little or no recognition by services of needs related to child/young person living in context of family violence	
	Specialist resources available and accessible	<b>Accessibility and availability of specialist resources and services</b>	Lack of availability of or access to specialist resources and services	
	Recognition by services of needs related to child/young person living in context of family/household violence		Little recognition by services of needs related to child/young person living in context of family/household violence	
	Good communication between services and family/household		Poor communication between services and family/household	

PH Adapted (Jan 2013) from 'Safeguarding Children Living with Trauma and Family Violence' Bentovim et al JKP 2009

**g) A Systemic Summary**

The 'Child and Family' Training 'SAAF' tools and instruments includes the following summary sheet



## h) Cultural review and Family Assessment questions

The following questions and framework can assist in understanding and analysing the experience of children, young people and families and analysing the impact of wider cultural, social and political influences.

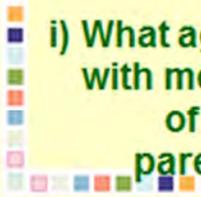
### Cultural Review Questions

- a) What do I know about individuals and families with this particular cultural background or life experience?
- b) Where does my knowledge come from?
- c) What prejudices may I hold (+/-)
- d) What do I know/expect about children/young people of this/these age/s, their lives and needs?
- e) What might surprise me about this family and why would it surprise me?

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### Cultural Review Questions

- f) How might this family, community and the individuals perceive me as an individual (personally and professionally)?
- g) How might the assessment and my agency be perceived?
- h) What impact might the assessment/my/our involvement have on this family's life and on their perception of their lives?
- i) What agency norms and practices do I take with me on an assessment (e.g: awareness of risk, thresholds, 'good enough parenting', resource restrictions etc.)

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From: *Putting Analysis into Assessment* NCB 2010

**A) The Family in a Wider Context**

**1) The family in a wider society**

- What is the combination of factors which make up this particular family's identity and affects their position within society as a whole? (include, e.g: ethnicity, class, culture, language, employment and housing status, health, sexuality and disability)

**2) The family in the local community**

- How is the local community comprised?
- What are the facilities and services which affect the whole family's self-image, identity and abilities?

**3) The family and racism**

- What are the actual or potential effects of racism on this family? (Examples include: personal experiences of physical and verbal violence; previous dealings with racist institutions and officials; fears about immigration status)

**4) The family and development of strengths**

- What are the particular strengths which this family has developed as a result of dealing with hardships such as poverty, chronic ill-health or racism?

**5) The experience of individual family members**

- What are the differing effects on individuals within this family of the factors identified in 1)? (For example, do they share the same religious belief? What is the effect of this on shared family values, attitudes, lifestyles and daily routines? If they have suffered a particular hardship, such as long-term unemployment, how has this been felt by different family members?)

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**B) The Family and the Agency**

**6) The effect of the agency on assessment**

- What is the direct effect on your work of the agency you represent? How does this family view your agency as a whole ~ helpful? Intrusive?
- What is the effect of institutional racism (whether intentional or unintentional, by yours or another agency) on the relationship between you and the family?

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**C) The Family's Assessment**

**7) The family's view**

- How does the family (different family members) see their strengths, characteristics, abilities, needs and problems?

**8) The immediate problem**

- How does the family define the problem for which they are asking help – or about which they have been referred to you?

**9) The child and family**

- Does the family think the child is in need, and if so, why?
- On what have they based their views and how do they see a resolution?
- Who do they think can help, in what way, for how long and what do they see as the pros and cons of different possibilities?

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**D) The Child in the Family****10) The position of the child**

- What is the position of this child in relation to the rest of the family, in respect of the characteristics already identified in 1, 4 and 5? (Examples include: the only member of the family with severe hearing impairment; a young person with a different religion; the role expectation of the oldest girl)

**11) The child's view**

- Does the child think that she or he is in need and if so, why? In what way?
- Does the child's view differ from that of other family members?

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**E) The Family and the Worker****12) The effect of the worker's identity**

- What factors do you bring to the work which affect the assessment? (Example: authority, purpose, principles, identity, 'baggage')
- In particular, what is the effect of your age, gender and ethnicity on your relationship with different family members?

**13) Definition of family**

- How do you define 'family'?
- Does this vary from one assessment situation to another, and if so, why and how?
- Does your definition differ from the family's and if so, how and what difference does it make (it will make a difference)?
- Who do you routinely include in your assessment? Who do you routinely exclude?
- Who do you consciously ask about if they are not around or referred to?
- Do you routinely include non-blood relatives, such as godparents and close friends?
- Do you assess the contribution of these people differently, and if so, how?

**14) Acceptable families**

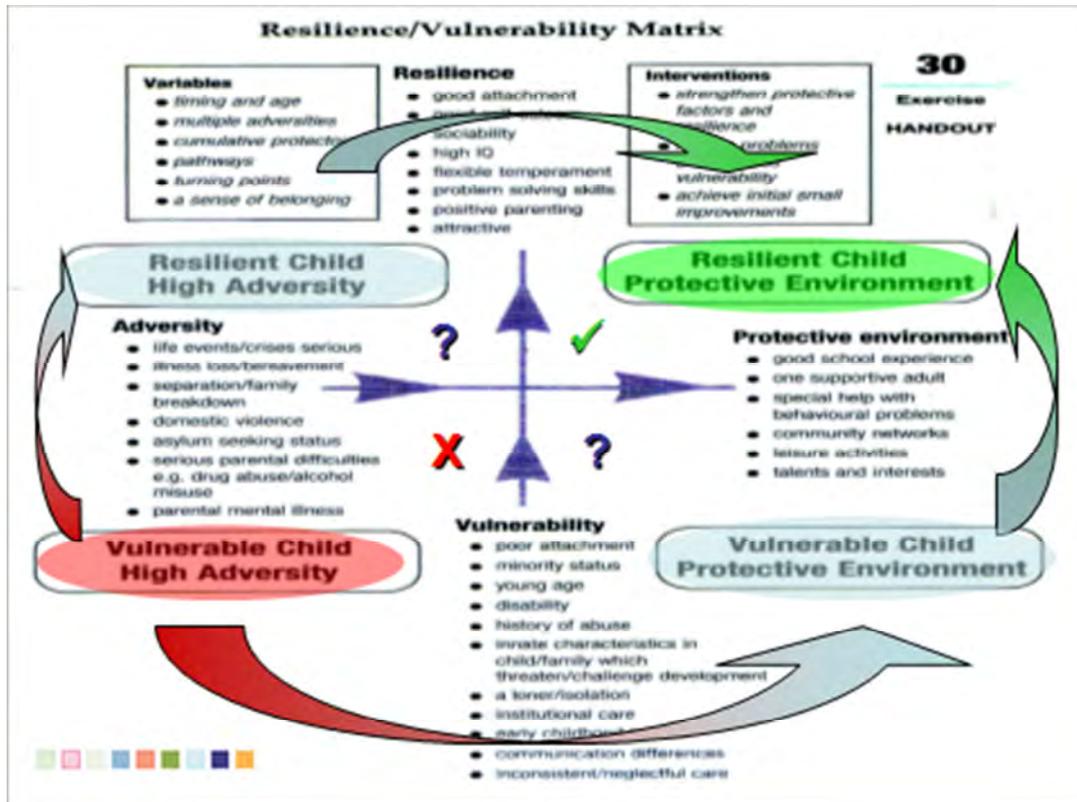
- Do you believe that some families or lifestyles are less valid or acceptable than others? If so, why and in which ways?
- What difference does this make to your assessment?
- How do you inform the family and note the influence of your views? (Examples may be of single parents, poor families with many children, gay fathers, travelling families)

**15) Worker's lack of knowledge**

- What is the effect on this assessment of your lack of information, experience or understanding in some areas? (Examples include: the physical and mental effects of particular disabilities or illnesses; the influence of migrating from one country to another on family lifestyle, health, economics and so on)
  - How do you acknowledge your lack of knowledge to the family and note on the assessment?
-

## i) Vulnerability and Resilience matrix

A model that has appeared in many publications including *The Child's World* (Horwath 2011 2<sup>nd</sup> edn) considers factors that may both be the result or influences on 'resilience' and vulnerability' across a wide range of domains but especially recognising the effect on outcomes for children and young people of 'adverse' and 'protective' environments.



It may be particularly important to recognise the potential additional vulnerability of children and young people who are disabled (including the potentially disabling impact of attitudes, practical arrangements and policies) including factors that may mean that the professional response is less effective for them in comparison with children or young people who are not disabled.

**Potential additional vulnerability?**  
From: 'Safeguarding Disabled Children ~ Practice Guidance'  
DCSF July 2009 (Please see full text for detailed references)

- 1) Attitudes and assumptions
- 2) A reluctance to challenge carers
- 3) Communication barriers
- 4) Lack of participation and choice in decision-making
- 5) Factors associated with impairments can lead to greater vulnerability to abuse (diagnostic overshadowing)
- 6) Isolation from other children and adults

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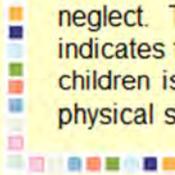
### Potential additional vulnerability?

From: 'Safeguarding Disabled Children ~ Practice Guidance' DCSF July 2009

7) **Double discrimination** faces many disabled children from black and minority ethnic groups and refugee and asylum seeking children

8) **Spending greater periods of time away from home**, particularly in residential settings

9) **Lack of understanding and training about safeguarding disabled children** can result in professionals not recognising the signs of abuse or neglect. This is all the more worrying given that research indicates that the identification of the abuse of disabled children is most likely to come from observations of physical signs, behaviour or mood changes



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### Potential additional vulnerability?

From: 'Safeguarding Disabled Children ~ Practice Guidance' DCSF July 2009

10) Practices within **The Criminal Justice System** can create barriers during child protection investigations

11) **Limited personal safety programmes and personal, social and sex education for disabled young people**

12) **Higher levels of bullying** of disabled children

13) **Greater use of direct payments and personal budgets**, whilst supporting empowerment and choice, does carry some risks of children being harmed if the minimum requirements in respect of checks and references on those providing personal care have not been followed up.



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