Risk and Resilience Assessment Model

A tool for Herefordshire Council
### Key Themes and Principles

- The welfare of the child is the paramount consideration
- Wherever possible, children should be brought up and cared for within their own families
- Parental responsibility and / or contact continues (in the vast majority of cases) whatever happens to the child
- Respectful partnership with parents / primary carers must be pursued
- Children have a right to be consulted, kept informed and participate in decisions made about them
- Court decisions must
  - be responsive to the needs of children
  - Avoid delay
  - Not make an order unless it is better for the child to do so
- A child’s age; race, culture, language, belief, gender, sexual orientation, any disability must be considered and appropriate services offered

### Principles Underpinning the Assessment Framework

**Assessments:**

- are **child centred**
- are rooted in an understanding of **child development**
- are **ecological in their approach**
- ensure **equality of opportunity and anti-oppressive practice***(Equality Act 2010 - see additional notes and table below)*
- involve **working with children and families**
- **build on strengths** as well as identify weaknesses and risks
- are **collaborative and inter-agency in their approach** to assessment and the provision of services
- are a **continuing and dynamic process**, not a single event
- are **carried out in parallel** with other action and providing services
- are **grounded in evidence based knowledge**

The tool incorporates the five anchor principles identified by ‘research in practice’ evidence of critical thinking and analysis as key components of effective assessment: –

**What is the assessment for? What is the story? What does the story mean? What needs to happen? How will we know we are making progress?**
Setting Up and Beginning the Assessment:

- What questions require answering through the assessment, what are the key issues and what are the likely consequences for the child's health and development if the present situation remains the same?
- Is / are the child(ren) safe, now? Has there been or is there risk of significant harm?
- Who is most worried about this child or family - does any one else have concerns; are they the same?
- Who is requesting this assessment?
- Who is involved - which children, family members, workers, agencies, court?
- Has the family been assessed before and for what purpose(s)? What records are there?
- Are there any special considerations?
- What is the family's first language, culture, religion or identity?
- Are any family members disabled? What is their main communication method?
- Is there a need for an interpreter?
- Who can help best understand and work with this family?
- Are there any likely or possible barriers to carrying out this assessment?
- Is the family reluctant, resistant, collusive, manipulative, violent or threatening?
- Is there good supervision in place?
- Is there agreement with the family and between family members about the need for and purpose of the assessment?
- How will the child’s view and experience be included?
- How will fathers/male carers be included?
- Is there agreement within the professional group about the need for and purpose of an assessment?
- Is there agreement about respective professional roles and responsibilities, what information will be shared and who has lead responsibility?
- Have any other types of assessment been carried out? What information is relevant?
- Are there adequate resources to carry out the assessment?
- What are the timescales?
- Where will it take place?
- Is the worker competent and does he / she possess the necessary knowledge and experience to carry out the assessment?

*Equality Impact:
The Equality Act 2010 outlines the protected characteristics and types of discrimination, also referred to as equality strands. Local authorities have a duty to eliminate discrimination and advance equality in these areas. These duties should be given explicit consideration and attention at all stages of assessment, planning and intervention. The following table which summarises the strands and people / aspects included is cited from Ofsted document (Ofsted Equality Impact Assessments and Guidance 2010):

<table>
<thead>
<tr>
<th>Equality strand</th>
<th>People and aspects included</th>
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</thead>
<tbody>
<tr>
<td>Age</td>
<td>Young, old and middle-aged people.</td>
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<tr>
<td>Gender</td>
<td>Men, women, married people; parenting, caring, flexible working and equal pay concerns.</td>
</tr>
<tr>
<td>Gender identity</td>
<td>Transsexual people and those intending to undergo, undergoing or having undergone gender reassignment.</td>
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<tr>
<td><strong>Sexual orientation</strong></td>
<td>Heterosexual and bisexual men and women, gay men and lesbians.</td>
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<td>------------------------</td>
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<tr>
<td><strong>Disability</strong></td>
<td>Disabled people may have physical, mental, or sensory, visible or non-visible impairment.</td>
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<tr>
<td><strong>Race</strong></td>
<td>People from the various racial groups contained within the census (see below). This could include, for example, British Chinese people; British Asians or Black Britons; Travellers, Gypsies, Roma; those who are of Caribbean origin; people of mixed heritage or parentage; White Irish communities; and people of nationalities outside of Britain who reside here.</td>
</tr>
<tr>
<td><strong>Religion or belief</strong></td>
<td>People who have a religious belief; people who are atheist or agnostic; people who have a philosophical belief which affects their view of the world.</td>
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</tbody>
</table>
Checklist for Involving Children in Assessments

- How well do you know the child and to what extent do you know their views, wishes and feelings? This includes describing your relationship with them, how you think they perceive you, how often you have seen them and in what context – where and who else was present?

- Which adults (including professionals) know the child best? What is their relationship like, how well-placed are they to represent the child’s views, what do they think are the child’s key concerns and views?

- What opportunities does the child have to express their views to trusted or ‘safe’ adults? Does the child know how to access people, what would be the barriers and what has been done to overcome any barriers and to ensure they know where to go if they want to talk to someone?

- How (if at all) has the child defined the problems in their family/life and the effects that the problems are having on them? This includes the child’s perceptions and fears, and what they themselves perceive as the primary causes of pain, distress and fear. What opportunities has the child had to explore them?

- Has the child shared information, their views or feelings? In what circumstances has this occurred and what if anything did they want to happen? This should only be stated if known and can be clearly demonstrated. Assumptions should not be made about a child’s motivations for communicating something, nor should assumptions be made about their perceptions, views and wishes.

- What has been observed regarding the child’s way of relating and responding to key adults such as parents and foster carers? Does this raise concerns about attachments? This would include describing any differences in the way the child presents with different people or in different contexts. Where conclusions are being drawn about a child’s attachment, the reasons for such conclusions should be clearly demonstrated.

- What is your understanding of the research evidence in relation to the experiences this child is thought to have had and how they might affect them? E.g. what are the likely or possible impacts on children who experience neglect, substance misuse, domestic violence, parental mental health, parental alcohol or substance misuse? This includes a consideration of potential harm, vulnerabilities along with resilience factors.

- What communication methods have been employed in seeking the views, feelings and wishes of the child and to what extent have these optimised the child’s opportunity to express their views? This includes consideration of whether equipment, facilitators, interpreters, the use of signs or symbols, play, story books, could be helpful and whether the child’s preferences are known.

- How confident are you that you have been able to establish the child’s views, feelings and wishes as far as is reasonable and possible for the child? This would include consideration of things that may have hindered such communication such as pressure from adults, time limitations, language barriers or lack of trust in the child-social worker relationship. How much sense are you able to make of the information you have?
Guidelines for Completing the Tool

All professionals involved with the family should contribute to the completion of the assessment and tool. Completing this tool provides a framework for appreciative enquiry in order to achieve a robust evidence base, fairness and proportionality in assessment and inform credible professional judgement.

The tool should be completed for each child in the family individually.

There are 3 Sections. Some Sections will need to be re-visited as more / new information arises. At the end of each Section, those completing the tool are asked to:

- Consider where they rate the safety of the child on a scale of 0 to 10 where 10 means everyone knows the child is safe enough for children’s social care to close the case and Zero means things are so bad for the child they can’t live at home. Completing this sliding scale at the end of each section serves as an additional ‘sense check’ in the final analysis of impact of the risks, vulnerabilities, adversities, and the strengths, resilience and evidence of the capacity for change. It also highlights where there is disparity in professional opinions for further analysis and scrutiny.

- Consider any Equality Impacts in respect of the Equality Act 2010 duty to eliminate discrimination and promote equality and good community relations.

In Section 3 – Analysis – For each question there is a prompt as to the key primary sources of evidence which are categorised by
  - First hand evidence from the child (Ch);
  - First hand evidence from the parents/ care givers and other significant persons (PR/ SO);
  - Evidence from other professionals (P);
  - Practice wisdom / Professional Judgement (J);
  - Research evidence (RE).

These prompts are intended to support robust evidence informed analysis within the assessment and subsequent planning and service delivery (consistent with ‘research in practice’ model for evidence informed practice. See Appendix 2).

This tool should be used within case supervision and it should link into subsequent decision making and planning processes including child protection conferences and core groups.

For some of the questions, a text response is required and multiple issues may be identified, each of which requires a score so as to be accurately mapped / weighted in the final analysis and on the matrix. This will be highlighted and prompted by a * and a note within the body of the tool. The first occurrence of this is in Section 2 and questions 5; 7 & 8. All additional numeric scores should be added to the number of ‘yes’s scored for the purpose of plotting the score on the Risk and Resilience matrix.

Appendix One is the Risk and Resilience Matrix. The purpose and value of completing the matrix is to give a visual profile of the child’s vulnerability within the risky environment, and to show changes over time as the assessment is subsequently re-visited. Where there is more than one child in the family, comparing the profile of each child can usefully highlight the different needs and therefore responses required for each child within a sibling group.

However, the scoring and profile is not intended to provide a risk scaling tool to benchmark child protection thresholds. It is to inform but not replace professional judgement.
Child’s Unique Identifier:

**Filing convention** - This is to be a ‘stand alone’ word template/document – the filing convention to ensure the document is linked to and referenced within the child’s ICS record is to be added.............

See Risk and Resilience Assessment Tool
Appendix One  
Risk and Resilience Matrix

Name of child: 

Date of completion:

RESILIENCE

ADVERSITY

PROTECTIVE ENVIRONMENT AND CAPACITY FOR CHANGE

VULNERABILITY

15+
14
13
12
11
10
9
8
7
6
5
4
3
2
1

32 30 28 26 24 22 20 18 16 14 12 10 8 6 4 2

1 2 3 4 5 6 7 8 9 10 11+

12+
Explanation.

A resilient child living in a protective environment will be represented by a shape located predominantly in the top right hand quadrant of the matrix.

A vulnerable child living in an adverse environment will be represented by a shape located predominantly in the bottom left hand quadrant of the matrix.

A vulnerable child in a protective environment will be represented by a shape located predominantly in the bottom right hand quadrant of the matrix.

A resilient child living in an adverse environment will be represented by a shape located predominantly in the top left hand quadrant of the matrix.

Most children will demonstrate aspects of both vulnerability and resilience and live in environments which include both protective and adverse factors, but the diagram will show which are the dominant factors for this child. However, the scoring and matrix does **not** replace professional judgement and no correlation should be made between the numerical scores and the level of risk to the child. The matrix is not a risk scale tool to benchmark child protection thresholds. It is a tool to inform professional judgement.

**The value / purpose of the Matrix:**

The purpose of the matrix is to give a visual profile of the child’s vulnerability within the risky environment, and in re-visiting the assessment and matrix mapping, it will provide a visual map of changes over time.

Where there is more than one child in the family, comparing the profile of each child can usefully highlight the different needs and therefore responses required for each child within a sibling group.

**Any additional comments on the completed matrix:**
Appendix Two
Appendix Three  Resilience/Vulnerability Matrix


Variables
- Timing and age
- Multiple adversities
- Cumulative factors
- Pathways
- Turning points
- A sense of belonging

Resilience
- Good attachment
- Good self-esteem
- Sociability
- High IQ
- Flexible temperament
- Problem solving skills
- Positive parenting
- Attractive

Interventions
- Strengthen protective factors and resilience
- Reduce problems and address vulnerability
- Achieve initial small improvements

Resilient Child
High Adversity

Protective Environment

Adversity
- Life events/crises
- Serious illness
- Loss/bereavement
- Separation/family breakdown
- Domestic violence
- Asylum seeking status
- Serious parental difficulties eg drug abuse/alcohol misuse
- Parental mental illness
- Poverty; poor housing and isolation

Protective environment
- Good school experience
- One supportive adult
- Special help with behavioural problems
- Community networks
- Leisure activities
- Talents and interests

Vulnerable Child
High Adversity

Vulnerability
- Poor attachment
- Minority status
- Young age
- Disability
- History of abuse
- Innate characteristics in child/family which threaten/challenge development
- A loner/isolation
- Institutional care
- Early childhood trauma
- Communication differences
- Inconsistent/neglectful care
References

- Dalzell R and Sawyer E (2007) Putting Analysis into Assessment NCB
- Promoting Positive Outcomes for Children in Need: The Assessment of Protective Factors; Robert Gilligan; Chapter 11, Child’s World Reader (2001)
- Evidence Matters in Family Justice – Dartington: research in practice 2013