

The **Risk Ruler** and **Protective Factors Ruler** should be used with the **Motivational Risk Assessment and Management tool** to provide a baseline of both the level of response required to reduce risk and identify protective factors present to protect the child. They are intended to measure change over time so that the practitioner and the family can identify what needs to change to reduce risk and increase individual family protective factors.

RISK RULER – Level of response required to reduce existing risk or prevent escalation of risk

0	1	2	3	4	5	6	7	8	9	10
Child is likely to suffer significant harm, serious and lasting impairment or removal from home/placement without the intervention of specialist services (Level 4 - Specialist)					Life chances will be significantly impaired without coordinated multi-agency support (Level 3 – Intensive)			The life chances of children and families will be improved by offering additional support (Level 2 – Additional)		Child makes good progress in most areas of development (Level 1 – Universal)
Immediate action required (PP, EPO)	Definite legal action (ICO)	Possible legal intervention (PLO)	Significant harm threshold met (CP)		Clear concerns requiring allocation (CiN) Vulnerable children and their families with multiple needs or whose needs are more complex, such as children and families who: have a disability resulting in complex needs, show anti-social or challenging behaviour, suffer neglect or poor family relationships, have poor engagement with key services such as school and health, are not in education or work long-term (coordinated plan by a lead professional or (key worker required).			Few or minor concerns Requires extra help to improve education, parenting and behaviour or to meet specific health or emotional needs or improve material situation – parenting, short breaks, housing, additional learning, CAMHS level 2, speech and language, targeted youth)		No concerns Early years, education, primary health care, maternity services, housing, community health care, youth centres, leisure services.

PROTECTIVE FACTORS RULER – to what extent is there evidence of protective factors supporting and protecting the child, especially during times of adversity and change? Think about how the protective factor can mitigate the risk.

0	1	2	3	4	5	6	7	8	9	10
No clear evidence of protective factors actively protecting the child					Evidence of protective factors actively protecting the child in about half the time					Evidence of protective factors consistently protecting the child

- A. **FAMILY FUNCTIONING/RESILIENCY** – Having adaptive skills and strategies to persevere in times of crisis. Family’s ability to openly share positive and negative experiences and mobilize to accept, solve and manage problems.
Examples – The family is able to talk about problems; see both sides of the story; take time to listen to each other; pull together when things are stressful; solve their problems.
- B. **SOCIAL SUPPORT** - Perceived informal support (from family, friends and neighbours) that helps provide for emotional needs.
Examples – The primary caregiver has someone who will listen when they have a problem; has someone to talk to when feeling lonely.
- C. **CONCRETE SUPPORT** – Perceived access to tangible good and services to help families cope with stress, particularly in times of crisis or intensified need.
Examples: The primary caregiver knows who to turn to if the family needed food or housing; knows who to talk to in a crisis; knows who to go for help in finding a job.
- D. **CHILD DEVELOPMENT / KNOWLEDGE OF PARENTING** – Understanding and utilizing effective child management techniques and having age-appropriate expectations for child’s abilities.
Examples –The primary caregiver knows most of the time what to do as a parent; knows how to help their child learn; understands the child’s behaviour; can praise the child when they behave well; doesn’t lose control when disciplining.
- E. **NURTURING AND ATTACHMENT** – The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.
Examples –The primary caregiver is happy being with their child; and child are close to each other; is able to soothe the child when they are upset; is able to spend time with child doing things they like to do.