

Craig Barlow | Consultancy & Training

Suite 428, 39a Barton Road, Water Eaton, Bletchley, Bucks, MK2 3HW

www.craigbarlow.co.uk e-mail info@craigbarlow.co.uk

SYSTEMIC APPROACHES TO RISK ASSESSMENT AND CHILD SAFEGUARDING

Trainer Manual

CB·CT
CB·CL

Craig Barlow and Marion Farmer

Author: Craig Barlow

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Modular Training: A Systemic Approach to Risk Assessment and Child Safeguarding

Modules 1, 2 and 3 Training Manual

INTRODUCTION

This handbook is for trainers who will lead the first three modules of the Systemic Approaches to Risk Assessment and Child Safeguarding training course. It covers:

- Module One: Systemic Approaches to Risk Assessment
- Module Two: Using the Family Risk and Safety Assessment
- Module Three: Adolescents at Risk of Harm

The handbook will provide you with the structure of the classroom based face-to-face training and notes on how to run each session. It also provides a guide to the web-based content and how to use Moodle as a trainer e.g. how to post discussions, respond to questions and add content.

This handbook also provides quick links to the Craig Barlow Consultancy & Training web-based content and the presentations that are delivered in the classroom.

PREPARING TO BE A TRAINER

“Proper Prior Planning Prevents Poor Performance!”

For your training to go well you must be prepared. This requires the trainer to know their course content and be well versed in the key themes of the programme.

Key Themes

Systems: The three modules emphasise the need to understand safeguarding issues in terms of the child and family system, social system and environment system and the professional service system over time.

Prevention: the course contents focuses upon static, dynamic and acute dynamic risk factors and emphasises the aetiology of risk i.e. the developmental pathway that it follows over time. Therefore the purpose of risk assessment is not to predict the likelihood of harm occurring, but to prevent it occurring and/or mitigate its impact should it occur.

Evidence: the “reclaiming social work” agenda has articulated the need for authoritative practice. This is achieved by enabling practitioners to refresh and develop their knowledge base. The same is true for practitioner trainers delivering this course.

The web-based content provides a valuable resource that enhances the course content and encourages participants to remain engaged with the subject matter. The effective trainer should be familiar with not just the course content but the downloadable resources and links also. Trainers are strongly encouraged to read around the topics of each module and identify their own local resources such as local policies and procedures, services, and sources of advice.

The course emphasises the importance of objective evidence in the assessment process. It is the assessor’s job to identify evidence through the assessment, evaluate the relevance and reliability of the evidence in each case, and use evidence to inform their enquiry, conclusions and

recommendations. An evidence led approach ensures better quality analysis and the emergence of specific, measurable, achievable and realistic safety plans that include identifiable milestones and review points (SMART planning).

In addition to the case-specific evidence drawn upon to inform an assessment, the authoritative practitioner will draw upon wider professional knowledge from their field of expertise and the professional and academic literature. The web-based content provides a range of data from research and links practitioners to other web-based resources and provides downloadable research articles and professional reports.

Harm: If risk assessment concerns the prevention of harm, it is vital to be clear what the potential harm is. The baseline used by this course is the 1989 definition of “*Significant Harm*”. With every risk scenario be prepared to ask the question “Where is the Harm?”. The purpose of this question is to discourage the tendency to list symptoms of abuse e.g. marks on the body, malnutrition, sexual injury etc. and characterise the abuse in terms of the impairments to the child’s development when compared with a similar child.

Analysis: The scenario building worksheets provide practitioners with a structure for analysis. It must be based upon the evidence that has been previously gathered, organised and evaluated for its relevance to future risk of harm. Risk scenarios are only plausible if they emerge from the evidence of the case and are informed by research and professional knowledge within the field. Analyses that do not link to the evidence of the case nor draw upon research and professional knowledge lead to conclusions and decisions that are indefensible if challenged.

PRESENTATION OF THE COURSE

The course presentations have been developed using the Prezi media. In our experience Prezi is a more engaging and stimulating media than PowerPoint. It is also cloud-based, which enables the course designers to keep it fresh and up-to-date, and easy to share between the trainers.

Before your first presentation, rehearse; by this we mean run through the presentation on your screen so that you are familiar with how it looks, moves and how to navigate. You may also wish to have the website open in the background so that you can refer participants to web-based content, or utilise a video or activity such as the “Kim and Katie” case study.

Materials

Each course will need flip-chart paper, marker pens and Wi-Fi access. You’ll also need scenario planning worksheets. Additionally:

- Module One requires the Barnardo’s DVRIM
- Module Two requires Fraser manuals in hardcopy
- You will need a laptop in order to deliver the training, but be aware you may also require external speakers for the laptop so the participants can hear the video content.

MOODLE

What is Moodle? Moodle is a learning platform designed to provide educators, administrators and learners with a single, robust, secure and integrated system to create personalised learning environments. Moodle is web-based and so can be accessed from anywhere and is easily accessible and consistent across different web browsers and devices.

Discussion Forums: These have been designed to allow participants to engage in professional discussion and debate and ask questions of the trainers. Some of the forums have discussion topics and activities posted in; the others are simply boards where participants can post questions.

It may be the case that the discussion topic on a course has been curtailed by time. The forums offer you the opportunity to continue these discussions or to post answers to questions that you could not deal with during the face-to-face teaching.

The forums are potentially an extremely valuable resource through which participants can draw upon each other as learning resources. It is a model that is well-established in modern universities and top distance learning programs, such as those provided by the Open University. Encourage the use. When a message or reply has been posted, email notifications are automatically generated and sent to participants as long as they have registered with Moodle.

Moodle Tutor

As trainers you have additional permissions on Moodle that enables you to load content and activities in each forum.

MODULE 1: A Systemic Approach to Risk Assessment and Safety Planning

Programme

Session 1: You can view the Prezi by clicking [HERE](#)



Hopes and Expectations

This session is important as it encourages participants' input by inviting them to say what it is they are hoping to achieve on this course. However, it also enables you as the trainer, to gauge the interest, attitudes and needs of the group. Be prepared to adapt some of the activities to these needs.

Baselining Exercise

Ask the question: "What does risk mean to you?"

Depending on the size of your group, this can be done as a whole group discussion facilitated by the trainer or by dividing the group into syndicates to discuss the question and then have feedback from each group to the trainer. The purpose of this exercise is to attune participants to the subject matter and to "warm up" i.e. encourage them to start talking to each other.

Whether you conduct this as a whole group or a small group exercise, take feedback to the flipchart and identify any emerging themes.

Conclusion: Risk tends to be framed negatively, so it may be necessary to point out that it can also be positive. Risk can provide an opportunity for change; an opportunity for the development of strength and resilience.

Baselining Part Two

Ask the question: “What does risk assessment mean to you and when might it be helpful?”

This discussion can be with the whole group. Take feedback again to the flipchart.

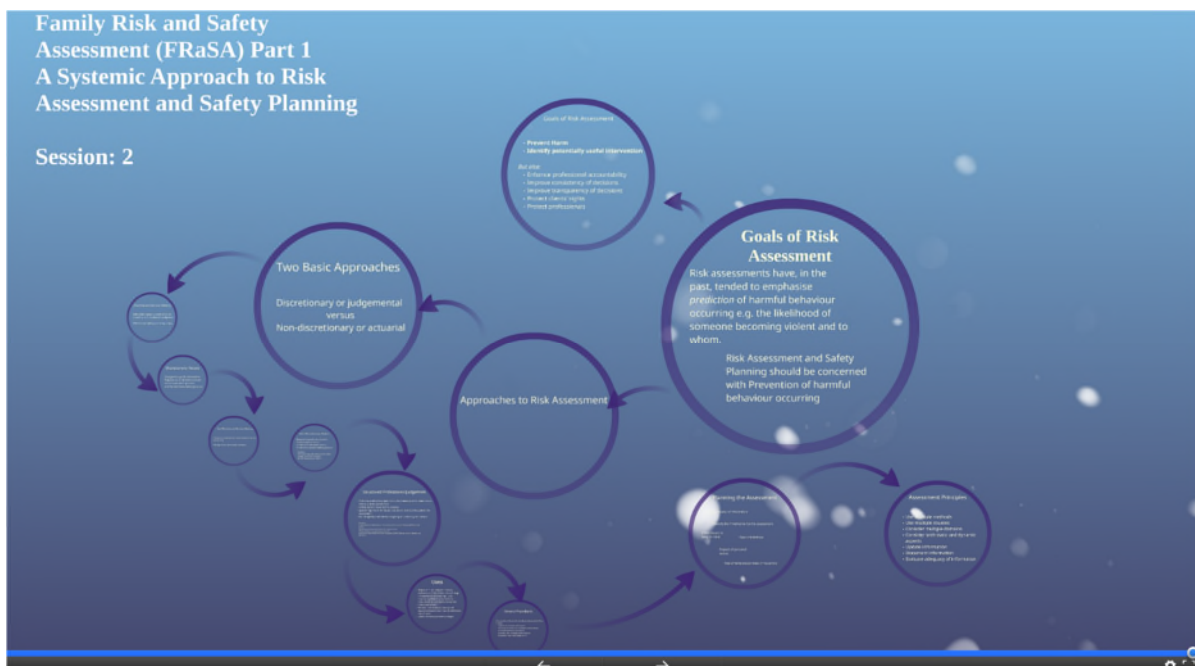
Baselining Part Three

Ask the question “What do we need in order to undertake a risk assessment?”

Return to small group discussions for 5 to 10 minutes and then take feedback from each group and record the feedback on the flipchart.

Conclusions: Risk assessment is a fundamental part of the social work task and we are doing it to a greater or lesser extent each day. Risk is something that is never fully understood, it is only estimated and incorporates notions of likelihood and severity of impact. Because risk fluctuates over time, risk assessment is never a one-off task, nor is it an end in itself. The next session will address the goals of risk assessment and risk management.

SESSION 2: ESTABLISHING THE THEORETICAL FOUNDATIONS



The next session is a didactic (teaching) presentation. Click [HERE](#) to see the presentation in Prezi.

Establish the definitions of:

- Risk
- Assessment

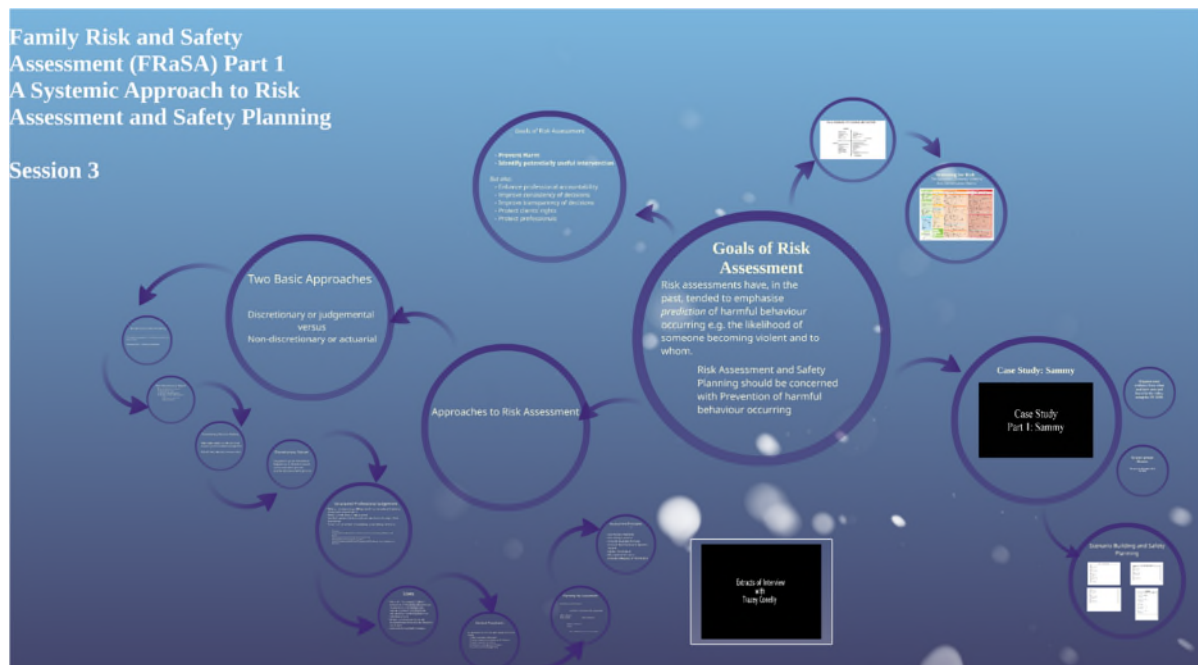
Child maltreatment risk assessments are evaluations of people to characterise the risk that they will maltreat a child or children in the future, and to develop interventions to manage or reduce their risk of causing harm.

Discuss child maltreatment in terms of decision theory and the influences upon decision-making.

Proceed to the presentation up to “distal factors” and “proximal factors”.

Check in with the group to ensure that everyone has understood the points made so far and field any questions that may be raised. This is a convenient juncture at which to take a break.

Session 3: GOALS OF RISK ASSESSMENT



This session is mostly didactic. You can view the Prezi [HERE](#).

In preparation for this session it is useful to identify local risk assessment tools as examples of discretionary or nondiscretionary protocols. The presentation refers to publicly available risk assessment tools, such as the Child Abuse Potential Inventory and the HCR 20 tools (examples of which are also demonstrated in the train the trainer workshop).

Planning the Assessment

This is a whole group discussion. Explain to the group that the starting point in planning the assessment is to be clear on what is the purpose of the assessment:

- what is the reason for the assessment?
- why now?
- who is it that may pose a threat/danger to the development and well-being of the child(ren)?
- what questions need to be answered?

Explain the need for a systematic and investigative approach; the importance of multiple sources of information; the need to evaluate the adequacy of the information; the need to check as far as possible the accuracy/reliability of information; how up-to date any reports/assessments are; the need to consider issues of consent (Working Together/Information Sharing guidance); the need for the assessment to take account of protectors or buffers against harm occurring.

Ask the question “Where are our sources of information to be found?” Take feedback to flip chart.

Prompt if necessary to include:

- Active/archived LA records/other LA
- Other professionals/agencies including health/education/adult mental health/CAMHS/team for adults/children with disabilities
- Police/Probation
- Who needs to be interviewed (parent/carer/child/extended family etc)?

Ask the question “What additional issues need to be kept in mind?” The purpose of this question is to encourage practitioners to recognise the impact of their own preconceptions, values and attitudes and the need for open-mindedness. Take feedback to the flipchart.

Return to Prezi and the “planning the assessment” slide. Emphasise the following two points that appear in this slide

- Identify the timeframe for the assessment
- Identify the role of fathers/adult males in the household - This is an important discussion point, as numerous serious case reviews have indicated that this question frequently goes unaddressed within social work assessments.

Static and Dynamic Factors

For the purposes of this module it is only necessary to explain in broad terms what static and dynamic factors are. Refer participants to the relevant website pages and remind them to visit these pages and undertake the case study exercises (Katie and Kim) contained therein as preparatory work for module two (using the Family Risk and Safety Assessment).

Sources of Information

Although this is primarily a didactic presentation, use the sources of information slide within Prezi to prompt whole group discussion, for example “Self-Report” can include direct interview and other conversations, and questionnaires.

Interview with Tracey Connelly

Summarise the Peter Connelly case (BABY P). Explain that the video that is about to be presented was made in the context of the training course that the interviewer (the social work manager) was participating in. The video forms a part of her training portfolio. Therefore it was not an investigative interview, nor was it specifically an assessment interview, nevertheless the dynamics are interesting and Tracey Connelly's presentation is the main focus of this exercise.

Run the video clip in two sections. The first half should be paused after the sequence that shows the home video of Peter's first birthday.

Key points for discussion:

- What Tracey Connelly says: Tracey has a tendency to externalise and take little responsibility e.g. "no one help me".
- Tracey alludes to a previous relationship and enthusiastically talks ~~to~~ about a new relationship: note that Peter is hardly mentioned at all during this interview
- Look for diversions, distortions, and minimisations.
- Observation of Peter in the home video.
- Encourage the group to identify important questions that should have been asked

Run the second half of the video from "Asking the questions" and the discussion with Andrew Turnell.

VULNERABILITY AND RESILIENCE

During the planning the assessment section of this presentation we discussed the need for the assessment to take account of protectors or buffers against harm occurring. The model we are using to take account of this is the Vulnerability and Resilience Matrix.

Using the flipchart, use four sheets headed: vulnerability factors, resilience factors, adversity factors, protective factors. On the fifth sheet, draw the matrix with the vertical axis vulnerability (bottom) - resilience (top) and the horizontal axis adversity (left) and protectors (right) See the diagram in the FRaSA Manual on Page 14. To assist participants explain that vulnerability and resilience factors are the inherent characteristics of the child, parents or family i.e. they are internal. Adversity factors are stresses and are therefore external to the child, parent or family. Protectors are the "buffers" that offset the adversity factors and are therefore also external to the child, parent or family. Working through each for sheets of flipchart separately, ask the group to identify examples of vulnerability factors, resilience factors, adversity factors and protective factors

Conclude this section by explaining that the most dangerous corner of the matrix is the corner that represents high levels of adversity and high levels of vulnerability. The initial aim of intervention with the children and families identified in this quadrant, is to balance the horizontal axis so that the child, parents and family are vulnerable, but protected.

Once the scales have shifted in favour of protectors, interventions can work to build resilience so that the longer term aim is to enable the child, parent and family to remain protected whilst they build

resilience and therefore reduce vulnerability. The ultimate aim is to build sufficient resilience so that the child, parent and family are able to withstand adversity when it arises.

Barnardos Domestic Violence Risk Identification Matrix (DVRIM)

In small groups, discuss the question “What are the risks for a child living in the context of domestic abuse/domestic violence?”

It is very likely that participants will list a range of pragmatic symptoms, such as risk of injury; once discussion starts going down this route, intervene with each group and encourage them to conceptualise “harm” in terms of the child’s development (referring back to the statutory definition of Harm).

Introduce the DVRIM. Explain that it was designed to identify the level of risk to children/young people from domestic violence. It also aims to identify the level of risk to the mother from a male perpetrator. It includes additional factors to consider if assessing a family from a black/ethnic minority background. It should be completed in respect of *each child* in the household – risk factors may differ for each child. The DVRIM uses four threshold scales that indicate the degree of seriousness of each cluster of incidents/circumstances. The matrix should be worked through systematically. Tick ‘Y’ if known to be present, or ‘S’ if suspected.

Explain to the group that they are about to see a video case study and in their small groups they will use the DVRIM, based upon what they have seen and heard in the video case study, to identify whatever risks may be present in respect to domestic violence.

DVRIM: Level of risk Moderate Scale 3 CAF: Level 3 Threshold of most risks with additional needs.	DVRIM: Level of risk Moderate by Serious Scale 4 CAF: Level 4 Threshold of most child with additional needs.	DVRIM: Level of risk Serious Scale 5 CAF: Level 5 Threshold of most child with complex needs.	DVRIM: Level of risk Severe Scale 6 CAF: Level 6 Threshold of most child with acute needs - at risk of being a 'looked after' child.
<p>Children & families with additional needs. CAF assigned Stage 3 Practices targeted support. Children under 7yrs or with special needs increase risk. The longer the child has the higher the risk to their safety. Consider protective factors.</p>	<p>Children & families with additional needs. CAF assigned Level 4 professional targeted support. Children under 7yrs or with special needs, at higher risk of emotional/physical harm - limited self-protection strategies - can raise threshold to Scale 5. Consider protective factors.</p>	<p>Children in Need - Children's Services may consider Section 17 but Safeguarding intervention may be necessary if threshold of significant harm is reached. Professional case planning. Children aged under 7yrs or children with special needs can raise threshold to scale 4.</p>	<p>Child in need of Protection - Children's Services consider if Section 47 enquiry and care assessment intervention are required. Children may be at risk of being 'looked after'.</p>
<p>Evidence of Domestic Violence Y B</p> <p>1-3 minor incidents of physical violence which were short in duration.</p> <p>Victim did not seek medical treatment.</p> <p>Intense verbal abuse.</p>	<p>Evidence of Domestic Violence Y B</p> <p>History of minor/moderate incidents of physical violence - short duration.</p> <p>Victim received minor injuries - medical attention not sought.</p> <p>Evidence of intimidation/bullying behaviour - pushing/ finger poking/ shoving/ to victim but not towards children. - Destruction of property.</p> <p>Intense verbal abuse-consistent use of derogatory language.</p> <p>Risk of isolation - Abuser attempts to control victim's activities, movements & contact with others.</p>	<p>Evidence of Domestic Violence Y B</p> <p>Incident(s) of serious and/or persistent physical violence in family. Increasing in severity/frequency and/or duration - History of previous assaults.</p> <p>Victim and/or children indicate that they are frightened of abuser - put in fear by looks, actions, gestures and destruction of property (emotional & psychological abuse).</p> <p>Recent separation - repeated separation/reconciliation/ongoing couple conflict.</p> <p>Blatant harassment of mother/children - Increased risk of isolation.</p> <p>Abuse through the use of texting/social networking sites.</p> <p>Victim required medical treatment but not sought or explanation for injuries implausible.</p> <p>Recurring or frequent requests for police intervention.</p> <p>Incident(s) of violence occur in presence of child/ren - consider duration of exposure.</p> <p>Threats of harm to mother and/or children.</p> <p>Excessive jealousy/possessiveness of abuser - diminishing in relationship.</p> <p>Financial control maintained by abuser.</p> <p>Abuser has history of domestic violence in previous relationships.</p>	<p>Evidence of Domestic Violence Y B</p> <p>Repeated serious and/or severe physical violence - life threatening violence. Attention to the frequency, duration and severity of violent behaviour children exposed to.</p> <p>The assault with weapons.</p> <p>Abuser's violation of protective and/or child contact orders.</p> <p>Criminal history of abuser: gangland connections, generalised aggression, history of anti-social behaviour, aggression towards previous partners/family members, military service/training.</p> <p>Intense stalking/harassment behaviour of abuser - Increased risk of isolation.</p> <p>Recurring or frequent requests for police intervention.</p> <p>Victim requires treatment for injuries sustained - Medical attention required but not sought or injuries explanation is implausible.</p> <p>Threats to kill or seriously injure victim and/or children.</p> <p>Victim is very frightened of abuser - believes intent of threats - Retaliatory violence a concern.</p> <p>Victim is intensively controlled/may present as submissive - worn down by abuse.</p> <p>Victim is pregnant/victim is abused in post natal period/recently separated with new baby raises risk level.</p> <p>Confirmed emotional/psychological abuse of mother.</p> <p>Serious assault/suspected sexual abuse of victim.</p> <p>Incidence of violence witnessed & occurred in presence of children - distressed/aftermath of incident. Child/ren have directly intervened in incidences.</p> <p>Child/ren summon help/distress-immediate heightened risk to this child of being 'punished' adverse reaction from abuser and/or mother-assess adult's reaction to child's disclosure. Child/ren may disclose another form of abuse to draw attention to the situation. Child/ren have been physically assaulted/abused.</p> <p>Confirmed emotional abuse of child/ren.</p> <p>Suspected/confirmed sexual abuse of child/ren.</p> <p>Abuser is a perpetrator of child abuse but may not have been prosecuted. Known to MAPPA. Victim has been identified by DASH-SARAC process as high risk.</p>
<p>Risk factors/Potential vulnerabilities Y B</p> <p>Child/ren were not drawn into incidents.</p> <p>Control by abuser is not intense.</p>	<p>Risk factors/Potential vulnerabilities Y B</p> <p>Child/ren were present in the home during an incident but did not directly witness.</p> <p>Potential likelihood of emotional abuse of children.</p> <p>BME (Black, Minority, Ethnic) Issues - See Blue Box.</p> <p>Disability issues within family - Victim unable to support network.</p> <p>Mental health issues - not prolonged or serious. Abuser or victim seeking appropriate help.</p> <p>Age of abuser and/or victim - both have supportive resources and are not isolated.</p>	<p>Risk factors/Potential vulnerabilities Y B</p> <p>Mental health issues - abuser and/or victim-raises concern.</p> <p>Substance abuse by abuser and/or victim-raises concern.</p> <p>Abuser's and/or victim's infidelity is a source of conflict/anger.</p> <p>Strong likelihood of emotional abuse of child/ren - may display behavioural problems.</p> <p>Child/ren unable to activate safety strategies due to fear or intense control by abuser.</p> <p>Lack of safe significant other as a positive support to child.</p> <p>Child contact issues - domestic abuse occurring at contact.</p> <p>Older children/Adolescent - increased risk of intervening in abuse and emerging concerns re self harm.</p> <p>Abuser suspected of using physical abuse towards child/ren.</p> <p>Abuser shows lack of insight/empathy into how his behaviour affects children/victim.</p> <p>Abuser's minimisation of abuse/lack of remorse/guilt.</p> <p>Abuser is Boyfriend/Father figure. Family unit has step-siblings.</p> <p>Abuser's abuse of pets/animals used to intimidate.</p> <p>Emerging concerns about emotional stability of abuser's relationship with child/ren/limited parenting capacity & lack of protective abilities.</p> <p>Emerging concerns about emotional stability of child/mother relationship (parenting capacity and protective concerns).</p> <p>Emerging concerns of neglect of child/ren's emotional and physical needs-mixed health appointments/poor living conditions.</p> <p>Abuser's use of avoidance/resistance to engage in services increases risk level to children.</p> <p>Victim fears statutory services - avoidance & resistance to engage increases risk to children.</p> <p>Family/Relatives/neighbors reports concerns re victim/children.</p> <p>Victim has experienced domestic violence in previous relationships.</p> <p>BME (Black, Minority, Ethnic) Issues: See Blue Box.</p> <p>Adult learning difficulties-abuser and/or victim-raises concern.</p> <p>Disability issues within family - isolation.</p> <p>Age disparities of Abuser/Victim - under 25 with limited support with personal vulnerabilities.</p> <p>History of childhood abuse/disruptive childhood experiences - abuser and/or victim.</p> <p>Collusion issues present in extended families/friends - not supportive for victim/children.</p> <p>Recent life crises/stress factors - i.e unemployment, financial problems, illness, death.</p>	<p>Risk factors/Potential vulnerabilities Y B</p> <p>Mental health issues - abuser and/or victim - raises significant concern.</p> <p>Substance abuse by abuser and/or victim - raises significant concern.</p> <p>Abuser's and/or victim's infidelity is a source of conflict/anger -Victim's infidelity gives rise to risk of severe reactive violent response from abusive partner-extreme jealousy/possessiveness.</p> <p>Concerns of neglect of child/ren's emotional and physical needs/poor living conditions.</p> <p>Substantial risk of repeated serious domestic violence.</p> <p>Threats or attempts to abduct children.</p> <p>Children exhibit sexualised behaviour and/or sexually harmful behaviour.</p> <p>Adolescent - increased risk of intervening in abuse and self-harm-emerging concerns re mental health issues.</p> <p>Child/ren in family has previous care history.</p> <p>Physical abuse of child/ren by abuser and/or victim.</p> <p>Victim uses physical abuse on children as an alternative to harsher physical abuse by abuser.</p> <p>Recent suicidal or homicidal ideation/intent by abuser.</p> <p>Victim suicidal/attempted suicide/self harming - especially BME victims.</p> <p>Victim minimizing risks to children/remains in abusive relationship, protection orders not sought, or activated.</p> <p>Victim/child has poor general health.</p> <p>Abuser shows lack of empathy/insight into how his abusive behaviour is affecting child/ victim.</p> <p>Abuser's minimisation of abuse-lack of remorse/guilt.</p>
<p>Protective Factors Y B</p> <p>Child/mother relationship is nurturing, protective and stable.</p> <p>Significant other in child's life - positive and nurturing relationship.</p> <p>Presence of child/ren was a restraint for the abuser.</p> <p>Abuser accepts responsibility for abuse and violence.</p> <p>Abuser indicates genuine remorse and is willing to seek support for abusive behaviour.</p> <p>Victim has positive support from family, friends & community.</p> <p>Victim appears emotionally strong (not worn-down by the abuse).</p> <p>Victim sought appropriate support and/or is willing to accept help from other agencies.</p>	<p>Protective Factors Y B</p> <p>Child/mother relationship is nurturing, protective & stable.</p> <p>In spite of abuse, victim was not prevented from seeing to the needs of her child/ren.</p> <p>Significant other in child's life - positive and nurturing relationship.</p> <p>Older child/ren can coping/ protective strategies.</p> <p>Victim attempted to use protective strategies with abuser child/ren.</p> <p>Victim is prepared to take advice on safety issues.</p> <p>Victim has insight into the risks to her child/ren posed by the abuser.</p> <p>Victim has positive support from family/friends and community.</p> <p>Abuser willing to engage in services to address his abusive behaviour.</p>	<p>Protective Factors Y B</p> <p>Older child/ren use protective strategies.</p> <p>Victim will seek positive support from significant other.</p> <p>Victim - attempts to use protective strategies but abuser's violence & control is intense.</p> <p>Victim will engage with supportive services and seek safety advice - be alert to abuser's control/interfering with her level of commitment to engage.</p> <p>Limited protective factors are present - serious level of violence and psychological abuse of victim, emotional abuse of child/ren and Domestic Violence risk factors predict recidivism.</p> <p>Use of kinship placements as a protective factor - be alert to domestic violence having occurred or occurring in extended families.</p>	<p>Protective Factors Y B</p> <p>Child/ren in family has previous care history.</p> <p>Physical abuse of child/ren by abuser and/or victim.</p> <p>Victim uses physical abuse on children as an alternative to harsher physical abuse by abuser.</p> <p>Recent suicidal or homicidal ideation/intent by abuser.</p> <p>Victim suicidal/attempted suicide/self harming - especially BME victims.</p> <p>Victim minimizing risks to children/remains in abusive relationship, protection orders not sought, or activated.</p> <p>Victim/child has poor general health.</p> <p>Abuser shows lack of empathy/insight into how his abusive behaviour is affecting child/ victim.</p> <p>Abuser's minimisation of abuse-lack of remorse/guilt.</p> <p>BME (Black, Minority, Ethnic) Issues: See Blue Box.</p> <p>Age disparities - Abuser and/or victim under 25 with limited support with personal vulnerabilities.</p> <p>Collusion issues present in extended families/friends - not supportive for victim and children.</p> <p>History of childhood abuse/disruptive childhood experiences abuser and/or victim.</p> <p>Abuser uses threatening aggressive behaviour towards professionals.</p> <p>Agencies unable to work constructively with family 'Assessment Paralysis'.</p> <p>Abuser/victim use of avoidance/resistance to engage - misuse of complaints procedures.</p>
<p>BME (Race, Minority, Ethnic) Issues: See Blue Box.</p> <p>Ask yourself the following questions:</p> <ol style="list-style-type: none"> 1 I'm a parent... 2 I cannot speak, read or write English. 3 I fear that the 'State' is authoritarian. 4 I lack strong social networks. 5 I am in temporary housing. 6 I am living below the poverty line. 7 I have a child who is of a different appearance and culture to those I'm living in a close-knit community in London. 8 I have a perspective on parenting practices unperceived by culture or faith which are not in line with UK law & cultural norms. 9 I recognise his/her faith or community leader as all powerful. 10 I put a very high value on preserving family honour. 11 and, if this young person... is in compromised to relation to his/her community. 12 I have strong allegiance to a group or gang. <p>If you score 6 or more red indicators, please refer to the BME checklist, recommendations from the DVIC website.</p>	<p>Barnardo's Domestic Violence Risk Identification Matrix</p> <p>Assessing the risks to children from male to female domestic violence.</p>		



Run the video.

Once the groups have had time to work through the DVRIM, ask them to consider the strengths and limitations of the tool.

Conclusions: the DVRIM is an effective screening/benchmarking tool and aids decision-making at the point of referral, but has limited utility with longer term risk management, being short on detail.

ANALYSIS

The analytical process that is advocated in this programme is the Scenario Building technique. Explain that this technique will be used regularly throughout the modules. The scenario building worksheet is an aide memoir that prompts the assessor through the analytical process by posing a series of questions in the following sections:

- What are we Worried About?
- What's Working Well?
- Summary Judgements

The guide to scenario building can be found on page 28 of the FRaSA Manual.

Conclude this module by reminding participants of the web-based content at www.craigbarlow.co.uk.

The login details for the modular course pages are:

Username: Medway

Password: Maslow2017

THESE LOGIN DETAILS DO NOT CHANGE

Remember that everyone will have received an e-mail inviting them to change their password for **MOODLE** – this is a separate, but linked, platform and is where the discussion forums are held.

MODULE 2: Using the Family Risk and Safety Assessment (FRaSA)

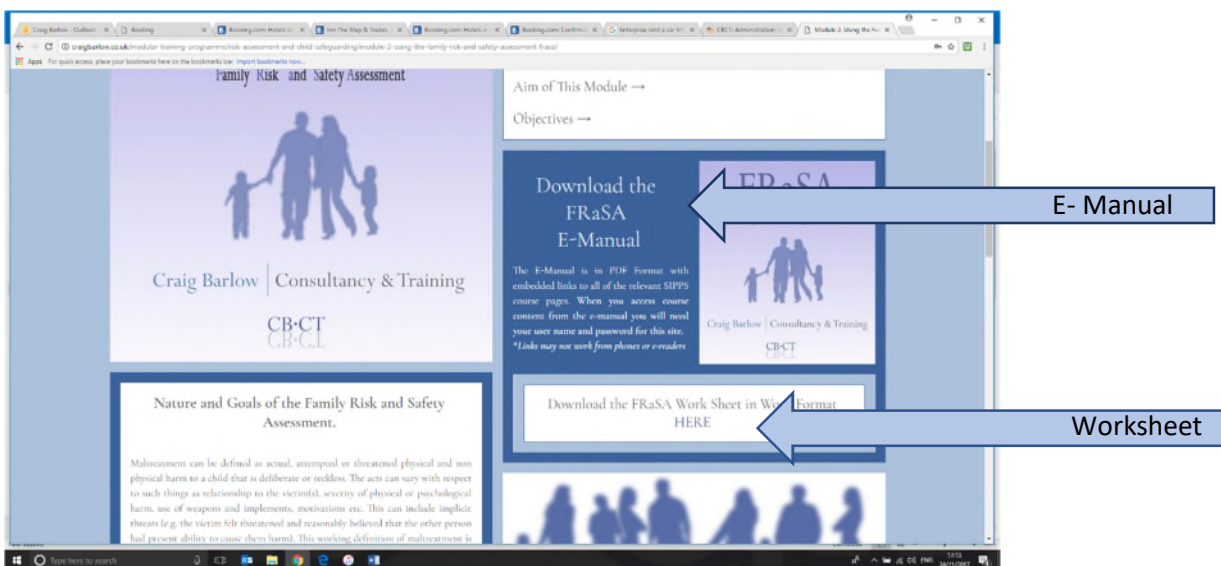


View Prezi [HERE](#)

Preparation

Ahead of the course e-mail all the participants to download their FRaSA E-Manual and familiarise themselves with the content and structure. Also ask participants to download a copy of the worksheet, print it and bring it to the course.

The downloads can be found on the Module 2 Landing Page:



Baselining Exercise

Welcome everybody back. Recap Module 1 reminding participants of the Key Themes. Invite the group to ask any questions. Check to see to what extent participants have engaged with the online content. If take up has been poor, remind them that the content on the website and in Moodle are important elements of the training and they should access this material in order to get the most from the course.

Session 1

Introduce the FRaSA



The Family Risk and Safety Assessment was designed and developed by Forensic Social Worker and Criminologist, Craig Barlow. It began life as a simple set of guidance notes to support Student Social Workers on placement in a child safeguarding department in South East London. Barlow and fellow practitioners and managers realised that the structure worked well, providing not only a framework for conducting assessments, but also reporting the outcome of assessments in a way that was easily understood by those that had to make use of the reports e.g. other professionals, families and the court.

Work began to strengthen the guidance by developing a clear scope and theoretical foundation. The result was the current version of the FRaSA, a structured professional judgement protocol for the assessment of physical abuse, emotional abuse and neglect. For full details of the scope, limitations and objectives of the FRaSA please refer to the introduction in the manual.

The FRaSA does not tap risk for sexual abuse, exploitation, or domestic violence but will help practitioners identify when such specific concerns may be pertinent and requiring further assessment (including specialist assessments)

Key Principles

The second slide in Prezi lists the key principles of the FRaSA. Be completely familiar with these and be prepared to talk around some of the items and encourage discussion:

i. The assessment must gather information concerning multiple domains of the family's functioning. It reflects the fact that families that are troubled or at risk of child maltreatment are not a heterogeneous group. Child maltreatment itself is a multi-faceted problem.

ii. The procedure uses multiple methods to gather information: Over-reliance on a particular method can result in an incomplete or biased assessment.

iii. The procedure gathers data from multiple sources because people minimise or deny the harm they have caused (Webster, et al., 1997), are under pressure to present a positive self image or significantly over-estimate their strengths and abilities (Paulhus, 1998): Overreliance on a particular source can result in an incomplete or biased assessment.

iv. The procedure gathers the static and dynamic risk factors because dynamic factors are important in respect of evaluating short term fluctuations in risk and developing positive safety plans.

v. The procedure balances risk factors for maltreatment and harm, with buffers or protective factors associated with child and family resilience in adverse circumstances.

vi. The procedure allows practitioners to judge the credibility of various sources of information, reconcile contradictory information and judge whether information is sufficient to permit a valid decision.

vii. The status of risk and resilience factors fluctuates over time and such fluctuations can occur rapidly. Risk assessments should be re-evaluated at regular intervals or whenever there is a change to the status of the case.

viii. The procedure considers major risk and resilience factors but also allows for the consideration of case specific risk and protective factors.

ix. The procedure aims to be comprehensible to people who must use the findings of the assessment.

x. The prevention of child maltreatment is the primary goal of risk assessment. This procedure goes beyond making static predictions to develop responsive, flexible interventions.

Session 2: Static and Dynamic Risk Factors

Step 1

Present the definitions of Static, Dynamic and Acute Dynamic Risk Factors and the value of these concepts in terms of understanding the aetiology of risk and harmful behaviour.

Divide the group into three subgroups.

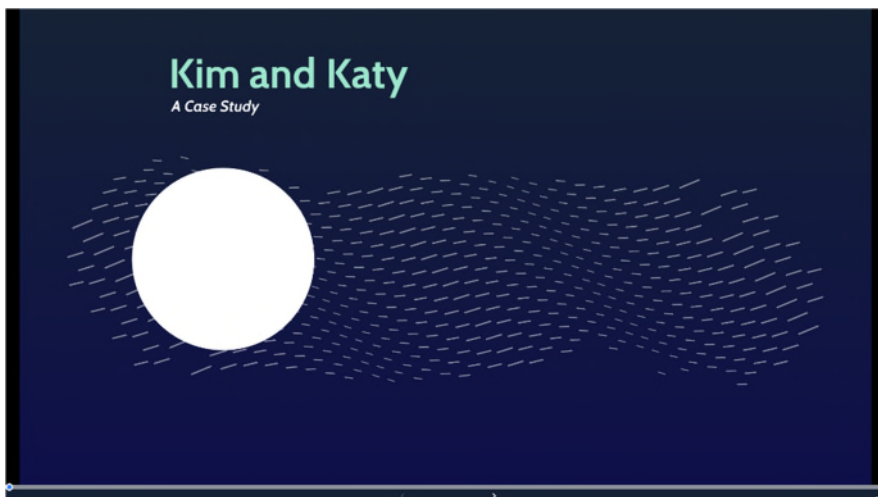
Give each group a sheet of headed flip chart paper; one headed “Physical Abuse”, one headed “Emotional / Psychological Abuse”, one headed “Neglect”.

Ask the groups to write down on their sheets examples of Static, Dynamic and Acute Dynamic risk factors in the category identified by the heading on their paper.

It is important to facilitate the groups by moving between them and prompting discussion. Encourage them to avoid broad generalisation and be specific in their comments.

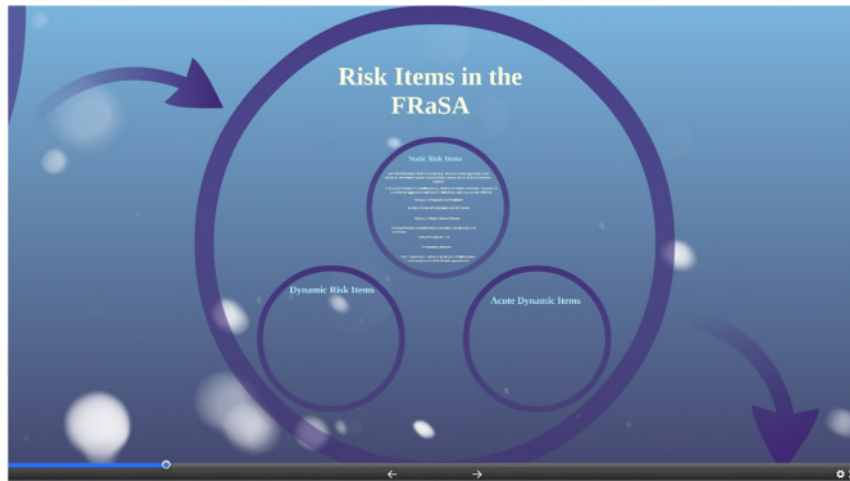
After 10-15 minutes take feedback from the groups and discuss.

Step 2



Present the Video Case Study of Katy and Kim [\[Click Here\]](#) and follow the instructions contained within the Prezi – note that this is a different Prezi from the main presentation that you are using. Show only the first two parts of the Katie and Kim Case Study and encourage participants to visit the web site to complete seeing it through to its conclusion. [Kim and Katy part 2 HERE]

Step 3



Return to the main presentation and describe and explain the organisation of the Static, Dynamic and Acute Dynamic Risk, Strength and Resilience Factors within FRaSA.

11.15 Coffee Break

SESSION 3: ASSESSMENT STRUCTURE

Preparation: Read through and be thoroughly familiar with Section 3 (Item Descriptors) and Section 4 (Administration of the FRaSA). The more familiar a trainer is with the content and structure, the more fluent and engaging the presentation will be.

This session is designed to explain the structure and purpose of each section of the FRaSA: It is important to stress that the Item descriptors draw upon the theoretical, research and professional knowledge drawn from the professional and academic literature concerning child maltreatment, physical abuse, emotional abuse and neglect.

Administration: The worksheet is not a form! It is a tool that is designed to assist practitioners in organising their evidence and assessment process.

The Family History pages at the start of the worksheet remind the assessor of domains that need to be covered, but are also a useful template for a semi-structured interview.

Refer to examples of item descriptors (Section 3 pages 16-24).

Draw attention to items that have a ★ Symbol as these items highlight other considerations that the assessor may want to take into account e.g. risk for running away, gang involvement or exploitation.

12.30 Lunch - 45 minutes

Session 4: Case Study: Tiffany

Introduce the case study of Tiffany. In small groups, participants will evaluate each video clip using the FRaSA Worksheet. It is important to move between groups and ensure that whenever they are identifying items as absent/ present /partially present they are checking their evidence against the item descriptors. This is very important as use of the descriptors ensures the consistency of application of the tool and therefore its reliability.

Groups are often extremely tempted to rush ahead to their hypothesis before they have collated their evidence. Discourage this and point out the dangers of hypothesis bias and preconceptions about the case.

When all the data has been gathered (i.e. all of the clips have been reviewed, take a break.

Analysis

On return from break facilitate the whole group in comparing their notes on the worksheet and collectively undertaking the analysis using the scenario building approach.

Show the final 2 clips to and compare with the risk scenarios built by the group.

Conclude the day by recapping the key points of this module and a reminder to engage with the online content, including the Moodle Discussion Boards.

MODULE 3: Adolescents at Risk of Harm



To View the Prezi Click [HERE](#)

Preparation:

There is a large amount of online content within the Module 3 pages. It is important that trainers have engaged thoroughly with this material and undertaken the online learning activities also. By so doing it is much easier to answer authoritatively questions raised by the group, and can save time by allowing the trainer to direct the group to the relevant page if the discussion is beginning to over-run.

Hopes and Expectations:

Run this opening introductory exercise as in Session 1. It also serves as a useful baselining exercise, allowing you to gauge particular interest, knowledge and experience.

Do not distribute handouts until after the baselining exercise has been completed.

Baselining Exercise:

Step 1

Break the group into syndicates and ask the question: What are the key accomplishments of adolescence. Take feedback from each group. Summarise with reference to the achievements of adolescence slide, and establish that adolescence is a stage of child development and the key principle of this module is that the needs and behaviours of adolescents are better understood from a developmental perspective.

Step 2

Move the discussion forward to Assumptions that are made about adolescents as people and adolescence as a stage of development. Return to small groups for discussion then take feedback. Identify any emergent themes.

Session 2: Brain Development

Preparation: Watch the TED Talk with Sarah Jayne Blakemore on the Adolescents at Risk of Harm Landing Page and the Peter Fonagy video in the Attachment section of the Mental Health subpage.

Step 1

Present the short summary of Brain development and the importance of understanding the developmental significance of adolescence. In small groups discuss the question:

“What factors in an adolescent child's environment might threaten the healthy development and achievement of the key tasks of adolescence?”

Take feedback and present the TED Talk by Dr Nadine Harris-Burke

Coffee Break

Session 3

Upon return from break reflect upon and discuss the points raised by Harris-Burke. Draw the links to systemic theory and identify how Adverse Childhood Experiences impact upon child development, brain development and the implications for a child in achieving the adolescent milestones discussed in the first session.

Reintroduce Maslow's Hierarchy of Need as a theory of motivation i.e. a child's behaviour is motivated by these different levels of need.

Continue with the presentation covering Mental Health and behaviour.

Identify when common themes begin to emerge regarding vulnerability factors for mental health problems and conduct disorders (e.g. family environments, early life experiences and exposure to dangerous others / modelling etc).

Lunch

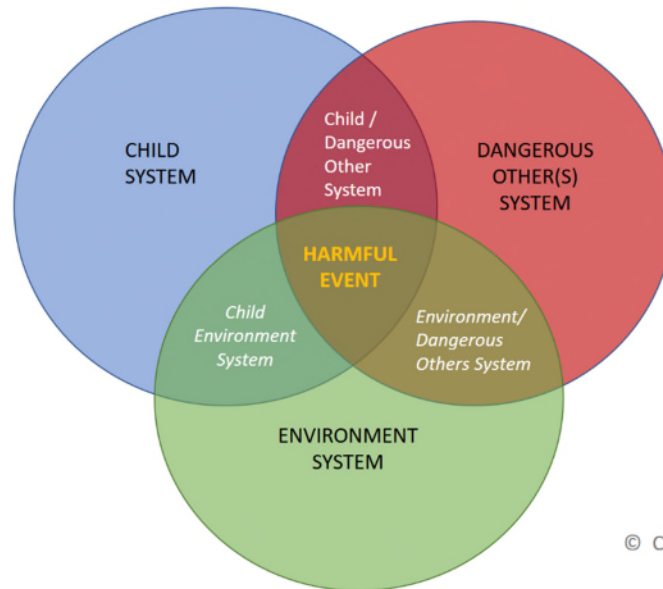
Session 4

Specific Risky Behavioural Problems Associated with Adolescence:

1. Going Missing and Missing scenarios
2. Firesetting
3. Suicide and Self-Harm
4. Substance Misuse

Drawing on the emerging themes concerning vulnerability and risk factors, present the SIPPS Model for Adolescents at Risk of Harm

ADOLESCENTS AT RISK OF HARM
SIPPS MODEL
(Barlow 2017)



Run the Video Case Study: Nadia

Return to syndicate groups for this exercise. Encourage participants to refer to the risk factors that have been discussed and that are contained within the handouts. Use the diagram to organise the evidence (what they see and hear) within each clip.

Once the clip with Leroy's Dilemma is shown, use the scenario building worksheet to identify the most plausible consequences to Anni's demand that Nadia be secured.

Discuss what other targets for intervention need to be addressed.

Conclude by showing the final two clips in which Nadia has gone missing and after she is found.