

SAFEGUARDING CHILDREN ASSESSMENT AND ANALYSIS FRAMEWORK

EVIDENCE BASED ASSESSMENT OF RISK OF HARM AND PLANNING INTERVENTIONS

SAAF INSTRUMENTS RECORD
ELECTRONIC VERSION

ARNON BENTOVIM
ANTONY COX
LIZA BINGLEY MILLER
STEPHEN PIZZEY
SIMON TAPP



Published by

Child and Family Training (UK) Ltd
PO Box 723, York YO30 7WS
Tel: 01904 624775
Email: anne.guerri@childandfamilytraining.org.uk
Website: childandfamilytraining.org.uk

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Child and Family Training (UK) Ltd.

Directors: Dr Arnon Bentovim & Stephen Pizzey. Consultants: Antony Cox & Liza Bingley Miller.

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Introduction

This is an electronic version of the Safeguarding Children Assessment and Analysis Framework (SAAF) designed to be used on both Apple and Windows platforms. It is written in Portable Document Format (PDF) and is to be used in conjunction with the SAAF User Guide. Users will need Adobe Reader XI which can be freely downloaded from <http://get.adobe.com/uk/reader/>

Text boxes are provided for each of the seven stages of the SAAF (except stage 3). The size of each text box is fixed. There is no limit to the data that can be entered in each text box, however only the screen image will be printed. If users have entered more data than appears on the screen image the data can be copied and saved on a word processing document and then printed.

Most users will use their agency recording systems for recording the information for stages 1,2, 4, 6 and 7.

Stage 3 needs to be completed manually using an A3 version of the Assessment Framework triangle. This enables users to plot the processes affecting the child's development (stage 4).

All users will need to completed stage 5 using this record. It is not anticipated that users will need more space for data entry than that provided on screen in stage 5 and thus if required stage 5 could be printed for retention in manual records.

C&FT welcome feedback from users to enable us to improve the electronic version's utility.

Arnon Bentovim
Antony Cox
Liza Bingley Miller
Stephen Pizzey
Simon Tapp

Safeguarding Children Assessment and Analysis Framework

Evidence Based Assessment of Risk of Harm and Planning Interventions

Stages in Assessment, Analysis and Planning Intervention

STAGE 1

Identification of harm and initial safeguarding

- Consider the referral and aims of the assessment

STAGE 2

Gather assessment information on the child's developmental needs, parenting capacity and family and environmental factors

- Collect information from available sources using an appropriate range of methods and approaches
- Create the chronology of salient information

STAGE 3

Establish the nature and level of impairment of the child's development

- Organise the information using the *Assessment Framework* and identify strengths and difficulties in all dimensions.

STAGE 4

Analyse the patterns of harm and protection

- Consider the chronology of salient information
- Processes and impact

STAGE 5

Child Protection Decision Making and Care Planning: The Safeguarding Analysis.

- Profile of harm and impairment of development
- Predict the likely outlook for child: the risks of re-abuse or likelihood of future harm (the systemic analysis)
- Determine the prospects for successful intervention
- Summary of safeguarding analysis

STAGE 6

Develop a plan of intervention.

STAGE 7

Identify outcomes and measures for intervention.

Stage 1: Identification of Harm and Initial Safeguarding

- Consider the referral and the aims of the assessment

Include family structure, details of referral and relevant history here and/or in agency record

Stage 2: Gather assessment information on the Child's Developmental Needs, Parenting Capacity, Family and Environmental Factors

- Collect information from available sources using an appropriate range of methods and approaches
- Create the chronology of salient information

List sources of information:

- family members seen and in which combinations and in which context (e.g. family home, office, school, clinic etc);
- professionals/agencies contacted;
- whether child seen alone;
- records/files reviewed;
- reports received from other agencies;
- assessment tools used to gather information.

Enter information collected here or in agency record. Focus on evidence. Avoid generalisation. Note any hypotheses but do not assume they are correct.

Stage 3: Establish the Nature and Level of Impairment of the Child's Health and Development

- Organise the information using the Assessment Framework and identify strengths and difficulties in all dimensions

Once information has been gathered, the next step is to organise that information to ascertain what is known, identify crucial information that is *not yet known and needs to be known*, and to prepare for analysis.

In organising the information there should be a clear distinction as to which domain is appropriate otherwise hypotheses about processes involving the child and their family may be mistaken.

The key questions for each domain/dimension at this stage are what is the current situation, and how does it relate to the past?

Thus:

- **Child's Developmental Needs:** How is the child functioning in each of the dimensions in terms of their development and welfare. How are they doing? Where is the child **at** in terms of their developmental needs? What has been the history of the child's developmental progress?
- **Parenting Capacity:** What is the nature of the parenting the child is the child receiving? What are the parents/carers **doing** in terms of the care they provide for their child(ren) on each dimension of parenting capacity? What has been the history of parenting provided the child?
- **Family and Environmental Factors:** What are the family & environmental factors which may be **influencing** parenting or **impacting** directly on the child's development? What has been the history of the various family and environmental factors?

Remember to note strengths as well as difficulties.

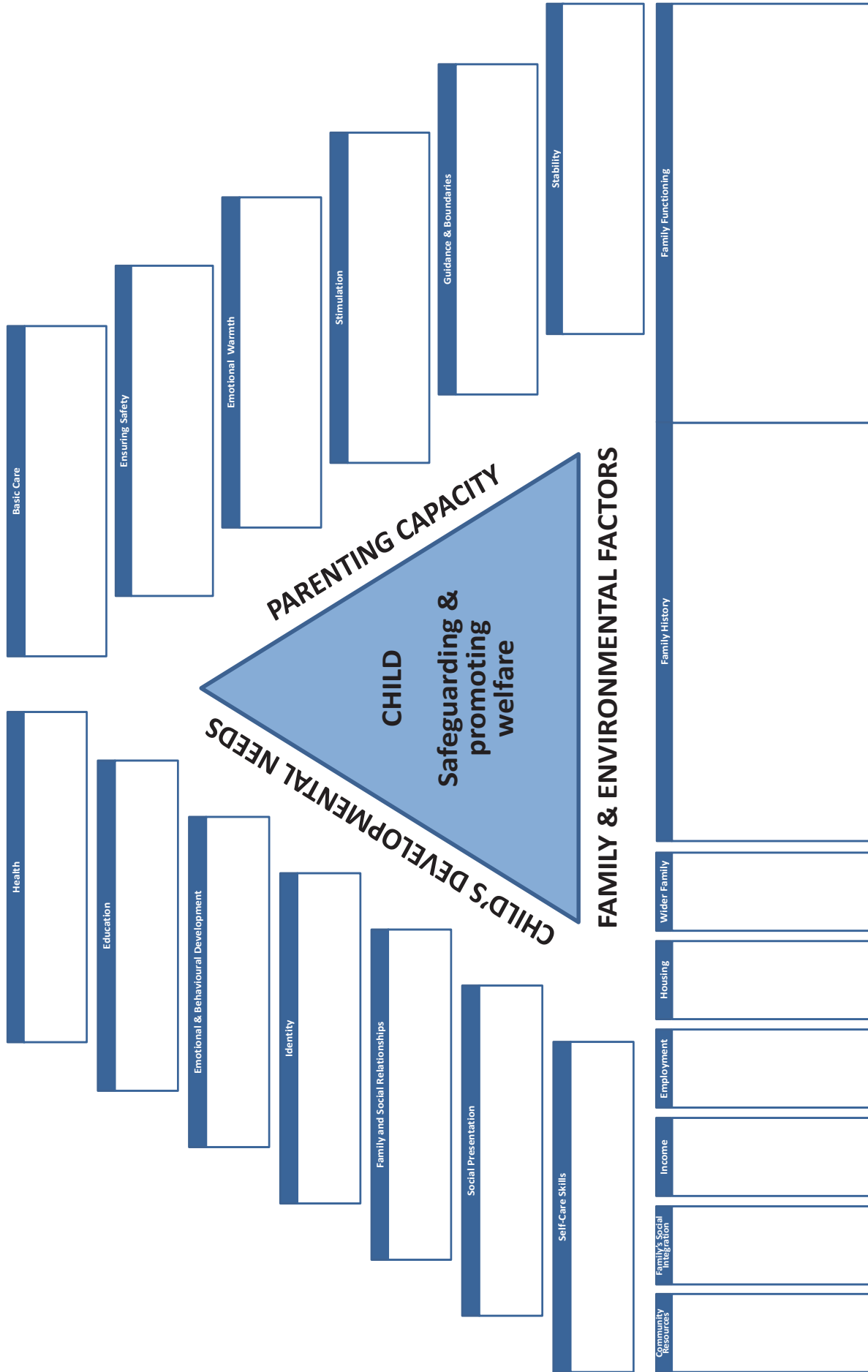
The assessment triangle can be used to organise the information gathered in the assessment. This process is often referred to as categorising information. Thus:

- In the *child's developmental needs* domain enter things that the child says, does, and is reported and observed to do;
- In the *parenting capacity* domain, enter things that the parents/carers say, do, and are reported and observed to do; and
- In the *family and environmental factors* domain, enter information about family history, parental mental health, relationships and physical and social context.

Print an A3 version the Assessment Framework triangle overleaf (or use the hard copy supplied in training) to categorise key points from the information gathered.* Remember to record both strengths and difficulties. This can then be used to map the processes and their impact in Stage 4 and thereafter scanned to form part of the electronic record.

Guidance regarding each dimension can be found in the User Guide pages 10 - 16.

Once completed check for any gaps in the information and consider whether any further enquiries are necessary.



Stage 4: Analyse the Patterns of Harm and Protection

- Consider the chronology of salient information
- Processes and impact

The core questions in the analysis using the *Assessment Framework* triangle are:

- What are the strengths in the child's health and development - and **how** have they been brought about?
- What are the impairments in the child's health and development - and **why** have they occurred?

The aim is first to raise hypotheses/theories about how the dimensions in the three domains are impacting on each other both **within** and **across** the domains of the *Assessment Framework* triangle:

For example:

- How the child's strengths and difficulties are impacting on each other?
- How the child impacts on the parents and their parenting e.g. parent's mental health?
- How parenting strengths and difficulties are affecting each other?
- How family and environmental factors are affecting each other?
- How the parenting being provided for the child is affecting the child's welfare and development both in terms of resilience and protective factors and vulnerability and risk?
- How family and environmental and environmental factors are impacting on parenting and/or on the child directly?

Careful checks need to be made as to whether there is evidence to confirm or refute the hypotheses, which should be reviewed as new information emerges.

To understand further the child's needs and the factors affecting their development and wellbeing, it is necessary to analyse the **processes** which are in operation (i.e. the pattern of influences of one factor over others) and their **impact** (i.e. the weight/effect of the factors or processes involved).

Consider the chronology of salient information

In Stage 4 when examining processes time relationships between impairments and life events and stressors should be considered; they point to connections that may be significant e.g. arrival of stepfather, onset of bedwetting and thus lead to hypotheses. The chronology of impairments/improvements in the child's health and development, timing of events and/or changes in influences can raise hypotheses about processes influencing the child's health and development and parenting and their strengths and family and environmental factors potentially influencing these.

Note the date of the event, the age of the child at the time, the impact on the child (observed or reported) and the actions taken thereafter.

Use the A3 version of the Assessment Framework triangle to plot the processes affecting the child's development and evaluate their impact. Guidance regarding processes can be found in the User Guide pages 20 - 25.

Record the findings below and in the agency record.

Stage 5: Child Protection Decision Making: The Safeguarding Analysis

- Profile of harm and impairment of the child's health and development
- Predict the likely outlook for child: the risks of re-abuse or likelihood of future harm (the systemic analysis)
- Determine the prospects for successful intervention
- Summary of safeguarding analysis

Stage 5 is concerned with predicting the likely future health and development of the child if they either continue to live at home or a return to their is being contemplated. This depends on the:

- **level of impairments or likely future impairments of the child's health and development**
- **likely outlook for the child if nothing changes**
- **modifiability of parenting (i.e. the capacity of parents to change)**

The modifiability of parenting is influenced by the:

- **Child-centredness of parents/carers**
 - o their ability to recognise harm to child (impairments of the child's health and development)
 - o their ability to recognise factors and processes leading to impairment of the child's health and development
- **Cooperation by the parents/carers**
 - o whether they acknowledge their part in processes leading to impairment of the child's health and development
 - o the readiness of parents to work with professionals
- **Consideration of past history**
 - o history of factors and processes in all the domains - *child's developmental needs, parenting capacity and family and environmental factors*
 - o in particular, evidence of severe or repeated incidents of harm; severe impairments of parental mental health or capacity to form satisfactory relationships
 - o parents' understanding and acknowledgment of impact of history of factors and processes
 - o history of previous involvement with agencies and professionals
- **Resources available to work with the child and family**

Stage 5 comprises three instruments and a summary. The instruments consider both 'static' and 'dynamic factors'. They are:

- Profile of harm and impairment of child's health and development
- Predict the likely outlook for child: the risks of re-abuse or likelihood of future harm (the systemic analysis)
- Determine the prospects for successful intervention
- Summary of safeguarding analysis

The terms 'parent' and 'child' are used in all the following tables and grids because of the need for brevity. We do however mean 'parent or carer' and 'child or young person'.

Profile of harm and impairment of the child's health and development

To analyse the profile of harm and impairment of the child's health and development and the associated levels of concern it is helpful to draw together the information, which has been organised using the domains and dimensions of the Assessment Framework, about the situation at the point when the child has been subjected to harmful behaviour or is at risk of being harmed. These can be considered as **static** factors as they largely relate to the past and present rather than the future.

Strengths and difficulties in all domains of the Assessment Framework must be considered on a continuum of lower to higher level of concern in order to establish the extent of severity of difficulty. **Strengths** should be noted as they may become particularly relevant when forming plans at the end of Stage 5 and when considering interventions in Stage 6. The analysis of the profile of harm and impairment of the child's health and development thus involves consideration of the following:

Child's developmental needs

- Severity of impairment of the child's health and development and impact on child

Parenting capacity

- Severity of parenting difficulties

Family and environmental factors

- Severity of individual and family difficulties
- Severity of environmental difficulties

Parenting, protection and therapeutic help the child requires

Completion of tables and summary grid

The left and right hand columns of the tables that follow provide descriptors for strengths and difficulties related to factors which are important to consider in safeguarding/child protection cases. These are analysed in terms of lower or higher level of concern. The centre column provides space to enter the evidence upon which the judgement about the level of concern is based. To establish the level of severity of difficulty consider the factors in terms of pervasiveness, intrusiveness, modifiability, frequency, duration and unusualness. In the higher level of concern column assessment of severity is necessary for all the listed prompts; sometimes presence alone is enough to meet a higher level of concern e.g. sexualised behaviour, at other times only severity of difficulty would raise concern e.g. eating or sleeping difficulty.

Once the tables have been completed please move on to the summary grid which requires a rating on a continuum* from 'lower level of concern' to 'higher level of concern' based on the evidence summarised in the preceding tables. Completion of the summary grid provides a 'picture' of the level of concern. It also offers colleagues and supervisors a means of exploring with the worker the evidence base for the rating of level of concern.

For example, the supervisor can ask the worker "What is the evidence that led you to conclude there is a higher level of concern about the child's emotional development? The worker then has to justify the rating.

Unborn children

The tables regarding the child's health and development and parenting capacity and parenting protection and therapeutic help required and their associated grids will not be able to be fully completed. Complete those areas where there is sufficient evidence available. For example, the health of the unborn child and, in terms of parenting capacity, the care being provided the unborn child by the parents. The tables regarding family and environmental factors should be fully completed. See also notes on pages 17 and 25 of the User Guide.

*A continuum is a continuous sequence in which adjacent elements are not perceptibly different from each other, but the extremes are quite distinct.

Severity of impairment of the child's health and development and impact on child (1)		
Level of functioning	Areas to be considered	Level of functioning
LOWER LEVEL OF CONCERN	<ul style="list-style-type: none"> • History of severe impairments of child's health and/or development and/or previous harm • Child's health, growth and care • Educational/psychological development • Emotional development - attachments, mood and behaviour • Identity • Family and social relationships • Social presentation and self-care skills 	HIGHER LEVEL OF CONCERN
<p>Satisfactory history of early development in all dimensions and no evidence of previous harm.</p> <p>Fewer, less severe and less sustained injuries. Satisfactory growth, care patterns, and health.</p> <p>Satisfactory unfolding of cognition and language, educational progress and learning skills.</p>		<p>History of impairments in any of the dimensions and/or history of previous harm.</p> <p>Repeated or severe injuries, lengthy or repeated hospitalisation, growth failure, repeated infections/infestations, lack of immunisation, persistent feeding/ sleeping problems, fabricated illness.</p> <p>Significant delays or deviance in development of cognition, language or educational skills</p>

*** To establish the level of severity consider the factors in terms of pervasiveness, intrusiveness, modifiability, frequency, duration, and unusualness.**

Severity of impairment of the child's health and development and impact on child (2)		
Level of functioning	Areas to be considered	Level of functioning
LOWER LEVEL OF CONCERN	<ul style="list-style-type: none"> • History of severe impairments of child's health and/or development and/or previous harm • Child's health, growth and care • Educational/psychological development • Emotional development - attachments, mood and behaviour • Identity • Family and social relationships • Social presentation and self-care skills 	HIGHER LEVEL OF CONCERN
<p>Satisfactory emotional development, secure attachments. Limited traumatic effects, reasonably well modulated (regulated) arousal, mood variable, reasonably compliant, empathic and responsive.</p> <p>Satisfactory self esteem, confidence, sense of belonging, self worth, positive self regard.</p> <p>Satisfactory relationships, no sustained patterns of withdrawal and hostility, more collaborative, friendly, caring, discriminating. Demonstrates trust in relationships including with professionals</p> <p>Child's social presentation and self-care skills appropriate.</p>		<p>Impaired emotional or behavioural development, disorganised, indiscriminate attachments, evidence of the impact of trauma (e.g sleep disturbance, flashbacks, intense emotional triggered by specific experiences), poorly modulated arousal states, pervasive &/or persistent mood disturbance, aggressive and/or oppositional behaviour, lack of empathy.</p> <p>Persistent low self esteem, low confidence, sense of alienation, self hatred.</p> <p>Unsatisfactory relationships, sustained withdrawal, over-dependency, hostility, unresponsive, exploitative, fighting, controlling, rivalrous, abusive, anti-social, indiscriminate, precocious sexuality. Untrusting in relationships including with professionals.</p> <p>Major issues with child's social presentation or self-care skills.</p>

* To establish the level of severity consider the factors in terms of pervasiveness, intrusiveness, modifiability, frequency, duration, and unusualness.

Severity of parenting difficulties (1) *		
Level of functioning	Areas to be considered	Level of functioning
LOWER LEVEL OF CONCERN	<ul style="list-style-type: none"> • Basic care • Ensuring safety • Emotional warmth (including responsiveness) • Stimulation (including encouragement) • Guidance and boundaries (including behavioural management). • Stability of relationships 	HIGHER LEVEL OF CONCERN
Reasonable provision of basic care. Consistent and reliable.		Extensive difficulties in the provision of basic care, Unreliable, fragmented chaotic.
Acceptable level of safety within the home, family and wider environment.		Failure to provide adequate, safety inside and outside the family.
Adequate emotional warmth and response to emotional needs.		Lack of emotional warmth or support, punitive, rejecting, exploitative, disqualifying, critical, cold.

* To establish the level of severity consider the factors in terms of pervasiveness, intrusiveness, modifiability, frequency, duration and unusualness.

Severity of parenting difficulties (2) *		
Level of functioning	Areas to be considered	Level of functioning
LOWER LEVEL OF CONCERN	<ul style="list-style-type: none"> • Basic care • Ensuring safety • Emotional warmth (including responsiveness) • Stimulation (including encouragement) • Guidance and boundaries (including behavioural management). • Stability of relationships 	HIGHER LEVEL OF CONCERN
Reasonable degree of stimulation, encouragement of development and educational achievement.		Lack of stimulation, praise, encouragement of educational attendance and achievement.
Adequate guidance and boundaries, behavioural management.		Absent or inappropriate guidance, punitive or abusive discipline, excessively rigid boundaries, parentification of child, enmeshment, failure to manage inappropriate behaviour.
Stable family relationships that promote parenting.		Unstable family relationships that impair parenting.

* To establish the level of severity consider the factors in terms of pervasiveness, intrusiveness, modifiability, frequency, duration and unusualness.

Severity of difficulties in individual and family factors and processes (1) *		
Level of functioning	Areas to be considered	Level of functioning
LOWER LEVEL OF CONCERN	<ul style="list-style-type: none"> • Factors from childhood • Individual health and development • Individual learning difficulties and impairments • Individual substance misuse/alcoholism • Other children with physical or mental health difficulties • History of harm to other children • Current relationships • Family organisation • Management of conflict, decision-making, communication and emotional support • Relationships with wider family 	HIGHER LEVEL OF CONCERN
<p>Parents had reasonably stable protected childhood, traumatic loss and disruption processed, reasonable coming to terms with experience. Reasonably secure attachments.</p> <p>Positive functioning physical and mental health. Adequate functioning, acknowledgement, management of physical and mental health difficulties and impairment, antisocial activities .</p> <p>Parent does not have learning difficulties.</p>		<p>Parents experienced exposure to violence, abuse, rejection in childhood. Instability continuing, unresolved, unprocessed events Disorganised attachments.</p> <p>Persistent or recurrent physical health problem. Personality disorder: antisocial, sadistic, aggressive, borderline personality disorder, paranoid psychosis. Persistent or recurrent mental health problem e.g. depression, psychosis, current or previous criminal activity.</p> <p>Parent has learning difficulties.</p>

* To establish the level of severity consider the factors in terms of pervasiveness, intrusiveness, frequency, duration, and unusualness.

Severity of difficulties in individual and family factors and processes (2) *		
Level of functioning	Areas to be considered	Level of functioning
LOWER LEVEL OF CONCERN	<ul style="list-style-type: none"> • Factors from childhood • Individual health and development • Individual learning difficulties and impairments • Individual substance misuse/alcoholism • Other children with physical or mental health difficulties • History of harm to other children • Current relationships • Family organisation • Management of conflict, decision-making, communication and emotional support • Relationships with wider family 	HIGHER LEVEL OF CONCERN
No persistent substance misuse/alcoholism.		Persistent or recurrent substance misuse/alcoholism.
No other children with physical or mental health difficulties in family.		Other children with physical or mental health difficulties in family.
No history of harm to other children		History of other children being seriously harmed or previous child deaths

* To establish the level of severity consider the factors in terms of pervasiveness, intrusiveness, frequency, duration, and unusualness.

Severity of difficulties in individual and family factors and processes (3) *		
Level of functioning	Areas to be considered	Level of functioning
LOWER LEVEL OF CONCERN	<ul style="list-style-type: none"> • Factors from childhood • Individual health and development • Individual learning difficulties and impairments • Individual substance misuse/alcoholism • Other children with physical or mental health difficulties • History of harm to other children • Current relationships • Family organisation • Management of conflict, decision-making, communication and emotional support • Relationships with wider family 	HIGHER LEVEL OF CONCERN
Reasonably supportive confiding relationships, responsibility acknowledged for violence and adequate management.		Main caregiver isolated, partner unsupportive, violent, relationship of caregivers discordant, mutually unsupportive, violent.
Flexible family organisation to meet changing needs.		Rigid, chaotic family organisation, failure to respond to changing family needs.
Adequate conflict management, decision-making, communication, alliances, emotional support and/or identity.		Considerable difficulties in conflict management, decision-making, communication, alliances, emotional support and/or identity.
Reasonably supportive network in wider family who provide effective care-giving and substitute care		Wider family members intrusive, over-involved, abandoning, ineffective, fail to care-give, support or or ensure substitute care.

* To establish the level of severity consider the factors in terms of pervasiveness, intrusiveness, frequency, duration, and unusualness.

Severity of environmental difficulties *		
Level of functioning	Areas to be considered	Level of functioning
LOWER LEVEL OF CONCERN	<ul style="list-style-type: none"> • Housing • Employment • Income • Family's social integration • Resources in community 	HIGHER LEVEL OF CONCERN
<p>Stable, reasonably maintained housing and adapted for needs.</p> <p>Consistent working patterns support family life, sustained.</p> <p>Adequate income and entitlements claimed. Resources available from income used appropriately to support needs of children and family.</p> <p>Reasonable stability and maintenance of network of relationships in family and community. Acceptance and valuing of diversity.</p> <p>Adequate, available and accessible resources in the community.</p>		<p>Unstable, disrupted, poorly maintained housing.</p> <p>Unpredictability, inconsistency of employment, failure to support, provide for family life.</p> <p>Inadequate income, entitlements not claimed. Income used for adult needs at expense of child's needs. Resources not used, opportunities rejected.</p> <p>Transient, disrupted unstable network in community. Climate of threat, discrimination, antisocial influence.</p> <p>Absent, inadequate resources, not fitting needs of the family.</p>

* To establish the level of severity consider the factors in terms of pervasiveness, intrusiveness, frequency, duration, and unusualness.

Parenting, protection and therapeutic help required by child		
Level of functioning	Areas to be considered	Level of functioning
LOWER LEVEL OF CONCERN	<ul style="list-style-type: none"> • Level of parenting required by the child • Level of therapeutic work required by the child • Level of protection required by the child 	HIGHER LEVEL OF CONCERN
<p>Child does not need specialist parenting.</p> <p>Focused therapeutic help for child required for specific forms of harm.</p> <p>Child does not require high levels of protection, use of conference and core group approaches.</p>		<p>Child requires specialist parenting for recovery, over a significant time period.</p> <p>Extensive therapeutic help required for child for recovery from harm.</p> <p>The highest level of protection required through appropriate legal proceedings.</p>

Summary grid: profile of harm and impairment of the child's health and development

Severity of impairment of child's health and development and impact on child

The overall levels of harm, past and present and the impact on the child's health, safety, educational issues, emotional life, behaviour, and identity and the child's previous health and development and harm.

(please tick a box)	LOWER LEVEL OF CONCERN	HIGHER LEVEL OF CONCERN
History of severe impairments of development and/or previous harm	<input type="checkbox"/>	<input type="checkbox"/>
Child's health, growth and care	<input type="checkbox"/>	<input type="checkbox"/>
Educational/psychological development	<input type="checkbox"/>	<input type="checkbox"/>
Emotional development - attachments, mood and behaviour	<input type="checkbox"/>	<input type="checkbox"/>
Identity	<input type="checkbox"/>	<input type="checkbox"/>
Family and social relationships	<input type="checkbox"/>	<input type="checkbox"/>
Social presentation and self care	<input type="checkbox"/>	<input type="checkbox"/>

Severity of parenting difficulties

The level of parenting capacity provided in the areas of provision of basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability.

(please tick a box)	LOWER LEVEL OF CONCERN	HIGHER LEVEL OF CONCERN
Basic care	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring safety	<input type="checkbox"/>	<input type="checkbox"/>
Emotional warmth (including responsiveness)	<input type="checkbox"/>	<input type="checkbox"/>
Stimulation (including encouragement)	<input type="checkbox"/>	<input type="checkbox"/>
Guidance and boundaries (including behavioural management).	<input type="checkbox"/>	<input type="checkbox"/>
Stability of relationships	<input type="checkbox"/>	<input type="checkbox"/>

Severity of individual and family factors

The influence of individual and family factors on parenting capacity, considering factors from the parents' childhood, health, relationships, family organisation and family relationships, including with the wider family.

(please tick a box)

LOWER LEVEL
OF CONCERN

HIGHER LEVEL
OF CONCERN

	LOWER LEVEL OF CONCERN					HIGHER LEVEL OF CONCERN				
Factors from parents' childhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual health and development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning difficulties and impairments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual substance misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children with physical or mental health difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of harm to other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of conflict, decision-making, communication and emotional support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with wider family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Severity of environmental factors

The role of environmental factors such as housing, employment, income and family's social integration and their impact on parenting, individual and family functioning and the parents' capacity to meet child's needs.

(please tick a box)

LOWER LEVEL
OF CONCERN

HIGHER LEVEL
OF CONCERN

	LOWER LEVEL OF CONCERN					HIGHER LEVEL OF CONCERN				
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family's social integration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resources in community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parenting, protection and therapy required by child

The levels and extensiveness of harm, and any additional factors requiring particular parenting skills, e.g. disability. Consider the level of parenting, protection and therapeutic work the child requires.

(please tick a box)

LOWER LEVEL
OF CONCERN

HIGHER LEVEL
OF CONCERN

	LOWER LEVEL OF CONCERN					HIGHER LEVEL OF CONCERN				
Level of parenting required by child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of therapeutic work required by child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of protection required by child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Predict the likely outlook for child: the risks of re-abuse or likelihood of future harm (the systemic analysis)

The systemic analysis draws together the identified factors and processes leading to patterns of harm to the child. In order to predict the likely outlook for the child if nothing changes consideration needs to be given to the processes and the severity of impact identified in Stage 4.

Although there is a distinction between factors that may initiate positive or negative processes and those that may maintain them, it is vital to retain a historical perspective and an open mind.

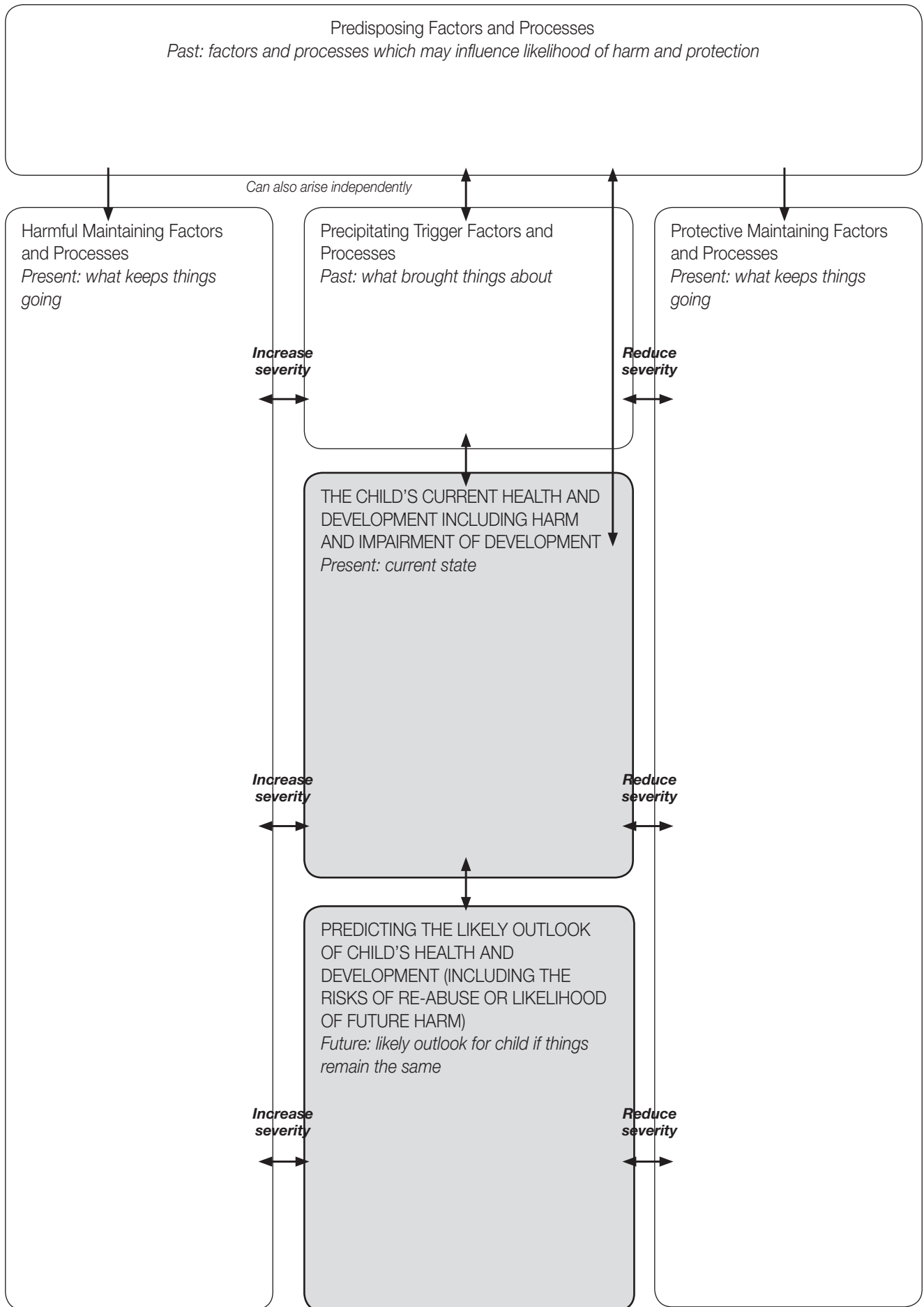
For example, there may be antecedent factors which predispose to later difficulty, but do not necessarily lead to it. One childhood disability may predispose to other disabilities, but this may not happen if there is appropriate support. Difficulties in the relationship between mother and child may be more likely where a mother has suffered severe postnatal depression, but do not necessarily follow.

However there is evidence that where a parent has had severe and longstanding problems in forming reasonably harmonious relationships with others this can raise safeguarding concerns because of the likelihood that major impairment of the child's development will ensue even where none is currently evident.

Safeguarding comes into focus where the child's developmental needs are of such magnitude and/ or the negative factors that impinge on those needs are of such severity that a change of home circumstances must be considered.

The systemic analysis is best completed in the following order:

1. **The child's current health and development including the harm and impairment of development.** This involves the current impact on the child of the harm they have experienced and are experiencing. It relates to where the child is at in terms of their health and development at present. Note; for an unborn child this would involve knowledge about foetal health.
2. **Predisposing factors and influences.** These relate to past or longer term factors and processes, past or longer term factors which may influence harm or increase the likelihood of harm, for example difficulties in a parent's childhood upbringing. They are associated with what have brought things about. These may have contributed to past impairments of child development, and may contribute to future impairments.
3. **Precipitating trigger factors and processes in the past, which have resulted in harm to the child.** Again these relate to how things came about. These factors may activate latent processes or precipitate new ones as, for example, when a parent gains a new partner.
4. **Harmful maintaining factors and processes.** These are about those patterns of actions/behaviours, which keep the harm to the child going in the present.
5. **Protective maintaining factors and processes.** These are the resilience factors and processes operating in the present, which protect the child from the adverse effects of potentially harmful factors and processes.
6. **Predicting the likely future of the child's health and development.** This involves considering the outlook for the child in the future if things carry on as they are doing. It's helpful to look at this in the short term and then the long term.



NB \longleftrightarrow Arrows represent processes which may be linear or circular. It is essential to identify processes as well as factors in the systemic analysis

Determine the prospects for successful intervention

Determining the prospects for successful intervention requires an understanding of the factors and processes associated with **parental child-centredness**, i.e. the capacity of the parents to recognise, understand, acknowledge and take responsibility for difficulties and their level of **modifiability**, i.e. their level of motivation and capacity for change and their readiness and **ability to co-operate** with professionals and agencies. These can be seen as 'dynamic' factors in that they represent the potential for change.

Of particular relevance is future modifiability, in other words can the child's circumstances be improved with safety, within a **reasonable time period taking account of the developmental stage and needs of the child (the child's developmental timeframe)**, if they stay in their current home setting? For there to be the possibility that matters can be changed for the better, partnership with the parents/carers has to be developed. Indicators that parental cooperation will not be forthcoming point to the need to safeguard the child.

Factors associated with substantial recurrent abuse in children and families are the number of previous episodes of abuse, neglect, severe and longstanding family conflict, and/or parental personality or mental health problems, particularly where there is an inability on the part of the parent/carers to appreciate adequately the child's needs and respond to them. This will also be the case where the child is unwanted or used to gratify a parent/carer's needs in a manner that impairs the child's development.

To analyse the prospects for successful intervention the following must be considered:

Nature of harm suffered and child or young person's wishes and feelings

Parental child-centredness regarding

- Child's health and development and any harm suffered and its impact
- Parenting
- Individual, family and environmental factors and processes

Modifiability i.e. parents level of motivation and capacity for change regarding difficulties in

- Impairment of child's development and any harm suffered
- Parenting
- Individual, family and environmental factors and processes

Parent's ability to co-operate with professionals and agencies

Completion of tables and summary grid

The left and right hand columns of the tables that follow provide descriptors for strengths and difficulties related to the different areas to be considered. These are analysed on a continuum in terms of better or poorer prospect for intervention. The centre column provides space to enter the evidence upon which the judgement about the prospect for intervention is based.

Once the tables have been completed please move on to the summary grid which requires a rating for each descriptor on a continuum from 'better prospects' to 'poor prospects' based on the evidence summarised in the preceding tables. Completion of the summary grid provides a 'picture' of the prospects for intervention. It also offers colleagues and supervisors a means of exploring with the worker the evidence base for the rating of level of concern.

For example the supervisor can ask the worker "What is the evidence that led you to conclude there were poor prospects about the parent's acknowledgement about the impact of the abuse and the harmful effects on child's development? The worker then has to justify the rating.

Unborn children

The tables and grids entitled 'nature of harm suffered' and 'child-centredness of the parents regarding the child's health and development' will not be able to be fully completed. Complete those areas where there is sufficient evidence available. The table and grid entitled 'the child-centredness of the parents regarding their parenting' should be completed with regards to their parenting (or care) of the unborn child. The remaining tables and grids should be fully completed. See also note on pages 17 and 25 of the User Guide.

Nature of harm suffered and child or young person's wishes and feelings (1)		
Level of functioning	Areas to be considered	Level of functioning
BETTER PROSPECTS FOR INTERVENTION	<ul style="list-style-type: none"> • Nature and level of harm suffered by child • Extent of neglect suffered by child • Areas of impairment in child's development • Balance of vulnerability and resilience factors • Child or young person's wishes and feelings • Child or young person's recognition of need for intervention • Child or young person's ability and/or willingness to engage in intervention • Availability of therapeutic resources/services. 	POORER PROSPECTS FOR INTERVENTION
Single form of harm/less severe/not sustained.		Child subject to multiple episodes/multiple types/severe/ sustained harm.
Little evidence of neglect		Extensive, persistent and sustained neglect
No or few areas of impairment in child's health and development.		Significant or pervasive impairment in child's health and development
A balance of less vulnerability and more resilience factors eg. disability, intelligence, gender, developmental stage.		A balance of more vulnerability and fewer resilience factors eg. disability, intelligence, gender, developmental stage.

Nature of harm suffered and child or young person's wishes and feelings (2)		
Level of functioning	Areas to be considered	Level of functioning
BETTER PROSPECTS FOR INTERVENTION	<ul style="list-style-type: none"> • Nature and level of harm suffered by child • Extent of neglect suffered by child • Areas of impairment in child's development • Balance of vulnerability and resilience factors • Child or young person's wishes and feelings • Child or young person's recognition of need for intervention • Child or young person's ability and/or willingness to engage in intervention • Availability of therapeutic resources/services. 	POORER PROSPECTS FOR INTERVENTION
<p>Child or young person wants their circumstances to change.</p> <p>Child or young person recognises the need for intervention to promote their health and development.</p> <p>Child or young person able and/or willing to participate in intervention to promote their health and development.</p> <p>Therapeutic resources and support services available in community to meet individual needs of the child.</p>		<p>Child or young person does not want their circumstances to change.</p> <p>Child or young person does not recognise the need for intervention to promote their health and development.</p> <p>Child or young person unable and/or unwilling to participate in intervention to promote their health and development.</p> <p>No therapeutic resources or support services available to meet individual needs of the child.</p>

Child-centredness of parents regarding child's health and development, any harm suffered and its impact (1)		
Level of functioning	Areas to be considered	Level of functioning
BETTER PROSPECTS FOR INTERVENTION	<ul style="list-style-type: none"> • Parental acknowledgement of level of harm • Parental recognition of factors affecting children's health and development and associated role of parents • Parental acknowledgement of parenting needed to promote their child's health and development • Acknowledgement of impact of abuse and harmful effects on child's health and development • Degree of responsibility taken for abusive action and harm to child • Acknowledgement of child's need for protection • Acknowledgement of child's need for changes to care arrangements • Acknowledgement of child's need for support/intervention including therapeutic work 	POORER PROSPECTS FOR INTERVENTION
<p>Parents acknowledge level of harm to child.</p> <p>Parents recognise factors affecting children's health and development and the associated role of parents.</p> <p>Parents acknowledgement parenting needed to promote their child's health and development.</p> <p>Parental acknowledgement of traumatic responses of child and emotional and relationship impact and impairments to child's health and development.</p>		<p>Failure of parents to acknowledge level of harm.</p> <p>Parents fail to recognise factors affecting children's health and development and the associated role of parents.</p> <p>Parents fail to acknowledge parenting needed to promote their child's health and development.</p> <p>Parents fail to acknowledge level of traumatic responses of child, emotional and relationship impact and impairment to child's health and development.</p>

Child-centredness of parents regarding child's health and development, any harm suffered and its impact (2)		
Level of functioning	Areas to be considered	Level of functioning
BETTER PROSPECTS FOR INTERVENTION	<ul style="list-style-type: none"> • Parental acknowledgement of level of harm • Parental recognition of factors affecting children's health and development and associated role of parents • Parental acknowledgement of parenting needed to promote their child's health and development • Acknowledgement of impact of abuse and harmful effects on child's health and development • Degree of responsibility taken for abusive action and harm to child • Acknowledgement of child's need for protection • Acknowledgement of child's need for changes to care arrangements • Acknowledgement of child's need for support/intervention including therapeutic work 	POORER PROSPECTS FOR INTERVENTION
<p>Parents accept appropriate degree of responsibility for abusive or neglectful action and harm to child.</p> <p>Parents acknowledge need for protection for the child.</p> <p>Parents acknowledge a need for changes in care arrangements for child.</p> <p>Parents acknowledge child's need for support/intervention including therapeutic work.</p>		<p>Parents deny responsibility for abusive or neglectful action and harm to child. Allege falsification by professionals.</p> <p>Parents fail to acknowledge a need for protection for child.</p> <p>Parents fail to acknowledge need for changes in care arrangements for child.</p> <p>Parents do not acknowledge child's need for support/intervention including therapeutic work.</p>

Child-centredness of parents regarding their parenting		
Level of functioning	Areas to be considered	Level of functioning
BETTER PROSPECTS FOR INTERVENTION	<ul style="list-style-type: none"> • Parents' understanding and acknowledgement of level of parenting difficulties and the maintaining processes which impact on meeting child's needs • Parents take responsibility for parenting difficulties • Parents blame environmental and agency failures inappropriately • Motivation to achieve change to help the child 	POORER PROSPECTS FOR INTERVENTION
<p>Reasonable acknowledgement and acceptance by parents of level of parental difficulties and awareness of resulting harm and impairments to child's health and development.</p> <p>Parents take responsibility for parenting difficulties and do not blame each other</p> <p>Parents do not blame family or environmental factors or processes or agency failures for parenting difficulties inappropriately</p> <p>Motivation to achieve adequate levels of parenting to help the child.</p>		<p>Failure by parents to acknowledge level of parenting difficulties, or harm and impairments to child's health and development.</p> <p>Parents fail to take responsibility for parenting difficulties or blame each other</p> <p>Parents blame family or environmental factors or processes or agency failures for parenting difficulties inappropriately</p> <p>Limited or little motivation to contemplate the need for change to help the child.</p>

Child-centredness of parents regarding individual, family and environmental factors and processes		
Level of functioning	Areas to be considered	Level of functioning
BETTER PROSPECTS FOR INTERVENTION	<ul style="list-style-type: none"> • Parents' understanding and acknowledgment of role of their childhood experiences on their parenting and health and development and safety of the child • Parents' understanding and acknowledgment of role of their individual functioning on their parenting and health and development and safety of the child • Acknowledgement of family factors impacting directly upon the child's development. • Parents' recognition understanding and acknowledgement of role of environmental factors and taking relevant responsibility • Parents' motivation to change 	POORER PROSPECTS FOR INTERVENTION
Acknowledgement by the parents of role of their childhood experiences on their parenting and the safety and welfare of the child.		Failure by the parents to acknowledge role of their childhood experiences on their capacity to parent and on the safety and welfare of the child.
Acknowledgement by the parents of role of their individual functioning on their parenting and the safety and welfare of the child.		Failure by the parents to acknowledge role of their individual functioning on their capacity to parent and on the safety and welfare of the child
Parents acknowledge family factors and processes impacting directly upon the child's health and development and safety.		Parents fail to acknowledge family factors and processes impacting directly upon the child's health and development.
Parental recognition of the role of environmental factors and processes impacting on parenting and the safety and welfare of the child.		Failure by the parents to acknowledge environmental factors and the processes by which their impact on individual and family functioning, parenting and the safety and welfare of the child.
Parents motivated to change, willing to engage with support services and in therapeutic work.		Low parental motivation to change, unwilling to acknowledge or to be involved with support services and in therapeutic work.

Modifiability of parenting difficulties		
Level of functioning	Areas to be considered	Level of functioning
BETTER PROSPECTS FOR INTERVENTION	<ul style="list-style-type: none"> • Potential for parenting capacity to change and respond to child's needs within child's developmental time-frame, given level of harm and/or needs of child • Ability of parents to benefit from parenting work • History of parent's response to previous intervention • Availability of therapeutic resources/support services. 	POORER PROSPECTS FOR INTERVENTION
<p>Some areas of difficulty in parenting capacity. Parents have the potential to achieve level of parenting to meet children's needs. Limited degree of harm, fewer parenting difficulties</p> <p>Parents able to benefit from parenting work</p> <p>History of parents responding positively to interventions</p> <p>Therapeutic resources and support services available to meet parenting needs.</p>		<p>Severe difficulties in parenting capacity to meet needs of child. Highly unlikely that parents could develop adequate skills to protect, support and meet children's needs, extensive harm, and extensiveness of parenting difficulties.</p> <p>Parents unable to benefit from parenting work thus considerable doubt about commencing work.</p> <p>History of parents responding poorly to interventions</p> <p>No therapeutic resources and support services available to meet parenting needs.</p>

Modifiability of difficulties in individual, family and environmental factors and processes (1)		
Level of functioning	Areas to be considered	Level of functioning
BETTER PROSPECTS FOR INTERVENTION	<ul style="list-style-type: none"> • Potential for change in individual and family factors to impact on parenting to meet child's needs. • Extensiveness of personality, mental health, drugs/alcohol or relationship problems • History of family's and family members' response to previous intervention • Extensiveness of environmental difficulties • Availability of therapeutic resources/support services • Ability of family and family members to benefit from intervention. 	POORER PROSPECTS FOR INTERVENTION
<p>Individual relationship and family factors and processes impacting on parenting and the child's safety and welfare are modifiable within child's time-frame.</p> <p>Few personality, mental health, drugs/ alcohol or relationship problems.</p> <p>History of family and family members responding positively to interventions.</p>		<p>Extensive severe individual family and relationship factors and processes impacting on parenting and the child's safety and welfare are highly unlikely to be changeable within child's time-frame.</p> <p>Extensive personality, mental health, drugs/ alcohol or relationship problems.</p> <p>History of family and family members responding poorly to interventions.</p>

Modifiability of difficulties in individual, family and environmental factors and processes (2)		
Level of functioning	Areas to be considered	Level of functioning
BETTER PROSPECTS FOR INTERVENTION	<ul style="list-style-type: none"> • Potential for change in individual and family factors to impact on parenting to meet child’s needs. • Extensiveness of personality, mental health, drugs/alcohol or relationship problems • History of family’s and family members’ response to previous intervention • Extensiveness of environmental difficulties • Availability of therapeutic resources/support services • Ability of family and family members to benefit from intervention. 	POORER PROSPECTS FOR INTERVENTION
<p>Few environmental difficulties.</p> <p>Therapeutic resources/support services available.</p> <p>Family and family members able to benefit from intervention in individual and family factors and processes impacting on parenting</p>		<p>Extensive environmental difficulties.</p> <p>Requisite therapeutic resources/support services unavailable.</p> <p>Family and family members unable to benefit from intervention in individual and family factors and processes impacting on parenting and consequent meeting of child’s needs.</p>

Parental cooperation with professionals and agencies		
Level of functioning	Areas to be considered	Level of functioning
BETTER PROSPECTS FOR INTERVENTION	<ul style="list-style-type: none"> • Family-professional relationships • History of parents cooperation with professionals and agencies • Parents willingness to accept help required to achieve change • Prospect of parental cooperation with support services and in therapeutic work 	POORER PROSPECTS FOR INTERVENTION
<p>Positive current relationships between family and professionals/agencies, understandable levels of negative feelings and grievances or dependence. Potential for working with professionals/agencies</p> <p>History of reasonably positive cooperation with professionals and agencies.</p> <p>Parents willing to cooperate with action needed to promote safety and welfare of child, including parenting work.</p> <p>Good prospect for parents cooperating with support services and in therapeutic work.</p>		<p>Negative, combative current relationship between family and professionals, endless conflicts, divisive, inconsistent responses or high level of dependence. Limited potential for working with professionals/agencies.</p> <p>History of negative relationships and level of cooperation with professionals and agencies or moving from agency to agency.</p> <p>Parents unwilling to cooperate with action needed to promote safety and welfare of child. Parents unable to contemplate need for parenting work.</p> <p>Poor prospect for parents cooperating cooperation with support services and in therapeutic work.</p>

Summary grid: determine the prospects for successful intervention

Nature of harm suffered and child or young person's wishes and feelings

How extensive is the harm suffered by child? What are the child or young person's views?

(please tick a box)	BETTER PROSPECTS	POORER PROSPECTS
Nature and level of harm suffered by child	<input type="checkbox"/>	<input type="checkbox"/>
Extent of neglect suffered by child	<input type="checkbox"/>	<input type="checkbox"/>
Areas of impairment in child's health and development	<input type="checkbox"/>	<input type="checkbox"/>
Balance of vulnerability and resilience factors	<input type="checkbox"/>	<input type="checkbox"/>
Child or young person's wishes and feelings	<input type="checkbox"/>	<input type="checkbox"/>
Child or young person's recognition of need for intervention	<input type="checkbox"/>	<input type="checkbox"/>
Child or young person's ability and/or willingness to engage in intervention	<input type="checkbox"/>	<input type="checkbox"/>
Availability of therapeutic resources/services.	<input type="checkbox"/>	<input type="checkbox"/>

Child-centredness of parents regarding child's health and development, any harm suffered and its impact

Do parents acknowledge the level of harm? Can they take an appropriate responsibility for harm? Do they acknowledge the need for protection and therapeutic work to ensure the child's future safety and recovery?

(please tick a box)	BETTER PROSPECTS	POORER PROSPECTS
Parental acknowledgement of level of harm	<input type="checkbox"/>	<input type="checkbox"/>
Parental recognition of factors affecting child's health and development and associated role of parents	<input type="checkbox"/>	<input type="checkbox"/>
Parental acknowledgement of parenting needed to promote child's health and development	<input type="checkbox"/>	<input type="checkbox"/>
Acknowledgement of impact of abuse and harmful effects on child's health and development	<input type="checkbox"/>	<input type="checkbox"/>
Degree of responsibility taken for abusive action and harm to child	<input type="checkbox"/>	<input type="checkbox"/>
Acknowledgement of child's need for protection	<input type="checkbox"/>	<input type="checkbox"/>
Acknowledgement of child's need for changes to care arrangements	<input type="checkbox"/>	<input type="checkbox"/>
Acknowledgement of child's need for support/intervention including therapeutic work	<input type="checkbox"/>	<input type="checkbox"/>

Child-centredness of parents regarding their parenting

Establish whether parents acknowledge the nature and level of current difficulties in parenting capacity and they have the motivation to achieve change.

(please tick a box)

	BETTER PROSPECTS					POORER PROSPECTS
Parents' understanding and acknowledgement of level of parenting difficulties and the maintaining processes which impact on meeting child's needs						
Parents take responsibility for parenting difficulties						
Parents blame environmental and agency failures inappropriately						
Motivation to achieve change to help the child						

Child-centredness of parents regarding individual, family and environmental factors and processes

Assess the parents' potential to respond to child's needs and to develop their capacity to help child recover from abusive effects and achieve their potential.

(please tick a box)

	BETTER PROSPECTS					POORER PROSPECTS
Parents' understanding and acknowledgment of role of their childhood experiences on their parenting and health and development and safety of the child						
Parents' understanding and acknowledgment of role of their individual functioning on their parenting and health and development and safety of the child						
Acknowledgement of family factors impacting directly upon the child's health and development.						
Parents' recognition understanding and acknowledgement of role of environmental factors and taking relevant responsibility						
Parents' motivation to change						

Modifiability of parenting difficulties

Assess the parents’ potential to respond to child’s needs and to develop their capacity to help child recover from abusive effects and achieve their potential.

(please tick a box)	BETTER PROSPECTS	POORER PROSPECTS
Potential for parenting capacity to change and respond to child’s needs within child’s developmental time-frame, given level of harm and/or needs of child	<input type="checkbox"/>	<input type="checkbox"/>
Ability of parents to benefit from parenting work	<input type="checkbox"/>	<input type="checkbox"/>
History of parent’s response to previous intervention	<input type="checkbox"/>	<input type="checkbox"/>
Availability of therapeutic resources/support services to meet parenting needs	<input type="checkbox"/>	<input type="checkbox"/>

Modifiability of difficulties in individual, family and environmental factors and processes

Assess the potential for change in individual and family factors and to respond to intervention and improve parenting to meet the child’s needs.

(please tick a box)	BETTER PROSPECTS	POORER PROSPECTS
Potential for change in individual and family factors to impact on parenting to meet child’s needs.	<input type="checkbox"/>	<input type="checkbox"/>
Extensiveness of personality, mental health, drugs/alcohol or relationship problems	<input type="checkbox"/>	<input type="checkbox"/>
History of family’s and family members response to previous intervention	<input type="checkbox"/>	<input type="checkbox"/>
Extensiveness of environmental difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Availability of therapeutic resources/support services	<input type="checkbox"/>	<input type="checkbox"/>
Ability of family and family members to benefit from intervention	<input type="checkbox"/>	<input type="checkbox"/>

Parental cooperation with professionals and agencies

Explore the nature of family professional relationships, and to establish whether there is a potential for working together and the availability of resources to achieve change within the child’s time-frame and child’s wishes and feelings and how far they match professionals and/or family’s view of the intervention most likely to promote their health and welfare.

(please tick a box)	BETTER PROSPECTS	POORER PROSPECTS
Family-professional relationships	<input type="checkbox"/>	<input type="checkbox"/>
History of parents cooperation with professionals and agencies	<input type="checkbox"/>	<input type="checkbox"/>
Parents willingness to accept help required to achieve change	<input type="checkbox"/>	<input type="checkbox"/>
Prospect of parental cooperation with support services and in therapeutic work	<input type="checkbox"/>	<input type="checkbox"/>

Summary of safeguarding analysis

The summary of the safeguarding analysis integrates the assessment of the overall level of harm and impairment of the child's health and development, the risk of future harm, the prospects for successful intervention and this forms the basis of the conclusion or recommendation regarding the decisions that need to be taken to ensure the child's welfare.

The summary of the safeguarding analysis pulls together the results of the three instruments and comprises an overall summary of each element namely:

- overall level of harm and impairment to the child's health and development
- future outlook for the child's health and development: overall level of risk of re-abuse or likelihood of future harm
- overall prospects for successful intervention

Each element is summarised:

- quantitatively on a three point scale; and
- qualitatively by setting out the evidence that led to the rating.

Note: regarding unborn children the summary about the overall level of harm can only be completed where sufficient evidence about foetal health is available. The remaining summaries should be fully completed.

Conclusions and Recommendations of the Safeguarding Analysis

Child protection decision-making involves weighing up the combination of outcomes of the summary of the safeguarding analysis taking account of the developmental stage and needs of the child (the child's developmental timeframe) in order to formulate a plan for the child. The younger the child the shorter their timeframe will be given their need to establish permanent attachments in their early years. The more the child's health and development has been impaired through harm the shorter their timeframe given the urgency of ensuring their development is maximised.

The overall outlook is reasonably hopeful where the risks of re-abuse are low or moderate, and there are good prospects for intervention, i.e. there are sufficient factors to feel that a positive outcome can be achieved within the child's developmental timeframe. Alternatively, the overall outlook is poor if the risk of re-abuse and prospects for intervention are so limited that it is highly unlikely that a safe context can be achieved for the child.

Frequently there is a degree of doubt because, for example, although the risk of re-abuse is not great, there may be considerable doubts about the parents' response to intervention or rehabilitation. Alternately there may be considerable risks of re-abuse but a high level of parental motivation and better prospects for intervention.

Some areas, e.g. past history of abuse, acceptance of responsibility for the child's state, current psychiatric history may indicate grave concerns. In such situations further assessment or intervention may be required to determine whether the situation is hopeful and a plan of intervention can be initiated or whether the prospect of safe care is unlikely to be achieved.

OVERALL LEVEL OF HARM AND IMPAIRMENT TO THE CHILD'S HEALTH AND DEVELOPMENT	LOW LEVEL OF HARM/IMPAIRMENT	MODERATE LEVEL OF HARM/IMPAIRMENT	HIGH LEVEL OF HARM/IMPAIRMENT
(Summarise the evidence in the space below and tick the relevant box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FUTURE OUTLOOK FOR THE CHILD'S HEALTH AND DEVELOPMENT IF NO INTERVENTION: OVERALL LEVEL OF RISK OF RE-ABUSE OR LIKELIHOOD OF FUTURE HARM	LOW LEVEL OF RISKS	MODERATE LEVEL OF RISKS	HIGH LEVEL OF RISKS
(Summarise the evidence in the space below and tick the relevant box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL PROSPECTS FOR SUCCESSFUL INTERVENTION	POOR PROSPECTS	MODERATE PROSPECTS	GOOD PROSPECTS
(Summarise the evidence in the space below and tick the relevant box)	<input data-bbox="616 331 687 416" type="checkbox"/>	<input data-bbox="938 331 1010 416" type="checkbox"/>	<input data-bbox="1254 331 1326 416" type="checkbox"/>

Decision Making

Record the conclusions and recommendations of the Safeguarding Analysis here and in agency record.

Stage 6: Develop a Plan of Intervention

At the end of the previous stage a judgement should have been made as to what is the most appropriate plan for the child and other children in the family on the basis of the level of harm which has occurred, the risks of re-abuse, and the prospects for rehabilitation and taking all these factors into account.

In developing a plan for intervention, it is helpful to consider plans for each area of parenting in terms of providing basic care, ensuring safety, providing emotional warmth, stimulation, guidance and boundaries and stability, as well as the specific needs of the children and parents as individuals. It is useful to consider the following questions:

- What interventions are required to ensure the safety of the child?
- What are the options for interventions that might:
(a) help support strengths in child's health and development and/or
(b) help meet impairments in child's health and development?
- Towards which strength/ impairment in health and development is each intervention targeted?
- What resources are available?
- Which of those available is the family most likely to cooperate with?
- Which intervention is likely to produce the most immediate benefit and which might take time?
- What should be the sequence of interventions and why?
- What is the likelihood of achieving sufficient change within the child's developmental timeframe?

Record the plan of intervention here and in agency record. Guidance is provided on page 50 to 52 of the User Guide

Stage 7: Identify and Measure Outcomes

Outcomes should be established related to hypotheses about how the interventions are expected (a) to improve the health and development of the child and (b) those factors and processes considered to be influencing the child's developmental needs. Measures for assessing whether change has been achieved also need to be identified for each outcome, which will indicate whether interventions have been successful. These measures then need to be applied before and after interventions.

Record the measures used for assessing whether change has been achieved and the outcome here and in agency record. Guidance is provided on page 53 to 57 of the User Guide

