FRaSA

Family Risk and Safety Assessment

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Practitioner Handbook

FRaSA: Family Risk and Safety Assessment

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A set of Guidelines and Methodology for the

Structured Professional Judgement for

Risk of Child Maltreatment, Harm and Resilience

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1. INTRODUCTION

The nature of child maltreatment and identifying families at risk is sufficiently complex that no single intervention able to address the likelihood of a child suffering harm. There will be multiple targets for intervention that will differ between individuals and their families. However, it is not necessary to eliminate all, or even most, of the identified risk factors for the occurrence of child maltreatment, rather it should be sufficient to reduce the presence or effects of these factors below a threshold at which maltreatment will occur (Webster, et al., 1997).

The Family Risk and Safety Assessment (FRaSA) has been developed to provide a structured risk assessment procedure that guides practitioners, by ensuring that key information pertinent to child safeguarding and risk of maltreatment is considered and evaluated. The design has been informed by the clinical experience of the author and other contributors. The guidance and risk / resilience items have been developed with reference to a review of the literature and the "Signs of Safety" approach to safeguarding (Turnell, 2012) . It draws on other risk assessment tools, specifically the HCR-20 Violence Risk tool (Webster, et al., 1997), The Short Term Assessment of Risk and Treatability (Webster, et al., 2004), The Child Abuse Potential Inventory (Milner, 1990), The Resilience Framework (Kumpfer, 1999), the Spousal Assault Risk Assessment (Kropp, et al., 1995) and the Framework for the Assessment of Children in Need and their Families (Cox & Bentovim, 2000).

1.1 Nature and Goals of the Family Risk and Safety Assessment.

Maltreatment can be defined as actual, attempted or threatened physical and non physical harm to a child that is deliberate or reckless. The acts can vary with respect to such things as relationship to the victim(s), severity of physical or psychological harm, use of weapons and implements, motivations etc. This can include implicit threats (e.g. the victim felt threatened and reasonably believed that the other person had present ability to cause them harm). This working definition of maltreatment is therefore consistent with current related criminal law.

Child Maltreatment Risk Assessment is defined as the process of evaluating individuals in order to:

1. Characterise the risk threat that a child will be maltreated
2. Develop interventions to manage and reduce that risk

(Webster, et al., 1997)

The focus should then be on decision making about what the individuals were trying to achieve and not simply what happened. It is the task of professionals to understand how and

why a person has come to act harmfully in the past in order to determine whether the antecedents to that event might lead to similar events re-occurring.

The ultimate goal is the prevention of child maltreatment and resultant harm. This assessment procedure aims to be reliable in terms of replicable, consistent results. It should be used to identify, evaluate and prioritise health, social care and legal services that can work together to manage the risk of child maltreatment.

A process of structured professional judgment, such as the FRaSA, helps professionals make explicit, as far as possible, the basis for their opinions, decisions and interventions (Webster, et al., 1997).

1.2 Scope

The FRaSA is not a test or scale in the usual sense of the terms. Its purpose is not to provide an absolute or relative measure of risk using cut-off scores or norms as do actuarial tests such as psychometrics and other non-discretionary assessment tools including Risk Matrix 2000 SVC and VIRAG, although such data can be used to contribute to the overall assessment. The FRaSA is designed to be accessible and useful to practitioners engaged in the assessment of risk in the child safeguarding arena.

The FRaSA is a structured risk assessment protocol intended principally for use in the assessment of risk of child maltreatment (Physical Abuse, Emotional Abuse and Neglect) and can be used to contribute to Single Assessments when there are child protection concerns. Initial validity tests have been positive, demonstrating that the FRaSA is well suited to identifying both factors associated with increased likelihood of harm occurring, and identification of family and child resilience factors (either personal characteristics or features of the environment).

The assessment items are based upon empirically-derived risk factors. It contains 34 items that are supported by clinical research and consensus of practitioner experience. Just like any risk assessment tool, the FRaSA therefore remains a work in progress. As such it marks the start of a process towards achieving risk reducing strategies that flow from the identification of risk factors that are supported by research evidence. The FRaSA training programme has been developed to establish reliability data and consistency of approach to implementing the assessment. Validation tests suggest that inter-reliability is promising.

It works especially well in the context of multi-disciplinary or team settings and is well suited to the systemic unit model of social work. Nevertheless it can also be an effective tool for individual practitioners. It can be used as an initial assessment too, or as a method of monitoring and measuring progress i.e. applying and coding the items periodically during the implementation of safety plans and direct working with families.

The FRaSA is a set of guidelines that have been developed to reflect current knowledge within the discipline of Social Work and Child Safeguarding. The guidelines attempt to define the risk being considered; discuss the necessary qualifications for conducting an assessment; recommend what information should be considered; and identify a set of core

risk and resilience factors that, according to academic and professional literature, should be considered as part of any comprehensive assessment. By so doing, this tool will improve the consistency and usefulness of decisions, as well as improve the transparency of decision making.

1.3 **Key Principles**

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): Over-reliance 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.

1.4 **User Qualifications**

The FRaSA is designed to assist in making clinical judgements and formulating safeguarding plans. Administration and Coding requires professional skill and judgement. It is anticipated that the FRaSA should be used only by professionals with qualifications, training and experience of working within statutory child safeguarding services or under the supervision of a suitably qualified professional.

The FRaSA is supported by a specific training programme. Practitioners should undertake the training prior to administering and coding the tool to ensure rater-reliability and consistency.

1.5 **Why Assess Risk?**

Effective and good quality risk assessment offers the following benefits:

• Accurate risk assessment makes the best use of scarce resources and enhances public safety (Static)

• Accurate risk assessment is crucial to appropriate intervention planning (Stable)

• Accurate risk assessment allows practitioners to "more often" intervene before an incident of relapsing into problematic Behaviour patterns (Acute)

• Evidence-based practice is "defendable" and "transparent" when things go wrong

• Risk assessment provides a common vocabulary of risk that improves communication and knowledge transfer, reduces misunderstandings and mistakes

1.6 **Definition of Risk**

A risk is a hazard that is not completely understood and therefore can only be forecast with uncertainty. Identifying a risk incorporates notions of nature, severity, frequency, imminence and likelihood – not just probability of harm

Risk is context specific. It is never known but estimated (Hart, et al., 2003)

1.7 **Definition of Assessment**

Evaluation of an individual, or situation, to assist in decision making. Decisions include treatment, support planning and civil interventions. It is not simply providing a diagnosis or prognosis. It is not simply considering a set of test items or risk factors determined before evaluation. (Hart, et al., 2003)

1.8 **Definition of Harm**

Where the question of whether there is a risk that will be suffered by a child turns to the child's health and development, his health or development is compared with that which could reasonably be expected of a similar child.

'Harm' means ill treatment or the impairment of health or development (including for example, impairment suffered from seeing or hearing the ill treatment of another).

'Development' means physical, intellectual, emotional, social or behavioural development.

'Health' means physical or mental health; and

'Ill-treatment' includes sexual abuse and all forms of ill treatment which is not physical. (HMSO, 2004)

Nature and Impact of Physical Abuse, Emotional Abuse and Neglect

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Physical abuse can lead directly to neurological damage, physical injuries, disability or even death. Harm may be caused to children directly and indirectly e.g. by abuse occurring in the wider family context of conflict, aggression and violence.

Physical abuse has been linked to aggressive Behaviour in children, emotional and behavioural problems and educational difficulties. Physical abuse of children commonly coexists with domestic violence.

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to sustained emotional abuse. It has an important impact on the development of the child's mental health, behaviour and self-esteem.

Emotional abuse can be especially damaging in infancy. Underlying emotional abuse may be as important, if not more so, as other more visible forms of abuse with regard to its impact upon the child.

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);

- protect a child from physical and emotional harm or danger;

- ensure adequate supervision (including the use of inadequate care-givers); or

- Ensure access to appropriate medical care or treatment.

- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

(Dept.Children, Schools and Families , 2013)

2. RISK

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2.1 What are Risk Factors?

A risk factor is a personal characteristic or circumstance that is linked to a negative event that either causes or facilitates the event to occur and can be categorised thus:

Static Risk Factors: These are unchangeable in that they cannot be influenced by new circumstances or interventions. They are mostly historic e.g. history of violence, previous experiences of abuse, age etc.

Dynamic Risk Factors: These change over time and can be aspects of the individual or their environment and social context such as parenting or social deprivation. Because they are changeable, these factors are more amenable to management.

The dynamic risk factors that are quite stable and change slowly are often referred to as _Stable_ or _Chronic_ risk factors. Those that change rapidly are known as _Acute Dynamic Risk Factors_ or _"Triggers"_ (Department of Health, 2007). Because these factors change rapidly, their influence on risk may be short lived but require a rapid response (Hart, et al., 2003).

The assessment of risk is the process of gathering information about people in order to make decisions regarding their risk of being victimised or perpetrators of abuse. That information needs to come from a variety of sources including perpetrator, victims, collateral sources such as friends and family, other service providers and records and reports (Hart, et al., 2003).

2.2 What are Resilience Factors?

Resilience is the ability to recover quickly from adversity; an associated term might be the ability to "Bounce Back". It comes from the strengths of an individual and of their family as well as the strength of the community and culture in which they live (Glover, 2009)

2.3 Risk Management / Safeguarding

Risk Assessment identifies the circumstances in which neglect and abuse are most likely to occur and informs strategies to deal with the most relevant triggers.

A Risk Management Plan includes an awareness of the potential for changes in the level of risk over time, requiring an emphasis on the dynamic risk factors. (Department of Health, 2007)

It is vital to understand that perpetrator behaviour (victim selection, victim access patterns, use of physical and psychological coercion and control, and opportunities to offend) will exacerbate pre-existing vulnerabilities and influence children and young people's behaviour, disclosure patterns and ongoing protection needs. This has significant implications then for investigation and intervention.

2.4 **VULNERABILITY AND RESILIENCE**

STATIC RISK FACTORS (See Item Descriptors in the Worksheet Explanatory Notes)

- Harmful Behaviour Within Family (e.g. *inter-personal aggression and violence, emotional /psychological abuse, sexual abuse and exploitation, neglect)*

- History of Violence in childhood *(e.g. History of violent behaviour by parents as children, aggressive and violent behaviour among current children)*

- History of Employment Problems

- Family History of Substance Use Problems

- History of Major Mental Illness

- Criminal Record (include Police Cautions, reprimands and warnings)

- Early Maladjustment

- Personality Disorder

- Prior Supervision Failure e.g. breech of injunctions, non-compliance with written agreements

DYNAMIC RISK FACTORS

- Parental Relationship Instability

- Lack of Insight

- Unhappiness

- Active Symptoms of Major Mental Illness

- Impulsivity

- Problems with Child and Self

- Limited positive support network

- Problems From Others

- Problems with Family

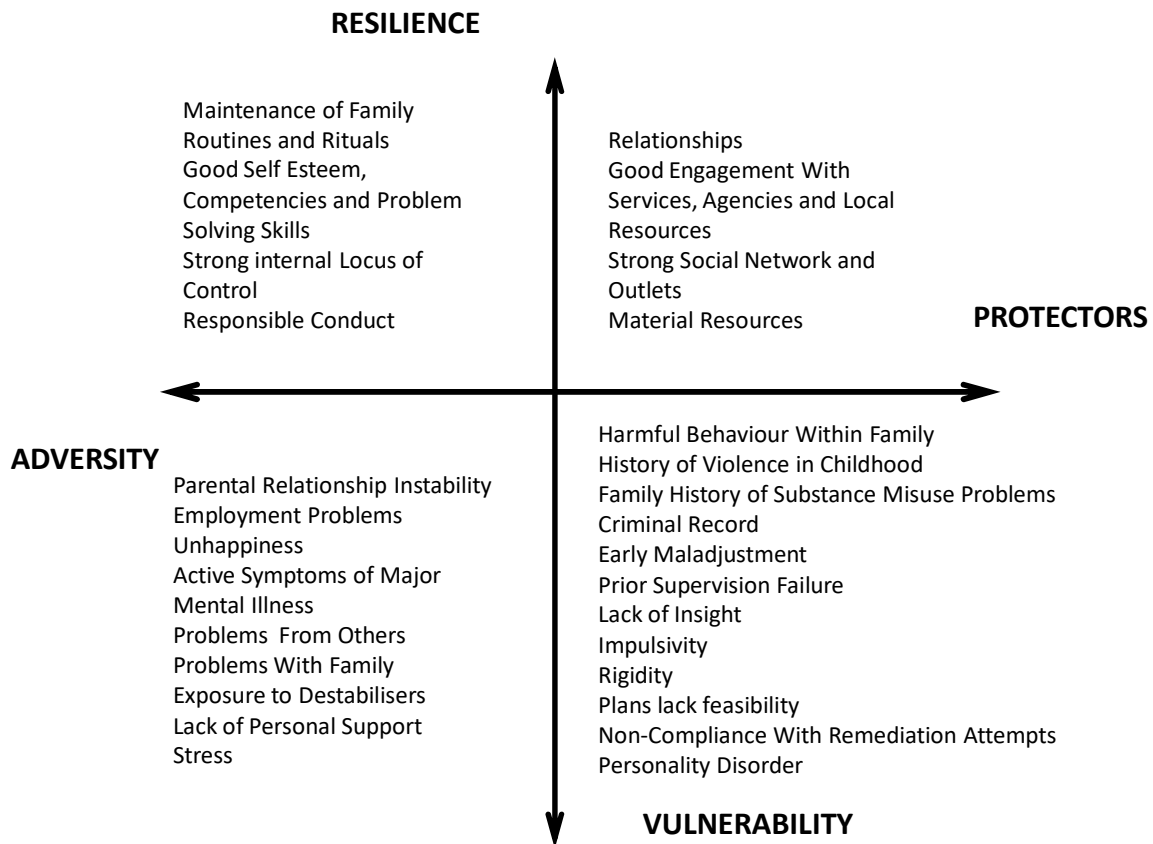- Rigidity

ACUTE DYNAMIC RISK FACTORS (TRIGGERS)

- Plans Lack Feasibility

- Exposure to De-stabilisers

- Lack of Personal Support

- Non-compliance with Remediation Attempts

- Stress

STRENGTHS / PROTECTORS (RESILIENCE)

- Relationships

- Maintenance Of Family Routines And Rituals

- Good Self Esteem, Competencies and Problem Solving Skills

- Good Engagement With Services, Agencies And Local Resources

- Strong Social Network and Outlets

- Strong Internal Locus Of Control

- Capacity To Re-Frame Adversities

- Material Resources

- Responsible Conduct

The FRaSA attempts to structure the assessment process but does not qualify behaviour in the form of scores that can be interpreted in relation to norms or other criteria. The assessment focuses on 3 domains with specific risk factors in each. These risk factors are based upon existing empirical data from research into Physical Child Abuse and Neglect patterns among parents.

The 34 items that are associated with elevated risk of Physical and Emotional Abuse and Neglect as well as identifying "buffers" or protective factors that may reduce the likelihood of maltreatment occurring or reduce the degree of harm caused by a harmful or adverse event. These items are divided into 4 domains: Vulnerability Factors, Adversity Factors Protectors and Strengths. Each domain contains Static, Dynamic and Acute Dynamic factors based upon the definitions of these terms given in the previous section.

RESILIENCE

Maintenance of Family
Routines and Rituals
Good Self Esteem,
Competencies and Problem
Solving Skills
Strong internal Locus of
Control
Responsible Conduct

Relationships
Good Engagement With
Services, Agencies and Local
Resources
Strong Social Network and
Outlets
Material Resources

PROTECTORS

ADVERSITY

Parental Relationship Instability
Employment Problems
Unhappiness
Active Symptoms of Major
Mental Illness
Problems From Others
Problems With Family
Exposure to Destabilisers
Lack of Personal Support
Stress

Harmful Behaviour Within Family
History of Violence in Childhood
Family History of Substance Misuse Problems
Criminal Record
Early Maladjustment
Prior Supervision Failure
Lack of Insight
Impulsivity
Rigidity
Plans lack feasibility
Non-Compliance With Remediation Attempts
Personality Disorder

VULNERABILITY

Vulnerability and Resilience Matrix

Click on the diagram to visit the Resilience E-Learning Page

3 ITEM DESCRIPTORS

3.1 ASSESSMENT INFORMATION

<u>Violent or Suicidal Ideation:</u> This risk factor reflects the experience of thoughts, impulses, and fantasies of harming one's self or others. Related terms and concepts include homicidal ideation; violent, aggressive, or sadistic fantasies; and suicidal ideation. Suicidal ideation may be associated strongly with the presence of other risk factors, specifically major mental illness, as well as attitudes that support or condone violence, anti-social behaviour, and psychopathic personality disorder.

Violent or suicidal ideation may influence decision-making by dis-inhibiting thought processes, narrowing attentional focus on a limited range of behavioural responses. The existing research indicates that violent ideation is an important risk factor for violence. The importance of suicidal ideation as a risk factor is the tendency for the thought of harm to shift focus rapidly from self to others. (Hart, et al., 2003).

"Recent" refers to incidents of violent and suicidal within the past 12 months. Past refers to incidents at any other time prior to the previous 12 months of the assessment date.

3.2 VULNERABILITY FACTORS

<u>Harmful Behaviour Within Family (Static):</u> This item includes inter-personal aggression and violence, emotional /psychological abuse, and neglect). With regard to predicting future behaviour, the probability of future violence and abusive behaviour increases with each prior abusive act (Monahan, 1981). One of the most common research findings is that those with a history of violence are much more likely to engage in future violence than those with no such history. Certain sub groups are more likely to be violent towards family members and such violence tends to be repetitive (Kropp, et al., 1995).

There is also a strong link between childhood victimisation and general criminality. Witnessing family violence as a child or adolescent is associated with an increased risk for partner assault as an adult (Kropp, et al., 1995).

The assessor should consider a spectrum of violent or harmful behaviour; less serious or moderate harmful behaviour would include slapping, pushing, and threats. More severe violence would include but are not limited to those that might cause death, serious injury or maiming to a child. It might therefore be useful to refer to the definition of harm cited in the previous sections.

☆   **Harmful behaviour within the family can be a "push" factor for children that have periods of going missing and absconding. It can also push children towards exploitative individuals and gangs.**

History of Violence in childhood (Static): *(e.g. History of violent behaviour by parents as children, aggressive and violent behaviour among current children).*

It is most often found that the younger a person was at the time of first known violence, the greater the likelihood of subsequent violent behaviour (Webster, et al., 1997).

Assessors are encouraged to record the actual age of the assessee at the time of the first known incident and at the time of assessment.

Family History of Substance Use Problems (Static): Substance use problems are strongly associated with violent and harmful behaviour (Webster, et al., 1997) (Webster, et al., 2004). This item includes illegal narcotics, alcohol misuse and misuse of prescription drugs, solvents and glues to a degree that impacts upon daily living, for example, impairment of functioning in areas of health, employment, recreation and interpersonal relationships.

Problems with substance use reflects the extent to which the person attempts to acquire drugs and use drugs, whether the drugs are legal or illegal and impair psychosocial functioning. Related terms and concepts include alcohol or drug misuse, abuse, dependence, or addiction; and chemical dependency. Substance use problems may be associated strongly with the presence of other risk factors, specifically psychopathic personality disorder and criminality.
Those with a history of family violence are more likely than those with no such history to misuse substances. Alcohol abuse is considered one of the three prominent risk factors for domestic abuse. Chronic use may induce arguments about excessive drinking (Kropp, et al., 1995). A history of substance use disorders in both fathers and mothers increases abuse potential (Ammerman, et al., 1999).

☆ **Substance misuse by the child or young person can also be a "Pull" Factor towards exploitative individuals or groups.**

History of Major Mental Illness (Static): This reflects a substantial impairment of the person's cognition, affect, or behaviour. Related terms and concepts include psychiatric illness, acute mental disorder. Major mental illness may be associated strongly with the presence of other risk factors specifically problems with self-awareness, problems with stress or coping, and violent or suicidal ideation. Major mental illness may lead to impulsive or irrational decisions to act in a harmful or violent manner. It may also interfere with the person's ability or motivation to comply with treatment and supervision.

Criminal Record -include Police Cautions, reprimands and warnings (Static): Related terms and concepts include antisocial behaviour, antisocial lifestyle, antisocial attitudes, and antisocial tendencies. Criminality may be associated strongly with the presence of other risk factors, specifically psychopathic personality disorder and problems with supervision. It also

may be a marker of the presence of other important risk factors, particularly attitudes that support or condone violence and problems with substance use.

Criminality and resulting legal problems may cause negative affectivity and interpersonal conflict, which in turn may increase the risk of abuse and neglect. Serious criminality means the criminal conduct has been consistent, frequent, diverse, or involve severe (potential) harm to victims. Such conduct often results, or could have resulted, in arrest, charge, or conviction for criminal offences

☆ **It is important to investigate the nature and context of criminal behaviour eg. The specifics and modus operandi of the offence(s). Children and young people that have engaged in criminal conduct may be doing so under duress and assessors should consider the possibility that criminal conduct is a part of a constellation of behaviours that could be associated with exploitation of some kind** (Shelley, 2010)**.**

Early Maladjustment (Static): This item is concerned with maladjustment at home, school or in the community before the age of 17. Concerning school maladjustment, consideration is given to the academic ability and accomplishments as well as classroom conduct and general adjustment to school (Webster, et al., 1997). Being separated from parents before the age of 16 has been found to correlate with eventual violence (Harris, et al., 1993).

Prior Supervision Failure (Static): This item is concerned with serious supervision failures by the individuals e.g. Breach of License Conditions, written agreements, civil injunctions such as non-molestation orders etc.

Lack of Insight (Dynamic): This variable may be construed as the reasonable understanding and evaluation of one's own mental processes, reactions, self-knowledge, etc. It refers to the degree to which the person fails to acknowledge and comprehend his or her perception, thinking and behaviour and its effect on others. Such lack of insight can be expressed in many forms. Some people have difficulty realising the importance that a well structured support group may have in averting harmful behaviour. Others have little comprehension of their generally high levels of anger and dangerousness.

Impulsivity (Dynamic): This means behavioural and affective instability, dramatic hour to hour, day to day or week to week fluctuations in mood for general demeanour. Impulsivity is the tendency to act with less forethought than do most individuals. Though everyone is prone to impulsive acts from time to time, we are concerned here with dysfunctional impulsivity. It pertains to the inability to remain composed as directed, even when under pressure to act. Impulsivity may influence behaviour and affective domains. That is, people may be prone to react with a hair trigger whether behaviourally or affectively. Impulsive people are quick to overreact to real and imagined slights, insults and disappointments. Both negative and positive reactions may appear exaggerated and overdone. Actions including ones which seemed at least superficially responsible may appear markedly inconsistent and are often hard to predict (Webster, et al., 1997). Impulsivity may relate to disinhibition, novelty and sensation seeking, interpersonal instability and anti-social behaviour (Webster, et al., 2004).

☆ **Inconsistent and chaotic parenting can be a "Push" factor for children towards absconding and periods of going missing. Children with chaotic lifestyles, attention deficits and social communication difficulties are over-represented among victims of sexual and other forms of exploitation.**

Rigidity (Dynamic): This refers to a rigid parenting style. The rigidity is specific to the parent(s) attitudes towards the appearance and behaviour of children i.e. they have many rigid expectations of behaviour and affect related to children. Such beliefs can be expressed through the physically and psychologically coercive treatment of children to make them fit a rigid standard defined by the parent (Milner, 1990).

Low family expressiveness has been found to be characteristic of families with rigid parental sex roles in which the father is the dominant authority in the family. Low family expressiveness is a marker for traditional values in which rigid and controlling attitudes towards children are tolerated (Schaeffer, et al., 2005).

☆ **Low family expressiveness has also been linked to the development of self harming behaviour** (Repetti, et al., 2002) **and may also be a "Push" Factor for children and young people that abscond or have episodes of going missing** (Sharp, 2012)**. Children that lack the experience of warmth and affection may be vulnerable to predatory adults and abusive or exploitative relationships.**

Plans Lack Feasibility (Dynamic): The lack of feasibility may be due to the fact that the community agencies are unwilling (due to the subject's behaviour) or unable (due to the lack of resources) to provide assistance (Kolko, 2002). Alternatively the assessee(s) may have played no role in making plans or become involved with peers or family. Finally, family and peers may be unwilling or unable to provide help (Webster, et al., 1997).

Non-compliance with Remediation Attempts (Dynamic): This notion is coupled with motivation to succeed and willingness to comply with mediation and other therapeutic regimens. Potential for harm would seem to be reduced if the individual can accept and conform to agreed upon rules (Webster, et al., 1997), (Webster, et al., 2004), (Hart, et al., 2003).

Personality Disorder (Static): Personality disorders, especially those of the antisocial or borderline type are based on criteria which depend in part on the history of antisocial behaviour. There is some evidence of a predictive link between personality disorder and violence. The key ingredients of anger, impulsivity, hostility and the like elevate risk for both violence and general criminal behaviour.

3.3 ADVERSITY FACTORS

Parental Relationship Instability (Dynamic): This item refers to only romantic or intimate non-platonic relationships, it excludes relationships with family or friend. The item is geared towards whether or not an individual shows evidence of having the ability to form and maintain stable relationships and engages in these when given the opportunity. "Instability"

may show in several ways: many short term relationships, absence of any relationships, and presence of conflict within long term relationships. It is obvious that some marriages or close relationships are remarkable precisely because they are characterised by high levels of serious continuing violence (Webster, et al., 1997). Such relationships would be considered highly conflictual for the purposes of assessment.

Intimate relationship problems may increase negative affectivity, feelings of loneliness and isolation, and interpersonal conflict. They may also be an obstacle to the use of appropriate coping strategies. Serious problems reflect the failure to establish or maintain stable intimate relationships including such things as long-term singlehood, multiple relationship breakdowns, or serious relationship conflicts for example, repeated infidelity, spousal violence (Hart, et al., 2003).

☆ **Parental conflict can be a "Push" factor for children that abscond or go missing. Where relationships are characterised by conflict, aggression and violence or volatility consideration should be given to a specific assessment of domestic violence.**

Employment Problems: A History of employment problems may be considered a Static Risk Factor. Recently emerging problems are a Dynamic Risk Factor, sudden Employment e.g. loss of job may be an Acute Risk Factor.

 General statistics on criminal recidivism show a link between income level and conduct on probation and unemployment and general criminal recidivism. This item focuses on employment problems, not employability, and structured daytime activities such as work experience programmes, adult education or institutional workshop activities that may be considered under this item (Webster, et al., 1997).

Unemployment is associated with an increased risk for general criminal recidivism and violence. Low income and financial stresses are also a risk factor for domestic abuse. Thus a sudden or recent change in employment (e.g. being sacked, made redundant etc.) may be associated with increased risk of domestic abuse. Some men may displace work related frustration and anger onto their families (Kropp, et al., 1995).

It is important to note that the link between poverty, unemployment and physical abuse has often been found using data from families that already indicated for abuse, suggesting that in high risk samples, unemployment may be more salient when combined with other risk factors such as not being the child's biological parent and severity of past abuse. (Lee, et al., 2008)

Unhappiness (Dynamic): This item describes a polarity of happiness / unhappiness. The person experiences a general unhappiness with life and specific unhappiness related to problems in interpersonal relationships. The personal and interpersonal skill deficits that produce unhappiness in the person's life and relationships contribute to the likelihood of difficulties in their interactions with children (Milner, 1990).

Marital dissatisfaction, low social support and low family cohesion have been found to be predictors of abuse potential in mothers but not for fathers (Schaeffer, et al., 2005).

☆ **An atmosphere of unhappiness in the family home or the child's own unhappiness may be a "Push" factor for children that abscond or go missing. The perception that happiness can be gained with an individual or group may also be a**

"Pull" Factor for children that are being or at risk of being exploited by individuals or groups.

Active Symptoms of Major Mental Illness (Acute Dynamic): This item is concerned with positive and negative symptoms of mental illness including disturbances in content and form of thought, inappropriate affect, perceptual disturbances, hallucinations and delusions. More florid symptoms are likely to be closely associated with harmful behaviour, rather than just the diagnosis of a psychotic disorder. Psychotic symptoms that both override one sense of self-control or well-being (so called threat control override symptoms) are more strongly associated with violence than psychotic symptoms that do not have these qualities. Other causes for concern regarding increased risk of harmful behaviour include sadistic fantasies, suicidality, paranoia, self-aggrandisement and pathological jealousy (Webster, et al., 1997).

Problems with Child and Self (Dynamic): This item is concerned with the degree to which the parent describes children and his/herself in a negative manner. It focuses on perceptions of having a problem child and perceptions of having a child with limited ability and competency. This item also identifies a perceived limited physical ability in the parent e.g. because of poor health, disability, depression etc. The perception of having a problem child, the belief that children have problems because of limited ability, and the belief in limited physical ability of one's self contribute to the likelihood that the parent will maltreat the child (Milner, 1990).

☆ **A child that is blamed or perceives themselves to be blamed or responsible for family difficulties may be more likely to abscond or have episodes of going missing. Children that lack the experience of warmth and affection may be vulnerable to predatory adults and abusive or exploitative relationships.**

Problems from Others (Dynamic): This item refers to general difficulties in social relationships. Relationships are viewed as a source of personal problems, unhappiness and pain. Thus relationships are a source of disappointment rather than a resource because others are perceived as unreliable contributing to perceived isolation and difficulties in the parent – child relationship (Milner, 1990).

☆ **Children that are isolated at school or within their communities are at increased vulnerability to exploitation. Children with disabilities and Autism Spectrum Disorders may experience problems with others due to the nature of their disability or associated social stigma. Children with ASD and learning disabilities have been found to be especially vulnerable to sexual exploitation.**

Problems with Family (Dynamic): This item is concerned with family interactional problems e.g. problems getting along and experiences of arguing and fighting. A problem laden, disturbed and violent family increases the likelihood of child maltreatment.

☆ **Problems with family can be a "Push" Factor for children that abscond or go miising.**

Distress (Dynamic): This item refers to a general theme of personal distress as perceived by the parent. It is specifically concerned with interactional problems between the parent(s) and their child (Milner, 1990). It is likely to be indicative of personal adjustment problems that result from parenting stress and appear to be related to the harmful behaviour. Depression, parental distress and family conflict have been found to be predictors of child maltreatment in fathers and mothers (Schaeffer, et al., 2005)

Exposure to Destabilisers (Acute Dynamic): This refers to situations in which people are exposed to hazardous conditions to which they are vulnerable and which may trigger harmful episodes. Hazardous conditions are unique to individuals but may include the presence of weapons, substances or some victim group, for example, children. This item is related to a lack of professional support in many cases. The absence of competent and adequate professional supervision and control will lead to exposure to destabilisers (Webster, et al., 1997). Families who have complex needs with few appropriate professionals to assist them tend to be at heightened odds for child maltreatment (Kolko, 2002). Difficulty in handling basic social and life skills such as housing, finances, meals and leisure, predicts violence and other harmful behaviour. Risk then increases when individuals are in situations similar to those involved in the index event, as it does when people are associated with antisocial peers.

☆ **Exposure to destabilisers can be a "Push" Factor for children that abscond or go missing.**

Lack of Personal Support (Dynamic): The presence of patient, tolerant and encouraging relatives and peers can be of enormous assistance in maintaining a plan. Poor family relationships may well precipitate harmful acting out. The structure and nature of an individual's relationships with others in combination with their subjective experiences, clinical condition and personal histories shed considerable light on whom will be violent or abusive to whom (Webster, et al., 1997).

☆ **Children that lack personal support are vulnerable to exploitation and abuse by predatory individuals and groups.**

Stress (Acute Dynamic): This part of the assessment is trying to forecast what sources of stress the individual is likely to encounter and how s/he may react to or cope with these. Since death of close relatives, financial losses, environmental catastrophes, and the like are hard, if not impossible, to predict, this is a difficult task. Particular vulnerabilities of the individual need to be isolated and considered (Kolko, 2002), (Webster, et al., 1997).

For both mothers and fathers, stress surrounding the parenting role and family conflict has been found to be a predictor of child maltreatment (Schaeffer, et al., 2005).

3.4 **RESILIENCE FACTORS**

This section is concerned with family resilience under adverse conditions. Family resilience is the successful coping of family members under adversity that enables them to flourish with warmth, support, and cohesion. Key factors of resilient families include: positive outlook, spirituality, family member accord, flexibility, family communication, financial management, family time, shared recreation, routines and rituals, and support networks. The Signs of Safety approach acknowledges that all families have inherent strengths and the potential for growth, providing an opportunity to facilitate family protective and recovery factors and to secure extra-familial resources develop resilience (Black & Lobo, 2008).

Maintenance of Family Routines and Rituals (Dynamic): Naturally occurring routines and meaningful family rituals provide the family with a stable and predictable structure. This stable, structured environment creates a behavioural and emotional environment that supports early development. Children who experience such environments are likely to have better outcomes in terms of language, academic achievement, social skill development and emotional well being (Spagnola & Fiese, 2007).

Good Self Esteem (Dynamic), Competencies And Problem Solving Skills (Static):

Resilient families tend to be characterised by relationship strengths such as good communication and family accord. Parents / carers display a subjective satisfaction with their relationship and quality of family life (Dogra, et al., 2004).

Higher Intellectual Functioning and cognitive skills have been correlated with increased resilience. In general it has been found that girls tend to be more resilient than boys who are more likely to react to adversity in a negative way (Kumpfer, 1999).

Temperamental disposition is also considered to be a major factor in resilience. Positive personality disposition e.g. responsiveness to environmental change, ability to be comforted after stress and an ability to maintain psychological equilibrium and self esteem (Dogra, et al., 2004), (Kumpfer, 1999)

Strong Internal Locus of Control (Dynamic): Associated concepts include life purpose and planning. Internal Locus of Control represents the family or individual's ability to influence their current environment and future destiny. Resilient individuals have a greater internal locus of control and are more optimistic about being able to create positive outcomes.

Capacity to Re-Frame Adversities (Dynamic): Associated concepts include primarily cognitive capabilities or belief systems that serve to motivate the individual / family to create a direction for their efforts success depends on the ability to find a focus. Characteristics include plausible fantasies that enable them to develop a mission or purpose. This might include creating a perceived purpose for their adverse circumstances (e.g. it will make us stronger, better people, or having had these problems I will be able to help others in the future).

To this end, religious faith or affiliation (spirituality) can be an important resilience factor (Kumpfer, 1999) that also links to other resilience items such as a strong social network and outlets, self esteem and responsible conduct.

In order to accomplish their mission, resilient families exhibit perseverance and determination in their cognitive style. The coping skills needed include practicality, life skills or many competencies and talents, flexibility and the ability to create new plans, responsiveness to new information or changes in the environment (Dogra, et al., 2004).

Responsible Conduct (Dynamic): Another hallmark of resilient children and families is their sense of responsibility for others, willingness to care for others and an ability to comfort, and care for self or others (Kumpfer, 1999), able to adjust behaviour according to social context. They are able to accept responsibility, respect property, be punctual, create a positive atmosphere, and not jeopardise safety (Dogra, et al., 2004)

3.5 PROTECTIVE FACTORS

Relationships (Static): The development of relationships is dependent upon capacity to express good general empathy. Specifically they get on well with others, able to feel close to others, form therapeutic alliances, be able to gauge how others are feeling and respond without being overwhelmed by another person's distress. People with good empathy skills have the ability to take the perspective of others and consider their thoughts, feelings and perceptions and respond in a positive and reciprocal manner.

The assessor should also consider whether the child has a strong attachment to the parent / caregiver. A child is more resilient in adverse conditions if they have access to a warm and trustworthy adult (not necessarily within the family) and has a network of strong supportive peer relationships (Dogra, et al., 2004).

Positive interpersonal relationships and strong community ties help to militate against anti-social behaviour. Good relationships with family and friends or professionals reduce feelings of vulnerability and fearfulness (Webster, et al., 2004).

Good Engagement with Services, Agencies and Local Resources (Dynamic):

When the family understand the value of education and work they are likely to have positive attitudes to School and Education services, Health and Social Care Services allowing for the opportunity to develop resilience and resolve problems.

A good physical health state is predictive of resilience. Adults and children with few physical problems, regular sleep patterns and good physical strength are likely to internalise physical strength and well-being and perceive themselves as "strong" psychologically as well (Kumpfer, 1999).Thus good engagement with health services is supportive of future resilience.

<u>Strong Social Network and Outlets (Dynamic)</u>: Strong social networks and community participation correspond with significant increases in physical and mental health, academic achievement, and economic development. Participation in co-operative networks develops trust and improves access to supportive others as resources developing reciprocity, recognition and a sense of belonging or affiliation.

Strong social networks encourage attachment to pro-social people and access to caring others, positive role models, advice / teaching, empathetic and emotionally responsive care giving, opportunities for meaningful involvement and supervision (Kumpfer, 1999).

<u>Material Resources (Dynamic)</u>: Resilience increases when a family has adequate means / income. Resilient parents are able to exert responsible management of finances to ensure that they are able to promote and sustain their children's well being. The living environment is also a major factor in a family's resilience in the face of adversity from a range of other sources; satisfactory housing that is safe, clean, and warm is an important resilience factor (Webster, et al., 2004).

4 ADMINISTRATIONOF THE FRaSA

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Completing the assessment takes 3 stages:

1. Assessors need to gather their information
2. Assessors need to code the presence of the items in each of the domains
3. Once the data has been organised and coded the analysis can be completed.

4.1 Stage 1: Gathering Information

The quantity and quality of case information sets fundamental limits on the consistency (reliability) and accuracy (validity) of opinions regarding risk and subsequent planning and intervention. This does not mean that it is necessary or possible to gather information exhaustively. The items in the worksheet are intended to guide the assessor in terms of which information needs to be gathered and how it should be gathered:

Gather case information regarding the Family's history of harmful behaviour: Day, date, time, place, names and behaviour.

Gather Information from multiple sources: These sources may include but are not limited to the child, parents / carers, different professionals that know the family, the family's friends and associates, Police, health and education records and other colleagues.

Gather case information concerning multiple domains of the family's functioning: Such domains of functioning include Intrapersonal (e.g. anti-social behaviour and attitudes, substance use, aggression,), interpersonal (intimate and familial relationships, social skills, educational achievement and interests), Health and Physical or Learning Disability.

Use of Questionnaires and Scales: It is recommended that the Family Pack of Questionnaires and Scales is used (Cox & Bentovim, 2000). The questionnaires and scales are used to gain data and prompt lines of further enquiry. They are not a form of standardised or semi-structured interview. They have been designed to screen for particular problems or needs. Some have been standardised so that a score above or below a specific cut off point indicates that there is a strong possibility of problems related to the area that is addressed by the questionnaire (note that it is not a guarantee of presence or absence of a problem).

Other standardised tests and questionnaires that may be useful include the Buss-Perry Aggression Questionnaire (Buss & Warren, 2000), Paulhus Deception Scales (Paulhus, 1998) and The Child Abuse Potential Inventory (Milner, 1986).

Document case information: This means it is helpful to identify the information by source, type and date of origin.

4.2 Stage 2. Coding the information

PRESENCE: The presence of individual risk / protective factors is determined using two time frames: More than 1 year prior to the time of assessment (*"Past"*), and within 1 year prior to the assessment (*"recent"*). Ratings are made for each of the items. The distinction between *Past* and *Recent* coding can be useful when considering the causal role that a factor may have had with respect to maltreatment and harm occurring and thinking about the dynamic aspects of risk.

 Presence is coded by a 3 point scale that reflects the certainty of the assessor's opinion:

- The Code **Y** indicates that on the basis of the case information gathered by the referrer the item is definitely or conclusively present.
- The Code **?** Indicates that on the basis of the case information gathered by the referrer the item is possibly or partially present.
- The Code **N** indicates that on the basis of the case information gathered by the referrer the item is absent.

Provisional Coding – judgement about the presence or absence of some of the items may be outside of the referrer's field of knowledge and expertise. These items e.g. presence of mental health problems may be scored provisionally. Make it clear that this is a provisional opinion and further advice may be sought from a suitably qualified professional.

Omitted items – if no information is available at the time of assessment concerning a given item, or if information is considered to be completely unreliable, leave the item uncoded (omitted). Items should not be left uncoded if the referrer is *uncertain* – if there is possible or partial evidence use **?**

It can be just as useful to identify what we do not know as much as that which we do.

4.3 Stage 3. Analysis

PRESENCE: Analysis of the case provides an opportunity to determine the relevance with respect to the development of risk management plans about monitoring, intervention and safeguarding.

One criterion of relevance is causality – is it likely to be causally related to maltreatment and harm occurring in the future?

A second criterion is responsivity – even if not causally related to maltreatment or harm occurring, assessor will consider an item relevant if it is likely to substantially impair the effectiveness of risk management strategies designed to prevent future incidents.

Relevance is coded on a three point scale:

- The Code **Y** indicates that on the basis of the case information reviewed, the item is present to some degree and that any role it plays in causing harm or the effectiveness of risk management strategies is likely to be clear or substantial.
- The Code **?** Indicates that on the basis of the case information reviewed, the item is present to some degree and that any role it plays in causing harm or the effectiveness of risk management strategies is likely to be unclear or limited.
- The Code **N** indicates that on the basis of the case information reviewed, the item is not relevant to the development of risk management strategies. This may be because the item is absent, present but unlikely to play a causal role in exploitation or present but unlikely to impair the effectiveness of a risk management strategy.

Some item descriptors contain a ☆ . This item denotes "Further Considerations" for the assessor to take into account. A cluster of further consideration may indicate that further specific assessment is required e.g. Domestic Abuse Risk, Risk of Sexual Exploitation, Risk of Going Missing.

Based upon the information that has been gathered it should be possible to identify the most realistic scenarios in which maltreatment and harm might occur. The scenario planning sheets guide the assessor's analysis of each possible scenario:

What Are We Worried About?

Nature

- What kind of Harm is likely to occur?
- Who is likely to be harmed?
- What is the likely motivation — that is, what is the person trying to accomplish?

It is important to explicitly state what kind of harm is likely to occur (Danger Statements) and who is most likely to be harmed.

Behaviour never occurs out of the blue, there is always a reason for it and it is here that the motivation for the harmful behaviour, the decisions to act can be articulated.

Severity

- What would be the psychological or physical harm to victims?
- Is there a chance that the harm might escalate to serious or life-threatening levels?

Having established the likelihood and nature of the maltreatment, this section requires the assessor to articulate the degree of physical and psychological harm that might be caused to the child (ren). The age, development, health and resilience of the likely victim(s) need to be taken into account and this may vary between children within a single family.

Imminence

- How soon might the harmful behaviour occur?
- Are there any warning signs that might signal that the risk is increasing or imminent?

This section draws on patterns of past behaviour and the identification of acute dynamic risk factors such as exposure to destabilisers. If there is current stability, there may be no imminent risk but the importance of this section is to alert professionals to warning signs that may indicate the need for urgent reassessment or corrective intervention.

Frequency/Duration

- How often might the harmful behaviour occur — once, several times, frequently?
- Is the risk chronic or acute (i.e., time-limited)?

Based upon previous patterns of harmful behaviour, the assessor should be able to make an informed judgement about not just the likelihood of relapsing into harmful behaviour but the

frequency with which harm may occur. A history of high density incidents and diversity of maltreatment would indicate greater likelihood of frequent abuse over a period of time.

In some cases, child maltreatment may be directly associated with mental health state, sobriety or stability of parental relationships and therefore easier to make realistic predictions in terms of type, frequency and duration of potential maltreatment.

Cases characterised by impulsive and spontaneous acts of abuse, reckless disregard for child welfare or volatile relationships may make it harder to make specific predictions with regard to frequency. However, such a case history would indicate chronicity of risk.

Likelihood

- In general, how frequent or common is this type of harmful behaviour?
- Based on this family's history, how likely is it that this type of harmful behaviour will occur?

This section draws on research and knowledge about the prevalence of such harmful behaviour within the general population. The second question draws specifically on static risk factors and the presence or absence of protective factors.

What's working well?

- What strengths are demonstrated as protection over time?
- What are the assets, resources and capacities within the family?
- What research based protective factors are present?

Based on the Signs of Safety approach, it is important to identify and make explicit that which is working well for the family and where there are signs of resilience (Turnell, 2012). This set of questions refers to items identified as present within the Strengths / protectors (Resilience) Domain)

Monitoring

- What is the best way to monitor warning signs that the risks posed may be increasing?
- What events, occurrences, or circumstances should trigger a re-assessment of risk?

Monitoring, or repeated assessment is a crucial part of risk management. The goal is to evaluate changes (positive and negative) in risk over time so that safety plans can be adjusted as needed (Webster, et al., 1997). Monitoring strategies may include contacts with the family as well as other professionals and agencies, supervised contact between parent(s) and child(ren). Plans for monitoring should include specification of the kind and frequency of contacts.

Intervention

- What Intervention strategies could be implemented to manage the risks posed?
- Which Concerns are high priorities for intervention?

Intervention is likely to involve the provision of rehabilitative services. Targets for intervention may be addressing psycho-social adjustment of family members, treatment of mental health problems and substance use disorders, reduction of life stresses e.g. physical illness, interpersonal conflict, unemployment, legal problems etc.

Supervision

- What supervision strategies could be implemented to manage the risks posed?
- What restrictions on activity, movement, association, or communication are indicated?

Supervision involves the restriction of a person's rights and freedoms. The goal of supervision is to make it more difficult to engage in behaviour that causes harm to the child(ren) and may require input from legal services and law enforcement departments.

In general, supervision should be commensurate with the risks posed by the individual (Webster, et al., 1997).

Safety Planning

- What steps could be taken to enhance the safety and security of the child(ren)?
- How might the child(ren)'s physical security or self-protective skills be improved?

Safety planning involves improving the child(ren)'s dynamic (a function of the social environment) and static (function of the physical environment) security resources and developing resilience. If maltreatment occurs despite all the efforts to manage and monitor the situation, any harmful impact on the child(ren)'s psychological and physical well being and development is minimised.

SUMMARY JUDGEMENTS:

This page is used to summarise the Assessor's analysis indicating the level of complexity and urgency of the intervention required to establish an effective safety plan.

References

Ammerman, R. T. et al., 1999. Child Abuse Potential in Parents With Histories of Substance Use Disorder. *Child Abuse and Neglect,* 23(12), pp. 1225-1238.

Black, K. & Lobo, M., 2008. A conceptual review of family resilience factors. *Journal of Family Nursing,* 4(1), pp. 33-55.

Buss, A. H. & Warren, H., 2000. *Aggression Questionnaire.* Alaska: WPS.

Cox, A. & Bentovim, A., 2000. *Framework for the Assessment of Children in Need and Their Families: The Family Pack of Questionnaires and Scales.* s.l.:Department of Health, The Stationery Office.

Department of Health, 2007. *best Practice in Managing risk: Principles and evidence for best practice in the assessment and management of risk to self and others in mental health services.* s.l.:DOH.

Dept.Children, Schools and Families , 2013. *Working together to Safeguard Children and Young People From Sexual Exploitation - Supplementary Guidance to Working Together to Safeguard Children,* s.l.: HM Government.

Dogra, N., Parkin, A., Gale, F. & Frake, C., 2004. *A Multi Disciplinary Handbook of Child and Adolescent Mental Health for Front-Line professionals.* s.l.:Jessica Kingsley.

Glover, J., 2009. *Bouncing Back: How Can Resilience Be Promoted in Vulnerable Children and Young People,* s.l.: Banardos.

Harris, ,. G. T., Rice, M. E. & Cormier, C. A., 1993. Violent Recidivism of mentally Disordered Offenders. *Law and Human Behaviour,* Volume 20, pp. 315-335.

Hart, S. D. et al., 2003. *RSVP) Structured Professional Guidelines for Assessing Risk of Sexual Violence.* s.l.:MHLPI, Pacific Psychological Assessment Corp., The British Columbia Institute Against Family Violence.

HMSO, 2004. *The Children Act 1989 Ammended by the Children and Adoption Act 2004 s 31(9) and s 10.* s.l.:s.n.

Kolko, D. J., 2002. Child Physical Abuse. In: J. E. Myers, et al. eds. *The APSAC Handbook on Child Maltreatment.* s.l.:Sage, pp. 21-54.

Kropp, R. P., Hart, S. D., Webster, C. D. & Eaves, D., 1995. *Manual for the Spousal Assault Risk Assessment Guide.* 2nd ed. Vancouver: The British Columbia INstitute on Family Violence.

Kumpfer, K. F., 1999. Factors and Processes Contributing to Resilience: The Resilience Framework. In: M. D. Gantz & J. L. Johnson, eds. *Resilience and Development: Positive life Adaptations.* s.l.:Kluwer Academic /Plenum, pp. 180-224.

Lee, S. J., Guterman, N. B. & Lee, Y., 2008. Risk Factors for Paternal Physical Child Abuse. *Child Abuse and Negelct,* Volume 32, pp. 846-858.

Milner, J. S., 1986. *Child Abuse Potential Inventory.* 2nd ed. Illinois: Psytec Inc..

Milner, J. S., 1990. *An Interpretive Manual for the Child Abuse Potential Inventory.* s.l.:Psytech Inc..

Monahan, J., 1981. *Predicting Violent Behaviour: an Assessment of Clinical Techniques.* s.l.:Sage.

Paulhus, D. L., 1998. *Paulhus Deception Scales: the Balanced INventory of Desirable Responding - 7 User's Manual.* s.l.:Multi-Health Systems inc.

Repetti, R. L., Taylor, S. E. & Seeman, T. E., 2002. Risky Families:Family Social Environments and the Mental and Physical Health of Offspring. *Psychological Bulletin,* 128(2), pp. 330-366.

Schaeffer, C. M., Alexander, P. C., Bethke, K. & Kretz, L. S., 2005. Predictors of Child Abuse Potential Among military Parents: Comparing Mothers and Fathers. *Journal of Family Violence,* 20(2).

Sharp, N., 2012. *Still Hidden? Going Missing as an Indicator of Child Sexual Exploitation,* s.l.: Missing People.

Shelley, L., 2010. *Human Trafficking: A Global Perspective.* Cambridge: CAmbridge University Press.

Spagnola, M. & Fiese, B. H., 2007. Family Routines and Rituals: A Context for Development in the Lives of Young Children. *Infants and Young Children,* 20(4), pp. 284-299.

Turnell, A., 2012. *The Signs of Safety: Comprehensive Briefing Paper,* s.l.: Resolutions Consultancy Pty Ltd..

Webster, C. D., Douglas, K. S., Eaves, D. & Hart, S. D., 1997. *HCR 20 Assessing Risk for Violence.* 2 ed. s.l.:Mental Health, Law and Policy Institute, Simon Fraser university.

Webster, C. D. et al., 2004. *Short term Assessment of Risk and Treatability (START).* British Columbia: St.Joseph's Healthcare / Forensic Psychiatric Services Commission.

APPENDIX

FRaSA Work Sheet

Family Risk and Safety Assessment

Assessment Information

Details

Date Assessment Commenced: Date Assessment Completed:

Source of Information Reviewed

Interviews (please provide details – with whom, day, date, time and place)

Social Care / Health / Police / Education Records

Consultation With Professionals

Collateral Interviews (Friends, family, associates)

Information Not Reviewed

Summary of Parents' Psychosocial History

Family/Childhood

Education

Employment

Relationships

Medical Problems

Psychiatric/Emotional Problems

Substance Use

Legal Problems

Parents' Plans

Harmful Behaviour

Recent Behaviour (Within past 12 months)

Describe incident: *When (time), What (nature of harm), Who (identify of and relationship to victim),*

Why (motivation, precipitants, goals), Where (location, context), Personal Reaction (feelings then and now)

Past Behaviour (More than 12 months ago)

Describe incidents: *When (time), What (nature of harm), Who (identify of and relationship to victim),*

Why (motivation, precipitants, goals), Where (location, context), Personal Reaction (feelings then and now)

Describe pattern: *Chronicity (ages, frequency), Diversity (types), Severity (consequences), Escalation (trajectory)*

Violent Ideation

Recent Violent / Suicidal Ideation (Within past 12 months)

Describe incident: *Type (thoughts, urges, threats), Severity (nature of harm), Intensity (recurrence, persistence),*

Feasibility (experience, means), Imminence (acute), Intent (certainty, desire, action), Targeted (identifiable victims)

Past Violent / Suicidal Ideation (More than 12 months ago)

Describe incident: *Type (thoughts, urges, threats), Severity (nature of harm), Intensity (recurrence, persistence),*

Feasibility (experience, means), Imminence (acute), Intent (certainty, desire, action), Targeted (identifiable victims)

Describe pattern: *Chronicity (ages, frequency), Diversity (types), Severity (consequences), Escalation (trajectory)*

Presence and Relevance of Major Vulnerability Factors	
Vulnerability Factors	*Coding*
Harmful Behaviour Within Family (e.g. *inter-personal aggression and violence, emotional /psychological abuse, sexual abuse and exploitation, neglect)* ☆	*Presence Past* Parent 1: Y ? N Parent 2: Y ? N Presence Recent Parent 1: Y ? N Parent 2: Y ? N *Relevance* Y ? N
History of Violence in childhood *(e.g. History of violent Behaviour by parents as children, aggressive and violent Behaviour among current children)*	*Presence Past* Parent 1: Y ? N Parent 2: Y ? N Presence Recent Parent 1: Y ? N Parent 2: Y ? N *Relevance* Y ? N
Family History of substance misuse problems ☆	*Presence Past* Parent 1: Y ? N Parent 2: Y ? N Presence Recent Parent 1: Y ? N Parent 2: Y ? N *Relevance* Y ? N

Criminal Record ☆	Presence Past
	Parent 1: Y ? N
	Parent 2: Y ? N
	Presence Recent
	Parent 1: Y ? N
	Parent 2: Y ? N
	Relevance
	Y ? N
Early Maladjustment	Presence Past
	Parent 1: Y ? N
	Parent 2: Y ? N
	Presence Recent
	Parent 1: Y ? N
	Parent 2: Y ? N
	Relevance
	Y ? N

Vulnerability Factors continued	Coding
Prior Supervision Failure	*Presence Past* Parent 1: Y ? N Parent 2: Y ? N Presence Recent Parent 1: Y ? N Parent 2: Y ? N *Relevance* Y ? N
Lack of Insight	*Presence Past* Parent 1: Y ? N Parent 2: Y ? N Presence Recent Parent 1: Y ? N Parent 2: Y ? N *Relevance* Y ? N
Impulsivity ☆	*Presence Past* Parent 1: Y ? N Parent 2: Y ? N Presence Recent Parent 1: Y ? N Parent 2: Y ? N *Relevance* Y ? N

Rigidity ☆	Presence Past
	Parent 1: Y ? N
	Parent 2: Y ? N
	Presence Recent
	Parent 1: Y ? N
	Parent 2: Y ? N
	Relevance
	Y ? N
Plans lack feasibility	Presence Past
	Parent 1: Y ? N
	Parent 2: Y ? N
	Presence Recent
	Parent 1: Y ? N
	Parent 2: Y ? N
	Relevance
	Y ? N
Non-compliance with remediation attempts	Presence Past
	Parent 1: Y ? N
	Parent 2: Y ? N
	Presence Recent
	Parent 1: Y ? N
	Parent 2: Y ? N
	Relevance
	Y ? N

History of Major Mental Illness	☐ *Definite*	☐ *Provisional*	*Presence Past*
			Parent 1: Y ? N
			Parent 2: Y ? N
			Presence Recent
			Parent 1: Y ? N
			Parent 2: Y ? N
			Relevance
			Y ? N

Personality Disorder	☐ *Definite*	☐ *Provisional*	*Presence Past*
			Parent 1: Y ? N
			Parent 2: Y ? N
			Presence Recent
			Parent 1: Y ? N
			Parent 2: Y ? N
			Relevance
			Y ? N

Other Vulnerability Factor:	*Presence Past*
	Parent 1: Y ? N
	Parent 2: Y ? N
	Presence Recent
	Parent 1: Y ? N
	Parent 2: Y ? N
	Relevance
	Y ? N

Presence and Relevance of Major Adversity Factors	Coding
Parental relationship instability ☆	*Presence Past* Parent 1: Y ? N Parent 2: Y ? N Presence Recent Parent 1: Y ? N Parent 2: Y ? N *Relevance* Y ? N
Employment problems	*Presence Past* Parent 1: Y ? N Parent 2: Y ? N Presence Recent Parent 1: Y ? N Parent 2: Y ? N *Relevance* Y ? N

Unhappiness ☆	Presence Past
	Parent 1: Y ? N
	Parent 2: Y ? N
	Presence Recent
	Parent 1: Y ? N
	Parent 2: Y ? N
	Relevance
	Y ? N
Active Symptoms of Major Mental Illness	*Presence Past*
	Parent 1: Y ? N
	Parent 2: Y ? N
	Presence Recent
	Parent 1: Y ? N
	Parent 2: Y ? N
	Relevance
	Y ? N
Problems with Child and Self ☆	*Presence Past*
	Parent 1: Y ? N
	Parent 2: Y ? N
	Presence Recent
	Parent 1: Y ? N
	Parent 2: Y ? N
	Relevance

Problems From Others ☆	Presence Past
	Parent 1: Y ? N
	Parent 2: Y ? N
	Presence Recent
	Parent 1: Y ? N
	Parent 2: Y ? N
	Relevance
	Y ? N
Problems with Family ☆	*Presence Past*
	Parent 1: Y ? N
	Parent 2: Y ? N
	Presence Recent
	Parent 1: Y ? N
	Parent 2: Y ? N
	Relevance
	Y ? N
Distress	*Presence Past*
	Parent 1: Y ? N
	Parent 2: Y ? N
	Presence Recent
	Parent 1: Y ? N
	Parent 2: Y ? N
	Relevance
	Y ? N

Exposure to destabilisers ☆	*Presence Past*
	Parent 1: Y ? N
	Parent 2: Y ? N
	Presence Recent
	Parent 1: Y ? N
	Parent 2: Y ? N
	Relevance
	Y ? N
Lack of personal support ☆	*Presence Past*
	Parent 1: Y ? N
	Parent 2: Y ? N
	Presence Recent
	Parent 1: Y ? N
	Parent 2: Y ? N
	Relevance
	Y ? N
Exposure to OtherAdversity Factors	*Presence Past*
	Parent 1: Y ? N
	Parent 2: Y ? N
	Presence Recent
	Parent 1: Y ? N
	Parent 2: Y ? N
	Relevance
	Y ? N

Presence and Relevance of Protectors (Code these items with regard to all family members)	Coding
Relationships	*Presence Past* Y ? N Presence Recent Y ? N *Relevance* Y ? N
Good engagement with services, agencies and local resources	*Presence Past* Y ? N Presence Recent Y ? N *Relevance* Y ? N
Strong social networks and outlets	*Presence Past* Y ? N Presence Recent Y ? N *Relevance* Y ? N

	Coding
Material Resources	*Presence Past* Y ? N Presence Recent Y ? N *Relevance* Y ? N
Other Protective Factors:	*Presence Past* Y ? N Presence Recent Y ? N *Relevance* Y ? N
Presence and Relevance of Resilience Factors *(Code these items with regard to all family members)*	***Coding***
Maintenance of family routines and rituals	*Presence Past* Y ? N Presence Recent Y ? N *Relevance* Y ? N
Good self esteem, competencies and problem solving skills	*Presence Past* Y ? N Presence Recent Y ? N *Relevance* Y ? N

Strong Internal Locus of Control	*Presence Past* Y ? N Presence Recent Y ? N *Relevance* Y ? N
Capacity to re-frame adversities	*Presence Past* Y ? N Presence Recent Y ? N *Relevance* Y ? N
Responsible Conduct *(Accepts responsibility, respects property, punctual, creates a positive atmosphere, does not jeopardise safety, comfort and care of self or others, able to adjust Behaviour according to social context)*	*Presence Past* Y ? N Presence Recent Y ? N *Relevance* Y ? N
Other Strengths	*Presence Past* Y ? N Presence Recent Y ? N *Relevance* Y ? N

Risk Scenarios: What Are We Worried About	
Nature • What kind of Harm is likely to occur? • Who is likely to be harmed? • What is the likely motivation — that is, what is the person trying to accomplish?	
Severity • What would be the psychological or physical harm to victims? • Is there a chance that the harm might escalate to serious or life-threatening levels?	
Imminence • How soon might the harmful Behaviour occur? • Are there any warning signs that might signal that the risk is increasing or imminent?	
Frequency/Duration • How often might the harmful behaviour occur — once, several times, frequently? • Is the risk chronic or acute (i.e., time-limited)?	
Likelihood • In general, how frequent or common is this type of harmful behaviour? • Based on this family's history, how likely is this behaviour?	

Case Management: "What Needs To Happen?"
What's Working Well • What strengths are demonstrated as protection over time? • What are the assets, resources and capacities within the family? • What research based protective factors are present?	
Monitoring • What is the best way to monitor warning signs that the risks posed may be increasing? • What events, occurrences, or circumstances should trigger a re-assessment of risk?	
Intervention • What Intervention strategies could be implemented to manage the risks posed? • Which Concerns are high priorities for intervention?	

Supervision • What supervision strategies could be implemented to manage the risks posed? • What restrictions on activity, movement, association, or communication are indicated?	
Safety Planning • What steps could be taken to enhance the safety and security of the child(ren)? • How might the child(ren)'s physical security or self-protective skills be improved?	
Other Considerations • What events, occurrences, or circumstances might increase or decrease risk? • What else might be done to manage risk?	

Summary Judgements		
Issue	*Coding*	*Comments*
Case Prioritisation • What level of effort or intervention will be required to prevent harm occurring? • To what extent is this opinion limited in light of information that is unclear, unavailable, or missing?	*High/Urgent* *Moderate/Elevated* *Low/Routine*	
Serious Physical Harm • What is the risk that any future Behaviour will involve serious or life-threatening physical harm? • To what extent is this opinion limited in light of information that is unclear, unavailable, or missing?	*High* *Moderate* *Low*	
Immediate Action Required • Is there any imminent risk to the welfare of the child(ren)? • What preventive steps were or should be taken immediately?	*Yes* *Possibly* *No*	
Other Risks Indicated • Is there evidence that the carers or child(ren) poses other risks, such as suicide, self-harm, or failure to care for physical health? • Should any person be evaluated for other risks?	*Yes* *Possibly* *No*	
Case Review • When should the case be scheduled for routine review (re-assessment)? • What circumstances should trigger a special review (re-assessment)?	*Date for review:*	
Evaluator		
Name: Date:		

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