

Assessing and Managing Risk in *Getting it right for every child*

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Introduction

The purpose of this paper is to provide a discussion of risk assessment and risk management in the context of *Getting it right for every child*. The first part of the paper looks at the importance of understanding needs and risks within a framework of a child's whole world and well-being. The next part of this paper looks at the context of risk for children in Scotland. It then draws on a consensus from the literature to give an overview of the approaches most commonly used by different agencies for the assessment of risk in relation to children. It selects approaches that seem most relevant to working with risks to children's well-being within the *Getting it right for every child* framework and indicates how these might be applied in practice. The paper ends with an outline of an approach to risk assessment and management within the *Getting it right for every child* practice model.

Taking a more inclusive approach

The aim of the Scottish Government is to promote children's well-being so that all children and young people can reach their full potential in adulthood and become **successful learners, confident individuals, effective contributors and responsible citizens**. To achieve their well-becoming in the future, children's well-being is important at every stage of childhood. Every child needs to be **healthy, achieving, nurtured, active, respected and responsible, and, above all, safe**. These are the eight indicators of well-being which are used for the purposes of identifying concerns, assessment and planning in the *Getting it right for every child* practice model which we will describe later.

Many children may have temporary difficulties in one or more aspects of their well-being, which will affect how they progress but if these are dealt with quickly and appropriately, children will continue to flourish. Some may face more serious risks from vulnerabilities within themselves, such as health problems or genetic conditions that affect their learning. Some are placed at risk by those close to them, such as children at risk of neglect or abuse. Children may also become victims of bullying, other violence from peers or discrimination. There are also children who place themselves at risk through their behaviour.

This will include children who present a risk of serious harm to themselves and others. The life opportunities of some children are affected by living in continuing poverty and dangerous communities (Scottish Government 2008a). In all these cases, children will have complex needs. Many of these children, who are not meeting their *Well-being Indicators*, will have a complex mix of risks and needs. Indeed, we would agree that risks and needs are two sides of the same coin. If a child is at risk in some way, that child will have needs related to their well-being. The more complex and interrelated the risks, the more likely that children's well-being will be affected on several fronts.

In spite of the impact of multiple risks, writers in child development take a more optimistic view of children's resilience and ability to recover from negative experiences (Schaffer 1998; Aldgate *et al.* 2006). Cicchetti *et al.*, for example, go so far as to suggest that most children maintain the ability to 'show some resilience strivings in the presence of serious and chronic adversity' (Cicchetti *et al.* 1993, p. 642).

It is important, therefore, to work in an integrated way with children, one which recognises the balance between positive and negative influences. Inner vulnerabilities may be counteracted by resilience and adversity may be counteracted by protective factors (Daniel and Wassell 2002). This way of working will apply to all practitioners from different disciplines across different agencies. It also influences how parents can support their children. If this more balanced, inclusive approach is not taken to working with children, as Graybeal and Konrad (2008) point out, there are dangers of practitioners from any agency polarising their way of working into either 'risk assessment' or 'strengths based approaches', whereas what may be most in children's interests is to develop inter-agency approaches that look at the whole picture of the child's life. Graybeal and Konrad believe that 'problems and strengths are inter-related and inextricable from one another, and are discovered through dialogue' (Graybeal and Konrad 2008, p.185). They emphasise the importance of working collaboratively with children and families. Furthermore, it is not helpful simply to identify a risk without taking action to eliminate or, more commonly, manage that risk. This approach is central to the Scottish Government's attitude to assessing risk in relation to offenders:

The need for information and assessment, whilst crucial to the management process, does not negate the need for action (Scottish Government 2008b, p. 37).

This way of thinking is fundamental to *Getting it right for every child*. Dialogue between children and families and practitioners within and between agencies is the foundation for

ensuring children and families are fully included in discussing problems and possible solutions, and that agencies share information appropriately as needed. It also underpins any integrated approach to providing help. Traditionally, agencies have seen helping a child only in terms of the part of the child's life that is the concern or responsibility of their agency. *Getting it right for every child* asks all practitioners to think about a child's problems not only from their agency's perspective but also to see any risks and needs in the context of the whole of a child's life. *Getting it right for every child* is founded on 10 core components which can be applied in any setting and in any circumstance (Scottish Government 2008c). They provide the core of the *Getting it right for every child* approach in practice and provide a benchmark from which practitioners may apply the approach to their areas of work. They also inform a range of other policy developments and initiatives, some explored in more detail later on, such as *Hall 4* (Scottish Executive 2005a) and *A Curriculum for Excellence* (Scottish Executive 2006a), and others which have a considerable impact, such as the Early Years Framework with its emphasis on early intervention (Scottish Government 2008d).

Core Components:

1. A focus on improving outcomes for children, young people and their families based on a shared understanding of well-being
2. A common approach to gaining consent and to sharing information where appropriate
3. An integral role for children, young people and their families in assessment, planning and intervention
4. A co-ordinated and unified approach to identifying concerns, assessing needs, agreeing actions and outcomes, based on the *Well-being Indicators*
5. Streamlined planning, assessment and decision-making processes that lead to the right help at the right time for children
6. Consistent high standards of co-operation, joint working and communication where more than one agency needs to be involved, locally and across Scotland
7. A lead professional to co-ordinate and monitor multi-agency activity where necessary
8. Maximising the skilled workforce within universal services to address concerns at the earliest possible time
9. A confident and competent workforce across all services for children, young people and their families
10. The capacity to share demographic, assessment and planning information electronically within and across agency boundaries through the national eCare programme where appropriate

(Scottish Government 2008c, p. 14).

Getting it right for every child has an integrated, common approach to gathering information about a child's well-being. It uses three tools: the *Well-being Indicators*, the *My World Triangle* and the *Resilience Matrix*. The construct of well-being is central to understanding how children develop. The *My World Triangle* helps practitioners gather relevant information into a mental map of the strengths and pressures affecting a child and family. The triangle is deliberately presented from the child's perspective to reinforce *the Getting it right for every child* principle that children are at the centre of any of the activities of practitioners. The construct of resilience is embedded in the language of many agencies and is linked with understanding how risks may be overcome or managed. The ecological approach in these three tools is well-grounded in child development theory about the interactions and transactions that take place within and between different parts of a child's world (see, for example, Daniel *et al.* 1999, Rose and Aldgate 2000; Aldgate *et al.* 2006). Later in this paper, we discuss how the *Well-being Indicators*, the *My World Triangle*, and the *Resilience Matrix* are used in the assessment of needs and risks for any child about whom there are concerns.

Problems in defining risk

The assessment of risk of both adults and children has posed some difficulties in finding common definitions. In her review of the international literature on risk assessment for the Scottish Government, Barry (2007) suggests there is no clear definition of risk, and little consistency in defining high, medium and low risks. Low risks are often seen as a matter of professional judgement. Barry goes on to suggest that risk factors can be static or dynamic. Static risk factors, such as age, sex, offence history health or education record, do not change. Dynamic factors, by contrast, can change over time and are both 'variable and outwith the control of the individual' (Barry 2007, p. 5). These include income and employment patterns, changes of school, as well as changes through choice, such as drug use or vandalism. Barry comments that a combination of static and dynamic factors is more likely to be effective in predicting risk rather than static factors alone.

Risk may also be influenced by the approach of different disciplines. Carson (1994), quoted in Cleaver *et al.* (1998), for example, draws a comparison between social work, which tends to focus on risk as applied to harm and other areas, where risk analysis also includes benefits or positive factors that might result from taking risks. Such an approach is familiar territory for the medical profession in weighing the merits of a particular intervention. As

Cleaver *et al.* (1998) comment, discussion of risk outwith child protection:

always assumes that there is a choice between taking the risk and not taking the risk, and that risks by their nature can be put off until a more favourable time. In social work risk taking, however, there are usually no harm free options, even a 'do nothing' option has dangers' (Cleaver *et al.* 1998, p.11).

Health and assessing risk

In the area of children's health, *Health for All Children 4* (Scottish Executive 2005a) which is commonly known as *Hall 4*, locates the initial identification of risk within the universal service. It sets out 'a core programme of health checks, screening activity and health promotion for all children from birth to five years' (Scottish Executive 2005a, p. 33). Where children are identified as being in need and/or at risk, there can be additional support which may be wide-ranging. This may include multi-agency work, which acknowledges the interface between health and social issues. *Hall 4* advocates health professionals take an holistic view of a child. There is recognition, for example, that schools can play a big part in minimising the risks to children's health by promoting active and healthy lifestyles, including healthy eating and sport. Often parents and carers will pick up health issues but health practitioners will often be the first professionals to pick up concerns about children's safety and nurture at home. Such early interventions, including an emphasis on promoting good care giving behaviour between parents and children, can also be the most effective way to prevent developing mental health problems in children.

The implementation of *Hall 4* includes children's mental health. It links with the Scottish Executive's *Mental Health Framework for Children and Young People* (Scottish Executive 2005b). The Framework stresses:

the importance of considering the child's global environment, recognising elements which support mental health and wellbeing as well as those factors which may increase the risk of mental health problems, including the potential impact of a parent's ill health on their child.

The Framework promotes a "mainstream" approach to mental health and wellbeing, which equips a range of health and other children's services professionals with the basic skills to be able to support parents in developing a basic understanding of risk and protective factors that may affect their child's mental health and wellbeing

(Scottish Executive 2005a, p. 23).

Education and assessing risk

Education policy also recognises the importance of taking a whole child approach from within education. A *Curriculum for Excellence* recommends that children's well-being is on the agenda of teachers:

Curriculum for Excellence has an important role to play in promoting the health and wellbeing of children and young people and all of those in educational communities to which they belong. Learning through health and wellbeing promotes confidence, independent thinking and positive attitudes and dispositions. Because of this, it is the responsibility of every teacher to contribute to learning and development in this area (Scottish Executive 2006a, p.10).

The links between children's development, well-being and the handling of transitions in their educational careers are also recognised:

The transition from early years to primary school, primary school to secondary school, and from secondary school to employment or further education or training, have been identified as vulnerable stages of development for children and young people. Transitions between geographical and agency areas can also be vulnerable points (Scottish Executive 2005a, p. 42).

The importance of transitions is stressed in the *Education (Additional Support for Learning) (Scotland) Act 2004* which makes provision 'to strengthen future needs planning arrangements for those young people with additional support needs, who need extra help, to ensure a successful transition to post-school life' (Scottish Executive 2005a, p. 42).

Education also has to take account of children's safety in different ways. Every school has protocols for working in partnership with social work in child protection. Teachers also have to be mindful of assessing the risks to children's physical safety if they take children out of school on excursions, as well as attending to Health and Safety procedures to minimise risks within the school building.

Social work and assessing risk

The *Children (Scotland) Act 1995* places a duty on local authorities to safeguard and actively promote the welfare of children in need in their area by providing services to them and/or their families. Within local authority services, social work has an important part to play in assessing and providing services for children in need. *Changing Lives* (Scottish Executive 2006b) points out that social workers are particularly well equipped to be the lead

professional in collaborative work in many circumstances including where:

- the child or adult is at risk of serious harm from others or themselves and requires skilled risk assessment and protection;
- the child or adult is likely to put others at risk or harm, distress or loss and a response needs to take account of the individual's interests and well-being of others;
- the child's or adult's circumstances, including their health, finances, living conditions or social situation, are likely to cause them or others serious harm, social exclusion or reduction of life-chances;
- the situation requires assessment of, and intervention in unpredictable emotional, psychological, intra-family or social factors and responses;
- the circumstances are such that there are significant risks in both intervening and not intervening, when a fine judgement is required (Scottish Executive 2006b, p. 29).

Social workers' unique contribution is spelt out through the duties laid on them by legislation. Social workers are likely to play a prominent role when children need protecting. They will have the complex task of assessing both risk and need at all stages of working with children and families in these circumstances. This will include assessing the impact on children of adult family members' substance misuse, domestic abuse or mental health issues. The responsibilities of social work departments and indeed of the local authority as a whole are particularly clear and important where the local authority has assumed the role of 'corporate parent' (see Scottish Government 2008e). There are special considerations of needs and risks in relation to kinship care, foster care, residential care and adoption.

Police and assessing risk

The police in Scotland encounter children in a wide and varied set of circumstances. The primary duties of the police are to ensure that immediate risks to a child's safety are identified and action taken which is necessary to safeguard that child. The *Children (Scotland) Act 1995* s.61(5) provides powers to constables to remove a child in emergency circumstances when there is immediate risk of significant harm, with less urgent though equally concerning situations catered for through the application process for Child Protection Orders. Liaison with partners in social work, health and education is crucial to the assessment made on a dynamic basis using collective, evidence informed professional judgement. This is consistent with *Getting it right for every child* processes for identifying and acting upon concerns. Where there is such urgency that consultation is impossible action would be taken on a single agency basis.

Where a child is involved in an incident as a victim, witness or suspect, assessment of risk will run in parallel with the criminal investigation to establish circumstances amounting to a crime and identify the offender. Throughout an investigation, the consideration of risk to the child's safety will remain paramount. Liaison with partners in assessing risk and actions required to meet the child's needs will be key. This includes contact with key personnel in the universal services, such as the *named person* in Highland, and with the *lead professional* where one has been appointed.

It is not the role of the police to carry out complex and detailed assessment of a child's needs. The police can, however, contribute to the holistic package of information required for the assessment of, and planning for, a child's needs. Training for police officers includes 'child protection awareness' at all stages of their careers. Operational staff are encouraged to identify situations of concern and act appropriately, recording and flagging their concerns. Specialised units/points of contact within police forces have the responsibility of liaising with partner agencies where concerns are identified. Where joint police and social work interviews are necessary, good practice guidance is available (see Scottish Executive 2003a). As *Getting it right for every child* is embedded in practice, the police will be encouraged to use the *Well-being Indicators* against which they will be able to log their concerns. Trialling of this approach in the Highland Pathfinder is proving to be helpful to joint working.

Youth justice and assessing risk

In youth justice, Barry (2007) suggests that the experience of crime is actually far less than the fear of it. The chances of engaging in anti-social behaviour rise with the presence of multiple risk factors such as poor parental supervision, being a low achiever, living in a lone parent family and truanting but even here only 4 out of 10 high risk factor children will behave in an anti-social manner (Barry 2007, p. 9). In youth justice in Scotland, children who present a risk of serious harm are defined as those involved in sexually harmful behaviour, sexual offences and serious violent behaviour. The focus is not 'solely on a specific type of offence or behaviour but on the level of risk posed' (Scottish Government 2008b, p. 6). Both the behaviours and levels of risk should be identified through detailed assessment, taking account of all relevant information. This assessment will then influence any risk management strategies. It is also suggested that 'because of the strong correlation between age and crime for both offenders and victims and the fact that the majority of adolescent offenders do

not become adult offenders, they should be dealt with as vulnerable first and foremost rather than culpable' (Barry 2007, p. 9). Such an approach reflects the emphasis in *Getting it right for every child* on assessing the whole child and early intervention.

Children who may be a risk to others can be dealt with through Children's Hearings or may be prosecuted through the criminal justice system, where they may also be subject to the notification requirements and orders under the *Sexual Offences Act 2003* and may be included in Multi Agency Public Protection Arrangements (MAPPA), developed under the *Management of Offenders etc. (Scotland) Act 2005*. The Risk Management Authority (RMA) in Scotland has set up extensive guidelines and standards to promote best practice. The RMA identifies that:

violent and sexual offending are complex phenomena and so require individualised responses that are dynamic and derived from multi-faceted risk assessment. In turn this requires multi-layered and multi-modal risk management plans practice in the effective assessment and management of risk posed by offenders (Scottish Government 2008b, p. 37).

The risks of growing up in poverty

The association between multiple risk factors and the development of anti-social behaviour is just one aspect of a continuing concern by the Scottish Government about the risks to all areas of children's well-being of growing up in poverty:

Continued poverty not only affects the adults involved by condemning them to a life of financial struggle, reduced life chances, and a greater risk of suffering poor physical and mental wellbeing. Poverty among families also affects everyone in the household. We know that children who grow up in poor households are more likely to grow up to be poor adults themselves, and that they are more likely to achieve fewer qualifications and be less likely to enter Higher Education, to be more likely to have poor physical and mental health, and to suffer from worklessness in adult life (Scottish Government 2008a).

Throughout the Scottish policy documents relating to different services for children lies a common core of locating children's needs and risks within the context of the whole child. This approach is at the heart of *Getting it right for every child* and a central part of the practice model used to assess risk and need.

Recognising and assessing risk is embedded in several pieces of legislation in relation to children and young people

The multi-agency context for recognising and managing risk in relation to children and young people is contained within a range of legislation:

Legislative Framework – Recognising and Assessing Risk

1. Children and Young Persons (Scotland) Act 1937

<http://www.statutelaw.gov.uk/legResults.aspx?LegType=All%20Primary&PageNumber=3&BrowseLetter=C&NavFrom=1&activeTextDocId=1111220>

2. Children (Scotland) Act 1995

http://www.opsi.gov.uk/acts/acts1995/ukpga_19950036_en_1.htm

3. Criminal Law (Consolidation) (Scotland) Act 1995

http://www.opsi.gov.uk/acts/acts1995/Ukpga_19950039_en_1.htm

4. Human Rights Act 1998

<http://www.opsi.gov.uk/acts/acts1998/19980042.htm>

5. Commissioner for Children and Young Persons (Scotland) Act 2003

<http://www.opsi.gov.uk/legislation/scotland/acts2003/20030017.htm>

6. Protection of Children (Scotland) Act 2003

http://www.opsi.gov.uk/legislation/scotland/acts2003/asp_20030005_en_1

7. Sexual Offences Act 2003

<http://www.opsi.gov.uk/acts/acts2003/20030042.htm>

8. Vulnerable Witnesses (Scotland) Act 2004

<http://www.opsi.gov.uk/legislation/scotland/acts2004/20040003.htm>

9. Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005

<http://www.opsi.gov.uk/legislation/scotland/acts2005/20050009.htm>

10. Family Law (Scotland) Act 2006

<http://www.opsi.gov.uk/legislation/scotland/acts2006/20060002.htm>

11. Protection of Vulnerable Groups (Scotland) Act 2007

<http://www.opsi.gov.uk/legislation/scotland/acts2007/20070014.htm>

The context of risk assessment and the search for certainty

The continuing emphasis on risk and its prevention or management in policy documents reflects the increasing priority risk has assumed in all children's services. The emphasis on risk is a reflection of a number of factors. Stalker suggests that one of those factors is 'the impact of globalisation' which has 'dislocated many areas of social and economic life, giving rise to uncertainties, fears and insecurities: more importance is now attached to calculating choices of individuals' (Stalker 2003, p. 216).

The wish for certainty has led to a search for tools for assessing risk that guarantees safety. As Seden points out, the development of models of risk assessment in child protection has also been influenced by a quest for more certainty in predicting harm, influenced by successive inquiries into child deaths and the wish to prevent such deaths in the future. Consequently, highly publicised 'failure' to protect children from danger has led professionals to develop checklists of indicators and predictors which claim to measure the safety of a child within a family (Seden 2000, p.10). This approach also lends itself to a concentration on immediacy and neglecting areas of risk where effects may be more evident in the longer term. This would include harm from emotional abuse and neglect (Iwaniec1995) and the impact of the multiples risks of poverty (Scottish Government 2008a).

The desire to seek a fail-safe method of risk assessment has led to a move towards a type of defensible decision-making which has sometimes become more important than making decisions that promote a child's well-being. In talking about 'defensible decision-making', some commentators (for example Parton 1998 and Stalker 2003) have suggested that 'defensible' has been interpreted as practitioners wanting to defend their backs. In spite of these reservations, decision-making that can be defended has an important part to play in managing risk. In a more measured context of risk assessment and risk management, the Scottish Executive's 2002 definition in relation to violent offenders emphasises the analysis of information gathered and the making of measured judgements. An action is deemed defensible if an objective group of professionals would consider that:

- all reasonable steps have been taken;

- reliable assessment methods have been used;
 - information has been collected and thoroughly evaluated;
 - decisions are recorded, communicated and followed through;
 - policies and procedures have been followed; and
 - their managers adopt an investigative approach and are proactive
- (Scottish Executive 2002, p. 22).

One of the consequences of taking a defensible approach to assessing risk has been that practitioners working in our 'risk society' have become 'increasingly reliant on complex systems of audit, monitoring and quality control' (Stalker 2003, p. 217). Models of risk assessment have tended to focus on this bureaucratic approach. See, for example, literature reviews on the subject by Hagell (1998); Cleaver *et al.* (1998); Stalker (2003); Barry (2007).

Recently, some writers have suggested a move away from a negative approach to one that includes an emphasis on recognising 'signs of safety' as well as risk (Turnell and Edwards 1999). Calder suggests that, in many realms, a risk equation also calculates possible benefits. He urges therefore that any risk assessment should 'be concerned with weighing up the pros and cons of a child's circumstances in order to inform decision-making as to what should happen with regard to intervention and protection' (Calder 2002, p. 8). This thinking is applicable to assessing risk relating to any of the *Getting it right for every child Well-being Indicators*.

Assessing and managing risk within a *Getting it right for every child* approach

As Calder has suggested, 'there is no ideal risk assessment method or framework' (Calder 2002, p. 13). To this, the Scottish Government adds, in the context of youth justice, that:

risks cannot necessarily be eliminated but they can be reduced. Risk management should therefore be understood as risk reduction, with no situation considered entirely risk free. Collectively, professionals should have confidence that, through defensible decision making, the measures implemented will reduce the risk sufficiently to protect the public (Scottish Government 2008b, p. 37).

Practitioners wanting a fail-safe checklist, in whichever discipline they are working, will fail to find one and practitioner judgement will always need to play a part in identifying and responding to risk. Recognising this limitation, there have been several identifiable approaches to risk assessment. These include the following:

Unstructured professional assessment

This approach emphasises assessments being made without any structured *aide-memoires*, relying on the clinical judgement of professionals. There are pros and cons in this approach. Decisions are dependent on the qualifications and experience of the professional making them but this has led to criticisms of subjectivity and lack of reliability and validity. However, its strength is that it allows assessments to take into account the particular circumstances and context of the situation, and interventions to be tailored accordingly. This approach gives considerable professional discretion but does not explicitly include the structured use of evidence. Additionally, as Douglas and Kropp suggest, it 'is vulnerable to missing important factors that require intervention' (Douglas and Kropp 2002, p. 624).

Actuarial tools in risk assessment

Such tools are designed to predict specific behaviours within specific time scales. Actuarial scales can be useful in providing identification of factors that have been shown in research as likely to be present when harmful behaviour occurs. Interest in this approach has grown to counteract what has been seen as an idiosyncratic and intuitive approach of individual practitioner assessments. It has also been influenced by the wish to find a way to predict and prevent the likelihood of serious harm to children and from children to others. As Seden (2000, p.10) points out, much of the literature of social work has been preoccupied with the 'development of scales to assess the risks to children of parental dangerousness.' In youth justice, there have been concerns to predict the likelihood of re-offending.

The development of such scales has some justification in research evidence. For example, children may be affected by their parents' substance misuse (see Scottish Executive 2003b and 2004; Aldgate and McIntosh 2006) or by being exposed to domestic violence (Cleaver *et al.* 1999; Bancroft and Silverman 2002; Cleaver *et al.* 2007). The use of scales to determine frequency and seriousness of substance misuse in adults may, therefore, be helpful if considering the risk to children in the household. For young offenders, the Offender Assessment System (OAS), Youth Level Service/Case Management Inventory (YLS/CMI) and ASSET have been used in the UK. ASSET is the first common structured tool to be used across the youth justice system in different countries of the UK. This adds credibility to the statistics gained in the aggregation of data nationally and locally. Evaluations of the use of the tool across youth justice teams in England have found that it can predict reconviction over a

12 month period with 67% accuracy (Barry 2007). Of course, all these specialist scales relate to particular aspects of a child or young person's behaviour. They do not provide a comprehensive picture about a child's needs or risks.

There have been increasingly many critics of the exclusive use of actuarial scales. Munro has suggested that actuarial calculations 'have an air of authority and objectivity that can mislead people into crediting them with more accuracy than they deserve' (Munro 2004, p. 881). One major disadvantage is that they take no account of theory, such as theories about how children develop. Although there is merit in using factors which have been identified in research studies, use also needs to be made of theory of human growth and development. For example, understanding about the relationship between patterns of attachment in childhood, and their application in adults who are parents, is missing.

Barry (2007) suggests actuarial scales may also foster a culture of blame towards individuals by labelling them and fail to bring into the equation external factors in a child's ecology such as poverty or the influence of neighbourhood. Houston and Griffiths believe that use of scales alone has led to 'surface interventions' where risk assessments classify clients rather than promoting understanding of their actions... risk assessment has become formulaic and mechanical' (Houston and Griffiths 2000, p. 5). Barry (2007) also observes that such scales ignore issues of accountability, such as that asked from the 'corporate parent' where a child is looked after by the local authority. Another related issue, especially in criminal justice is that scales tend to be agency and context specific, making inter-agency collaboration more difficult (McIvor and Kemshall 2002).

One of the main criticisms is that the actuarial approach develops an inflexible list of factors that cannot take into account the unique set of circumstances for that child and family. 'To properly apply the actuarial approach, the evaluator is forced to consider a fixed set of factors and cannot consider unique, unusual, or context specific variables that might require intervention' (Douglas and Kropp 2002, p. 625). As suggested earlier, these 'dynamic' risk factors need to be taken into account and cannot always be accurately predicted.

One of the most significant omissions of the actuarial model is that the check list can only be applied to the specific current or past situations and does not allow for patterns of interactions and transactions between children and families over time. Nor does it allow for positive changes in behaviour which may have taken place. As Jones *et al.* (2006) suggest:

A further issue limits the degree to which we can use an actuarial approach. This is the question of how individual factors interact with one another. These interactions are complex, both because there are a large number of different factors involved in most cases, but also because of subtle interactions between positive and negative factors in the individual case. For example, to what extent can parental insight ameliorate the factor of a parental tendency to explosive violence? In this particular example, we can fairly reliably say that behaviour matters more than insight with regard to impulsive violence. So, if an adult has learnt new or different forms of behavioural response to situations, which would previously have led to a violent outburst, and if this new-found behavioural difference has been repeated on a number of different occasions in different contexts, then we can begin to be more confident about future risk of harm. Insight or understanding in this situation might be one of the factors which helps a person to learn how to change his or her behaviour, accept treatment efforts etc. but does not necessarily affect the negative behaviour directly (Jones *et al.* 2006, p. 279).

Calder (2002) believes that risk assessment is not an exact science. There is no reliable way of weighting the scores for particular factors to develop an aggregated picture of risk. Jones *et al.* (2006) suggest that there will be consequential dangers of false positives and false negatives that could have serious consequences for child and family because actions taken by professionals could be based on false premises. The contemporary evidence base 'can guide our decision-making but cannot be regarded as a short cut to be reduced to mere numbers' (Jones *et al.* 2006, p. 278).

The Child Welfare League of America (CWLA 2005) concludes that risk is more contextual, dynamic and continuous while Seden (2000) adds that a combination of approaches to risk assessment may in the end be most helpful. A further important point is that the language of risk is managerial and not compassionate (Barry 2007). In a *Getting it right for every child* world, the way that children and families are helped is as important as the help they are given. Commentators on risk assessment, such as Houston and Griffiths (2000) fully support this approach and suggest the way forward for risk assessment is to adopt a partnership approach, emphasising the relationship between families and professionals, where there is 'a concern with the narrative and resilience of children and an acknowledgement of their right to responsible risk taking' (Barry 2007, p. 40). In the Scottish youth justice context, where there are concerns about children and young people who present a risk of serious harm, the absence of certainty in predicting behaviour has led to the following conclusion:

As a result of the lack of a definitive predictor of further violent offending the responses to the needs of risks identified should be multi modal (using a range of methods) and tailored to meet the needs of the individual child or young person (Scottish Government 2008b, p. 35).

A structured professional judgement approach

The importance of recognising the dynamic nature of risk has been taken up by writers on criminal justice, such as Douglas and Kropp. They have developed what they call a prevention-based approach to risk assessment 'characterised by the use of structured professional judgement' (Douglas and Kropp 2002, p. 651). Their work has been developed in relation to risk assessment of violent behaviour and has application to risk assessment of children's safety and well-being within the broader *Getting it right for every child* principles. Douglas and Kropp (2002) suggest the best approach is one that combines the comprehensive assessment of risk factors and the specification of level of risk with the construction of risk management and intervention strategies.

Risk assessment in the *Getting it right for every child* world cannot be seen in isolation from risk management. Risk management is about not just exploring the potential for risk or harm to a child now or in the future but also about the decision-making, planning and action that is needed to reduce that risk and prevent harm occurring in the future. As the late Pauline Hardiker often wrote, prevention and protection should be twin aims at every level of intervention (see, for example, Hardiker *et al.* 1996). This applies in any area of risk a child is experiencing.

The essential features of a structured professional judgement approach are:

- It uses a strong evidence base from recent research findings
- It uses multiple sources and methods for comprehensive assessment of risk
- It combines the use of scales with assessing the relationship between risk factors
- It looks for logical, visible and systematic links between risk factors
- It improves consistency and the visibility of risk judgements
- It emphasises early identification and an early intervention approach.

The *Getting it right for every child* approach to assessing and managing risk

The *Getting it right for every child* approach to assessing and managing risk broadly follows the structured professional judgement approach. In *A Guide to Getting it right for every child*

(Scottish Government 2008c), the process used in assessing risk consists of a practice assessment and planning model that can be used by any agency. The *Getting it right for every child* practice model has the potential to incorporate more specialist tools, including actuarial scales, from different agencies to suit individual circumstances (Scottish Government 2008c). The model is underpinned by the following key ideas:

- Risk and need are two sides of the same coin
- Risk and the right to take risk are normal part of life and can be positive
- Assessing and managing risk are part of the same system
- Risk has to be understood broadly in relation to all aspects of children's well-being
- Risk includes looking at current risks and the long term impact of those risks
- Risk involves looking at the consequences of failing to meet needs and the impact on the child.

Incorporating principles of *Getting it right for every child* into risk assessment and risk management

Getting it right for every child believes that services should be there to help children and families when they need help. No matter where they live or whatever their needs, children and families need to know where they can seek help, what help is available, that the help is appropriate to their needs and will be delivered to the highest possible standard. At the heart of *Getting it right for every child* is the promotion of children's well-being; that they are: healthy, active, nurtured, achieving, respected and responsible, and included, and above all, safe. If a child is unsafe, all the other indicators are likely to be affected to a greater or lesser extent. The *Getting it right for every child* practice model requires early identification of risk of harm, identification of risks to children's development, identification of needs, analysis of the evidence, decision-making and planning how to proceed (Scottish Government 2008c).

Getting it right for every child puts the child and family at the centre of any assessment and planning. This means that their views are part of the assessment and are seen as important information in their own right (Scottish Government 2008c). When assessing risks, both children and parents will bring their own perspectives and unique knowledge to the assessment process. Seeing service users as experts is endorsed by writers who champion this approach (see Stalker 2003) but, as Stalker points out, service users' views are largely

missing from risk literature.

Getting it right for every child sees the involvement and partnership with children and families being integral to successful risk assessment and management. Without families' perspectives on the risks to their children's difficulties, practitioners' information is incomplete and they cannot reach a good understanding of the risks of harm and needs of children. If this inclusive approach is to be adopted, it has to be recognised that there may be some tensions and differences between the perspectives of service users, carers and professionals. Research evidence (see Stalker 2003) suggests that in some cases, service users may be less likely to identify risks than either carers or professionals. In others, they may see risks to themselves where professionals do not. These potential tensions are, however, no excuse for not involving service users in risk assessment. As Tanner suggests, quoted by Stalker:

If users are really to be empowered, they must be allowed to identify the factors that present them with risks, as well as the risks they are prepared to take. Users' views of risk will also vary according to how much choice and control they think they have in relation to it (see Stalker 2003, p. 225).

Jones *et al.* suggest there are several reasons why openness, with respect to decision-making, is needed. This includes recognising the potentially serious consequences of poor decision-making and that 'children and their parents have a right to understand and be involved with the decisions that are being made about them, particularly because the results of decisions in this area are so far-reaching'. In addition, 'openness also encourages the practitioner to distinguish between amassing facts, and evaluating the relative importance, positively or negatively, of the data that have been gathered' (Jones *et al.* 2006, p. 281).

The way in which practitioners gather information from children and families, therefore, is as important as the information itself gathered for risk assessment. An open process which actively involves families and others has many advantages for both practitioners and families (see, for example, Department of Health 2001). It helps because:

- children and families can understand why sharing information with professionals is necessary
- children and families can help practitioners distinguish what information is significant
- everyone who needs to can take part in making decisions about how to help a child

- everyone contributes to finding out whether a plan has made a positive difference to a child or family
- professionals behave ethically towards families
- even in cases where compulsory action is necessary, research has shown better outcomes for children by working collaboratively with parents.

Traditionally, agencies have assessed risk to children's well-being in the context of their own agency, seeing only the part of the child that applies to them and, as suggested earlier, using tools which cannot easily be transferred between agencies. Within *Getting it right for every child*, practitioners are asked to see their work in the context of the whole child and use the practice model as the cornerstone of their approach to assessment of both risks and needs. It recognises the place for unique knowledge of practitioners from different agencies but also expects every practitioner to take the same approach to understanding how children develop. This does not preclude integrating more specialist information, sometimes using actuarial scales, into an assessment but it does include looking at the connections and effects of risk in one area with what is going on in the rest of the child's life. In other words, it demands an approach that is both developmental and ecological. The approach looks not only at the risks in the short term but considers the impact of those risks on children's well-being in the long term.

The *Getting it right for every child* practice model and the structured professional judgement approach

The *Getting it right for every child* practice model has much in common with a structured judgement approach, using a strong evidence base from recent research findings, bringing together different sources of information in assessment, combining the use of validated scales, where appropriate, with assessing the relationship between risk factors, asking for logical visible and systematic links between risk factors and emphasising early identification and an early intervention approach. Above all, it brings a consistency and a visibility to assessment of risk by asking all practitioners to use the same tools as a robust foundation for assessment. These tools include using the *Well-being Indicators* both to identify concern and to assist in planning; using the *My World Triangle* to identify strengths and pressures on the child and family; using a *Resilience Matrix* to analyse information gathered, and having a common format for a child's plan (Scottish Government 2008c).

Both the *My World Triangle* and the *Resilience Matrix* have been developed from an evidence base of research and contemporary theory about children's development. This adds a robust dimension to the practice model. All the domains of the *My World Triangle* have been informed by research evidence and show risks can come from many sources, including threats to a child's development, pressures from the child's family and child's wider world. Conversely, in a child whose well-being is not at risk, the domains of can be used to identify sources of protection and resilience.

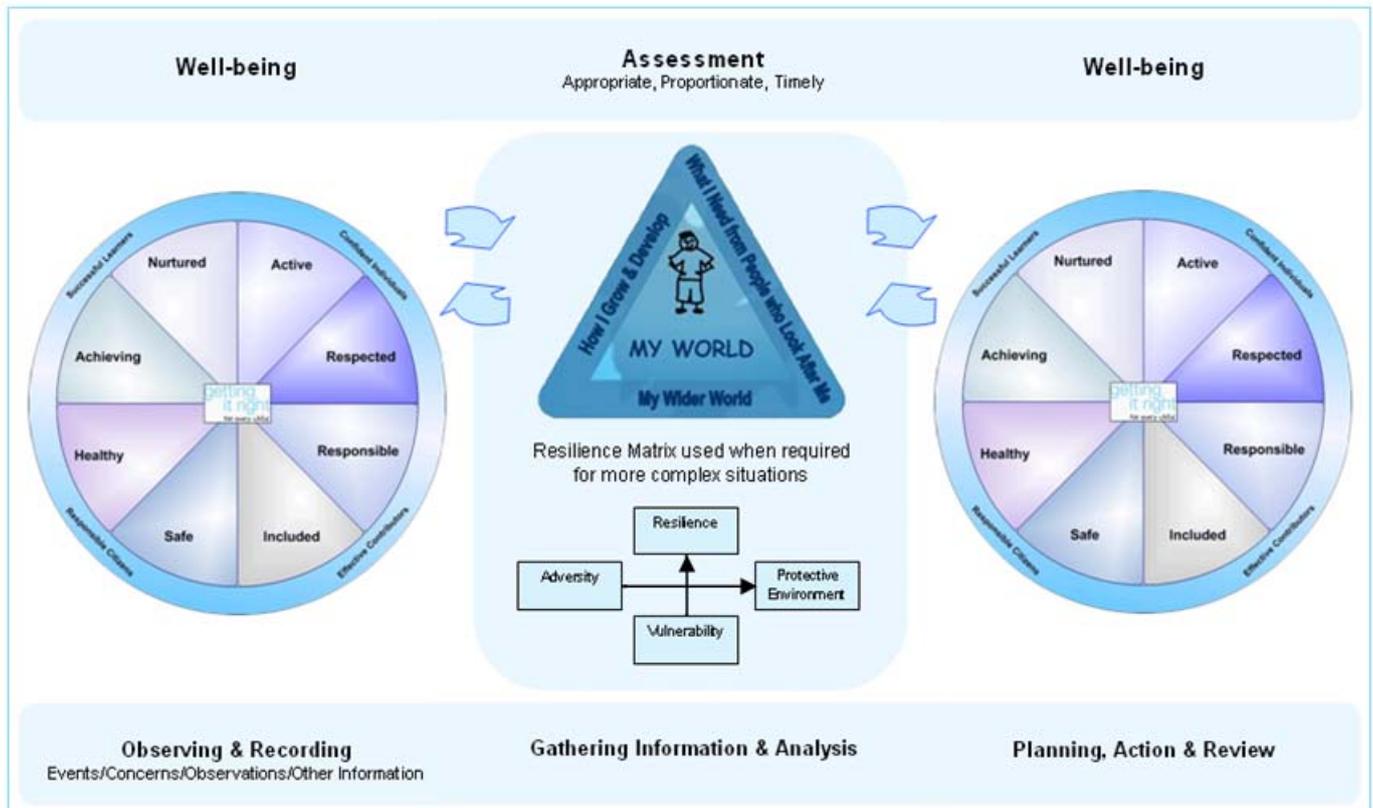
The model can be used for single agency or multi-agency work with children and families.

The steps in assessing risk and addressing those risks

Assessing risk within the *Getting it right for every child* practice model has 6 steps:

- Using the *Well-being Indicators* to identify, record and share concerns, and take action as appropriate
- Using the *My World Triangle* and specialist assessments to gather information about children's needs
- Using the *Resilience Matrix* to help organise and analyse information
- Summarising risks and needs against the *Well-being Indicators*
- Constructing a plan and taking appropriate action
- Reviewing the plan

Getting it right for every child Practice Model:



From Scottish Government (2008c) *A Guide to Getting it right for every child*, Edinburgh Scottish Government, p. 22.

1. Using the *Well-being Indicators* to identify, record and share concerns, and take action as appropriate

Practitioners should be able to identify, record and share information about concerns they have about a child at an early stage, without a situation reaching a state of crisis. If issues can be addressed when they present a low risk, it will be easier to change the situation for the better. Parents and children themselves may have worries. A concern can be an event itself, or a series of events, or attributes, which affect the well-being or potential of a child. A concern might be an attribute or characteristic of someone associated with the child or a fact about someone associated with the child.

Practitioners will use the *Well-being Indicators* to identify risks. They will need to ask:

- What are the areas of a child's well-being that are causing concern?
- Why do I think, on initial contact with child and family, this child is at risk?
- What have I observed, heard or identified from the child's history that causes concern?
- Are there factors that indicate this child is at immediate risk and, in my view, are

those factors severe enough to warrant immediate action?

All practitioners who have identified a concern then need to ask themselves the following five questions:

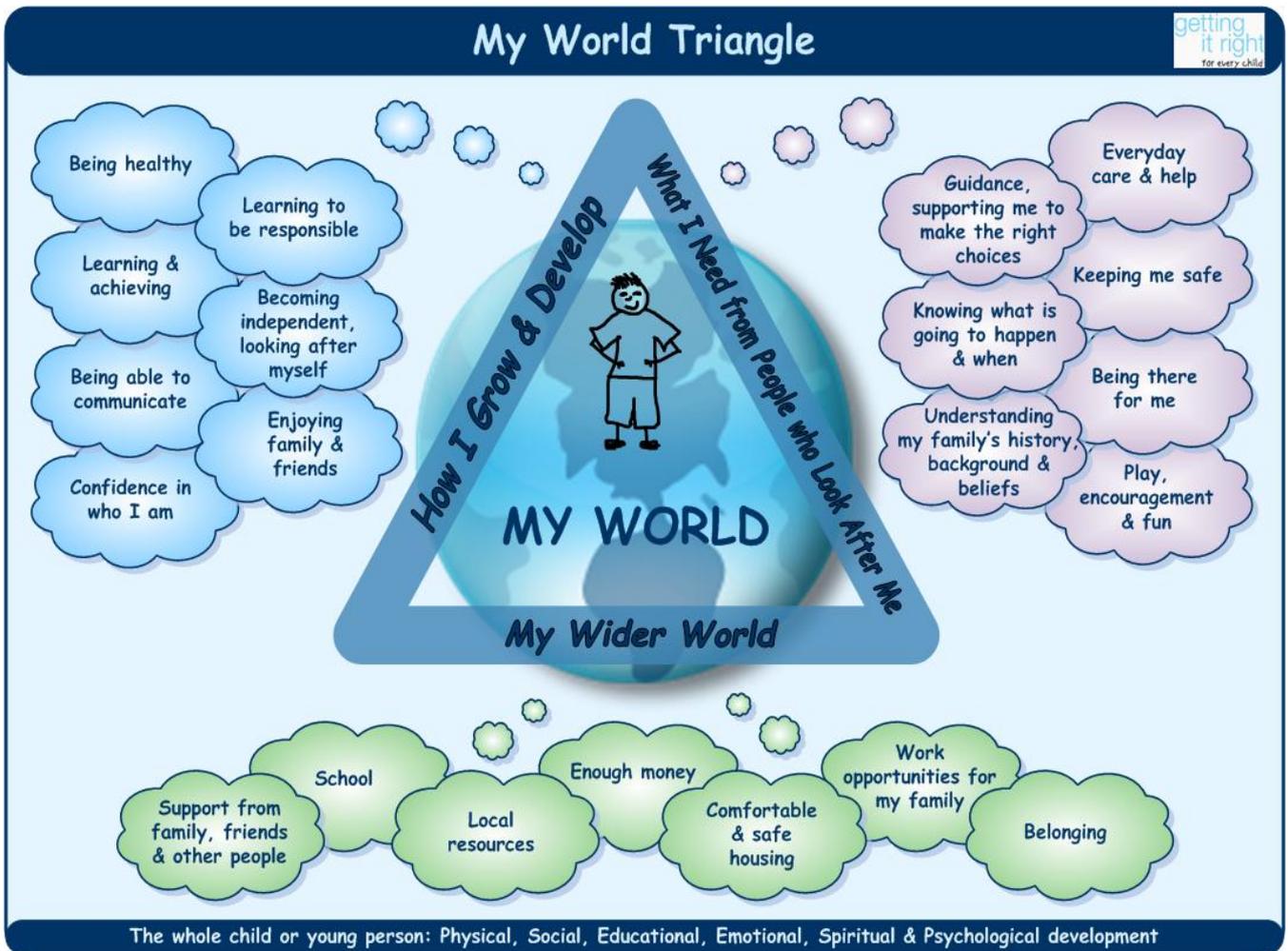
- What is getting in the way of this child or young person's well-being?
- Do I have all the information I need to help this child or young person?
- What can I do now to help this child or young person?
- What can my agency do to help this child or young person?
- What additional help, if any, may be needed from others?

If the practitioner has sufficient information, help can be put in place without delay either by a single agency or more than one agency co-ordinated by a lead professional.

2. Using the *My World Triangle* and specialist assessments to gather information about children's risks and needs

Should a child's circumstances be more complex, it will be important for practitioners to look in more detail at what is happening to the whole child by using the *My World Triangle*. The triangle promotes a model of practice that considers children's needs and risks. Strengths and pressures are given equal consideration and can be plotted around the triangle. Information gathered should be proportionate and relevant to the issues in hand. In many cases, it will not be necessary to explore every area of the triangle in detail but only look in depth at those relevant to the risks and needs. However, it is still important to get an overview of the child's whole world and assess the impact of risks on other areas of a child's life.

My World Triangle:



Using the *My World Triangle* allows systematic consideration of:

- how the child or young person is growing and developing
- what the child or young person needs from the people who look after him or her, including the strengths and risks involved
- the impact of the child or young person's wider world of family, friends and community.

Gathering information using the *My World Triangle* will highlight where more specialist information should be gathered from different sources. This may include information about children's health or learning, offending behaviour or information about issues affecting parenting. This is the point at which actuarial or other structured scales may be used to identify particular aspects of risk. Examples of specialist tools used to explore risk in more detail include the following:

- The ASSET (young offender assessment profile) scale in youth justice
- Scales validated for use in the UK and widely used across the UK to measure parental stress, depression, well-being of adults and children such as those developed by Cox and Bentovim for the Department of Health (Department of Health, Cox and Bentovim 2000)
- The information needed to assess children within the *Education (Additional Support for Learning) (Scotland) Act 2004*
- Health based diagnostic models to assess children's developmental milestones
- The community strengths and pressures assessment tool (Jack and Gill 2003)
- The MARAC (Multi-Agency Risk Assessment Conference) scale used in domestic abuse.

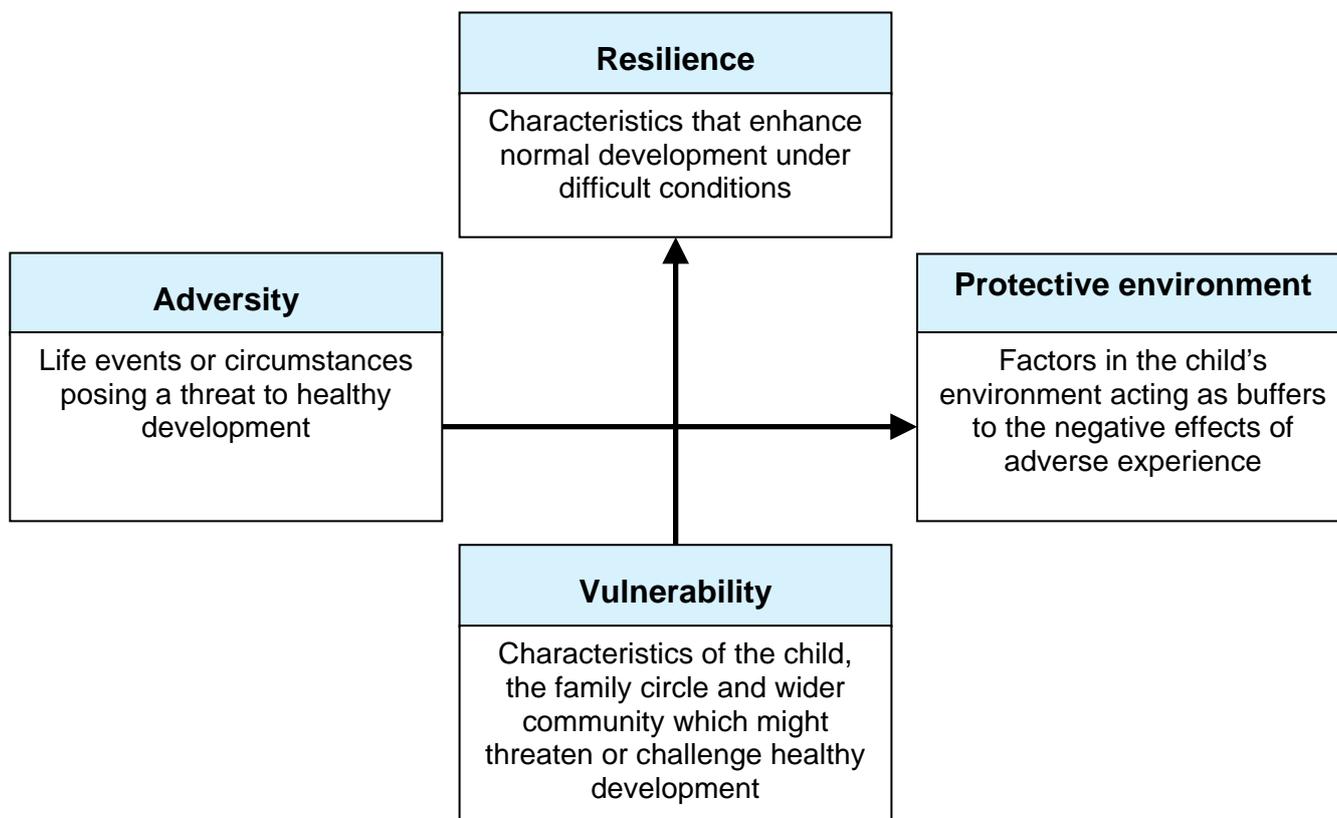
3. Using the *Resilience Matrix* to help organise and analyse information

A major advantage of the *Getting it right for every child* practice model is that it not only identifies risks but also looks at protective factors that may ameliorate these risks. While many factors will influence children's development, it is sometimes important to weigh the evidence in helping to decide how much good experiences offset bad experiences. This approach is concerned as much with management of risk as with assessing the factors that may cause harm. Such an approach incorporates the identification of protective factors that can build resilience in children. The concept of resilience is fundamental to children's well-being and is used in assessments by practitioners from many agencies. Resilience in children occurs when, given their circumstances, a child is doing better than one might expect. The following diagram developed by Daniel and Wassell (2002) illustrates how assessment of protective factors can be assessed alongside factors of adversity on one axis. This then enables the practitioner to weigh the factors which will promote resilience against those which would endorse vulnerability. This tool provides a practical way of applying evidence and knowledge about strengths and risks within the context of professional judgement.

Practitioners can use the *Resilience Matrix* to make sense of the strengths and pressures from the *My World Triangle* along with any specialist information, and to identify the areas where help should be focused. They can group the information within the four headings of *resilience, vulnerability, protective environment and adversity*. By grouping the information, the risks that are causing gaps in the child's well-being and indications of what needs to change will become clear. Then they need to use professional judgement to weigh the

balance of risks and positive factors and decide on the priorities for action.

The Resilience Matrix



Adapted from Daniel, B., Wassell, S. and Gilligan, R. (1999) *Child Development for Child Care and Protection Workers*, London and Philadelphia, Jessica Kingsley Publishers, and Daniel, B. and Wassell, S. (2002) *Assessing and Promoting Resilience in Vulnerable Children*, London and Philadelphia, Jessica Kingsley Publishers. Published by kind permission of the authors and the publisher.

4. Summarising risks and needs against the *Well-being Indicators*

Using the *Well-being Indicators* again at this stage when all the information has been gathered and analysed can help children, families and practitioners identify the areas for action. *Well-being Indicators* can be used as a tool to focus the risks to prioritise, to construct a description of what needs to change, and to detail actions to be taken to improve the child's well-being and the expected outcomes. This can then be used as the basis for reviewing progress and, if necessary, revising the plan.

5. Constructing a plan and taking appropriate action

In the *Getting it right for every child* approach, there is only one child's plan (which can be single or multi-agency) that will address the child's needs and the action required to improve

the child's well-being.

Getting it right for every child integrates different plans developed by different agencies, where necessary. It looks to practitioners to work in accordance with legislation and guidance but also expects agencies to think beyond their immediate remit, drawing on the skills and knowledge of others as necessary and thinking in a broad, holistic way. For example, an ASSET assessment, a Care Plan for a looked after child or a Co-ordinated Support Plan within Additional Support for Learning should be incorporated within the child's plan where the child's/ young person's circumstances require this.

Every plan, whether it is single or multi-agency, will include and should record the following:

- Reasons for the plan
- Partners to the plan
- The views of the child or young person and their parents or carers
- Summary of the child or young person's needs
- What is to be done to improve a child's circumstances
- Details of action to be taken
- Resources to be provided
- Timescales for action and for change
- Contingency plans including risks
- Arrangements for reviewing the plan
- Lead professional arrangements where they are appropriate
- Details of any compulsory measures, if required.

In relation to managing risk, the child's plan should also include:

- the kind of risk involved
- if risk involves harmful behaviour towards the child or by the child, what is likely to trigger that behaviour
- in what circumstances the risk is likely to happen
- the current level of risk and likely impact on the child and others.

6. Reviewing the plan

Reviewing the plan is an important part of looking at how far the actions taken have achieved the outcomes specified in the plan and what might need to be changed at this stage. In reviewing the outcome of the plan with the child and family, practitioners will want to know if risks have been eliminated or more realistically, been managed. There are five essential questions practitioners need to ask:

- What has improved in the child or young person's circumstances?
- What if anything has got worse?
- Have the outcomes in the plan been achieved?
- If not, is there anything in the plan that needs to be changed?
- Can we continue to manage the plan within the current environment?

Sharing the risks through structured information

As well as supporting assessment, planning and action, the *Getting it right for every child* practice model introduces a way of structuring information for recording events/observations/concerns, single and multi-agency assessments and plans. The components of the practice model have been designed to ensure that information about children is recorded in a consistent way. This should help in developing common systems across agencies that provide a shared understanding of a child's risks and needs.

Conclusion

This paper has attempted to review some of the main approaches to assessing risks in children and to introduce the *Getting it right for every child* practice model offering a model of risk assessment that can be used across agencies. Risk assessment is used by many agencies but often has been agency specific. Different approaches to risk assessment have their strengths and limitations, which have led researchers to conclude that a multi-modal approach is the most helpful. The principles of *Getting it right for every child* demand that children and families are at the centre of any process of assessing risk. Their views and perspectives are fundamental to the process of assessment and planning. The *Getting it right for every child* practice model takes a developmental-ecological approach to assessment and identification of risk. The *Well-being Indicators*, *The My World Triangle* and the *Resilience Matrix* can be used by every agency providing help for children and their families. The

practice model also allows for more specialist information, including the use of validated scales, to be incorporated, without relying solely on a more rigid and sometimes unreliable actuarial prediction approach. Emphasis is placed on seeing risk in the context of a child's whole development and ecology, identifying strengths and pressures in a child's world and, above all, looking at the interaction between different factors that may cause vulnerabilities or provide strengths and protective experiences. The gathering of information about the whole child from different sources and analysis using the *Resilience Matrix* recognises the need for and values professional judgement to weigh risks and protective factors, while the *Well-being Indicators* provide a means to filter that information to help decision-making. The format for constructing a child's plan and reviewing that plan includes the management of risk and contingency planning if the level of risk changes over time. The model can be used by single agencies or as part of a multi-agency collaboration. In every case the aim is to provide help that is appropriate, proportionate, timely and effective.

References

- Aldgate, J., Jones, D.P.H., Rose, W. and Jeffery, C. eds. (2006) *The Developing World of the Child*, London, Jessica Kingsley Publishers.
- Aldgate, J. and McIntosh, M. (2006) *Looking After the Family: a Study of Kinship Care in Scotland*, Edinburgh, Social Work Inspection Agency.
- Calder, M.C. (2002) 'A Framework for Conducting Risk assessment', *Child Care in Practice*, 8,1, 7-18.
- Cicchetti, D., Rogosch, F.A., Lynch, M. and Holt, K.D. (1993) 'Resilience in maltreated children: Processes leading to adaptive outcome', *Development and Psychopathology*, 5, 629-647.
- Child Welfare League of America (CWLA) (2005), *A Comparison of Approaches to Risk Assessment in Child Protection and Brief Summary of Issues Identified from Research on Assessment in Related Fields*, New York, CWLA.
- Cleaver, H., Wattam, C. and Cawson, P. (1998) *Assessing Risk in Child Protection*, London, NSPCC.
- Cleaver, H., Unell, I. and Aldgate, J. (1999) *Children's Needs – Parenting Capacity*, London, The Stationery Office.
- Cleaver, H., Nicholson, D., Tarr, S. and Cleaver, D. (2007) *Child Protection, Domestic Violence and Parental Substance Misuse: Family Experiences and Effective Practice*, London and Philadelphia, Jessica Kingsley Publishers.
- Daniel, B., Wassell, S. and Gilligan, R. (1999) *Child Development for Child Care and Protection Workers*, London and Philadelphia, Jessica Kingsley Publishers.
- Daniel, B. and Wassell, S. (2002) *Assessing and Promoting Resilience in Vulnerable Children*, London and Philadelphia, Jessica Kingsley Publishers.
- Department of Health (2001) 'Working with Parents' in Department of Health *The Children Act Now: Messages from Research*, London, The Stationery Office, 64-81.
- Department of Health, Cox, A. and Bentovim, A. (2000) *The Family Pack of Questionnaires and Scales*, London, The Stationery Office.
- Douglas, K.S. and Kropp, P.R. (2002) 'A Prevention-Based Paradigm for Violence Risk assessment: Clinical and Research Applications', *Criminal Justice and Behaviour*, 29, 617-658.
- Graybeal, C.T and Konrad, S.C. (2008) 'Strengths-based Child Assessment: Locating Possibility and Transforming the Paradigm' in M.C. Calder, ed, *Contemporary risk assessment in safeguarding children*, Lyme Regis, Russell House Publishing, 185-197.
- Hagell, A. (1998) *Dangerous Care, Reviewing the Risks to Children from their Carers*,

London, Policy Studies Institute.

Hardiker, P., Exton, K. and Barker, M. (1996) *The Prevention of Child Abuse: A Framework for Analysing Services*, London, The National Commission of Inquiry into the Prevention of Child Abuse.

Iwaniec, D. (1995) *The Emotionally Abused and Neglected Child*, New York, Wiley.

Jack, G. and Gill, O. (2003) *The Missing Side of the Triangle*, London, Barnardo's.

Jones D.P.H., Hindley, N. and Ramchandani, P.G. (2006) Making Plans: Assessment, Intervention and Evaluating Outcomes in J. Aldgate, D.P.H. Jones, W. Rose and C. Jeffery eds *op.cit.*

McIvor, G. and Kemshall, H. (2002) *Serious Violent and Sexual Offenders: The use of risk assessment tools in Scotland*, Research Findings, 65, Edinburgh, Scottish Executive.

Munro, E. (2004) 'A simpler way to understand the results of risk assessment instruments', *Children and Youth Services Review*, 26, 873-883.

Parton, N. (1998) 'Risk, Advanced Liberalism and Child Welfare: The Need to Rediscover Uncertainty and Ambiguity', *British Journal of Social Work*, 28, 5-27.

Rose, W. and Aldgate, J. (2000) 'Knowledge Underpinning the Assessment Framework' in Department of Health, *Assessing Children in Need and their Families: Practice Guidance*, London, The Stationery Office.

Seden, J. (2001) 'Assessment of children in need and their families: a literature review' in Department of Health, *Studies informing the Framework for the Assessment of Children in Need and their Families*, London, The Stationery Office.

Schaffer, H.R. (1998) *Making Decisions about Children*, 2nd edition, Oxford, Basil Blackwell.

Scottish Executive (2002) *Risk Assessment and Management of Serious Violent and Sexual Offenders: A review of current issues*, Edinburgh, Scottish Executive.

Scottish Executive (2003a) *Guidance on Interviewing Child Witnesses in Scotland – Supporting Child Witnesses Guidance Pack*, Edinburgh, Scottish Executive.

Scottish Executive (2003b) *Getting Our Priorities Right: Good Practice Guidance for Working with Children and Families Affected by Substance Misuse*, Edinburgh, Scottish Executive.

Scottish Executive (2004) *Hidden Harm: the Scottish Executive's response to the report of the Inquiry by the Advisory Council on the misuse of drugs*, Edinburgh, Scottish Executive.

Scottish Executive (2005a) *Health for All Children 4: Guidance in Implementation in Scotland*, Edinburgh, Scottish Executive.

Scottish Executive (2005b) *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care*, Edinburgh, Scottish Executive.

Scottish Executive (2006a) *A Curriculum for Excellence: Building the Curriculum – the contribution of curriculum areas*, Edinburgh, Scottish Executive.

Scottish Executive (2006b) *Changing Lives: report of the 21st century review*, Edinburgh, Scottish Executive.

Scottish Executive (2007) *Guidance on the Child's or Young Person's Plan*, Edinburgh, Scottish Executive.

Scottish Government (2008a) *Taking Forward The Government Economic Strategy: A Discussion Paper on Tackling Poverty, Inequality and Deprivation in Scotland*, Edinburgh, Scottish Government.

Scottish Government (2008b) *Meeting Needs, Managing Risk and Achieving Outcomes*, Edinburgh, Scottish Government.

Scottish Government (2008c) *A Guide to Getting it right for every child*, Edinburgh, Scottish Government.

Scottish Government (2008d) *Early Years and Early Intervention: A Joint Scottish Government and COSLA Policy Statement*, Edinburgh, Scottish Government.

Scottish Government (2008e) *These Are Our Bairns: A guide for community planning partnerships on being a good corporate parent*, Edinburgh, Scottish Government.

Stalker, K. (2003) 'Managing Risk and Uncertainty in Social Work – A Literature Review', *Journal of Social Work*, 3(2), 211-233.

Turnell, A. and Edwards, S. (1999) *Signs of Safety: A solution and safety oriented approach to child protection*, New York, W.W.Norton.