



AAA Resolution “Style” Model Assessment Guidance





Introduction

This document provides an overview of the Advanced Child Care Assessments “Resolution style” model, designed to support courts, barristers, and legal professionals in complex child protection cases. Its purpose is to offer a robust framework for navigating situations involving non-accidental injuries (NAI), parental denial, and broader safeguarding concerns.

At the heart of this approach is the AAA (Assessment, Analysis and Achievement) Assessment, which embodies the aims and objectives of the Resolution Model Approach as originally intended. The AAA Assessment offers a structure more suited to therapeutic social work practice, ensuring that assessments are both comprehensive and sensitive to the needs of families.

The Resolutions Approach, developed by English family therapists Susie Essex, John Gumbleton, and Colin Luger, is specifically designed for families seeking reunification where there is serious, alleged, or substantiated child abuse—but where the parent(s) deny responsibility. This model takes a radical, safety-focused stance, recognizing the pragmatic reality that many suspected perpetrators may never admit responsibility. Instead of pursuing admissions, the Resolutions model prioritizes child safety and practical solutions.

Author Credentials:

This guide is authored by qualified social workers with specialist experience in child protection, ensuring that the content is grounded in both professional expertise and current best practice.

How to Use This Guide:

Navigate through the evidence, examples, tools, and templates provided to develop a court-ready understanding of each case. The resources are structured to help legal professionals and social workers interpret complex evidence, apply therapeutic assessment frameworks, and prepare robust, safety-focused recommendations for court proceedings.



The Starting Point

Assessing risk and parenting ability is a fundamental cornerstone of the Social Work profession. However, the way that families have been assessed has not drastically altered since the inception of the Children Act 1989. Over time, the names of the assessments may evolve from a Social Work Assessment to a Core Assessment, a Child and Family Assessment or a Comprehensive Parenting and Risk Assessment, but the basics remain the same. There is a reliance on a parent showing insight and accepting the alleged risks to pave the way to rehabilitation.

How do you then approach a case when a parent denies the harm caused?

The prime example is a parent who has been involved in previous proceedings where a child has been injured. They may face a finding that they caused or were somehow culpable for the injury. Alternatively, they may remain in the pool as an uncertain perpetrator. That parent then finds themselves in the position of wishing to care for their new child but being told they remain a risk primarily because of previous findings, which they continue to deny. The reality is, the standard method of Social Work assessment at this stage is reliant on a parent accepting the harm caused; in essence, requiring them to accept guilt. In the absence of such an admission or insight (or an alternative form of placement such as residential or family placement), the standard assessment model is likely to conclude that separation is necessary due to the parents' continued denial and the risk of future harm and generally, professionals and the Courts have nearly always agreed.

These are all high-risk cases, and as such, the assessments can only be undertaken by highly experienced practitioners. Our assessments offer a resolution style that provides a risk assessment regarding the viability of rehabilitation where parental denial continues to be a feature. It involves the development of a detailed safety plan, involving supervision and monitoring by family members and professionals for a period. Rehabilitation to parents' sole care will inevitably be a much longer process and requires the investment of the Local Authority to review the progress of the plan.

New Thinking in Practice: J (A Child) (Resolutions Model) [2021] EWFC 58

Recently in **Re J**, His Honour Judge Baker was invited to give a public judgment to demonstrate how the accumulation of circumstances within that case warranted the use of the resolutions approach.

HHJ Baker had presided over previous proceedings relating to the mother's younger child who had sustained inflicted injuries. The judge had made findings but couldn't conclude who caused the injuries and it remained a case of uncertain perpetrator. Mother went on to have another child and sought a resolutions assessment.

Judge Baker understood that, in the right set of circumstances, the fact that a parent denies causing an injury need not rule out the possibility of that parent resuming care of or involvement in the care of that child. It may be possible to use the entire family and support network to build a protective regime around the child to ensure the child's future safety.

 03300 947 365

 Enquiries@advancedcca.co.uk

 advancedcca.co.uk

 Speed Medical House, Eaton Ave, Buckshaw Village, Chorley, England, PR7 7NA / Company No. 05571239



John Gumbleton in his article *Rehabilitation – A Postcode Lottery* sets out the Resolution Approach developed to provide risk assessments to the Court regarding the viability of rehabilitation where parental denial is a feature, and the court makes a finding that the parents are in the pool of perpetrators. There are five questions that the court should consider.

1. Do the parents acknowledge that professionals have legitimate concerns given the medical evidence and any finding of the Court?
2. Are they prepared to work in partnership with professionals openly and honestly?
3. Are they willing to examine the way they care for their child and be willing to make changes to care routines to help ensure their child's safety?
4. Are they willing to accept a high level of professional support and monitoring of their child's welfare?
5. Is there a credible support network composed of safe extended family members or friends who are willing and able to be involved in helping to ensure the child's future safety?

If the answer to most or all the above is yes, Gumbleton found that it is often possible to rehabilitate children safely even when the parents remain in denial.

Integrating Research, Guidance, and Professional Standards

This approach is informed by a growing body of research on parental denial of NAI and its impact on child safety, as well as trauma-informed practice for children, and literature on domestic abuse, neglect, and safeguarding. It is underpinned by statutory and legal guidance, including:

- Children Act 1989 & 2004
- Working Together to Safeguard Children (2025)
- Local Safeguarding Children Board policies

Professional standards and codes of ethics, such as the BASW Code of Ethics and established child protection practice standards, provide an essential framework for ethical and effective practice.



Stages of Assessment

The Assessment is undertaken in two parts.

Stage 1

In preparation for the assessment process, all necessary documentation must be reviewed. Permission should be sought from the parents, the parties, and the Court to share the Judgement from a previous Finding of Fact Hearing with all members of the identified support network. Ideally, this should have been forwarded to them before assessment work with them begins.

Stress Management Profile

The first interviews are undertaken with the parents. Following discussions about the assessment process, practitioners should prepare a timeline of events individually with parents, an exploration of the findings that have been made and the parents' perception of the risks before discussing this with them together. Consideration should be given to the questions on page 4 at this early stage.

Parents should be asked to identify Internal and External Factors that could lead to them becoming angry or stressed. (*Direct work with parents around Internal/External Stressors – see appendix below and subsequent homework tasks*)

- What are their individual Internal and External Stressors?
 - What makes them angry/anxious/stressed/sad?
- How does that look?
 - Physical symptoms/Behaviours?
- How do they manage this for themselves?
- How would others recognise this?
- Do they need any support to manage this?

Note: Practitioners could use examples of their stressors

It is essential to consider if parents recognise during this exercise the stressors that had been in place at the time of the injury/abuse. They do not need to link the two, but they need to understand what makes them stressed. For example, do they recognise that working long hours adds to their stress? (if the injury was caused after a long, hard day at work). After the exercise has been completed, there will be a reflective discussion to support parents in understanding what stress factors were present at the time of the injury. Whilst they may not admit culpability for the injury, they must recognise the stress factors that were in place to reduce this stress and prevent such an injury from occurring again.

This can be measured on the Stress Management Profile. A score of 1 indicates a high stress state, and a score of 5 would suggest no stress. (*Attached as an appendix to the report*)

☎ 03300 947 365

✉ Enquiries@advancedcca.co.uk

🌐 advancedcca.co.uk



Scenario Work

In circumstances where a child has experienced significant abuse, denial will frequently and inevitably follow from the parents, often even in light of overwhelming evidence. Offering a parent a way to explore their understanding of internal and external factors without revisiting the emotional context of these circumstances can help identify their understanding of professional concerns, of risks to the child and the long-term consequences on the child's health and development. The parent can recognise what needs to change to safeguard the child or future children and ensure that risks are reduced and can be managed safely.

Parents will be given two scenarios to consider initially with the practitioner individually and then as a homework task, to add more detail. They will be asked to consider questions set in the task; however, their answers should form part of an open discussion during the next assessment session. A summary and analysis of this work will be included within the report.

Assessment

Completion of standard assessment sections, to include:

- Family and Social History
- Family and Environmental Factors
 - This should include exploration of wider families and networks of support. A support network needs to be identified, and details of relationships, level of contact and availability of support need to be gathered.

Contact Observations

Observations of the parents in contact with their child/ren are essential at this early stage. They offer a baseline for future planning and highlight any risks or concerns about the parent-child relationship and the parent's ability to meet and instinctively respond to the child's needs. It is also essential to consider the child's responses to the parent. Do they appear to feel safe in their care? Are there signs of hypervigilance/anxiety/uncertainty?

Discussions with contact supervisors and reading of contact logs will assist in preparing a measure of a parent's capacity to meet the basic care needs of the child/ren.

Note: If a baseline capacity is not met and risks for the child are unmanageable, even with a robust plan of family and professional support, the interim report should be completed at this point, identifying the extent of risks and whether any recommended work could ameliorate those risks.

Support Network Interviews

A telephone interview should precede meetings with the identified support network.

The initial discussion should identify practical availability.

- Describe the assessment process

☎ 03300 947 365

✉ Enquiries@advancedcca.co.uk

🌐 advancedcca.co.uk

📍 Speed Medical House, Eaton Ave, Buckshaw Village, Chorley, England, PR7 7NA / Company No. 05571239



- Are they happy to be included in the assessment?
- What are their work commitments?
- Do they drive? Do they live close to the family home?
- Can they be available at short notice?
- What can they commit to, in terms of practical support?
- What is their relationship with each parent? What is their willingness to support BOTH parents?

All members of the support network must have time to consider the Judgement before face-to-face meetings take place. Practitioners should prepare for this meeting by highlighting areas on the Judgement that they intend to explore with the support network.

To be established during this call is:

- What is their understanding of what has happened?
- What do they understand are the risks?
- What are their thoughts about the injuries and their impact on the child?
- Have they had sight of the Judgement?

Scenario Work

As with the parents, the scenario work will assist in establishing whether the support network can identify risk factors, the impact on the child and how risks could be reduced.

Assessment

Completion of assessment sections, to include:

- Protective Network – (insert names and relationship to family)
- Practical Support
- Emotional Support
- Financial Support

Work with Local Authority and partner agencies

- Agencies involved with the support network should be contacted
- Also consider relationships within the support network. Can they work together? Do they have similar views about risks, and will they communicate any concerns?

Acceptance and Understanding of Risk

- These final two sections are critical to any safety plan. Discussions should include ground rules for contact moving forward

☎ 03300 947 365

✉ Enquiries@advancedcca.co.uk

🌐 advancedcca.co.uk

📍 Speed Medical House, Eaton Ave, Buckshaw Village, Chorley, England, PR7 7NA / Company No. 05571239



Child's Developmental Needs

To assess the parents' ability to meet the needs of the child, these needs should be identified. Discussions with the parents, family members, health professionals, the Social Worker and information within documents provided will assist in the completion of this section of the assessment.

Executive Summary

As with all standard assessments, an executive summary is required by the Court. This is an analysis of all the information gathered during this first stage of the assessment process. It should not expand on the information. This would ordinarily include three sections:

- Assessment of the Social History
- Assessment of the Family & Environmental Factors
- Assessment of Ability to meet the Child's Parenting and Developmental Needs

For the Interim Report, only the first two of these sections are completed because the 28-day Safety Plan will inform assessment of the parent's ability to meet the child's needs and will form part of the conclusions and recommendations in the final assessment report. Practitioners are, however, required to establish at this stage an assessment of risk factors and an assessment of protective factors.

Support network meeting

The meeting between protective family members, professionals and the parent/s is an essential element of the AAA Assessment. This meeting should be in two halves. The first is between the family and the parents, and the second is between the family and the professionals involved with the family. It allows for open discussion about any concerns and requires the parents to discuss with family members their Stress Management Profile. Alongside subsequent discussions involving relevant professionals, this will enable the development of a Safety Plan, using SMART Objectives – Specific, Measurable, Achievable, Realistic and Time-limited. (Attached as an appendix to the report)

Safety Plan

The preparation of a 28-day Safety Plan finalises the Interim stage of assessment. This will be included within the body of the report (see example Safety Plan). This needs to be detailed, with an emphasis on the child's safety always. It is essential to recognise that this is not a complete rehabilitation plan; it offers a starting point and oversight in terms of how such a plan will work in practice and whether the support network can work together to mitigate or reduce identified risks as the plan progresses beyond the AAA Assessment.

Within this meeting, there should be a practical discussion of the 28-day plan. This would consider: who will transport the child? What does everyone's working pattern look like? If parents work, they

 03300 947 365

 Enquiries@advancedcca.co.uk

 advancedcca.co.uk

 Speed Medical House, Eaton Ave, Buckshaw Village, Chorley, England, PR7 7NA / Company No. 05571239



should still do some days at work so that we can assess how they care for the child before/after a day at work. Are there any health conditions that need to be considered? Any holidays/appointments/hospital visits booked over the 28 days? Any commitments for the child? Are they due to start school? Is there a school holiday owing, etc.?

All members of the support network should be aware that the Court will need to agree on the progress of the 28-day plan before it commences.

The plan should incorporate the involvement of protective family members to supervise and monitor the parents' contact with the child/children, professional support and local resources. The Local Authority Social Worker must be included in the development of the Safety Plan to ensure that the resources being recommended are realistic and available.

The level of supervision and how this plan progresses over the 28-day period will very much depend on the contact arrangements at the start of the assessment. If the family are already having lengthy, daily contact, the plan will progress more quickly. However, it would be hoped that unsupervised periods could be attempted before the end of the 28 days, as this will inform future planning once the AAA Assessment is completed.

- The preparation of a working agreement. This will be undertaken with the allocated Social Worker. The Working Agreement needs to set out expectations of the Local Authority, parents AND protective support network and needs to include contact details for whom the Protective support network should ring in the event of an emergency

Interim Recommendations

To include interim recommendations for ongoing work during the 28-day period of the Safety Plan.



Stage 2

This second phase of the assessment needs a cautious approach. Attention to detail at this point is crucial, and the involvement of the Local Authority is essential to an effective transition of the Safety Plan and future care planning.

Monitoring and Review

Careful monitoring and review of the Safety Plan will be key to successful progress of the agreed plan at each stage. There should be regular contact between the assessor, the parents and the support network and an expectation that concerns will be relayed to the relevant professionals.

Parents and their identified protective supports need to provide information to the assessor or the allocated Local Authority Social Worker prior to the review meeting. For the support network, this is to identify positives and negatives from the preceding week. For the parents, this should include some information on the work around internal and external stressors to demonstrate improved personal reflection.

Weekly review meetings to include:

- Independent Social Worker
- Allocated Local Authority Social Worker
- Child's Guardian
- Parents
- Members of the protective support network
- Any other professional involved with the Safety Plan

The Resolutions approach has contributed significantly to evolving the safety planning emphasis of the Signs of Safety approach and the meetings will follow this closely. Three elements to this approach form the basis of discussions at each of the weekly review meetings.

The following questions are for guidance and are not exhaustive. Practitioners will determine the information to be obtained within the review meetings.

What's working well?

- What has been the best thing about the last week?
 - For the parents
 - For the child/ren
 - For the support network
 - For each of the professionals
- Are the parents able to meet the child's needs?
 - How is this evidenced?

☎ 03300 947 365

✉ Enquiries@advancedcca.co.uk

🌐 advancedcca.co.uk

📍 Speed Medical House, Eaton Ave, Buckshaw Village, Chorley, England, PR7 7NA / Company No. 05571239

- Is there evidence of attachment (Looking at the relationship between the parents and child, and also the child's responses to the parents?)
 - How is this evidenced?
- Is there instinctive parenting?
 - How is this evidenced?
 - Is the plan being followed?
- Have concerns been identified and addressed/managed?
 - How is this evidenced?
- Are the parents/support network working openly and honestly with all professionals?
- Has there been sufficient co-operation between members of the support network
- How has stress been managed during this week?
 - How is this evidenced?

What are we worried about?

- What has not gone so well in the last week?
 - For the parents
 - For the child/ren
 - For the support network
 - For each of the professionals
- What has been seen or heard that leads to worry about the child?
- Is the worry about past or ongoing harm?
 - How is this evidenced?
- Has the Safety Plan been followed?
 - If not, in what way has it not?
- Has the child been protected?

What needs to happen?

- What is the safety goal?
- How can that be achieved?
- What changes need to be made to the safety plan?
- Is it safe to proceed to the next stage of the plan?
- Are additional safeguards needed to protect the child?
 - What do they look like?
 - Who will provide them?
- What, if any, additional resources do the family/support network need at this point in the Safety Plan?



Scaling

Scaling is the process of seeking views regarding the current impact of a situation on a child/ young person. Scaling is usually done after completing the Signs of Safety Mapping Form.

The person mapping the case will then ask each professional and/ or family member to state a number on the scale where they view the situation of the child at the time of the meeting and why. Next, each person is asked what needs to change to go higher up the scale towards achieving the safety goal.

A summary of each of the meetings is included in the final report, with the Signs of Safety Mapping Form added as an appendix to the report.

The four review meetings during the second stage of the AAA Assessment are an opportunity to begin the transition process from the assessor to the Local Authority. Whilst it is expected that the assessor will attend all four meetings, responsibility for chairing and arranging these meetings should be shared, with the goal of these being undertaken by the Local Authority independently following the conclusion of the AAA Assessment.

Observations

The Safety Plan identifies who, within the protective support network, will provide supervision of the parents' contact with the child and when. These times and contexts need to offer the assessor the ability to consider the parents' capacity to manage all aspects of the child's care, alongside the day-to-day stresses of parenting.

Careful consideration should be given to the context in which the child was injured or abused, and any trigger stressors should be incorporated into ensuring the child's safety, with a clear emphasis on closer supervision around these times or circumstances. One of the observations must account for a time of day that may have been a stressor (e.g. bathtime, bedtime, shopping, etc).

Contact should be varied, including different environments and times of day. These can include, for example:

- A family outing (Park, zoo, shopping centre)
- Weekly food shop
- Morning/evening routines
- School runs
- Medical appointments
- Family occasions



The assessor needs to observe some of these contacts to ensure that the Safety Plan is working as planned. Ideally, the allocated Local Authority Social Worker or a Family Support Worker can begin to observe these contacts as part of the transition. A summary of observations will be included in the final report.

Discussions

Communication with parents and the support network throughout the 28-day Safety Plan is essential. They need to demonstrate the ability to implement safety measures independently, highlight and manage any concerns and work together in a child-centered way.

Discussions need to be proactive, rather than reactive and therefore, parents and their support network must engage in open and honest conversations about how they are feeling during the safety plan. This aims to allow for safeguarding measures to be implemented before any situation escalates. They may need to have the opportunity to express any anxieties or fears, however small, and these need to be heard. Excessive dependence on the assessor, however, may be an adverse indicator.

These discussions and the views of the parents and the support network are included within the final assessment.

Assessment

Completion of standard assessment sections, to include:

- Parenting Capacity

The sections here are evidence-based and informed by:

- Information contained in the Court bundle
- Discussions with professionals
- Observations of contacts
- Discussions with the parents
- Discussions with the support network
- Direct work sessions
- Review meetings

Schedule of Work

A detailed Schedule of work is detail as an Appendix below.

Executive Summary

For the final assessment report, all sections of the Executive Summary are updated. The final section, Assessment of Ability to meet the Child's Parenting and Developmental Needs, will be included and will be the basis of any future planning.

 03300 947 365

 Enquiries@advancedcca.co.uk

 advancedcca.co.uk

 Speed Medical House, Eaton Ave, Buckshaw Village, Chorley, England, PR7 7NA / Company No. 05571239



Recommendations for future Safety Planning

Considering the severe nature of these assessments and the need for a cautious approach, recommendations can only be based on the evidence gained during the AAA Assessment. The Safety Plan will continue, determined by the progress of contacts and work with the family, with the Local Authority as lead, moving the plan forward.

Assessors need to provide a detailed plan to assist the Local Authority in this process, and this should be prepared jointly within a final meeting with the parents, their support network and all of the professionals involved. The plan should include specific goals that need to be achieved before each progressive stage.



Appendix A – Scenarios

Example 1

A couple have been trying for a baby for three years. They had a three-year-old, Charlie who they had conceived without issue, and they desperately wanted a younger brother or sister for them. They finally fall pregnant, and the excitement is unreal. They tell all their family straightaway, they start to buy clothes and prepare for the birth and with great sadness, they had a miscarriage at 20 weeks. They were distraught. The loss caused great upset between the couple. They grieved, they cried, they were at a loss. Steve saw it as a “sign” that they should appreciate the son they had because all the grieving was having an impact on him too. He loved his boy and took the opportunity to embrace his time with him; they went fishing, played football and took up trampolining, but Sheila didn’t want to let it go.

She yearned to be pregnant again, to have another baby. She went to medical appointments and saw professionals to learn how she could fall pregnant again. It took them over a year to get pregnant and Sheila was over the moon when she did. The 20-week scan was understandably nerve wrecking for them. But the shock they felt when they came out was something they never thought they would experience. They were having twins. The months rolled by, and the couple tried to process the idea of having twins. Double the finance, double the hard work, double the impact on their older boy. Steve indulged himself in work and when he wasn’t working long hours, he spent time with his boy.

Finally, the twins arrived. No issues and they were two happy, healthy, beautiful babies. They were over the moon and so was the family. Family was visiting to help. They wouldn’t have survived without those extra pairs of hands. Especially when Steven went back to work after just two weeks. But suddenly, their home was filled with visitors in and out. It felt intense, suffocating. So, they asked family to step back. They’d always cared for Charlie on their own. They didn’t need them. They could do this. Steve stepped up and started doing parts of the night shift as well as going to work. He had been working locally recently which helped with the drive. The twins were 10 weeks old now and still weren’t any better at sleeping. They knew they were still too young to be getting into a routine. Steve had a week when he was working four hours away. It was tiring and he felt like he’d hardly seen Charlie.

One night trying to settle the twins, he couldn’t help but think he hadn’t wanted these twins anyway. He was happy with Charlie. The baby in his arm was screaming and screaming, he was exhausted. He just wanted the baby to be quiet. He went to put the baby down and as he did so he said with frustration, “just be quiet, will you?” and shook him slightly. Steve was not prepared for what happened next. The baby went ice cold, turned blue and was not moving. He stood and stared at him not knowing what to do. Sheila heard the crying stop suddenly and rushed in. She immediately called an ambulance and her parents. The ambulance staff gave advice, and the baby started breathing.



On arrival at hospital, the baby had suffered bleeding behind his eyes, bleeding on his brain and was having seizures. The next few days were a blur; police interviews, social workers, all their children being accommodated and they returned home to an empty house.

Questions (to consider as a homework task but for discussion with the AAA Assessor)

1. What is going on for this family? How is each parent feeling?
2. What do you notice about the dynamics of the family? What do you notice about their circumstances?
3. What are the internal factors that may be going on for each parent?
4. External factors? What is adding to the stress?
5. What are the risks for the child? What can you see as the early warning signs of risk?
6. The child has been harmed. What might be the consequences on their health and development?
7. What needs to change for the family? What should each parent do to ensure this does not happen again? What else could be done?
8. In your view, do you think this child should be returned home?

Example 2

Maria and Fred hadn't planned to get pregnant but when she did the test and saw how happy Fred was, she couldn't help but think it must have been the right thing. Maria hadn't had the best upbringing, she didn't know why everyone thought "families should be happy". They'd always had problems in their family. She thinks that's why she suffered with her mental health. It was only anxiety and depression; it wasn't anything serious, but she needed medication for it. On the lead up to the birth, the midwives told her that her depression might get worse after the birth, but Maria had been suicidal before, surely it couldn't get so bad when she had a baby?! It was supposed to be a wonderful time, wasn't it? Maria started following celebrities on social media who had just had babies, they dressed them up so cute, they went out for days out, selfies of them and their babies having coffee and cake in seaside cafes. It was going to be so peaceful and enjoyable. It would change her life. She knew it.

In the summer, Baby Frankie was born. He was beautiful. The birth wasn't what she had imagined mind, 28 hours in labour to end up in an emergency section. She felt she had failed him. One minute she was breathing like they were telling her, the next all these surgeons were rushing in with metal tools and lights and there were masks and blood, and it all became so clinical. It was frightening. Then when he arrived, he didn't cry. They said it was for 45 seconds, but it felt like a lifetime. But Maria didn't have time to think about all that as the next minute, he was lay on her breast with midwives prodding and poking her and telling her to breastfeed. She hadn't really given it much thought, but Fred seemed to think it was a good idea, so she gave it a go.

The midwives in the hospital were helpful, she worried about everything, she asked them all kinds of questions and they always knew the answer. Why did they know, and she didn't? She felt like she knew

 03300 947 365

 Enquiries@advancedcca.co.uk

 advancedcca.co.uk

nothing. She was Googling every move that he made. What temperature should he be? What should he be wearing? Why was he making that noise? Why is he crying when I've just fed him? Is my baby normal? It was never ending. When she was discharged from hospital, she googled even more. Her anxiety rose. But they had no family to ask.

Fred went back to work after just a week, and she was left alone with Frankie. They seemed to be managing ok. She didn't feel up to going to cafes and seeing the pictures on Instagram made her feel sad and even more lonely. But Maria didn't have time to think about all that. She had a baby to look after. Fred worked 4 days on and 4 days off, so she knew she only had 4 days to get through then they'd be a team again. She liked it when Fred was there.

Some days, Frankie wouldn't stop crying. She would ring the Health Visitor, and they would answer her questions. She started becoming convinced something was wrong. When Fred was on his 4 days on, she would sleep downstairs with the baby, she didn't want to wake him. They would play outside when they could, so she didn't wake him.

When the health visitor called, she kept talking about post-natal depression, but she felt ok. She didn't know why they kept going on about it. But she didn't have time to think about that, she had washing to do and a baby that seemed too clingy. All the books said to put him down and get him used to sleeping on his own, but he wouldn't go down.

At 11 weeks, Maria and Fred have been looking after Frankie when the GP receives a phone call and advises to bring baby to surgery immediately, Frankie has swelling on head, allegedly from hitting his head on work surface during a feed, the ambulance took Frankie to hospital where he is found to have life threatening head injuries, an intracranial haemorrhage and rib fractures and an older rib fracture.

Parents are arrested. Baby is placed in care.

Questions (to consider as a homework task but for discussion with the AAA Assessor)

1. What is going on for this family? How is each parent feeling?
2. What do you notice about the dynamics of the family? What do you notice about their circumstances?
3. What are the internal factors that may be going on for each parent?
4. External factors? What is adding to the stress?
5. What are the risks for the child? What can you see as the early warning signs of risk?
6. The child has been harmed. What might be the consequences on their health and development?
7. What needs to change for the family? What should each parent do to ensure this does not happen again? What else could be done?
8. In your view, do you think this child should be returned home?

Appendix B – SCHEDULE OF WORK

DETAILS OF WORK		HOURS NEEDED
STAGE 1		
Reading	In preparation of the assessment process, it is important that all necessary documentation is reviewed.	3 HOURS
Meetings with Parents	<p>Stress Management Profile</p> <p>Following discussions about the assessment process, practitioners should prepare a timeline of events individually with parents, an exploration of the findings that have been made and the parent’s perception of the risks before discussing this with them together.</p> <p>Parents should be asked to identify Internal and External Factors that could lead to them becoming angry or stressed. <i>(Direct work with parents around Internal/External Stressors – Appendix below subsequent homework tasks)</i></p> <p>This can be measured on the Stress Management Profile. A score of 1 indicates a high stress state and a score of 5 would suggest no stress. <i>(Appendix below)</i></p> <p>Scenario Work</p> <p>Offering a parent a way to explore their understanding of internal and external factors without revisiting the emotional context of these circumstances can identify their understanding of professional concerns, of risks to the child and the long-term consequences on the child’s health and development. The parent can recognise what needs to change to safeguard the child or future children and ensure that risks are reduced and can be managed safely.</p> <p>Parents will be given two scenarios to consider initially with the practitioner individually and then as a homework task, to add more detail. They will be asked to consider questions set in the task however, their answers should form part of an open</p>	<p>2 x individual interviews with each parent</p> <p>12 HOURS</p>

	<p>discussion during the next assessment session. A summary and analysis of this work will be included within the report.</p> <p>Framework Assessment</p> <p>Completion of standard assessment sections, to include:</p> <ul style="list-style-type: none"> • Family and Social History • Family and Environmental Factors ○ This should include exploration of wider family and networks of support. A support network needs to be identified and details of relationships, level of contact and availability to support needs to be gathered. 	<p>1 x Joint Interview</p> <p>1 HOUR</p>
<p>Observations of Contact</p>	<p>Observations of the parents in contact with their child/ren</p> <ul style="list-style-type: none"> • Discussions with contact supervisors • Reading of contact logs 	<p>2 x observations between parents and child/ren</p> <p>3 HOURS</p>
<p>Support Network Interviews</p>	<p>Support Network Interviews</p> <p>Meetings with the identified support network should be preceded by a telephone interview. To be established during this call is:</p> <ul style="list-style-type: none"> • Describe the assessment process • Are they happy to be included in the assessment? • What is their understanding of what has happened? • What do they understand are the risks? • What are their thoughts about the injuries, impact for the child? • Have they had sight of the Judgement? <p>It is important that all members of the support network have had time to consider the Judgement before face-to-face meetings take place. Practitioners should prepare for this meeting by highlighting areas on the Judgement that they intend to explore with the support network.</p> <p>Initial discussion should identify practical availability.</p> <ul style="list-style-type: none"> • What are their work commitments? • Do they drive? Do they live close to the family home? 	<p>Based on 4 different supports (either couples or individuals)</p> <p>Interviews to be undertaken with the support network.</p> <p>18 HOURS</p> <p>Prior authority will be sought for support network over four.</p>

	<ul style="list-style-type: none"> • Can they be available at short notice? • What can they commit to, in terms of practical support? • What is their relationship with each parent? What is their willingness to support BOTH parents? <p>Assessment</p> <p>Completion of assessment sections, to include:</p> <ul style="list-style-type: none"> • Protective Network – (insert names and relationship to family) • Practical Support • Emotional Support • Financial Support • Work with Local Authority and partner agencies ○ Agencies involved with the support network should be contacted ○ Also consider relationships between the support networks. Can they work together? Do they have similar views about risks, and will they communicate any concerns? <p>Acceptance and Understanding of Risk</p> <ul style="list-style-type: none"> ○ These final two sections are particularly important to any safety plan. Discussions should include ground rules for contact moving forward. 	
Plan	<p>Support network meeting</p> <p>The meeting between protective family members, professionals and the parent/s, is an essential element of the AAA Assessment. This meeting should be in two halves. The first between family and the parents and the second half to include professionals involved with the family. It allows for open discussion about any concerns and requires the parents to talk through with family members, their Stress Management Profile. Alongside subsequent discussions involving relevant professionals, this will enable the development of a Safety Plan, using SMART Objectives – <i>Specific, Measurable, Achievable, Realistic and Time-limited. (Appendix below)</i></p>	4 HOURS

	<p>end of the 28-day period as this will inform future planning once the AAA Assessment is completed.</p> <ul style="list-style-type: none"> The preparation of a working agreement. This will be undertaken with the allocated Social Worker. The Working Agreement needs to clearly set out expectations of the Local Authority, parents AND protective support network and needs to include contact details for who the Protective support network should ring in the event of an emergency 	
<p>Assessment/ Report preparation</p>	<p>Child's Developmental Needs</p> <p>To be able to assess the parent's ability to meet the needs of the child, these needs should be identified. Discussions with the parent's, family members, health professionals, the Social Worker and information within documents provided will assist in the completion of this section of the assessment.</p> <p>Executive Summary</p> <p>As with all standard assessments, an executive summary is required by the Court. This is an analysis of all the information gathered during this first stage of the assessment process. It should not expand on the information. This would ordinarily include three sections:</p> <ul style="list-style-type: none"> Assessment of the Social History Assessment of the Family & Environmental Factors Assessment of Ability to meet the Child's Parenting and Developmental Needs <p>For the Interim Report, only the first two of these sections are completed because assessment of the parent's ability to meet the child's needs will be informed by the 28-day Safety Plan and will form part of conclusions and recommendations in the final assessment report. Practitioners are however, required to establish at this stage, an assessment of risk factors and an assessment of protective factors.</p> <p>Interim Recommendations</p>	<p>14 HOURS</p>



	To include interim recommendations for ongoing work during the 28-day period of the Safety Plan.	
STAGE 2		
Monitoring and Review	<p>Monitoring and Review</p> <p>Careful monitoring and review of the Safety Plan will be key to successful progress of the agreed plan at each stage. There should be regular contact between the assessor, the parents and the support network and an expectation that concerns will be relayed to the relevant professionals.</p> <p>Parents and their identified protective supports need to provide information to the assessor or the allocated Local Authority Social Worker prior to the review meeting. For the support network, this is to identify positives and negatives from the preceding week. For the parents, this should include some information on the work around internal and external stressors to demonstrate improved personal reflection.</p> <p>Weekly review meetings to include:</p> <ul style="list-style-type: none"> • Independent Social Worker • Allocated Local Authority Social Worker • Child’s Guardian • Parents • Members of the protective support network • Any other professional involved with the Safety Plan <p>The Resolutions approach has contributed significantly to evolving the safety planning emphasis of the Signs of Safety approach and the meetings will follow this closely. There are three elements to this approach that form the basis of discussions at each of the weekly review meetings.</p> <ul style="list-style-type: none"> • What’s working well? • What are we worried about? • What needs to happen? • Scaling <p>Scaling is the process of seeking views regarding the current impact of a situation on a child/ young person. Scaling is</p>	<p>4 x weekly review meetings of 1 hour</p> <p>The first two to be led by the ISW, so some preparation work is required</p> <p>6 HOURS</p> <p>The second two by the Local Authority Social Worker</p> <p>2 HOURS</p>



	<p>usually done after completing the Signs of Safety Mapping Form.</p> <p>The person mapping the case will then ask each professional and/ or family member to state a number on the scale where they view the situation of the child at the time of the meeting and why. Next, each person is asked what needs to change to go higher up the scale towards achieving the safety goal.</p> <p>A summary of each of the meetings is included in the final report, with the Signs of Safety Mapping Form added as an appendix to the report.</p> <p>The four review meetings during the second stage of the AAA Assessment are an opportunity to begin the process of transition from the assessor to the Local Authority. Whilst it is expected that the assessor will attend all the four meetings, responsibility for chairing and arranging these meetings should be shared, with the goal of these being undertaken by the Local Authority independently following the conclusion of the AAA Assessment.</p>	
<p>Observations</p>	<p>Observations</p> <p>The Safety Plan identifies who, within the protective support network, will provide supervision of the parents contact with the child and when. These times and context need to offer the assessor the ability to consider the parents capacity to manage all aspects of the child’s care, alongside the day-to-day stresses of parenting.</p> <p>Careful consideration should be given to the context in which the child was injured or abused and any trigger stressors should be incorporated into always ensuring the child’s safety, with a clear emphasis on closer supervision around these times or circumstances. It is very important that one of the observations accounts for a time of day that may have been a stressor (e.g. bathtime, bedtime, shopping etc).</p>	<p>Observations of the support network with the child/ren and family</p> <p>12 HOURS</p>

	<p>Contact should be varied, to include different environments and times of day.</p> <p>The assessor needs to observe some of these contacts to ensure that the Safety Plan is working as anticipated. Ideally, the allocated Local Authority Social Worker or a Family Support Worker can begin to observe these contacts as part of the transition. A summary of observations will be included in the final report.</p>	
Discussions	<p>Discussions</p> <p>Communication with the parents and the support network throughout the 28-day Safety Plan is essential. They need to demonstrate the ability to implement safety measures independently, highlight and manage any concerns and work together in a child centred way.</p> <p>Discussions need to be proactive, rather than reactive and therefore, it is crucial that parents and their support network engage in open and honest discussions about how they are feeling during the safety plan. This aims to allow for safeguarding measures to be implemented before any situation escalates. They may need to have the opportunity to express any anxieties or fears, however small and these need to be heard. Excessive dependence on the assessor, however, may be an adverse indicator.</p> <p>These discussions and the views of the parents and the support network are included within the final assessment.</p>	<p>Close communication with all the support network and parents throughout this stage</p> <p>6 HOURS</p>
Assessment	<p>Assessment</p> <p>Completion of standard assessment sections, to include:</p> <ul style="list-style-type: none"> • Parenting Capacity <p>The sections here are evidence based and informed by:</p> <ul style="list-style-type: none"> • Information contained in the Court bundle • Discussions with professionals 	<p>14 HOURS</p>

<p>Recommendations and Safety Plan</p>	<ul style="list-style-type: none"> • Observations of contacts • Discussions with the parents • Discussions with the support network • Direct work sessions • Review meetings <p>Executive Summary</p> <p>For the final assessment report, all sections of the Executive Summary are updated. The final section, Assessment of Ability to meet the Child’s Parenting and Developmental Needs, will be included and will be the basis of any future planning.</p> <p>Recommendations for future Safety Planning</p> <p>Considering the very serious nature of these assessments and the need for a cautious approach, recommendations can only be based on the evidence gained during the AAA Assessment. The Safety Plan will continue, determined by the progress of contacts and work with the family, with the Local Authority as lead moving the plan forward.</p> <p>Assessors need to provide a detailed plan to assist the Local Authority in this process and this should be prepared jointly within a final meeting with the parents, their support network and all the professionals involved. The plan should include specific goals that need to be achieved before each progressive stage.</p>	
<p>TOTAL</p>		<p>100 HOURS</p>



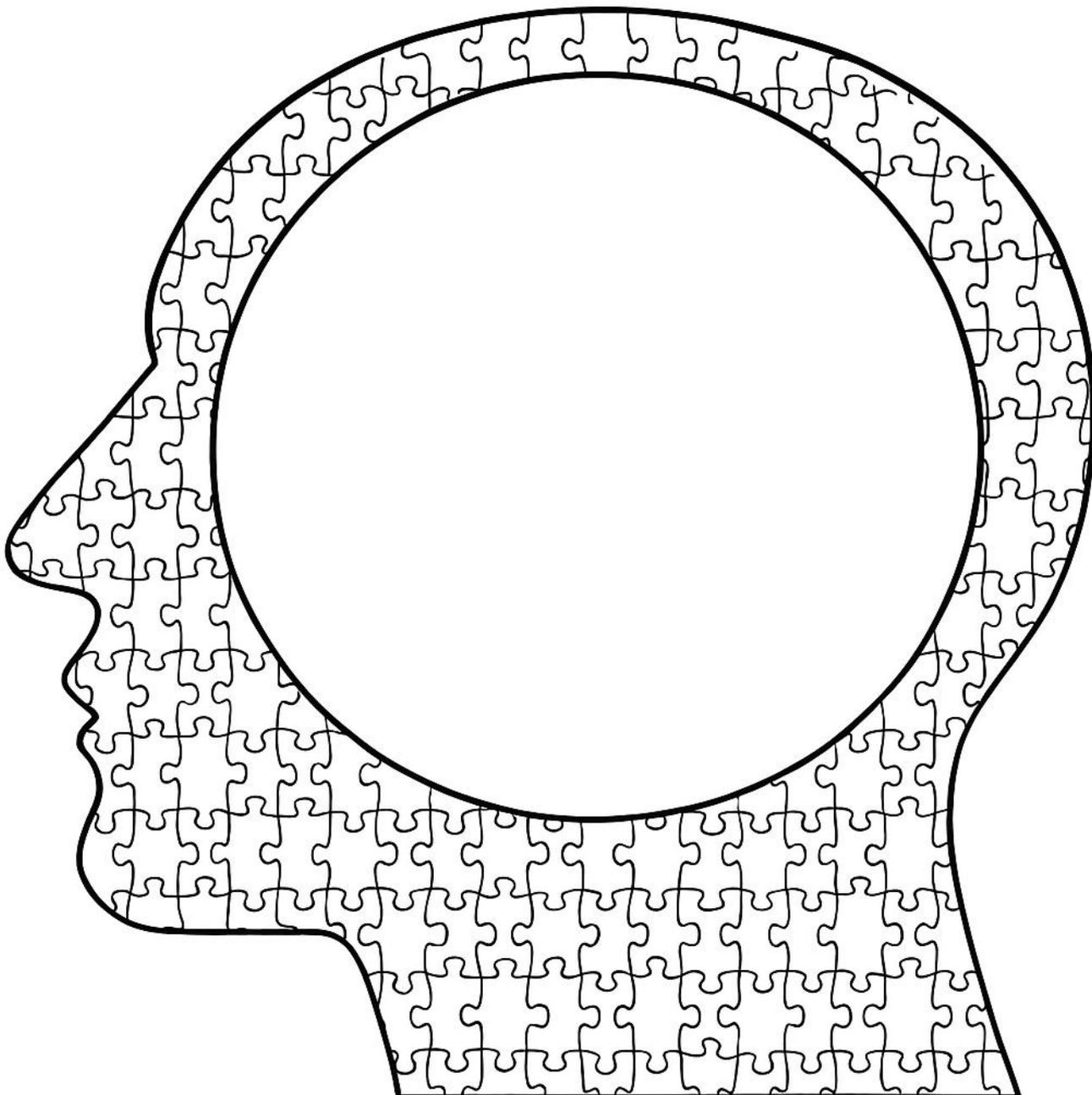
Appendix C – Signs of Safety

What's working well? <i>(Strengths and demonstrated safety)</i>	What are we worried about? <i>(Harm and future danger)</i>	What needs to happen? <i>(Safety goals and next steps in working towards safety)</i>
Past Harm:	Existing Strengths:	Safety Goal:
Danger:	Existing Safety:	Next Steps:
Complicating Factors:		
<p>Safety Scale: (How worried are we?)</p> <p style="text-align: center;">  </p> <p style="display: flex; justify-content: space-between;"> (Danger Statement) (Safety Goal) </p> <p>On a scale of 0–10, where 10 means everyone is confident that the children are safe enough for children services to close the case and 0 means that there is not enough safety for the children to live at home, where do we rate the situation (place people's assessment on the scale).</p>		



Appendix D – Internal and External Stressors – Homework Exercise

Can you think about anything in your life, either now, or in the past, that made you feel stressed. Inside the head, can you draw or write some **Internal Stressors** that you have experienced?





What about some **External Stressors** that you have experienced? Something that made you feel overwhelmed, anxious, angry or sad? Write or draw in the thought boxes.





Now I want you to think about a particularly stressful time or event in your life.

THOUGHTS:
What were your thoughts at the time?

FEELINGS:
How were you feeling?

BEHAVIOURS:
How did you respond?

PHYSICAL RESPONSE:
Did you notice any changes in your body?
(shaking, nail biting, rash, tension, aggression)