**PRACTICE TOOLKIT ON ASSESSMENT - DRAFT. – January 2019.**

This Toolkit has been put together to provide Guidance and Tips in relation to undertaking Assessments. Assessments are complex pieces of work as they require time, reflection, knowledge and insight. Each assessment is different which is a challenge but also makes it interesting and unique. The following Toolkit has been put together to help when writing assessments.

It is compiled of a series of sections, each section reinforcing the assessment process leading to the analysis of the situation. It contains predictors of harm, prompts and tools. – It is in draft format as the views and comments of practitioners is being sought prior to document finalisation. Amendments will be made based on need, request and any unfinished documentation.

The ideas within this Resource are not to be used in isolation but sit alongside Signs Of Safety, Statutory Requirements, Working Together 2018, and local Guidance. They are ideas to inform your thinking and guide your practice. They are designed to –

* Bring the assessment process alive
* inform and develop practice,
* challenge and develop knowledge
* integrate research into direct practice
* develop consistency and improve quality of assessments and analysis
* Promote better and timely outcomes for children in terms of safety, wellbeing and permanence.

These Documents will be reviewed in Feb 2019 and hopefully finalised in March 2019.

Refer to the Document Library and Safeguarding Site on Tri. X as these 2 data bases will assist you in your day to day work with Children and their Families. Use Training and supervision to challenge the ideas and further develop your understanding of what makes a Good Assessment. – We hope to include samples over time.

Use the tools in Signs of Safety, and ensure the basic principles of respect, transparency, honesty, and participation are central to all that you do.

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**PART 1 - ASSESSMENT PROCESS & HYPOTHESIS**

Every Child should have an Assessment. These assessments contain commonalities but also require specific information depending on where the child is within their journey of services.

Working Together advises - Whatever legislation the child is assessed under, the purpose of the assessment is  
always:  
• to gather important information about a child and family  
• to analyse their needs and/or the nature and level of any risk and harm being  
suffered by the child  
• to decide whether the child is a child in need (section 17) or is suffering or likely to  
suffer significant harm (section 47)  
• to provide support to address those needs to improve the child’s outcomes and  
welfare and where necessary to make them safe working together

With those principles in mind here are some key factors which need to be considered when undertaking an assessment -

Specifics of child,

* Age
* Gender , including perception of own identity
* Race
* Culture & religion
* Ability
* Position within family
* Family composition
* Where family live now and previously
* Is this child and family known?

What happened to the child? –

* What are you worried about? The reason for the referral?
* What is known? Seen and heard. Check the facts
* What was the impact on the child? Will there be a future impact?
* What does the child say?
* Frequency of worry – use a chronology to check and refer to

Create a working hypothesis based on what you know and what needs to be tested out, plus what other information is needed

What factors impact and influence parenting? -

* this is where you have regard for the risk indicators, family history, complicating factors
* MH / substances/ LD / DV / - stresses
* Use a chronology
* Frequency, intensity, how, why, belief systems, support network? Attitude?

- Refer to assessment triangle

- consider impact regarding safety, development, socialisation, health, wellbeing

- evaluate the information gathered against strengths and whether any safety factors can be identified and utilised to mitigate against risk

Has this new information affected your hypothesis?

Do you have enough information to have more hypothesis?

Gather views of family, agencies and previous records –

* Information from a wide range of sources helps to widen a deeper understanding of the functioning of the family, how they present, and the nature of their relationships with each other and agencies
* Highlights systemic supports or barriers to change
* Evaluate differences in what is reported
* Observe and meet the child in different settings with different people – assess the difference
* Gather views of the child at different intervals of the assessment, remember that children are loyal, afraid and may know no difference as to what is ok and what is not.

Analyse the information

* Look at the impact on the child. This is the, so what? to the fact.
* Consider what might happen if the situation remains or occurs again.
* Link the information to what the child needs, in light of their age and stage of development now and also into the future
* Can and How can resilience within the family and its support system be developed?
* Is the family system accepting of the facts? Worries?

Capacity to change

* Explore parental perception and view, is there acceptance and motivation to make changes?
* Is there responsibility, remorse, anger or denial?
* Do they understand impact as a result of action?
* Do they have the ability to empathise with the child, walk in their shoes and feel the experience?
* What they say and do, does it match up?
* Are there any external barriers?
* What will support change?

How is the hypothesis standing?

Plan –

* Think about the goals of the family and what they see as a need to change
* Goals of the agency, do these reflect those of the family ? or will there be conflict?
* Plans need to be SMART, with a clear trajectory of what the overall aim is, how and when this will be achieved.

Review –

* Reviews need to be part of the planning process
* Momentum is key to sustaining change
* Reviews with clear trajectories prevent drift and delay
* Reviews allow for changes to be made
* Develop what is working and effective in terms of making a difference

Contingency plan –

* This sits alongside the plan and review
* It is the Plan B to the main plan A
* Clarity and transparency around what the steps will be if plan A does not work Is required – there cannot be any hidden surprises
* The family need to sign up to the fact that the trajectory plan is based on the child’s timescales and not those of the adult
* Maintain focus and avoid drift and delay for the child

Use supervision to challenge and reflect on your hypothesis and progress of the case.

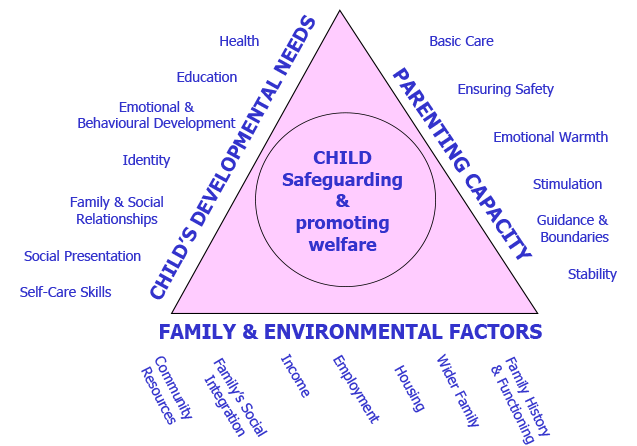
Does your assessment include-?

* observations
* Voice of the child
* Parents views
* Absent parents view
* Family views
* Agency involvement
* Identification of risk/ worries
* Identification of strengths
* Family history
* Analysis on current and future harm

**PART 1 B - USING THE ASSESSMENT TRIANGLE IN ASSESSMENTS**

The assessment Triangle is the fundamental tool in assessments. It places the child at the centre and asks you to assess what is going on around the child in the format of the triangle.

The Triangle has 3 Domains Childs Developmental Needs, Parenting Capacity and Family & Environmental Factors. Each Domain is made up of a number of Dimensions, it is the relationship between each Dimension that helps us to understand the child’s experience and how this impacts on their developmental needs.



The triangle works on the basis that information is not dealt with in isolation. Each action has a reaction, they are interlinked.

The parenting and environmental factors influence and impact on the child’s needs and development, as it does for all children. Usually there is a balance between the domains and the child is able to grow, feel safe and happy because when the parenting wobbles the family and environmental factors step up and the child feels contained and safe.

However, when a complicating factor is added to this triangle, the strengths of each domain becomes unbalanced. The consequence of this is that the child does not feel safe and contained as the experiences are changed and become more adult focused, this can cause a negative impact to the child, usually referred to as Significant Harm. It is the nature of this harm/ worry that the assessment must analyse in order to understand future risk and needs.

The diagram below indicates how parental substance use changes the dynamic for the child and Family & Environmental Factors. The Impact increases for the child twofold. (blue line)

If another complicating factor is added for the child, ie homelessness, (orange line ) the impact alongside the substance use has increased now by 4 times, the impact of the environment plus the impact form the parenting with poor environment.

Each Feature affects the child in different ways, the assessment Triangle is a good tool to help look at each feature in details, as well as keep the child at the centre of the assessment

The Triangle also looks at strengths ie parenting warmth and interaction. A useful technique when using the triangle is to plot strengths in one colour and worries in another, this visually helps to analyse the balance of features in a child’s life.

The Triangle can act as an aide memoire to help you cover all relevant areas that may be affecting the child.

PART 2 **ASSESSING RISK**

The following information has been drawn together to assist Social Workers with the identification of risk when undertaking Assessments.

This information is NOT to be used in isolation. It is guidance to assist in informing an assessment.

The level of risk is determined by the analysis of the interaction of all factors and their subsequent impact on the child. The different sections in this guidance helps to navigate this task.

1. RISK FACTORS FOR THE RECURRENCE OF MALTREATMENT IN CHILDREN –

*Source – Hindley et al 2006*

Hindley et al undertook a systemic review of research into risk factors for the recurrence of harm. They produced the table below, and identifed 9 common themes that presented concern and risk for a child.

If these themes are present in your case work then they require a careful analysis of how they interact with each other and to what extent they are likely to produce negative outcomes and or harm to the child.

This is not a checklist to say harm will occur.

This is a tool that flags up risk indicators, the more indicators present the higher the risk and likelihood of harm. – Use Supervision to reflect on this.

|  |  |  |
| --- | --- | --- |
| PARENTAL HISTORY OF ABUSE | DOMESTIC VIOLENCE | PARENTAL MENTAL HEALTH |
| SUBSTANCE MISUSE | FAMILY STRESS | LACK OF SOCIAL SUPPORT |
| NUMBER OF PREVIOUS EPISODES OF MALTREATMENT | FAMILIES WHERE YOUNGER CHILDREN ARE PRESENT | NEGLECT |

Source – Improving Child and Family Assessments – Turning Research into Practice 2012

D Turney, D Platt, J Selwyn and E Farmer.

2b- CHILDREN WHO ARE LIKELY TO EXPERIENCE MALTREATMENT AND THEIR PARENTS.

- *Source Thoburn et al 2009.*

Thoburn et al identified a series of parental characteristics that when present should be considered as a risk. Careful analysis of the parental capacity for change is required, as these features are more likely than not, to be present in families where change is hard to achieve and sustain.- Thus impacting on the outcomes for the child.

The number of characteristics present suggest **the harder change** is to achieve.

* Isolation with little family or social support
* Parent was abused or rejected as a child
* Parent experienced multiple care givers
* Mental illness
* Learning disability
* Substance addiction
* Anger and or violent episodes have been present
* Low self esteem
* Obsessional or controlling personality
* Previous care experience
* Fearful and or avoidant of agencies

Thoburn et al identified that if a particular child was born to a parent with one or more of the above characteristics then the risk to the child increased. Alongside this, children with experience of the following were vulnerable to harm.

* Premature babies and difficult birth
* Babies and children that are hard to feed and be responsive
* Babies suffering with the effects of substance abuse
* Children with disabilities or additional needs
* Busy unsettled child
* Rejected child within a sibling group
* Children returning home from care
* Teenagers who have been abused

Taken from Improving Child and Family assessments – Turney et al.2012

Section 2.C. - PREDICTORS OF RISK AND HARM, AND COMPLICATING FACTORS

A fundamental function within Social Work is being alert to the potential and actual harm to children.

The following tool is based on the work of Dalgleish and Drew, and **is not** exhaustive or a definitive indicator of harm. It is a tool that provides a checklist of alerts, the more alerts present the greater the risk, and therefore the greater need for an analysis **of all** factors, not just those reported.

1. POTENTIAL RISK INDICATORS / COMPLICATING FACTORS

These elements are often present in families, on their own they do not necessarily constitute a risk. Combinations of these elements increase stress in families and are likely to impact on their emotional availability and parenting capacity to the child.

Stress increases risk – early identification of these complicating factors **is** key to a good assessment, where intervention is meaningful and can affect change.

• Poverty

• Poor housing

• Lack of support network / isolation

• Parental Experiences of being poorly parented

Adverse Childhood Experiences

• Low educational attainment

• Physical / learning disability (adult / child)

• Mental health difficulties (adult / child)

• Drug and alcohol use / misuse

• Victimisation from abuse / neglect

• Disordered relationships

• Previous history of offending

• Rejecting / antagonistic to professional support

• Behavioural / emotional difficulties in parent

• Behaviour / emotional difficulties in child

• Young, inexperienced parent

• Physical ill health (adult / child)

• Unresolved loss or grief

• Dangerous dogs

• Domestic abuse

• Children looked after

2d.HARM AND ACTUAL RISK.

The following features when present are cause for concern and needs to be viewed as a risk.

The level of risk will be determined by the seriousness and frequency of the feature.

For example – post natal depression is a known risk indicator. A brief episode where family support is available reduces the risk to the child. A prolonged episode of a single isolated parent increases the level of risk due to the combination and length of each feature.

Severity of risk is amplified based on the age and ability of the child. The younger and less able a child is, the higher the risk. That said, it is important to remember that the second highest category for child deaths is that of teenagers.

The Following list highlights actual risk and must be considered and analysed carefully within an assessment. Do not assume because a child looks ‘happy’ that all is ok, disguised compliance is a skill employed by parents to hide many of the features below.

Another way of hiding these features is for parents to not disclose family history or for the SW to not undertake a historical profile of each parent. – refer to Assessment Tips and Pitfalls ( section 4 )

Serious Case Reviews often refer to these features as common themes within their enquiries. (section 5 )

FEATURES OF RISK

When parents have experienced or demonstrated -

* Previous involvement in child physical and sexual abuse / neglect

• A History of being significantly harmed through neglect as a child

• prolonged episodes of abuse

• previous violent / sexual offending (against both children and adults)

• Evidence of disorganised attachment in the adult

• Older child removed or relinquished

• Uncontrolled mental health difficulties (including periods of hospitalisation)

• Personality disorders

• Chaotic drug / alcohol misuse

• Denial / failure to accept responsibility for abuse / neglect

• Unwillingness / inability to put child’s needs first and take protective action

• Cognitive distortions about the use of violence and appropriate sexual behaviour

• Inability to keep self safe

• Unrealistic, age inappropriate expectations of the child

• Female Genital Mutilation

• Forced marriage

THE ABOVE FEATURES ARE EXACERBATED WHEN A CHILD & OR YOUNG PERSON HAS EXPERIENCE OF –

* Being born as a result of sexual assault.
* A difficult and traumatic birth

• Unexplained bruising (particularly in pre-mobile children)

* Previous involvement in child physical and sexual abuse / neglect

• Prolonged episodes of abuse

* Inconsistent and unpredictable care

• Child Sexual Exploitation

• Criminal exploitation

• Radicalisation

* Female Genital Mutilation

• Young carer

• Missing from home

• Trafficking

• Gang culture

• Gun / Knife crime

• Residential placement

• Placement breakdowns

* Multiple care givers

These lists are designed to provide flags for you to consider within your assessment, alongside this is the need to consider frequency, intensity and context.

Use supervision to explore and challenge the information gathered, is it actual risk or perceived?

Look for strengths within the family and its system that may mitigate against the risk. Remember the key point is impact to the child. – The SO WHAT FACTOR?

**PART 3- IDENTIFYING STRENGTHS**

It is important to reflect on strengths within a family as this ensures your assessment is balanced, fair, and identifies what can be built upon.

Strength based assessments sit with the S of S model, and therefore refer to their documents for further information.

A word of caution do not assume that something positive is a strength and therefore a protective factor – do not assume or be overly optimistic- For Example –

* Daniel P was a small child that died – significant emphasis within the assessment was spent on the fact he went to school and was clean and tidy – this presentation was a mask, and a means of deflection. No one looked behind this presentation to see a boy that was being abused by his family

Strengths need to be enduring over a sustained period of time, if they are to be considered as a protective factor – S of S.

Identifying strengths and positives builds hope in families, hope builds engagement, and engagement leads to openness and change

A positive is something good ie child went to school

A strength is repeated positive action ie the child goes to school most days / mum gets the child to school most days. This becomes a protective factor because of the impact that the child experiences from this event. These factors increase as the parents’ confidence and ability to sustain develops.

Focus on can do as opposed to cant’ do, recall occasions when things worked, explore potential and supports to achieve this. Be respectful yet realistic, this is the families journey and intervention is about support and enabling that change to come from within the family system first and foremost.

Strengths within a family evolve from experiences and relationship. Observing and assessing the dynamics within a family provides valuable insight in terms of empathy, insight, motivation and capacity to change.

Features of strengths include – love and appreciation, pride and enjoyment, time together, encouragement, commitment, communication, adaptability, faith, connections and responsibilities.

Knowledge on Attachment styles helps to inform levels of strength within a relationship, and whether any past trauma may be causing a barrier to this.

A family seeking help is a positive and a strength, and should not be responded to with coercion or agency control.

Strength based approaches are about empowerment, resilience, confidence, and participation. A family system that reinforces these principles are likely to be able to build safety and to see agency involvement as a means of support as opposed to enforced intervention

**3- SYSTEMS**

Every Child is part of a system, understanding how that system functions is an essential part of the assessment as it will either seek to reinforce or undermine change.

A child that is raised within multiple systems is likely to be more resilient and adaptable, often negative experiences in one part of the system can be overcome by positive experiences in a different part. Children living within a limited system therefore have reduced opportunities to develop coping strategies, life skills, resilience and adaptability.

Eco Maps and Genograms are a great tool for finding out who and what is in the system, and what they contribute in terms of input to the child. They also help to clarify the nature of relationships, names and details of absent parents and grandparents. Just because a child names someone as dad or aunty does not mean they are, they may be assuming that role but it is important to check who is who.

SCR highlight time and time again that absent parents and extended family were often not consulted in the assessment and intervention of services. Children have a right to be raised within their family free from intervention wherever possible. Having a secure safety net around a child of family members can and does make a difference. Also by knowing who is who enables future planning, if needed, easier to achieve with minimal delay. – Any decision to not contact or notify an absent parent needs to be documented as a case direction with a clear rationale for such action. Remember children may want to read their files in the future and will want to know what efforts were made to locate absent parents and family members.

Families can and do make a difference to a child’s wellbeing. Including extended family in the assessment and safety planning stage is important, secrets are dispelled and it provides an opportunity to assess family motivation to support or undermine the plan within an identified timescale

The other key system for a child is the professional system, this may include nursery, DR, School or another agency. These systems have a role in safety planning and must be involved in the assessment and plan. Communication is essential and ensures the family receive the right message and service at the right time. Services need to complement each other and can only achieve this when the work is joined up as part of an overall plan.

Sadly missing or poor multi agency involvement is a key feature identified in serious case reviews where children have died or been seriously injured. Everyone in the system has a piece of the puzzle, it is the role of the SW to collect these pieces, make sense of them and put them together to make a whole picture of the situation. – This is not easy and so reflection and supervision are essential in supporting and challenging the SW assessment and hypothesis.

**3C – Engagement with …….**

Assessments must contain the views of others. It is a collection of information, the broader the range the more there is to analyse and reflect upon

Child

The voice of the child is enshrined in legislation, policy and procedure, but what does it mean in terms of practice?

Quite simply it means what a child says, would like to say, or demonstrates through its behaviour. Caution is needed at this point as children will often say what they have been told to say, and as in SCR Isabelle, very often they are threatened to not talk. Children may not talk because in the past when they tried to say something no one heard or listened, they may be too afraid because of the consequences.

Regardless of these factors engagement with children is still required, to not do so can exacerbate feelings of helplessness and not being important or valued.

Engagement can occur through direct or indirect communication, often children and young people are able to understand difficult information when it is about a 3rd person, stories can be useful in this.

Play is an excellent medium for communication, it can be role play, direct play, or getting to know you play through games and toys.

Drawing and writing is a well-used tool for engagement, the child can be in charge of the drawing or writing and this focus enables conversation to flow.

Refer to Words and Pictures, Direct Work and Practice Tips for further ideas about engagement with Children and young people.

Assessments are about the child and therefore an understanding of one day in the life, is important to present within the assessment.

Care giver

The caregiver, usually the parent is the person who knows the child best and has lived some of the experiences with them. However the care giver may be directly involved and therefore it is important to triangulate what the care giver says with information from other sources.

Their voice and views are important to any process. Assessment and intervention is about working collaboratively, with sensitivity and respect. It is about recognising that parenting can be difficult and that support may be required at different times, it is important to find out strengths, aspirations and positive memories, these are the things that can be built upon.

Denial, non- compliance, avoidance and deflection cannot be built upon to affect change. Engagement may be difficult due to the nature of the situation, it is important to acknowledge this difficulty by being genuine but clear in terms of what is the worry and what needs to be changed before intervention can be withdrawn. Parents respond best to honesty so do not shy away from difficult conversations, recognise the difficulty, and explain that the conversation needs to take place in order that you can understand what is going on.

Use supervision to discuss communication approaches with families. Using their words helps to cement the issue. Use interpreters if English is a second language. Use advocates if there are additional learning needs or vulnerabilities that need to be considered within the engagement process.

Listen to what is said, the words and tone, but have regard for what is not said as this can provide clues.

Use open ended questions and refer to signs of safety questioning approaches.

If using written text to refer to with a parent, ensure literacy skills are able to manage the information being provided – do not assume.

Extended family

Extended family usually have a valuable role with the child, they are there for both the parent and the child, they see and hear things, they can make effective safety nets. Understanding their role and perception of situations will enable you to ascertain how involved and relied upon they can be when making safety plans.

Early involvement ensures participation in contingency planning which can help to avoid delay and drift for the child.

Be mindful of the extended family history and culture, this may need revisiting and testing to ascertain if certain beliefs and attitudes remain in place, and whether they have the ability to intervene for the benefit of the child if needed. Be sensitive to the fact that extended family may have to make difficult decisions about who and when they help someone, choosing to support a grandchild over their own child can be a difficult decision and may evoke upset and distress. Sadly sometimes family loyalty can compromise a child’s safety, ensure that expectations of everyone is clearly set out and agreed upon.

Agencies

Agency involvement and engagement is central to making assessments and plans. SCR highlight how often this is missing which subsequently led to a missed opportunity for the child.

Each agency has a view and piece of information, this needs to be shared, in order that it can be made sense of in terms of the child’s experience. Sometimes agencies feel compromised due to their relationship with the adult. This needs to be acknowledged but also highlighted that safeguarding is everyone business, and this does not take second place to the needs of the adult.

Agencies are involved in safety planning, therefore they need to be part of reviews and consulted with in the interim.

Absent parent/ family

Parents who are separated are very often not involved in the assessment, plan or intervention. Usually this is the father. Mothers may refuse to provide details either due to acrimony or fear. It is up to the SW and their TM to decide whether the mothers consent is over ridden or not, if it is then this needs to be recorded quite clearly as to the rationale behind the thinking and what action will take place.

SCR highlight the void in assessments and intervention of absent parents, whilst there is a need to ensure that the child and caregiver are safe, the absent parent also has rights and this includes being involved in decisions about their child’s life. If there are any concerns regarding this involvement ie violence, then legal advice must be sought.

Friends

Friends have a valuable role in families, consent to talk to friends must be sought and clearly explained. Personal information should not be shared unless the parent has given explicit agreement for this. If a family wish to involve a friend in their assessment process this must be clearly explained to the friend what it entails and whether they are in agreement with the expectations and any arrangements.

Pets

I am not suggesting that you engage with a pet but I am advising you review the care of any pet. There is a strong correlation between cruelty to pets and child abuse. Check out their care in terms of grooming, place to sleep and toilet. Any large or unusual pet seek advice around risk to children.

PART 4 - ASSESSMENT TIPS AND PITFALLS

This paper has been put together to summarise helpful tips and reminders from research which will help you to write an informed analytical assessment.

The Pitfalls are a list of issues to be mindful of and to avoid wherever possible.

|  |  |
| --- | --- |
| TIPS | PITFALLS |
| An assessment is a holistic process which encompasses ALL information | Viewing Incidents in isolation reduces the ability to measure and analyse risk  Start again syndrome can take over leading to a false assessment |
| An assessment considers risks and strengths, it is a balanced view of the child’s world and experience | An overly positive assessment leaves a child at risk  An overly risk based assessment may lead to unnecessary intervention |
| Check the facts with the referrer | Failing to check the facts with the referrer can lead to false information becoming embedded into records |
| Make a plan of what you know, what you need to find out, who will be consulted and how this will take place. | Winging it and making it up along the way is not effective or safe. |
| Chronology.  Start a chronology when the case is allocated. If this is not possible start a chronology before you start the assessment – this will provide a roadmap of issues to consider and explore further with the family.  Chronologies need to contain family history – understanding functioning and influences, aids in the analysis of assessing capacity to change and understanding  Chronologies are a useful tool to use in supervision – reflecting on patterns, risk, and impact for the child  Chronologies are a useful document to refer to with the family – recording disagreement or discrepancy can inform the analysis in terms of insight, ownership, responsibility and capacity for change.  Ensure the chronology is a summary of **key** events | Missing chronologies means missing information. – this leads to a false assessment where risk is not analysed.    Ignoring patterns and frequency of behaviour leads to unsafe situations.  Recording an incident as just a verbal dispute, undermines the volatility of the home environment. – you lose sight of the childs experience  Changing Chronologies to reflect the parents account can distort the truth, - add their comments to the chronology and double check the facts.  Adding events to chronologies which are not significant makes them too long and ‘busy’ , this can overshadow the key events of concern. |
|  |  |
| Views of professionals.  Gather the views of other professionals that know the family. More information provides a deeper understanding of the family functioning.  Challenge and question why a view is held by a professional – professional challenge promotes reflection | Missing the views of others affects the validity of the assessment, as vital information may be lost.  Accepting the views of others without question can impact the direction of the case and intervention, leaving risks unchecked and managed. |
|  |  |
| The Child.  See the child on their own  See the child in different settings  Observe the child with different people - observations highlight the nature of relationships, behaviours and ability to manage situations and people. It also highlights difference which informs the analysis.  Seeing the child on their own provides them with space to talk or get to know you  Seeing the child several times enables the child to get to know you, this provides the assessment with details of what their life experiences are  See the childs space, the room they sleep in, where they play and eat, wash and toilet. – this provides information in terms of basic needs and quality of care  Voice of child – try to get an understanding of how the childs day to day life is and how he/she feels about his/her life  Use different techniques and tools to illicit voice  Use your knowledge of child growth and development to help assess behaviour, mobility and cognition – remember children repeat and mirror what they have seen or be told, therefore it is important the voice of the child is analysed and not just recorded | Seeing the child only at home provides one facet of the child  Failing to note the significance of the nature of interaction with different people – loss of info regarding attachment and emotional security  Only seeing the child with the parent restricts the voice of the child  Reliance on one visit does not inform the assessment in terms of one day in the life of the child.  Accepting a parents explanation of a mess in order to not see sleeping space may misinform the assessment in terms of environmental safety, and personal care  Ignore the child, or use the adult explanation for the child – can lead to misinterpretation  Reliance on the spoken word of the child can lead to an inaccurate analysis  Acceptance of information as being the norm leads to assumptions. |
| Visits –  During an assessment visits should be announced and unannounced this helps to inform the analysis of the childs world, consistency, safety and reliability.  Spending time on planning how a whole visit will run will make for a better quality visit, and will save time in the long run. | Announced visits allows for preparation - this may include cleaning the home, removing individuals from the home, hiding drugs, alcohol etc – this leads to a false assessment.  Visits without a clear purpose and focus can become chats which is not helpful to the assessment. |
| Change needs to be observed and sustained over a significant period of time  Need to preserve a rule of realism where challenge and enquiry is regular | Accepting one episode as evidence of change – this influences over optimism and subsequently misinforms the assessment.  Over optimism impacts on the ability to measure and analyse risk |
| Families system  Genograms – should be undertaken as early as possible and made with a family noting who is who ,plus the nature and strength of the relationships within the system.  Identify early on who could help within the system  Consider the history of people within the system - this helps with identifying strengths and whether external influences have a positive or negative impact.  Be curious about people – who visits, when, and the nature of the relationship – SCR highlight how investigations and assessments did not consider new partners or absent parents -  Who are the regular visitors to the home? What is the role of the partner and absent parent | Failure to consider extended family and networks leaves a number of risks unknown and analysed  Fail to identify who the child feels safe with  This can impact on the analysis of the family system, patterns, traditions, beliefs and attitudes – therefore affecting the analysis of safety and capacity for change  Believing what is said without testing and reviewing can lead to a false risk assessment  Making assumptions about people can affect the long- term planning for the child  Ignoring the absent parent or partner – produces gaps in the assessment |
| Culture  Do not make assumptions based on culture, religion or gender, this can lead you to taking a position of acceptance – ie its ok for black families to use physical chastisement because that’s what they do  Secure independent interpreters if you have any doubt about neutrality | Accept cultural and religious customs as a given standard – need to assess the impact on the child  Family acting as interpreters can lead to false reporting and an increase in risk |
| Process  Record carefully what the parent says and thinks- use their words as this is more powerful and accurate  Be careful to include Dads and absent parents.  When gathering information if you are unsure about anything, reflect back your understanding to check it is correct  Use a variety of tools to gather information, this ensures there is consistency in what is being reported  Use open ended questions and professional curiosity  Need a series of snap shots to help draw a picture of one day in the life of the child  Observations provide valuable information regarding what was seen, heard and felt. Comparing and contrasting these observations helps to draw a picture of patterns in behaviour, ie there is always a can of alcohol on the floor, versus a one off sighting will generate different conversations and analysis  Use senses – what did you see, hear, feel, smell, touch? – this informs the picture of the childs world in terms of what they experience – ie smell of drugs but no physical evidence – explore different hypothesis about why this might be  Review and challenge self and others, or risk getting stuck with one hypothesis | Providing all the answers does not encourage parents to think for themselves, it also hides their true thoughts and feelings.  Assuming what is being said can lead to false impressions being formed  Assuming information shared is information understood leads to false hope  Assuming information shared is the truth can lead to an unsafe assessment  Closed questions restrict insight and engagement  Reliance on one piece of information restricts the analysis of the assessment  Not taking note of what is seen and heard restricts the evidence available for you to reflect upon  Sticking to one idea or school of thought can exclude other schools of thought and information |
| Behaviour  Is there deflection, chaos, and avoidance ? – . This may present itself in a typical manner leaving you unaware, for example – the parent advising you they forget about the visit and the child is at a friends, gone to grandma, out, sleeping – all plausible but put together indicates a pattern of missed opportunities – Disguised compliance?  Incidents of aggression and conflict need to be carefully recorded and discussed – reflect on how it felt because this may mirror the child’s experience  Consider if there are other explanations for presenting behaviours ie MH, substance use, etc | Ignoring the **frequency** and type of chaos and deflection reduces the analysis of disguised compliance and cause of chaos  Failing to recognise patterns of behaviour is a significant omission in terms of assessing risk and capacity for change  Do not avoid intuition – check it out in supervision  Accepting what you are presented with at face value may lead you to miss an unmet need either for the parent or the child |
|  |  |
| The assessment  Your assessment report is not a description – it is an analysis / breakdown of findings – the how and why  Once information is gathered look for key themes, patterns, needs, risks and strengths  Ask yourself ‘ SO WHAT’ – this helps with analysis. For example –  The parent uses drugs – is a fact. The so what question is, so what does this mean and look like for the child – this is the analysis of impact of the fact | Spending too much time *describing* events – it is their significance and what they have led to that is important  Make assumptions from limited information  Commenting on facts only. Analysis of the fact is required in terms of measuring safety and risk |
| Supervision  Use supervision to help with the planning of an assessment  Reflect on gaps in knowledge and skills – what do I need to know in order to complete this assessment?  Use supervision to reflect on your assessment – seek challenge as well as reassurance  A good assessment will lead to a clear understanding of what needs to happen next | Assuming you don’t need to discuss your assessment in supervision  Assume a plan is not needed  Assume you know everything  Assume its clear what needs to happen without checking this out in supervision |
|  |  |

PART 5…USING SCR FINDINGS WITHIN ASSESSMENTS AND ANALYSIS

This document as been put together to support practitioners when undertaking an assessment.

This document sits alongside Assessing Risk, A Framework for predictors of harm, and Tips and Pitfalls. The aim being that the suite of documents when used together helps practitioners to reflect and critically analyse the information they have gathered within their assessment in order that the analysis reflects the life experiences of the child.

SCR sadly highlight where things go wrong, they also help to drive forward good practice, in hopes future deaths and accidents can be avoided. Using the findings from several SCR, this document will set out how they can inform practice and help to avoid the pitfalls as set out in the Tips and Pitfall Document

|  |  |
| --- | --- |
| SCR | Key Learning |
| Keanu age 2  https://cscb-new.co.uk/downloads/Serious%20Case%20Reviews%20-%20exec.%20summaries/SCR\_Archive/Birmingham%20SCR%20-%20KW%20(2013).pdf | Maintain focus on child  Professional curiosity  Distracted by mothers needs  Missed patterns of frequent house moves, changes in partners  Reliance and belief in mothers explanations – no triangulation of fact  Viewed incidents in isolation  Lack of analysis |
| Ayeeshia – 21 month | Lost focus of child  Not consider impact of DV  Explanations for injuries were not questioned  Did not talk to father |
| Polly age 2  https://www.derbyshirescb.org.uk/site-elements/documents/pdf/polly-briefing-paper-case-review-august-2017.pdf | Injuries viewed as accidents  Professional curiosity missing  No challenge to alternative explanations  Impact of MH and DV on parenting not considered  CIN plan not focused on childs needs  Over emphasis on parents needs  excluded new partner and father of Polly |
| Isabelle  http://www.lscbbirmingham.org.uk/images/Serious\_Case\_Reviews/SCR\_LJ/Lessons\_Learnt\_from\_a\_Serious\_Case\_Review.pdf | No one asked or spoke to Isabelle on her own - ‘ I just wanted someone to ask me ‘  The impact of DA, MH and substance use was not considered in terms of parenting  Professional curiosity was missing  No one dared to believe the unbelievable  Partners history was not considered |
| Child P and H | Neglect not identified  Adult focused assessment,  No professional curiosity  Over optimism re capacity for change  Overlook substance use |
| Child C age 3 month  http://newsite.bardag-lscb.co.uk/wp-content/uploads/2018/01/SCR-Overview-Report-Child-C-FINAL-131217-web.pdf | Mothers history of pregnancies from a young age not considered – multiple miscarriages  Baby premature  Poor visiting within the hospital  Transient family  Difficult to engage, mother uncooperative and misinformed agencies of different things  Multi agency work not tight  Time spent dealing with mothers behaviour as opposed to considering impact on parenting and small vulnerable baby  Practitioners afraid to challenge |
| Daniel - 4  https://www.lgiu.org.uk/wp-content/uploads/2013/10/Daniel-Pelka-Serious-Case-Review-Coventry-LSCB.pdf | Over reliance and acceptance on mothers account  No professional challenge  Rule of optimism  Each Dv incident viewed in isolation  Start again syndrome  Lost sight of chid due to language  Not recognise patterns around partners, house moves  Changes in Daniel not explored  Weak analysis  No clear sense of one day in the life |
| Baby P – 17 month  http://www.haringeylscb.org/sites/haringeylscb/files/executive\_summary\_peter\_final.pdf | Low parental expectations and no challenge  Agencies had passive acceptance of poor parenting and neglect  Little consideration for impact of mothers childhood on her parenting  Previous injuries not referred to in planning  Acceptance that injuries, including a smack across the face just happen  Planning was not SMART  Acceptance of no clear explanation for injuries as no concern – no challenge or hypothesis around the injuries  Over identification with mother  No assessment of partner  No curiosity  Supervision not reflective or challenging |

**PART 6 - QUICK GUIDE TO ATTACHMENT THEORY AND ITS USE WITHIN ASSESSMENTS.**

Attachment theory underpins our understanding of relationships and emotional wellbeing.

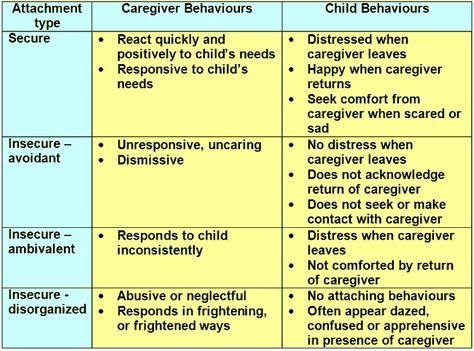
Babies brains are incredibly malleable and therefore the impact on development from interaction and relationships is well researched and documented.

Healthy and positive interaction brings positive development, security, curiosity, trust and the ability to rely on others.

Unhealthy and negative interaction can affect development in lots of ways, in particular the brain grows at a slower rate, and the body relies on survival mechanisms as opposed to exploration, curiosity and reliance, this leads to developmental delay and the baby becoming closed to adult interaction and stimuli.

Analysing parental behaviour traits is an essential part of an assessment, years of passive or non-responsive parenting leads to adverse outcomes for children. Early intervention in this area is vital if the trajectory for the child is to be changed.

The table below describes the 4 types of behaviour in terms of what the caregiver will demonstrate and how the child is likely to respond

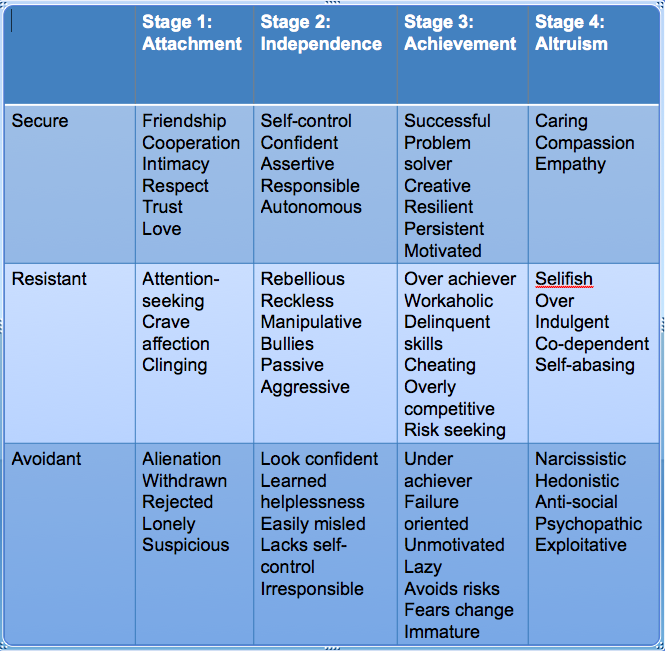


Observations of interaction and response are key components to understanding the child’s experience and the impact that the parenting and environment is having.

Children and babies are often described as not aware, did not react, didn’t seem bothered by the shouting – this is not the sign of a securely attached child.

Watchful frozen babies are demonstrating internal distress, they have learnt there is little point in interacting with adults and the world as it is either scary, unpredictable or non-responsive. – This can have long term negative impact on the child’s wellbeing and development.

The table below demonstrates how personalities and behaviours evolve over time based on the type of attachment they were exposed to. Sadly many of our young people who enter the care system display many of the behaviours as described in the resistant and avoidant section. Reflecting back on their early childhood experiences will help to inform you of the influences that have led to todays situation and presentation.



Further attachment information will be added to the Document Library for reference.

**PART 7 - ANALYSIS**

WHAT IS IT?

Analysis is defined as the process for studying or examining something in order to learn more about it.

In social work, analysis is making sense of the information gathered to understand how? Why? What? and more importantly what does this mean for the child – the **so what** factor.

HOW DO YOU DO THIS?

Put the child in the centre of a piece of paper, list the information around the child that you have found in terms of events, situations, people etc. Then evaluate how does that meet or compromise the child’s needs, safety and welfare.

Use the SO WHAT method, for example – a parent uses drugs. Apply the question so what does this mean to a 4 month old baby and 2 year old living in the same home? – this enables you to reflect on the experience for the child, the emotional availability of the parenting, the preoccupation, the high and coming down from drugs, response type and time to a baby that is unable to move and a toddler that moves quickly and fearlessly – this is the analysis of the situation.

It is your job as the SW to ensure that the analysis explores whether the parent can meet the child’s needs in a safe, consistent, predictable and nurturing manner. Interruptions and disruption to this can and will cause harm to the child. – consider frequency and intensity of events for the child.

Parental history will impact on how they operate and manage situations, the analysis is to find out how this affects them as a parent today and tomorrow.

Making sense of information requires the ability to hypothesise, this helps reduce fixed thinking and assumptions. It opens you, as the SW up to other possibilities.

Chronologies are an invaluable tool for analysis, they help to identify patterns, stress points and when things go well. They help you to consider the accumulative affect as opposed to incidents in isolation. – Remember children live a series of events, it is the combination of these that either makes them feel safe or not.

Every experience has an impact, when forming an analysis you will need to weigh up whether the experiences balance out risk of harm or whether they are more heavily stacked in that area to suggest future harm is likely? – Lists of events can help

Time-lines are an effective tool, for helping with analysis.

Positive experiences recorded above the line per age

Age 0 ……………………………………………………………………………………………………………………………age now ie 7

Negative experiences recorded below the line

The amount of colour can visually help you and the parent to make sense of type and frequency of a particular experience. This then helps with the analysis of impact now and into the future.

The use of the previous tools in this pack will assist in the analysis process, as will capacity for change.

**PART 8 – CYCLE OF CHANGE**

When undertaking assessments, we are identifying what if anything needs to change and what measures are needed to achieve this.

Change can occur when there is acceptance of a need to do so, a desire to do things differently, an understanding as to why and how things may look if done differently.

Change is difficult to achieve if there is denial, minimisation, blame, avoidance and ambivalence.

Change is not an event in itself, it is a process, a process that becomes consolidated over time and built upon.

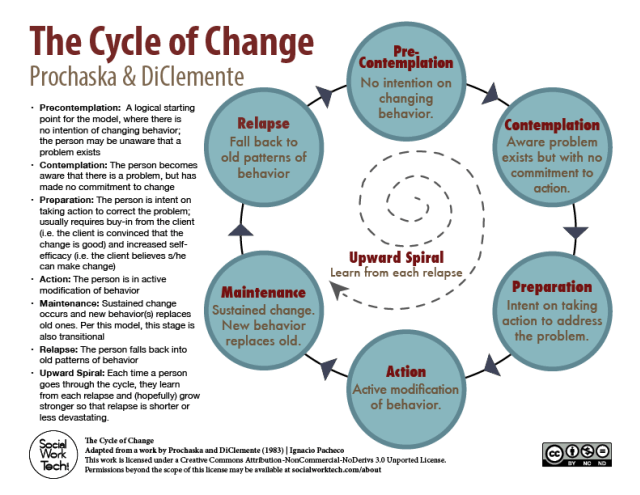
Enthusiasm, motivation, curiosity and desire enables the change process to be smoother as there is an openness about what this will look like and more importantly what it will mean for the family.

Barriers to change can be internal or external. External barriers reinforce ongoing patterns, cultural behaviours and expectations. Belief systems reinforce the appropriateness of a specific action ie smacking never did me any harm. Often it is necessary to bring a whole family on the journey of change

The cycle of change is built up of several stages – refer to Cycle on the next Page. – Each stage builds on the former. Relapse is not unusual, where the individual realigns themselves after the relapse is the key to how and if change is possible within the child’s timescale.

The child’s timescales are what drives the plan, often decisions get made because the time needed for a parent to recover from past trauma and address current issues is such that the child will be affected by the delay and the parent’s recovery. This is difficult work and clarity is needed around what needs to happen and when, if the child is to not suffer significant harm.

In terms of Signs of Safety Change is reflected in the safety goals and what and how these will be achieved. Agreed goals have a higher likelihood of being met than with imposed goals



**PART 9 PRINCIPLES OF SMART PLANNING.**

All children open to Children’s Services must have a plan -

* Child protection
* Child in need
* Looked after
* Pathway

Plans need to be meaningful to the Child/ Young Person. They need to be tailored to specific need in order that good outcomes can be achieved for the child. Generic plans do not promote positive outcomes.

SMART plans –

* clarify the goal/ objective
* Provide a framework for transparency and honesty
* Promote focused and agreed action
* Encourage parental ownership and participation
* Prevent drift and delay
* Place the child and their needs at the centre of the plan

SMART planning sits well in the Signs and Safety Model of working due to its clarity and transparency

WHAT IS SMART.? – SMART is an acronym for -

|  |  |
| --- | --- |
| **SPECIFIC** | Specificity enables clarity and accountability  What is the goal trying to be achieved.? – well defined goals avoid parents stating they never knew.  What steps are needed to achieve this?  Who is going to do what?  When and how? |
| **MEASURABLE** | Measuring and evaluating change is a critical component within plans. It enables services to be effective.  Outcomes are clearly evident  It demonstrates longevity of change and allows us to not fall into the trap of over optimism |
| **ACHIEVABLE** | Plans are made to meet a goal/ objective  Plans are successful when parents own the plan and agree that the identified goal is important to them and their child  Achievement is possible through repetition and perseverance. Supports and services may need to be in place.  Regular reviews enable accomplishments to be identified, thus enhancing the positives and strengths within the family. |
|  |  |
| **REALISTIC** | Plans do not set people up to fail, they need to be realistic and within the family’s scope to control. – a family may not be able to move, but they are able to keep a clean and safe home  Realistic plans enable assessments to reflect upon parental motivation and capacity for change. |
| **TIMELY** | Timeliness is central to good planning.  Timescales need to reflect the child’s needs and welfare  Children left in situations where change is not timely increases harm to welfare, safety and development  Timeliness avoids drift and delay in planning for children’s futures  Timescales set - out clear expectations of the trajectory, journey of what and how, and what will happen if this is not achieved.  Clear timescales can help to highlight where disguised compliance is present – agreement but no action. |

Reviews of plans should take place as per the Decision Making and Timescale Document, or more frequently if necessary.

Plans should be discussed in Supervision

Consideration should be made for the child to have their own words and pictures plan, and be involve

**PART 10 -ASSESSMENT REMINDERS**

* THE ASSESSMENT IS FOR THE CHILD
* CULTURAL AND DIVERSITY ISSUES HAVE BEEN INTEGRATED INTO THE ASSESSMENT
* YOU HAVE HAD REGARD FOR LANGUAGE, UNDERSTANDING AND NEED FOR ANY ADVOCATE
* ASSESSMENT TIMESCALES NEED TO REFELCT THE CHILDS NEEDS AND CIRCUMSTANCES, -DELAY IS NOT AN OPTION
* DO PARENTS UNDERSTAND WHAT AN ASSESSMENT IS?
* HAVE YOU OBTAINED SIGNED PARENTAL CONSENT FOR AN ASSESSMENT?
* HAVE YOU OBTAINED PARENTAL CONSENT TO SEE THE CHILD ON THEIR OWN?
* PARENTAL PARTICPATION IS ESSENTIAL
* HAVE YOU INCLUDED AND INVOLVED ABSENT PARENTS AND WIDER FAMILY MEMBERS?
* HAS CONSENT FOR INFORMATION SHARING BEEN PROVIDED?
* DOES THE ASSESSMENT REFLECT THE VIEWS OF OTRHER PROFESSIONALS?
* HAS INFORMATION BEEN TRIAGULATED?
* CHRONOLOGIES ARE A CORE COMPONENT OF AN ASSESSMENT - HAS ONE BEEN COMPILED AND REFERRED TO?
* CONSIDERATION FOR PARENTAL HISTORY IS ESSENTIAL
* HAVE YOU INCLUDED THE CHILDS WISHES AND FEELINGS?
* HAVE YOU REVIEWED STRENGTHS AND ASPIRATIONS?
* PARENTS SHOULD BE GIVEN A COPY OF THE ASSESSMENT AND PLAN
* REVIEWS SHOULD BE REGULAR AND INVOLVE FAMILY MEMBERS
* ARE THE SAFETY GOALS MEANINGFUL TO THE FAMILY?
* WHO OWNS THE SAFETY PLAN?
* WHAT IS THE CONTINGENCY PLAN?

