



Children and Families Practice Guidance Assessments

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1. Background

Under the Children Act 1989 we are required to provide services to children and young people who are in need. This Practice Guidance relates to Children and Families Assessments however, there are a number of other assessments that maybe undertaken alongside i.e. CSE, Carers Assessments which this Practice Guidance does not cover.

The assessment is a dynamic process which analyses and responds to need and risk with the purpose of:

- gathering important information about a child and family which includes the family history;
- analysing 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) and/or is suffering, or likely to suffer, significant harm (section 47); and
- to provide support to address those needs to improve the child's outcomes to make them safe.

High quality assessments are undertaken in partnership with the family, their naturally connected people and other professionals, embedded within the Signs of Safety Approach and:

- are child centred. Where there is a conflict of interest, decisions should be made in the child's best interests;
- are rooted in child development and informed by evidence;
- are focused on action and outcomes for children;
- are holistic in approach, addressing the child's needs within their family and wider community;
- ensure equality of opportunity;
- involve children and families and recording their wishes and feelings and how this has influenced the plan ;
 - Recognising existing safety and strengths
- build on strengths as well as identifying harm, dangers complicating factors;
- are integrated in approach;
- are a continuing process not an event;
- lead to targeting how the family can achieve positive change, intervention, action, including the provision of services;
- Establishing how the plan will be review, including services provided on an ongoing basis; and
- are transparent and open to challenge.

'Working Together to Safeguard Children' reminds all professionals of the importance of reviewing progress and that:

“a high quality assessment is one in which evidence is built and revised throughout the process and takes account of family history and the child's experience of cumulative abuse. A social worker may arrive at a judgement early in the case but this may need to be revised as the case progresses and further information comes to light. It is a characteristic of skilled practice that social workers revisit their assumptions in the light of new evidence and take action to revise their decisions in the best interests of the individual child.”

Contextual Safeguarding

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online.

These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation.

Assessments of children in such cases should consider whether wider environmental factors are undermining effective intervention being undertaken to reduce risk with the child and family. Parents and carers have little influence over the contexts in which the abuse takes place and the young person's experiences of this extra-familial abuse can undermine parent-child relationships.

Interventions should focus on addressing the wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to local authority Children's Social Care.

2. Overall Assessment Process

When the case is received by the Multi-Agency Screening Team a Signs of Safety Mapping is undertaken either individually or through a multi-agency meeting to work to understand any identified past harm, bottom lines. What is working well safety and strengths, what we are worried about dangers, worries complicating factors and what needs to happen, actions and behaviours that need to change. The information is analysed to determine the outcome and this includes a danger statement and safety goals. This happens within one working day of the initial contact and transferred to the locality team as appropriate. It is necessary to identify the judgement of safety in relation to the information gathered by a strength based scaling question.

The case must then be allocated to a social worker and arrangements put in place to see the child/ren within a maximum 5 days of the initial contact.

The Allocation Discussion must be recorded on LCS and must consider the SOS from MAST, the main priorities, next steps and timescales.

The assessment process must begin immediately with a focus on:

- Information gathering - what are we worried about and what's working well
- Analysis - danger statement and safety goals
- Judgement – of risk and existing safety
- Actions and behaviours moving forwards/desired outcomes with clear timescales

The focus throughout is on analysis, family participation, and setting up a whole map and trajectory as quickly as possible, then moving into action.

While the assessment timescale is up to 45 days it not expected to take that significant length of time. 'The Signs of Safety Assessment analysis cycle aims for agility, asking practitioners to move quickly through all three stages. Completion is expected in 14 days, where this does not happen there needs to be a clear rationale on the case file by the manager as to why more time is required, what information/work needs to be done to complete the assessment and a clear deadline. The manager will review the case prior to day 10 and ensure there is a summary and rational within the Assessment Progress Review Tab on LCS.

(Signs of Safety Comprehensive Briefing Paper, 4th edition, Turnell and Murphy, 2017)

The Initial Visit

The Initial Visit must take place within the 5 days, with the child seen and if appropriate alone. The focus of the visit should:

- Discuss the referral with the family
- Address any immediate issue of risk with the family – how will this be managed through the assessment process?
- Seek consent for the assessment and contact with other agencies
- Provide information on commendations & complaints, Children and Families Feedback
- Genogram/Network which should explore relationships and family support

Recording of the initial visit:

The visit should be recorded on LCS in case notes under the **initial visit heading**. The child/ren must be seen and **tick box** must be complete.

Contribution of Agencies Involved with the Child and Family

All agencies and professionals involved with the child, and the family, have a responsibility to contribute to the assessment process. This might take the form of providing information in a timely manner and direct or joint work. Differences of opinion between professionals should be resolved speedily but where this is not possible, the local arrangements for resolving professional disagreements should be implemented. For further information please see the Professional Resolutions on the LSCB website <http://www.safeguardingchildren.co.uk/professionals/practice-guidance>. It is possible that professionals have different experiences of the child and family and understanding these differences will actively contribute to the understanding of the child / family.

The professionals should be involved from the outset and through the agreed, regular process of review.

The social worker's supervisor will have a key role in supporting the practitioner to ensure all relevant agencies are involved.

Agencies providing services to adults, who are parents, carers or who have regular contact with children must consider the impact on the child of the particular needs of the adult in question.

3. Action Cycle

The action cycle focuses on building the family's and network's capacity to act to ensure the child's safety when circumstances could, or do, become dangerous. The Action Cycle involves the following minimum steps:

1. Listening to, informing, and involving the children through the whole action cycle
2. Finding support people and establishing them as a permanent, naturally connected support network around immediate family
3. Professionals leading the parents, support people and children in developing an everyday safety plan to ensure children will always be safe when family life could, or does become dangerous after the children have a clear age appropriate understanding of the worries ideally via Words and Pictures.
4. Parents, support people and children demonstrating they can, and will, always use the safety plan.
5. Naturally connected support people providing a watchful eye and all support necessary to ensure the safety plan will be permanent.
6. Professionals leading the parents, support people and children in continually thinking through their current assessment of safety.
7. The action – assessment and analyse – cycles continue until everyone judges the safety to be high enough and permanent (usually everyone scoring 7 or above on the safety scale). This is to be achieved during the planning process of a trajectory plan/time line.

(Signs of Safety Comprehensive Briefing Paper, 4th edition, Turnell and Murphy, 2017)

4. Involving children

Children and young people should always be fully involved in the assessment process, their wishes and feelings heard and considered as part of any assessment and attached to the assessment.

All assessments should include direct work with the child/ren and young people using the Signs of Safety tools:

- My three houses
- Fairy/Wizard

- Words and Pictures explanations
- Child relevant safety plans

These tools and guidance are available through the Signs of Safety intranet page.

The direct work will be attached to the assessment.

Young children will not always be able to use the SOS tools however, other means of understanding a child's wishes and feelings should be explored such as observation, demeanour and presentation.

5. Assessments and Child In Need

All children identified for assessment are a Child In Need.

Team managers must ensure that a Signs of Safety review takes place with the social worker prior to day 10. All cases identified as requiring intervention should have a robust, outcome focused ISP before day 14.

The Team Manager will ensure that the needs of all children arising from age, disability, ethnicity, faith or belief, gender, gender identity, language race and sexual orientation are addressed in all assessments and care plans.

The first Child In Need Meeting will be held before day 20. It is recognised that if the assessment is not open then the CIN Review Meeting document cannot be completed on LCS, this will need to be a work document uploaded in the documents section.

6. Family Group Conferences

A referral for a Family Group Conference (FGC) can be made at any point during the assessment or case. An FGC is a meeting where family members and their chosen network are enabled to consider the issues and concerns that are identified. The process aims to use the strengths and resources of the family to find solutions that address those concerns and form a plan.

Referrals should be made via the Family Support Service.

7. Strengths and Difficulties Questionnaires

Strengths and difficulties questionnaires can be used as a tool to inform the assessment. They are a tool to assist with identifying need, analysis and planning.

There is a requirement to use the SDQ for:

- All children who have been subject to a Child Protection Plan for 12 months. The SDQ must be completed by the Review Child Protection Conference.
- All children subject to a Public Law Outline process.

- All looked after children between the ages of 4-16 (completed up until their 17TH birthday)
- All children who are on a Child Protection Plan and require a referral to the domestic abuse therapeutic service

(See the SDQ procedure for further detail)

8. Assessments and Early Help

Where children are identified as having additional needs requiring a co-ordinated multi agency response an Early Help assessment will be undertaken of these needs. (1989 / 2004? Act)

The principals referred to above in this guidance equally apply when undertaking the Early Help Assessment, including having regard to other specialist assessments that may have been completed in respect of the child.

On receipt of referral case to be allocated within 5 working days and the family contacted within a further 3 working days by the case worker. First visit to the family will be undertaken within 8 working days of allocation where written consent should be obtained.

The assessment must ensure the wishes and feeling of each child is gathered and taken into account as part of the analysis within the process.

The assessment should be completed within 20 working days and authorised by the relevant manager within another 5 working days. This must include a detailed, robust, outcome focused Family Action Plan.

Links:

Procedures – <http://www.proceduresonline.com/northyorkshire/cyps/>

Carers Assessment – <https://www.northyorks.gov.uk/carers-assessment>

Children and Families Framework –

<http://bettercarenetwork.org/sites/default/files/Framework%20for%20the%20Assessment%20of%20Children%20in%20Need%20and%20their%20Families%20-%20Questionnaire.pdf>

Strengths and Difficulties tools-

<http://sharepoint/sites/CYPS/candfguidance/Childrens%20Social%20Care/Forms/AllItems.aspx?RootFolder=%2Fsites%2FCYPS%2Fcandfguidance%2FChildrens%20Social%20Care%2FLooked%20after%20Children&FolderCTID=0x0120003D075897EE06E140BE44C64A30AEABCC&View=%7BDB9C97DE%2DA68E%2D4634%2DA79E%2D235A3F9B521F%7D>

Signs of Safety Intranet Page – <http://nyccintranet/content/signs-safety>