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DORSET CHILDREN'S SOCIAL CARE

Practice Standards for Child and Family Assessments and S47 enquiries

The purpose of an assessment (whether carried out in relation to Children's Act s17 child in need or s47 child protection) is to understand what is happening in the child's life (including unborn children), exploring how they are cared for by the adults around them and how their health, education and wellbeing needs are being met. Where there has been, is, or likely to be unmet need, or the child is suffering harm, the assessment should identify what help and support the child and family require to meet the need and prevent further harm.

1. **History/chronology:** The family **history is critical** to understanding the child's experience and predicting the future. As the first step in the assessment process the social worker should review referral information, MASH research and any history available to them, starting or updating the **chronology**, which should continue to be routinely updated.

2. **Planning the assessment:** The social worker should plan how they intend to carry out the assessment, including identifying the focus of the assessment, when, where and how the assessment will be conducted, who will need to be spoken to, what information will need to be gathered, any additional considerations (e.g. communication aids, interpreters) and what resources will be needed. The social worker should **estimate how long the assessment may take to complete**, this should be agreed between the social worker and manager, then reviewed regularly.

3. **Engaging the child & family:** The assessment should be undertaken in **partnership** with the child and family, with their **consent** and full **participation**. The social worker should carefully explain the reason and purpose of the assessment and keep the family **informed** throughout the process. If this is not possible, the reasons should be clearly recorded.

4. **Information gathering:** The assessment is **holistic** and requires information sharing from several sources, by all those involved in the child and family. Wherever possible, **multi-agency checks** should take place through discussion with key professionals in the child's life, not relying solely on database checks or standardised letters. The assessment should be **balanced, identifying strengths and protective factors as well as need and harm**. When gathering information consideration needs to be given to how reliable the information and/or source is. Information should **not be taken at face value**, it should be **checked,** and fact, opinion and hearsay should be differentiated.

5. **Visits/talking to the child:** Understanding the **child's perspective, wishes and feelings** is central to the assessment. The social worker should see and speak to each of the children separately in their **first language** and wherever possible they should be **seen on their own**. If this is not appropriate or possible, the reasons should be clearly recorded. The child/ren **should be seen as quickly as possible (within 24 hours s47 enquiries) and no later than 3 days after the referral**. Thereafter, the number and frequency of visiting should be proportionate to the complexity of the situation.

6. **Parents, carers and the wider family:** The assessment should explore the child's **whole family**, friendship and **community network** as there may be significant people in the child's life beyond those living in the household. Every assessment should include a **genogram and/or ecomap** which highlights key people in the child's life. The genogram should be routinely updated whilst the case remains open. Particular attention should be paid to include **fathers** in the assessment. If the child is a carer, the impact of this on the child and family should also be identified and recorded.

7. **Analysis:** The social worker will analyse the information gathered and come to a professional judgement as to whether the child/ren are presently safe and predict the likelihood of this remaining the same or changing in the future. The analysis should refer to the following:

    - The strengths and protective factors in the child's life.
    - The need/harm or potential need/harm to the child. Separating the issues e.g. DSV, drug misuse, emotional abuse, mental health difficulties.
    - To judge '**significance**' the following should be referenced: How long the need/harm has been going on for **(Duration)**. How often it is happening/has happened **(Frequency)**. The **context** in which it happens/has happened. The **seriousness** of the incident/s or situation.
    - If the child has been harmed or at risk of harm, what the harm attributable to (**Cause**) i.e. (a) the parenting/parent's behaviour (b) the environment or harm in the community (c) the child is beyond parental control.
    - What has been or will be the **impact on the child's** health and wellbeing in the immediate, medium and long term.
    - Where there are multiple concerns, is there a **correlation**, do they **compound** each other?
    - The **parent's response** to the concerns raised. E.g. **Recognition and insight** into the concerns. Do they accept responsibility? Have they been able to offer alternatives? How able are the parents/carers to **manage the risk factors themselves**?
    - The **level of engagement** from the parents, including their level of **co-operation or resistance**. When considering the parents' behaviour, is there a **genuine commitment** to change, **compliance** with requirements, disguised compliance and/or overt non-engagement
    - Whether any **professional intervention thus far has made any difference.** Has anything changed in relation to (1) the child's experience (2) the parenting being given? What is it?
    - If little or nothing has changed, what is parent's ability & motivation (**capacity**) to change, what is the **likelihood of change** in the future? **How soon** is that change likely to occur and is this soon enough for the child?
    - If change is present what is the **likelihood of change being sustained** when professionals are not present? Being clear about what level of engagement helps

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to predict this. If there is genuine commitment, the likelihood of **maintenance** is higher than if you only have compliant behaviour.

- **Triggers for relapse**? If some change has been achieved, what might cause the situation to return as before? For example, the return of an abusive partner triggering a return to alcohol misuse
- The analysis should note what is not known about the child & family and consideration given to its importance, recognising whether a robust analysis can be made without it.

8. **Professional judgement:** Once the **issues have been weighed up**, the social worker needs to predict **'on a balance of probability'** and with **a safe level of uncertainty**, the likelihood of the concerns continuing or re-emerging in the future and what factors are likely to increase the risk of harm.

9. **Plans:** If the assessment has identified unmet need or harm, the social worker should recommend what needs to change and what, if any, help or services the family need to make those changes. This informs the **child's plan** which the social worker should develop with **the family**. The initial plan will provide any subsequent lead professional, Families First worker or statutory social worker with a clear outline of what help and services are required.

10. **Timeliness of assessment:** The length and depth of the assessment should be **proportionate to the complexity** of the child's situation and the level of need/harm. The social worker and manager should estimate the number of visits and expected length of time it will take to complete the assessment at the point of allocation. This should be reviewed after the first visit and any extension authorised by the manager. It is expected that nearly all assessments should be completed within 20 working days and only in exceptional circumstances should this be extended with manager agreement. If the assessment needs to be extended the manager must agree and record the reasons why the case is so complex that it needs to be extended. All assessments should be completed, and the final report shared with family **no later than 45 days of receipt of the referral**.

11. **Provision of information, guidance and signposting:** Where the assessment concludes the child is not in need or at risk of harm, the family should be provided with advice and signposted to a service for support as required. This should take place **without delay and should be completed no later than 20 days from the end of the assessment**.

12. **Transferring the family to Early Help:** If the family requires an Early Help service and provide consent for this to happen, Step Across will be facilitated between Locality EH Manager and Locality Social Care Team Manager and followed by discussion with the allocated Early Help worker and a joint visit to the family to handover. This should take place **without delay and should be completed no later than 10 days from the end of the assessment**.

13. **Providing further s17 Child in Need statutory services to the family:** Where the assessment concludes the child is in need and requires further intervention, or through the course of the assessment the child has become Looked After. The family will continue to receive services from the allocated social worker until either the Permanence Plan is agreed

and transfer to Permanence Team facilitated or level of need reduced to step across to Early Help or close.

14. **Providing further s47 Child Protection statutory services to the family:** Where the assessment & s47 enquiry concludes the child is at risk of harm and requires an intervention service. An Initial Child Protection Conference (ICPC) should be requested **without delay and should be completed no later than 15 days from the strategy meeting at which s47 enquiries were initiated**.

15. **Management oversight & decisions:**
    a) **Allocation:** When a decision maker in First Response decides the situation meets the threshold for a C&F assessment, a manager should **allocate the child/ren to social worker within 1 day of receipt of the referral**.

    b) **Length of assessment:** Managers should discuss the progress, findings and review the length of the assessment with the social worker at allocation and throughout the process. Managers are expected to review the assessment after the first visit **no later than 10 days from referral**.

    - If the assessment requires further action the manager needs to authorise an extension and will review again **no later than 20 days** (from referral).

    - Complex situations may require the assessment to be extended further, the manager needs to authorise an extension and they should review the social workers conclusion and recommendations for further action. Managers should **authorise all remaining extended assessments no later than 35 days** (from referral).

16. **Updating assessments:**

    C&F assessments should be updated as a minimum every 6 months or following significant incidents (CP should be in line with Conferences)

    For CiC, the assessment should be updated every 12 months or if a significant incident/event would determine that the assessment needs updating sooner