County Durham
Practice Framework and
Single Assessment Guidance

Durham County Council

Scope of this Guidance

This Guidance is for the use of all professionals who are involved in the completion of the Early Help and Single Assessments.

This guidance is intended to provide the practitioner with an understanding of what factors need to be understood within the assessment. Throughout the guidance, tools for assessment and analysis are recommended. Practitioners should use their professional judgement in line with discussion with their manager to plan the use of these tools depending on the focus and purpose of the assessment. Links are provided throughout for ease of access to these tools.

It is important for practitioners to recognise that undertaking an assessment like any other work with children, young people and families in whatever setting relies on the quality of the relationship that can be established and built upon. Practitioners should conduct their work using an open, honest and respectful approach. Evidence suggests that the most effective relationship to enable change is a partnership model which ensures the family are actively involved in the plan and decision making processes, builds on family strengths and is based on mutual trust and respect.

Assessment involves the methodical collation of information which allows the practitioner to identify, through analysis and evaluation, the risks to, and the needs of, the child(ren) and family. Crucially the assessment should provide the practitioner with a level of understanding about the child and the family context to enable an appropriate plan to be formulated which builds on child and family strengths and addresses the areas requiring change in order to improve child outcomes and keep them safe.

In some circumstances the assessment and plan identified within the Early Help assessment will need to be stepped up into a full Single Assessment and the plan built upon for the purposes of meeting need at a higher level in Durham's Staircase Level of Need. Conversely an assessment and plan established at a higher level of need (4 & 5) may no longer be appropriate at that level and should be stepped down

to the provision of services at a lower level (see procedure and flowchart). The development of the Single Assessment recognises the role, responsibilities and expertise that every professional has in safeguarding and improving outcomes for children and their families and aims to facilitate services to families that reduce fragmentation and duplication and ensures families receive a seamless service right across the continuum of need.

County Durham's Single Assessment for assessing the needs of children, young people and families provides a systematic and structured approach for collecting and analysing information to support professional judgements.

What does Assessment mean?

A good quality assessment is one which investigates the three domains as outlined by the Assessment Framework for Children in Need. Additionally we suggest the use of a fourth domain which explicitly addresses analysis of risk.

- the child's developmental needs, including whether they are suffering or likely to suffer significant harm;
- parents' or carers' capacity to respond to those needs;
- the impact and influence of wider family, community and environmental circumstances; and
- analysis of risk and identification of threshold for intervention.

The Single Assessment maintains the principles of the Assessment Framework covering the child's developmental needs, parenting capacity and family and environmental factors. The My World Triangle version of the Framework has also been used within this Practice Guidance in response to the requirement to strengthen the voice of the child and conduct assessments from a child's perspective.

Principles

The new Practice Framework establishes

- One assessment which travels with the child and family, added to and not repeated, which is transparent and open to challenge, which brings together any existing, single agency assessments

- Whole Family assessment that keeps the child at the centre
  - We need to work with families to enable their co-operation
  - We need to involve the family at the centre of our practice partnership
  - We need to recognise the complexity of the family as a system

- A move away from a static or episodic assessment so that the assessment becomes a change process and is the way we develop an understanding of the family. It must be accepted that all human beings and families are unique and intervention must be specifically tailored to their particular needs and circumstances

- The assessment must be timely, purposeful and proportionate, rooted in child development with the use of research, direct work with children and families, and assessment tools being crucial to sound evidenced based practice.

- Non-discriminatory; Assessment needs to be based on equality of opportunity and should take account of disability, communication, gender, sexuality and cultural needs. Personal information should always be dealt with in a sensitive and non-discriminatory manner. Avoid using jargon and explain any unavoidable technical and/or professional terms.

- Assessments can never inform outcomes without a strong analysis of the information gathered, which incorporates a clear understanding of needs and risks, balanced alongside the child and family's strengths, resilience and protective factors.

- Assessment should be focused on outcomes and lead to action, in the form of a single **SMART** Care Plan, including the provision and review of Services.

- It is absolutely essential for practitioners to be reflective in their practice and use a structured professional judgment throughout the assessment process.

Guidance for completion of sections 1- 7 of the Early Assessment

STEP BY STEP GUIDE	ACTION
Section 1 **'Identifying Details'**	- Complete all sections as outlined. - 'Date of Enquiry' is the date in which you make contact with the First Contact Service - The 'GP' will be the name of the Family GP or the subject family member's GP. - The 'School/College/Employer' is that of the subject family member. - Referrer Details to be completed.
Section 2 **'Why is there a need for an Early Help Assessment'**	- 'Why is there a need for an Early Help Assessment?' – Outline the headline issues that instigated you in completing sections 1-7 to begin exploring and considering the family's needs further. If you have completed an Early Help assessment this must be forwarded to First Contact by post to First Contact, Abbey Woods Business Park Pity Me Durham DH1 5TH or E-mail: socialcaredirect@durham.gov.uk - If it is a member of the public/parent ringing into First Contact they will be asked what they feel they need help with. - 'What do you hope to achieve from an Early Help assessment? The professional should identify the purpose of the call to First Contact e.g. systems check/ logging of assessment / requires discussion and agreement if next steps unclear as need cannot be met within own service. - Consent is only required when a fuller Single Assessment is required and/or action/intervention is necessary unless it is a Child Protection matter. - As a professional it is good practice to discuss with your Manager if you feel this will potentially require a fuller assessment - Chronology of Significant Events – If a chronology exists then attach to 'Early Help' assessment document and forward to First Contact, as above. If a fuller Single assessment is required a chronology will need to be initiated and also sent; this can usefully be started at your TAF meeting.

Section 3 **'Family Information'**	▪ Identify all family members and significant others that may live inside or outside of the family home who have an impact on the child(ren)/young person/people. Where appropriate consider estranged parents where mother or father may not live in family home; grandparents; extended family members. ▪ Please indicate if they have Parental Responsibility
Section 4 **'Development of Baby, Child or Young Person'**	▪ Please consider the prompts in small print and record any strengths as well as needs/risks within this section. A separate sheet should be completed for each child you wish to make subject of an Early Assessment. Where known please also record information for any other children, young people living in the household or outside of the household including their name/ DOB/ gender/ address/ school/college/place of work. ▪ First Contact to use prompts to help focus appropriate questioning to a caller.
Section 5 **'Parental Capacity'**	▪ Please consider the prompts in small print and record any strengths as well as needs/risks within this section. Where known please also record information for any other Adults living in the household. ▪ First Contact to use prompts to help focus appropriate questioning to a caller.
Section 6 **'Family and Environment'**	▪ Please consider the prompts in small print and record any strengths as well as needs/risks within this section stipulating to which family member the information pertains. ▪ First Contact to use prompts to help focus appropriate questioning to a caller. ▪ Consider whether family are eligible for 'Stronger Families' nomination – follow the link to the nomination form:- http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Nomination%20Form.docx
Section 7 **'Involvement of Other Services'**	▪ If known please complete which services are **currently** and **previously** involved with the family, including from other Local Authorities. Please identify which family member(s) and date when these services supported. ▪ If sections 1-7 are being used by ONE POINT/other professionals as an Early Help assessment this completes your assessment ▪ If your assessment has identified additional needs at step 3 or above of the Durham Staircase, First Contact will follow the next steps

Section 8 **'Other Information'**	▪ First Contact will also check systems for the involvement of other services. This needs to be completed separately for each child.
Section 9 **'Determination by First Contact'**	▪ Duty Officers within First Contact are responsible for making a determination as to whether the Early Help assessment has identified a child as a child in need or in need of protection ▪ First Contact will also need to determine if the request meets the criteria for Stronger Families. If it does it will require a Lead Professional to be identified and agreed. The LP may be at any level of need within the staircase model.
Section 10 **'Analysis of Risk'**	▪ If the Early Help assessment is being used by Frist Contact to make a determination about level of need on the Durham staircase this is the section which needs to bring together the information and the system checks into an analysis of risk. ▪ Any risk analysis should evidence concerns and strengths and consider how they interact with each other. ▪ A judgement is required as to the severity or likelihood of harm weighed against the carers ability to protect, potential for change and parental co-operation ▪ This should then enable First Contact to judge what services and interventions are required and at which level of the Durham Staircase.
Section 11 **'Agreed Actions'**	▪ If a fuller assessment is required a decision will be made with the caller which service needs to complete this. Actions are agreed between the caller and First Contact about what will be done whilst the assessment is ongoing. The fully completed 'Early Assessment' will be sent to First Contact (see section 2 for method) and will form the initial stage of the Single Assessment. ▪ There should always be an outcome as the request will be signposted to a service within the Staircase model ranging from level 1 through to Level 4 need. There will never be an option for no further action ▪ Written confirmation of agreed actions from the telephone conversation with First Contact should be either sent via email if to a professional or in writing if to a member of the public. ▪ All actions will be agreed and signed off by the Manager or senior at First Contact.

Part 2: Single Assessment Guidance for practitioners within Early Help Services (level 2-3)

STEP BY STEP GUIDE	ACTION
Completing the Single Assessment level 2-3:	
1. **The Assessment Work Plan**	The practitioner assigned to undertake the assessment will be required to consider how the single assessment will be undertaken, taking into consideration the family circumstances such as the number of family members who will contribute to the assessment, whether the child/ren are in school or parent(s) are in work etc, and the professionals who will need to contribute.

The assessment will be completed within agreed timescales (see procedures) with manager checkpoints at 10, 28 and 40 days.

It is important at this stage to consider and be clear about the purpose of the assessment from the outset as this will enable the practitioner to begin the process of analysis. It is helpful to describe the purpose of the assessment in terms of the difficulties currently being faced by the family encouraging the formulation of initial ideas about;

- What the key issues might be;
- What information may be required and from whom ie all family members and other professionals/services known to the family
- Consider information already known about the family;
- Consider how conversations with the family might be directed;
- What assessment tools may support the gathering of information;
- Consider any communication barriers with the child or adults members if so what communication aids/approaches will be needed;
- The assessment work plan may also usefully set out the number of visits, who will be required at each visit, venue and scope

 A review date must be agreed with the practitioners Line Manager for no later than 5 working days after the planned completion of the single assessment

2. Person undertaking Assessment	The practitioner assigned to undertake the family assessment is required to insert all required fields;	
3. Consent and Complaint and Access to Records	All adults and young people over the age of 16 years are required to consent. Younger children should also be encouraged to give consent on the purpose of the assessment and intervention. It is the responsibility of the practitioner to be very clear with the family about the purpose of the assessment, the purpose of appropriate information sharing and the circumstances where information will be shared without their consent. Practitioners are required to clearly outline to the family DCC complaints procedure and access to records procedure	
4. The chronology of significant events	A chronology of significant events should be made by each agency when they first start their involvement with a child/ family. A chronology is a sequential listing of the **significant events** in the child/ren/family life and the ways in which agencies respond to these events. Chronologies need to be: ■ **Factual**: verifiable information about what has happened; ■ **Succinct:** only relevant and events of significance should be included; ■ **Consistent**: all professionals should be able to offer information in the same format in order to enable it to be integrated into a multi-agency chronology if required; The LSCB format to be used – this following link will take you to the LSCB website. The Chronology format can be accessed from the list on the left hand side of the home page. You should save it into a document. http://www.durham-lscb.gov.uk/ ■ **Accurate**: facts should be checked and information sources clearly noted in the chronology; ■ **Child-focussed**: the chronology should include all significant events and factors that could impact on the child **Go to page 52 of this Practice Guidance for 'What Constitutes a Significant Event'.**	
5. The Genogram	A Genogram or Family Tree is a graphic representation of a family that can provide invaluable information about the family history and structure. It can provide an overview of family relationships and dynamics and is a relatively non-threatening approach for work with the family that can enable the development of a participatory relationship. Where families are very complex (for example, with extended family members, multiple partners and children) a genogram may provide a helpful way of representing diagrammatical information about a family across generations as well as mapping out the relationships within the family which can allow them to voice their story of how they got to where they are now.	

	  http://www.writeenough.org.uk/formats_genogram.htm

6. The child/ren and their story To help you assess a child's needs with more accuracy, refer to The Single Assessment procedure Levels of Need (Appendix 1 page 16).	When completing the single assessment there may be more than one child's developmental needs to gather information on. **Each child's story will need to be captured individually Please complete for each child in the additional section provided.** This needs to tell the child's story. Each assessment should be conducted in such a way that enables an exploration of the child's views of their situation, how it makes them feel and how it affects them, what they want to change and what success would look like to them. The purpose of telling the story should establish the unique set of circumstances of each child and the difficulties they are facing and reflect their specific context. The practitioner should consider the time which may be required to be spent with the child/ren and the use of appropriate approaches and tools to enable the child to communicate. Using the **My World Triangle** allows practitioners to consider from the point of view of the child. It allows you to empathically understand the child's world: ▪ How the child or young person is growing and developing, according to their age, stage of development and taking into account the impact of any impairment, disability or complex health need. ▪ What the child or young person needs from the people who look after him or her. ▪ The impact of the child or young person's wider world of family, friends and community. The Single assessment gives scope for free narrative but you must be mindful of the following headings in your structured approach in assessing need ▪ **Being Healthy-** include general health nutrition, physical development, speech, language and communication development, immunisation status. Consider issues such as substance misuse in older children as may impact on their health; ▪ **Learning and achieving-** includes pre-school and at home, school/college experience, understanding, reasoning and problem solving, employment, training, aspirations and achievement. School attendance rates. Consider is child eligible for flexible free early pre-school education. Consider child's opportunity for play and access to educational materials such as books, parental interaction and adult interest in promoting the child's learning, hobbies and interests. Consider does the child have any Special Educational needs?

	▪ **Confidence in who I am** – includes child's mental health/wellbeing and any attachment difficulties, evidence of anti-social behaviour and associated sanctions i.e. ASBO, offending, behaviour, difficulties at school or at home, school exclusion or risk of exclusion, Child Sexual Exploitation and missing from home (Consider using child emotional well-being tool). Includes self-esteem, self-image, social presentation and issues such as race, religion, sexuality, gender and disability; relates to how the child sees themselves within this context. ▪ **Belonging-** Being accepted in the community, feeling included and valued. What are the opportunities for taking part in activities which support social contact and inclusion, e.g. playgroups, after school clubs, youth clubs, environmental improvements, parents and residents' groups, faith groups? Are there local prejudices and tensions affecting the child or young person's ability to fit in? ▪ **Being able to communicate-** This covers development of language and communication, being in touch and communicating constructively with others and the child's ability to express thoughts, feelings and needs. Consideration should be given to the child or young person's preferred language or method of communication. Are there particular people with whom the child communicates that you will need to involve? Are there any aids to communication needed? ▪ **Social skills-** does the child have appropriate social skills and behaviour, does the child have friends? ▪ **Becoming independent, looking after myself-** give consideration for age appropriateness, consider practical skills such as dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. ▪ **Support from family, friends and other people** Includes friendships, sibling relationships, relationship with parents/carers, does the child demonstrate empathy and reflection within context of their age peer group and family.
6a. The child's wishes and feelings	It is absolutely essential for the child and young person's views to be incorporated into the assessment. Depending upon the age, development and any communication needs of the child different methods and tools should be used from observation (baby or profoundly disabled child), use of an interpreter or intermediary, communication aids, direct work tools or discussions with the child or young person. You may find the following document 'The Developing World of the child: Seeing the Child' useful: http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Seeing%20the%20Child.pdf

	as well as the following on Engaging with Children:
	http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Engaging%20with%20Children%20-%20Single%20Assessment%20Guidance.docx

	Research informs that where the child or young person is disabled or has complex health needs the practitioner should consider how this impacts upon the child, family and all those who may be involved in the assessment process. The following link provides a useful pointer to the additional practice considerations:
	http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Disabled%20children%20and%20the%20assessment%20process.pdf
	http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Assessing%20the%20needs%20of%20disabled%20children%20and%20their%20families.doc
	As part of the assessment of a disabled child a Continuing Health Care pre assessment and full Continuing Health Care assessment if deemed necessary must be completed as part of this assessment process. The following link will take you to the Initial Continuing Health Care assessment:
	http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Initial%20Health%20Review%20MASTER.doc
	and the full Health Care assessment:
	http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Continuing%20Care%20Assessment%20MASTER.doc
7. The Adult(s)and their story To help you assess the impact of adults issues on child/ren with more accuracy, refer to Appendix 1 -	**Each adult's story will need to be captured individually within this section**. The adults will also need to be assessed in respect to their own developmental, health, wellbeing, family and environmental needs including any non-resident parent. The purpose of telling the story should establish the unique set of circumstances of each adult and the difficulties they are facing and reflect their specific context. Providing time and support to each adult to help them tell their story can be a therapeutic process in itself. The assessment should develop a clear picture of what the adult(s) want to change and what success look like for them. ▪ **Health** – includes general health, nutrition, diet, exercise, physical development, pregnancy, drug/alcohol misuse, engagement with services. Substance misuse may result in parenting being erratic and parents being emotionally unavailable for their child. Financial implications of addiction may also compromise the child's basic needs being met Follow the link here to access the Alcohol Screening Tool:

Levels of Need.	http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Screening%20Tool%202013.pdf
	▪ **Mental health/emotional development** e.g. concerns about emotional wellbeing, anxiety, panic attacks, autistic spectrum disorder, aspergers ,bi polar disorder, dementia/memory problems, depression, eating disorder, obsessive compulsive disorder, personality disorder, phobia, post natal depression, psychosis, self-harm, suicidal thoughts, engagement with services. Whilst not all parental mental health conditions pose a risk to children, professionals must ensure that they are fully aware of the implications and risk factors relating to specific mental health diagnosis. The following link will take you to the Family Pack of Questionnaires and Scales, which includes the Adult Wellbeing Scale:
	http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Scales%20and%20Questionnaires%20document.pdf
	▪ **Social behaviour** - includes offending or anti-social behaviour, attitudes, any sanctions in use i.e. ASBO, tenancy action

- **Education, Learning and Employment** – includes parent's level of ability, training, employment, aspirations and life skills, would they like help in obtaining employment or training to gain employment? Worklessness can be a particular stressor and the impact upon the family and parents should be fully explored.

- **Enough money-** sources of income, debts, loans, financial problems, management of finance, receipt of appropriate benefits

- **Comfortable and safe housing** -consider is it adequate for the family's needs, including any disabled family member, any concerns over overcrowding and appropriate sleeping arrangements, hygiene, safety. Consider request for Home Fire Safety Check. The following link will take you to the Home Conditions Checklist:

   http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Home%20Conditions%20Checklist.doc

- **Parental Relationships and Domestic Violence/Abuse** – consider current and past parental relationships, ensure that mother or father of every child is considered. Domestic Abuse consider both past and present. Where a parent is experiencing fear/trauma or an adult uses threatening behaviour or coercive control within the family, the capacity of the parent to prioritise or meet the child's needs may be reduced or inconsistent.

- **Caring responsibilities** – includes vulnerable adults and child care needs

- **Family History and Functioning-** considering the family's history helps contextualise and explain the family's journey and can give clues as to why they are where they are. Family function should consider who is living in the home and how they relate to the child/ren. Similarly significant changes in family/household composition should prompt a further examination of the impact on the child/ren particularly when there are changes in primary male carers. It is also important to consider the parents own experiences of being parented as this can impact on their ability to form functional relationships and impact on the opportunity for supportive relationships with their wider family. The wider family members and significant others should be explored in the context of the child/ren and their influence both positively and negatively on family functioning.

- **Community relationships** – wider family members and significant others should be explored in the context of the child/ren and their influence on family functioning involvement in social and recreational activities. Harassment, anti-social behaviour, victim or instigator of crime/hate crime. (Previous or current) Is parent and child/ren registered at local Children Centre (to register family contact local One Point Hub)

- **Parenting capacity** includes:

  - providing basic care,

  - promoting physical health;

  - ensuring safety:

  - meeting emotional needs,

  - providing appropriate guidance, boundaries and stimulation,

  - supporting learning / education;

  - providing stability and promoting child's identity;

- **Parent's description of each child -** Parents should be asked their views on the child/young person's strengths and needs. What do they see as positive about their child, what time do they enjoy with their child, what are the difficulties they feel they experience with their child, what are the most stressful areas of parenting for them. What are their expectations are these expectations realistic?

- Describe their relationship with child(ren) and any history of abusing children.

- **Parents experience of being parented-** feelings about being a parent, explore their experiences of being parented, History of childhood abuse.

- **Parent's capacity to change-** If an assessment suggests the child's health and development are impaired or likely to be impaired, the assessment needs to identify the changes needed, both in terms of parenting and support services. If change is required in the parenting then this should lead to an assessment of the parents' capacity to change. This is in order to assess their willingness to work to achieve and sustain the changes required. Capacity to change is made up of two key elements, ability and motivation. The capacity of the parent(s) will need to be regularly assessed, tested and reviewed to ensure continues improvement and identify regression. There will need to be a clear timescale set for change to occur and these must reflect the timescales necessary to avoid the child's development being significantly compromised. Follow the links to access the Cycle of Change model and a Motivation to change questionnaire:

  http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Cycle%20of%20change.pptx

	http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Motivation%20to%20change%20questionnaire.doc

7b Adults wishes and feelings	What is the parents understanding of the situation? Have they engaged in the assessment process? Do they agree with the outcome of the assessment?
	You may want to use some of the other scales and questionnaires in the Family Pack:
	http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Scales%20and%20Questionnaires%20document.pdf
	For guidance on completing an ecomap follow this link http://www.writeenough.org.uk/formats_ecomap.htm
	For the LSCB Neglect Practice Guidance follow this link:
	http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Child%20Neglect%20Practice%20Guidance.pdf
	For guidance on the assessment of emotional abuse follow this link:
	http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Emotional%20Abuse%20-%20Practice%20Guidance.pdf
	You may also find Jeff Fowler's book 'A Practitioner's Tool for Child Protection and the Assessment of Parents a useful reference source for assessing parents.
Analysis	
8. **Family strengths and Resilience**	It is very important for the practitioner to recognise and reflect with the family the strengths and protective factors within the family. Protective factors include the presence of good family support, extended networks of support and community resources. Consider previous stressors within the family and what worked well in addressing the issue and how that may be used in their current situation. Consider and reflect with the family what is currently going well for the child/ren, parents and family as a whole. Strengths will also include the parents recognising and acknowledging there is a problem and they are determined to explore how to make positive changes to meet needs of their child/ren
	This area needs to consider all children and adults within the family unit.

Parent's capacity to change- This draws on the section on parents above and is an analysis of the information already provided. If an assessment suggests the child's health and development are impaired or likely to be impaired, the assessment needs to identify the changes needed, both in terms of parenting and support services. If change is required in the parenting then this should lead to an assessment of the parents' capacity to change. This is in order to assess their willingness to work to achieve and sustain the changes required. Capacity to change is made up of two key elements, ability and motivation. The capacity of the parent(s) will need to be regularly assessed, tested and reviewed to ensure continues improvement and identify regression. There will need to be a clear timescale set for change to occur and these must reflect the timescales necessary to avoid the child's development being significantly compromised. You may want to consider the Cycle of Change model and Motivation to change questionnaires here:

http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Cycle%20of%20change.pptx

http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Motivation%20to%20change%20questionnaire.doc

Risk Analysis (includes child protection risks) what needs to change and Threshold for intervention	This section needs to consider all the children and adults within the family unit and provide a clear statement about what the concerns are and the likely impact on the child/ren if their circumstances are not addressed.

Risk analysis is a process that identifies the number, severity and duration of risk indicators. These however need to be balanced with the strengths; resources and benefits that result in an informed judgement about the severity of poor outcomes/ likelihood of poor outcomes and or harm/likelihood of harm occurring /reoccurring and the anticipated impact on the child/ren. (Use 0-19 Levels of Need document to support evidence)

Consider how individual family members needs affect other family members? Consider the likely impact of specific adult issues on their ability to parent and meet the needs of the child and the impact of child/ren issues/needs on the parents/carers. Social isolation poor or non- existent community resources such as day care, primary health care and a lack of available support increase family stressors.

Consideration needs to be given to timescales set for change to occur as these must reflect the timescales necessary to avoid the child's development being compromised. Consider what has been tried before and why has or has not been successful in past.

Evaluation and analysis of risk must be specific and as with any assessment not a single one off event but subject to ongoing review.

The analysis and evaluation of the child and adult 's story should clearly inform the support plan and be clear about what needs to change within a clear set of timescales. The support plan should address the casual factors as well as the presenting symptoms. A clear picture of what the child/ren and adults want to change and what success looks like for them should be included as may influence the prioritising of objectives.

Consider does the family meet the criteria for Stronger Families Programme? **If so complete nomination form and identify a Lead Professional.** Follow this link to the Stronger Families nomination form:

http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Nomination%20Form.docx |

Care Plan	
Summary of the Objectives	**The Care Plan (where appropriate should be a single multi agency plan) should be SMART; specific, measurable, achievable, realistic, timely:-** ▪ identify what needs to change in the family; ▪ identify what support each person in the family needs; intended outcomes for each child and family member; ▪ clearly prioritise what actions need to be taken and what **practical support** will be offered and by whom; ▪ what each worker will do; ▪ what the family will do; ▪ what work other agencies are providing and what this is intended to achieve; ▪ The period of time- linked to the identified needs of the child- that each aspect of the plan is intended to cover with a clear indication of when improvements must be in evidence; ▪ any consequences/ sanctions or rewards being used; ▪ Provide the opportunity to identify both short term and longer-term goals and outcomes, including opportunities for 'quick wins', which may facilitate family engagement: ▪ Where applicable identify 2 or 3 key priority goals which should be worked towards at any one time as it is very unlikely that families are able to do more than that. As each of these needs/goals is met a new one can be added at review: ▪ State clearly how the family and the TAF will know if change has occurred and how this will be measured; ▪ State who is responsible for which actions; ▪ Have an agreed date for review that is within 4-6 weeks of the plan being completed; ▪ the support plan agreed and signed by all members;

Managerial check points.	Decision points and review points involving the child and family and relevant professionals should be used to keep the assessment on track. This is to ensure that help is given in a timely and appropriate way and that the impact of this help is analysed and evaluated in terms of the improved outcomes and welfare of the child.
	Check point 1 is at 10 working days from the decision to undertake the assessment
	Check point 2 is at 28 working days following the decision to undertake the assessment
	Check point 3 is at 40 working days following the decision to undertake the assessment
	At each of these checkpoints the practitioner and line manager must:
	▪ Consider the information that has been gathered and how other agencies have or should contribute - this should include consideration of agencies or services that are currently involved in providing services to the child or family and whose involvement will need to feature in the planning for the child.
	▪ Consider from the perspective of the child(ren) the current circumstances
	▪ Consider and evaluate the level of parental engagement in the process
	▪ Identify information that is not yet known and how this will be gathered
	▪ Identify what services should be provided immediately to improve the outcomes for the child
	▪ Consider if a different course of action is needed
	▪ Discuss emerging hypotheses and how these will be tested
	▪ Discuss and begin to formulate a proposed plan for the child
	▪ Consider the need to hold a multi-agency meeting to discuss progress and coordinate involved specialists in the formulation of a single plan
	▪ Agree the anticipated timescale for completion

Part 3: Single Assessment Guide for Social Workers Level 4-5

STEP BY STEP GUIDE	ACTION
	Purpose of statutory assessments under the Children Act 1989 - 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) 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. (Working Together to Safeguard Children 2013, p.18) **Use of the Single Assessment and Practice Guidance** The Single Assessment has been designed to be used by practitioners at all stages of the process from early help assessments to promoting and safeguarding children's welfare. Part 3 of the Practice Guidance is intended for social workers undertaking assessments of children in need, including children who are deemed to be in need because of a disability or health condition (Section 17 Children Act 1989) and children in need of protection (Section 47 Children Act 1989). The following relates to guidance on the use of the Single Assessment, from page 5 onwards. The Single Assessment should be used in a proportionate manner taking into account the child and family's situation and presenting issues. It is designed to enable the practitioner to gather further information as necessary to inform all possible stages of intervention including protection plans and applications to court. Throughout the guidance, tools for assessment and analysis are recommended. Practitioners should use their professional judgement in line with discussion with their manager to plan the use of these tools depending on the focus of the assessment. Links are provided throughout for ease of access to these tools.

1. Assessment Work Plan	Planning is essential to achieving an effective assessment. It is vital to outline the purpose and structure of the proposed assessment and the assessment tools and people to be involved so that this informs the way you start a piece of work before you even meet the family. In compiling your work plan you should therefore, in consultation with your manager, consider the following: ▪ Do you have clarity about the purpose and focus of the assessment? ▪ Who will complete the assessment? One worker or two, multi-agency etc? ▪ Do you need a planning meeting with multi-agency partners? ▪ What information will be provided to family members about the purpose of the assessment? Follow this link for some guidance on explaining assessment to families: http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Explaining%20Assessment%20to%20Family%20Members.pdf ▪ What resources will be needed – venues, childcare, specialist assessment, transport. ▪ What information already exists? ▪ Who in the family will be involved and how? Particular attention should be given to engaging fathers/absent fathers, wider family and other people significant to the child (e.g. who may provide/supplement parenting capacity) ▪ In what combinations will the child and family members be seen? ▪ In what order will the child and family members be seen? ▪ Obtaining consent to speak to the child. ▪ Are there any safety/security issues for the child, family members and the worker? ▪ What tools will be used? ▪ Communication – are there any barriers to communication with the child or family members? If so, what communication aids/approaches will be needed? It is important to share the assessment plan with the family and gain their agreement prior to commencement. **Gathering Information** To ensure that your assessment is informed by evidence you should use a variety of methods to gather information – previous case records, discussions and direct work with the child and family members, information from other people and organisations that have been involved with the child/young person and/or their parent/carer in the past, direct observation

	of the child and family members to enable an assessment of the child's developmental needs and attachment relationships, and assessment tools.

	Note: It is important to ensure that information obtained from other sources is accurate and up to date.
	When gathering information from family members it is important to maintain **'healthy scepticism'** and **'respectful uncertainty'**. Brandon et al in their Biennial Review of SCRs 2005-07 state that "it is crucial to be sceptical of the accounts which are given for any maltreatment of children….they should be tested thoroughly against the facts" and they report in 2009 that 75% of parents do not co-operate with services, including disguised compliance and "telling workers what they want to hear".
	In addition Brandon et al state that **'respectful uncertainty'**, that is an open and questioning practice mindset should be employed, coupled with **challenging supervision**. (Brandon et al September 2010, Building on the learning from serious case reviews: a two-year analysis of child protection database notifications 2007-2009)
	A date must be agreed with your manager for Quality Assurance and the work plan must be agreed and signed by your manager. **The assessment will be completed within agreed timescales (see procedures) with manager checkpoints at 10, 28 and 40 days.**
2. Person undertaking assessment	The practitioner assigned to undertake the family assessment is required to insert all required fields;
3. Consents	All adults and young people over the age of 16 years are required to consent. Younger children should also be encouraged to give consent on the purpose of the assessment and intervention. It is the responsibility of the practitioner to be very clear with the family about the purpose of the assessment, the purpose of appropriate information sharing and the circumstances where information will be shared without their consent.
	Practitioners are required to clearly outline to the family the DCC Complaints and Access to Records procedure
4. Chronology of significant events	**What is a chronology?** A Chronology is a factual record of a significant event or change in circumstances (either progress or concern) that impacts on the child/young person's safety, welfare and/or development.
	The Chronology is a tool to be used in partnership with children, young people and parents, carers and practitioners so that everyone can understand and respond to the unique circumstances and experience of each individual child or young person. Practitioners are required to use their professional judgement in completing chronologies. **The chronology should not replace existing case notes which will include much more detailed and sensitive information.**

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	Why is a Chronology important? It will assist in charting a child/young person's journey from early intervention through to statutory intervention. The key purpose of the chronology of significant events is early indication of an emerging pattern of progress or concern. This **brief and summarised** account of events provides cumulative evidence of emerging needs and risks. The chronology should be factually based and the source of the information should be clear. All the major child protection enquiry reports looking at situations where things have gone wrong for the child/young person have identified the need to be able to see at a glance some of the main significant factors that have impacted on the child/young person's life. The difficult task for every professional is knowing which piece of information is significant. Looking back at events surrounding a child/young person can often reveal patterns of care or lack of care, which, when viewed singly, may not have seemed particularly important. **Where does the chronology fit in with the assessment process?** When making an assessment of a child/young person's needs, it is important to start compiling the chronology from the very first contact with the child/young person and the family. This information will be added to as the assessment progresses and it needs to be kept up-to-date and relevant. **Compiling a chronology** ▪ Decide on the purpose of compiling a chronology in the context of the assessment of the child/young person or adult – using professional judgement ▪ Identify the key events to be recorded and explain the significance ▪ Make sure that what is recorded is accurate and in date order Briefly outline the action taken including when no action has been taken
5. The Genogram	A Genogram or family tree is a graphic representation of a family that provides invaluable information about family history and structure. It provides a quick and easy way of reading family lives in a visual format. It provides signposts for further information seeking, highlights family relationships and can provide an insight into the life experiences of the child/ren. The accepted format for compiling a genogram is shown below, a dotted line should be drawn around the people who currently live in the same household. Every genogram should be checked with the family within your TAF meetings for accuracy and dated – families change over time.
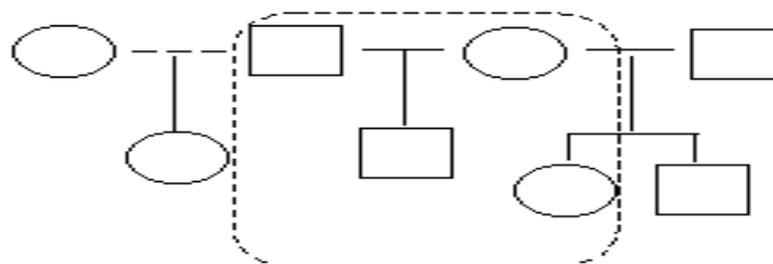
For more information see http://www.writeenough.org.uk/formats_genogram.htm

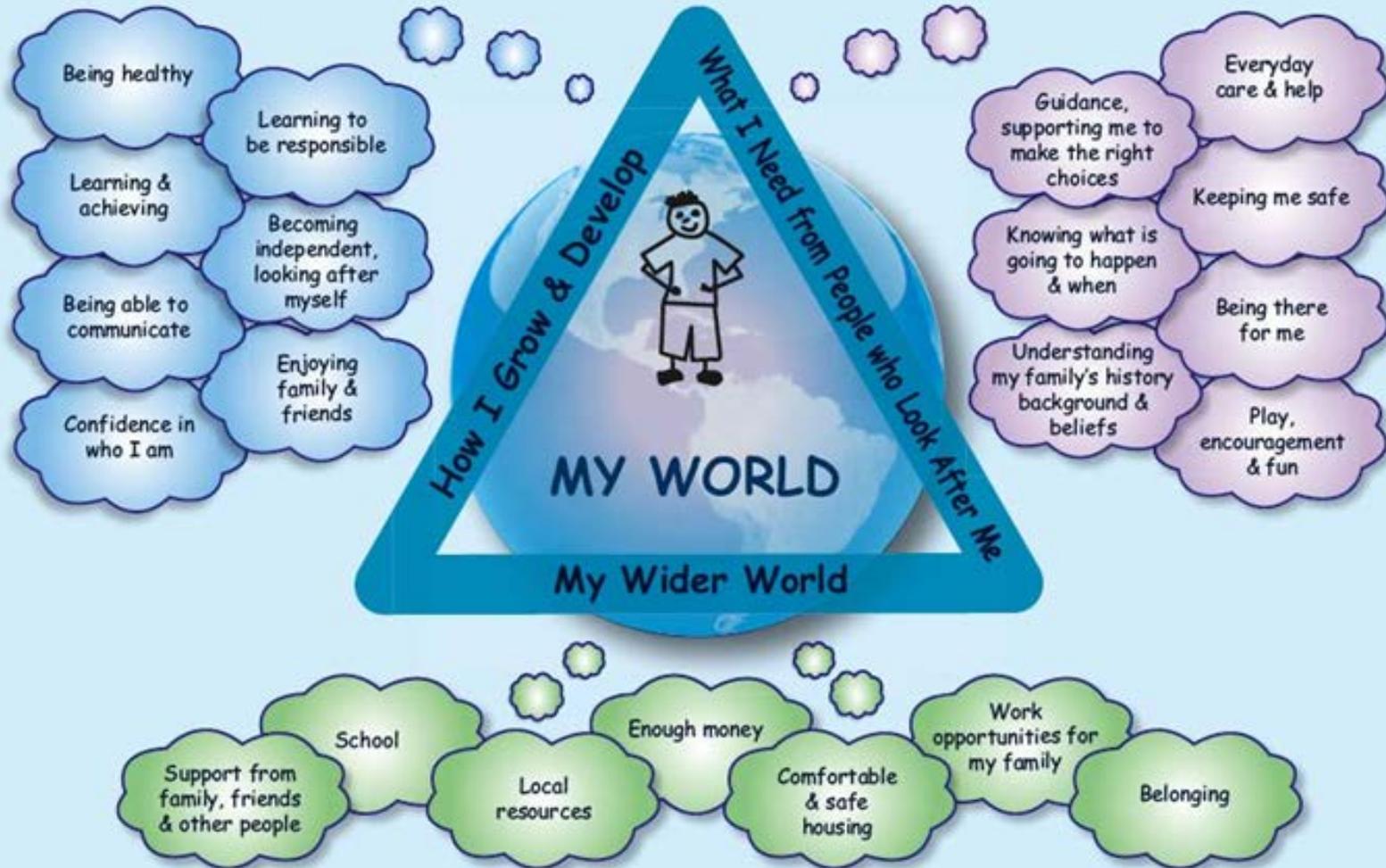| 6a. The Child and their story	**Each child's story will need to be captured individually. Please complete for each child in the additional section provided.** The practitioner should consider the time which may be required to be spent with the child/ren and the use of appropriate approaches and tools to enable the child to communicate. The purpose of telling the story should establish the unique set of circumstances of each child and the difficulties they are facing and reflect their specific context.
	The My World Triangle is a child focused version of the Assessment Framework for thinking about the whole world of the child or young person. It supports practice that considers the child or young person's needs and risks, as well as the positive features in their lives. Using the My World Triangle allows practitioners to consider systematically:
	▪ How the child or young person is growing and developing, according to their age, stage of development and taking into account the impact of any impairment, disability or complex health need.
	▪ What the child or young person needs from the people who look after him or her.
	▪ The impact of the child or young person's wider world of family, friends and community.
	The Single Assessment gives scope for free narrative but you must be mindful of the following headings in your structured approach to assessing need

My World Triangle

getting it right for every child

What I Need from People who Look After Me

Everyday care & help

Guidance, supporting me to make the right choices

Keeping me safe

Knowing what is going to happen & when

Being there for me

Understanding my family's history background & beliefs

Play, encouragement & fun

How I Grow & Develop

Being healthy

Learning to be responsible

Learning & achieving

Becoming independent, looking after myself

Being able to communicate

Enjoying family & friends

Confidence in who I am

MY WORLD

My Wider World

School

Enough money

Work opportunities for my family

Support from family, friends & other people

Local resources

Comfortable & safe housing

Belonging

The whole child or young person: Physical, Social, Educational, Emotional, Spiritual & Psychological development

My World explained

Being Healthy

Proportionate information about relevant aspects of a child's health and development should be gathered. This should include developmental milestones, major illnesses, number and frequency of hospital admissions and accidents, any impairments, disabilities, conditions affecting development and health, whether chronic or acute, including obesity, nutrition, exercise, physical and mental health issues, sexual health, substance misuse.

Access to, and use of, appropriate health services, such as GP, dentist, optician, immunisations and appropriate developmental checks should also be considered. It is important to recognise that non-attendance at medical appointments for a disabled child or a child with complex health needs may have a significantly higher impact on their health and/or well-being. The health of a child can, in some circumstances, be an indication of the type and level of parental care they are getting.

Ensure that you take into account any previous health assessments that have been completed in relation to the child.

Learning and achieving

This covers all areas of the child's cognitive development from birth. It includes learning and the skills and interests which can be nurtured, and achievements in leisure, hobbies and sport. It also includes opportunities for play and interaction with other children and access to books and other learning mediums. Personal learning plans and other educational records should provide evidence of what has been achieved and what supports are needed or being provided for. Is the child's progress within formal education in line with expectations? Attention should also be given to further education or training needs and potential employment opportunities for young people moving or have moved towards semi or full independence. Is there an adult who is interested in educational activities, progress and achievement and who takes account of the child's starting point and any special educational needs?

Consider whether the child is eligible for flexible free early pre-school education.

Impact of School upon the child

From pre-school and nursery onwards, the school environment plays a key role. What are the child's experiences of school and peer networks and relationships? What aspects of the learning environment and opportunities for learning are important for the child or young person? Does the child have access to study support, out of school learning and special interests? Can the school provide what is needed to meet the particular educational and social needs of the child?

Confidence in who I am? (Identity)

This covers the child or young person's temperament and characteristics and will consider how the child is demonstrating a growing sense of self as an individual. It includes the quality of early and current attachments, emotional and behavioural development, resilience and self-esteem. Does the child know their views are listened to, do they take pride in their achievements and are they confident in managing challenges, opportunities and difficulties appropriate to the age and stage of development. It is important to take into account any impairment or disability and what impact this may have on the child's confidence. Does the child have a sense of identity which has an appreciation of ethnic and cultural background and are they comfortable with gender, sexuality, any disability and their religious belief. Does the child have appropriate skills in social presentation including appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene; and do they have availability of advice from parents or caregivers about presentation in different settings.

Belonging

This is about how the child feels in their family; are they accepted for who they are and do they have a sense of security and safety in their family. So is the child thinking around, "I matter, I am safe, I can explore and return; I can trust and rely on my carer; other people can be trusted". How would you describe the attachment between child and main caregivers?

Being accepted in the community, feeling included and valued. What are the opportunities for taking part in activities which support social contact and inclusion, e.g. playgroups, after school clubs, youth clubs, environmental improvements, parents and residents' groups, faith groups? Are there local prejudices and tensions affecting the child or young person's ability to fit in?

Being able to communicate

This covers development of language and communication, being in touch and communicating constructively with others and the child's ability to express thoughts, feelings and needs. Consideration should be given to the child or young person's preferred language or method of communication. Are there particular people with whom the child communicates that you will need to involve? Are there any aids to communication needed?

Learning to be responsible

Does the child have appropriate social skills and behaviour? Do they have a sense of right and wrong, have they developed the capacity to place themselves in someone else's shoes? (empathy). Do they understand what is expected

of them and can they act upon this? How does the child respond to key influences on social and emotional development at different ages and stages? e.g. collaborative play in early childhood, peer expectations at school and outside.

Becoming independent, looking after myself

This covers the gradual acquisition of skills and confidence needed to move from dependence to independence such as early practical skills of feeding, dressing etc, engaging with learning and other tasks, acquiring skills and competence in social problem solving, getting on well with others, moving to independent living skills and autonomy. What are the effects of any impairment or disability or of social circumstances and how might these be compensated for? Is the child acting in a carer's role for another family member or are they a parent themselves?

Enjoying family and friends

This covers how the child or young person responds to relationships that support, value, encourage and guide them; to family and wider social networks; opportunities to make and sustain lasting significant relationships. How does the child respond to encouragement to develop skills in making friends; to take account of the feelings and needs of others; and to behave responsibly? This links and overlaps with what a child or young person needs from those who look after them and the wider environment.

Support from family, friends and other people

Who are the family members and others important to the child or young person? Are there reliable, long term networks of support which the child or family can reliably draw on? Who is of particular significance to the child? Who does the child trust? Is there sufficient emotional security and responsiveness in the child's current caring environment? Who are the people who can be relied on to recognize and respond to the child or young person's emotional needs? Who are the people with whom the child has a particular bond? Is there someone to act as the child or young person's mentor and champion and listen to their wishes? Are there tensions involved in or negative aspects of the family's social networks? Are there problems of lost contact or isolation? Is there any evidence of gang related activity (child and/or parent) or are there indicators of child sexual exploitation?

6b. The child's wishes and feelings	Assessments should be conducted in such a way that enables an exploration of the child's views of their situation, how it makes them feel and how it affects them, what they want to change and what success would look like to them. Depending upon the age, development and any communication needs of the child different methods and tools should be used from observation (baby or profoundly disabled child), use of an interpreter or intermediary, communication aids, direct work tools or discussions with the child or young person.

	You may find the following document 'The Developing World of the child: Seeing the Child' useful:
	http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Seeing%20the%20Child.pdf
	as well as the following on Engaging with Children:
	http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Engaging%20with%20Children%20-%20Single%20Assessment%20Guidance.docx

Research informs that where the child or young person is disabled or has complex health needs the practitioner should consider how this impacts upon the child, family and all those who may be involved in the assessment process. The following link provides a useful pointer to the additional practice considerations.

http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Disabled%20children%20and%20the%20assessment%20process.pdf

http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Assessing%20the%20needs%20of%20disabled%20children%20and%20their%20families.doc

As part of the assessment of a disabled child a Continuing Health Care pre assessment and full Continuing Health Care assessment if deemed necessary must be completed as part of this assessment process.

Follow the link below to access the Continuing Health Care pre assessment:

http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Initial%20Health%20Review%20MASTER.doc

Follow the link below to access the Full Continuing Health Care assessment:

http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Continuing%20Care%20Assessment%20MASTER.doc

You may also find the following tools useful in your assessment of or/direct work with children:

Child Development checklist:

http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Using%20the%20checklist.pdf

Attachment:

http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Attachment.pdf

Attachment and Bonding Checklist:

http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Attachment%20and%20Bonding%2

	0Checklist.pdf Wellbeing tool: http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Wellbeing%20tool.pdf Three Houses Tools: http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Three%20Houses%20Guideline.pdf http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Adolescent%20Three%20Houses%20Guidance.pdf Queen or King of the Island: http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Queen%20or%20King%20of%20the%20Island.pdf Guidance on Queen or King of the Island exercise: http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Queen%20or%20King%20of%20the%20Island%20Exercise.pdf Blank ecomap: http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Blank%20ecomap.pdf You may also find the following reference useful: The voice of the child: a developmental model p.354 Schofield and Beek
7 (a) The adult and their story	When completing the single assessment there may be more than one person in a parenting role to assess. Each adult's story needs to be captured individually using the additional space provided. The adults will also need to be assessed in respect to their own developmental, health, wellbeing, family and environmental needs including any non-resident parent. Often the father or male carer is invisible in assessments. It is particularly important that we engage fathers and father figures and that their information and views are understood. The purpose of telling the story should establish the unique set of circumstances of each adult and the difficulties they are facing and reflect their specific context. Providing time and support to each adult to help them tell their story can be a therapeutic process in itself. The assessment should develop a clear picture of what the adult(s) want to change and what

	success looks like for them.
	You may find the following link on engaging with parents useful:
	http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Engaging%20with%20parents.pdf
	If the child is disabled or has complex health needs a parent/carers assessment must be completed under Carers and Disabled Children Act 2001 in addition to the Family and Their Story element of the assessment.
	Parents description of their child
	Parents should be asked their views on the child/young person's strengths and needs. What do they see as positive about their child, what time do they enjoy with their child, what are the difficulties they feel they experience with their child, what are the most stressful areas of parenting for them? What are their expectations; are these expectations realistic?

Individual Profile of each parent It is important that the assessment incorporates an individual profile of each parent/carer which includes the following:

History from birth, including background, education, employment, interests/talents, personality, own experiences of being parented, previous relationships, parental attributes and how these might impact upon their own ability to parent

Research shows that there are key factors which may significantly challenge or compromise parenting capacity:

- Physical illness

- Mental illness

- Learning disability

- Substance/alcohol misuse

- Domestic abuse

- Childhood abuse

- History of abusing children

The Couple's Relationship and relationship history

It is important to be aware of parent(s)/carer(s) strengths, skills and resources, as well as difficulties they are experiencing. This should include any issues in relation to domestic violence, the couple's ability to support each other, breaks in the relationship and any other significant events that may have impacted upon their relationship.

The Parents experience of being parented

What are their feelings about being a parent, explore their experiences of being parented, and history of childhood abuse.

Follow this link for a factsheet on assessing parenting capacity:

http://www.nspcc.org.uk/Inform/research/briefings/assessing-parenting-capacity_wda101342.html

Parent's ability to provide everyday care and help

This covers the parent's ability to nurture which includes day-to-day physical and emotional care, food, clothing and housing. Does the parent respond to the child's health needs and support learning and development opportunities? Is the parent able to meet the child's changing needs over time, encouraging growth of responsibility and independence and do they listen to the child and respond appropriately? Do parent(s) have any caring responsibilities, including for vulnerable

	adults and child care needs.

Parent's ability to keep the child safe

This covers the parent's ability to keep the child safe at home and exercise appropriate guidance and protection outside. Does the parent exercise practical home safety measures such as fire guards, stair gates, locking away harmful substances etc. Does the parent protect the child from unsuitable carers, unsafe adults, social and emotional dangers such as bullying and other anxieties? Is the parent able to protect the child consistently and effectively? Does the parent take a responsible interest in the child's friends and associates, use of internet, exposure to situations where sexual exploitation or substance misuse may present risks, staying out late, staying away from home? Does the parent enable the child to take appropriate risks, building their confidence in new situations? Does the parent listen to any concerns the child may have?

Describe their relationship with child(ren) and any history of abuse or neglect of children.

Parent's ability to be there for the child

Does the parent demonstrate love, physical and emotional warmth, attentiveness and engage with the child? Do issues between parents impact on their ability to parent? Are there issues within a family history that impinge on the family's ability to care? What is the level of stability and quality of relationships between siblings, and other members of the household?

Parent's ability to provide play, encouragement, fun

This covers stimulation and encouragement to learn and enjoy life, responsiveness to the child or young person's unique needs and abilities. Does the parent spend time with the child or young person, communicating, interacting, responding to the child's curiosity, providing an educationally rich environment? Does the parent encourage the child or young person's progress by sensitive responses to interests and achievements, involvement in school activities?

Parent's ability to provide guidance and to support the child to make the right choices

This covers the parent's ability to provide positive values, guidance and boundaries. Does the parent make clear to the child or young person what is expected and why? Are household roles and rules of behaviour appropriate to the age and understanding of the child or young person? Are sanctions constructive and consistent? Are responses to behaviour appropriate? Is the child or young person treated with consideration and respect, encouraged to take social responsibility within a safe and protective environment? Are there any specific aspects which may need intervention?

Parent's ability to provide the child with knowledge about what is going to happen and when

This covers the parent's ability to provide stability and predictability? Are routines and expectations appropriate and helpful to age and stage of development? Is the child or young person's needs given priority within an environment that expects mutual consideration? Are the parents open and honest about family and household relationships, wider influences, needs, decisions and do they involve the child or young person in matters which affect him or her? Does the parent support the child through times of transition such as house moves, changes in education, changes in relationships etc?

Parent's ability to provide the child with understanding of their family's background and beliefs

This covers family and cultural history, issues of spirituality and faith. Does the parent foster an understanding of their own and the child's background – their family and extended family relationships and their origins? Is their racial, ethnic and cultural heritage given due prominence by parents? Does the parent respect and value the child for who they are? Does the parent enable the child to understand different relationships, for example with step relationships, different partnerships etc?

Support from family, friends and other people

Who is of particular significance to the parents? Networks of family and social support. Relationships with extended family and friends. What supports can they provide? Are there tensions involved in or negative aspects of the family's social networks? Are there problems of lost contact or isolation? Are there reliable, long term networks of support which the family can reliably draw on? Who are the significant people in the parent's wider environment?

Social Integration

Do the parents feel accepted or isolated in the community? What are the opportunities for taking part in activities which support social contact and inclusion? Do parents have access to local information about health, childcare, care in the community, specialist services. Are there local prejudices and tensions affecting the parents' ability to fit in?

Enough money

Does the family have adequate income to meet the day to day needs and any special needs? Have problems of poverty and disadvantage affected opportunities? Is household income managed for the benefit of all? Are there debt problems? Do benefit entitlements need to be explored? Is income adequate to ensure the child can take part in school and leisure activities and pursue special interests and skills?

	Comfortable and safe housing. Is the accommodation suitable for the needs of the child and family – including adaptations needed to meet special needs? Have there been frequent moves? Follow this link to access the Home Conditions Checklist: http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Home%20Conditions%20Checklist.doc **Work opportunities for parents** Are there local opportunities for training and rewarding work? What are the family's expectations of work and employment?
7b. The adult's wishes and feelings	What is the parents understanding of the situation? Have they engaged in the assessment process? Do they agree with the outcome of the assessment? You may want to use some of the other scales and questionnaires in the Family Pack: http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Scales%20and%20Questionnaires%20document.pdf For guidance on completing an ecomap follow this link http://www.writeenough.org.uk/formats_ecomap.htm For the LSCB Neglect Practice Guidance follow this link: http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Child%20Neglect%20Practice%20Guidance.pdf For guidance on the assessment of emotional abuse follow this link: http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Emotional%20Abuse%20-%20Practice%20Guidance.pdf You may also find Jeff Fowler's book 'A Practitioner's Tool for Child Protection and the Assessment of Parents a useful reference source for assessing parents.

8. **Analysis; Family Strengths and Resilience**	The next sections are an analysis of the preceding sections and will develop a deeper understanding of the current concerns through a reflective analysis. It needs to consider all of the children and adults within the family unit and provide a clear statement about what the concerns are and the likely impact on the children if these are not addressed. At this stage of the assessment you will need to begin to identify the family's sources of resilience and vulnerability. Information gathering alone does not enable the practitioner to obtain a clear understanding of what is happening to the child and what needs to change to ensure the child's welfare is safeguarded and promoted. Every assessment must have a clear analysis of the information gathered which will inform the support/intervention plan. Risk analysis is a process that identifies the number, severity and duration of risk indicators. These however need to be balanced with the strengths; resources and benefits that result in an informed judgment about the severity of poor outcomes/ likelihood of poor outcomes and or harm/likelihood of harm occurring /reoccurring and the anticipated impact on the child/ren. Consider how individual family members needs affect other family members? Consider the likely impact of specific adult issues on their ability to parent and meet the needs of the child and the impact of child/ren issues/needs on the parents/carers. Social isolation poor or non- existent community resources such as day care, primary health care and a lack of available support increase family stressors.

Consideration needs to be given to timescales set for change to occur as these must reflect the timescales necessary to avoid the child's development and safety being compromised. Consider what has been tried before and why has or has not been successful in past.

Evaluation and analysis of risk must be specific and as with any assessment not a single one off event but subject to ongoing review.

Practitioners must use the **Resilience and Vulnerability Matrix** and accompanying guidance to identify and analyse the impact upon the child. Follow the link to access the matrix and accompanying guidance:

http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Blank%20Resilience%20Vulnerability%20Matrix.pdf

http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Use%20of%20the%20risk%20and%20resilience%20matrix%20when%20planning%20for%20children.pdf

Depending upon the level of assessment being undertaken, deeper analysis may be required in relation to parental motivation and capacity to change and further exploration of the child's resilience.

Parent's capacity to change

Capacity to change is made up of two key elements, ability and motivation. The capacity of the parent(s) will need to be regularly assessed, tested and reviewed to ensure continues improvement and identify regression. There will need to be a clear timescale set for change to occur and these must reflect the timescales necessary to avoid the child's development being significantly compromised. Follow the links below for the Cycle of Change model and Motivation to change questionnaire:

http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Cycle%20of%20change.pptx

http://intranet/sites/AWH/Documents/Single%20Assessment%20Framework%20Tools/Motivation%20to%20change%20questionnaire.doc

A word on disguised compliance, parental hostility and co-operation

When a parent or carer is considered to be threatening or hostile any presumption that they behave differently with their

	own children should be rigorously tested
	Managers and supervisors must recognise the potential impact of parental aggression and the possibility of fear that is aroused in the worker and focus on the potential consequences for decision making and practice.

9. Child protections risks and threshold	DFE 2011 research suggests that poor quality assessments typically feature; Gaps and inaccuracies; Description rather than analysis; Little or no indication of service users views. Analysis is rigorous, logical, systematic and methodical and must also by necessity involve reflection, judgement and use of intuition. In this section you must ask yourself 5 questions **What is the assessment for?** Being clear about the purpose helps the process of analysis from the start **What is the story?** Telling the story should establish the uniqueness of each child and adult of the family. It should be a narrative that if read by the child or adult can be clearly understood. It should acknowledge the different perceptions so that any contradictions can be understood and challenged. Telling the story should thus provide a coherent narrative **What does the story mean?** Asking this question provides us with the opportunity to reflect on the story so far and what it tells us about the needs of the child. You will need to weigh up different hypotheses you may have developed and explain why you may be privileging one over another. **What needs to happen?** This involves making clear links between the difficulties presented and the interpretation of those difficulties. The formulation of need, outcome and plan should be followed in sequence to ensure that your plan is specific to need and desired outcome. Outcomes also need to be negotiated with families. **How will we know we are making progress?** Care planning needs to be SMART. See care plan section. After undertaking a careful analysis of all of the information gathered in the section above you should now be able to: ▪ identify which of the child's needs are not being met and how this is affecting or is likely to affect the child (i.e. impact upon child now or in the future) ▪ identify what is affecting the parent's capacity to meet the child's needs and what strengths/supports exist within the family, extended family and community. ▪ say what needs to change to ensure that the child's needs are being met and whether parents have the capacity/motivation to change. ▪ Identification of the above will enable you to form a judgment about the threshold for intervention for this child/ren. You may find the following handout on risk and protective factors useful:

	A child in need is one whose vulnerability is such that they are unlikely to reach or maintain a satisfactory standard of health or development or their health and development will be significantly impaired without the provision of services. (Section 17 Children Act 1989)

A child in need of protection is one where there is evidence that the child is suffering or is likely to suffer significant harm.

In situations where neither of the above statutory thresholds are met you should form a judgment about what other supports and services are needed and take action to ensure that the family is able to access these ie does this family meet the Stronger Families criteria? |
| **10. Signature and comments** | A copy of your assessment must be shared with the child and family and signatures and comments obtained. |
| **11. The Care Plan** | **Care plans should be SMART (specific, measurable, achievable and realistic, time-limited).**

- what needs to change in the family;
- what support each person in the family needs; intended outcomes for each child and family member;
- what actions need to be taken and what **practical support** will be offered and by whom;
- what each worker will do;
- what the family will do;
- what work other agencies are providing and what this is intended to achieve;
- The period of time- linked to the identified needs of the child- that each aspect of the plan is intended to cover with a clear indication of when improvements must be in evidence;
- Contingency plans
- Provide the opportunity to identify both short term and longer-term goals and outcomes, including opportunities for 'quick |

	wins', which may facilitate family engagement: ▪ The support/intervention plan to be agreed and signed by all members.
	It is important within reviewing processes to consider whether the actions taken have achieved the outcomes specified in the plan and what changes or further action, if any, are required. In reviewing the outcome of the plan with the child or young person and family, practitioners will need to ask these five questions: ▪ What has improved in the child or young person's circumstances? ▪ What, if anything, has got worse or stayed the same? ▪ Have the outcomes in the plan been achieved? ▪ If not, is there anything in the plan that needs to be changed? ▪ Is the current threshold for intervention still appropriate? Is it safe to end this intervention? What would be safe enough?

Managerial Checkpoints	Decision points and review points involving the child and family and relevant professionals should be used to keep the assessment on track. This is to ensure that help is given in a timely and appropriate way and that the impact of this help is analysed and evaluated in terms of the improved outcomes and welfare of the child.
	Check point 1 is at 10 working days from the decision to undertake the assessment
	Check point 2 is at 28 working days following the decision to undertake the assessment
	Check point 3 is at 40 working days following the decision to undertake the assessment
	At each of these checkpoints the Social Worker and line manager must:
	▪ Consider the information that has been gathered and how other agencies have or should contribute - this should include consideration of agencies or services that are currently involved in providing services to the child or family and whose involvement will need to feature in the planning for the child.
	▪ Consider from the perspective of the child(ren) the current circumstances
	▪ Consider and evaluate the level of parental engagement in the process
	▪ Identify information that is not yet known and how this will be gathered
	▪ Identify what services should be provided immediately to improve the outcomes for the child
	▪ Consider if a different course of action is needed
	▪ Discuss emerging hypotheses and how these will be tested
	▪ Discuss and begin to formulate a proposed plan for the child
	▪ Consider the need to hold a multi-agency meeting to discuss progress and coordinate involved specialists in the formulation of a single plan
	▪ Agree the anticipated timescale for completion
	▪ Record the discussion and agreed actions on ICS

The Chronology of Significant Events

What constitutes a Significant Event?

- Bereavement.

- Physical or mental ill health in the family (including disability)/ Drug/alcohol misuse/ Overdose/self harm/ Depression.

- Frequent change of address, GP, School etc.

- Change of marital or other significant relationships.

- Domestic violence incident.

- Change of employment/status.

- Births.

- Child protection/Child in need referrals.

- Child subject to a child protection plan.

- Attendance at Child Protection Strategy Meetings/Child protection conferences/ Core groups.

- Changes in the child's legal status/ Incidents of being accommodated/looked after by the local authority.

- Accident and Emergency attendance.

- Any referral to services.

- Failure to keep appointments.

- All observations which may be related to any sign of physical, sexual or emotional abuse and neglect.

- A new adult or young person moving in or out of the household.

- Committing of offences by the child or adults.

- Exclusions from school.

- Court proceedings and their outcome.

- Hospital admissions.

- Significant incident e.g. house fire.

This is not an exhaustive list and practitioners should use their judgment about what to include. Chronologies must however, provide a succinct summary of significant events only, rather than simply duplicate day to day case recording.

Further Information and References on Assessment

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