

## Assessments User Guide

### Working Together 2013 ICS and the Single Assessment Using the Slough Needs and Risks Assessment Table

#### 1. Working Together 2013

##### What Working Together 2013 says about Referrals to Social Care

Anyone who has concerns about a child's welfare should make a referral to local authority Children's Social Care (CSC). CSC have the option not to accept it as a referral if the information supplied indicates the case does not meet the threshold for statutory services.. If so, CSC redefines the referral as a 'contact' Referrals may come from: children themselves, teachers, a GP, the police, health visitors, family members and members of the public. Within local authorities, children's social care should act as the principal point of contact for welfare concerns relating to children. Therefore, as well as clear protocols for professionals working with children, contact details should be signposted clearly so that children, parents and other family members are aware of who they can contact if they require advice and/or support.

Contact details

**A new telephone number will be in place for 1<sup>st</sup> October**

When professionals refer a child they should include any information they have on the child's developmental needs and the capacity of the child's parents or carers to meet those needs. This information may be included in any assessment, including the Early Help assessment, which may have been carried out prior to a referral into Children's Social Care. Where an Early Help assessment has already been undertaken it should be used to support a referral to Children's Social Care, *however this is not a prerequisite for making a referral.*

Feedback will be given to the referrer on the decisions taken. Where appropriate, this feedback should include the reasons why a case may not meet the statutory threshold to be considered by for assessment and suggestions for other sources of more suitable support.

##### What Working Together 2013 says about Information Sharing

Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision.

Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services. Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children.

Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

To ensure effective safeguarding arrangements:

- all organisations should have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and with the LSCB; and
- no professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with local authority children's social care.

*Information Sharing: Guidance for practitioners and managers (2008)* supports frontline practitioners, working in child or adult services, who have to make decisions about sharing personal information on a case by case basis. The guidance can be used to supplement local guidance and encourage good practice in information sharing.

### **What Working Together 2013 says about Assessments under the Children Act 1989**

#### *Statutory requirements*

Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Local Authorities undertake assessments of the needs of individual children to determine what services to provide and action to take.

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled.

In these cases, assessments by a social worker are carried out under **section 17** of the Children Act 1989. Children in need may be assessed under section 17 of the Children Act 1989, in relation to their special educational needs, disabilities, or as a carer, or because they have committed a crime. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children. When assessing children in need and providing services, complementary specialist assessments may be required and, where possible, should be coordinated so that the child and family experience a coherent process and a single plan of action.

Concerns about maltreatment may be the reason for a referral to local authority children's social care or concerns may arise during the course of providing services to the child and family. In these circumstances, Children's Social Care must initiate enquiries to find out what is happening to the child and whether protective action is required. Local authorities, with the help of other organisations as appropriate, have a duty to make enquiries under **section 47** of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. There may be a need for immediate protection whilst the assessment is carried out.

Some children in need may require accommodation because there is no one who has parental responsibility for them, or because they are alone or abandoned.

Under **section 20** of the Children Act 1989, the local authority has a duty to accommodate such children in need in their area. Following an application under **section 31A**, where a child is made the subject of a care order, the local authority, as a corporate parent, must assess the child's needs and draw up a care plan which sets out the services which will be provided to meet the child's identified needs.

### The purpose of assessment

Whatever legislation the child is assessed under, the purpose of the assessment is always:

- to gather important information about a child and family;
- to analyse their needs and/or the nature and level of any risk and harm being suffered by the child;
- to decide whether the child is a child in need (section 17) 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.

Assessment should be a dynamic process, which analyses and responds to the changing nature and level of need and/or risk faced by the child. A good assessment will monitor and record the impact of any services delivered to the child and family and review the help being delivered. Whilst services may be delivered to a parent or carer, the assessment should be focused on the needs of the child and on the impact any services are having on the child.

Good assessments support professionals to understand whether a child has needs relating to their care or a disability and/or is suffering, or likely to suffer, significant harm. The specific needs of disabled children and young carers should be given sufficient recognition and priority in the assessment process. Further guidance can be accessed at *Safeguarding Disabled Children - Practice Guidance (2009)* and *Recognised, valued and supported: Next steps for the Carers' Strategy (2010)*.<sup>5,6</sup>

Practitioners should be rigorous in assessing and monitoring children at risk of neglect to ensure they are adequately safeguarded over time. They should act decisively to protect the child by initiating care proceedings where existing interventions are insufficient.

Where a child becomes looked after the assessment will be the baseline for work with the family. Any needs which have been identified should be addressed before decisions are made about the child's return home. An assessment by a social worker is required before the child returns home under the Care Planning, Placement and Case Review (England) Regulations 2010. This will provide evidence of whether the necessary improvements have been made to ensure the child's safety when they return home.

### The principles and parameters of a good assessment

High quality assessments:

- are child centred. Where there is a conflict of interest, decisions should be made in the child's best interests;
- are rooted in child development and informed by evidence;
- are focused on action and outcomes for children;
- are holistic in approach, addressing the child's needs within their family and wider community;
- ensure equality of opportunity;
- involve children and families;
- build on strengths as well as identifying difficulties;
- are integrated in approach;
- are a continuing process not an event;
- lead to action, including the provision and review of services; and
- are transparent and open to challenge.

Research has shown that taking a systematic approach to enquiries using a conceptual model is the best way to deliver a comprehensive assessment for all children. A good assessment is one which investigates the following three domains:

- 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; and
- the impact and influence of wider family, community and environmental circumstances.

The interaction of these domains requires careful investigation during the assessment. The aim is to reach a judgement about the nature and level of needs and/or risks that the child may be facing within their family. It is important that:

- information is gathered and recorded systematically;
- information is checked and discussed with the child and their parents/carers where appropriate;
- differences in views about information are recorded; and
- the impact of what is happening to the child is clearly identified.

Assessments for some children - including young carers, children with special educational needs (who may require statements of SEN or Education Health and Care Plans subject to the passage of the Children and Families Bill), unborn children where there are concerns, asylum seeking children, children in hospital, disabled children, children with specific communication needs, children considered at risk of gang activity, children who are in the youth justice system - will require particular care. Where a child has other assessments it is important that these are coordinated so that the child does not become lost between the different agencies involved and their different procedures.

### **Focusing on the needs and views of the child**

Every assessment should be child centred. Where there is a conflict between the needs of the child and their parents/carers, decisions should be made in the child's best interests.

Each child who has been referred into local authority children's social care should have an individual assessment to respond to their needs and to understand the impact of any parental behaviour on them as an individual. Local authorities have to give due regard to a child's age and understanding when determining what (if any) services to provide under section 17 of the Children Act 1989, and before making decisions about action to be taken to protect individual children under section 47 of the Children Act 1989.

Every assessment must be informed by the views of the child as well as the family. Children should, wherever possible, be seen alone and local authority children's social care has a duty to ascertain the child's wishes and feelings regarding the provision of services to be delivered.<sup>8 8??</sup> It is important to understand the resilience of the individual child when planning appropriate services.

Every assessment should reflect the unique characteristics of the child within their family and community context. The Children Act 1989 promotes the view that all children and their parents should be considered as individuals and that family structures, culture, religion, ethnic origins and other characteristics should be respected.

Every assessment should draw together relevant information gathered from the child and their family and from relevant professionals including teachers, early years workers, health professionals, the police and adult social care. Working Together 2013 emphasizes the responsibility of other professionals to provide this information, and to provide it in a timely fashion.

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

The aim is to use all the information to identify difficulties and risk factors as well as developing a picture of strengths and protective factors.

### **Developing a clear analysis**

The social worker should analyse all the information gathered from the enquiry stage of the assessment to decide the nature and level of the child's needs and the level of risk, if any, they may be facing. The social work manager should challenge the social worker's assumptions as part of this process. An informed decision should be taken on the nature of any action required and which services should be provided. Social workers, their managers and other professionals should be mindful of the requirement to understand the level of need and risk in a family from the child's perspective and ensure action or commission services which will have maximum impact on the child's life.

No system can fully eliminate risk. Understanding risk involves judgement and balance. To manage risks, social workers and other professionals should make decisions with the best interests of the child in mind, informed by the evidence available and underpinned by knowledge of child development.

Critical reflection through supervision should strengthen the analysis in each assessment.

Social workers, their managers and other professionals should always consider the plan from the child's perspective. A desire to think the best of adults and to hope they can overcome their difficulties should not override the need to protect (including to remove) children from chaotic, neglectful and abusive homes. Social workers and managers should always reflect on and reference the latest research on the impact of neglect and abuse when analysing the level of need and risk faced by the child. This should be reflected in the case recording.

Assessment is a dynamic and continuous process which should build upon the history of every individual case, responding to the impact of any previous services and analysing what further action might be needed. Social workers should build on this with help from other professionals from the moment that a need is identified.

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.

### **Focusing on outcomes**

Every assessment should be focused on outcomes, deciding which services and support to provide to deliver improved welfare for the child.

Where the outcome of the assessment is continued local authority children's social care involvement, the social worker and their manager should agree a plan of action **with other professionals** and discuss this with the child and their family. The plan should set out what services are to be delivered, and what actions are to be undertaken, by whom and for what purpose.

Many services provided will be for parents or carers. The plan should reflect this and set clear measurable outcomes for the child and expectations for the parents, with measurable, reviewable actions for them.

The plan should be reviewed regularly to analyse whether sufficient progress has been made to meet the child's needs and on the level of risk faced by the child. This will be important for neglect cases where parents and carers can make small improvements. The test should be whether any improvements in adult behaviour are sufficient and sustained. Social workers and their managers should consider the need for further action and record their decisions.

The review points should be agreed by the social worker with other professionals and with the child and family to continue evaluating the impact of any change on the welfare of the child.

Effective professional supervision can play a critical role in ensuring a clear focus on a child's welfare. Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family.

The social worker and their manager should review the plan for the child. Together they should ask whether the help given is leading to a significant positive change for the child and whether the pace of that change is appropriate for the child. Any professional working with vulnerable children should always have access to a manager to talk through their concerns and judgements affecting the welfare of the child. Assessment should remain an ongoing process, with the impact of services informing future decisions around action.

### Timeliness

The timeliness of an assessment is a critical element of the quality of that assessment and the outcomes for the child. The speed with which an assessment is carried out after a child's case has been referred into local authority children's social care should be determined by the needs of the individual child and the nature and level of any risk of harm faced by the child. This will require judgements to be made by the social worker in discussion with their manager on each individual case.

Within one working day of a referral being received, a local authority social worker and their manager should make a decision about the type of response that is required and acknowledge receipt to the referrer.

For children who are in need of immediate protection, action must be taken by the social worker, or the police or NSPCC if removal is required, as soon as possible after the referral has been made to local authority children's social care (sections 44 and 46 of the Children Act 1989).

The **maximum timeframe** for the assessment to conclude, such that it is possible to reach a decision on next steps, should be **no longer than 45 working days** from the point of referral. If, in discussion with a child and their family and other professionals, an assessment exceeds 45 working days the social worker should record the reasons for exceeding the time limit.

Whatever the timescale for assessment, where particular needs are identified at any stage of the assessment, social workers should not wait until the assessment reaches a conclusion before deciding on services to support the child and their family. In some cases the needs of the child will mean that a quick assessment will be required.

The assessment of neglect cases can be difficult. Neglect can fluctuate both in level and duration. A child's welfare can, for example, improve following input from services or a change in circumstances and review, but then deteriorate once support is removed.

Professionals should be wary of being too optimistic. Timely and decisive action is critical to ensure that children are not left in neglectful homes.

It is the responsibility of the social worker to make clear to children and families how the assessment will be carried out and when they can expect a decision on next steps.

To facilitate the shift to an assessment process which brings continuity and consistency for children and families, there will no longer be a requirement to conduct separate initial and core assessments. Local authorities should determine their local assessment processes through a local protocol.

Eileen Munro's concept of single assessment does NOT mean single agency assessment. In fact it is a single assessment process led by the local authority but working with other agencies as fits the case circumstances. Our local Assessment Framework has statutory status, and is signed off by the LSCB partner agencies. Social workers and their managers can and should point this out to other agencies who aren't wanting to be part of the single assessment.

## 2. ICS and the Single Assessment

Our local Assessment Framework calls the single assessment a Child and Family Assessment. New functionality has been introduced so that the current Initial Assessment and Core Assessment templates are replaced by a single assessment template which has been called the **C&F Assessment**. When coming to the end of the ICS Referral screens you will be presented with the suggested outcomes. The outcome of **Needs and Risk Assessment** should be selected to progress the case to an assessment.

Information | **Record** | Feedback | Consolidation | Revisions | Save | Finalise Record

Print

**ICS Referral**

- The Referral
- The Contact
- Main Carers
- Parents
- Key Agencies
- Further Details
- Relevant Information

**Further Action**

This section is used to record any actions taken during or on completion of this referral assessment. More than one box may be ticked.

Referral Decision Date: 21-Oct-2013

Suggested Outcomes:

- Needs & Risk Assessment
- Provision of Information/Advice
- C & F Assessment
- Referral to Other Agency
- No Further Action
- Strategy Discussion
- Child Becomes Looked After
- S7 Report (Please start template from documents tab)
- S37 Report (Please start template from documents tab)
- Non-Agency Adoption - Ensure there is an Allocator Case Worker
- Private Fostering Agreement

It is important not to tick or choose anything else on this screen, even if you already know that there needs to be a Strategy Discussion or that the child will become a looked after child. We have decided to accept the referral and to do a Needs and Risk Assessment which will have an outcome of Child and Family Assessment. Once the referral is authorised the authoriser will be able to set the priority.

**Liqidlogic Children's** Home Help Menu Find Stephen Palmer

Child: Candfassessment Test 3 years (Ref: C303105)

Full Map Local Map

Contact Record

Referral

Needs and Risk Assessment

C & F Assessment

**Referral & Information Record**

Active Task: Stephen Palmer (Reassign) Started: 21-Oct-2013 Due: 22-Oct-2013

Contact/Referral Decisions Task Details No Other Children

**Decisions relating to Referral**

Needs & Risk Assessment **Set Priority**

**Date of Initiation or Completion:** 21-Oct-2013

**Reason for Decision:**  
 Educational assessment, the process of documenting knowledge  
 Health assessment, a plan of care that identifies the specific issues that will be addressed by the healthcare system  
 Nursing assessment, the gathering of information about a patient

**Liqidlogic Children's**

Create Cancel - Choose the priority

**New Priority**

Priority

- 45 Days
- 40 Days
- 25 Days
- 10 Days**

The manager will then assign a worker to complete the Needs and Risk Assessment which will assign that worker as the Allocated Case worker

**Liqidlogic Children's** Home Help Menu Find Stephen Palmer

Child: Candfassessment Test 3 years (Ref: C303105)

Full Map Local Map

Contact Record

Referral

Needs and Risk Assessment

C & F Assessment

**Referral & Information Record**

Active Task: Stephen Palmer (Reassign) Started: 21-Oct-2013

Contact/Referral Decisions Task Details No Other Children

**Confirm** **Cancel**

**Needs & Risk Assessment** - You must confirm the following Date & Reason are correct

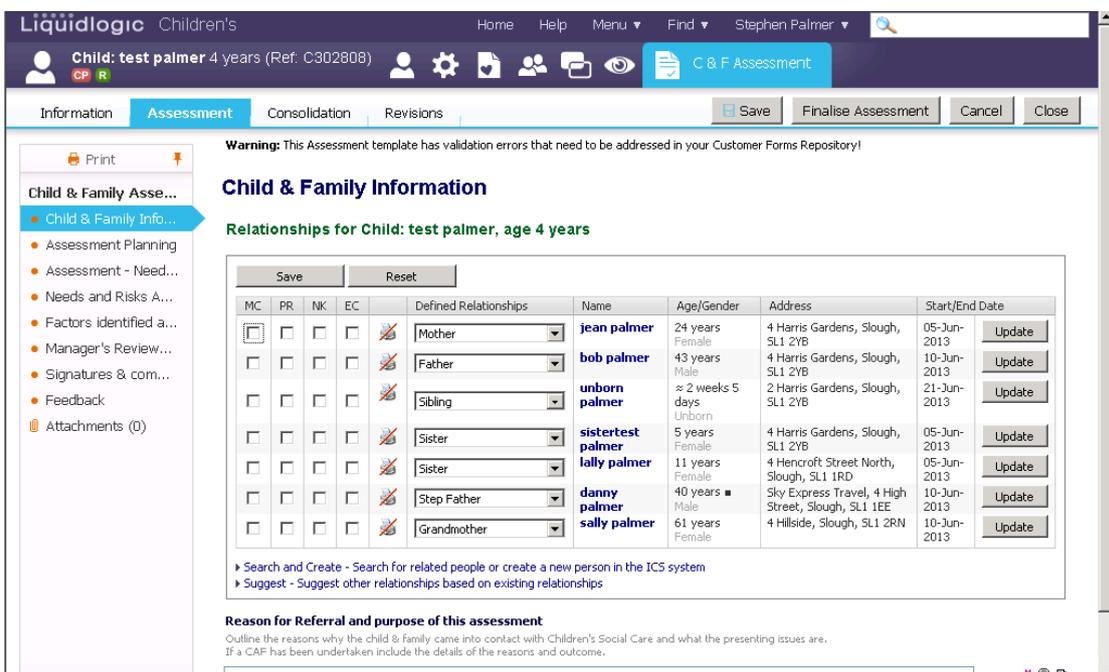
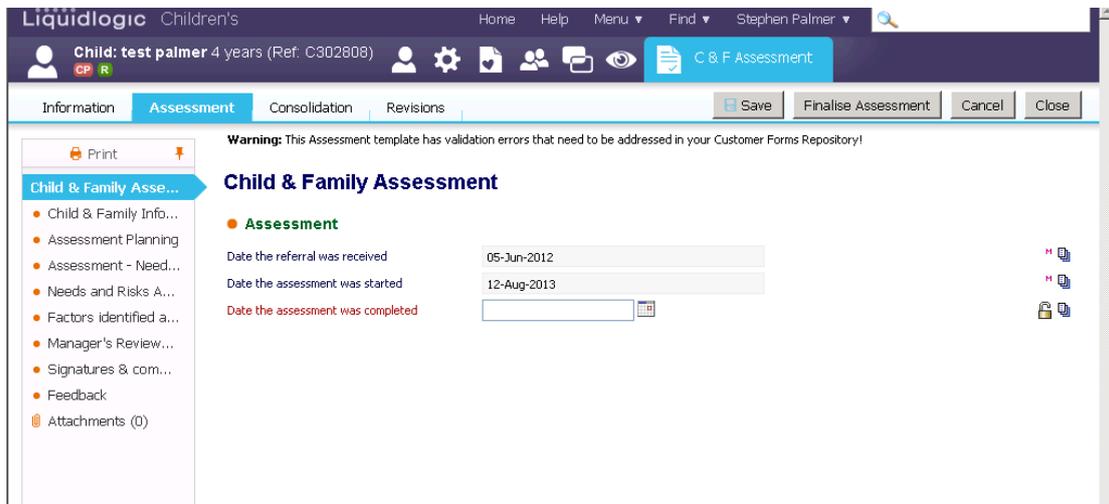
Candfassessment Test Needs & Risk Assessment **Assign**

**Date of Initiation or Completion:** 21 Oct 2013

The worker will then complete the Needs and Risk Assessment with an outcome of C and F assessment this will automatically assign the worker the task of completing the assessment . Once assigned, the Child and Family Assessment will be assigned to this worker for completion. The form itself is a new generic form created by Liquidlogic and we have made changes to this form to make sense of our new Slough Needs and Risks Assessment Framework, which was included in the training for practitioners and managers provided by Reconstruct in 2012.

The first Assessment screen shows the date the referral was accepted – this is when the clock starts on our timeliness for completing assessments. Working Together expects a maximum of 45 days, but many assessments will stop after 10 days which is the standard review point for managers or before if a manager set an earlier date or brought the review forward.. In each case which continues beyond 10 days, the social worker and manager (at the 10 day point or before) are expected to estimate and work to a set number of days for the completed assessment: these are 20 days (10 more days).30 days (20 more days) or 40 days (30 more days).

The date for the start of a Child and Family Assessment must be the same day as the referral or the next day. (Working Together says within 24 hours). The date of completion will obviously be blank until we know what date that is!



The child and family information screen starts with a list of defined relationships, and includes the reason for the referral and the purpose of this assessment. What do you want to find out and why?

Next comes the Assessment Planning screen, and a really important question: “Have you read all the family case records? These are records of Children’s Social Care that may already exist, such as sibling files, back records etc. If they exist they will contain information that is very relevant for this assessment. When you read them look for a chronology, and if there isn’t one, create one.

Any past history of neglect or abuse should be included as a risk factor until evidence suggests otherwise. Past contacts and referrals will influence your current thinking about needs and risks.

Our Needs and Risks Assessment Framework requires us to use tools more to gather information during assessments and to help us analyse this information. Some simple tools are genograms (family trees) and ecomaps (connections to people) and the ICS Child and Family Assessment Template asks if they are to be used in this case. You are strongly advised to use them unless there is a good reason not to, which should be recorded. Some assessments that are quick or simple assessments involve more straight forward questions or hypotheses about needs and risks so won't need a genogram or ecomap. Any assessment that looks like it will lead to a Child in Need meeting or a Child Protection conference will definitely need both so the Slough Needs and Risks Framework (NRF) must be used in these cases .

You are also asked to record which other scales, questionnaires and tools have been used to complete this assessment if any. The NRF refers to, and complements, the Assessment Framework in Working Together 2013, and its models, scales and questionnaires for use in work with families, children and adolescents. Underpinning the NRF are analytical tools for all child protection work – Paul Brearley’s Hazards and Dangers approach, and the use of the risk and vulnerability matrix developed in the Child’s World. For neglect and emotional abuse, practitioners are directed to the Salford Graded care scale, and for sexual abuse, to David Finkelor’s 4 preconditions to offending, the offending cycle, and the impact on children, as identified in the work of Ray Wyre, Marcus Erooga, and the Lucy Faithful Foundation. Reference is also made to the use

## Getting it right for children

of the *Signs of Safety* approach developed by Edwards and Turnell, and also to the use of motivational interviewing as a means of engaging with families and with young people.

Our new approach to Initial Child Protection Conferences (called Strengthening Families) is based on a Signs of Safety Model. You should draw on and use these as appropriate to each case.

However, the provision of the NRF does not replace the professional responsibility of practitioners to keep themselves updated in relation to evidence informed practice and the further development of their own skills and knowledge in order to support effective professional judgement and practice wisdom. Managers and practitioners will also develop and use their own tools for direct work with children and their families which add to the evidence base for individual assessments, and we encourage staff to share these with senior managers and to link them to the NRF to support our continuous development of best practice.

**Liúidlogic Children's** | Home | Help | Menu | Find | Stephen Palmer

Child: test palmer 4 years (Ref: C302808) | C & F Assessment

Information | **Assessment** | Consolidation | Revisions | Save | Finalise Assessment | Cancel | Close

Date completed: 15-Aug-2013

**Child & Family Assessment**

- Child & Family Information
- Assessment Planning**
- Assessment - Needs and Risks
- Needs and Risks Analysis
- Factors identified at the end of the assessment...
- Manager's Review Point
- Signatures & comments (child/young person & fa...)
- Feedback
- Attachments (0)

Questionnaires and tools have been used to contribute to this assessment:

er has a disability or where they have a specific communication needs what has to be done to make sure you and they nts from the assessment e.g. use of signer, interpreter or advocate.

Family List is empty

nt to Add New Case Note

st seen?

4 Hours  Within 1 week  More than a week  Not at all

ed as part of the assessment, please remember you must interview and see the child alone.

possibility for the child/YP given consent to contact being made with other agencies?

Contributed to	Role	Key Agency	Professional	Contributed	Details
Health - GP	SLOUGH BOROUGH COUNCIL	Stephen Palmer	<input type="checkbox"/>		

Add a new Key Agency

**Liúidlogic Children's** | Home | Help | Menu | Find | Stephen Palmer

Child: test palmer 4 years (Ref: C302808) | C & F Assessment

Information | **Assessment** | Consolidation | Revisions | Save | Finalise Assessment | Cancel | Close

If a C&F has been undertaken include the details of the reasons and outcome.

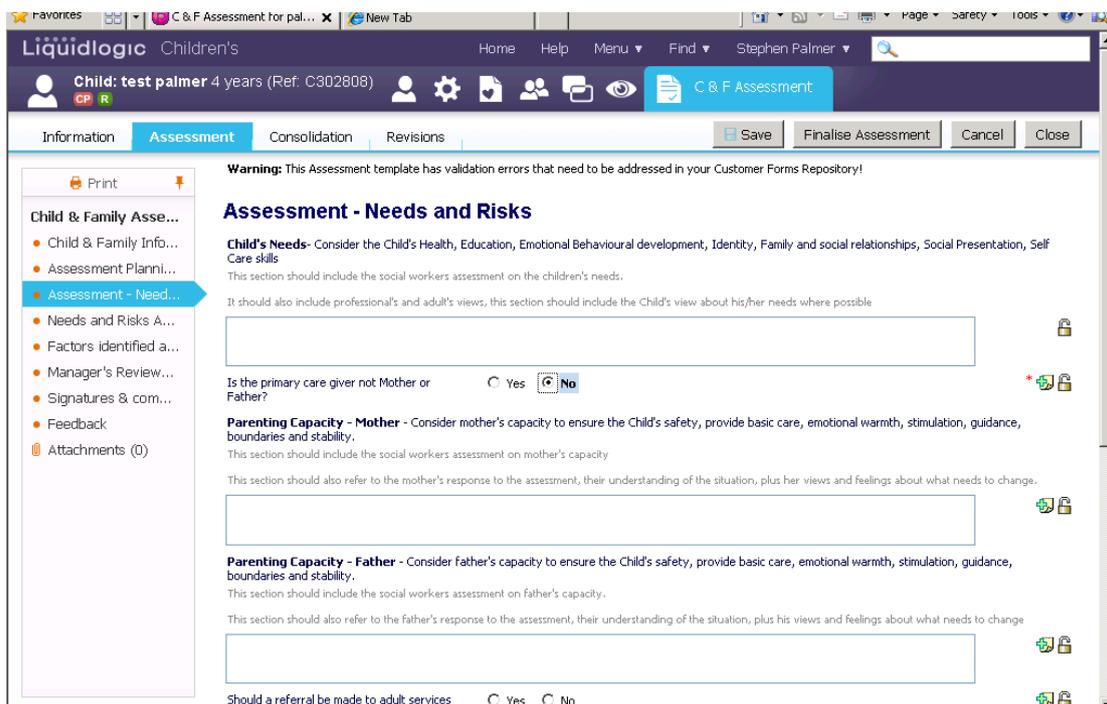
Do you want to use the Built-In Chronology or use free text Chronology?  Built-In  Free Text

**Chronology of Significant Events**

12-Jun-1952	12-Jun-1952 - Relationships: Relation Address Change - Change of Address for (Grandmother) sally palmer - Main Address: 4 Hillside
12-Jun-1952	12-Jun-1952 - Relationships: Birth in Family - Birth of (Grandmother) sally palmer
05-Jun-1970	05-Jun-1970 - Relationships: Relation Address Change - Change of Address for (Father) bob palmer - Main Address: 4 Harris Gardens
05-Jun-1970	05-Jun-1970 - Relationships: Birth in Family - Birth of (Father) bob palmer
23-Jun-1971	23-Jun-1971 - Relationships: Relation Address Change - Change of Address for (Step Father) danny palmer - Main Address: Ground Floor Front Sky Express Travel 4 High Street
23-Jun-1971	23-Jun-1971 - Relationships: Birth in Family - Birth of (Step Father) danny palmer
09-Jun-1989	09-Jun-1989 - Relationships: Relation Address Change - Change of Address for (Mother) jean palmer - Main Address: 4 Harris Gardens
09-Jun-1989	09-Jun-1989 - Relationships: Birth in Family - Birth of (Mother) jean palmer
06-Jun-2002	06-Jun-2002 - Relationships: Relation Address Change - Change of Address for (Sister) lally palmer - Main Address: 4 Hencroft Street North
06-Jun-2002	06-Jun-2002 - Relationships: Birth in Family - Birth of (Sister) lally palmer
13-Jun-2008	13-Jun-2008 - Relationships: Relation Address Change - Change of Address for (Sister) sistertest palmer - Main Address: 4 Harris Gardens
13-Jun-2008	13-Jun-2008 - Relationships: Birth in Family - Birth of (Sister) sistertest palmer
03-Jun-2009	03-Jun-2009 - General Events: Address Change - Main Address: 4 Harris Gardens
24-Jun-2011	24-Jun-2011 - Relationships: Death in Family - Death of (Step Father) danny palmer aged 40 years ;
05-Jun-2012	05-Jun-2012 - Children's Social Care: Contact Started - Contacted: a with contact method: Telephone call (linked to referral)
05-Jun-2012	05-Jun-2012 - Children's Social Care: Referral Started - Referral Started by Stephen Palmer
05-Jun-2012	05-Jun-2012 - Children's Social Care: New Allocated Case Worker - Started Allocated Case Worker: Stephen

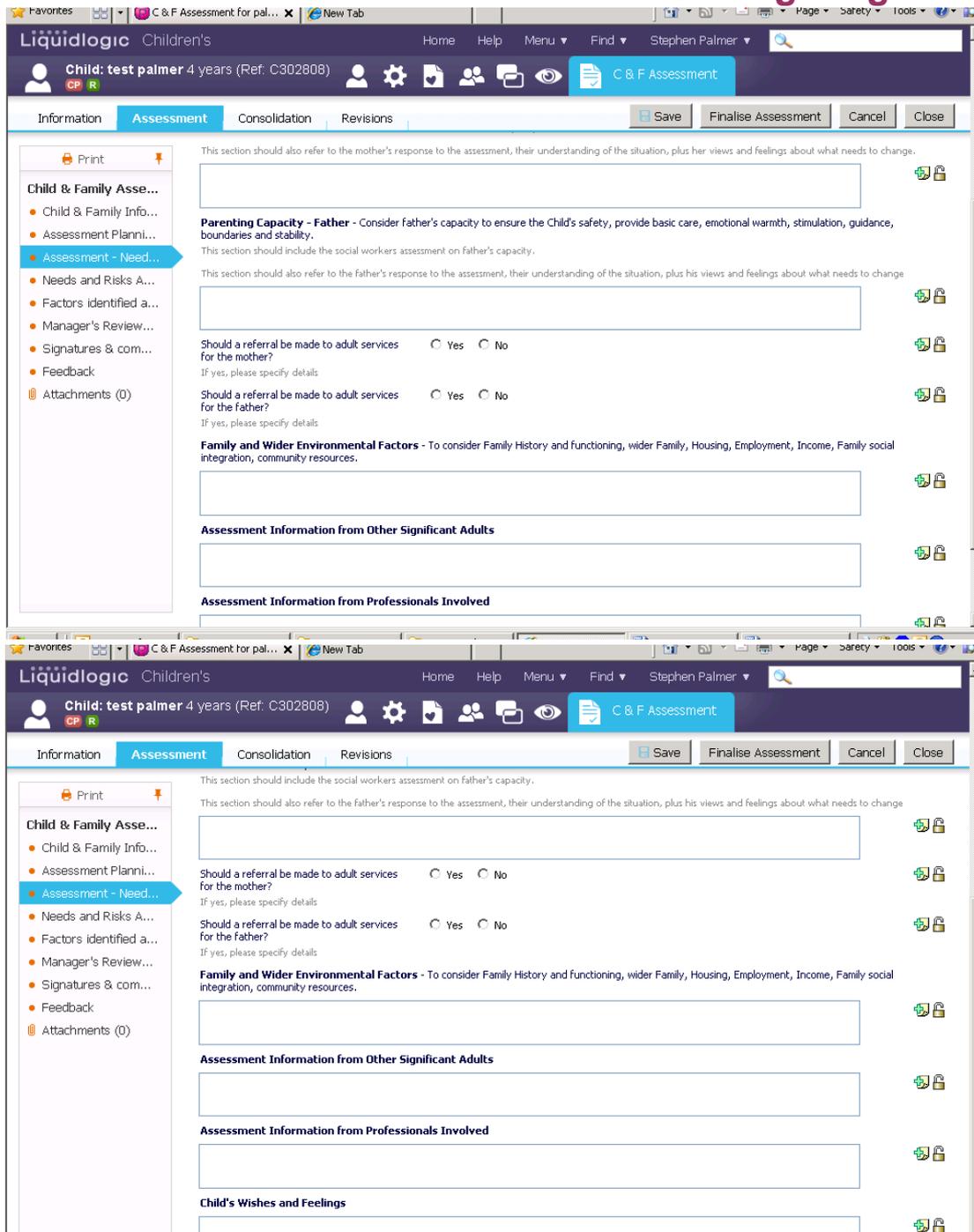
Who do you plan to talk to and work with during this assessment? Family members? Other agencies? All assessments should include information from and the views of family members, the child (or children) and other agencies that are involved with or have knowledge of the child and family.

ICS helps you build a chronology. You are expected to create a chronology if there isn't one already, and keep it up-to-date on any case allocated to you. This is non-negotiable. It's a very important part of your assessment.



**Assessment – Needs and Risks.** You must use three free-text boxes to set out the results of your information gathering under the three “Assessment Triangle” domains: Child’s development needs; parenting capacity; environmental factors. This is where you will put your “pot of gold” detail of what you found out and you are free to structure it (headings, sub-headings) as you see fit depending on the case. This is the information you will draw on for analysis and planning steps that come next.

How much information you put here may depend on the purpose of your assessment and will make the difference between a short or long assessment.



This screen also asks you for information from other significant adults, and from any involved professionals.

The last box asks you to record the child's wishes and feelings. This is not only what the child says to you but also what you think about the child's view/voice: observations of child's physical appearance, demeanour or behaviour; welfare concerns expressed by concerned adults. Record *your* social work view of what the child is saying by their behaviour, demeanour and verbal statements.

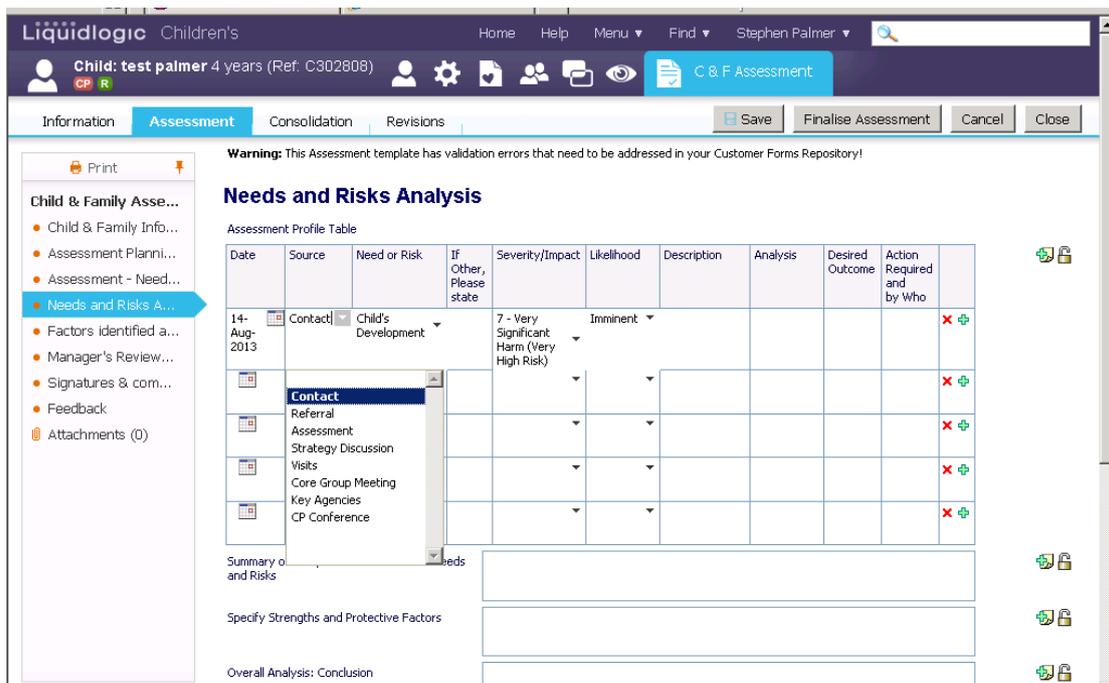
This includes babies. Babies are born with the full ability to feel and show emotions, even if they can't *think* about them. Vocalisations, movements, facial expressions all indicate how healthy and happy babies are.

The same applies for infants, but by year 1 into 2 they understand emotions and learn to regulate them. In a caring family, they express joy and unhappiness appropriately. In abusive families children learn inappropriate displays of emotion from unexpressed emotions (misnamed “emotionless”) to expressed emotions that are incongruent or extreme. So even if speech is limited we can involve and observe them. With permission, pick up the baby and coo, play with the infant. Watch interaction with you and carers.

**The Needs and Risks Assessment Table (a tool to support use of the NRF)**

The next screen is really important, and it’s new. It is designed to link with the training from Reconstruct on the Stepwise approach to needs and risks assessment. This tool will help you write reports for use in Cse Summaries, Supervision, Strategy Discussions, Children in Need meetings, Child Protection Conferences, Reviews of Children Looked After, Public Law Outline Meetings, and court proceedings.

First comes the **date** of when you got the information, and from what **source**: Contact, Referral, Strategy Discussion, Home Visit;; Family Group Conference; Children in Need Meeting; Child Protection Conference; Team Around the Child Meeting; Core Group Meeting; PLO Meeting; LAC Review; Disruption Meeting; Permanency Planning Meeting.



Next a title for the need or risk: Sexual Exploitation; Sexual Abuse; Physical Abuse; Neglect; Emotional Abuse; Child’s Development Needs; Parenting Capacity; Environmental Factors; Housing; Education; Health.

**Warning:** This Assessment template has validation errors that need to be addressed in your Customer Forms Repository!

### Needs and Risks Analysis

Assessment Profile Table

Date	Source	Need or Risk	If Other, Please state	Severity/Impact	Likelihood	Description	Analysis	Desired Outcome	Action Required and by Who
14-Aug-2013	Contact	Child's Development		7 - Very Significant Harm (Very High Risk)	Imminent				✗ +
		Child's Development							✗ +
		Parenting Capacity							✗ +
		Environmental Factors							✗ +
		Child Sexual Exploitation							✗ +
		Sexual Abuse							✗ +
		Physical Abuse							✗ +
		Domestic Violence							✗ +
		Emotional Abuse							✗ +
		Neglect							✗ +
		Alcohol Abuse							✗ +

Summary of Analysis of and Risks

Specify Strengths and Protective Factors

Overall Analysis: Conclusion

Next comes your judgements of **the severity and/or impact** of the need or risk, and the **likelihood** of something happening that will harm the child.

**Warning:** This Assessment template has validation errors that need to be addressed in your Customer Forms Repository!

### Needs and Risks Analysis

Assessment Profile Table

Date	Source	Need or Risk	If Other, Please state	Severity/Impact	Likelihood	Description	Analysis	Desired Outcome	Action Required and by Who
14-Aug-2013	Contact	Child's Development		7 - Very Significant Harm (Very High Risk)	Imminent				✗ +
				7 - Very Significant Harm (Very High Risk)					✗ +
				6 - Significant Harm (High Risk)					✗ +
				5 - Harmful (Medium Risk)					✗ +
				4 - Low Risk					✗ +
				3 - Low Strength					✗ +
				2 - Protective (Medium Strength)					✗ +
				1 - Very Protective (High Strength)					✗ +

Summary of Analysis of Concern about Needs and Risks

Specify Strengths and Protective Factors

Overall Analysis: Conclusion

The drop down boxes look like this, and asks you to rate the severity or impact, and the likelihood of every need, risk or protective factor.

Severity / impact		Likelihood	Risk Factor
<b>Severe risk.</b> Very significant harm, very high risk	7	<b>Imminent</b>	5
<b>High Risk</b> Significant harm, high risk	6	<b>Very Likely</b>	4
<b>Harmful</b> Medium risk	5	<b>Likely</b>	3
<b>Low Risk</b>	4	<b>Suspected/possible</b>	2
<b>Low Strength</b>	3	<b>Low</b>	1
<b>Protective</b> Medium strength	2	Sum of (severity x likelihood score)/35 X 100	% risk score
<b>Very Protective</b> High strength	1		

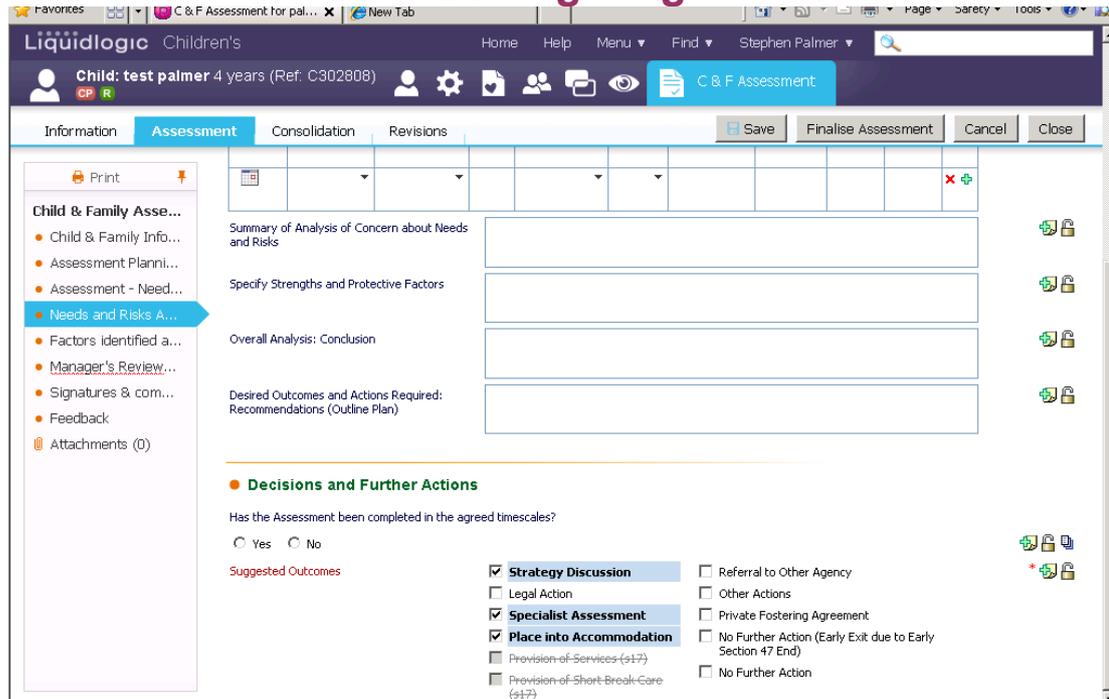
You can generate a score based on the figures shown in the table. Multiply the severity by the likelihood for every need, risk or protective factor and add them up. Maximum score is 35 for any need or risk. Total score will be a percentage score: Actual Total divided by Total possible (number of items x 100)%

Next comes a brief **description** of the need or risk – a summary from the previous screen on assessment / information gathering. Enough information to make sense for a report.

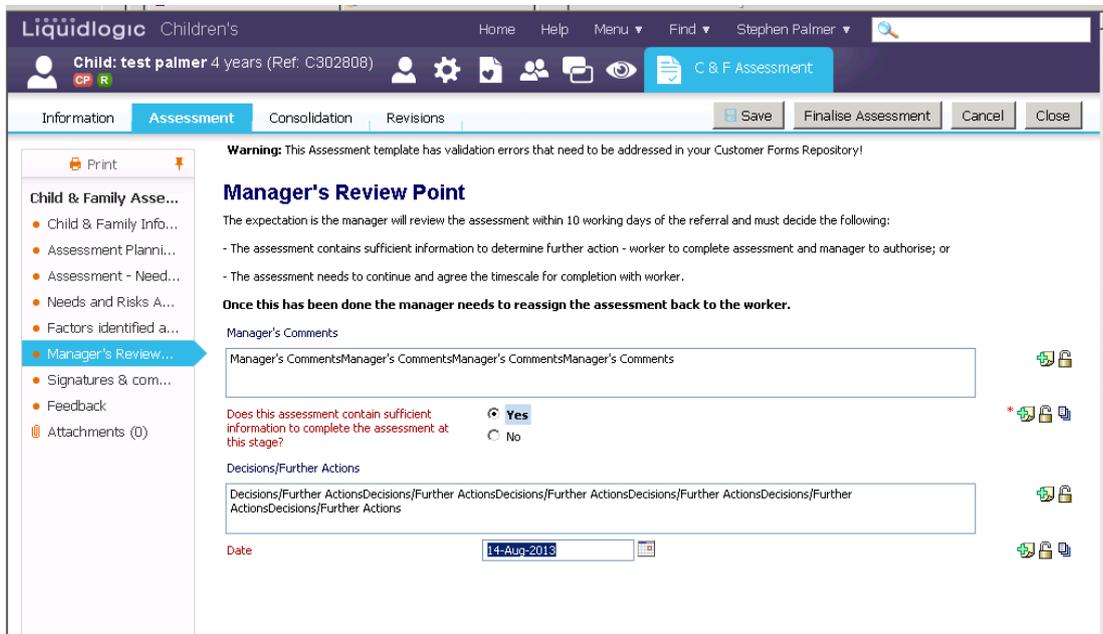
Then comes the all important **analysis** section i.e. our answer to the ‘So what’ question? What does this mean for the child? What is there that exacerbates (e.g. access to the child) or mitigates against the risk (e.g. strengths). Strengths or protective factors reduce the impact or likelihood of risk – see above.

Finish the table with an account of the **desired outcome** for the child. This will be what you expect to see after a period of time once the **recommended action** in the last box, has been completed. For example: the child will no longer witness domestic violence; the child will attend school with a 100% attendance record. These last two parts of the table will help you with reports that include conclusions and recommendations, and plans for any continuing intervention.

Now you have a chance to write more of your report from the assessment. Start with your **summary of your analysis and concerns** about the needs and risks. Then say more about the **strengths and protective factors** (in summary). Finish with your **overall analysis as a conclusion**, and then summarize your **desired outcomes and required or recommended actions**. This is your outline / initial/plan.



Was the assessment completed in the agreed timescales (as set at the Review Point with your manager. It is a firm expectation that this will be the case and we will have to report to the government on our performance in meeting the timescales that we have agreed for each assessment. We will also be monitoring this locally.



If the timescales need to be amended they can be changed from within the CIN tab in demographics

**Personal**

- Personal
- Additional
- Identity
- Photos
- Risks

**Priority**

Priority	Start Date	End Date	Change Reason	Set by
10 Days	21-Oct-2013			Stephen Palmer - SLOUGH BOROUGH COUNCIL

[Change Priority](#)

**Case Statuses**

Choose an outcome, or more than one.

**Child: test palmer** 4 years (Ref: C302808)

**Assessment**

Summary of Analysis of Concern about Needs and Risks

Specify Strengths and Protective Factors

Overall Analysis: Conclusion

Desired Outcomes and Actions Required: Recommendations (Outline Plan)

**Decisions and Further Actions**

Has the Assessment been completed in the agreed timescales?

Yes  No

**Suggested Outcomes**

- Strategy Discussion
- Legal Action
- Specialist Assessment
- Place into Accommodation
- Referral to Other Agency
- Other Actions
- Private Fostering Agreement
- No Further Action (Early Exit due to Early Section 47 End)
- No Further Action

The Child and Family Assessment finishes with some questions. We need the answers to these questions in order to provide information that every LA has to provide to Central Government. It is information that it is also useful to us. It also helps you and your team know how well you are performing. Do it quickly, but answer the questions correctly, please.

Liquidlogic Children's Home Help Menu Find Stephen Palmer

Child: test palmer 4 years (Ref: C302808) C & F Assessment

Information Assessment Consolidation Revisions Save Finalise Assessment Cancel Close

Print

Child & Family Asse...

- Child & Family Info...
- Assessment Planni...
- Assessment - Need...
- Needs and Risks A...
- Factors identified a...
- Manager's Review...
- Signatures & com...
- Feedback
- Attachments (0)

caring responsibilities

8A **Privately fostered:** Concerns that services may be required or the child may be at risk as a privately fostered child  Yes  No

9A **UASC:** Concerns that services may be required or the child may be at risk of harm as an unaccompanied asylum seeking child.  Yes  No

10A **Missing:** Concerns that services may be required or the child may be at risk of harm due to going/being missing  Yes  No

11A **Child Sexual Exploitation:** Concerns that services may be required or the child may be at risk of harm due to child sexual exploitation  Yes  No

12A **Trafficking:** Concerns that services may be required or the child may be at risk of harm due to trafficking  Yes  No

13A **Gangs:** Concerns that services may be required or the child may be at risk of harm because of involvement in/with gangs  Yes  No

14A **Socially unacceptable behaviour:** Concerns that services may be required or the child may be at risk due to their socially unacceptable behaviour  Yes  No

15A **Self-harm:** Concerns that services may be required or the due to suspected/actual self-harming child may be at risk of harm  Yes  No

16A **Abuse or neglect - NEGLECT:** Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect  Yes  No

Liquidlogic Children's Home Help Menu Find Stephen Palmer

Child: test palmer 4 years (Ref: C302808) C & F Assessment

Information Assessment Consolidation Revisions Save Finalise Assessment Cancel Close

Print

Child & Family Asse...

- Child & Family Info...
- Assessment Planni...
- Assessment - Need...
- Needs and Risks A...
- Factors identified a...
- Manager's Review...
- Signatures & com...
- Feedback
- Attachments (0)

14A **Socially unacceptable behaviour:** Concerns that services may be required or the child may be at risk due to their socially unacceptable behaviour  Yes  No

15A **Self-harm:** Concerns that services may be required or the due to suspected/actual self-harming child may be at risk of harm  Yes  No

16A **Abuse or neglect - NEGLECT:** Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect.  Yes  No

17A **Abuse or neglect - EMOTIONAL ABUSE:** Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect.  Yes  No

18A **Abuse or neglect - PHYSICAL ABUSE:** Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect.  Yes  No

19A **Abuse or neglect - SEXUAL ABUSE:** Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect.  Yes  No

20 **Other**  Yes  No

Please provide further information

a

21 **No factors identified-** only use this if there is no evidence of any of the factors above and no further action is being taken.  Yes  No

The final screen asks you for the number of siblings this child has, and prompts you to ask for some all important feedback from children and their parents. How well did we do in improving this child's experiences, circumstances, their overall well being and keeping them safe? Receiving

## Getting it right for children

feedback from children and other family members will tell you whether your social work intervention made a difference, will help you learn and will help us as a service to continue to improve.

**Warning:** This Assessment template has validation errors that need to be addressed in your Customer Forms Repository!

**Feedback**

How many siblings are there?

**Feedback from Family**

Family Members	Do you think the Assessment Outline Plan was helpful?	Has anything been missed?	Date explained to by the Family
Mother			
Father			

And that's all there is to it. We will be working on some report formats that can be generated by these screens and populated with the information you put in them. So, from the outset you must write in good English and proper sentences. This is important because the reports will be read by children, parents and other professionals. They tell the child's story so they must be well written and easy to understand. You should remember not to use abbreviations or jargon – because children and their families will not understand if you do – and neither will other professionals; you should put titles or job roles and full names when you refer to other professionals and make sure that it is clear who you are referring to when you mention family members.

We hope to introduce the single Child and Family Assessment from 14<sup>th</sup> October, to co-inside with a new version of ICS. There will be training, but you need to read and try to make sense of this User Guide before you undertake the training.

**Kitty Ferris**  
**Assistant Director**  
**Children, Young People and Families**  
**August 2013**