



**Suffolk Safeguarding  
Children Board**

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# **Suffolk Child and Family Social Work Assessment Framework**

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## Version History

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Version	Author	Date	Revision Due
1-10 (draft)	David Jacobs	12/11/2013 -11/4/2014	
11	David Jacobs	01/05/2014	01/05/2015
12	Maureen Roscoe-Goulson	01/04/2017	01/04/2018

## Introduction

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Suffolk Children and Young People's Services work to [Quality Practice Standards](#) which include the following values. These are underpinned by the three core principles behind the Suffolk "Signs of Safety and Wellbeing" Framework; *building constructive working relationships, having a stance of enquiry, being prepared to admit you may be wrong, using practice based evidence, and listening to workers and families as to what works.*

## Values

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1. The needs, rights and views of the child are at the centre of all practice and provision.
2. Individuality, difference, and diversity are valued and celebrated.
3. Equality of opportunity and anti-discriminatory practice are actively promoted.
4. Children's health and well-being are actively promoted.
5. Children's personal and physical safety is safe guarded whilst allowing for risk and challenge as appropriate to the capabilities of the child.
6. Self-esteem and resilience are recognised as essential to every child's development.
7. Confidentiality and agreements about confidential information are respected as appropriate to the capabilities of the child.
8. Professional knowledge, skills, and values are shared appropriately in order to enrich the experience of children more widely.
9. Best practice requires a continuous search for improvement and self-awareness of how workers may be perceived by others.

**The Practice Standards and values are applied in the development and application of the Suffolk Child and Family Social Work Assessment Framework, under the statutory guidance of “Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children” (2015)**

**Working Together 2015** details the statutory requirements and expectations for Local Authorities, other agencies and organisations, in respect of safeguarding and promoting the welfare of children, referring to two key principles underpinning effective safeguarding arrangements;

- *Safeguarding is everyone’s responsibility: for services to be effective each professional and organisation should play their full part; and*
- *A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children (paragraph 14)*

**Working Together 2015** lists the social work assessments required of local authorities under the Children Act 1989, as;

- *Section 17 - Children ‘in need’*
- *Section 47 – Concerns about maltreatment*
- *Section 20 – Children requiring accommodation*
- *Section 31 – Children subject to care orders*

and, requires local authorities to determine their assessment processes through a local protocol, with the speed of assessment determined by the needs of the child and the nature and level of the risk, but taking no longer than 45 working days.

The statutory guidance includes that each child should have their own assessment and that each assessment must;

- *use a conceptual model of three domains (Child’s developmental needs, parents/carers capacity to respond and wider family/community and environmental factors),*
- *be informed by children’s views,*
- *gain multi-agency information,*
- *be supported by critical reflections in professional supervision,*
- *benefit from clear analyses,*
- *have consideration of research*
- *include reviewing of initial hypotheses,*
- *consider plans from children’s perspectives,*
- *focus on outcomes to improve the welfare of children*
- *be a “dynamic and continuous process”,*
- *have services commissioned at any stage in the assessment when needs are identified*
- *be “transparent and proportionate to the needs of individual children and their families”*

## Suffolk's Local Protocol for Assessment

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This guidance aims to assist Social Workers and their managers undertake an assessment under Suffolk's Social Work Framework, i.e. when the threshold is deemed to have been met for a social work assessment.

The Suffolk Child and Family Social Work Assessment timeline sets out what is expected of Social Workers and Practice Managers/Consultant Social Workers when undertaking a Social Work assessment of a child and their family's needs.

The **timeline** for undertaking an assessment incorporates the recommendations of Working Together 2015 which states:

*“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.”*  
(paragraph 51).

The **key aim** of the Social Work Assessment Framework is to set out clearly the assessment timescales, process and format agreed within Suffolk.

This Social Work Assessment Framework **objectives** are to:

- *Encourage the use of systemic social work*
- *Aid relationship building with children and their families*
- *Strengthen reflective social work practice and supervision*
- *Strengthen use of research in our assessments*
- *Facilitate the identification and balance of risks and resilience*
- *Assist the local authority to explain why it is involved in a child's life to them, their families and partner agencies, and how it is seeking to improve outcomes for children*
- *Provide a guide to compliance with Working Together 2015 requirements for assessment.*

The intention of the framework is not to be overly prescriptive and to allow managers/supervisors and Social Workers to use their professional judgement during the assessment process. The framework is intended to be used across all of Suffolk's statutory children's Social Care assessments and to support the “**Signs of Safety and Wellbeing**” (SOSWB) model adopted across Suffolk Children and Young People's Services.

This Social Work Assessment Framework will encourage Social Workers to practice as confident practitioners. This will be supported through the provision of continued professional development opportunities (including training in the “**Signs of Safety and Wellbeing**” model and assessment/ planning tools), quality supervision, a robust quality assurance framework, and continued access to national research.

This framework was developed and launched during Suffolk's early stages of learning and training in “Signs of Safety and Wellbeing” and has now been refined. Practitioners using

SOSWB recording/“mapping” tools for assessment can append these to the assessment document. The Social Work Assessment format provides prompts (in SOSWB terminology) to indicate where in the analysis and planning the information gained may best be recorded.

In accordance with SOSWB core principles, this framework has been reviewed and developed in response to feedback from practitioners and families about what works in practice and how it may better support the application of the SOSWB approach.

## **Quality of Assessments**

This Social Work Assessment Framework promotes high quality effective assessments, leading to purposeful plans and interventions, which are developed through meaningful relationships with children, their families and those involved with them.

Turney et al 2011 observe;

- *“Whilst it is not always straightforward to show good outcomes for children necessarily follow good assessments, there is certainly evidence to support the link – and conversely, to demonstrate that bad assessments are likely to be associated with worse outcomes”*
- Poor quality assessments;
- Gaps and inaccuracies in data
- Description rather than analysis
- Little or no indication of child's views
- Good quality assessments;
- Child remains central
- Full, concise, relevant, accurate data
- Chronology and/or family/social history
- Info from range of sources
- Analysis links clearly with recorded information and plans

## **Learning from customer feedback, complaints, audits, serious case reviews and Ofsted inspections**

Customer feedback within Suffolk regarding experience of the assessment process has frequently been complimentary in many aspects (including good explanations, general support and respectful listening/interactions etc.) but it has also indicated factors that need attention in order to support the building of relationships, trust, understanding and engagement.

- Explanation of the assessment process is clearly important and Suffolk has a clear Assessment Pack to ensure families are well informed.
- Accuracy of data, including spelling of names and addresses etc. is crucial and inaccuracies can lead to very serious data protection breach consequences – for the customers` well-being, confidence reputation of the service and potential fines.

- Using plain and simple language, to promote understanding – avoiding jargon or value laden terms without associated evidence etc. ('Signs of Safety and Wellbeing' promotes such awareness).
- Customers value face to face feedback and the addressing of problems and needs during the assessment.
- Practitioners should be alert to potential issues of confidentiality regarding 3rd party information etc. and the possible need for redacting prior to circulating copies of completed assessments.

Learning from serious case reviews, county audits and inspections highlights issues to address within the assessment process, including;

- Identifying and responding to matters of identity, diversity, culture and potential discrimination.
- The significance of family history of children and parents (chronologies) and multi-agency information.
- The need to include “absent” parents.
- Evidence based, research aware analyses, identifying risks/needs/strengths and resilience factors.
- Need to consider and evidence any special educational needs.
- Outcome focussed plans.
- Sound professional judgement.
- Supervisory and management oversight.

## **Supervision**

The role of supervision is critical in successfully embedding and supporting the Social Work Assessment Framework. Formal case supervision will continue to be at least every 12 weeks, dependent on complexity of case, for frontline social workers (with greater frequency in accordance with levels of experience and individual need). Supervision will be based around a systemic supervision framework which encourages practitioners and managers to critically reflect and plan their interventions with a child/ren and their family/ies in a range of supervision and practice development arrangements.

## **When will assessments be undertaken/updated?**

The Social Work Assessment will be used for; initial care planning, child in need planning, proposing “Family’s Network Meetings” (EH) plans, supporting decision making within pre-proceedings Public Law Outline (PLO) processes, presenting child protection concerns to an Initial Child Protection Conference, reviewing the risks to a child through the Review Child Protection Case Conference pathway, reassessing the needs of children “in need” or children “looked after” at points of change in their lives, such as preparing for re-unification (required under the Care Planning, Placement and Case Review Regulations 2010), or permanence planning with extended family or others.

It is sometimes necessary to undertake a **pre-birth assessment**, where there are indications of issues that could have a significant negative impact upon the child, or even expose the child to the risk of suffering significant harm. The Social Work Assessment should be used as the tool to determine if a more specialist assessment is required to address the particular circumstances and influences that can arise for both parents during

pregnancy. The Practice Manager or Consultant Social Worker will determine the depth of assessment required to reach a decision regarding the need for a specialist pre-birth assessment. It may be very clear at the point of referral that such assessment is required, and if so, the Social Work Assessment can be completed with minimum information and a specialist assessment commenced. If a specialist assessment is required, the assessing Social Worker will follow the guidance and format for pre-birth risk assessments contained in the Good Practice Guide which draws extensively on the work of Martin C Calder, “Unborn Children: A Framework for Assessment and Intervention”. A pre-birth referrals, assessments and planning flowchart is available [here](#).

Assessments of children’s needs should be a continuous process in accordance with the child’s/young person’s needs and their plan. An updated Social Work Assessment should also be undertaken when there is a critical incident or significant change to the child and family’s circumstances. Updating assessments will be proportionate to incidents/changes, taking into account current assessment data and evaluation of needs and risks.

### **Social Work Assessment Timelines**

These are the agreed timelines in Suffolk for carrying out a child and family Social Work Assessment. All assessments must be completed, be written up and authorised within a maximum of 45 working days (“from the point of referral” - Working Together 2015 para 57), however the timelines below expect assessments to be completed generally much quicker.

It is the responsibility of Social Workers to follow the assessment timelines as set out below. It is the responsibility of Practice Managers and Consultant Social Workers to ensure that assessments are reviewed at the intervals set and management actions are recorded and that assessments are completed and authorised in the time frame set within management decisions.

**In Suffolk, the expectation is that nearly all Social Work Assessments will be completed within 35 working days and the majority will be completed within 20 working days.**

An assessment can be concluded at any point within the 1 to 45 working day timeframe if this is agreed by the Practice Manager or Consultant Social Worker and management oversight is captured within case records on the child’s assessment and electronic records (CareFirst). It is important to bear in mind what Working Together 2015 says:

*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 commissioning 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.”*

*(paragraph 58).*

## Timelines (and recording requirements)

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### On Day 1

*(note: an Assessment Co-ordinator may be delegated responsibility for recording PM/CSW decisions, except for the final authorising decision)*

When a contact has been determined as a referral, a decision will be made by a Social Worker in the Multi Agency Safeguarding Hub (MASH) in respect of the need for an assessment, within one working day. The case will be referred to the operational team and allocated to the assessing Social Worker. The Consultant Social Worker or Practice Manager will record a '**management decision**' in the assessment template. This '**management decision**' will identify what actions/assessment focus the CSW/PM expects of the Social Worker and will direct;

- a) provisional timescale for first review of the assessment; and
- b) the timescale for when the child/ren must first be seen (at least by day 7, generally earlier).

If a referral is deemed to be "child protection" requiring assessment under sec. 47 1989 Children Act, the MASH will make this threshold decision in consultation including; the Practice Manager or Consultant Social Worker, a Health professional, and the Police – in liaison with any professional referrer where possible. The threshold discussion will also determine whether joint investigation with Police is required. The operational team will convene a Strategy Discussion with Police and Health colleagues where necessary, and other agencies as appropriate, which will include planning for any immediate protective actions necessary.

If, during the course of assessment, **child protection concerns are identified**, the Practice Manager /Consultant Social Worker within the allocated team must convene a Strategy Discussion and progress Sec 47 enquiries in accordance with Strategy decisions.

The allocated CIN or CIC team will ensure management oversight of the actions required and identified within the Strategy Discussion, including any immediate actions necessary the same day, entering a '**management decision**' record within the assessment template.

If the Social Work Assessment has commenced and a new Sec 47 matter requires enquiry, the current assessment will continue and the findings of the enquiry incorporated within the assessment. A new Strategy Discussion record and a Sec 47 outcome screen would need to be completed (the "Sec 47 outcome" facilitates the data collation of Sec 47 activity and therefore has to be completed for all such enquiries – cut and pasted, or summarised within the Social Work Assessment.

### By Day 7-10

The Practice Manager or Consultant Social Worker will add a '**management decision**' within the assessment template, reviewing progress of agreed actions and identifying if and what further interventions/assessments are necessary, with an agreed timescale for the assessment to be completed, unless, the assessment has already been completed and further action, transfer to Early Help Service (EH), or closure is agreed, and the assessment authorised by the PM/CSW.

Where assessment identifies further actions/supports via EH or “Child in Need” (CIN) processes, a proposed / outline multi-agency plan to be recorded within the assessment (with intended outcomes, associated actions, and timescales).

Where Sec 47 enquiries have been initiated, a ‘multi-agency planning consultation’ is to be convened, with family members as appropriate, to; assist Social Care determine if continuing within the child protection process and recommendations to Initial Child Protection Case Conference (ICPC), or revert to CIN planning, the nature/focus/timescale of further assessment, continuation of any early help and formulation of a multi-agency plan.

### **By Day 13**

If an ICPC is to be convened, the Social Work Assessment to date will be the Social Worker’s report to the ICPC and will need to be recorded, with proposed plan agreed by CSW?/PM ,with sufficient time for the assessment/report to be shared with the family, at least 24 hours before the conference – day 14. The assessment submitted to the ICPC should be stored on the child’s electronic file.

### **By Day 15**

Initial Child Protection Case Conference convened, where required. The Social Work Assessment is unlikely to have been fully completed / authorised by this stage and will therefore remain open, to be completed in accordance with the assessment focus as endorsed by the ICPC planning. Further assessment requirements will then need to be added within “Reason for Assessment and Overview”, to provide record of the rationale for the nature of assessment that follows. The completed assessment would be presented to the Review Child Protection Case Conference, with the Social Worker’s report to conference.

### **By Day 20 (for cases not progressing to ICPC)**

It is anticipated that the assessment is completed, fully written up and authorised by the Practice Manager/Consultant Social Worker. In a minority of cases where the Manager/Consultant Social Worker agrees that there are areas that require further detailed assessment they can authorise the assessment to continue for up to 45 days. The Practice Manager/Consultant Social Worker will discuss the needs of the family with the Social Worker and record a ‘**management decision**’ within the assessment template and the actions agreed to complete the assessment.

Where assessment identifies further actions/supports via EH or CIN plan, a multi-agency plan will be recorded within the assessment (with intended outcomes, associated activities, and timescales).

### **By Day 35**

All assessments are expected to be completed. Only in exceptional cases should the Practice Manager agree to extend the assessment to the maximum 45 working days. The Practice Manager will add a ‘**management decision**’ within the assessment template identifying what further interventions/assessment are deemed necessary and why the assessment requires additional time beyond 35 days.

### **By Day 45**

All assessments must be completed, authorised by the Practice Manager/Consultant Social Worker and with a plan in place where CIN or EH services are required.

## **Assessment monitoring**

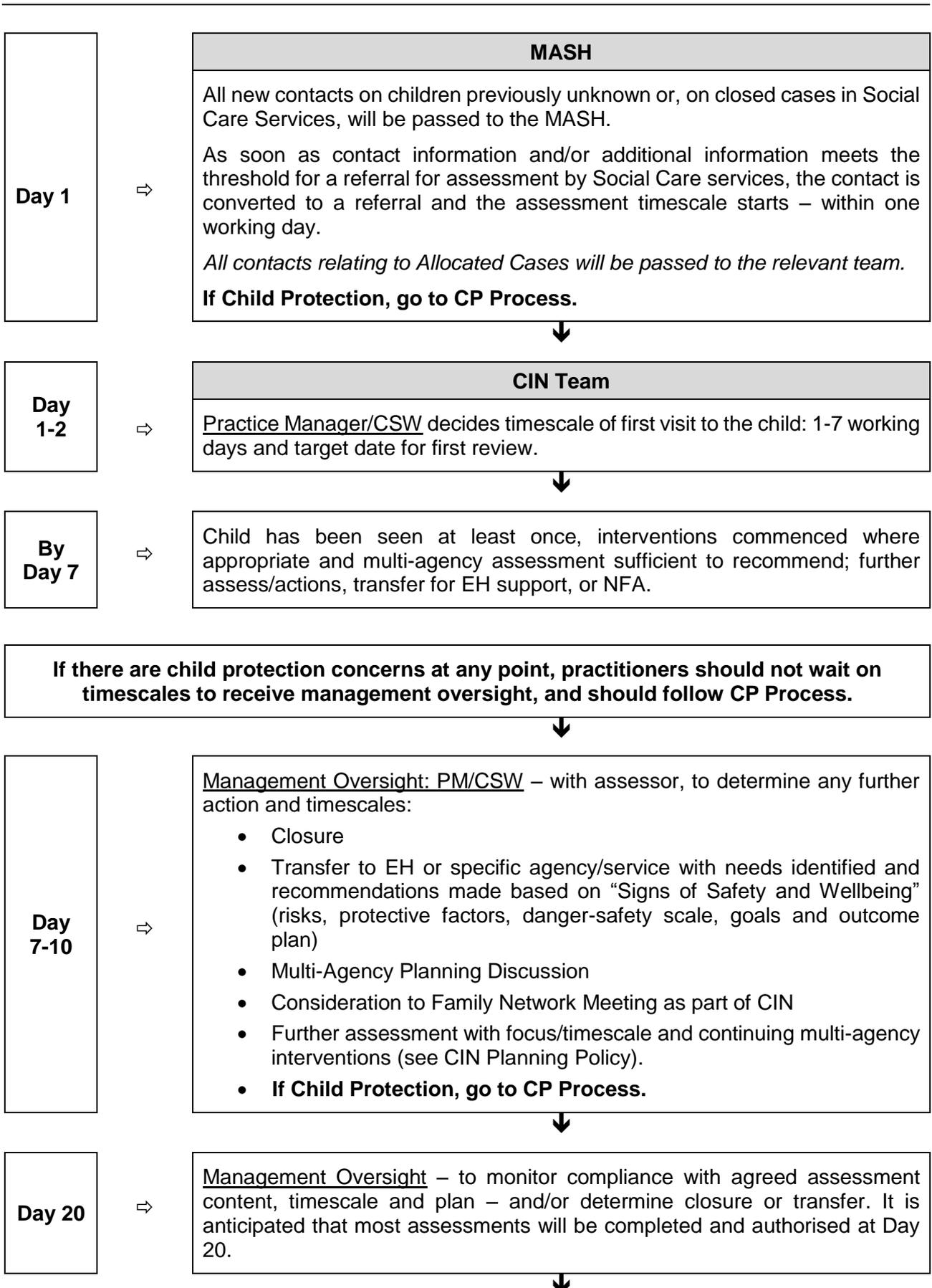
It is intended that assessment progress monitoring will be facilitated by a “RAG” system (supported by Care First) enabling Service and Practice Managers, Consultant Social Workers, and Assessment Coordinators to readily monitor assessment progress, and identify delays. However, until this is established safely, Assessment Coordinators will need to maintain current tracking spreadsheets that can be set to automatically trigger the minimum 4 dates for review of the assessments ( 10, 20, 35 and 45 working days)

## **Exception Reporting**

**Assessments exceeding 45 working days must be reported to the Service Manager with explanation for this exception (and in consultation with the family and relevant professionals). A facility for recording the reasons for assessment delay is provided in the Carefirst record, with the following reasons;**

- ***Awaiting agency info – (sub options of; GP/HV/School/Police/Other)***
- ***Family failing appointments***
- ***Assessor resource issues***
- ***Exceptional complex authorised***
- ***New significant event during assessment***

## Social Work Assessment CIN Process & Timescale Guidance



**Day 35**



Management Oversight – to authorise/close assessment and/or determine continued support plan or case closure.

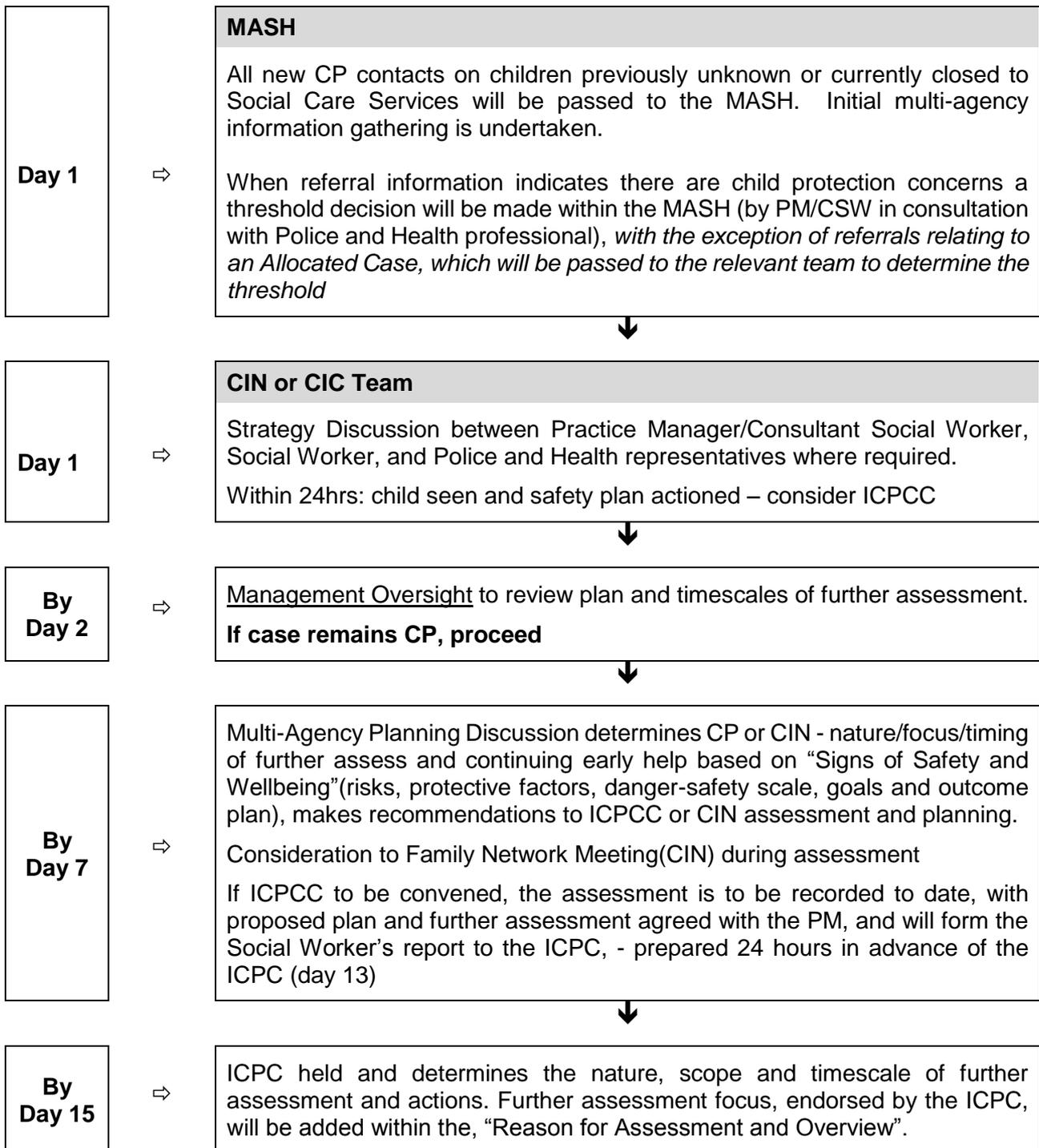


**Day 45**



Management Oversight regarding any exceptional cases: **any assessments in excess of 45 days should be subject to exception reporting to the locality Service Manager.**

# Social Work Assessment Child Protection (CP) Process and Timescale Guidance



## Completing and Recording the Social Work Assessment

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The Social Work Assessment template is within Carefirst. This section considers the headings of the template and the information required to complete each section.

Some customer data within the Social Work Assessment template will be pre-populated from existing records held in respect of the child and their family within Carefirst. However, the main information within the assessment template will require the Social Worker to demonstrate their understanding of the child, family, reasons for and information contained in the most current referral, and how this is perceived within the context of the family's history.

### **Family Composition**

Additional family members/significant others identified as a result of the assessment need to be added to the child's record on Carefirst personal relationships screen, and to this assessment record. Records can be deleted from this assessment if appropriate to do so – i.e. if out of date/changed etc.

### **Professional Agencies**

Records must be added or updated on Carefirst professional relationships screen, and any errors (inc. out of date data), amended as a result of the current assessment.

**Record of Contacts (previous 12 months)** - this will be pre-populated and provides the assessor with a prompt for consideration of recent concerns, needs and family history.

### **Reason for the assessment**

The Social Worker must clearly outline the reason this assessment is taking place. This should be a brief narrative including; the referral information, information gained from any MASH enquiries / threshold decisions / Sec 47 Strategy Discussion, the likely/possible impact of historical information at the point of referral, and why we are concerned.

This section should also summarise information from any early help services' understanding of the child and family's needs, to be evaluated within the Social Care assessment being commenced. If the matter is to be presented to an ICPC, then further assessment focus, as endorsed by the conference, will need to be added in this section, to provide record of the rationale for the nature of further assessment.

### **Management Decision – Day 1**

This section requires the recording of a "management decision" by PM/CSW in respect of a) scope and timescale for actions and first assessment review, and b) timescale for when the child/ren is/are first seen.

*(Note: this may be facilitated by automatic electronic database monitoring of these targets, but until this is established, assessment tracking spreadsheets will still be maintained by AC)*

### **Consent and Information Sharing**

Before undertaking an assessment professionals should always seek consent from parents, even when undertaking a Section 47 enquiry. Section 17 – "child in need" – assessments

always require parental consent and the consent of young people of age and ability to give agreement. Consent for S.47 assessment should be sought unless to do so would put anyone at immediate risk. In seeking consent for information, the worker should explain the concerns behind the referral (although in sec 47 enquiries, some detail may have to be limited for a short period if sharing would jeopardise a criminal investigation – the approach should be agreed in the strategy discussion), the purpose of the assessment and the subsequent process.

Section 47 assessments should continue even if consent is not given, as the local authority have an over-riding duty to protect children from significant harm. Any decision to progress Section 47 enquiries and actions without first seeking parental consent, or where parental consent has been withheld, should be clearly recorded, detailing the rationale for such over-riding of parental consent, which should include the identified risks associated with seeking consent or failing to progress against parental consent.

The Social Worker must be able to demonstrate that consent has been sought from the child (if age appropriate), and any person with Parental Responsibility. Consent should be gained in writing using the [LSCB consent form](#) or initially via the telephone with a clear case note record stating the date, time and person giving consent and the telephone number contacted on. All discussion about consent should be clearly recorded on CareFirst.

Information may be gained from other agencies via telephone, but detailed information gathering can be supported by the use of the LSCB generic agency information form at ([Appendix A](#)).

## **Child Protection**

If at any point from the referral during the assessment there is a reason to believe the child/young person is suffering or likely to suffer significant harm, Children's Social Care has a duty under the Children Act 1989, section 47, to make enquiries to find out what is happening to the child and whether protective action is required. Reference should be made to the Suffolk Local Safeguarding Children Board Child Protection Policies and Procedures which provide advice and support for undertaking a [Child Protection \(Section 47\) enquiry](#).

## **Section 47 Enquiry**

### **Summary, conclusion & recommendations**

The Social Worker should summarise the findings of enquiries (including within the "Sec 47 Outcome" screen) into the precipitating concerns/incident, and make recommendations for any further action. The S47 enquiry needs to reach an informed decision about whether the child is suffering or likely to suffer significant harm (see also the "Signs of Safety and Wellbeing" scale within the assessment analysis section).

If the child is deemed to be suffering, or likely to suffer, significant harm, an Initial Child Protection Conference should be convened within 15 working days of the strategy discussion.

Where significant harm is found, the Practice Manager, will ensure an Initial Child Protection Conference has been requested and scheduled within the 15 day timeframe.

## **Assessor Interviews/meetings with the child and their family**

This section should record all the interventions with the family including:

- direct work undertaken
- Family Network Meeting
- when the family home has been visited, who was present, and, where the child has been made subject to a CP plan, the frequency of Social Worker visits to the child required.
- when the child or any member of the family has been seen; where and for what purpose
- any meetings that have taken place and whether the child/young person was present
- where a child has not been seen alone, the reasons why

## **Summary of any formal meetings during the assessment**

This needs to include summaries of any EH/CIN/LAC/CPC/ Core Groups/ 'Multi-agency planning meetings'.

## **Are there any other assessments/plans (incl other agencies) that should be taken into consideration?**

Include summary of any other assessments / plans (including adult services and by other agencies) that need to be considered.

## **The Assessment**

### **The Child/Young Person's Profile/Story**

This section has been sub-divided simply to ensure there is text box room for all that may need recording, although the subheading groupings may help assessors to provide a coherent summary.

For all children: The child's profile/story will include significant historical factors and areas pertinent to the life of the particular child, for example education (are they in school? What is their attendance record? any concerns or S.E.N?) and health and any issues that may impact on their development. Are there any disabilities, substance abuse, mental health issues? Are there issues of diversity, identity, culture or potential discrimination, that needs consideration? It is important that the social worker collates and records the impact of the current situation on the child's everyday life, including what is the child's understanding of their situation, and how this impacts on their learning and development.

There are many tools available for direct work with children in order to gain insights into their experiences, views and wishes – e.g. 'Signs of Safety' 3 Houses.

Where a child is too young or unable to verbally share this information the Social Worker must use their skills and experience and gain information from other sources such as family/ kinship and other professionals involved with the child. The Social Worker must analyse their own observations of the child within the family environment and other settings if appropriate.

For pre-birth assessments, the Social Worker will need to refer to any known factors relating to the pregnancy and welfare of the unborn, and professional understanding of the child's likely needs following birth (see also p.6 of this guidance).

For Children in Care or "Looked After", there will be information and assessments on the child's electronic record addressing the reasons why the child came into care or became "looked after". The care plans will have been monitored through a structured reviewing framework. This assessment will be beneficial when; a plan is for a child to return home, the child is subject to particular risks, (for example is a frequent absconder), there is an allegation of harm against their carers or they are subject of further care proceedings.

For a child with a disability, it is important to consider assessments already undertaken (including any Special Educational Needs assessment), the impact of the disability and any additional needs on the child and their family. These may arise from barriers in society, health needs or a raised vulnerability owing to the level/type of disability. Where a child has a learning disability or impaired communication, it is important to pay particular attention to means of communication that are suitable and reasonable for the child. The Social Worker must not make assumptions that the child cannot communicate or give credible evidence during their assessment. The child should be respected as an individual and be provided help and support to participate in the assessment process. The Social Worker needs to remain conscious that the parents are often experts in their child's disability, but also be alert to the vulnerability of a child with a disability. The assessment should include an assessment of the child's carers' needs.

### **Sub-heading: Child's/young person's understanding of what is happening, and how do you know?**

This section needs to record the expressed views and wishes of the child / young person, including in respect of any proposed plans (or if non-verbal, the Social Worker's understanding from their personal observation, and perceptions of other parties), in respect of their situation and needs. It is sometimes helpful to quote directly what the child/young person says.

### **Parents/Carers**

This section should present information on;

- Strengths – these should be evaluated as to how far they represent *actual* safety protective or supportive factors for the child/ren (in line with SOSWB, "What is working well?")
- Issues that may have implications for effective parenting, such as; substance abuse, mental health issues, learning or physical disability and previous involvement with Social Care. The Social Worker should record here information on the parent/carer's ability to meet the child's needs for; basic care, safety, emotional warmth, stimulation, parental guidance and boundaries, and stability (in line with SOSWB, "What are we worried about?").

The Social Worker must give consideration to whether a referral to other agencies, such as Adult Social Care, is required (for example under the ACCORD protocol). The Social Worker should give consideration to the parent/carer's background history and any associated impact on their ability to meet the child's needs.

'Signs of Safety and Wellbeing' emphasises the need to give equal weight to 'family knowledge and wisdom' when considering alongside professional knowledge and expertise.

Social Workers must remember "absent" parents and new partners in all of their assessments, detailing their role in the child's life and what this means to the child. Effort should be made to contact "absent" parents (often fathers) and gain their views and information about their relationship with the child.

### **Sub-heading: Parent's / carer's understanding of what's happening, and how do you know?**

This section needs to record the expressed views and wishes of the parents/carers in respect of their child/ren's situation and needs, their own needs and any proposed plans.

### **Other factors affecting the child and family**

Consideration should be given to; the family history (including parents`/carers` own history), wider family impact or support, housing or accommodation issues, employment and income, the family's community and social integration and any resources and resilience support in the community.

When considering the wider family and its dynamics, the Social Worker should explore what impact this has on the child and their immediate family.

### **Summary of significant events, including in family history**

This section should include significant events for the child and family from all agencies involved; i.e. referrals, assessments, interventions, and outcomes. How long were agencies working with the family at each intervention and how effective was this? Did the family demonstrate meaningful engagement and/or progress? What worked well and what was less successful?

The Social Worker should include dates and significant events from the family's history as relevant to this referral and assessment. The Social Worker must carefully consider what information is contained here and be able to demonstrate how these events impact on the current family circumstance and inform this assessment.

This assessment section may or may not contain the full chronology of significant events for the child and family. In many cases it will be the full known chronology of significant events, but in cases of many years of agency involvement, the focus of detail should be significant events for the most relevant recent period – i.e. minimum the past year, with earlier history summarised rather than separate headings for every event. If the section does not contain the full chronology, the assessor should refer here to where the full chronology is held. This section needs to be populated before the system will allow assessment authorisation.

### **Family Tree and Eco Map**

Family Tree: The Social Worker, working with key family members, should draw a clear and understandable family tree (genogram). Wider family networks can be demonstrated in a wider family tree. The family tree will need to be generated either electronically in a word document or hand drawn and scanned, to maintain on the child's electronic record. These

provide invaluable information for a child in the longer term, particularly where they do not remain within the birth family.

Eco Map: The Social Worker, working with key family members, should draw up an Eco Map which is clear and understandable. It is essential to gain an understanding of the family's perception of their family and professional systems and how they relate to the world around them. The Eco Map will assist with the assessment, identifying areas of support and areas which may pose additional stressors for the child and family.

### **What service/support is being/has been provided during this assessment and is it helping the child?**

A summary of services provided to date and evaluation of the impact of any help, will assist future planning of any services.

### **What further information do we need to know and what are we going to do about it?**

This section needs to consider the areas where the Social Worker believes further information is required;

- Consider how this can be obtained,
- What will be the impact on future involvement with the family?
- What and who is missing at this stage?
- Do the family understand the concerns?
- Do the family understand what is expected of them?
- Have all agencies been contacted?
- Should a referral be made to any other agencies for the family, individually or as a group?

The Social Worker needs to consider and record how to monitor changes made by the family and record the progress made.

### **Factors Identified at the End of Assessment**

This section contains all the data required by the DfE for CIN Census returns. DfE guidance is clear that the assessor should record, "all factors which are felt to be relevant to the child's assessment..... only record factors which are currently an issue of concern" (p33 of DfE guidance).

### **The Social Worker's understanding/analysis of the child and family's current situation**

In this section the Social Worker must pull together all the information gathered during the assessment process from the child, family members, and other agencies involved with the whole family (e.g including SOSWB "case mapping" exercises and any direct work with children, such as "3 houses" tool). The Social Worker must use their professional expertise to gain an understanding of the family's current situation and the implications for the child's immediate and future welfare needs, including issues of establishing *permanency* in a child's care and circumstances. This will require the Social Worker to make sense of the referral concerns in the context of the family's current situation and evaluated in the context of any historical information held in respect of the family.

The Social Worker will draw upon; social work theories, research, past experience, assessment evidence and, most importantly, the needs of the child, in order to reach a professional opinion leading to meaningful care planning for the child. The Social Worker will be supported in this process using systemic supervision with their supervisor.

Suffolk Children's Services has adopted the '**Signs of Safety and Wellbeing**' model of practice. Therefore, the Social Worker has to consider the following:

**1) What are we worried about?** (SoSWB; *past harm, complicating factors, future danger*)

This section of the assessment identifies the risks for the child and it should summarise the concerns the Social Worker has for the child's immediate and longer term wellbeing, including evaluation of risks associated with the precipitating concerns/incident. Consideration should be given to the identified needs of the child and how the parents/carers can meet these needs. Are there any factors within the wider family or community which pose a concern for the child? What do the adults/child consider as risks? What are they worried about?

The Social Worker must demonstrate throughout the assessment that they are aware of the family's history (including parents` / carers` own history), and have taken this into consideration. The pattern of historical information should assist the Social Worker with planning for the child, ensuring the most effective interventions are identified with the family. An analysis should be drawn to demonstrate the level of understanding and meaningful engagement from the family and what this indicates for future engagement.

**2) What is working well for the child?** (SOSWB; *existing safety, strengths that demonstrate safety*)

This section looks at the strengths identified within the assessment (*strengths demonstrated as protective or supportive factors for the child/ren*). The Social Worker must identify the resilience factors within the immediate and wider family and friends network. The Eco Map and Family Tree will be important in assisting this analysis, providing an understanding of the family's systems and how they impact on the child. Consider whether the child identifies a trusted adult. Do they have a strong relationship with a professional? Are they engaged with activities outside of the home?

**"Danger" (CP) or "risks" (CIN) Statement**

SOSWB supports assessors to bring assessment to a few brief statements that clearly articulate their specific concerns for the child in plain language, spelling out likely consequences for the child if change does not occur. These statements are shared with the family and need to be expressed in a way that the family understands, even if they do not agree. Danger and Risks statements are used as the basis for the "safety goals", next steps and safety plans.

**3) Social Worker's recommendations, including reasons and outline plan if appropriate. (What needs to happen?** (SOSWB: safety goals, next steps, and plans)

A balanced and evidenced professional opinion will have been reached in the analysis above; therefore, the Social Worker should make recommendations here clearly stating the reasons for the recommendations (including any relating to establishing *permanency* for the child/ren) and how these have been derived. The

Social Worker should evaluate “family knowledge and wisdom” and expressed views, and use management and peer support in coming to the recommendations which, if possible, should be jointly agreed with the family.

Social work assessments and plans are the key documents from which families understand what the concerns are and what needs to change in order for statutory services not to be involved. Every child involved in the assessment process should have a plan developed specifically for them and has been shared with them.

The Social Worker will develop and record the outline plan of intervention in this section, including recommendations for CIN, CIC and CP plans.

### **Child`s Plan (SOSWB next steps)**

This section will record the outline of plans (and contingency plans) proposed for; CIN, CPCs and CIC planning/review meetings or transfer to EH support, and record the frequency of Social Worker visits to the child/ren. Plans will need to be confirmed and recorded within the SMART (Specific/Measureable/Achievable/Realistic/Timely) approach and guidance provided under planning.

### **Public Law Outline date and decisions**

PLO decisions will be based upon the needs, strengths and risks identified in assessments undertaken to date, and can be recorded here if occurring during the course of the assessment.

### **Further Actions**

This section provides a pick list of further actions available. The Social Worker must record their details and completion date of the assessment.

### **Manager`s Decision**

This section records the management oversight (PM/CSW) at different stages of the assessment after the initial management decisions at the start of the assessment.

### **Manager`s/CSW`s final comment on assessment**

The Practice Manager / Consultant Social Worker must complete this section outlining their professional opinion on the Social Worker`s recommendations. They are required to make comment on whether the assessment was completed within the agreed timescale and provide a cogent explanation if the timescale has not been kept to. The authoriser will need to verify that the child was seen (and spoken to, where age appropriate) as part of the assessment, and provide an explanation if the child was not seen.

### **Exception Reporting**

The Practice Manager / Consultant Social Worker will select from the picklist options any that may apply in relation to delay in the completion of assessment. This monitoring will assist in the service addressing issues relating to unacceptable delay. Managers must proactively use escalation protocols where any agency may unreasonably be causing delay in sharing information or appropriately supporting the local authority in progressing assessment and services.

## **Further information and Customer Feedback**

It is important for the local authority to receive feedback on the service it provides to children and their families. Feedback is received in many ways, including via the “Customer Assessment feedback” which should be provided to all families’ subject to assessment. Feedback will be collated and shared in order to reflect on and improve service delivery.

Families should be encouraged to share their own views regarding the service planning or delivery. If disagreements cannot be resolved with the Social Worker, CSW or PM, they should be informed of how to use the complaints process.

Addressing service user complaints is an effective way of learning from our delivery in order to improve services.

The Social Worker must demonstrate they have shared the assessment with the child and their family, recording any feedback.

The Social Worker needs to ensure that any professional referrer has been notified of the outcome of the assessment.

This section also requires the Social Worker to identify if there is any data or aspect of the assessment that should not be shared with any party (e.g. given consent issues or an “absent” parent/partner posing a risk).

## **Sibling Recording**

Assessments can be recorded and duplicated to siblings before authorisation. Where this occurs, sibling assessment information must be modified to reflect differing individual needs, circumstances, and any proposed plans, before authorisation.

## Glossary of Terms

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- **ACCORD** - is an agreement in Suffolk about the approach, principles and arrangements for effective joint working between the services for adults and for children under 18 where a parent has a disability or additional support need.
- **Authorised** - this refers to the action of a manager signing off an assessment on Carefirst and has the effect of sealing the record against any further alteration.
- **Carefirst** - is the customer database used by Specialist Services to record all casework.
- **Child in Need (CIN)** - is a child assessed to have need of services under Sec 17 Children Act 1998.
- **Completed** - refers to the action of an assessor (Social Worker) finishing their recording of an assessment on Carefirst, pending “authorisation” (as above) by a manager.
- **Contact** - is a contact made with the MASH (by member of the public or a professional), that has not been evaluated and confirmed as a “referral” (see below).
- **Core Group** - is the group of key professionals involved in monitoring the progress of child protection plans between conferences.
- **Early Help** - is the provision of support to children and families by universal services or integrated teams.
- **Eco Map** - is a diagrammatic representation of relationships within a family network and with a child – as defined by the subject (usually the child).
- **Genogram** - is a diagrammatic representation of a family’s genetic relationships. A “family Tree” contains also the non genetically connected family relationships and may be used to record family relationship trends/patterns e.g. children living away from family, miscarriages/abortions etc.
- **“Child in Care” (CIC)** - any child/young person who is either voluntarily placed (under Sec 20 Children Act 1989), or placed under a Care Order (Sec 31 Children Act 1989) with foster carers, kinship carers, in residential provision, or whilst subject to a Care order is residing with a parent/s.
- **MASH** - the Multi-Agency Safeguarding Hub, which receives all new contacts and referrals passed from Customer First, gathers initial agency information to determine how to respond to a contact or referral.
- **Multi-agency planning discussion** - is the discussion convened by the assessing Social Worker to determine what actions/supports/assessments are required to best meet the needs of a child.

- **Parental Responsibility (PR)** - the legal rights and responsibilities automatically acquired by a mother and gained by a father whose name is added to the child's birth certificate. Other people may gain PR by court order (Child Arrangement Order, Special Guardianship, Adoption, Parental Responsibility) – including the local authority which may acquire PR via a Care Order.
- **Public Law Outline (PLO)** - legal and local authority processes followed prior to possible public law applications (which includes a “PLO” meeting convened with parents/carers and their lawyers to share concerns and agree/determine any interventions).
- **RAG** - a Red/Amber/Green colour monitoring system.
- **Referral** - a contact made with Children's Services – (for purposes of this protocol, with the MASH), which is deemed to have met the threshold for assessment by social care.
- **Sec 47** - section of the Children Act 1989 under which enquiries and actions may be taken by the local authority when a child is deemed to be suffering or likely to suffer, significant harm.
- **“Signs of Safety and Wellbeing”** - the integrated framework for how to do child protection and family wellbeing work – the underpinning principles, the disciplines for workers' behaviour and application of the approach, a range of tools for the assessment and planning, decision making and engaging children and the processes through which the work is undertaken with families – being adopted across Suffolk CYP.
- **Significant harm** - as referred to, but not defined, under Sec 31 Children Act 1989 (“harm” defined as being “ill treatment” or the impairment of health or development).
- **Social Care** - The department of local authority Children and Young People's Services that undertakes its statutory duties in respect of children in need and those in need of protection.
- **Strategy Discussion** - the formal discussion (or meeting) convened by social care under statutory guidance (*Working together 2015*) which determines the nature of enquiries and actions where a child is believed to be suffering, or at risk of suffering, significant harm.
- **Early Help** - the teams, including Health and Children Centres that provides, commissions and coordinates services to help children and families requiring additional support but have not met the threshold for services under Sec 17 Children Act 1989.
- **Threshold decision** - the decision reached in the MASH, determining that enquiries are required under Sec 47 Children Act 1989 (“Child Protection”).



**SOCIAL WORKER REQUEST FOR INFORMATION FROM PARTNER AGENCIES**

**Section One:**

(social worker to complete, partner agency to add missing information where known.)

Child Protection Enquiry (Sec 47)	YES	NO
CIN Enquiry (Sec 17)	YES	NO

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

*\*Working Together 2013 (para 22 – 26) states that all organisations should have arrangements in place to share information and if a professional has concerns about a child’s welfare and believes they are suffering or likely to suffer harm, they should share the information with local authority children’s social care.*

CONSENT HAS BEEN GIVEN If consent has not been obtained please state why:	YES/NO
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**\* Dept for Education Guidance: Information Sharing: Guidance for practitioners and managers (2008) Working Together 2013**

**Social Worker Details:**

Name.....

Team Name and Address.....

Telephone Number.....

Fax/GCSX secure e mail/e mail address.....

**Partner Agency Details:**

Name.....

Address.....

Telephone/email.....

Brief details of the nature of the concern and information sought by Social Worker

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**Section Two:**

**Details of Family:**

(social worker to complete, partner agency to add missing information where known.)

Name of Child:	Date of Birth:
Ethnicity:	First Language:
Siblings:	Dates of Birth:
Home Address:	Other addresses child may stay at:
Name of Mother/Carer:	Date of Birth:
Name of Father/Carer	Date of Birth:
Other significant Adults in household:	Date of Birth:
Ethnicity/first language of siblings/adult family if different from child:	School:

### Section Three:

(partner agency to complete)

Do you have any concerns regarding this child/family or others in the household evident from the records, or your contact with family? Do you have information that would be useful in planning support that may help the child/family? (i.e. parenting capacity)

Yes

No

What date did your service last have contacts with the child/family?

.....

1. If you have **any concerns** full completion of Section Four is essential, giving as much information as possible
2. If you have no concerns, but do have information that would be helpful in planning support for the family please include this also (if the family have given consent to information being shared).
3. If you have no concerns or useful information there is no need to complete Section Four but please ensure you sign and date Section Six and return the form to the address on the front page.

### Section Four:

<b>Attendance/Access to Services</b>
(Consider school attendance, immunisations, attendance at nursery/children's centre, any A&E or out of hours calls you may be aware of)
<b>Appropriate Development</b>
(consider academic performance, any disability/impairment, behavioural issues, peer relationships or significant illnesses)

<b>Family and Environmental Factors</b>
(consider family history and functioning, any substance misuse or domestic abuse issues, housing conditions and employment if known, benefits if relevant, family's social integration in community)
<b>Parenting Capacity of the main caregivers</b>
(include the ability to provide basic care, emotional warmth and stimulation, guidance and boundaries, ability to ensure adequate safety, health and welfare).
<b>Are you aware of any adults who may be of concern to the child's welfare or safety?</b>
<b>Any other information or involvement you have had with the family?</b>

The family should be aware that you are providing a report, which should be shared with them, if it is possible and safe for the child/children to do so.

**Section Five:**

Information required by (date)\*

.....

Signed.....

Print Name

.....

Date

.....

\* LSCB Suffolk Assessment Protocol outlines agreed timescales for multi-agency assessments.