

**Suffolk Child and Family**

**Social Work Assessment Framework**

**Policy Version History**

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**Introduction**

Suffolk Children and Young People’s Services work to [Quality Practice Standards](https://suffolknet.sharepoint.com/sites/myscc/CYP%20Content%20Library/Business%20Support/Quality%20Practice%20Standards%202018%20June%202018%20V3.pdf) 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” (2023)***

***Working Together 2023*** 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.*

***Working Together 2023*** 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 Assessment Framework**

The **key aim** of the Social Work Assessment Framework is to set out clearly the assessment timescales, process and format agreed within Suffolk. See [Suffolk’s Threshold of Need Guidance](https://www.suffolksp.org.uk/assets/2020-06-18-Suffolks-Threshold-of-Need-Guidance-002.pdf) which sets out the threshold criteria for Social Work Assessment.

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

* *Encourage the use of systemic social work.*
* *Support 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 2023 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 plus** (SOS+) model adopted across Suffolk Children and Young People’s Services.

**Quality of Assessments**

This Social Work Assessment Framework promotes high quality effective assessments, leading to sustainable 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.
* Relevant information 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 to support the building of relationships, trust, understanding and engagement.

* Explanation of the assessment process is important and Suffolk has an 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. (SOS+ promotes such awareness).
* Ensuring that families and their network who have disabilities or long-term conditions receive additional support to enable them to engage with social work assessments. (Reasonable adjustments).
* 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 third party information and the possible need for redacting prior to circulating copies of completed assessments.

Learning from serious case reviews, county audit findings 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 or parents, often fathers who appear on the periphery of the family.
* Evidence based, research aware analyses, identifying risks/needs/strengths and resilience factors.
* The need to consider and evidence any special educational needs.
* Outcome focused plans.
* Sound professional judgement.
* Supervisory and management oversight.

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

The Social Work Assessment (SWA) will be used for Child In Need and Early Help planning, 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 SWA should be used as the tool to determine if a more specialist assessment is required to address the circumstances and influences that can arise for both parents during pregnancy. Where the parents are also children, particular attention should be given to their own support needs when assessing capacity to parent safely. 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 SWA 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](https://suffolknet.sharepoint.com/sites/myscc/CYP%20Content%20Library/2014-01-20%20Pre-birth%20flowchart%20v1.4.pdf).

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 SWA should also be undertaken when there is a critical incident or significant change to the child and family’s circumstances and be proportionate to incidents/changes, considering current assessment information and evaluation of needs and risks.

**Social Work Assessment Timelines**

These are the agreed timelines in Suffolk for carrying out a SWA. All assessments must be completed, be written up and authorised within a maximum of 45 working days (“from the point of referral” - Working Together 2023), however the timelines set out expect assessments to be generally completed 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 SWA 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 notes in the child’s electronic records. It is important to bear in mind that Working Together 2023 highlights:

*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.”*

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**Timelines for both SWA and SWA within S47 (and recording requirements)**

**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. It is at this point that the 45 working days timescale commences. The case will be referred to the operational team and then be allocated to the assessing Social Worker by the PM or CSW. The Consultant Social Worker or Practice Manager will record a **‘management decision’** Case Note. This **‘management decision**’ will identify what actions and what the initial focus is of the assessment and:

1. provisional timescale for first review of the assessment - typically within 7-10 working days, or earlier if the level of risk requires closer management oversight, for example in cases where a Section 47 investigation takes place alongside a Social Work Assessment; and
2. the timescale for when the child/ren must first be seen (at the latest by day 7, generally earlier).

Once the management decision has been recorded, the allocated social worker will be notified without delay. Contact will be made with the family / young person the same day or next working day at the latest, to make an initial appointment to visit the family and the child(ren), according to the timescale set out in the recorded management decision. The allocated social worker will notify the supervisor if attempts to contact the family have failed, to determine what measures need to be put in place to progress the initial visit at the earliest opportunity.

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 assessment, (at any point between day 1 and 45) **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 SWA has already 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. See [Procedure for Strategy Discussions and Section 47 Enquiries](https://suffolknet.sharepoint.com/sites/myscc/CYP%20Content%20Library/Strategy%20Discussions%20v3.1%20Jan%202019.docx)

**By Day 7-10**

If no further action is determined at this stage, the PM or CSW will add a case note to the child’s record to highlight that the SWA needs to be written up and authorised.

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

Where Sec 47 enquiries have been initiated, a Family Network Meeting (FNM) is to be convened, to assist Social Care in determining if continuing within the child protection process with recommendations to Initial Child Protection Case Conference (ICPC) is needed, or to revert to CIN planning, the nature/focus/timescale of further assessment, continuation of any Early Help and formulation of a multi-agency plan.

If the assessing Social Worker has not been successful in contacting the family at this point, due to avoidance by parents/carer or through absence of the Social Worker, the PM/CSW will consider the next steps in efforts to see the child and family and record as a management decision.

**By Day 13**

If an ICPC is to be convened, the SWA to date will be the Social Worker’s report to the ICPC and will need to be recorded with the proposed plan agreed by the PM, with sufficient time for the assessment/report to be shared with the family, at least 48 hours before the conference, taking into account the time for PMs to read and authorise those reports by day 13.

**By Day 15**

ICPC convened, where required. The SWA will have been completed with management oversight evidenced by this stage and will inform 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 Conference (RCPC).

**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’** following on from the initial management decision within the SWA including the actions agreed to complete the assessment.

**By Day 35**

All assessments are expected to be completed. Only in exceptional cases should the Practice Manager extend the assessment to the maximum 45 working days. The Practice Manager will add a ‘**management decision’** in case notesidentifying 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 FS services are required.

**Exception Reporting**

Assessments exceeding 45 working days must be reported to the Service Manager with explanation for this exception. The Practice Manager/Consultant Social Worker will add a management decision to the electronic case management system to address the reasons for any out of timescale SWA as outlined above. 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.

**Social Work Assessment CIN Process & Timescale Guidance**

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|  |  | **MASH** |
| **Day 1** | ⇨ | All new contacts on children previously unknown or, on closed cases in Social Care Services, will be passed to the MASH.  As soon as the contact and MASH Assessment determines the threshold for a referral for a SWA assessment by Social Care services is met, the SWA assessment timescale starts – within one working day.  *All contacts relating to allocated cases will be passed to the relevant team.*  **If Child Protection, go to CP Process.** |
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|  |  | **CIN Team** |
| **Day**  **1-2** | ⇨ | Practice Manager/CSW decides and records the timescale of first visit to the child: 1-7 working days dependent on the level of concerns within the referral and time spent in MASH prior to reaching CIN team and records target date for first review. |
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| **By Day 7** | ⇨ | Child has been seen at least once, and the home environment visited. Where there are concerns for neglect, all rooms in the family home to be seen by the SW and for babies and children under 5 with support from the HV if needed. Interventions commenced where appropriate and multi-agency assessment sufficient to recommend; further assess/actions, transfer for FS support, or NFA. |
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| **If there are child protection concerns at any point, practitioners should not wait on timescales to receive management oversight and should follow CP Process.** | | |
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| **Day**  **7-10** | ⇨ | Management Oversight: PM/CSW – with assessor, to determine any further action and timescales:   * Closure * Transfer to FS or specific agency/service with needs identified and recommendations made based on SOS+ (risks, protective factors, danger-safety scale, goals, and outcome plan) * Multi-Agency Planning Discussion * Consideration to family and connected persons Network Meeting * Further assessment with focus/timescale and continuing multi-agency interventions (see CIN Planning Policy). * If the child and family have not been seen due to inability to make contact or the allocated SW is not in work the PM/CSW will consider and record the next steps as management oversight.   **If Child Protection, go to CP Process.** |
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| **Day 20** | ⇨ | Management Oversight – added within SWA form to monitor compliance with agreed assessment content, timescale and plan – and/or determine closure or transfer. It is anticipated that a most assessments will be completed and authorised at Day 20. |
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| **Day 35** | ⇨ | Management Oversight – to authorise/close assessment and/or determine continued support plan or case closure. |
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| **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**

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|  |  | **MASH** |
| **Day 1** | ⇨ | All new CP contacts on children previously unknown or currently closed to Social Care Services will be passed to the MASH. Initial multi-agency information gathering is undertaken.  When referral information indicates there are child protection concerns a threshold decision will be made within the MASH (by PM/CSW in consultation with Police and Health professional), *with the exception of referrals relating to an allocated case, which will be passed to the relevant team to determine the threshold* |
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|  |  | **CIN or CIC Team** |
| **Day 1** | ⇨ | Strategy Discussion between Practice Manager/Consultant Social Worker, Social Worker, and Police and Health and Education representatives where required.  Within 24hrs: child seen, and safety plan actioned – consider ICPC |
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| **By Day 2** | ⇨ | Management Oversight to review plan and timescales of further assessment.  **If case remains CP, proceed** |
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| **By Day 7** | ⇨ | Multi-Agency Planning Discussion determines CP or CIN - nature/focus/timing of further assess and continuing early help based on SOS+ (risks, protective factors, danger-safety scale, goals and outcome plan), makes recommendations to ICPCC or CIN assessment and planning.  Consideration to Family Network Meeting (CIN) during assessment  If ICPC to be convened, the assessment is to be recorded to date, with proposed plan and further assessment agreed with the PM and will form the Social Worker’s report to the ICPC, - prepared 48 hours in advance of the ICPC (day 13). |
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| **By Day 15** | ⇨ | ICPC held and determines the nature, scope and timescale of further assessment and actions. Further assessment focus, endorsed by the ICPC, will be added within the, “Reason for Assessment”. |

When on an initial visit to undertake a SWA with families it is important to take with you all documentation that you need to share with the family. Social Work Teams have a SWA ‘pack’ to assist with this which should contain the following at a minimum:

* CYPS Privacy Notice.
* Social Work Assessment template.
* Copy of template letter for when parents/carers are not at home with a sealable envelope.
* CYPS SOS+ leaflet for families explaining Assessment process.

**Completing and Recording the Social Work Assessment**

The SWA form is in Liquid Logic. This section considers the headings of the template and the information required to complete each section.

Some customer data within the SWA template will be pre-populated from existing records held in respect of the child and their family. 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.

**Sibling Recording**

Assessments can be recorded and consolidated 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.

**Child and Family Network Details.**

Additional family members/significant others identified as a result of the assessment can be added or removed from the child’s demographics through the personal relationships tables within the assessment.

**Services Working with the Child and Family (Key Agencies)**

Agencies or professionals working with the child can be added from within the assessment and existing involvements can be updated or ended.

**Information Sharing.**

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

Since May 2018 when the Data protection Act 2018 (GDPR) came into effect, social workers do not require the consent of the young person or the child’s parents to record information about them. Workers will instead have to share CYP’s Privacy Notice to ensure the family is fully aware of how the Council deals with their information.

Whilst written consent to record is no longer required, the family will still be able to determine whether they wish to take part in an assessment under s17 of the Children Act.

Section 47 assessments should continue even if the child or parent is not agreeable, as the Local Authority have an over-riding duty to protect children from significant harm. Any decision to progress Section 47 enquiries and actions against one or more family members’ wishes should be clearly recorded, including the for this and any risks that would be associated with failing to progress against parental wishes.

Where an assessment takes place, the information recorded must be proportional to the risks and challenges the child and family face and should deal with issues that are relevant to the case.

Workers and Managers must be mindful that an assessment is written to be shared with the family and, at times with other professionals. Family members may share information with a worker which they have not shared with others in the family and which they might prefer to remain in confidence. Where sensitive information considered highly confidential by one member of the family is given to the worker:

1. The information is highly relevant to the case and must be recorded within the assessment as it forms the basis of decision making:

Discuss this with the family member who is giving the information and explain why the information needs to be part of the assessment and whom the assessment will be shared with. Consider redacting the assessment when sharing it with people who do not need to know this detail. Offer support to the family member so they may discuss the information with their family before it is disclosed to them as part of the assessment.

1. The information is relevant to the child’s situation but does not directly lead to certain decision making:

Record the information within the case management system but not as part of the assessment. Refer to it indirectly where it does influence your analysis (e.g. “events/health issues/etc. in the mother’s past are having a detrimental effect on her parenting/health/ attitudes”) but do not write out the information.

1. The information is not relevant to your assessment of the child’s situation, as far as you can tell:

Do not include the information or reference to it in the assessment.

These options will not apply where sharing information would put a person at risk. In such situations the safety of a child or adult must always come first.

Information may be gained from other agencies via telephone, but detailed information gathering can be supported using the Suffolk Safeguarding Partnership generic agency information form at ([Appendix A](#AppendixA)).

**Reason for 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.

**Assessment Details**

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.

This section should also summarise information from any Family Support 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.

**Draft Danger Statement**

SOS 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 Statements are used as the basis for the Safety Goals, Next Steps and Safety Plans.

**Childs Family Tree**

Family Tree: The Social Worker, working with key family members, should draw a clear and understandable family tree (genogram), which may also help discussion about support networks.

Wider family networks can be demonstrated in a wider family tree. The family tree will need to be generated electronically 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.

**Chronology**

If a chronology is started and maintained on the child’s demographics, the chronology is still required to be added manually into the current SWA and does not pull through into *future* SWA. The worker can also edit the chronology within the assessment, but changes will not be saved to the child’s chronology.

This section should also summarise information from any Family Services service` 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.

**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. See [Child Protection (Section 47) enquiry .](https://suffolknet.sharepoint.com/sites/myscc/CYP%20Content%20Library/Strategy%20Discussions%20v3.1%20Jan%202019.docx)

**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” scale within the assessment analysis section).

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

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

**Record of Family Network Meeting/Assessment**

Suffolk Children’s Services has adopted the **Signs of Safety plus** model of practice**.** Therefore, the Social Worker must consider the following:

1. **What is working well for the child?** *(SOS+; 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?

1. **What are we worried about?** (*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.

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.

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

* What is working well?
* What are we worried about-include danger statement?
* Any record of direct work with the child? Ensuring it is scanned and attached to their record.
* What does the child say about their situation? To include scaling questions if used.

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.

* Social Workers understanding of the child’s experience.
* Education and Health.

For all children: The child’s story will include significant historical factors and areas pertinent to the life of the child, for example education (are they in an early education setting or at school?) What is their attendance record? Are there 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 to gain insights into their experiences, views and wishes – e.g. Signs of Safety+ 4 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 and other connected people and professionals involved with the child, including childcare practitioners. 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.

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.

* What does the parent/carer say about their child’s safety and wellbeing-include any scaling questions used?

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

* Social workers understanding of parent’s experience and capacity to parent.

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 SOS+, “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 SOS+, “What are we worried about?”).

The Social Worker must consider whether a referral to other agencies, such as adult Social Care, is required (for example under the collaborative case work protocol). The Social Worker should consider the parent/carer’s background history and any associated impact on their ability to meet the child’s needs.

Signs of Safety+ 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 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.

**Complicating 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.

**Further assessments required or already completed.**

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

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.

**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 SOS+, “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 SOS+, “What are we worried about?”)

**Social Worker’s Analysis**

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 SOS+ “case mapping” exercises and any direct work with children, such as “4 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, to reach a professional opinion leading to meaningful care planning for the child. The Social Worker will be supported in this process using systemic, reflective supervision with their supervisor.

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?

**Child’s Plan**

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

This section will record the outline of plans (and back up plans) proposed for; CIN, CP and CIC planning/review meetings or transfer to FS 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 / Measurable / Achievable / Realistic / Timely) approach and guidance provided under planning.

**What is the bottom line - What will happen if not enough progress has been made?**

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

**Assessment Factors.**

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).

**Manager’s Decision and Feedback**

This section records the management oversight (PM/CSW) on day 20 and at the final stage of the assessment when authorisation is required.

**Manager’s/CSW’s comment on the Social Work Assessment**

The Practice Manager/Consultant Social Worker must complete this section outlining their professional opinion on the Social Worker’s recommendations and the likelihood of re referral with reasons why and suggested actions if so. 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.

**Further information and Recorded 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 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 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.

**Glossary of Terms**

* **Collaborative Casework -** isan 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 where this could impact on the care of the child.
* **Authorised** - this refers to the action of a manager signing off an assessment on the electronic case management system and has the effect of sealing the record against any further alteration.
* **LCS** -is the customer database used by Social Care Services to record all casework.
* **Child in Need (CIN)** - is a child assessed to have need of services under Sec 17 Children Act 1989.
* **Completed** - refers to the action of an assessor (Social Worker) finishing their recording of an assessment on LCS, 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.
* **Family Support** -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** - 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 Childrens 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+** -the integrated framework for how to work with families – 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.
* **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 2023) 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 provide, 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 2023*** *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 YES/NO  If consent has not been obtained, please state why: |

**\* Dept for Education Guidance: Information Sharing: Guidance for practitioners and managers (2008)**

**Working Together 2023**

**Social Worker Details:**

Name…………………………………………………………………………………………...……..

Team Name and Address…………………………………………………………………………..

…………………………………………………………………………………………………………

Telephone Number………………………………………………………………………………..…

Secure email/email address………………………………………………………….

**Partner Agency Details:**

Name………………………………………………………………………………………………….

Address……………………………………………………………………………………………….

…………………………………………………………………………………………………………

Telephone/email………………………………………….…………………………………………

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

|  |
| --- |
|  |

**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:**

|  |
| --- |
| **Attendance/Access to Services** |
| (Consider school attendance, immunisations, attendance at nursery/children’s centre, any A&E or out of hours calls you may be aware of) |
| **Appropriate Development** |
| (Consider academic performance, any disability/impairment, behavioural issues, peer relationships or significant illnesses) |
| **Family and Environmental Factors** |
| (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) |
| **Parenting Capacity of the main caregivers** |
| (Include the ability to provide basic care, emotional warmth and stimulation, guidance and boundaries, ability to ensure adequate safety, health and welfare). |
| **Are you aware of any adults who may be of concern to the child’s welfare or safety?** |
| **Any other information or involvement you have had with the family?** |

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 …………………………………………………………………………………………………..