

## Bexley Children's Services Procedures

### 1.4.2 Assessments

(Updated May 2020)

#### Contents

1. Assessments under the Children Act 1989
2. The Purpose of Assessment
3. Principles for a Good Assessment
4. Process of Assessments
5. Planning
6. Communication
7. The Child
8. The Family Network
9. Contribution of Agencies Involved with the Child and Family
10. Signs of Safety
11. Developing a Clear Analysis
12. Next Steps and Outcomes
13. Timescales
14. Pre-birth 'Good Practice Steps'
15. Regular Review
16. Assessing Family Abroad
17. Contextual Safeguarding
18. Signing off the assessment

#### 1. Assessments under the Children Act 1989

---

Under the [Children Act 1989](#), local authorities undertake assessments of the needs of individual children to determine the most appropriate and proportionate services to provide and action to take:

- A Child in Need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled. In these cases, assessment by a social worker is carried out under Section 17 of the Children Act 1989. Children in Need may be assessed under Section 17 of the Children Act 1989, in relation to their Special Educational Needs, disabilities, or as a carer, or because they have committed a crime. The process for assessment should also be used for children whose parents are in prison and for unaccompanied migrant children and child victims of modern slavery. When assessing Children in Need and providing services, specialist assessments may be required and, where possible, should be coordinated so that the child and family experience a coherent process and a single plan of action. The need to assess can also include pre-birth situations when a mother's own circumstances would give cause for concern that the pre-birth, and then born, child would come within the definition of being a 'Child in Need' (see [Section 14, Pre-birth 'Good Practice Steps'](#));

- Concerns about maltreatment may be the reason for a referral to the Local Authority Children's Social Care or concerns may arise during the course of providing services to the child and family. In these circumstances, Children's Social Care must initiate enquiries to find out what is happening to the child and whether protective action is required. Local authorities, with the help of other organisations as appropriate, also have a duty to make enquiries under **Section 47** of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, Significant Harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. Such enquiries, supported by other organisations and agencies as appropriate, for example, mental health services, police and education, should be initiated where there are concerns about all forms of abuse and neglect. This includes female genital mutilation and other honour-based violence, and extra-familial threats including radicalisation and sexual or criminal exploitation. If information that has been requested is not received in a timely way, this should be escalated with the support of the manager.
- There may be a need for immediate protection whilst the Assessment is carried out.
- Some Children in Need may require accommodation because there is no one who has Parental Responsibility for them, or because they are alone or abandoned. Under **Section 20** of the Children Act 1989, the local authority has a duty to accommodate such Children in Need in their area. Following an application under **Section 31A**, where a child is the subject of a Care Order, the local authority, as a corporate parent, must assess the child's needs and draw up a Care Plan which sets out the services which will be provided to meet the child's identified needs.

The assessment should be led by a qualified social worker supervised by a qualified social work manager.

## 2. The Purpose of Assessment

---

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

- To gather important information about a child and family;
- To analyse their needs and/or the nature and level of any risk and harm being suffered by the child;
- To decide whether the child is a Child in Need (Section 17) and/or is suffering or likely to suffer Significant Harm (Section 47); and
- To provide support to address those needs to improve the child's outcomes and welfare and, where necessary, to make them safe;
- Every assessment must be informed by the views of the child as well as the family, and a child's wishes and feelings must be sought regarding the provision of services to be delivered.

An assessment should establish:

- *Whether there are any specific risk factors to children including establishing if the child requires particular care. This is especially so for:*
  - *Whether the child is a Young Carer*
  - *Children with Special Educational Needs, (including to inform and be informed by Education, Health and Care Plans, Unborn children where there are concerns, children in hospital, children with specific communication needs, asylum seeking children, children at risk of gang activity and association with organised crime groups, children who are at risk of female genital mutilation (FGM), children who are in the Youth Justice system and children returning home.*
  - *Whether specific risk factors indicate that there is a possibility the child is or has been trafficked or a victim of compulsory labour, servitude or slavery or a victim of FGM. If there are concerns around exploitation and trafficking, a referral must be made to the [National Referral mechanism](#).*
- The nature of the concern and the impact this has had on the child;
- An analysis of their needs and/or the nature and level of any risk and harm being suffered by the child;
- How and why the concerns have arisen;
- What the child's and the family's needs appear to be and whether the child is a Child in Need;
- Whether there is any need for any urgent action to protect the child, or any other children in the household or community.

### **3. Principles for a Good Assessment**

---

The assessment triangle in Working Together to Safeguard Children provides a model, which should be used to examine how the different aspects of the child's life and context interact and impact on the child. It notes that it is important that:

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

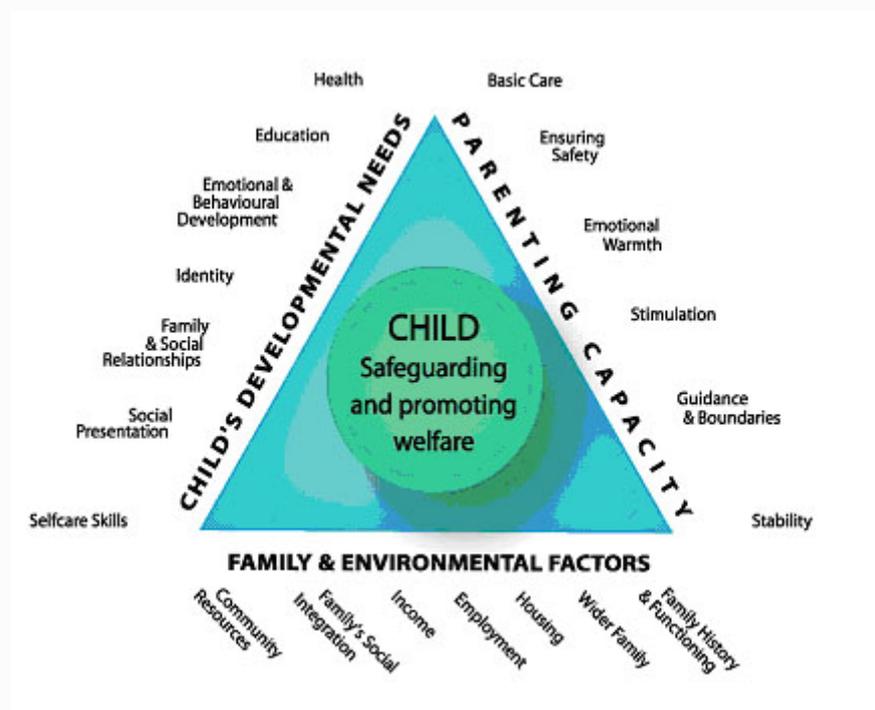
*High quality assessments:*

- *Are child centred*
- *Are focused on outcomes for children*
- *Are holistic in approach, addressing the child's needs within their family and any risks the child faces from within the wider community 'contextual safeguarding'.*
- *Ensure equality of opportunity*

- *Involve children, ensuring that their voice is heard and provides appropriate support to enable this where the child has specific communication needs (advocacy to be considered)*
- *Involve families*
- *Identify risks to the safety and welfare of children*
- *Build on strengths as well as identifying difficulties*
- *Are integrated in approach*
- *Are multi-disciplinary*
- *Are a continuing process, not an event*
- *Lead to action, including the provision of services*
- *Review services provided on an ongoing basis*
- *Are transparent and open to challenge*

Research has demonstrated that taking a systematic approach to assessments using a conceptual model is the best way to deliver a comprehensive analysis. A good assessment is one which investigates the three domains; set out in the **Assessment Framework Triangle**. The interaction of these domains requires careful investigation during the assessment.

## Assessment Framework Triangle



The assessment will involve drawing together and analysing available information from a range of sources, including existing records, and involving and obtaining relevant information from professionals in relevant agencies and others in contact with the child and family. *This could include but is not limited to agencies such as CAMHS, adult mental health, adults with learning difficulties, police, young carers, IDVA, Solace, schools, nurseries, children's centres, GPs and health visitors.*

Where a Family Wellbeing Assessment has already been completed this information should be used to inform the assessment. The child and family's history should be understood.

Where a child is involved in other assessment processes, it is important that these are coordinated so that the child does not become lost between the different agencies involved and their different procedures. All plans for the child developed by the various agencies and individual professionals should be joined up so that the child and family experience a single assessment and planning process, which shares a focus on the outcomes for the child.

*Mapping the case with the involvement of all agencies would assist in ensuring there is coordination between the agencies.*

*An assessment of the support needs of parent carers or non-parent carers, or disabled children may be required. The specific needs of disabled children and young carers should be given sufficient recognition and priority in the assessment process.*

See also: [Section 17, Contextual Safeguarding](#).

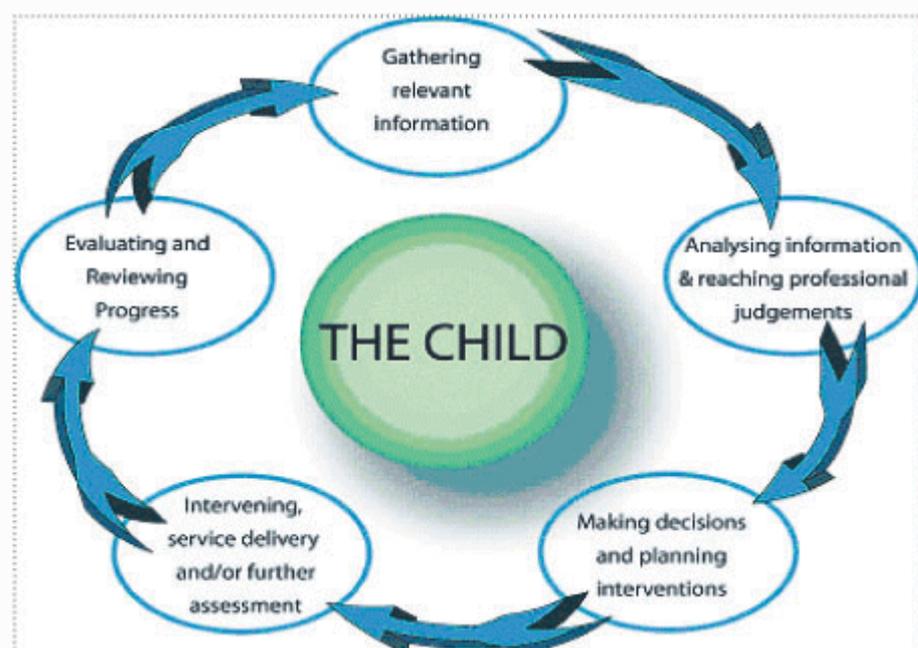
## 4. Process of Assessments

---

The assessment process can be summarised as follows:

- Gathering relevant information;
- Analysing the information and reaching professional judgments;
- Making decisions and planning interventions;
- Intervening, service delivery and/or further assessment;
- Evaluating and reviewing progress.

### Assessment Cycle



## 5. Planning

---

The qualified social worker should carefully plan that the following are carried out and consider that the referral may include siblings or a single child within a sibling group. (Where the initial focus for a referral is on one child, other children in the household or family should be equally considered, and the individual circumstances of each assessed and evaluated separately):

- See/interview the child;
- Interview the parents and any other relevant family members;
- Consider whether parents should be spoken to together or apart;
- Consider whether the parents need advocacy, including support from a family or network member;
- Consider whether to see the child with the parents;
- The child should be seen by the lead social worker without their caregivers when appropriate and this should be recorded in the assessment record;
- Determine what the parents should be told of any concerns;
- Identify all agencies involved with the family, including siblings, not only those working with the index child and parents.
- Consult with and consider contributions from all relevant agencies, including agencies covering previous addresses in the UK and abroad.
- Give agencies adequate notice for what information is likely to be needed and include a date (in bold) of when the information is expected to be received by.

If it is determined that a child should not be seen as part of the assessment, this should be recorded by the manager with reasons.

Questions to be considered in planning assessments include:

- Who will undertake the assessment and what resources will be needed?
- Who in the family will be included and how will they be involved (including absent or wider family and others significant to the child, e.g. siblings over 18 years)?
- In what grouping will the child and family members be seen and in what order and where?
- What services are to be provided during the assessment?
- Are there communication needs? If so, what are the specific needs and how they will be met?
- How will the assessment take into account the particular issues faced by black and minority ethnic children and their families, and disabled children and their families?
- What method of collecting information will be used? Are there any tools / questionnaires available?
- What information is already available?
- What other sources of knowledge about the child and family are available and how will other agencies and professionals who know the family be informed and involved?

- How will the consent of family members be obtained?
- What will be the timescales?
- How will the information be recorded?
- How will it be analysed and who will be involved?
- When will the outcomes be discussed and service planning take place.

## 6. Communication

---

In planning the assessment, the social worker will need to consider and address any communication issues, for example language or impairment. Where a child or parent speaks a language other than that spoken by the social worker, an interpreter should be provided. It is important to consider the suitability of the interpreter and any impact this may have on the assessment, for example, whether there are any family links or community links. Any decision not to use an interpreter in such circumstances must be approved by the Team Manager and recorded.

Where a child or parent with disabilities has communication difficulties it may be necessary to use alternatives to speech. In communicating with a child with such an impairment, it may be particularly useful to involve a person who knows the child well and is familiar with the child's communication methods. However, caution should be given in using family members to facilitate communication. Where the child has had a communication assessment, its conclusions and recommendations should be observed.

**NOTE:** Where the parents have learning disabilities, it may be necessary to adapt communications to meet their needs – for further information, see the section on [Good Practice in the Children of Parents with Learning Disabilities procedure, Good practice guidance on working with parents with a learning disability \(2007\) updated 2016](#).

## 7. The Child

---

Children should be actively involved in all parts of the process based upon their age, developmental stage and identity. Direct work with the child and family should include observations of the interactions between the child and the parents/care givers. They should be seen alone and if this is not possible or in their best interest, the reason should be recorded.

The pace of the assessment needs to acknowledge the pace at which the child can contribute. However, this should not be a reason for delay in taking protective action. It is important to understand the resilience of the individual child in their family and community context when planning appropriate services.

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

**A good assessment will paint a picture of what the life is like for the child and clearly reflect the child's experience.**

## **8. The Family Network**

---

The parents' and wider family network's involvement in the assessment will be central to its success. At the outset the family needs to understand how they can contribute to the process and what is expected of them to change in order to improve the outcomes for the child. The assessment process must be open and transparent with the parents and social workers need to ensure they practice restoratively with families, working in collaboration. The process should also challenge parents' statements and behaviour where it is evidenced that there are inconsistencies, questions or obstacles to progress. Difficult conversations will need to take place but this should be approached respectfully, ensuring families are aware of all the concerns. All parents or care givers should be involved equally in the assessment and should be supported to participate whilst the welfare of the child must not be overshadowed by parental needs. There may be exceptions to the involvement in cases of Sexual Abuse or Domestic Violence and Abuse for example, where the plan for the assessment must consider the safety of an adult as well as that of the child.

All assessments must include a genogram and a family network map to identify the child's own safety network in their family and community. The social worker should also consider the value of offering a family network meeting at the earliest opportunity to assist the family to develop a safety plan for the child.

## **9. Contribution of Agencies Involved with the Child and Family**

---

All agencies and professionals involved with the child, and the family, have a responsibility to contribute to the assessment process. This might take the form of providing information in a timely manner and direct or joint work. Differences of opinion between professionals should be resolved speedily but where this is not possible, any concerns should be escalated and the local arrangements for resolving professional disagreements should be implemented.

It is possible that professionals have different experiences of the child and family and understanding these differences will actively contribute to the understanding of the child / family.

The professionals should be involved from the outset and through the agreed, regular process of review.

Agencies providing services to adults, who are parents, carers or who have regular contact with children must consider the impact on the child of the particular needs of the adult in question.

## 10. Signs of Safety

Bexley has adopted the Signs of Safety model of assessment and planning. The assessment record refers to the 7 domains to assist with the analysis of information:

What are we Worried About?	What's Working Well?	What Needs to Happen?
<p><b>Past Harm to Children:</b> Action/Behaviour – who, what, where, when; Severity; Incidence &amp; Impact.</p> <p><b>Danger Statements:</b> Future Danger for Children. Worries for the future if nothing changes.</p> <p><b>Complicating Factors:</b> Factors which make the situation more difficult to resolve.</p>	<p><b>Existing Strengths:</b> Best attributes of parenting.</p> <p><b>Existing Safety/Protection:</b> The strengths demonstrated as protection over time.</p> <p>Must directly relate to danger.</p>	<p><b>Safety Goals:</b> Future Safety/Protection What must the caregivers be doing in their care of the child that addresses the future danger?</p> <p><b>Family Goals:</b> What does the family want generally and in relation to safety?</p> <p><b>Next Steps:</b> What are the next steps to be taken to move towards achieving the goal?</p>
<p><b>Safety Scale:</b></p> <p>On a scale of 0 to 10 where 10 means the children are safe enough and Children's Social Care no longer need to be involved and 0 means it is too unsafe for the children to stay at home, where do we rate this situation? <i>(If different judgements place different people's number on the continuum)</i></p> <p><b>0</b> ←————→ <b>10</b></p>		

## 11. Developing a Clear Analysis

---

Analysis is the weighing up of all information gathered to understand what has been/is happening to the child, how harmful that has been and predicting the probability/likelihood of it continuing or happening again. The following are questions to guide practitioners in the systematic analysis of information gathered during the assessment process. The following questions can assist to develop a clear analysis:

- What are the strengths and best attributes of the parenting;
- What are the safety factors in this child's life? (Safety is when strengths are demonstrated as protection over time).
- What is the identified harm or potential harm (danger) to the child? Separate the issues e.g. DV, drug misuse, emotional abuse, mental health difficulties;
- Has there been sufficient professional curiosity with consideration given to all potential risks from any member of the family, in addition to the presenting issue/s.
- In order to predict the likelihood (risk) of future harm or change, an analysis of what has been happening in the past and what is happening in the present needs to occur;
- To judge 'significance' consider: What is the duration? How long has this been going on for? How frequently is it happening/has is happened? What is the context in which this happens/has happened? How serious is/was the incident/s or situation? Low, moderate, high;
- If the child has been harmed or at risk of harm, what is the harm attributable to? (a) the parenting/parents behaviour (b) the family environment (c) the child is beyond parental control;
- What has been or will be the impact on the child's health and wellbeing in the immediate, medium and long term?
- If there a number of concerns, is there a correlation, how do they compound each other?
- How have the parents responded to the concerns that have been raised? *E.g. Have they shown insight into the concerns? Do they recognise why there is a concern? Do they agree? Do they accept responsibility for it? Have they been able to offer alternatives?* How able are the parents/carers to manage the risk factors themselves?
- What is the level of engagement from the parents? E.g. How have they behaved & what is their level of co-operation or resistance? When considering the parents behaviour, is there a genuine commitment to change, compliance with requirements, disguised compliance and/or overt non-engagement;
- Has professional intervention thus far made any difference? Has anything changed in relation to (1) the child's experience (2) the parenting being given. What is it? If nothing has changed yet;
- What is parent's ability & motivation (capacity) to change, what is the likelihood of change in the future? How quickly is that change likely to occur and is this soon enough for the child?

- If change has been achieved in the present what is the likelihood of change being sustained when professionals are not present? *Being clear about what level of engagement helps to predict this. If there is genuine commitment, the likelihood of maintenance is higher than if you only have compliant behaviour;*
- What might be triggers for relapse? If some change has been achieved in the present, what might cause the situation to return as before? *E.g. The return of an abusive partner triggering a return to alcohol misuse;*
- What are the sources of evidence for this and how reliable are the information sources?
- What don't we know about this child & family, how crucial is this missing information, can a robust analysis be made without it?
- Once these issues have been weighed up, predict 'on a balance of probability' the likelihood of the concerns continuing or re-emerging in the future and what factors are likely to increase the risk of harm (danger)?

When new information comes to light or circumstances change the child's needs, any previous conclusions should be updated and critically reviewed to ensure that the child is not overlooked as noted in many lessons from Serious Case Reviews.

## 12. Next Steps and Outcomes

---

Every assessment should end with a clear set of outcomes and next steps for how to achieve the outcomes. Deciding if services are required and if so, which services and support to provide to deliver improved welfare for the child. The assessment should determine:

- Is this a Child in Need? (Section 17 Children Act 1989);
- Is there reasonable cause to suspect that this child is suffering, or is likely to suffer, Significant Harm? (Section 47 Children Act 1989);
- Is this a child in need of accommodation? (Section 20 or Section 31A Children Act 1989).

The possible outcomes of the assessment should be decided on by the social worker and their line manager, who should agree a plan of action setting out the services to be delivered how and by whom in discussion with the child and family and the professionals involved.

The outcomes may be as follows:

- No further action;
- Additional support which can be provided through universal services and single service provision; early help services;
- The development of a multi-agency child in need plan for the provision of child in need services to promote the child's health and development;
- Undertaking a Strategy Discussion/Meeting, to consider whether a Section 47 child protection enquiry is required;
- Emergency action to protect a child.

The conclusions of the assessment should be:

- Discussed with the child and family and provided to them in written form. Exceptions to this are where this might place a child at risk of harm or jeopardise an enquiry;
- Taking account of confidentiality, provided to professional referrers;
- Given in writing to agencies involved in providing services to the child with the action points, review dates and intended outcomes for the child stated.

## **13. Timescales**

---

### **Contact & Referral**

All children referred to Children's Social Care will come through the Children's Services MASH which is the single point of contact. The MASH will make a decision on all incoming contacts about whether or not the child requires an 'intensive' or 'specialist' service and pass a referral to the Assessment Service within 24 hours of receipt of the contact.

### **Allocation**

On receipt of a referral for assessment the Team Manager in the Assessment Service will review the case and allocate to a social worker, providing initial management direction and proposing the depth of assessment required. Allocation needs to take within 24 hours of the referral.

### **Visiting the child**

The child/ren and family should be visited as soon as possible, the timeliness of the first visit needs to be proportionate to the presenting needs and risk. Children should be visited no later than 5 days of the referral. If there are reasons why this has not been possible the reason must be clearly recorded. Where attempts to see the child have been frustrated by the family not engaging, the social worker will need to bring this to the attention of a manager, to review what the next step should be. There is no specified timing, or number of aborted visits that need to take place, this is a professional judgement and should be proportionate to the level of presenting concern.

### **Length of assessment**

The length and depth of the assessment, should be proportionate to the presenting needs. All assessments are initially allocated to be completed within 15 days. After this point the social worker and manager should review and extend if required. The maximum time frame for the assessment to conclude, such that it is possible to reach a decision on next steps, should be no longer than 45 working days from the point of Referral. If, in discussion with a child and their family and other professionals, an assessment exceeds 45 working days, the social worker and professionals involved should record the reasons for exceeding the time limit.

## 14. Pre-birth 'Good Practice Steps'

---

In a High Court judgment (Nottingham City Council v LW & Ors [2016] EWHC 11(Fam) (19 February 2016)) Keehan J set out five points of basic and fundamental good practice steps with respect to public law proceedings regarding pre-birth and newly born children and particularly where Children's Services are aware at a relatively early stage of the pregnancy.

In respect of assessment, these were:

- A risk assessment of the parent(s) should 'commence immediately upon the social workers being made aware of the mother's pregnancy';
- Any assessment should be completed at least 4 weeks before the mother's expected delivery date;
- The assessment should be updated to take into account relevant events pre - and post-delivery where these events could affect an initial conclusion in respect of risk and care planning of the child;
- The assessment should be disclosed upon initial completion to the parents and, if instructed, to their solicitor to give them the opportunity to challenge the Care Plan and risk assessment.

(See [Care and Supervision Proceedings and the Public Law Outline Procedure, Pre-Birth Planning and Proceedings](#)).

## 15. Regular Review

---

The assessment plan must set out timescales for the actions to be met and stages of the assessment to progress, which should include regular points to review the assessment. The work with the child and family should ensure that the agreed points are achieved through regular reviews. Where delays or obstacles occur these must be acted on and the assessment plan must be reviewed if any circumstances change for the child.

The social worker's line manager must review the assessment plan regularly with the social worker and ensure that actions such as those below have been met:

- There has been direct communication with the child alone and their views and wishes have been recorded and taken into account when providing services;
- All the children in the household have been seen and their needs considered;
- The child's home address has been visited and the child's bedroom has been seen;
- The parents have been seen and their views and wishes have been recorded and taken into account;
- Information from relevant professionals, including mental health services, has been received with sufficient time ahead of assessment deadlines.
- If multi-agency information that was requested has not been received, this should be escalated with the support of the manager
- The analysis and evaluation has been completed;

- The assessment provides clear evidence for decisions on what types of services are needed to provide good outcomes for the child and family.

A useful comment from 'Working Together to Safeguard Children' to bear in mind for all professionals when reviewing progress:

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

## 16. Assessing Family Abroad

---

An increasing number of cases involve families from abroad, necessitating assessment of family members in other countries. However, the Court of Appeal has pointed out that it might not be professional, permissible or lawful for a social worker to undertake an assessment in another jurisdiction. **CFAB** advise that enquiries should be made as to whether the assessment can be undertaken by the authorities in the overseas jurisdiction. UK social workers should not routinely travel overseas to undertake assessments in countries where they have no knowledge of legislative frameworks, cultural expectations or resources available to a child placed there.

See also: **Working with foreign authorities: child protection cases and care orders Departmental advice for local authorities, social workers, service managers and children's services lawyers (July 2014)**.

## 17. Contextual Safeguarding

---

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online.

These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation.

Assessments of children in such cases should consider whether wider environmental factors are undermining effective intervention being undertaken to reduce risk with the child and family. Parents and carers have little influence over the contexts in which the abuse takes place and the young person's experiences of this extra-familial abuse can undermine parent-child relationships.

Where this is the case, the social worker should:

- Refer the child's circumstances to relevant Multi-Agency work which addresses the concerns and risks in the neighbourhood or local authority;
- Identify the issues with their line-manager with a view to the local authority establishing a multi-agency intervention programme to meet community needs; or

- In specific circumstances, through their line-manager, seek to convene a Child in Need strategy/planning meeting with relevant partner agencies (e.g. school, police, relevant voluntary bodies, etc.) to explore specific interventions to address the safeguarding issues.

Within this context, children who may be alleged perpetrators should also be assessed to understand the impact of contextual issues on their safety and welfare.

Assessments of children in such cases should consider the individual needs and vulnerabilities of each child. They should look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children safe and assess potential risk to the child.

These interventions should focus on addressing both child and family and these wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to local authority Children's Social Care.

## **18. Signing off the assessment**

---

Managers should carefully consider signing off assessments where there is significant multi-agency information missing. Where information has been requested and has not been received, this should be clearly recorded, along with the steps taken to escalate this, to whom and the date this was done.

Where information is outstanding but the manager feels that the report can still be signed off, a rationale should be included, such as information was received verbally, through another source, where agencies have not worked with the family for a period of time etc.