

# **Bar nsley**

# **Assessment**

# **Framework**



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## Introduction

The Barnsley Assessment Framework (BAF) aims to offer guidance and support to all practitioners working with children and families in Barnsley. The document is constructed to reflect the different needs of practitioners working with children and families in Barnsley and acknowledges that practitioners will use it differently depending on their level of experience and knowledge; their agency approach; the tier of intervention and complexity of assessment work being undertaken.

- **For staff undertaking single agency assessment**, it will offer support and guidance to assist this process – this includes staff who may be less familiar with assessment methods.
- **For agencies that are completing Early Help Assessments (EHA) of need**, it will provide some detailed advice, guidance and useful tools to enhance this intervention.
- **For some agencies**, it will be used to provide general guidance to support the specific and specialised Assessment tools that they provide to underpin their own interventions. It is not meant to replace or undermine any of those specific tools prescribed by agencies designed to support staff in their specialist work.
- **For staff in Children’s Social Care** who are tasked with specific and complex assessments of risk (Section 47 Children Act 1989) or high level need (Section 17 Children Action 1989), the model will apply broadly and specifically to their work as a mandated model of good practice.

The Framework aims to bring a consistent, methodical and robust approach to assessment practice within Barnsley. It sets out usable and systematic guidance, tools and processes which, when used, will assist practitioners at all levels, in all agencies, to approach the task of assessment with increased confidence and competence, whilst enhancing interventions and potential outcomes for children and families.

The framework should not be viewed as entirely prescriptive for any staff and it does not intend to take away professional judgement. It does support an approach based on structured professional judgement. It encourages practitioners to consider the use of evidenced based methods and some supporting tools to enhance intervention based on the individual circumstances of the child and family. These may focus on simple aids to plan the assessment work – useful at the beginning of any assessment; or using crib sheets to help practitioners to ask useful questions to gather information.

Use of the model should enhance assessment practice generally across Barnsley so that all assessment – at whatever tier of intervention - takes a systematic and consistent approach, and is of high quality. On this basis assessment work will be used to improve outcomes for children and families – because their needs are better understood and risk is identified and managed confidently from the earliest stage of intervention.

It’s use aims to ensure that children and families experience a seamless and coordinated service so that assessment work builds on the same principles across all tiers of intervention and the experience of children and families will be that the right help is put in place early, based on a good understanding of their needs and that when need become more complex and risk is identified responses are coordinated robustly and in a timely way building on previous assessment work.

Each element of the framework should be applied proportionately when the needs of children are being considered. It sets out those general processes that should be followed when undertaking assessments of both need and risk and, as such, underpins some core standard applied to assessment work generally and by which good practice is measured in the borough.



It reinforces the need to consider carefully how a child or parent's individual circumstances impacts on the assessment process and to plan effectively to ensure effective engagement in the assessment process. This will include highlighting aspects of diversity that must be taken into account when assessments are being planned including those families for whom cultural, complex health and disability needs must be taken into account if their needs are to be properly understood.

The framework deliberately avoids separating needs from risk. Risk is an element of all assessment; it does not stand alone. Children and young people's needs and emerging risks must be considered along a continuum. The framework draws upon research, theory and practice knowledge. It builds on legislation and statutory guidance set out in key national documents, including Children Act 1989/2004; Every Child Matters 2003; the conceptual model offered as part of the Framework of the Assessment of Need (2000); Munro Report (2011); and Working Together (2018).

Key aspects of the model aimed more specifically at those staff undertaking specific social care risk assessments are adapted from the [National Risk Framework](#) (Scottish Government, 2012); to provide a comprehensive and evidence based approach. It builds on Barnsley's Threshold's guidance and links to the Child in Need procedures.

## Context

### Working Together 2018

All agencies will have specific policy and procedures which are used to underpin their work with children and families and this document does not aim to replace these. However when agencies respond to the needs of children specific and statutory guidance is provided to ensure that they cooperate and coordinate their individual practice to ensure that Children's needs are met consistently and their welfare safeguarded.

**Working Together 2018** covers the statutory requirements and expectations of individual services to safeguard and promote the welfare of children. This comprehensive document provides the policy context for this local framework, and the principles and priorities that this current version of Working Together sets out are accepted as the basis of local working practices.

**All practitioners working with children and families should, therefore, be familiar with Working Together 2018 and this guide should be read in conjunction with that key document.**

For the purposes of this document, the following are the key components which form a robust approach to safeguarding children as set out in **Working Together (2018)**.

- **Early Help – effective safeguarding sits on a solid foundation of Early Help** – Early Help means providing support as soon as a problem emerges, at any point in a child's life. To be effective, Early Help depends on local agencies working together to identify those children who would benefit from early help; to undertake an assessment of the need for help and to provide targeted Early Help services to address the assessed needs of a child and their family, aiming to improve outcomes for the child.

**The BAF offers more specific guidance and support for practitioners who are delivering these Early Help services in Barnsley**



- **Safeguarding children** - the action we take to promote the welfare of children and protect them from harm – is everyone’s responsibility. Everyone who comes into contact with children and families has a role to play.

Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment
- preventing impairment of children’s health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes irrespective of their disability

Safeguarding children is everyone’s responsibility and demands a child centred approach. Effective safeguarding of children can only be achieved by putting children at the centre of the system and by every individual and agency playing their full part.

**The BAF will provide specific guidance and support to enhance safeguarding practice by offering a structured approach to assessment of need and risk with a section targeting to support those staff who are focused on these complex assessments including Section 47 and section 17 assessments as defined by the Children Act 1989.**

- **A Conceptual model should be used to support a systematic and robust approach to assessment work**

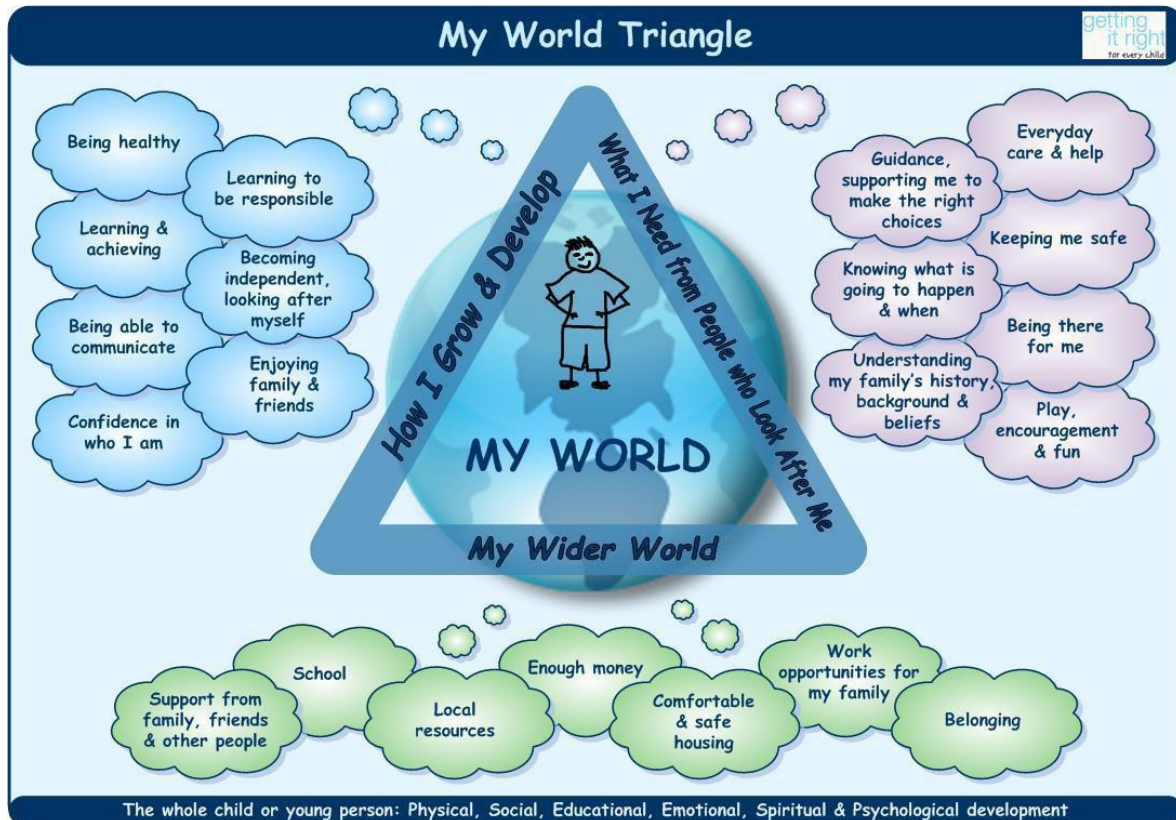
Assessments based on evidence based best practice principles are essential at all stages of intervention. This specifically applies to both Early Help and Social Care Assessment though taking this type of holistic approach will assist any agencies attempting to form a view about a child’s needs.

**The BAF provides a conceptual model based on understanding children by considering the interaction of three key aspects of a child’s life:**

- **The child’s developmental needs** and any additional needs, including whether they are suffering or likely to suffer significant harm. (**How the child grows and develops**)
- **Parents’ or carers’ ability to respond to those needs** and whether they have additional needs that may impact on their ability to respond to their child's needs. (**What the child needs from people who look after them**)
- **The impact and influence of wider family, community and environmental circumstances** (**The child’s wider world**).

## The underpinning conceptual model – My World Triangle

Within the BAF the three important aspects of the child’s world as set out in Working Together are adopted and defined within the following model ‘The My World Triangle’.



This conceptual model should sit at the heart of assessment practice generally when targeted at Early Help and Social Care Assessments and the need to focus on these key aspects of the child’s world underpin this practice framework – when assessing both need and risk.

For some children other specialist assessments will be used to specifically look at these aspects of the Child’s World. Where there is a child with a disability then a carer’s assessment should be considered to enhance the understanding of the child. Special effort may be needed to understand the child’s development to ensure the impact of any complex health needs is addressed within the assessment. The model will assist in doing this.

Some agencies will focus on the specific aspects of parenting that may be causing concern such as parental substance misuse, mental health, and domestic abuse, some agencies may apply their specific tools to understand how parental behaviour brings risk for the child for example the Police or Probation. These targeted and specialist assessment can be used to expand the understanding of the child’s needs. When needs are unmet or complex this will trigger consideration of how these may indicate risk now for the child or that risk is likely in the future if needs remain unmet now.

Using the conceptual model of the 'My World Triangle' allows the practitioner to consider systematically:

- how the child or young person is growing and developing
- what the child or young person needs from the people who look after him or her
- the impact on the child or young person's wider world of family, friends and community.

This will take place by:

- **Involving children and Families**

Involving children and parents in the assessment process will improve assessments, provide more focus to intervention and improve outcomes. How children and carers are involved and their views incorporated must be a key part of the assessment process. **Guidance to support engagement with children and families is a key part of this Assessment Framework.**

- **Working together with other agencies**

The framework requires assessment work to use the complementary skills, knowledge and abilities of all practitioners working with children and their families. This involves a whole family approach which recognises the important role of all agencies, including those who may not consider children as the focus of their core work, so that information sharing and collaboration are integral parts of assessment practice. **Guidance to support easy and robust information sharing is provided as part of this Assessment Framework.**

- **Applying evidence based practices based on research theory and practice experience**


Evidence based principles must underpin all practice interventions. This involves the application of structured professional thinking when analysing information gathered in relation to the child. Application of knowledge from research theory and practice experiences will provide the basis for such structure. **Some agencies will have their own evidence base and tools to support specialist assessment – this Assessment Framework can be used to encourage systematic use of these single agency tools and sets out those more general tools that are useful for all agencies and those more targeted at social care staff.**

## The principles and parameters of a good assessment

High quality assessments of children's needs :

- are child centred and focus on the best interests of the child
- are rooted in child development and informed by evidence
- are focused on action and outcomes for children
- are holistic in approach, addressing the child's needs within their family and wider community
- ensure equality of opportunity
- involve children and families throughout the assessment process
- build on strength as well as identifying difficulties
- clear identification of any disability or additional needs of child and carer
- are integrated in approach
- are a continuing process, not an event
- lead to action, including the provision and review of services
- are transparent and open to challenge





Any assessment of need must also be able to identify when unmet needs may indicate potential risk for the child. Given the complex nature of risk assessment, our practice should also take into account that:

- Work with children and young people and their family must be both **supportive** and **investigative** in approach. We must acknowledge that intrusion in people's lives is sometimes necessary to support improvement and change. Some agencies will have a legal mandate to intervene in children's lives - such as Social Care and Police, Probation, Youth offending - all agencies however will need their approach to be rigorous and if needed challenging when supporting best outcomes for children.
- Assessment needs to be comprehensive and ensure that it considers both past and present events systematically to identify future risks to the child or young person. Taking account of history will inform a better understanding of the present circumstances of the child and allow a clearer prediction of how their future needs may develop and also how a parent or carer is likely to respond to meet these needs in the future.
- When conducting an assessment of risk, this must take account of the wider needs of the child. This will assist agencies and families to better understand what may be triggering a specific crisis and will also help identify the strengths and resources a family has that can be drawn upon when intervention may be used to protect a child.
- Research provides evidence that parents who abuse/neglect their children are frequently struggling with a range of problems, such as poor mental health, learning difficulties, substance/alcohol misuse and domestic violence. Such difficulties may increase the potential for parents to fail to meet their children's needs and for children to be placed at risk of harm. A thorough assessment should take into account the strength/resilience factors, support networks and resources that a family has to draw upon to better identify the type of intervention necessary to ensure the child's needs are met and safety enhanced. Many agencies apply learning from research to provide templates for assessment in their own specialist areas. These may focus on specific factors in parental behaviour and how these impact on their parenting. Having applied these specialist assessments agencies should collaborate together to understand the wider picture of family life and how the child's needs can be enhanced and any risks managed.


**These elements will be increasingly relevant as a child's needs become more complex and apply to all assessments that social care will undertake.**

### **The relationship between need, risk and the concept of significant harm**

Irrespective of the type of assessment that is being undertaken or whatever tier that it is being carried out to inform services to a child and its family it is important to understand the relationship between need, risk and significant harm. These are all terms that are frequently used when describing a child's circumstances and are often the focus of assessment work which usually aims to understand whether the child has needs to be met or is at risk of harm.

Social care assessments will focus on identifying complex needs and how these create danger for the child – understanding when this danger becomes specifically harmful to the child and if this harm is significant now or will become harmful in the future.





However it will help all practitioners to understand the terminology and explore the concepts of need, risk and significant harm since they are all so closely connected. This will assist assessment work at any tier of intervention.

## Need

At all stages of a child's/young person's life, they will have identified needs. Most children will have these met routinely by parents, carers and universal services. They will never come into contact with more targeted or specialist services or many will be able to have simple needs met by a single agency's support.

Some children however may be identified as having a range of additional needs – this will include some children who have complex health needs, an Education, Care and Health plan, life limiting illness or disabilities, that will need to have careful coordination and supportive services. Some of these needs will be clearly defined at birth whilst others emerge as children grow and develop.

Other children will have additional needs that are based on parental disadvantage or problems that may impact on their general parenting capacity and which require support to ensure that children are not themselves disadvantaged.

Assessment of need is an integral part of any attempt to understand and respond to children who have additional needs and assist planning to respond. This includes offering Early Help as set out in Working Together 2018 which builds on the Common Assessment Framework which had introduced the notion of offering help to children with additional needs. These principles now underpin the principle of an Early Help offer. More detail about EHA and how to complete these is set out later in Chapter 3 of this Framework.

Whilst used to support children in the earliest stages of intervention, practitioners undertaking EHA may have concerns that the level of unmet need is such that risk of harm is evidenced now or likely in the future. When a child's needs are unmet, partially met, or inappropriately met, risks may arise. Most risk is not static, but can change over time dependent on the interaction of a whole range of different factors and may require different interventions at different stages to ensure a child's safety and wellbeing.

Within the context of any assessment of need, the child's need to be safe should always be the priority. For this reason, an assessment of need and risk builds upon the same practice base and will benefit from the application of the BAF and the conceptual model it adopts. This will help all practitioners to identify those children for whom Early Help is insufficient to address their needs and the assessment may form the basis of a Request for Service being made to Children's Social Care. Support to practitioners in understanding the threshold to Social Care service is available in the '**Thresholds for Intervention**'.

Social care intervention will target those children whose needs are sufficiently complex as to define the child as a **Child in Need** formally in the definition under Section 17 Children Act 1989 and for most of these children careful consideration of how the level of unmet need may be creating danger or potential danger will be a key element of the assessment.



Social Care intervention will be carried out using a Children and Young Person Assessment (Child in Need/Section 17) which can then be used to:

- prompt the need for an Early Help support plan if this is not in place
- identify particularly vulnerable children (Child in Need) who require intervention led by a social worker using a Child in Need plan.
- identify specific dangers that suggest that the child is suffering or likely to suffer significant harm and prompt a Child Protection investigation (section 47).
- offer reassurance that the child has no additional needs and no further action is required.

Many of the tools that are set out in the Framework aim to help practitioners gather a wide range of good quality information to use when carrying out an Assessment. It also provides a means to understand how this should be analysed and so can help to check if unmet need is creating potential risk for the child.

For this reason the BAF can assist staff whose primary focus may be Assessment of Need – both at the stage of Early Help and those more complex Child in Need assessments as defined by Section 17 Children Act 1989.

## Risk

Risk is a natural part of everyday life. Some risk may be deemed acceptable or may be reduced by parents or carers or through the early intervention of universal services. At other times, a number of services may need to respond together as part of coordinated intervention. Only when risks cause or are likely to cause significant harm to a child would a response under child protection (Section 47) be required. **This means that risks identified will have become a specific threat or danger to the child's wellbeing.** Where a child has already been exposed to actual harm, assessment will mean looking at the extent to which they are at risk of repeated harm and the potential effects of continued exposure over time.

Essentially, in situations where a child/young person's core needs are not appropriately met, irrespective of the intent of the parent, there is a potential risk that this will pose danger to the child/young person's future wellbeing. This may be risk from an immediate danger, such as physical abuse or via the chronic accumulative impact of neglect. The impact on the child may be both short term and long term and judgements will be necessary about the likelihood of future harm.

Evidence of risk factors in a Child's World does not necessarily mean that the child will be harmed - it is when these factors are translated into **dangers** and are judged to impact on the child that harm becomes either a current or a future factor for the child. Strength factors may be identified, including resilience in the Child's World, which significantly reduce or mitigates against the risks/dangers. This may reduce the likelihood of harm and influence decision making and planning.

All formal risk assessments (section 47) will be led and coordinated by a Local Authority Social Worker, however being aware of, recognising and making judgments about how risk is relevant for children is not the exclusive responsibility of Social Care staff.

A coordinated, robust and confident approach to risk management will sit at the heart of positive and effective multi- agency approach to help; support and protect children. The Police, health professionals, teachers and other relevant professionals are all responsible for supporting the Local Authority in exercising its responsibly in respect of assessing risk as set out in Working Together 2018.



Making judgements about this complicated balance of need /risk/ vulnerability and resilience is a key part of any assessment and the tools provided as part of the BAF are aimed at assisting this process. Even though some of this may be specifically targeted at Children Social Care staff they form useful additional knowledge for all staff working with Children and will enhance the contribution they can make to improving outcomes and participating in plans.

### Dimensions of risk assessment

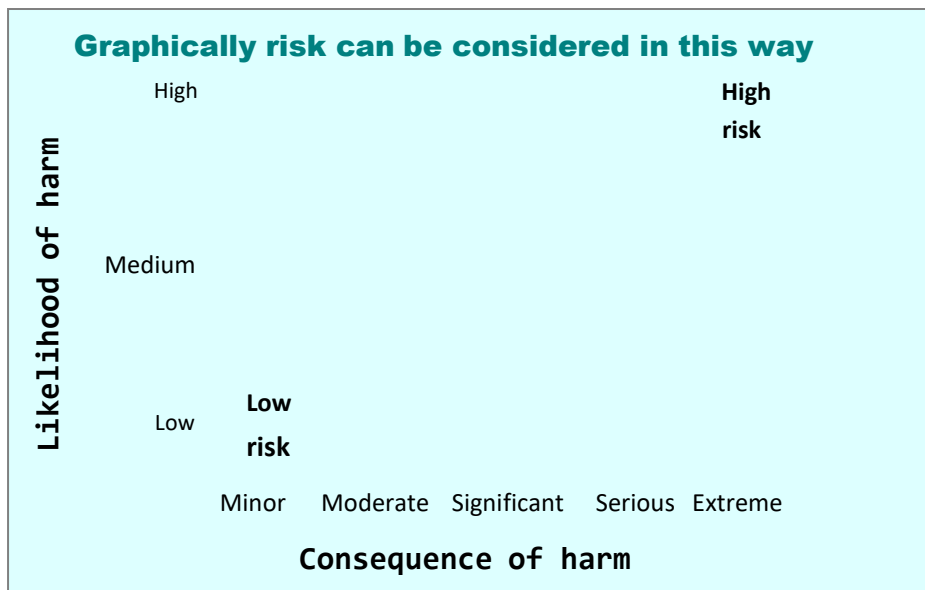
It is generally accepted that there are two dimensions to risk assessment:

- likelihood of an event occurring
- severity of impact if the event was to occur

Event likely to happen Impact would not be severe	Event likely to happen Impact would be severe
Event not likely to happen Impact would not be severe	Event not likely to happen Impact would be severe


A grid can be used to demonstrate how these two dimensions combine to produce a determination of level of risk.

Clearly, the task is much more complex than the grid and associated Graph suggests but it does help us to remember in a simple form the importance of assessing both dimensions.



When a request for social care intervention is made their assessment work will become more clearly focused on risk as a consequence of unmet need. Whilst the process of assessment will remain unchanged; risk assessment will become a defined element of this process.

The needs of the child must not however be lost and the holistic approach to understanding the child's needs in line with the 'My World Triangle' will be used to form judgments and to evidence the



specific risk that is emerging to inform planning. Any risk assessment must therefore also consider a child's needs to provide an holistic response to the underlying cause for concern.

## Significant harm

The term **significant harm** is used specifically to assist decision making in those cases being led by Children's Social Care. This concept is essential to define the threshold for intervention within a formal Child Protection framework (section 47) and when making applications to court for power to intervene within a legal framework.

This high level intervention will mean that children's social care staff will be acting to coordinate formal plans and lead any assessment work that is necessary to underpin them. It remains necessary; however, for all agencies' staff to understand how Significant Harm is defined if they are to support these plans and brings their specialist skills to bear within the assessment and planning processes.

Agencies may be asked to use their own specialist assessment tools to specifically assist in understanding the child's circumstances and enhance the quality of the assessment of the child's needs and how the plan should be implemented. These agencies may use their specialist skills as part of the Core Group or even to present expert evidence to court within legal proceedings. A shared understanding of Significant Harm will therefore enhance the way that help to children is delivered and outcomes achieved. It should also reduce any areas of disagreement that may hinder effective interagency working.

The definition of 'significant harm' is set out in 'Section 47 Children act 1989' as follows:

- **HARM:** ill treatment or impairment of health or development where health means mental or physical health and development means social, emotional, physical, behavioural
- **SIGNIFICANT:** means that it is considerable and noteworthy, ie that it is likely to have serious or lasting effects.


In 2004, this definition of harm was broadened to include the impairment of a child's development as a result of witnessing the ill treatment of another person, for example in circumstances of domestic violence

There is no simple definition of the degree of concern or level of risk that defines this threshold; this is a matter for collective professional judgement, dependent upon identified current and historical circumstances. However, the following elements should be considered when reaching judgements as to the likelihood of future significant harm:

- the seriousness of the abuse, particularly in terms of harm to the child
- the likely level of risk to the future safety and welfare of the child
- the degree of professional confidence in the information that either the abuse has occurred and is likely to be repeated, or that the child is at risk of harm

To understand and identify significant harm, it is necessary to consider:

- the nature of the actual/likely harm in terms of abuse or failure to provide adequate care and protection
- the impact on/potential consequences for the child's health and development the child's development within the context of their family and wider environment

- 
- any special individual needs, such as a medical condition, communication difficulty or disability that may affect the child's development or vulnerability and care within the family
  - the capacity of the parents or carers to adequately meet the child's needs, including their need to be safe
  - the wider familial and environmental context

There may be risks and strengths that are identified across the 'Child's World' that must be better understood to assist identification of harm and to make judgements about whether this harm is significant now or will become significant in the future.

The child's view and opinions are crucial to gaining an understanding of the significance of actual or potential harm. If children do not feel safe, arrangements should always be in place to provide them with opportunity to say so; many vulnerable children may not always be able to communicate this directly or articulate this clearly. Questions about the child's experience and considering events from the perspective of the child should always be part of any assessment.

**Asking 'what is life like for this child' will be useful starting point for any assessment and 'what can I do to help' will be the next step for any professional.**

This child focus will form a sound basis on which to start to make professional judgements to improve outcomes for the child.

## **Making good judgements**

It is clear that making judgements to identify unmet need and to predict harm is not easy. It is necessary, therefore, to introduce structure to increase the consistency and provide a framework for these important decisions. The application of a framework allows information about the child to be analysed systematically, improves the confidence of professionals to assess need and risk, and allows more consistency in decision making.

It is important alongside this to accept that assessment is fallible. Any assessment work must include critical review, reflection and challenge to promote safe practice. It is important to test and revise hypotheses to validate information from a range of sources and to be able to change your mind. This ability to critically reflect must be built into supervision practice to embed challenge and review into assessment work. This rigour will strengthen assessment practice. Careful management oversight including effective challenge will all strengthen and support this process across all agencies.

Any assessment at any tier will require judgments to be made – sound and robust assessment work will enhance the quality of judgments that are made, making them more consistent and able to stand up to scrutiny and challenge.

These judgements will be used to inform the outcome of the assessments. They will answer questions including:

- 'What is life like for this Child?'
- 'How can I help the Child?'
- 'What type of help is needed and at which tier should this be offered?'
- 'Is the plan effective?'
- 'Should Help be stepped up or stepped down between tiers?'



**The aim will be to ensure the right help is targeted at the correct children at the earliest time so that help is effective in improving outcomes for children.**

There are many possible barriers to making good judgements. These include lack of experience; insufficient knowledge of theoretical frameworks and legal powers/duties, lack of understanding of procedures, capacity and workload issues, organisational contexts, poor quality or inconsistent supervision and management oversight and personal issues around confidence or feeling overwhelmed.

There are also personal values which may influence decision making and which may lead to over-optimism or create barriers to offering help.

The following factors can assist in the forming of well-reasoned judgements. If integrated into practice, these principles will raise the quality of judgements and leave them less exposed to challenge and should mean that the help that is being offered is effective:

- Demonstrate proper reasoning – the decision and the rationale that underpins it are important.
- Take account of all relevant factors – do not work in isolation or be blinkered in your approach
- Give each factor appropriate weight – be able to explain why you have emphasised one or the other
- Consider all the options or alternatives – evidence how you have reflected on the options and what has informed the conclusion that you have come to.
- Keep an open mind until it is appropriate to close it – be prepared to change your mind and be challenge. Make best use of the challenge and reflection that is provided within supervision.
- Know and act in accordance with the law and the policy and procedures of your organisation – these are usually based on good practice principles
- Consider any relevant guidance that you have used or specific tools
- Consult appropriately – demonstrate the range of opinions including expertise or specialist skills that you have used
- Acknowledge lack of information or expertise and its impact – what are the gaps that you have encountered and how does this affect your judgment?
- If the position is provisional, identify what is required to make final – what else do you need to do?
- Ensure that you have recorded the work that underpins your judgment using any defined templates that you are provided with by your agency

Any judgement will be strengthened by using guidance - this will enhance confidence and bring consistency – this is why most agencies already provide staff with procedures and specialist guidance to support their practice.

All agencies must adhere to their practice guidance, use their internal processes and specific tools to enhance and support their intervention with children and families. As stated above; this intervention may be specifically targeted at specific aspects of the child's world not directly at the child – for example working with the adults in the child's family or providing resources to support them in their environment such as Housing services.

The BAF intends to support professional practice by providing additional good practice guidance and resources to assist assessment work at all tiers so that we can be confident that children in Barnsley have the correct services in place to respond to their identified need and that judgements made are robust and responsive to these needs.



## How to use the framework

The purpose in producing this local Assessment Framework is to enhance support to practitioners who may lead or contribute to assessments of children and families at any tier. This will sit alongside individual agency guidance and may be used to provide general assistance in assessment practice that can be applied to support intervention. For those practitioners who are leading or contributing to an Early Help assessment there is specific guidance that should strengthen this practice and support consistency. For social care staff who are focused on complex Child in Need Assessments (section 17) or Child Protection investigations (section 47) at tier 3 or tier 4 there is specific and more detailed guidance that is mandated by the service to support this specialist work.

The result should be that practitioners can more easily navigate through the task of assessing need, to identify when unmet need indicates current or future likelihood of significant harm, and to inform meaningful and effective plans of intervention at any tier.

For some practitioners this will mean dipping in and out of the Framework – learning from the general information about good practice principles that the Framework endorses and using the more specific guidance relating to Early Help when involved in this type of work.

For those social care staff leading Tier 3 and Tier 4 assessments that are specifically being used to identify the most vulnerable children (Child in Need) or investigating Children who are at Risk (Child Protection) the model offers a specific approach to risk assessment which can be applied in practice.

If in any doubt about how and if this Assessment Framework is relevant to you and your agency please consult your agency lead for Early Help and Safeguarding for advice and assistance including any training implications that may come to light.





## Good practice in Assessment

### How can the framework be applied – will it help me and how?

The introduction sets out that Barnsley Assessment Framework (BAF) is designed to support assessment practice across all tiers and to be useful for all practitioners. How it is used will depend on the experience of the practitioner and the complexity of the assessment work that is being carried out.

For those agencies contributing to Child Protection risk assessments it will be particularly useful as it presents specific guidance related to analysis; for other practitioners it will provide more general practice guidance. This guidance can be applied to aspects of assessment work common to all tiers of intervention such as:

- Engagement with parents
- Engaging with children and remaining child focused
- Examples of probing questions

It also provides a systematic approach to assessment work which will be helpful for everyone. For these reasons all practitioners in Barnsley who come into contact with children – even if their role is primarily with parents, are likely to find some elements of the Framework valuable.

### Single agency assessment

Where single agencies begin to have worries about a child, but are not at the point of seeking additional service involvement, the framework can help practitioners work out whether the child's needs may be met within their own organisation or if there is a need for other agencies to be involved.

The good practice principles will apply and bring strength to the process even when agencies may apply their own specific assessment tools. It may be used alongside these single agency tools, processes and procedures to support an understanding of the Child's needs at this early stage.

The 4 stages of assessment endorsed by the Framework provide a useful stepped approach to support intervention and to confirm that the assessment is likely to bring about a well-informed single agency assessment informing a plan to help the child.

All stages of the assessment may be useful to apply, simply to reassure practitioners that they are taking a comprehensive and systematic approach to the assessment work. Using the Assessment Framework with reference to the '**Threshold for Intervention**' will assist in deciding what help is appropriate and at what tier.

The assessment can then be used to assist practitioners to:-

- Inform a single agency plan of intervention
- Evidence that a broader multi-agency approach will better help the child – trigger Early Help assessment



- Support a Children's Social Care Request for Service if a child's circumstances are assessed to be so concerning that Early Help is insufficient to bring about effective change.

### **Early Help Assessment (EHA)**

The BAF encompasses the need to support multi- agency Early Help across the Borough and dedicates a whole section to the specific challenges brought to practitioners contributing and leading these assessments.

An Early Help Assessment should be commenced when a child appears to have an additional need that cannot be met by a single agency. This may be prompted by a single agency assessment as set out above.

The '**Threshold for Intervention**' is designed to aid practitioners working with children across the range of services for children and young people. It will assist thinking about intervention to support children at the most appropriate tier.

The Early Help process and its associated tools assist practitioners in structuring their thinking and how to focus on a child's needs whilst taking a whole family approach. This is a significant aspect of working with children and families and forms the foundation of robust help at the earliest stage for children and families.

For this reason the BAF provides specific guidance and supportive tools for the EHA process. This includes the support available to practitioners carrying out and leading Early Help intervention at times when engagement may make this process challenging.

The BAF guidance with therefore:

- Assist agencies working together to complete an EHA
- Support Early Help Planning
- Assist in identifying plans that have become ineffective and to help presentation of issues at an Early Help Panel for additional help
- Support the quality of a referral made to Children Social Care

### **Social care threshold/screening**

When needs are identified that are not responding to Early Help, or when specific information emerges to suggest that a child may be suffering or likely to suffer significant harm, contact should be made with children's social care.

A referral should be made in a timely way in line with the Child in Need procedures. Applying the principles of the BAF will assist practitioners in making well evidenced referrals to Children's Social Care.

Once received by Children's Social Care the referral/information will be screened and evidence used to inform a response by the manager in line with the procedures.



A manager will always make a judgement based on information available to respond when a referral is made for social care intervention. This initial decision about intervention will apply specific screening questions to inform decisions about:

- whether the threshold for social care intervention has been confirmed
- the type and level of complexity of a social care assessment, including timescale, identification of any siblings or connected children that need to be assessed
- Are any other agencies better able to meet the child's needs

Whilst focused on the immediate presenting issues, even this early part of the process will involve a systematic assessment of available information and analysis, in line with the assessment model.

### **Social care assessment (Section 17/Section 47)**

The type of assessment and timescales will be based on the Initial screening completed in response to the Request for Service. An assessment may be conducted:

- Where Early Help services and a formal child in need assessment is indicated (Section 17)
- where a child may have complex needs and these require a formal child/young person assessment (Section 17 assessment)
- in response to an incident or accumulation of concern as part of a child protection investigation (Section 47 investigation)
- when a new concern/need is identified in respect of a child already receiving services from social care (child protection or Looked After child)
- when risks are being evaluated within court forums to make plans for permanency and rehabilitation.

Although specific templates and timescales may apply to these assessments the general principles of the Assessment Framework will apply and bring rigour to both the process and confidence to practitioners leading or contributing to the assessment work. Knowledge of the Framework will assist the social worker and those other agencies working together to understand the child's needs. Specifically in a social care assessment this is likely to include a clear focus on understanding and responding to risks that are identified as part of the assessment work.

### **A staged approach to assessment – general guidance**

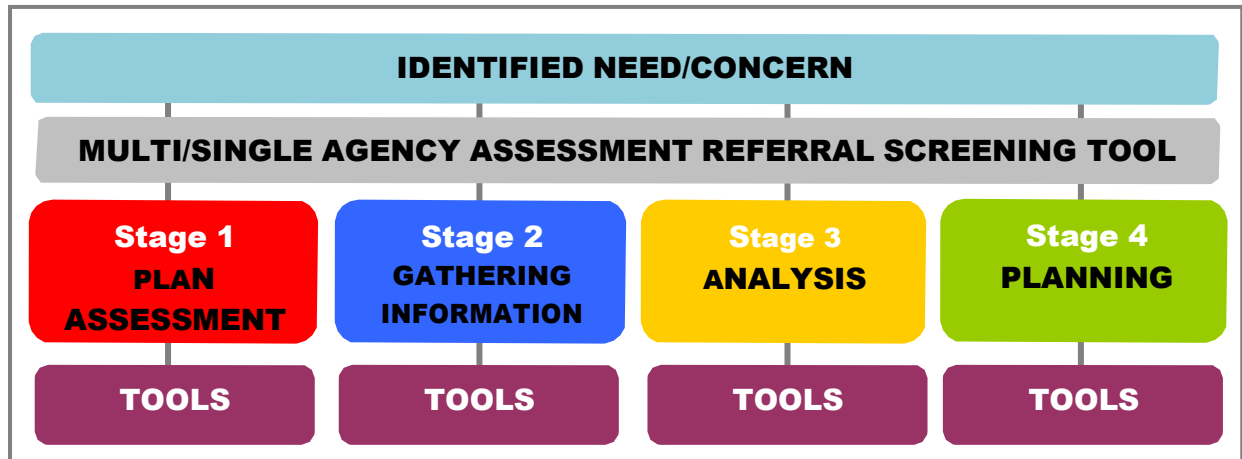
Given the complex nature of assessing need/risk, this framework supports a systematic approach to ensure that all aspects of the process are completed comprehensively. This sets out four useful stages to your assessment work and specific tasks that should be undertaken at each stage, with tools and guidance to support the practitioner. This type of staged approach underpins good practice in assessment work generally though should not detract practitioners from the demands of their own agency procedures and practice principles. It aims to enhance and support practice rather than dictate what must be done.

As need and risk can change over time and are dynamic in nature you may be required to move between each stage as information emerges and situations change. You must be prepared to update your assessment to ensure that plans are relevant, and to challenge opinions and judgements as information is analysed as the work progresses. This sort of challenge is an important part of any assessment work. Holding on to pre-conceived ideas about the child including overly optimistic views must always be tested as part of the process

The graphic below sets out the four stages of assessment and their activities.



Tools and resources are marked as **general** – those that can be used across agencies and others **specialist** and only those staff trained and mandated by their agency to use these specialist tools should apply them in assessments work. Seeing the tool may of course prompt any practitioner to ask for the specialist intervention that is needed to use the tool for the child that is being assessed. This will require agency referral pathways to be followed.



### Stage one: planning your assessment

Whenever an assessment is required, including at the earliest stage of intervention, it is essential to plan and document next steps. This will provide the basis for a systematic and detailed approach to establishing the facts about any situations. At this stage all practitioners should be open- minded, willing to listen, questioning, able to observe and consulting with others. Even the simplest assessment needs some basic planning and sitting down to think about who the assessment is about, any other children who are affected (such as siblings) and who may have useful information to help a broad perspective of the child’s circumstances will all help make the final assessment more robust. As the complexity of the assessment increases the need for this assessment planning and careful preparation becomes clear.

When carrying out a Section 47 Investigation and associated assessment – a formal investigation of risk this will always be led by a social worker and the planning stage of the assessment will be the Strategy Discussion. This involves formal planning between social care/ police and any other agency that can assist the process. The quality of information sharing between agencies will ensure that this plan is robust and responsive to the child’s circumstances. Specific requirements in relation to the Strategy Discussion are set out in Chapter 4.



At this planning stage you must:

- clarify the worry/need/risk that is being explored
- identify the child or children who should be assessed and the relevance of any specific characteristics that may need to be taken into account, including age, gender, cultural, health, communication method, disability, and developmental needs
- decide on the type of assessment that is required – single agency/early help/social care child in need assessment (Section 17)/child protection investigation (Section 47)
- plan the timeliness of your intervention (how long the assessment will take you to complete)
- identify key aspects of information that are missing and need to be established and how you will obtain this information
- agree who will contribute to your assessment from the child's wider world, including extended family and professionals who are involved
- identify whether the parent/carer has any specific characteristics that may need to be taken into account including age, gender, cultural, health, communication method, disability and developmental needs and how these will be addressed
- decide how you will involve the child and parent and record their views
- decide what, if any, tools you will apply to gather information or to support your analysis

## Stage two: gathering information

Any assessment will be based on information that is gathered during the process. The quality of that information will be critical to ensure that the outcome and recommendations are relevant and accurate. You will have thought about the information that is needed to use in the assessment when at the planning stage. The type of information necessary will relate to the specific issues that the assessment seeks to understand. Information gathering needs to be wide-ranging to ensure that there is sufficient breadth to the final analysis. A variety of sources such as child/family/professionals/case files should all be used to provide this range. The complexity of the task will likely increase as the assessments progress through the tiers of intervention – assessment will in this way usually build up over time and increasingly focus on how unmet need may be creating risk for a child. The amount of information needed to inform a single agency assessment may be much less complicated than that needed when completing a social care risk assessment for court. However the principles underpinning the process of information gathering, and the need for quality will not change.

### Aim of gathering Information

Information gathering is a dynamic incremental and ongoing process that builds throughout a period of intervention with the child and family. Gathering information allows the practitioner to identify and analyse need, validate existing information and record new information on a child and family. Gathering information is the foundation that supports analysis and planning actions and reviewing outcomes.

Information must be targeted and purposeful and will build on the areas identified in the assessment plan and focus on the Child's World, which will allow a full and holistic understanding of the child and their circumstances to be gained. The Child's World presents an ecological perspective and looks at the child and family within their broader social and environmental context. It assists practitioners to develop a picture of the inter-relationships between the child, their family and the community, their wider world.



The basic premise is that information will be gathered so that the child's needs, the parents' capacity to respond to these needs and the support available in the wider network, both formal and informal can be made clear and understood.

When gathering information, the worker must maintain an open mind, so that all facts are weighed up. Information is gathered to inform the building of a picture of what is and how it came to be, rather than to prove a view or a point. Sometimes information that seems not to fit the existing picture of the child is vital to prompt further exploration of what is actually happening for the child.

A key purpose to information gathering in assessment is to gain an understanding of the child and family's experience of daily life and identifying if the child needs help and how best to offer this.

### **Skills essential to Information gathering**

- An important way to gather information is to build effective relationships with children and families. The ability to engage with children and family members requires skills in communication and sometimes persistence. Practitioners need to be able to speak openly and honestly about any worries and this can feel uncomfortable but is necessary to be effective.
- Guard against over optimism – sometimes it's easy to see the best in a situation or to see things from an adult's perspective. Strengths do not ensure safety. Safety is ensured through appropriate change being demonstrated and sustained over time.
- Gathering information needs a systematic and challenging approach. This requires persistence and the ability to check out and confirm observations, access information from a range of sources – both formal and informal and distinguishing between fact and opinion.

### **Types of information**

When undertaking an assessment, a variety of information will be needed. This will include current and historical information, facts and opinions, child specific, and family based information. Effort to ensure that basic information about the child and other family members is correct is essential.

Factual personal, family, social, and community details, such as age, ethnicity, gender, address, relationships social and economic situations on networks are all crucial to an understanding of the child. Accurately recording all this information must form part of the information gathering process.

### **Sources of Information**

It is critical to gather information from multiple sources and to develop a full description of the life of the child from multiple perspectives. This assists with validating, clarifying or corroborating information, leading to more informed, comprehensive and accurate analysis and assessment.

Identifying sources of information should be a central part of your assessment plan. Key information sources should always be:

- **the child**  
Observing and interacting with the child in a way that is consistent with the child's age and stage of development and functioning is crucial to assess their presentation. Always try to engage with and speak to the child. If the child is preverbal, detailed information can be gained from observing the child, including their behaviour patterns and response or lack of response with each parent or caregiver, siblings and significant others.



### ■ family and extended family

Information direct from the family should assist in gaining a view of the child's daily experience. A detailed family history identifies patterns of behaviour and abuse, relationships, significant events and a deeper understanding of how the family functions. Practitioners should also observe the interactions in the family and be aware of the strengths and types of relationships between family members, which can sometimes affect the validity and accuracy of the information provided. Contact should be made with non-resident parents, unless their whereabouts are unknown or to do so would create unacceptable risk, with the aims of engaging them in the process and gathering and validating information. If a decision is made not to identify or engage a non-resident parent, the reason why this decision has been made must be clearly recorded. If, for example, there is a history of domestic abuse, any impact on the safety of family members must be accounted for in the assessment plan.

Constructing a chronology for the child can be an effective means to see patterns and understand family history. A chronology is not a list of everything that has happened in the child's life. Professional judgement must be used to construct an effective history of key events, which will allow events that are significant to understanding past events to become clear and be easily understood. Each child subject to a social care assessment must have a chronology started and maintained during intervention. The chronology is a means to summarise information that is contained in case records and provides an essential tool to make sense of sometimes extensive records in which, without a chronology, crucial indicators of harm or protective factors can be lost. The guide to constructing and using a chronology is contained in the assessment tool bank.

Eco-maps and genograms are additional ways to gather information whilst engaging families in this stage of the process. This visual representation of aspects of the Child's World can be effective prompts for discussion and to see clear patterns, including strengths and vulnerability in the wider world.

### ■ other agencies and significant others

When gathering information this may be available from other colleagues who either have a specialist role to play in the assessment or are already involved with the child or family. This may include a Social Worker; Paediatrician, and Safeguarding Unit, Professionals who are now or have been connected with the child.

All these professionals should be able to provide a range of information which will bring valuable and varied perspectives. Some may have a direct involvement with the child or sibling other may have a direct involvement with the parent. It should be possible to use this information to check out information from family sources, introduce expert thinking and test out views and opinions by using this broad range of perspectives. This may require the use of specialist assessments carried out by agencies working with some part of the family. For example an adult mental health worker or probation officer may carry out specific risk assessments that will be used to bring in these elements to understand the child's circumstances. This may be more likely when undertaking tier 3 assessments – though shouldn't be ruled out when completing Early Help assessments.

When working with families you must gain consent from parents and carers to seek information from other agencies; **unless this would increase the risk to the child**. Skills in engagement with parents and children to create and sustain useful and meaningful partnerships will be likely to enhance the information gathered.



## Stage three: analysis (what the information means for the child)

### What is analysis?

Whenever a practitioner is carrying out an assessment it will be necessary to form an opinion based on the information that has been gathered. This requires that information is analysed – and this is often the part of the assessment that will bring most challenge to the practitioner.

At its simplest analysis is an attempt to sift information gathered to gain a better overall understanding of what is, or may be, happening for the child, so that safe and robust decisions can be made about intervention.

Analysis critically draws on the information gathered and, as such, the quality of that information will impact on how analysis can be applied and conclusions reached.

The process of analysis involves **SIFTING/ WEIGHTING /MAKING SENSE** of information so that judgements can be made about the tier and type of intervention that may be necessary. This may include making a decision that an intervention can be ended.

While separated out here as a distinct stage of the assessment process, analysis is usually a dynamic process that is evident at all stages of working with children – the judgment to commence an assessment will be based on an analysis of information known at that time.

It begins when information is being gathered and will apply to even the very earliest judgments about intervention. Using evidence from information gathered and applying the same process of analysis will make even these early decisions more robust. Being able to identify the specific evidence which underpins decision making is a crucial aim of any analysis.

### Using tools to assist analysis

Tools can be usefully used to assist analysis of information. In the same way that resources and tools have been provided at the planning and information gathering stages of assessment, the BAF provides resources and tools which can be used to underpin analysis. This includes some simple guidance to help those undertaking simple assessments at the stage of Early Help to more specific tools to assist formal risk assessments. Some agencies themselves will provide specialist tools to underpin judgements – for example Probation, Police, Youth Offending, and Health agencies. Some of these will require specific training and skill to apply but can assist the wider assessment by bringing in specialist information. Some of these specialist tools will help agencies in their work with adults in the family. Whilst not specifically focused on the child, this information will clearly have a significant contribution to fully understanding the Child's World. This highlights the benefit of multi-agency working.

It is not possible or useful to offer a one size fits all tool that will make analysis easy for each child, as this would mean ignoring the importance of the individual circumstances for each child. It would also oversimplify the process.

Instead, the staged approach aims to underpin the simple message that a rigorous and systematic approach to analysis is necessary to gain a proper understanding of the information gathered. Some general tips in approaching analysis:

- Organise the information gathered – use the My World Triangle or other specialist agency tools to help you.
- Are there any gaps that are emerging?
- Try to look for patterns in the information – what do they tell you?
- What are the strengths that are evident – does the family have resources that are available to help?
- What are any worries, difficulties and concerns that are emerging?
- How do the strengths and difficulties balance against each other?
- Are you worried about some specific aspect of the child’s circumstances – why?
- Do you need support from a more experienced practitioner or supervisor to assist in making sense of the information?
- Challenge your own perspective – check this out with other colleagues and use supervision.

Analysis is a key aspect of assessment work. As assessments become more complex analysis will feature the need to understand information to inform case activity and this should include agencies working effectively together to achieve improvement for children. The importance of this work is such that specific guidance is necessary to assist practitioners who are collaborating. This work is usually structured as Early Help or when reaching the social care threshold, formal Child in Need or Child Protection intervention. The particular challenges these interventions bring will be the feature of specific sections in the BAF.

## Stage four: case planning

### Why plan?

A plan is a commitment to improve a situation. It makes sure that everyone, including the child or young person, understands what is expected, what is to be done, who will do it and when it will be done.

The key word here is **improve**, a plan should not only identify actions and activity, but also what improvements for the child or young person are intended and how they will be measured. A plan is a working document and should be easy to understand – it demonstrates a commitment from all those working together to support the child – both professional and family members.

There should be a plan whenever the complexity of a situation requires the coordinated efforts of family and professionals to work together to provide extra help or manage risk. This can include those circumstances when a single agency is working to support a child.

Having a written plan that sets out what help a child needs, how you will help and how you will know that you have made improvement can be very simple if issues are not complex. As circumstances become more complex the plan may be more detailed but in principle will be the same in the principles applied to its development and process of review.

- A plan is based on an understanding of the child and family, reached through an assessment. If the assessment is poor the plan is unlikely to be effective.
- A plan and its regular review will maintain a focus on improvement / outcomes so that if something is not working for the child/family it will be apparent and the potential for drift is minimised.

- A plan should be adjusted in light of changing circumstances – it should evolve until all areas for improvement highlighted in the assessment have been achieved.
- A plan should set out explicit expectations of everyone involved. It should be clear what needs to be done and by whom – both professional and family members.

Parents, carers and other significant adults should be fully involved in assessment and planning and be helped to understand what change is needed. Their strengths should be recognised and they should be appreciated for their achievements.

Children and young people should also be fully involved in assessment and planning in accordance with their age, understanding and stage of development. Their views should always be taken into account.

This general planning guidance is aimed at all practitioners who are constructing and leading plans. More specific and detailed guidance is provided in subsequent section to assist specific planning for Early Help, Children in Need and Children in Need of Protection.

### **Outcomes focused planning**

This guidance supports practitioners in a move away from needs-led thinking to more outcomes focused practice. It is aimed at the level of planning for individual children. The guidance aims to help practitioners develop a common understanding and language around outcomes for children.

The word ‘outcome’ is used in different ways. It is a word routinely used in the context of performance management and it is also part of day-to-day language, for example “...*what was the outcome of that referral?*” A response to the question would generally just elicit details of what decisions were made or actions taken. In relation to plans for children, there may well be examples where repeatedly actions have been fully implemented, but they may not have resulted in any **improvements** for the child.

Focusing just on actions means practitioners will have difficulty articulating and measuring outcomes for individual children. In addition, actions also tend to focus on actions by parents and not the **results** for the child.

### **Defining outcomes**

There are five broad ECM outcomes for children, which are:

- **Be healthy:** *children and young people have a healthy start in life, are physically and emotionally healthy, choose healthy lifestyles and are sexually health.*
- **Stay safe:** *children and young people are safe from maltreatment and neglect, from bullying and discrimination, and have security, stability and are cared for*
- **Enjoy and achieve:** *children and young people are ready for school and learning, achieve their potential in education, attend and enjoy school, behave positively in school, and enjoy their leisure time*



- **Make a positive contribution:** *children and young people behave positively out of school, and participate in their communities and in decision making*
- **Achieve economic wellbeing:** *children and young people engage in education, employment or training, go on to higher education, live in families that are free from poverty, and are ready for employment.*

Whilst these provide broad categories to understand outcomes that are what we want to work towards for every child, these broad outcomes need to be translated into specific and measurable outcomes at the level of planning for individual children.

### **Defining outcomes for individual children**

An outcome for a child subject to a plan is:

- *a positive change, involving an **improvement** in the child's wellbeing as a **result** of a planned intervention.*

Outcomes should be written in such a way as to state the **RESULT** for the child. Desired outcomes should be underpinned by the assessment, be detailed, specific to the child and be monitored and measured through the implementation and review of the child's plan.

To identify the wished-for outcomes from the assessment, the assessment needs to drill down past the descriptive narrative aided by the 'so what' question....so what does it mean for the child? What will HELP?

To help focus on outcomes ask yourself the question – **“how will the child be able to describe changes in their life?”**

### **Trying to understand outcomes**

Using an example of lighting a fire:

- **AN INPUT** – would be the actual gathering and lighting of the sticks and coal
- **AN OUTPUT** – would be the heat produced
- **AN OUTCOME** – is feeling the warmth

If we apply this to a child's plan –

**Lots of the tasks and actions we identify as necessary are inputs. There may be lots of measurable outputs, which are valuable and important, but unless we know that there has been a resultant improvement for the child, there is something missing.**

Some outputs seem self-evident and may be viewed as 'proxy outcomes' ie if there is a strongly proven relationship between one thing and another. For example, low levels of absenteeism might be a reasonably good proxy outcome for learning achievements on an aggregate basis, but may be a less accurate assumption for an individual child.

Children's plans will inevitably be a mixture of inputs, outputs and outcomes, but a shift to measurable outcomes will make plans more meaningful for children and young people. So, ask the question what does it mean to attend clinic weekly, to go to nursery every day, play in a fenced garden or stay with grandma every weekend?

## Early Help Assessment (EHA)

This section of the Barnsley Assessment Framework (BAF) provides additional support to practitioners undertaking an Early Help Assessment (EHA). Formerly known as a Common Assessment Framework Assessment – Early Help forms the foundation of supporting children in the Borough. Building on the general good practice principles within part two of the Framework this section is directed at the specific issues raised for practitioners who are leading or contributing to formal EHA.

### The importance of Early Help

Working Together 2018 sets out the need to establish Early Help provision in each Local Authority. It is established as a means to provide support to Children and Young people as soon as a problem emerges, at any point in their life, from foundation years through to the teenage years.

To be effective Early Help relies on local agencies working together to:

- Identify children and families who would benefit from Early Help
- Put the child and young person at the centre of work being undertaken
- Having a shared understanding of how to help across agencies
- Undertake an assessment of the need for Early Help which uses common tools and processes
- Provide targeted early help services to improve outcomes for children

Whilst any child may require help at some stage in their life, some life experiences, or particular issues that they face may make the need for Early Help more likely. Working Together suggests that practitioners should be particularly alert to the potential need for Early Help for a child who:

- Is disabled and has specific additional needs
- Is affected by minority issues
- Is affected by substance misuse
- Is living in poverty
- Are at points of transition – including transition to nursery, primary and secondary education\*
- Has special educational needs
- Is a young carer
- Is showing signs of engaging in anti-social or criminal behaviour
- Affected by substance misuse, adult mental health, domestic abuse
- Is showing the early signs of abuse and/or neglect

**Each agency should think about identifying their own triggers that can help them to decide when Early Help should be offered. This may include for example:**

- multiple missed health appointments \*
- teenage pregnancy
- multiple pregnancy
- potential homelessness

\*SCR : Child AB 2013 identified multiple missed health appointments and transitions between nursery and foundation year and primary to secondary education as significant indicators of vulnerability.



In addition Working Together 2018 points out that all professionals working in universal services have the responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and work together to provide children and young people with the help they need.

The BAF promotes a shared approach to assessment practice which has its foundation in EHA.

Successful Early Help provision will:

- Focus on the child's experience – we will ask 'What is life like for this child?'
- Be based on a whole family approach\*
- Be built on robust and good quality information sharing between and within agencies\*
- Focus on building solutions via effective partnerships and collaboration with children young people and their families
- Enables children and young people to get the right help at the right time – as soon as they first need it
- Be based on agencies working together to make things better for the child
- Expect each practitioner to ask themselves – 'what can I do to help?'

Early Help is based on the principle that all children will have the right help when they need it. This Early Help will be the best help for most children and only when this help can no longer meet the child's needs will targeted and specialist help be needed. In this way most children who come to the attention of targeted and specialist services will have already had offers of Early Help that has not been sufficient to bring change for the child in a reasonable timeframe to prevent their needs becoming more complex.

The EHA forms part of the BAF – it provides a solid foundation to the provision of service to children in the Barnsley and encompasses the more general good practice principles promoted by the wider model.

It is useful to see the EHA both as a stand-alone part of the wider approach to assessment work in Barnsley but also as the foundation to the more complex assessment work that may follow if Early Help does not address a child's needs and a statutory Child in Need Assessment or Child Protection Investigation is carried out.

**\*SCR Child AB 2013 identified the benefits of a whole family approach and the need to ensure that checks are undertaken to ascertain whether agencies are involved as part of this approach. The integrated toolkit helps to identify a list of agencies who should be contacted for information sharing.**

## What is an Early Help Assessment (EHA)?

Children and families may need support from a wide range of local agencies. Where a child and family would benefit from coordinated support from more than one agency there should always be cooperation from each agency that can help. An EHA should identify what help the child and family required to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989 carried out by Children's social care or needing other targeted intervention.

## Why collaborate?

Many agencies delivering services to children and families from universal services such as Health Visiting, GPs and schools to the most specialists, such as speech and language therapists or educational psychologists will have their own specific assessments to underpin their intervention. However when delivering integrated services to families there is a need for a common assessment process and some shared assessment tools to enable practitioners and families to talk to each other easily about needs worries and services in a way that everyone can understand.

Professional curiosity and the need to share and explore concerns with other professional has emerged from research and local serious case reviews as crucial to fully understanding a child's experience and to decide how best to intervene, at what tier and with what kind of help. Consulting with other professional in other agencies will offer a fuller picture of the child and family's world and also provide idea of ways to intervene to address emerging needs.

The Think Family Strategy, the Anti- poverty strategy, the Healthy Child programme, the Barnsley Challenge, the Children and Families Act 2014 all support Working Together 2018 in promoting integrated working as the most effective approach to supporting the many children in Barnsley who have additional needs. This sort of joined up approach will mean that each child has an opportunity to benefit from coordinated help from those agencies that have the most relevant services and skills. It also means that agencies will work together to pool their collective resources and share their expertise and knowledge to benefit the child when they first need help.

## Early Help principles

### All children, young people and their families receiving Early Help:

- are individuals and should be treated as such but with the whole family in mind
- have a potential that can be developed
- can be helped to identify their strengths and meet their needs
- have the right to appropriate levels of confidentiality
- have the right to be treated fairly and non-judgementally

### Engagement with children, young people and their families as part of Early Help:

- Should have a clear purpose and focus
- Should include professional curiosity and a willingness to engage directly with the child and their family
- Should be a two way process which actively engages the child/young person and their family
- Should be based on honesty, objectivity and building trust
- Should agree the assessment strategy and involve partnership working

### The EHA process should:

- Ensure that the child/young person and their family are comfortable and at ease as far as possible.

\*SCR Child AD 2014 identified the need for professional curiosity and information sharing particularly to gain a full picture of family life and who resides with the child.



- Establish an appropriate level of communication so that the child or young person and their family can understand the process and participate – this may need any additional communication tools if these are needed.
- Be based on a shared understanding of why the assessment has started – its aims and objectives.
- Be able to identify what life is like for the child – what is important for the child/young person and their family and what they want to happen from the assessment.
- Be clear about confidentiality and how this may be limit what and when information will be shared
- Be based on respectful challenge and reflective thinking
- Should include collaboration including information sharing to ensure there is a broad approach and understanding of the child and families circumstances

### When should I start an Early Help Assessment (EHA)?

Early Help by definition should start at the earliest indication that a child needs help. This could be the day a pregnancy is confirmed when there are factors in the mother or partner's own history or features in their relationship and environment that suggest that support to the unborn baby is needed. Alternatively it may be at any later stage of a child's life as soon as additional needs emerge. These may be at the time of a crisis such as parental separation, a bereavement, major transition, a health related change – anything that brings a change to the child's needs.

**Practitioners should not assume that someone else will take the initiative or that someone else is better placed than them to do the work. The key is to ask questions such as:**

- Does the child need help?
- How will the child's life be made better?
- How can I help?
- Who else can help?
- What do parents and the child think?
- Are there triggers to identify potential vulnerability such as:
  - missed health appointments
  - education transitions
  - domestic abuse
  - missing from home incidents
  - poverty
  - enduring health issues
  - substance misuse

Some practitioners may be worried that they do not have the skills needed to carry out an EHA. It may be seen as an additional burden when dealing with a busy caseload of work. It may seem a complicated and time consuming process. All evidence actually states that dealing with worries about children early is likely to save time as opposed to delaying putting help in place. Carrying out an EHA and leading a plan should be seen as part of every practitioner's role.

**The whole idea of Early Help is to get this in place as soon as possible - when the problems are still relatively straightforward to address. Doing the work early will save time in the future – there is no doubt about this.**

- Early conversations with parents will be easier and less challenging than leaving it until your worries have increased
- The longer you wait to offer help the longer the child will be affected by the problems they are experiencing
- Early help prevents a child being affected by the factors that are creating worries

## Help and support to Early Help

Specific training to support practitioners is available for all professionals working with Children and Families from the Safeguarding training section.

All practitioners should be able to access specialised advice from a supervisor or agency lead to help them when considering the need for formal Early Help.

Assistance that is available within agencies and in shared resources including expert help and training must be taken up by anyone in any doubt.

**NO professional should delay offering help on the basis of their own lack of confidence experience or expertise.**

**This section of the BAF can be used as a guide to Early Help. It is not intended to replace direct conversations with more experienced practitioners or training but as a means to supplement this.**

## Undertaking an Early Help Assessment (EHA)

**An EHA is undertaken by any service identifying additional needs in a child or family which cannot be met by that service alone**

All children and young people are different and have different needs. Similarly each family's ability to respond to and meet those needs will differ. In most cases an early assessment would be focused on identifying a family's strengths and ability to meet the needs of their children and any gaps which might need additional support from services. However safeguarding children is a key aspect of all services' interactions with families and practitioners should be alert even at the earliest stages of intervention to any emerging risks which might impact on the child's welfare and which are beyond an early help approach.

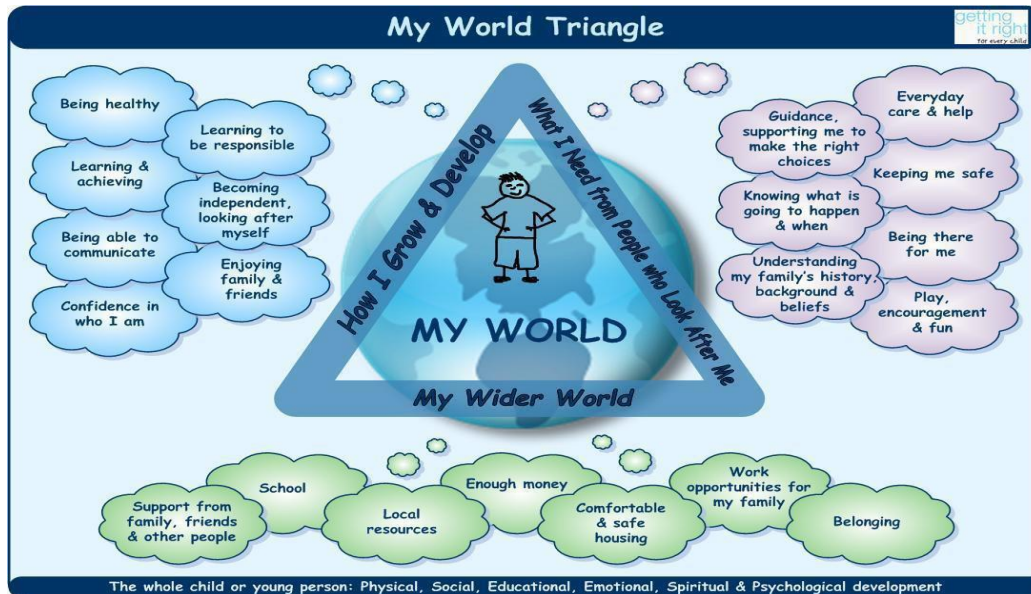
**Effective information sharing and assessment processes are fundamental to ensuring improved outcomes for children and families.** Embedding these processes will support practitioners in providing an integrated response to children and families who require additional help and support. In the BAF will help to support the Early Help process. This aims to identify those children and families who require early help, provides formats and guidance for undertaking assessment to clarify the help that is needed and to plan and review if that help is making a difference to the child.

Early Help is not just about offering help and support when children are young it is also about intervening early when families with older children start to experience difficulties as a result of life-changes, unexpected events or the challenges that parenting can bring at any point in a child's development.



The use of the EHA as a starting point for the early help offer is linked to **‘Threshold for Intervention’**.

It uses the conceptual model in the ‘My World Triangle’ as set out in here to consider the child’s needs in a holistic sense as part of it experience within its family network and a wider community. This conceptual model runs as a shared theme through Assessment work in the Borough at all tiers.



The My World triangle assists practitioners in considering those aspects of the child's life which might be beyond the scope of their usual single agency assessment. It is important that all practitioners working within universal, targeted or specialist services are familiar with this conceptual model and its processes as it should both be useful to them as part of their regular work with families. It will also support their contribution to more complex risk assessments should these become necessary. It puts the child at the heart of assessment practice.

**Barnsley’s Threshold for Intervention** envisages a service for children and families that is seamless and EHA may provide the foundation for more complex assessments including making Requests for Services from Children Social Care and more complex social care assessment of high level need and risk.

As set out in the general good practice principles in part two of the BAF, **The My World Triangle** supports a systematic and robust approach to integrated assessment work. This builds on a single agency approach which might only focus on one side of the triangle or indeed one element of one side for example for those practitioners working primarily with parents. It provides an opportunity to broaden the assessment parameters to develop an overview of the child’s experience in the context of family life within a community and may as a minimum allow more specialist practitioners evaluate the impact of their specific knowledge and what this means for the child. This sharing of information and bringing together understanding across agencies is the benefit of a common approach to EHA.



## Using the My World Triangle

Each side of the triangle focuses on a different aspect of the child's life and experience and provides the basis for a broad and holistic assessment of the family.

- **Side One – The Child** - gaining an understanding of their developmental needs: **How the child grows and develops.**
- **Side Two - Parents' or carers** – gaining an understanding of how they are able to respond to the child's needs including the things they do well and any things that make it harder : **What the child needs from people who look after them**
- **Side Three – Family and community resources** – understanding how these wider environmental factors may get in the way or strengthen the child's circumstances: **The child's wider world**

The triangle helps set out the key areas that need to be explored to help you understand more about the child's circumstances. Practitioners will use the triangle to help them think about the child or young person's whole needs including risks.

It is a really useful aide to gather information from other sources – including from other specialist agencies so that strengths and pressures for the child can be identified. This could include information from a specialist health worker to understand a health issue for the child or a worker providing support to a parent for a specific issue they have such as mental health or domestic abuse. Following the triangle will help the practitioner to gain an understanding of the child's world and form a better idea of how best to respond to the needs that are causing worries.

The point of the EHA is to assist you in determining the type of HELP that is needed to respond to the needs identified.

## What do children need to get the best outcome?

The My World triangle sets out an easy way of understanding what a child needs to achieve the positive outcomes that they need. It uses language that is accessible to everyone – including parents and children themselves. Exploring the issues with parents and children can provide useful way to start the conversation about Early Help. Identifying gaps in the triangle by information sharing and exploring family and child perspectives will assist in the process of understanding what response is required to strengthen the child's world.

Ensuring that you understand the wider family circumstances is a key element to being able to identify underlying issues that may not be immediately evident by looking at the child in isolation. Presenting behaviour may be symptomatic of other features of family life that are impacting on the child. The My World Triangle offers a systematic way to view the child and their family in the wider context of family life and the environment and network that supports them.

Information sharing and gathering views across agencies who provide services across the range of a family's needs will allow you to complete an holistic assessment that goes beyond presenting issues.





**How I grow and develop – understanding the child**





**What I need from parents and carers – the things a parent or carer has to do**





**The Child's wider world – the impact of the wider factors on the child**







## Applying a staged approach to Early Help Assessment (EHA)

All of the basic principles of the BAF can be applied to an EHA to strengthen the quality of the assessment work and judgements it informs whilst bringing confidence to practitioners in carrying out the task.

### Stage 1 - Planning your assessment

The first part of planning an EHA is to correctly identify those children who should be targeted. You will then undertake the specific planning of work that is needed to complete a good quality assessment.

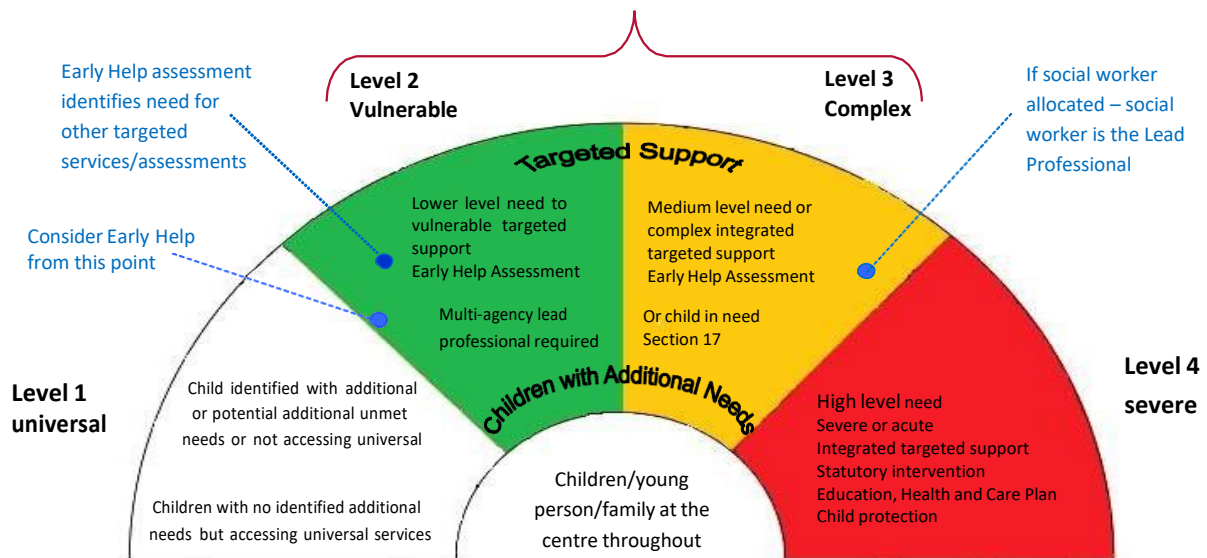
The **Windscreen model** below identifies the point at which a practitioner may start to consider commencing an assessment as part of an early help offer. **‘Threshold for Intervention’** provides further details of the levels of need at which assessment would be considered.

It may be necessary to obtain more specialist input to the assessment – the planning stage is where you will try to identify those agencies that may hold information to help.

All practitioners working with children and families are required to contribute to the assessment process – even if this is simply to share information from their agencies to assist the process.

## The Continuum of Assessment

Early Help/Co-ordinated response to domestic abuse/and child in need



This process can be accessed at any level. Ongoing assessment of the child’s needs will result in the child moving through the range of service provisions in any direction. **(To be used with the Threshold of Intervention)**

The timing of the assessment should always reflect the earliest stage that the need for Help was identified. The EHA should not be delayed as without help the child's circumstances may deteriorate. The time taken to intervene at the earliest stage is likely to be much less than that demanded by intervention to respond to high level needs and risks if allowed to develop. Also a child should never be allowed to go without help and be allowed to experience hardship that is created for them.

The provision of appropriate services to meet the needs of the child and family does not have to wait until the assessment has been completed. If it is clear that services will help a child these should be offered quickly whilst the assessment is being carried out.

### Questions for assessment planning

- How will I talk to the parent about my worries? – making positive statements about helping.
- Have I got parental consent and how can I obtain this?
- Is the child able to give consent to the assessment process\*
- Where will I carry out these conversations – where will the child and parent feel comfortable to talk to me?
- What language should I use to talk about help – do I need an interpreter?
- What target should I set for the assessment to be finished?
- Do I need additional information from a specialist agency – do I know who is involved?
- Who needs to help me get this job done – which agencies have skills, knowledge or information to assist the process?
- Who am I assessing – do the issues impact on siblings/other children in the family.
- Can my supervisor/agency lead/the multi-agency coordinator help me – where will I get help and support during the process?
- Can the BAF provide me with guidance and resources to help?
- What does the Threshold for Intervention tell me about what ought to happen next?
- Have I accessed the training that is available to me?
- How do my own values impact on my approach?
- Am I being overly optimistic – am I open to challenge and able to articulate my worries?
- Am I being sufficiently curious about the child and family circumstances – have I considered known vulnerabilities such as Domestic Abuse and substance misuse? \*\*

**\*Where Gillick, or Fraser, competency applies i.e the young person of 'sufficient understanding and intelligence to enable him or her to understand fully what is proposed' they are considered able to give consent to the assessment and any resulting service provision. However practitioners should still seek to involve parents wherever possible with the agreement of the young person.**

How an assessment is undertaken will impact significantly on its outcomes. It is important to engage and motivate the child or young person and their parents/carers throughout the assessment process. Start with an open and honest approach using language that will make any worries clear and emphasising that the process aims to help.

**\*\*SCR P Children 2015 – professional curiosity should ensure that Domestic Abuse is considered as a possible factor when parents present to health professional with injuries and the explanation appears inconsistent.**



## Stage 2 - Gathering information

Once you have planned your assessment you will progress to the next stage of the assessment process. This will probably be the most time consuming element of the process and it will always save time if you use the planning part to ensure you know what information will help.

### Simple approaches to help gathering information

All of the general principles set out in the Section 2 of the BAF apply to this part of the assessment process when carrying out EHA and you should familiarise yourself with the preceding parts of this document.

Engaging with parents, carers and children will be a key focus to allow information to be gathered systematically. Using the My World Triangle and the prompts it provides will help to be robust and thorough.

Some ideas to help information gathering:

- Be open and honest about any worries that you have about the child
- Develop a way to explain what the process is – avoid jargon.
- Explain that an assessment simply means trying to find out what help a child might need
- Talk about strengths that are around – see the family as a resource with equal importance to the professionals around
- Check out information from different perspectives – don't take things on face value
- Use open questions
- Be aware of non-verbal communication – observe the child and environment and try to make sense of this
- Make sure you listen to what the child or young person is saying
- Professional judgement should be used to decide when and how to raise potentially sensitive issues – chose a place and time that reflects the sensitivity of your discussions
- Practitioners should not jump to conclusions during an assessment – challenge your perspective and check that you are not being blinkered – either overly negative or positive.
- Be flexible and open to challenge
- Use supervision to check for gaps and areas for further exploration.
- Collaborate with other professionals that may be able to corroborate information from other sources to make it more robust and reliable
- Ensure that you contact a wide range of agencies to check out your knowledge of the child and family – what agencies may have information to help your assessment e.g. GP, Health Visitor, School Nurse, Education Welfare, School, CAMHs, Probation, Safer neighbourhood team, Housing?

### Dealing with consent and challenges to engagement

One of the biggest challenges for some practitioners is the need to talk openly about worries with parents. This can form a barrier to offering help - simply because the practitioner sometimes feels uncomfortable talking to parents about the issues prompting the need for an EHA. This is sometimes because practitioners don't know the parents very well or because the issues they are dealing with are sensitive and difficult to approach. Sometimes it is because a practitioner thinks that someone is better placed to have the conversation.



It is very difficult – maybe impossible, to offer help if professionals cannot talk about why this help is judged necessary. The conversations will always be easiest when worries are just starting. Most reasonable parents do have their children’s best interest in mind and love them – even when they are affected by significant challenges themselves.

Most would take up offers of help, when it is offered in the right way and would prefer to have help before the worry has had a chance to impact on their child’s welfare. This includes parents who may be struggling with addiction and domestic abuse and other complex problems in their daily lives.

To help practitioners think about how to engage with parents in conversations about getting help it can be useful to put yourself in the position of the parent.

Ask yourself:

- if a professional had a worry about your child would you want to know?
- what would your response be if you thought that professionals were excluding you from discussions and not being honest with you?
- if someone was being fair open and honest with you when explaining their worries would you blame them for being honest with you?
- if you thought your own problems may lead to problems for your child would you want help as soon as possible?
- if someone wanted to help you and your child - would you usually be cross?
- would you prefer a Social Worker or Police Officer to knock on your door instead of the teacher/health worker/children centre worker who knows you and your child best?
- is the language being used to explain why the child needs help simple and straightforward?

When a child or young person and /or parent/carer refuse to consent to an offer of an EHA the practitioner should seek advice from a supervisor or the safeguarding lead. They may have ideas to support the processes to obtain the consent to proceed and practically help to achieve this. It may be that taking a different approach will help or having someone to support the process will help.

Sometimes consent will be obtained following a more coordinated effort to support the Early Help practitioner – offering reassurance and further explanation to the parent.

### **It may be appropriate to accept the refusal of consent and record the reason why**

In some cases it will be necessary at this stage to make a Request for Service to Children’s social care - if after further efforts and taking advice the refusal of consent make the child vulnerable to harm and danger has been identified. To do this effectively a practitioner will detail evidence including the reason why help is needed, what will happen to the child if help is not provided and the steps that have been taken to offer Early Help to date. It must explain why the parents’ consent has been discarded.

Full consent will include permission to share information with other agencies – so that we can get the best and most appropriate help for the child. Explained in this way it has a better purpose.

Gaining consent to start the EHA will be the first opportunity to establish the basis of an honest and open working partnership with parents and the child. It is worth putting in the effort to achieve this so that the remainder to the assessment can be effective.



## Engaging families and children with an EHA - some tips to help gathering information

Once consent to commence an assessment has been obtained the success of the assessment process will in part depend on the quality of the practitioner's engagement with the child or young person and their parents/carers.

The key engagement skills needed to undertake effective assessments with children young people and their families include:

- Working ethically and with consideration for confidentiality and consent.
- Understanding the child and parents' behaviour
- Questioning in ways that encourage a response – being curious.
- Using s observation skills to validate what is being said – do not rely on self-reports alone
- Listening carefully and being interested in parents and child comments
- Summarising effectively and checking out your understanding
- Demonstrating empathy and reflective listening skills
- Giving constructive feedback in ways that can be helpful to motivate parents to change
- Challenging in ways that are not emotive but reflect your worries.
- Establishing effective honest partnerships with children young people and their families

### A bit more detail...

#### Listening and building empathy

- Establish rapport and respectful, trusting relationships with children, young people, their families and carers
- Be creative and imaginative in how you communicate – particularly with children
- Be aware that some children and young people do not communicate verbally - communication styles should be adapted to meet the child's needs and abilities
- Understand the effects of non-verbal communication such as body language, and appreciate that different cultures use and interpret body language in different ways
- Build rapport and develop relationships using the appropriate form of communication (for example, spoken language, play, body and sign (language))
- Build open and honest relationships by respecting children, young people, parents and carers and making them feel valued as partners
- Be reliable – if you arrange an appointment make sure you keep it
- Hold conversations at the appropriate time and place, understanding the value of day to day contact and the need for privacy
- Actively listen in a calm, open, non-threatening manner and use questions to check understanding and acknowledge that you have heard what is being said
- Understand the role and value of families and carers as partners in supporting their children to achieve positive outcomes
- Be persistent – often families will be reluctant to engage at the first asking, families may have had a very negative experience of engaging with services in the past
- Recognise the anxiety that your contact may provoke in families – reassure and acknowledge this.

#### Summarising and explaining

- Summarise situations in the appropriate way for the individual (taking into account factors such as background, age and personality).

- Understand how to present genuine choices to young people and how to obtain consent to sharing information.
- Explain to the child, young person, parent or carer what kind of information you may have to share with others and how this will help them.
- Explain what has happened or will happen next and check their understanding and where appropriate, their consent to the process.

### Consultation and negotiation

- Consult the child, young person, parent or carer from the beginning of the process
- Inform, involve and help the child or young person to assess different courses of action, understand the consequences of each and, where appropriate, agree next steps
- Understand the key role and value of parents and carers; know when to refer them to further sources of information, advice or support
- Identify what each party hopes to achieve in order to reach the best possible and fair conclusion for the child or young person
- Share reasons for action with the child or young person and those caring for them
- Provide support and encouragement to children and young people
- Know when and how to hand over control of a situation to others

### The child's voice

- Explain to children about the assessment and your job, and how their views will be recorded
- Give a choice of how they provide their views e.g. drawings
- Keep a focus on what their experience of family life is like
- Make sure they understand that they don't have to give their views if they don't want to
- Make sure the child/ren feel safe
- Take their views seriously
- Use their views when reaching an analysis and plan
- Explain about consent and confidentiality in an age appropriate way, and how safeguarding information would be shared if required
- Check the child's understanding of the process, if they are unclear or hesitant, or are worried about upsetting their parents then it may not be appropriate to continue

### Working with hostile families

Some families may be hostile to the idea of an assessment and it should be explained that the services their child needs may not be able to be delivered in the best way to meet the child's needs without an assessment and a Team Around the Family (TAF) meeting to coordinate support.

Some families may agree to the assessment and actions within the plan they need to undertake but they may not follow these through and then blame the assessment process because it isn't working. This is known as disguised compliance and may be demonstrated through the following:

- Agreeing to keep appointments or undertake actions but not actually doing so
- Cooperating with some services but not others
- Making no significant change over time
- Making alliances with some practitioners and criticising others.

Practitioners should be wary of attempts to blur professional boundaries by parents or carers. The assumption of cooperation should be challenged and evidence of progress evaluated by the TAF.



### Stage 3 – Analysis – making sense of your information

Section Two of the BAF sets out the general guidance that will support any practitioner with the task of analysing information emerging from an assessment. All practitioners should familiarise themselves with all the information set out in that section as this will help anyone embarking on the making sense of information emerging from the assessment.

The information here is more specific to support analysis of EHA though practitioners should be cautious about taking too blinkered a view or to assume that making sense of information emerging from EHA is significantly different to that carried out in any assessment. It is however acknowledged that as a child's needs become more complex, understanding how the information demonstrates how unmet needs may become dangers for the child become more challenging and the balance between need and risk will become tipped towards risk. Plans emerging from such assessments will be more likely to feature risk management so that safety is enhanced.

As set out in Section Two it is impossible to separate need from risk and as such any assessment – even the simplest will demand as a minimum an awareness of how unmet needs may become dangerous for a child and the evidence that can be used to support professional judgments. Accessing training and seeking advice from a supervisor will increase practitioner confidence in the analysis stage of the assessment.

Some simple information to bear in mind for the analysis EHA:

#### Risk and protective factors

- When a child's needs are unmet, partially met, or inappropriately met, risks may arise. A detailed exploration of risk and unmet need is set out in part 1 of the BAF. All practitioners must be prepared to think about and deal with unmet need and at times this will require them to be vigilant to those situations that indicate that the level of unmet need is creating risk which is translated into danger for the child. This may be in the form of chronic gaps in parenting leading to the neglect of a child's needs or incidents of inflicted harm.
- Access to supervision and training will assist all professionals in carrying out their responsibilities to identify those situations which may require more targeted and specialist support including those that require a Child in Need Assessment by Children's social care or a Child Protection investigation.
- Undertaking an EHA will sometimes need to involve the consideration of risk factors which affect the child/young person and the family. Even when this is not immediately evident all professionals should have an awareness of how risks can create danger for children - this should be part of wider safeguarding training and part of routine supervision and leadership from Safeguarding support within agencies.
- Assessing risk as part of the analysis of information gathered involves identifying risk factors balanced with mitigating strengths and resources that allows for an informed judgement of what is happening to the child and the level of danger to the child that may result.

It is undertaking the assessment and identifying risks that were previously not clearly understood or known that may inform a decision early in the assessment to refer to higher tier services or to child protection services. The levels in the thresholds for intervention will assist in this process.





**It is important if you are concerned about the level of risk to discuss this with your line manager or safeguarding lead. If you identify that a child is at risk of harm then the Barnsley SCB Safeguarding procedures must be followed and a referral made to Children’s Social Care Assessment Team. Your action should be explained to the family unless to do so places a child at increased risk.**

If it is felt that little progress is being made to meet the needs of the child because of these reasons, or the process is becoming ineffective then discussion should take place with a manager or safeguarding lead. The Early Help process is designed to build on family strengths but where risks have been identified and through the Early Help process it is evidenced that families have little motivation or capacity for change, and do not fully accept or understand the need for intervention to improve outcomes for their children then further advice and guidance should be sought, and the family made aware of concerns.

Risk factors may include		
Child/ young person	Family/parental factors	Socio/environmental factors:
<ul style="list-style-type: none"> <li>■ low birth weight</li> <li>■ disability</li> <li>■ Serious physical or mental illness</li> <li>■ temperament</li> <li>■ aggressive behaviour</li> <li>■ poor school attendance</li> <li>■ poor academic achievement</li> <li>■ lack of positive peer relationships</li> <li>■ low self esteem</li> </ul>	<ul style="list-style-type: none"> <li>■ parental substance misuse</li> <li>■ anti-social / criminal behaviour</li> <li>■ family conflict /domestic abuse</li> <li>■ mental health problems</li> <li>■ physical health problems</li> <li>■ parental disability</li> <li>■ negative experience of being parented themselves</li> <li>■ large family size</li> <li>■ high parental stress</li> <li>■ poor parent child interaction</li> <li>■ low warmth - harsh parenting style</li> <li>■ low self esteem</li> <li>■ divorce/separation</li> <li>■ teenage/ young parent</li> <li>■ low level of parental education</li> <li>■ use of corporal punishment</li> <li>■ Unable or reluctant to make or sustain change</li> <li>■ Unable or unwilling to prioritise the needs of their children</li> <li>■ Unable to perceive the reason for concerns.</li> </ul>	<ul style="list-style-type: none"> <li>■ Socio economic disadvantage</li> <li>■ parental unemployment</li> <li>■ social isolation</li> <li>■ inadequate housing</li> <li>■ homelessness</li> <li>■ lack of access to education</li> <li>■ lack of access to social support including child care</li> <li>■ exposure to discrimination</li> <li>■ stressful life events</li> </ul>



Protective factors may include		
Child/ young person	Family/parental factors	Socio/environmental factors:
<ul style="list-style-type: none"> <li>■ good health</li> <li>■ positive peer relationships</li> <li>■ positive social networks</li> <li>■ hobbies/interests</li> <li>■ high self esteem</li> <li>■ independence skills</li> <li>■ secure attachments with parents</li> <li>■ social skills</li> <li>■ positive temperament</li> </ul>	<ul style="list-style-type: none"> <li>■ Secure attachment with child</li> <li>■ Supportive family environment</li> <li>■ Extended family network</li> <li>■ High level of parental education</li> <li>■ Parental resilience</li> <li>■ Awareness of child development</li> <li>■ Good parenting skills</li> <li>■ Stable family relationships</li> <li>■ Sound parental coping skills</li> <li>■ Appropriate household rules and boundaries</li> <li>■ Able to make and sustain positive change</li> <li>■ Prioritise the needs of the children and able to identify when concerns arise</li> <li>■ What does the child mean to the parents</li> </ul>	<ul style="list-style-type: none"> <li>■ Positive social networks</li> <li>■ stable and adequate housing</li> <li>■ employment</li> <li>■ family expectations of pro-social behaviour</li> <li>■ well-resourced school</li> <li>■ access to local services</li> <li>■ caring adults outside the family home</li> </ul>

## Stage 4 – Planning in Early Help intervention

### Action planning


The aim of an assessment is to inform judgements about the type of help and support that is required. The way this is framed is most useful in a written plan focused on achieving specific outcomes for the child. This will form the basis of intervention and will capture key roles and responsibilities which will be the foundation of partnership working. All members of the planning group – TAF must be accountable for the tasks assigned to them as part of the plan.

Identifying outcomes that are being worked towards and planning actions to achieve these is essential to help the family clearly acknowledge and identify for themselves what needs to be done, by whom, and when. Only in doing this in a partnership will real change be achieved.

A written plan will form the basis of intervention and should be a dynamic and realistic tool that is shared with all professionals and family members including the child if they are of an age to understand and participate in the process.

Whilst the plan associated with early help may be straight forward and not as complex as those supporting intervention at later stages of intervention the basic planning principles remain relevant as set out in part Two of the BAF. In brief your Early Help action plan should be:

- A shared plan involving professionals/families and children as appropriate
- Simply and jargon free
- Set out objectives that are shared and agreed within the planning group
- Have actions that are SMART - Specific, Measureable Achievable, Realistic and be done within a planned and agreed Timescale.
- Be reviewed regularly and updated so that there is no drift.

- 
- Have an identified lead practitioner who takes some responsibility for coordinating meetings and a focus for the family and other professionals' information sharing

**All actions plans must be shared with families and children so that they are a visible record of work being carried out with them.**

The TAF meeting is an important element of Early Help. It is the way that plans are reviewed so that progress is monitored, any challenges and difficulties dealt with and actions agreed and finalised. The TAF meeting should be held to accommodate the needs of the family and should be in a venue which is accessible to them. Notes should be taken to make the discussions open and any actions agreed reflected in an updated plan.

It is important that any agency that has a role to support the child or family is invited to attend the TAF meeting. Identifying the correct practitioner should be part of the Assessment process – they may have contributed information or have been identified as having skills that match with the need identified – for the child or other family member. It is important that when arranging the meeting efforts are made to avoid times which rule out an agency attending – for example during planned clinic times are when work is allocated. Sometimes verbal contributions can be made via the lead practitioner so that important updates can be shared with the planning group and progress can continue.

The EHA is a continuing process and not a one-off event. It is important that reviews using TAF take place regularly and the achievement of outcomes monitored. This can be very productive as a means to demonstrate and celebrate improvements and achievements for families and to keep momentum and focus on actions needed.

The TAF can be an informal but focused meeting to get updates from everyone but must have its focus on the plan. Honest and open discussion should take place when it appears that there is little or no progress being made and a decision made at a TAF meeting about the way forward to ensure that change for the child is being achieved. There must be some effort to identify strengths and positives alongside honest reflection on things going less well – this balanced approach will feel more productive and less threatening for all involved.

The meeting may acknowledge that the outcomes and actions identified are not achievable at that point in time or they may not be the priority of the child/young person and their family. Understanding and recording the views of the family child/young person and their family are critical in ensuring progress is made. Children may choose to attend meetings to give their views or may prefer to speak to their worker alone. Whichever is decided the views of the child must be recorded.

Action plans will need to be revised to close those outcomes achieved and to record any new outcomes and actions identified.



## Making Progress

A TAF may suggest that a new period of Assessment is needed to respond to a change of circumstances or that an attempt to involve other support resources is needed to support the plan.

You may become concerned that the plan is less effective due to a lack of resource or that an agency identified to help is not engaging with the planning process – or not attending the TAF meetings. Contact with agency safeguarding leads will assist resolving difficulties with attendance and participation in the process.

Each period of Early Help will need to be in place for as long as it takes to achieve the required outcomes for the child. The TAF will evaluate and agree the point at which the Early Help process can be ended. For most children this is likely to be achieved in a specific period of time though it may be necessary to support a child or young person with additional needs or disability over a lengthy period of time – indeed throughout their childhood. In these situations however the Early Help plan must be updated regularly so that it is dynamic and responds to the changing needs of the child over time.

It can at times be difficult for families and practitioners to identify progress when an Early Help plan is open for a long period of time with little change evidenced in the progress of the plan. If the plan feels stuck then it is important to seek advice from a manager or safeguarding lead about possible ways forward including support to evaluate the need for other action or when a referral to children's social care is needed.

## Social care threshold/screening

The point at which a child's needs become so complex that they may need a social work lead intervention is often termed the 'threshold'. This is not always a helpful concept given it implies a clear point at which a child's case passes through.

As will all complex situations identifying those children who are not suitably helped and supported by Early Help is difficult at times and will always need the application of professional judgement. Support and guidance to all practitioners making these sorts of judgements is available through the Barnsley Threshold for Intervention, the Child in Need procedures and should always lead to careful consultation with supervisors and agencies leads – particularly if practitioners are inexperienced or in any doubt as to what next steps to take.

## What to do when an Early Help Plan seems not to be bringing required change

When needs are identified that are not responding to support provided in line with the EHA the lead practitioner should confer with their supervisor/ agency safeguarding. These discussions will help to decide if the needs are such that a formal Child in Need (section 17) assessment is required - and a referral is made to children's social care OR if the Early Help Plan can be assisted by access to additional resources.



## Making a Referral

The Assessment and Joint Investigation service provides the first point of contact for the public and professionals. Most children will have had any additional needs identified before the need for any social care intervention is necessary. As set out in early parts of this Framework, Early Help is always the best way to intervene to respond to and support the needs of children.

It is accepted however that for some children social care intervention will be needed – this may be when Early Help is not being successful or when an incident or accumulation of information suggests that the child may be a child in need or a child at risk of significant harm.

When specific information or an accumulation of information emerges to suggest that a child may be a child in need or suffering or likely to suffer significant harm, contact should be made with children’s social care assessment team.

Details of both these processes are given in the current child in need procedures.

**Only in exceptional cases where a child has or is likely to suffer significant harm or there are complex circumstances that suggest a child has complex additional needs and Early Help has not been sufficient to meet these needs should a Child and Young Person Assessment be considered as the first assessment of need.**

## The Early Help process – step by step

<b>Step 1</b>	<p><b>Carrying out an Early Help Assessment (EHA)</b></p> <p><b>Are you concerned a child that a child may be at risk of significant harm?</b> If so follow Barnsley LSCB Safeguarding Children procedures.</p>
	<p><b>Is Early Help required?</b></p> <p>The criteria for considering EHA are:</p> <ul style="list-style-type: none"> <li>■ The worker/parent/carer is worried about the progress of a child or young person</li> <li>■ The child or young person’s needs are unclear and/or not being met</li> <li>■ The support of more than one agency appears to be required</li> <li>■ There is not already a EHA in place for the child/family</li> <li>■ The child, young person and their parent /carer give their consent for the process.</li> </ul> <p>If your agency is able to meet the needs of the child or young person then there should be no need to complete the EHA and agreement on how to meet the need of the child can be reached with the parent as a single agency.</p> <p><b>Seek consent</b> Discuss your worries with the child/young person and family and gain their consent to start the Early Help process, ensuring they fully understand what an EHA is and how it will support them.</p> <p>Explain fully the process and how information will be shared with other agencies.</p>



<b>Step 2</b>	<b>Starting an Early Help Assessment (EHA)</b>  When you decide to decide to undertake an EHA you need to get a Unique Identifying Number (UIN). You will need to:  <ol style="list-style-type: none"><li>1. Complete a Request for EHA Unique Identifying Number form which can be accessed online at <a href="http://www.barnsley.gov.uk/services/families-information-service">www.barnsley.gov.uk/services/families-information-service</a> and searching 'Early Help', or in person at your local Family Centre. All EHA must include signed family consent</li><li>2. Email the form to the Early Help Inbox – <a href="mailto:EarlyHelp@barnsley.gcsx.gov.uk">EarlyHelp@barnsley.gcsx.gov.uk</a> or take it to your local Family Centre</li><li>3. Early Help service confirm if an EHA is already underway or if there is an open social care case and contact you as required</li><li>4. An EHA Unique Identifying Number will be issued you via email</li></ol> You should continue with the assessment while waiting for the number
<b>Step 3</b>	<b>Completing the EHA and Action Plan</b>  Once you have completed the EHA you will need to :  <ol style="list-style-type: none"><li>1. Scan and email the completed EHA and Action Plan (including signed family consent) to the Early Help Inbox within <b>3 weeks</b> of the UIN being issued.</li><li>2. Scan and email closure documents and outcome to the Early Help Inbox</li><li>3 If the Action Plan has not been completed at 18 weeks you need to scan and email the current EHA and Action Plan to the Early Help Inbox for review to assess progress, timescales and next steps.</li></ol> If you do not have access to scanning facilities your local Family Centre will be happy to support.
<b>Stage 4</b>	<b>Key general points to remember when carrying out an EHA are:</b>  Early Help is based on collaboration at all stages – you are working with the child, young person and the family and any other agencies who can offer help.  It is important to assess and record the child and family's strengths as well as needs  Focus on outcomes when identifying a child's needs and agree with the family which agencies will be contacted and with whom information will be shared to complete the assessment and form the TAF.  At the ends of the process the family and agencies will have a clear idea of the child's and family's strengths and needs and what can be done to ensure positive outcomes.  Using an outcome measure tool such as the 'Family Star' may provide a visible measure to confirm objectives have been met and the child and family have benefited from the intervention



## Stage 5 Team Around the Family (TAF) meeting

A TAF meeting should be convened as soon as practicable following the completion of the Assessment.

The Lead practitioner should be identified at the first TAF meeting and s/he will liaise with the family to ensure that agreed actions are taking place and take responsibility for progressing the plan.

Ensuing TAF meetings should be convened regularly at a date, time and venue suitable for the family. They should review progress and consider and record the views of the family.

The EHA may be closed if the child moves to another area and it is the parents wish that it is closed. The EHA can be transferred to another area.

The EHA will be closed in the unfortunate event of the death of the child/young person.

You should always take advice from your agency supervisor if progress is not being made at a pace that is appropriate to the child's needs.

If the decision at any point in the EHA process is that there is little or no progress being made, or the family situation is regressing and the needs of the child would be better met under Section 17 (Child in Need) of the Children Act 1989 then discussion should take place with the manager or safeguarding lead to decide whether a Request for Service to Children's Social Care should be made.

In this case a copy of the EHA and any TAF minutes should be provided and the consent of the family obtained. In all cases where the child is deemed to be at risk of significant harm Barnsley SCB procedures should be followed.





## Complex assessments – identifying children in need and at risk

This section of the Barnsley Assessment Framework (BAF) provides additional support to social care practitioners undertaking Child and Young Person Assessments (Section 17) and Child Protection Investigations - incorporating CYP Assessments (Section 47). Whilst it is directed to social work practitioners, it can be considered by all professionals who want to familiarise themselves with how social care applies the BAF to their work. This will be particularly interesting for professionals who are supporting Child in Need and Child Protection Plans.

### Barnsley Children's Social Care Core Standards – a commitment to children and families in Barnsley

Barnsley Children's Social Care has Core Standards which underpin service delivery.

- We put the best interests of children and young people first and respect their rights
- We work in partnership with each child or young person to understand their experience, so that they feel supported and protected at every stage of their journey
- We work in partnership with parents and carers to keep them involved and able to exercise their parental responsibility as fully as possible in achieving best outcomes for their children
- We support children and young people in their own communities, working with other agencies to make sure that families receive high quality services that are integrated, accessible and co-ordinated
- We work within the legislative and statutory framework to safeguard and promote the welfare of children and young people, using procedures and best practice guidance
- We work with children, young people, parents and carers to keep them included and promote equality of access and opportunity for all
- We ensure transparent and inclusive practice through high quality, timely and accurate recording
- We manage and supervise our work with children and young people to achieve the best possible outcomes
- High quality customer care runs through all our practice

These core standards will be delivered by intervention that:

- truly values and acts upon wishes, feelings and experiences of children young people and families
- focuses on the timeliness, quality and effectiveness of help given to children, young people and their families
- supports professional development to work effectively with children, young people and their families
- recognises that risk and uncertainty are features of the system where risk can never be eliminated
- supports the provision of a range of help and services based on effective evidenced based assessment of need and risk
- works in meaningful partnerships with children, parents and other agencies

**The Barnsley Assessment Framework shares these core principles and practice standards – they are the heart of all practice delivered by Children Social Care.**

## Good practice principles – social care screening, assessment and planning

### Screening – provision of a timely response to referrals

All referrals to Children’s Social Care will be screened by experienced staff and overseen by a qualified social work manager. This initial decision about intervention will apply specific screening questions to inform decisions about:

- whether the threshold for social care intervention has been met Child in Need (Section 17) or Child Protection (Section 47).
- the type and level of complexity of a social care assessment, including timescale, any siblings or connected children that need to be assessed

Where the threshold for S.17 is met and there are indications of further risk requests will be made to the Barnsley Multi-Agency Safeguarding Hub (MASH) for further information.

Each referral made to social care will be screened to ensure that an appropriate and timely response is offered. The team manager will oversee this screening process and be accountable for final decisions based on professional judgment to prioritise and coordinate responses based on need and risk within 24 hours. The outcome of this decision in response to a referral will be shared with the referrer within 24 hours.

### Social care thresholds – identifying the children who need social work intervention

If a referral indicates that a child may be in need or at risk these will be progressed to assessment. The decision to progress any referral to assessment will be based on the needs of the child and confirmed by the input of the Team Manager and will be based by applying the **Thresholds for Intervention**.

Allocation and action will be based on the priority of need and risk as indicated by the referral information received. Timeliness of allocation and intervention will be in-line with the Service’s Allocation Policy; the Child in Need Procedures and Threshold Guidance.


## Services to Children in Need – Section 17 Children Act 1989

The Assessment/JIT service will actively meet the duties of the local authority in respect of carrying out statutory assessments as set out in the Children Act 1989. Assessments will be carried out of the needs of individual children to determine what services to provide and action to be taken.

### Definition of a Child in Need responsibilities:-

**‘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.’**

Assessments of Children in Need will be carried out under section 17 of the Children Act 1989 and recorded using a Child and Young Person Assessment record.



The assessment will be completed in a timely way usually within 20 days and when issues are more complex within a maximum of 45 days. Assessments carried out by the Assessment/JIT service may be targeted at children who may meet this Section 17 definition of a Child in Need and will be used to identify services that will best help to promote the welfare of the child. During a Section 17 assessment, the level of or complexity of the child's needs may lead to judgement that the child has, or is likely to, suffer significant harm and this will prompt a strategy discussion to plan Section 47 intervention.

**The Barnsley Assessment Framework will provide a general guide for social workers carrying out Section 17 assessments and refer to specific tools and resources to assist evidence based analysis**

### **Responding to child protection concerns including joint investigation – Section 47 Children Act 1989**

The assessment/JIT service will actively meet the statutory duties of the local authority set out under Section 47 CA 1989.

Concerns about maltreatment may be the reason for a referral to local authority Children's Social Care or concerns may arise during the course of carrying out a Section 17 - CYPF assessment or when providing help to the child and family as part of Early Help.

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.

### **Definition of Section 47 responsibilities**


**'Local authorities, with the help of other organisations as appropriate, have a duty to make enquiries under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. There may be a need for immediate protection whilst the assessment is carried out.'**

Child protection investigations will be carried out under Section 47 of the CA 1989. A Section 47 investigation will always incorporate a Child and Young Person Assessment so that a child's wider needs are evaluated alongside the need for protection.

The decision to commence a Section 47 investigation will be informed by a strategy discussion/meeting which will be used to evaluate information and plan a proportionate and timely response.

The strategy discussion is a key stage in the child protection process. If a strategy discussion confirms that a Section 47 investigation should start, the investigation will be completed within 15 days of the strategy discussion or any further strategy discussion that is held.

The purpose of the Section 47 investigation will aim to identify evidence that the child has suffered or is likely to suffer significant harm. It should also, however, be used to consider the child's wider circumstances and make judgments about the child's identified needs and how these should best be



met. A Section 47 investigation may prompt a more extended Section 17 assessment of need to be started once the issue of risk has been investigated if wider complex need emerges.

### Planning next steps

When a Section 17 assessment or Section 47 investigation has been completed, this will be used to inform any next steps to support or protect the child. The need for help will be explicit in the assessment analysis and the outcome and will be targeted at the tier that best reflects the child's assessed needs.

- A child who is judged to have suffered/likely to suffer significant harm and when this harm is judged to be ongoing will be considered within an initial case conference where the basis of child protection planning will be established in an outline child protection plan.
- A child who is judged to be a Child in Need (Section 17) will be considered in a Child in Need meeting where a Child in Need plan is agreed to underpin continuing help.
- A child who is judged to have additional needs will be considered at a Team Around the Family (TAF) meeting where the social care assessment will be used to inform an Early Help action plan to provide necessary help
- A child who is judged to have the need for help from a single agency will have a suitably detailed referral made based on the assessment so that help can be provided from that agency.

Planning will take into account the planning guidance within the BAF.

### Transfer/closure

Any cases that are transferred to any other service, either internally or externally will be subject to robust transfer processes. This will be in line with the department's transfer procedure and guidance. Clear communication should take place with the child and family to ensure that they know about the new worker and details of the plan.

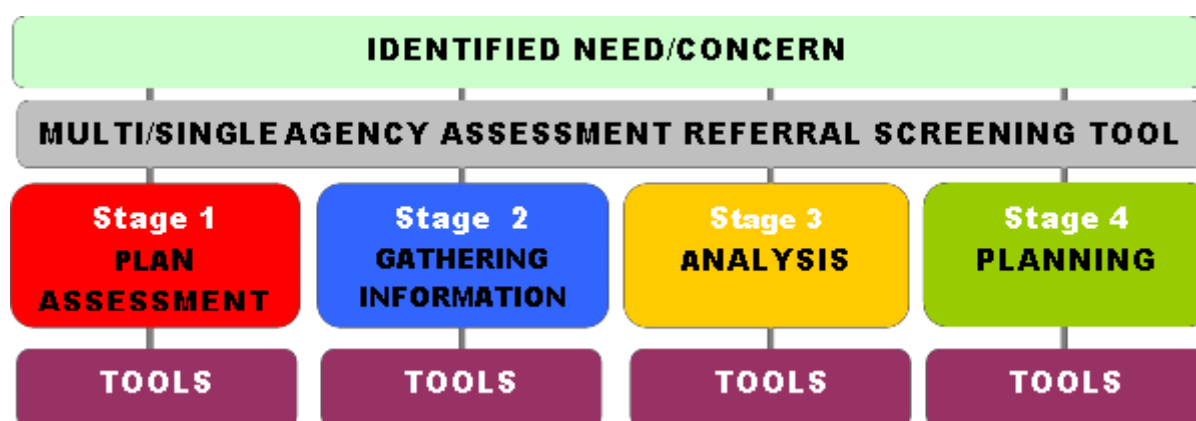
When stepping down to Early Help, the case will only be de-allocated and closed by social care after a TAF meeting has been held to establish the Early Help action plan and lead practitioner confirmed. This may involve the input of the multi-agency coordinator to facilitate the stepping down process.

## Applying the Barnsley Assessment Framework (BAF) to social care assessments of need (Section 17) and risk (Section 47) – a staged approach

### Using a staged approach to assessment

When undertaking social care assessments, the level of complexity means that it is essential to apply a systematic approach. This will enhance the quality of the assessment and the ability to safeguard the child and enhance wellbeing. For this reason, the staged approach endorsed by the BAF is particularly relevant to social care assessments. This includes Assessments of Need Section 17 (Child and Young Person Assessment), the Section 47 Investigation (incorporating the Child and Young Person Assessment); and more detailed assessments for court evidence.

The four stages of assessment within the BAF are set out in the graphic below.



### Stage One: assessment planning – Child in Need/child protection

#### Planning a Children in Need (Section 17) assessment

A child in need assessment may be prompted by a new contact to the social care assessment service or by a new piece of information about a child who already has a plan in place. It may be completed when there is concern that the current tier of intervention is not meeting the child's needs, for example when any intervention plan needs to be updated more generally – for example a Child in Need or Child Protection Plan or a plan for a Looked After Child.

- A new case will proceed through the referral process. The screening of the information will assist in identifying the key issues of concern and assist the assessment planning – defining the reason for the assessment is crucial if the assessment is to be focused and have a clear analysis as an outcome.
- For cases already open to social care, a new assessment may be prompted from a meeting to review the current plan, such as a Statutory Review meeting or Case Conference case evaluation, from casework supervision or a reflective case discussion.
- The aim of any assessment will be to better understand the child's experience and any additional support that they may need. This may include escalating the level of intervention to increase support and to inform a new or updated plan of intervention.

- When approaching any piece of assessment work, the social worker should ensure that they are clear about the issues of concern that have prompted the decision to proceed to assessment. Clear guidance should be sought from the allocating/supervising manager if there is any doubt about the factors which are the focus of assessment, and supervision will be used at all stages of work to reflect on issues, bring challenge and to support and guide progress.

### **Planning a Child Protection Investigation (Section 47)**

At any point, from first contact or during a period of intervention, new information may give reasonable cause to suspect that a child is suffering or likely to suffer significant harm. On a new case, the referral will be used to evaluate information and confirm that the threshold to consider a Child Protection Investigation is met.

On an open case, this new information will be recorded as a cause for concern. This will allow careful evaluation of the information and how best to proceed.

### **The strategy discussion – a formal plan to inform child protection (Section 47) intervention**

The strategy discussion must be held in compliance with the BSCB Child Protection Procedures. A team manager/ advanced practitioner or service manager must lead the social care participation in the strategy discussion including a health professional and a police sergeant. The discussion should involve a range of professionals who can offer information to support planning by information sharing.

The strategy discussion will be used to explore and evaluate information shared in respect of the child and to make decisions about who will take next steps, how and when. This will include whether a joint investigation will be carried out by social care and police professionals and in what timescale the child will be seen, if a medical examination is needed, how parents will be involved in the investigation, and if legal advice is needed.

The strategy discussion must be carefully recorded and shared with all agencies who have taken part. The breadth of information that is available to the strategy discussion depends on attempts to engage a range of professionals who may hold information in the strategy discussion.

The strategy discussion may be a meeting, a series of telephone calls, or a conference call. Efforts to engage a range of professionals will be made to secure good quality information to ensure the subsequent decision making is well informed and can respond to the needs of the child.

The aim of the BAF is to promote systematic and reflective thinking in assessment practice. Using resources to underpin stages of intervention is part of that approach.

### **An approach to single assessments – setting timescales for assessments**

One of the most basic aspects of planning an assessment is to decide how long the assessment takes to complete.

The Munro Review of Child Protection (2011) recommended reducing statutory guidance on safeguarding and promoting the welfare of children in order to promote local autonomy and increase the scope for practitioners to exercise their professional judgement. This also removed the distinction between an initial and core (more in depth) assessment and associated (fixed statutory) timescales for their completion.



The BAF makes an assumption that the timescales and degree of complexity of any social care assessment will be based on the needs of the child, but all assessments must be completed within a maximum of 45 days from the decision to proceed to undertaking an assessment.

- The allocating manager will always identify the key reason for assessment and the timescale for completion. This will be recorded on the referral with rationale used.
- There is an initial assumption that most assessments will be brief and social work activity, including recording, completed and authorised by a manager within a maximum of 20 working days.
- An assessment can be extended to a 45 day timescale if a clear rationale is recorded and a date that this was agreed by a manager recorded with the CYP assessment template.
- Extending an assessment beyond 20 days must not delay the provision of services to support a child and an initial plan should be implemented at any stage of the assessment process to set out clear expectations of what services are required to support the child and how these are being put in place.
- Some assessments may be given a 45 day timescale at the point the assessment work started – based on the background information and the reason for the assessment. This may include new assessments on open cases - for example informing assessments in court and pre-birth assessments, where there is a significant or complex history.
- Any delay in completing an assessment must have the rationale explored and recorded in supervision – assessments must not be allowed to drift towards 45 days and any specific barrier to completing work should be explored with actions agreed in response. This may include escalation to a strategy discussion if access to the child is being denied.
- Social workers need to be supported by their supervising manager to determine how long to spend on individual cases and to balance *'thoroughness and depth'* and *'timeliness and proportionality'* in the conduct of assessments
- Timeliness of assessment work is one feature of good quality. Any delay in initiating contact with the family and seeing and speaking to the child should be avoided
- Delay in completing the assessment creates possible drift in planning a response and this may increase complexity of need and risk to the child
- It is expected that a Child Protection Investigation (Section 47) is completed with a focus on risk identification and management and, as such, is given a level of urgency and timeliness in both access to the child and in bringing the intervention to conclusion so that judgements about risk and harm can be made and the welfare of the child safeguarding. A child subject to a Section 47 investigation should be seen within 24 hours and all aspects of the Barnsley SCB child protection procedures must be applied to the intervention.





## Reflection and professional curiosity – a key to good assessment planning

A reflective practitioner will build critical reflection and challenge into all aspects of their work. They will ask questions of themselves and welcome challenge from others. Serious Care Reviews nationally and locally\* have confirmed that professional curiosity forms the basis of robust intervention.

Integrated critical reflective thinking is crucial to social work practice, whilst aspects of this apply across the four stages of assessment, it is crucial at the planning stage to:

- conceive a range of different hypotheses and scenarios which will be tested within the assessment
- identify and draw on different sources of knowledge, theory and research to assess and plan the work
- consider alternative approaches and ensure that each intervention is tailored to the needs of the specific child to be assessed
- be prepared to revise hypotheses in light of the emerging information – an assessment is a dynamic process and reflection and ability adapt thinking and approaches will maintain focus and direction to the work

## Issues to keep in mind when starting any piece of assessment work - supporting reflective practice

A thorough approach to assessment needs to take account of some key questions:

- What is getting in the way of this child or young person's wellbeing – these may be obvious factors or hidden – consider risk factors such as domestic abuse/substance misuse – are these features of family life?
- What is history telling me about the child's experience – have you completed a chronology? Are patterns forming that help you understand the child's family life.
- Who lives with the child – do I have the full picture of who resides with the child\*
- Do I have all the information I need to help this child or young person – if not where will I find sources of information?
- Does the child need support or protection while the assessment is ongoing – who is best placed to offer this and how?
- Are all agencies working together effectively to support this child?
- Are there special factors that need to be taken into account or challenged in relation to this child – language, culture, religion, health, disability? What additional help, if any, may be needed from others to ensure the assessment can progress?

\*SCR Child AD 2014 identified professional curiosity and sharing of concerns particularly when considering who resides in the household with the child as crucial to robust assessment.



## Source of the risk

When carrying out a section 47 investigation the focus on risk will mean you will also emphasise the following in your planning:

- Who or what presents the danger/threat to the child's wellbeing – have you got the full picture of those in contact with the child?
- Where does the abuse occur - at home and/or in the wider community?
- What is the level of intent - is the abuse an act of commission or omission?
- Does the harm appear to be isolated to a single event or cumulative, reflecting more than one risk factor?
- What is the actual or likely impact of any harm?
- What risk factors may be hidden within the family – domestic abuse and substance misuse may be hidden features not readily disclosed by parent.

These questions are used to assist planning the assessment – information will need to be gathered to allow the questions to be confidently answered and as information builds to review the questions as assessment work progresses.

**Practitioners also need to be aware of other significant research which notes a tendency to overlook or minimise the role of fathers and father figures, either as posing risk/s of harm or as providing potential protective factors. Have you planned to include all significant family members in your assessment – have you excluded anyone and why? Do you know who is having contact with the child and involved in family life.**

**Linked to this is the tendency to hold women to account for the protection of children, even in circumstances where this may be very difficult for them to do so - for example, in circumstances of living with violent and abusive partners. Serious care reviews nationally and locally \* confirm that when domestic abuse is suspected women may not be able to protect their children and particularly should not be relied upon to manager contact when they are separated.**

Staff undertaking complex Tier 3 assessments must reflect on their own values and ensure that they bring a reflective and challenging perspective to the assessment work.

## Using a planning checklist - planning a court/complex assessment

In the planning stage, particularly when undertaking complex assessment, for example when involved in court work or to inform high level decisions, it can help to actually write an assessment plan. This may form part of your evidence to court and can strengthen the focus of the piece of work and make it comprehensive enough to inform detailed and long term decisions, including those to separate a child from its family.

This sort of detailed and rigorous approach to the assessment will demonstrate the quality of the work and strengthen the decisions and recommendations it informs. A written agreement may be helpful to set out the issues and process of the assessment explicitly with service users and other professionals.

A planning checklist is set out below. It is not exhaustive and can be expanded to meet the needs of specific assessments.

**\*SCR Children P 2015. When women are identified as victims of domestic abuse professional should be cautious when relying on their protectiveness when dealing with contact decisions.**

## Planning checklist

Before starting on the assessment, you may find it helpful to complete the following assessment planning prompt questions. These may be scanned and attached to the child's running record.

	Comment
<ol style="list-style-type: none"> <li>1. Have you identified the issue or cause for concern that has triggered this assessment?</li> <li>2. Have you put together a history of the child and family from information available on record?</li> <li>3. Are there gaps in your understanding of these issues – how will you address these? Are there hidden features?</li> <li>4. What are your attitudes towards the issues – how will you remain objective and avoid over optimism. How will you build challenge and reflection into the work?</li> <li>5. How long will this assessment take/have you agreed a timescale for review?</li> <li>6. Who is the primary subject of the assessment? Are there other children that you or colleagues should be considering for assessment?</li> <li>7. Who are the key agencies or connected persons who may have information to contribute to the assessment? How will you engage them and make use of the information?</li> <li>8. How will you engage with the child and include their views into the assessment? Are there cultural or ethnicity issues?</li> <li>9. How will you engage with the parents and incorporate their views into the assessment – do they need support to participate? Have you gained consent to proceed?</li> <li>10. How will you validate self-reporting –how will you check out and test information that is being gathered?</li> <li>11. Where will you carry out the assessment work and how will you plan sessions with different family members?</li> <li>12. Are there any safety issues for workers visiting the home – how will these be addressed?</li> <li>13. Are there significant people in the child's wider world who need to be consulted? Have the wider family got resources to support the child? Who is in contact with the child?</li> <li>14. Is there a need for a specialist assessment such as health/ substance misuse – how will specialist practitioners help inform your work.</li> <li>15. Are there any significant challenges or barriers that may impede your assessment, such as communication issues/ threats/complex health or disability needs?</li> <li>16. What tools or resources can you use to assist you in completing this assessment? Is there relevant research that will help you understand the information and make decisions? Are you confident to use these?</li> </ol>	



## Stage two: gathering information

The benefit of a good assessment plan is that the next stage of work – gathering information – will be easier to progress. You will enter this phase of work with a clear idea of who you will involve and how, and the type of information that you need to complete the assessment. A complex Tier 3/Section 47 risk assessment is likely to involve a complicated pattern of information gathering from previous interventions, a range of family members, including the child, and a broad range of professionals who are already involved or who are being used to provide specialist intervention. This range of information allows hypotheses to be tested and crucial validation of information to be achieved.

### Key factors influencing information gathering

#### Engagement with parents and family members

Being able to engage with parents and family members is essential to gathering information. Without gaining entry into the parents' world, access to the child will be difficult and barriers to communicating frankly about issues will weaken the assessment. This is likely to be most challenging with the type of complex assessments that are being undertaken by social care staff.

The process of engagement involves establishing a working relationship and setting out the terms of the work to be undertaken. An active partnership with parents and carers will make access to the child easier and an open and honest approach will facilitate this process.

A written agreement or written assessment plan can assist in this process and for some assessment work, such as those underpinned by a formal Child in Need or Child Protection Plan and within the Public Law Outline process, the written expectations will be essential to open and honest intervention.

The ability to sustain engagement during the period of assessment work will need constant reflection and challenge. Social workers will need to challenge the basis of the working relationship and be aware of attempts to distract attention and mislead by provision of false or inaccurate information.

#### Disguised compliance

'Disguised compliance' involves a parent or carer giving the appearance of co-operating with professionals to avoid raising suspicions, to allay concerns and ultimately to avoid professional intervention.

The term is attributed to Reder et al *Beyond Blame: Child Abuse Tragedies Revisited* (1993 pp106-107) and has been a feature of several child abuse enquiries and serious case reviews.

Disguised compliance occurs when parents want to draw the professional's attention away from allegations of harm and to avoid change. An example would be someone who makes efforts to deliberately mislead a practitioner by providing partial or false information or manipulating professionals involved.

Apparent compliance can affect the professional's engagement with families and children and their ability to assess levels of need and risk. Brandon et al's analysis talks about patterns of co-operation

and the effect disguised compliance has on child protection workers:

*'Disguised or partial parental compliance also wrong-footed professionals. Apparent parental co-operation often prevented or delayed understanding of the severity of harm to the child'*  
(Brandon et al, 2008b).<sup>3</sup>

Brandon, M. et al. (2008b) **Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case reviews 2003-2005. Research Report DCSF-RR023 (PDF)**. London: Department for Education and Skills (DfES)

Parents' explanations when discussing concerns about children, lifestyle and potential risk factors that may be suspected must not be relied on in isolation from professional observations. Attempts to validate self-reports and to be professionally curious about alternative explanations should be made by contacting other professional and in some cases family members\*

### How can social workers identify and counteract disguised compliance?

Disguised compliance can make it very difficult for social workers and other professionals who are involved with a family to gain an accurate understanding of factors impacting on the child and the prospect of achieving change. This may create flawed assessments which fail to properly identify need and risk and then make it difficult to maintain an objective view of progress in safeguarding the welfare of a child.

### Examples of circumstances which may indicate disguised compliance is a feature of engagement

- There may be no significant change at reviews despite significant input from professionals.
- The child's account may differ from that of parents/carers.
- Parents may exert pressure on children to be dishonest about family life.
- Parents may seem to be cooperating but this is superficial and brings about limited change that can be sustained.
- Observations may not tally with information being presented by family members.
- Different professionals may be given different information creating gaps in perception between different agencies. Parents may align themselves with particular professionals.
- Change does occur, but as a result of external agencies/resources, not the parental/carers' efforts – things quickly deteriorate once professionals withdraw.

### Consequences of disguised compliance

- Workers may believe they have engaged in a positive way with parents/carers in addressing risk; the assessment may be overly optimistic and fail to identify issues needs and risks.
- Cases can drift, with plans not succeeding in bringing improvement.
- Risks are not reduced.
- Risks may actually be increased.
- Workers may fail to recognise significant issues of concern, misinterpret vital information and lose inter-agency communication.
- The child therefore remains in a high risk, unprotected environment.

\*SCR Children P 2015 when adults present with injuries that are not consistent with explanation Domestic Abuse should be considered as a feature in the family

## Dealing with disguised compliance

To combat the impact of disguised compliance on assessment work and intervention generally, social workers should:

- Adopt an approach of “respectful uncertainty’ (*Lord Laming (2003) in the Victoria Climbié enquiry*)
- Apply critical evaluation to any information they receive and maintain an open mind – all self-reported information must be validated, challenged and approached critically and tested for accuracy.
- Constantly question all assumptions by playing the devil's advocate or bringing in a fresh pair of eyes – this is usually by peer support and joint working.
- Support this approach through the provision of high quality supervision.
- Use professional curiosity to challenge and make a range of hypotheses\*

The quality of supervision to assessors will be the most significant factor in supporting a practitioner’s ability to develop and sustain a critical and reflective approach to the process of information gathering and make the process of understanding this information when entering the next stage of analysis.


## Working with hostile and threatening persons

When workers are involved with families who have a reputation for hostile or bizarre behaviour, or where the worker feels uncomfortable, suspicions of child abuse may not always be as thoroughly investigated or followed through as they might otherwise have been. The necessary challenge to unpick family dynamics and to gather the wide range of information necessary to inform assessment work will not always be offered when working with this kind of hostile and threatening parent or family member.

If not addressed, workers may feel unable to tackle the parents or adopt the type of inquisitive approach necessary to properly investigate and uncover the true nature of a child’s experience. This may lead to avoidance and increased risk to children. For example:

- visits may be made but limited effort made if access to the child/family is not achieved to carry out a repeat visit
- visits made only by appointment – when this is likely to find the family out or presenting an unreal presentation of family life
- this may mean that there is only one ring at the door bell or not challenging if the door isn’t answered despite signs of the family being at home
- only waiting five minutes for family to arrive for an appointment and then leaving
- not challenging when appointments are missed or client turns up late
- accepting unlikely explanations as acceptable –not being curious and challenging.
- avoiding challenging behaviour for fear of a violent aggressive response.
- not confronting issues openly and honestly and becoming collusive and overly optimistic.

**\*SCR Child AD 2014 Professional curiosity and sharing of concern regarding significant others in a household is essential to robust assessment**



All social workers need to be aware of their own anxiety and be able to voice concern about hostility, either perceived or experienced, with supervisors so that these can be reflected on and addressed proactively. Supervision must be used to explore the basis of hostility, including an evaluation of how the behaviour of parents/carers may be misinterpreted.

What may appear to be defensive/uncooperative and aggressive behaviour may be designed to mask hidden issues in the family, such as domestic violence, mental ill health, and drug or alcohol misuse. Supervision should be used to challenge workers' assumptions and expectations whilst actively seeking solutions to prevent impact on intervention.

The wider organisation has a responsibility for ensuring safe working practices are in place and that violence and intimidation of staff is not tolerated at any level.

All managers must create an environment within the team where staff feel able to express their concern about their vulnerability and ask for help when approaching difficult and sometimes frightening situations. If threats are perceived, it may require action planning to be coordinated and recorded at higher departmental levels. This may involve safety planning for workers, including joint working and support from other agencies, including the police.

Ultimately, if staff feel unsafe within a house, it is necessary to reflect on the experience of children who are experiencing this environment in their day to day lives.

Calder – *A Framework for Working with Resistance, Motivation and Change* provides the following as productive approaches to working with 'reluctant and resistant' people during assessment.


- Give practical emotional support – especially by being available, predictable and consistent - thus modelling a secure attachment style.
- See some resistance and reluctance as normal.
- Explore our own resistance to change and examine the quality of our own interventions and communication style.
- Establish a strong and well-articulated relationship by clarifying all the rules of sharing records, by inviting people to meetings, and by sharing with them how and why you make decisions and explaining the complaints procedure.
- Help family members to identify incentives for moving beyond resistance.
- Tap the potential of other people who are respected as partners by the family member.
- Understand that reluctance and resistance may be avoidance **or** a signal that we are not engaging in the best way and therefore need to adapt our approach.

### **Involving children – asking the question 'What is life like for the child?'**

Understanding and interpreting the child's experience is a central focus on any assessment or child protection investigation and the information that they can provide directly to you as part of the information sharing will be crucial to gaining this insight and informing recommendations. The wishes and feelings of children, how they look and behave will all be essential to the information gathering stage of the assessment – and their age will be a key factor in how this can be managed.

'*Ten Pitfalls - and how to avoid them*', Broadhurst et al 2010, identified a key pitfall in social work practice as workers paying insufficient attention to what children say, how they look and how they behave. This has been further confirmed as central to assessment work by the findings of the





Munro Report 2011 which put the experience **of the child** at the heart of social work practice – setting out the need to understand the child’s journey.

Whilst there has been significant emphasis on ‘seeing the child’ within assessment processes, failings have continued to be noted in serious case reviews and public inquiries, which suggest that maintaining a clear focus on the child remains a challenge for social workers.

Broadhurst et al suggested that:

- children need to be seen alone and as individuals.
- practitioners may lack communication skills or may feel awkward in asking to see children alone.
- practitioners need to take time to see, speak to, and observe children.
- staff need sufficient confidence and training to undertake these contacts expertly.
- as in the case of baby Peter Connelly, a small percentage of parents who severely and/or frequently abuse their children adopt a range of often plausible strategies to prevent the practitioner from seeing the child and may take steps to conceal injuries.
- practitioners must be vigilant to this possibility and ensure that they recognise parental resistance to seeing the child.
- practitioners should return to the family home, or seek permission to see a child in another venue, such as the child’s school.
- where parents obstruct access, practitioners may need to make use of the provisions within the Children Act 1989, such as police powers.
- where staff feel that competing organisational priorities prevent them seeing children, they should alert their managers.
- seeing the child in the early stages of work must equate to more than just ‘ticking a box’ and should constitute a detailed qualitative observation. The case file should give ‘a real sense of the day-to-day experiences’ of the child. The practitioner should be able to picture what life is like for particular children in their families.
- The importance of seeing children physically moving, eg crawling or walking is stressed.

### Children with added vulnerabilities

Certain groups of children are particularly vulnerable; notably babies and young children who are not able to speak out or seek help, children with physical or learning disabilities, deaf children and those who may not have English as a first language.

These children are especially at risk when they are unable to communicate easily what is happening to them (or steps are not taken to facilitate communication) and are dependent on others for intimate care.

When making an assessment with any child, it is essential as part of assessment planning to consider any barriers to communication and how these will be overcome, so that the child has a voice within the piece of work.

Other relevant practitioners, including specialist teachers of disabled children, can be particularly well placed to offer information about a child's wellbeing or any deterioration in mood and behaviour.

Involving older teenagers in assessment work is at times challenging when, for example, they become difficult to engage and struggle to articulate what their experiences are and how they impact on them. This may be particularly the case when young people are involved in anti-social

behaviour, influenced by peers, estranged from families, or when assessing young people at risk of sexual exploitation.

### Engaging with children: questions for practitioners:

- Have I been given appropriate access to all the children in the family?
- If parents are cooperative, what type of cooperation was it? Was it, for example, ambivalent/hostile/confrontational?
- What is the child's account of his/her situation and needs?
- Have I taken full account of the child's additional communication needs, for example, in the case of children who are deaf or disabled? Have I sought appropriate specialist expertise to facilitate communication?
- If the child uses a language other than English, or a method of alternative non-verbal communication, have I made every effort to enlist help in understanding him/her?
- Did the interview with the child appear coached? What is the evidence to support or refute the child/young person's account?
- If I have not been able to see a child, is there a very good reason, and have I made arrangements to see him/her as soon as possible?
- How should I follow up any uneasiness about the child/ren's health or wellbeing?
- What do I know about this child? Do I know what they enjoy, like, dislike etc.?
- How is the child moving, e.g. when crawling or walking?
- Have I consulted other relevant/specialist practitioners who have contact with the child, to draw on his/her observations of any significant changes in the child's wellbeing or behaviour?
- Would I draw this conclusion or make this decision if the child were not disabled?
- Would I have taken any further protective action if this child were not disabled?

### Questions for managers:

- Can I get a sense from practitioners' verbal accounts and documents of how this child is living?
- Am I sure that the social worker has actioned appropriate expert assessment – particularly in the case of children who are disabled or deaf?
- Am I encouraging staff to improve their skills and confidence in seeing and speaking to children and young people with different needs and abilities?
- Am I making sure that there are clear organisational messages about the priority of seeing and speaking to children and young people?
- Have I asked staff if the balancing of competing demands and priorities currently feels manageable or whether they trade-off seeing and speaking to children in order to meet other priorities?
- Does my department provide sufficient focus on observations and interaction with the child within the electronic record of the case?

Plainly, each assessment must include a worker's response to the question: **What is life like for the child?**

### The home visit – gathering information from your observations of family life

The home visit is a crucial part of gathering information about a child's experience of family life. A large amount of information can be gathered from observing the family in their home environment. All assessments should include observations of the family home, including the child's sleeping arrangements and wider facilities provided for their basic care – this may be in addition to seeing the child in other environments where they feels safe to talk about issues, including their school.

**Home visit prompts ASK YOURSELF:**

- Should you alert the family to your visit? How many times will you need to see the home before you get a sense of family life? Be persistent and vary between planned and unplanned visits.
- What time of day will you see the family – when are you likely to observe family life as it really is?
- What can you learn by observing the environment around the home; does the outside of the home reflect the standards inside?
- Is it enough to just see the living room? Seeing the child's sleeping arrangement will give you a better sense of what life is like for them.
- Are standards around the home the same? Is there evidence that the child is valued within the home – has time been invested in their room and are basic needs met in respect of sleeping arrangements.
- Dependant on the child's age are sleeping arrangements safe – e.g. is there a cot/evidence that child is sharing with adult/siblings.
- Is there any evidence of bedding being soiled /wet beds being sorted out proactively?
- What is the kitchen like – is it clean /is there food in the fridge – can you see any evidence of food preparation? How do your observations compare with self-reports of family life and other professionals' perspective.
- Is the house cluttered /any evidence of pets? How are they being cared for?
- Can you see evidence of substance misuse/ empty glasses/tins that suggest use of alcohol
- Does the house smell – what does this indicate?
- How are the children dressed – are they clean and dressed appropriately for the time of year/weather?
- Do there seem to be routines in place or is it chaotic?
- What is it like to live in this house – is it safe and nurturing as we would expect a family home to be?

**WHAT DO YOUR OBSERVATIONS TELL YOU ABOUT THE CHILD'S EXPERIENCE OF DAY TO DAY LIFE?**



## Gathering information: tools to understand the family

A range of tools can assist you in gaining useful information about the child and their family. These are all meant to prompt discussion with parents, carers and children to provide you with evidence to inform your assessment. Some of this information will need to be validated by checks with other agencies, who may have detailed information from their records or from their interaction with the family, now or historically. You will bring all this information together in the analysis stage, when you will be able to give weight to the range of information that you have pieced together and the observations that you have made.

Simply sitting down with a piece of paper and pens with a child and being creative with how you talk to them will allow you to gather a breadth of information to support your work.

Briefly, three significant tools that will assist your discussions include:

### The chronology – making sense of the past

Chronologies provide a key link in the chain of understanding needs/risks, including the need for protection from harm. Setting out key events in sequential date order, they give a summary timeline of child and family circumstances, patterns of behaviour and trends in lifestyle that may greatly assist any assessment and analysis. They are a logical, methodical and systematic means of organising, merging and helping make sense of information. They also help to highlight gaps and omitted details that require further exploration, investigation and assessment.

They can and should also be used to promote engagement with the service user/s. The content of chronologies is, however, determined by individual/collective professional judgements as to what is in fact significant in a child's and family's lives. They should not replicate or attempt to substitute for case recording, but should rather provide clear outline of the most important elements of individual or family circumstances. For this reason, they must be:


- **succinct** - if too detailed and capturing every issue or contact, they lose their value
- **simple** - ensuring that information can be effectively and efficiently combined and sorted
- **standardised in format** - using the standard TED template to capture core details

A good chronology is a critical tool in helping make sense of the complexity of a child and family's life and circumstances. It also establishes a sound foundation for future understandings and analysis where professional staff change or new staff or services come on board. Chronologies are, however, not an end in and of themselves; rather they constitute one significant element of the suite of tools provided in facilitating analysis of needs/risks in assessments and interventions.

As dynamic tools, chronologies require consistent attention to ensure they are kept accurate, informative and up-to-date.

TED facilitates the creation of a single chronological record, while adapting and creating versions for specific use, for example in court. Any chronology will require professional judgement to be applied in its construction.

TED facilitates some events automatically being added to the chronology, with space for comments about the relevance of this event. Other elements of the chronology will need to be selected when professional judgement dictates that this event is significant to an understanding of the child's



circumstances. Crucial events, such as changes in family structure, significant incidents of harm, or evidence of strength should all be considered as elements of a chronology.

**A chronology is not a list of all events and activity that is being carried out. The chronology should be able to provide an overview of events and offer a chance to see patterns and pictures of the child which may otherwise be lost in the detail of a case record.**

### The genogram – exploring family relationships

A genogram, or family tree, covering three or more generations may be compiled using recognised symbols to allow a graphic visualisation of family structure. Social workers who have not drawn a genogram before should practise it with colleagues beforehand. In order to compile a genogram, the worker needs a large sheet of paper, pens or pencils (various colours if possible) and a table at which to work.

Making the creation of a genogram a focus of your discussion with family members, including the child at the first point of contact when an assessment is started, will offer you an introduction to wider family relationships and a way to start to look at the family's own resources for support.

Other relatives in addition to parents and children can be involved in compiling the genogram. More than one session may be needed if the exercise is used to discuss the family's history in detail and to enter significant dates and other information.


Working on a genogram also provides the social worker with an opportunity to observe family relationships, for example, how open family members are with each other, how well they respond to each other's needs, how flexible they are and how much they know about each other. Time taken to compile the genogram can also be usefully used to explore the type and meaning of the relationship identified with all members of the family contributing to the work.

**With important decisions about family based placement options, the genogram, together with the ECO map, can be crucial evidence of your efforts to use family resources early in your interaction with them. Parents and carers should be encouraged to think broadly about their family so as to identify the range of family who may in the future become important if decisions to separate a child from their parents are necessary.**

**A genogram must be completed for every child when social care intervention proceeds to a complex assessment.** It should be completed with the family and attached to the child's running record. In some cases, this will become a crucial piece of evidence in court proceedings, when family options are being considered as an alternative to care. The genogram will be a tangible piece of evidence regarding the family's resources. A range of different genograms may assist this work by considering the family resources from different perspectives in the family – rather than simply from the parents' point of view. Identifying family support early will, considering their viability to reduce vulnerability of the child, bring benefits to the plan and may avoid the need for formal arrangements for the child to live outside the family.

### Eco maps – identifying sources of support

The eco map is a simple visual assessment tool used to highlight relationships between a child, their family and their social network. Practitioner and service user work together to map out the key connections between the child, the family and their wider environment. Identifying these links clarifies and organises information displaying familial dynamics; raising issues about the character



and reciprocity of relationships, and access to or absence of available resources. It can be used to compare perspectives from different family members, for example the view of the child and the view of the parent.

The eco map uses standard symbols to express how the child/young person connects with the wider elements in their life - family, people, organisations, activities etc. For example, a solid line may indicate a strong and healthy relationship, while a broken line represents a weaker tie. Arrows can be added at the end of each line to indicate reciprocity of some relationships, while stressful or adverse relationships are represented by a dotted line crossed by several hashed lines.

Using the eco map, the practitioner can work directly with the child/family in an effort to better identify those relationships that are strong and resilient and those that may be characterised by risk and adversity.

As a simple visual tool, the eco map can helpfully support the analysis and understandings of family relationships and help create a better understanding of the child's/young person's wider circumstances.

Practitioners should:

- place the person of focus - child/young person, parents/carers or family - at the centre
- identify the significant relationships this person has to other people, organisations and activities
- using the key below, draw connecting lines that identify the character of connection/relationship between the person of focus at the center and the other people, organisations, and activities that are noted around them

### Gathering information – asking the right questions

The BAF provides a list of probing questions that can help you gather information that is relevant to understanding the child's circumstances in some detail. These **GENERIC AND SPECIFIC RISK INDICATOR SHEETS** can be used to prepare for your assessment work so that you take a systematic approach to this stage – with particular emphasis on those aspects of a child and family's circumstance that can signify possible risk or enhance safety. They may be used in more detail when embarking on complex assessments, such as those for court work and informing decisions about risk.

These **GENERIC** and **SPECIFIC** risk indicator sheets are based on the Scottish Government's national risk assessment framework, which has been considered as part of developing the BAF. The risk indicators are drawn from current research findings and directly informed by frontline practice experience. They are not intended to be exhaustive. They encourage practitioners to systematically consider the wide spectrum of a child's needs and identify particular areas that may not otherwise have been considered by them but which, through research, have been highlighted as important. They can be used as a tool to assist practitioners in the gathering information stage of the assessment process and using the indicators sheets helps practitioners to look at a range of possible risk factors within a child and family's life.

Risk indicators sheets help practitioners to look at a range of possible risk factors within a child and family's life. As such, they support single/multi-agency assessment and enable practitioners to explore multiple areas of potential/actual risk. This will help inform information gathering and decision making about the need to share concern beyond the single agency.



## Stage three: analysis – making sense of information

Once information is gathered, the next stage is to interpret this information so that it can be used to understand a child's circumstances and specifically to inform judgements about the child's needs and any risks that may have been identified.

Sometimes understanding and identifying need and risk will be relatively easy. A child may present with a specific and easily defined physical injury, or medical evidence will identify a specific developmental delay which is the focus of assessment. A child may have made a disclosure of harm or there may be clear evidence that a parent is adopting a dangerous lifestyle or presents with behaviours or has features within their own history that suggest that dangers may be presented to children they come into contact with.

The process of analysis will be to put this presenting information about need or risk into the context of the child's wider world and to make predictions about future need/ risk and how this will impact on the child in the future. It will be necessary to inform safety plans and to justify a child receiving services.

The process of sifting information, weighing this up to use evidence to support robust judgements about the outcome of the assessment, is the aspect of assessment work that is found most challenging by practitioners and frequently a source of criticism in audit and practice feedback. This becomes increasingly challenging with the complexity of assessment being completed and the type of decision making that the assessment informs becomes more complex, for example when undertaking assessments information the need for Child Protection Plans (Section 47 investigation) or informing judgments that are supporting plans in legal proceedings.

For this reason, the BAF provides a specific approach to risk analysis to support social work practice in the borough.

## A specific risk assessment model

### Core components of the framework - risk, resilience and resistance

This BAF adopts the use of the '[National Risk Framework to Support the Assessment of Children and Young People](#)' published by the Scottish Government in 2012. That framework sets out a useful method of understanding risk and uses the interplay between three key factors to understand the level of need/risk for a child. It is a complex relationship which needs careful consideration to lead to a clear understanding of risk. Making sense of information gathered in the course of undertaking an assessment with these three key elements in mind will allow consistent thinking and demonstrate a systematic approach to risk assessment.

It is not designed to be a prescriptive approach for all cases, but provides a useful methodology to bring systematic thinking within the analysis stage of assessment work. It does not replace the use of specific tools that may be needed to understand the complexity of need and risk when dealing with some specific issues and it does not replace the need to apply the procedures of LSCB for Child Protection and Joint investigation and wider departmental policy and procedure.



It may be supported by tools to consider specific risk when a more specialist approach is required for example when assessing Child Sexual Exploitation, Sexual Abuse, and Neglect.

### The Scottish model is set out here:

Weighing up information using this model will aim to assist judgements in respect of:

- any harm that the child has suffered and its impact.
- the likelihood of that harm being repeated.
- identifying an intervention plan that is needed to respond to and manage risk.

The model asks workers to evaluate three aspects emerging from the information.

- What is the need or risk that has emerged from your information?
- What are the vulnerability or resilience factors you have identified in your assessment – by considering the child/ the environment/the parenting factors?
- Are parents engaged or resistant to the work required and how this will increase or minimise risk?

### Need/harm

The process of identifying harm and need uses the information emerging from the assessment to obtain a detailed view of the child's needs and how these are met, together with identifying needs that indicate a child has suffered or is likely to suffer. This is rarely easy to do, even when presented with a clear physical injury, as the circumstances that surround this and explanation, age of the child and any disclosure will all complicate the picture.

You may have used the risk indicator sheets to assist your thinking and to confirm those factors that are identified in the child's circumstances or environment that may constitute a risk, a hazard or a threat to the child/young person.

These actively guide practitioners through a series of potential risk indicators related to each domain of the My World Triangle. This practical resource assists practitioners in identifying future risks and can be used to make sense of information that is being gathered and to support professional judgement. The aim is to make a judgement about the level of risk (which may be related to complex or unmet need) and how significant this is for the child. This forms the starting point of the process of analysis.

### Resilience/vulnerability

Judgements about resilience or vulnerability are essential to form judgements of future harm once the child's needs or risks have been identified. This will mean thinking about the specific child's resilience or specific vulnerabilities emerging from information gathered. These may relate to any aspect of the child's world, including the child's environment.

- How the child or young person is growing and developing – factors about the child's development, including age and individual factors.

**ARE THERE VULNERABILITIES /RESILIENCE FACTORS that have been identified in relation to this child?**

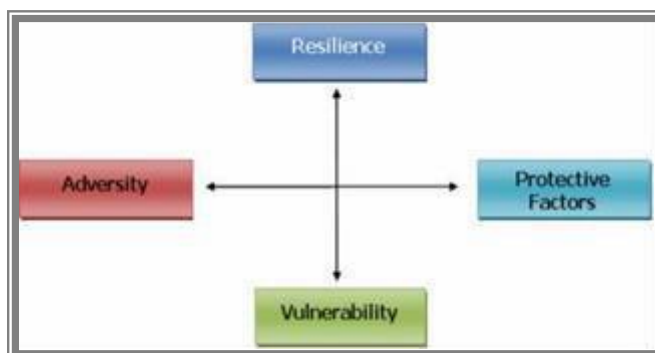
- What the child or young person needs from the people who look after them – evidence from factors impacting on the quality of parenting.  
**ARE THERE FACTORS IN RELATION TO PARENTS OR CARE GIVERS THAT CREATE ADVERSITY OR PROTECTION FOR THE CHILD?**
- The impact of the child or young person’s wider world of family, friends and community – evidence from the environment, both immediate and wider, that the child is in.  
**ARE THERE FACTORS IN THE CHILD’S WIDER WORLD THAT ENHANCE OR REDUCE THEIR SAFETY?**

Focusing on the positives and the strengths in a child’s life is likely to help improve outcomes by building the protective network around the child and the self-protective potentials within the child. (Daniel B & Wassel S, 2002).

At the same time, it is important to be alert to factors of vulnerability, which may potentially impact upon the child’s wellbeing and the interaction of these factors with any identified resilience and protective aspects.

The concept of resilience/vulnerability forms the second core component of the Barnsley Risk Framework as set out in the Resilience/Vulnerability Matrix.

A set of [Specific Matrix Related Indicators](#) are provided to assist practitioners exploring the key concepts of adversity/protective factors and vulnerability/resilience. These indicator sheets are set out in relation to the three aspects of the child’s world. These sheets assist practitioners in identifying and evidencing areas of strength and risk around the child. These will then be balanced with the risk factors that have emerged.



This approach allows you to consider the factors that may make a child safer or more vulnerable in their environment than a similar child when you consider the risk that you have identified.

This expanded example below assists understanding resilience and vulnerability taken from the Scottish Framework and offers some examples of factors that can assist thinking when using the resilience matrix.

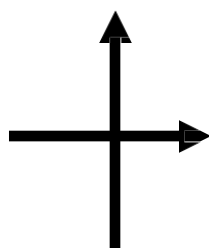


**Resilient child/  
high adversity**

**Resilience**  
**Factors suggesting resilience include:** good attachment with carer, good self-esteem, sociable, intelligence/achievement educationally, flexible temperament, problem solving skills, positive parenting in place

**Resilient child/  
protective environment**

**Adversity**  
**Factors suggesting adversity in environment include:** life events/crises, loss/bereavement, family breakdown, domestic violence, asylum seeking status, serious parental difficulties – substance misuse, parental mental illness or poverty



**Protective environment**  
**Factors suggesting protective environment include:** good school experience, supportive/protective adult, support/help with behavioural problems in place, community networks established, leisure activities, talents and interests encouraged

**Vulnerable child/  
high adversity**

**Vulnerability**  
**Factors suggesting vulnerability include:** poor /insecure attachment, minority status, Young age, enduring/special/health needs, history of abuse, innate characteristics/challenging behaviour/development delay, isolation/care, early trauma, communication difficulties/neglectful care

**Vulnerable child/  
protective environment**

**Variables**  
 Timing and age, multiple adversities, cumulative protectors, pathways, turning points, a sense of belonging.

**Interventions**  
 Strengthen protective factors and resilience, reduce problems and address vulnerability, achieve initial small improvements

## Resistance

### Resistance/engagement

The third component of the Scottish Framework relates to the nature of the family/carers' response to the concern and engagement or non-engagement with the process. This includes families who, for whatever reason, are difficult to engage. This could be in the form of aggression, conditional compliance, refusal to co-operate, missed appointments and other forms of avoidance, or it may be masked by superficial engagement and co-operation.

There may also be unintended barriers to engagement that arise as direct consequence of an individual's circumstances, such as mental health, mental illness or disability. These factors may be crucial inhibitors to creating safety for the child and increase danger and reduce the effectiveness of any plan.

The common feature in all cases is resistance to change and an inability/unwillingness to acknowledge and/or address the risk/s to the child – the factors relating to engaging parents and family members are explored in the Information Gathering section above, including an exploration of disguised compliance and working with hostility.

Before concluding that a family is resistant, practitioners should:

- **respect the right of parents/carers to challenge any professional's interpretation of events,** assessment of their child's needs or assessment of risk to the child. Challenging and asserting alternative perspectives is not necessarily resistance.
- **confirm that the parents/carers understand the professional's concerns and what is expected of them in response.** A lack of clarity in relation to expectations and areas that require improvement can blur a parent's understanding and ability to engage and implement change.
- **Assess what, if any, contribution the service approach and/or interventions may make to this resistance** ie could we do something differently to achieve participation. We need to demonstrate that we can work effectively and flexibly to engage with service users in ways that maximise their ability to engage and participate with work being undertaken.

Weighing up the parent's attitude to the perceived concern, and their ability to respond effectively, will be the final element to inform judgements about future risk and planning.

Using the following triggers will allow a systematic analysis of information gathered and these are built into the child and young person template to assist thinking.

### Recording analysis

The child and young person assessment (Section 17) template and Child Protection Investigation (Section 47) templates provide a way to record analysis in line with the model set out here. The template provides the opportunity to record the key features emerging from the information that you have gathered and make sense of need and risk using this approach. Using bullet points to make the issues and key features emerging from the assessment allows this to be clearly recorded so that your evidence is clear. Examples are set out here.

## Example analysis – high risk situation – prompted child coming into care

### Harm/Need (How significant/severe is the harm or need that has been identified?)

- Significant bruising to child's face/inside ear and back of ear
- No account of how injury caused/lack of credibility of parental account
- Previous allegation of injury
- Allegation that partner has physically harmed child and exposed child to inappropriate sexual behaviour – not verified

***Evidence suggests significant harm/high level needs***

### Resilience/vulnerability (What evidence of resilience or vulnerability in respect of the Child have you being assessed?)

#### Child related factors

- Child aged 2 years old
- Displaying challenging behaviour - limited parental response observed by social worker
- Described as difficult by parent
- Attention seeking behaviour – child observed to have outburst of temper and mother also observed during visits to have limited coping mechanism - raising voice and losing temper visibly in front of social worker and children centre staff
- Pre-verbal can't give account for injury
- Described as not sleeping well for period leading up to injury – work on routines has been ineffective as part of Early Help action plan
- Some evidence of developmental delay but not taking up offers of help from health
- Child seeking out attention from social worker and other professionals

#### Environmental factors

- Background of Domestic Abuse status of relationship unclear
- Social isolation /limited support network from community or family
- Home conditions poor with limited evidence of toys in house and poor sleeping arrangements – bed observed to be soiled.
- Anonymous information to children centre states carer needs help

#### Carer related factors

- Carer suffered recent bereavement still experiencing trauma /grief
- Carer reporting concern about ability to cope with child
- Mental health issues emerging re mother – depression diagnosed
- Possible learning disability
- Single carer

***Child presents with high vulnerability / high adversity factors***

### How resistant or engaged are parents? – are they motivated/able to change

- Longstanding Early Help intervention with limited progress evident
- No credible account by carer of how injury occurred
- Evidence of withholding information during section 47
- Suspicion that participation / engagement is not yet established genuinely
- Some indication that the mother is asking for help/ not clear if able/motivated to change given history of Early Help plan.
- Carer acknowledging unable to meet child's needs at point of section 47 being completed raising some positives for planning
- Some Evidence of starting engagement with the social worker – needs to be built on in plan.

*Parent presents with resistant engagement though indications of possibility of change motivation requires testing and engagement built on in next stage*

### Example analysis – low risk situation tier 2 exit recommended Early Help required to support parent

#### Harm/need (How significant/severe is the harm or need that has been identified?)

- Significant bruising to child's face/inside ear and back of ear
- Account of accident presented and collaborated during section 47
- No previous contact regarding family

*Evidence suggests Significant injury though accidental cause /question about wider needs and request for support*

#### Resilience/vulnerability (What evidence of resilience or vulnerability in respect of the Child have you being assessed?)

##### Child related factors

- Child aged 2 years old
- Displaying some challenging behaviour
- Observation of warm positive interaction with carer
- Some attention seeking behaviour but can be distracted once engaged
- Pre-verbal can't give account for injury
- Described as not sleeping well for period leading up to injury
- Some evidence of developmental delay / child linked to speech therapy

##### Environmental factors

- Good social support locally including wider family contact
- Home conditions basic but meeting child's needs – evidence of toys and sleeping arrangements are appropriate

##### Carer related factors

- One Carer suffered recent bereavement and linked to counselling
- Carer supported by partner in parenting

*Child presents with some vulnerability / high protective factors*



**How resistant or engaged are parents? – are they motivated/able to change**

- No previous support in place request for help with behaviour now
  - Carers give credible account of incident causing injury
  - Fully cooperative during section 47
  - Carers information validated by professionals involved.
  - Open engagement with social worker and other professionals - parent acting on advice and taking own steps to secure help at children centre.
- Parent presents with good engagement though indications of need for help good motivation to change and engagement being established through own efforts*

Once you have completed your analysis using the above framework, you will record a summary and make a judgement based on the evidence that you have set out. Making a judgement in response to the hypothesis posed at the start of the assessment is the main objective of your assessment work. If you have used the template effectively, the summary will be easier and the rationale that underpins it very clearly demonstrated in the analysis template.

**Stage four: planning**

The key purpose of any type of child’s or young person’s plan is to help focus and target professional involvement with them and their family and to steer activity towards agreed goals and objectives.

**A good plan** will be based on an up-to-date and evidence-based assessment of need, which will set out the key issues and reasons why additional support, protection or care is needed. When intervention with a child is over a period of time, for example when a child is looked after, it is therefore crucial that the assessment of needs is updated regularly to ensure the plan continues to be relevant.

**A good plan** will be clear about the factors that are impacting on the child’s needs and what is required for the child’s circumstances, wellbeing or safety to improve. You must be able to answer the question **‘What is the risk, need or difficulty?’**

Plans must also be clear about the services or support that will be offered to the child/young person or their family, and/or the actions which are required, to help meet the child’s needs.


**A good plan** will identify clearly what is to be done to respond to the identified need – **What is to be done?** And **‘who will be responsible?’** and in what timescale – **By When?**

**A good plan** will set clear **‘measurable outcomes’** for each of the child’s needs. This will describe what change will ‘look like’, making it easier to tell whether or not the plan (or individual aspects of it) has been successful. Planned outcomes must therefore be child-focused, achievable and easily measurable.

<b>What is the risk/difficulty?</b>	<b>What is to be done?</b>	<b>Who will do it?</b>	<b>When by?</b>	<b>Measurable Outcome</b>
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**A good plan** ‘takes people with them’; they have been developed with families, not for them. Parents – and young people, when appropriate – should be integral to their development and implementation, firm partners from the outset. To assist in this process, plans should therefore be





written in clear, straightforward language that can be easily understood by anyone outside of social care and in particular by the family (and child/young person when appropriate) that plan has been made for. They should be explicit, jargon free, and avoid abbreviations.

**Measurable outcomes** – making sure the plan makes a difference.

Traditionally, success has often been evaluated in terms of processes – “have we done what we said we’d do?” However, this often tells us little about the consequences for the child. To know about how these actions have impacted on the child, we need to measure outcomes – by asking “what difference has this plan made for the child - and how do we know?”

Based on this premise, a child’s plan must include measurable outcomes; outcomes which relate to each aspect of risk or unmet need so that it is possible to know whether (and when) the plan has achieved what it was designed to do.

When planned outcomes are clearly defined, measurable and explicitly child-focused, it becomes much easier to evaluate a plan’s real success for the child in a more reliable and objective way.

Planned outcomes also help parents/carers and involved professionals know where the goalposts are – ie what ‘success’ will look like and what the expected changes/requirements are. This in turn makes it much easier to focus in upon what changes have been achieved for the child at review meetings or before decisions are made about their cases.

Like the entire plan itself, measurable outcomes need to be **SMART** (ie specific, measurable, achievable, realistic and timely).

**Measurable outcomes** should relate to the child and their identified unmet needs (and to any risk factors, if these have been identified).

**Measurable outcomes** should not relate to ‘Interventions’ – to services offered, actions or tasks agreed etc. Outcomes which relate to ‘Interventions’ won’t usually help to measure success for the child, only the success of providing a service or achieving a task.

For example, a parent may receive support to attend a ‘positive parenting’ group and may complete it, but this may not impact on the parenting of the child. What matters in terms of outcomes for the child is whether this results in improved quality of care and/or developmental progress.

**Measurable outcomes** need to incorporate a clear and objective measurement of success, preferably something which can be independently observed, recorded, counted, weighed or otherwise evaluated without requiring personal judgements or values.

This is not an exact science and can be especially difficult when the child’s needs relate to their emotional development or to the quality of their attachments or family relationships. In such cases, changes in the child’s observed behaviour or their own views may be the only means of independent evaluation.

**Measurable outcomes** also need to be **achievable** and **realistic**. For example, in the case of CiN plans they should help demonstrate whether the child’s needs have been sufficiently met so that they are no longer ‘a vulnerable child with complex and multiple needs’. In the case of child protection plans, they should help demonstrate whether the likelihood of significant harm has sufficiently reduced to a point where the plan can be stepped down.



Setting idealised or unrealistic goals, eg for ‘perfect’ parenting, or the eradication of all difficulties/risk, can result in never-ending plans or an escalation of concerns because targets aren’t being met. Therefore outcomes should clarify the minimum required levels of change or action, etc. wherever possible.

**Measurable outcomes** should also be achievable within **reasonable** timescales – which themselves should be determined by the child’s own needs and developmental timescales, or the anticipated/likely timeframe of the plan or review period (whichever is less).

### Steps needed in considering your plan

**Step 1:** Identify the unmet needs - before anything else, it’s necessary to be clear about the child’s unmet developmental and care needs and any difficulties their parents/carers have in meeting these needs and (in the case of child protection plans) any risk factors that must be reduced. The child’s assessment (Section 17 or Section 47) should clearly set out the detail of the child’s needs or any risk that has been identified and this will form the basis of the plan.

**Step 2:** Identify the services/support - once the child’s needs are clearly defined, the services, support, actions (or non-actions) etc can be identified, which will help to meet each of the child’s needs or reduce risks, etc. The key elements of the plan will usually be agreed or endorsed within a Child in Need planning meeting or review meeting such as a Child Protection Conference or Child in Need review.

**Step 3:** Ask a few questions about each identified need/risk factor:

- If this need was being met sufficiently (or if this risk was sufficiently reduced), how would I know?
- What would I see/measure/count etc that would tell me?
- What would be tangibly different about or for the child?
- In other words, how would I determine that the child’s development/wellbeing/care/safety has really improved and that the services provided or the actions taken have really made any difference?

### Here’s an example of a need I have:

My need: I need to be warm and dry in my house  
 My problem: There’s a hole in my roof and I get cold and wet when it rains  
 Action required: I have to get the hole in my roof fixed  
 By when? Friday (the forecast is for rain on Saturday)

**Planned outcome: The hole in my roof will be fixed AND I won’t get cold and wet when it rains**

(If I defined my planned outcome as simply ‘the hole in my roof will be fixed’ I couldn’t be sure that this would meet my need to be warm and dry in my house – because the hole might be fixed by filling it with an old rag. I’ll only know whether the outcome of my plan has been successful if I stay warm and dry when it rains.

**Here's another example:**

My need: I need to lose some weight, because I can't fit into my outfit for Janie's wedding  
 My problem: I keep eating Jammy Dodgers and I never exercise  
 Action required: I'm going to eat fewer Jammy Dodgers and I'm going to the gym every week  
 By when: September (Janie's wedding)

**Planned outcome: I'll have lost enough weight to fit into my outfit**

(If I defined my planned outcome as simply 'I'll have lost weight', I couldn't be sure that this would result in my need to fit into my outfit - I might not lose enough weight. Similarly, if I set a planned outcome simply to have visited the gym every week, I couldn't be sure this would meet my need either - I might go to the gym and eat the cheap Wagon Wheels they sell there. The only way I'll know my plan has worked is if I lose enough weight to fit into my outfit before September.

In some instances, more than one 'planned outcome' may be required to help establish whether the child's need has been adequately met, or a risk sufficiently reduced (although as a rule, the simpler the better).

Defining measurable planned outcomes is not an exact science and it's recognised that some needs are much harder to measure objectively in clear and quantifiable terms - particularly those relating to a child's emotional development - for example, the quality of attachments and relationships, or the degree of self-esteem. The key question to be answered, however, is "how will we know whether things have improved?"


Sometimes a child's developmental or care needs can only be determined by other assessments being made (such as a risk assessment, psychological/cognitive assessment or a parenting assessment). In such circumstances, the initial 'planned outcome' might be simply that 'there will be enough information about X from Y assessment to make future plans for the child'.

**Formal planning process – children in need and child protection and looked after children****Key aspects of formal planning**

When a child has been identified as a Child in Need of support (Section 17) or at risk (Section 47) or is Looked After by the Local Authority formal planning processes will begin. The Child in Need, Safeguarding Children's procedures and Looked After children procedures set out the process to follow to ensure consistency and robust planning is in place. These procedures should always form the basis of your work. Specific formats are available to ensure that review meetings and plans are completed to high and consistent standards.

**All formal planning process will have certain key aspects to ensure that they are able to bring about positive outcomes for children – this is whether these are to support or protective the child or looked after.**

- A Child in Need/Core Group/Case Conference/ Statutory LAC review is held to review or update the child's plan formally. The purpose of these meetings is to focus on the plan and measure process against outcomes that have been set as targets to ensure child's needs are met.

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- The meeting must focus on the plan and hold all participants to account for their respective roles and responsibilities.
  - A written record of the meeting to review the plan must be kept and shared with all participants including parents. The record must focus on clear actions agreed and progress made.
  - Parents must be actively involved in the Planning process\* – either Child Protection or Child in Need or LAC. This means ensuring that they understand the key aspects of the plan, the needs or risks that are being managed and what outcomes must be achieved. Their role and expectations of them must be clear.
  - The plan and records of meeting must be in plain language, if necessary translated into the parent's main language if this is not English so that all participants are clear about issues and expectations. All participants must have copies of the plan and records of meetings
  - Meetings must be held at regular intervals – Child in Need plans must be reviewed a minimum of 3 monthly. Child protection plans must have formal case conferences held which are chaired independently as directed by Safeguarding procedures. Core Groups must be held a minimum of monthly. Statutory Reviews of the plan for a Looked After child must be chaired independently and held according to statutory timescales.
  - The child's plan must have clear focused objectives that will allow outcomes to be achieved for the child and these must be measured carefully during the child in need meeting so that progress is maintained and reviewed carefully to prevent drift\*.
  - Any member of the planning group can escalate concern if the objectives of the plan are not clear or progress is not being made. Contact should be made with the chair of the meeting, Team Manager or Safeguarding Manager if these issues cannot be resolved within the planning meeting.

**\*SCR Child FE 2015 – the Core group process must be focused on need and risk and have clear actions recorded and actions reviewed by regular meetings which are focused on the plan. Parents must be actively engaged in the Core group and Child protection planning process**



## Applying the Barnsley Assessment Framework (BAF) when undertaking social care assessments - a summary

- Always take a systematic approach to assessment – objective and rigorous assessment practice will bring improved outcomes for children.
- The child’s experience and involvement in the assessment are crucial to understanding – ‘What life is like for the child’.
- Finding ways to engage proactively and honestly with parents is likely to bring about better outcomes. But it is essential to guard against over optimism and remain objective and child focused during the assessment process.
- Professional curiosity is essential when approaching any assessment. Reflection and challenge at each stage of the assessment process will strengthen the outcome.
- Planning assessment work includes being clear about what you are assessing and why, the key people, including family and other professionals, who will be involved, and timeliness for completion. This may include absent parents and adults who are in contact with children that are not immediately obvious.
- Gathering information must include a range of contributions – the child, family, professionals. Cross referencing and validating information will make a stronger assessment. Self-reporting should not be relied on in isolation from other sources of information.
- Current and historical information about the child and family must be balanced together. The past is often a good indicator for the future and only if change can be evidenced should problems that have impacted on the child historically be considered to have been resolved
- Analysis means evaluating the information and making sense of it. Using tools and the approach to risk assessment set out in the BAF will allow you to do this systematically.
- Understanding the interaction between evidence of harm/risk – vulnerability and resilience and the engagement or resistance of parent/ carer will form the basis of your analysis.
- Formal plans must be clear and focused and regularly reviewed by formal planning meetings which have sight of the plan’s objectives and can measure progress against outcomes. Parents must be engaged with all stages of planning process and expectations of them made explicit as part of the plan.

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