

OPERATIONAL AIDE MEMOIRE

Cumbria Child/Young Person and Family Assessment Assessment Quality Standards

Using Strengthening Practice training and procedure guidance
for
Child Protection, Child and Family Support, and Early Permanence teams

- Statutory assessments are undertaken by qualified social workers.
- The multi-agency outline of our **local assessment protocol** published January 2014 is on the **LSCB** website and is available for all members of public and other professionals to refer to. Social workers need to be familiar with this.
- The child care handbook '**children in need**' section provides all detailed information needed when learning about undertaking assessment or ensuring assessments meet the standards we expect.
- Chronology guidance is especially important in understanding a child's history so stories do not have to be repeated; previously completed assessment facts can be verified as needed.
- Informing parents and children about the assessment process is a key first step. The publicity leaflet '**children services user guide**' is on the **LSCB** website and should be given out to all families and children at the first visit. It includes reference to Children's rights to independent advocacy from NYAS if needed and also brief information about how to make a complaint.
- Children should be seen alone and their views of '**how things are**' sought

Assessment needs to be:

1. Child centred, and ensures the thresholds of either a vulnerable child whose development is being impaired (S.17) or is at risk of significant harm (s.47) are met and the child's safety is addressed in multi-agency way.
2. Proportionate to the nature and urgency of the child's needs and therefore this will determine the time allocated to complete these.
3. An ongoing process in longer-term work; it drives the plan.
4. Evaluative of progress, the degree of change and enable judgements about when to end or radically change a plan.

At each stage the check list below can be considered

Checklist of key assessment characteristics in all assessments:

1. The Child's view of the world, their views and their 'voice' shines through.
2. Positive progress or degree of impairment of a child's development is evidenced.

3. Identity is always evident, i.e. sense of individuality, ethnicity, religion, self-esteem.
4. A selective history/chronology (not a copy and paste list) of key events shaping a child's life and parent's capacity to be recorded after 'reasons for assessment' box.
5. Sources used in assessment are outlined, i.e. Number of home visits, individual direct work with children, discussions with relatives, agencies and research use.
6. The role and significant contributions of any other professionals needs to be clear and shown in 'details of professionals involvement' and analysis as needed.
7. Specific risks and the degree of seriousness of the impact on the child is always evidence. Strengthening practice tools must be used (e.g. risk /resilience matrix, safety circle, or signs of safety).
8. Scaling tools are to be used at the first assessment, the review and when assessing ending intervention (outcome impact)
9. Analysis is **evaluative, starts with strengths, then concerns**; it includes the likelihood and capacity for change by all individuals as needed by the child, explanations of how and why circumstances are affecting a child, and what support approaches works or hinders progress. It is NOT descriptive, does not repeat other content, is not a summary and not an action plan.
10. Written in plain English in a family friendly way and always shared with the parents and child if age appropriate.

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