



## CHILDREN, ADULTS & FAMILIES SERVICE

### **CHILDREN IN NEED** including those in need of protection

Gateshead Council's Children's services approach to Children in Need (CIN) and their families.

#### Document control and record of amendments

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## **Children in Need, including those in need of protection**

### **1. Introduction**

- 1.1 This document introduces Gateshead Council's Children's services approach to Children in Need (CIN) and their families.
- 1.2 This document has been written following a re-structure which began in October 2018 and was successfully implemented between January 2019 and April 2019. The majority of CiN assessments and CiN plans will be held by the Assessment and Intervention teams, however a small number will be held in SGCP and CWD. The contents of this document apply to any team or Service that undertakes assessment and intervention under sections 17 and 47 of the Children Act 1989. 'Children in Need' in this context includes 'children in need of safeguarding'.
- 1.3 It sets the framework and context for how we aim to deliver and practice Social Work through our front door (duty room) arrangements, assessment, planning and review processes which includes how we approach child protection conferences and work with families subject to safeguarding arrangements. Our ambition for how we deliver Social Work is captured in our **Gateshead CAN** approach described in [Appendix 1](#).
- 1.4 It also sets out the protocols for how and when cases will transfer and reflects where the Child in Need Services sit within the wider pathways in Children's Social Care.

### **2. Overview**

#### **2.1 Our approach to Social Work – Gateshead CAN**

- 2.1.1 Children's Social Care (CSC) has a commitment to putting the 'social' back into social work. For us, social work is about the relationships we build, the conversations we have, the direct work we do with the children and families who need our services. Gateshead CSC puts an emphasis on reclaiming *practice* as the central tenet of social work. We are investing in learning and developing systemic and strengths-based practice skills to enable our social workers to support real change in the lives of vulnerable children.
- 2.1.2 Our approach to Social Work practice is not limited to one model or 'way to do it'. **Gateshead CAN** is an overarching systemic and strengths-based approach which recognises the interrelationships between **Context**, **Action** and **Narrative**. Some of the methods and models our social workers use are Relational Genograms, Ecomaps, Solution-focused and motivational interviewing, Signs of Safety, Narrative techniques and tools from positive psychology.
- 2.1.3 Our Social work practice is driven by our aspirant vision that *"Children and families are at the heart of everything we do, ensuring all children can thrive and reach their full potential"*. Our ethical driver is rooted in the belief that our responsibility to children and families in need of help should start from the position that families are empowered and supported to make

positive changes, enabled to make self-determined choices and seek their own solutions that build on existing strengths and resilience within the family network. Our firm resolve is to work relentlessly in supporting families to remain together and where a child's needs demand alternative living arrangements these will firstly be sought from within the child's own family network.

2.1.4 Professionals involved in delivering statutory Social Work regardless of which service they belong to hold a determination to seek the opportunities for change within families, utilising the families own resources, by demonstrating reflexivity in their thinking and seeking to reach proportional and evidenced based conclusions.

## 2.2 Definition of Child in Need: Section 17, Children Act 1989

2.2.1 Section 17 of the Children Act 1989 imposes a general duty on Children's Social Care (CSC) to safeguard and promote the welfare of children in Gateshead who are '*in need*' and to promote the upbringing of children in need by their families by providing a range and level of services to meet those children's needs.

2.2.2 Section 17 of the Children Act defines a Child in Need (CIN) as a child:

- who is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services;
- or a child whose health or development is likely to be significantly impaired, or further impaired, without the provision of services;
- or a child who is disabled.

## 2.3 Section 47 Children Act 1989

2.3.1 Section 47 places a duty on Local Authorities to investigate children in their area where there is reasonable cause to suspect they are or are likely to suffer significant harm.

2.3.2 Under both section 17 and section 47 other agencies have a duty to co-operate with CSC in carrying out this duty to assess the needs of children and to provide services as necessary.

2.3.3 To determine the needs of a child and the support that they and their family may require, CSC will carry out a child and family assessment by a qualified Social Worker.

2.3.4 The assessment is undertaken in partnership with the family and any involved professionals, with a focus on building relationships. The assessment involves building an understanding of the family's circumstances and the child's lived experience, whilst giving due regard to the

child's wishes and feelings regarding the provision of those services (appropriate to their age and level of understanding).

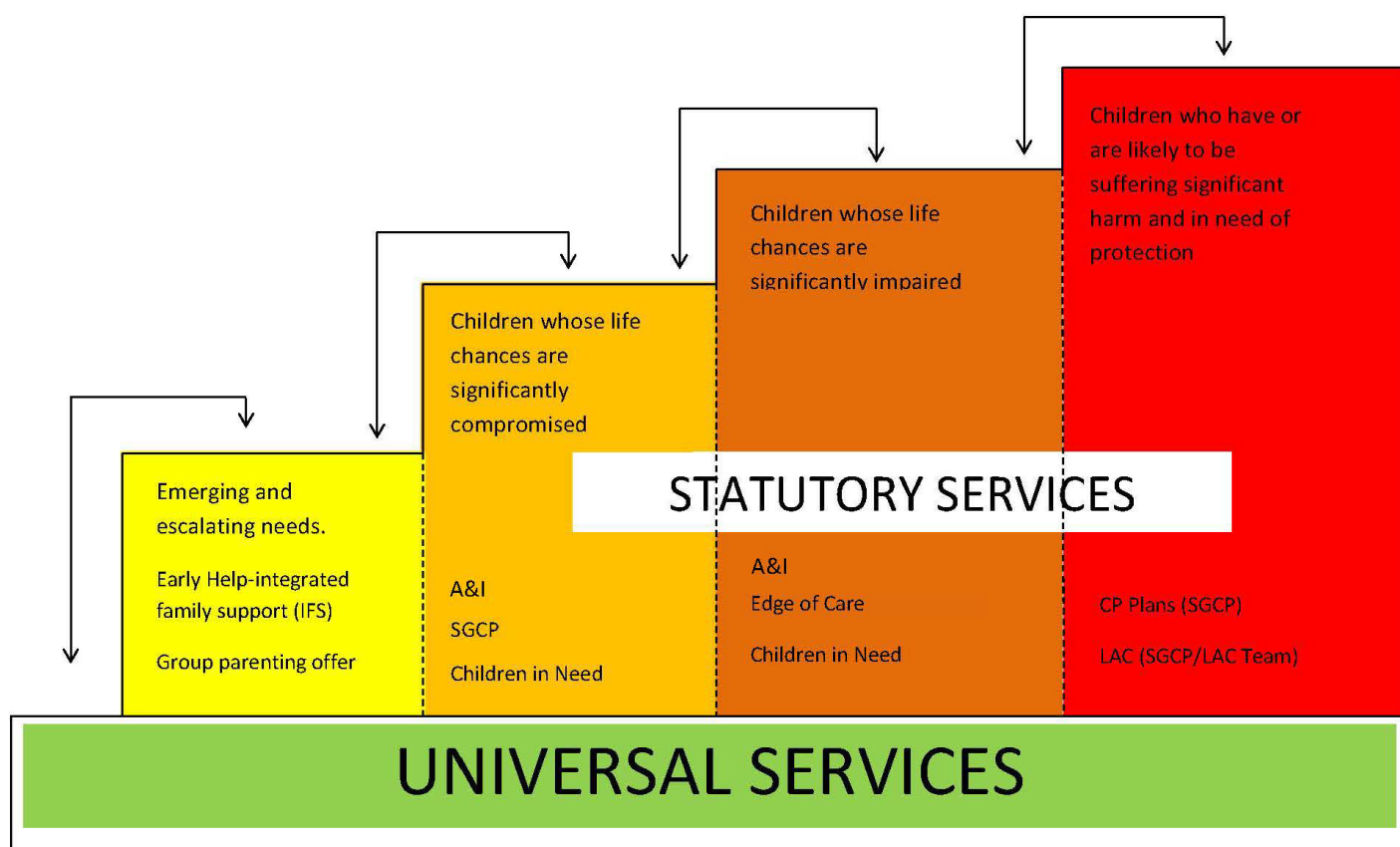
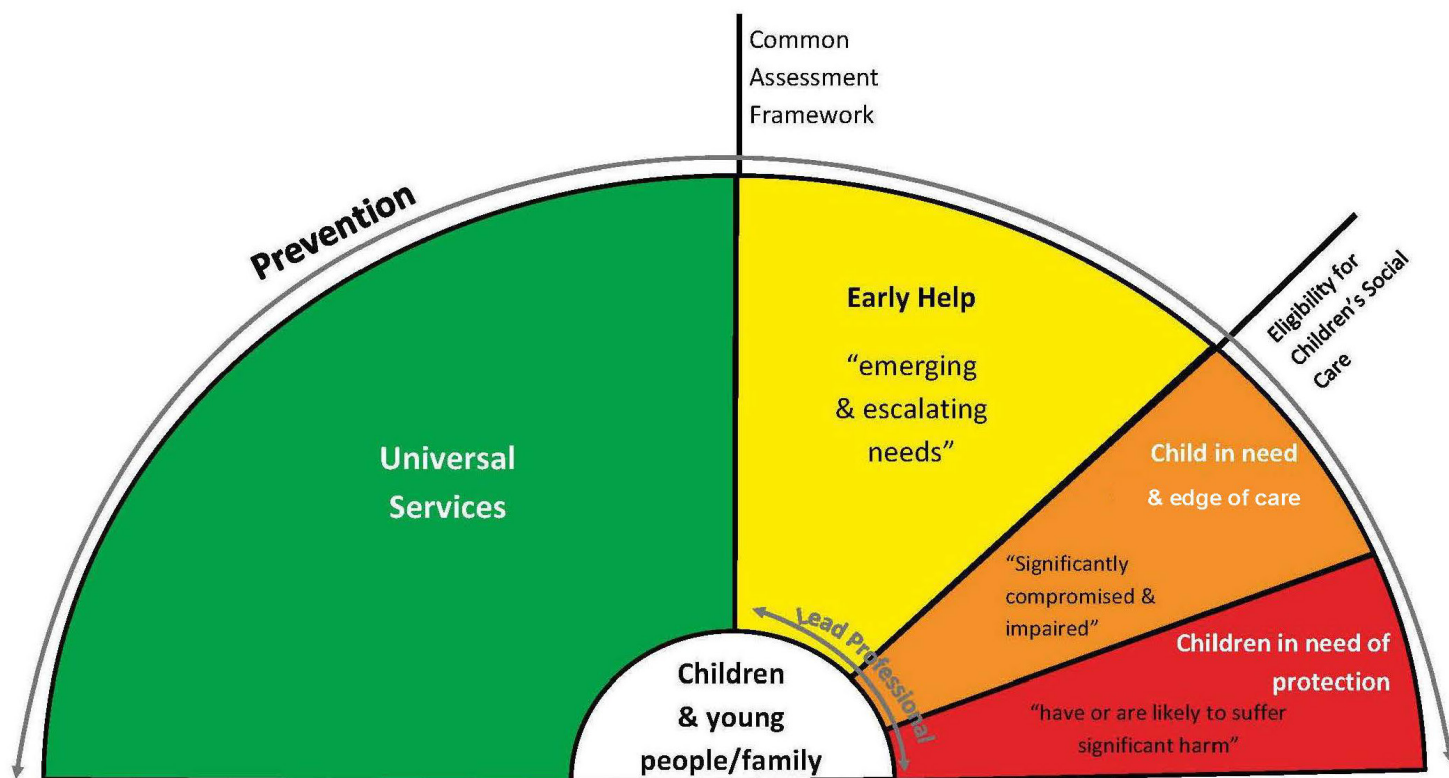
## **2.4 Consent and working in Partnership with Families**

- 2.4.1 Working with consent underpins our CIN work with children and families. From the point of every referral, those with Parental Responsibility (PR) should be informed of the nature of the referral and asked for consent to undertaking a child and family assessment, including consent to contacting agencies that know and work with the family. Young people of an age of understanding, particularly those aged 16 or over, should be asked for their consent as well.
- 2.4.2 It is necessary to check who holds PR, with respect to decision-making, but that does not mean that other significant adults, living with the child should not be consulted. Furthermore, children under the age of 16 should always be consulted, about decisions affecting their lives, applying the [Gillick competence and Fraser guideline's test](#).
- 2.4.3 There may be occasions when obtaining consent will take considerable negotiation to enable the family to have a shared understanding of the work that is required. Where parents are unable to give consent (due to lack of mental capacity or where absent) we may continue our involvement without reverting to s47. Where parents are unwilling to give consent, the Social Worker will need to consider the risk factors and if threshold is met for s47 under the Children Act 1989. If threshold is met for s47, in accordance safeguarding procedures, consent is then not required, but parents should be informed of the change of approach and the reasons for the concerns.
- 2.4.4 Gateshead's safeguarding procedures are explained further in the Council's [single agency procedures manual](#) and must be referred to and the written agreement of the Team Manager must be obtained if enquiries are to be made and information is to be shared without consent.
- There may be occasions when information about a third party needs to be shared with those with parental responsibility in order to prevent risks to the children from escalating and to enable CIN intervention to continue. The process of sharing this information also needs consent unless the risk needs to be considered under the framework of s47 Children Act 1989 to enable the sharing of information without consent.
  - Even when a s47 enquiry is initiated without consent, the Social Worker must consult with their manager about how and when to inform the family of the reasons for the concerns and the change of approach and it is the Team Manager's decision about whether to do so would place the child at risk of significant harm.
- 2.4.5 It is expected that the Social Worker, with the support of their Team Manager, will have considered innovative and alternative approaches to securing incremental consent and engagement of families as each stage of the assessment and intervention progresses,

ensuring the CIN intervention has clear benefits for the children and prevents risks from escalating.

## 2.5 Effective Support for Children and Families in Gateshead

- 2.5.1 In determining whether children and young people are likely to be children in need, the contact and referral information and any historical information about the child and family will be considered by the Integrated Referral Team (IRT). This provides the context and understanding of how the needs of children should be responded to at all 3 levels of the [GSCP threshold document](#)
- 2.5.2 Where a child and family require co-ordinated multi-agency help for **a range of emerging and escalating needs**, they are likely to benefit from a service from the early help services under tier 2 provision identified following the completion of an Early Help assessment (CAF). Where children can be helped in this way, they are not children in need within the terms of section 17.
- 2.5.3 However, for children whose development would be ***significantly compromised or impaired if social work intervention is not provided***, a CiN assessment should be undertaken to identify the needs of the child and the support required by their family. Children in need require a social care assessment carried out by a qualified social worker. Their needs are therefore at tier 3 – ***specialist and statutory*** in nature
- 2.5.4 Similarly, many children with a disability and their families can access the support and help they need through local community services, universal services, or via an early help assessment. However, where they have a long-lasting substantial disability that requires co-ordinated social care intervention it is likely that they will be offered a CiN assessment. Personal budget and overnight short breaks can only be provided following a CiN assessment that identifies that the child and family require this level and type of support to meet their needs. In these circumstances the assessment will be undertaken by a Social Worker from within the DCT and where ongoing support via section 17 is required the case will remain with the DCT.





### 3. The Child and Family Assessment

3.1.1 Assessment involves the methodical collation of information which allows the practitioner to identify, through analysis and evaluation, the risks to, and the needs of, the child(ren) and family. Crucially the assessment should provide the practitioner with a level of understanding about the child and the family context to enable an appropriate plan to be formulated which builds on child and family strengths and addresses the areas requiring change in order to improve the child's outcomes and keep them safe. Through this process the practitioner will develop an understanding of those factors and indicators which denote the likelihood of success within a timescale appropriate for the child. The assessment process and consideration of such factors and indicators will also provide the practitioner with an indication of which services are the most appropriate to be involved with the child and family to meet the identified needs. At its heart the assessment should hold the child in sharp focus and consider carefully those factors which pose a risk to the child. Associated plans and the provision of services to the family must be focussed on the needs of the child and relate to improving the circumstances in which the child is living.

3.1.2 Assessment is not a one-off event. In terms of the child's journey the assessment is best understood as a picture taken at a moment in time. As such the child's circumstances will change as a result of maturation, changes in circumstances, the impact of professional intervention and/or life events. Each change may impact on the child and will require the practitioner to reconsider their assessment in light of any such events. Because of this it is important that a cycle of assessing, planning, monitoring, and reviewing is undertaken throughout the practitioner's involvement with the child.

3.1.3 The purpose of the Child and Family Assessment is to establish whether or not a child meets the criteria for intervention and support under Section 17. If this is the outcome of the assessment, then the child is considered to be a child in need. The assessment will help identify *the family and Social Worker's understanding of their circumstances and what intervention or services are required to support the family to resolve any difficulties*

3.1.4 For Managers to satisfy themselves about whether there are urgent unmet needs of a child after the referral is received, the first social work visit should take place as soon as possible and within a maximum of five working days of receiving the referral. The assessment should be approached holistically and should seek information from relevant professionals involved with the child and family. It is important for children and their families that assessments are completed in a timely way to ensure interventions are proportionate and not delayed.

3.1.5 In most circumstances, the CiN assessment should be completed, written up and Quality assured by the Social Workers Manager by day 40 working days at the latest. However, most assessments are likely to achieve a professional view of need in less 40 working days. Where the needs of the child are understood and going work under a plan required the assessment should end and a CiN plan established. This might be the case early in the assessment period. We discourage assessments taking the full 45 days where this is unnecessary

3.1.6 To ensure assessments do not drift check points at 10 days, 25 days, and 40 days (where needed) will take place between the assessing Social Worker and their manager



- 3.1.7 Where an extension beyond day 45 is professionally justifiable due to significant complex family circumstances and in exceptional circumstances, with the authorisation of the Service Manager further time may be taken to complete the assessment with a clear plan of ongoing work, up to a maximum of 55 working days.
- 3.1.8 On occasions, after the first visit, it will be agreed by the Social Worker Team Manager and family that no further assessment or ongoing work is required and, on these occasions, a brief child and family assessment, known as a 'front and back' will be completed with agency checks included where appropriate
- 3.1.9 Where a section 47 enquiries are started during the CiN assessment the timescale for the completion is 15 working days from the point the decision was made by a Strategy Meeting or discussion. The Section 47 assessment should be in enough depth to identify the immediate safeguarding needs of the child. Where further assessment work is required following the section 47 this should be completed within the timescale identified in 3.1. 5 above.

Please see [Children & Families Service & Early Help Service: Practice Standards](#) for further details.

#### 4. Assessment principles:

##### Principles:

All assessments whether early help assessments or statutory assessment will hold to the following principles:

- ✚ The child is at the heart of the assessment.
- ✚ The child's known or perceived experiences will form the corner stone of plans which will be designed to improve the outcomes for the child.
- ✚ A working agreement will be agreed with the family that clearly states:
  - ✚ why an assessment is needed
  - ✚ who will undertake the assessment
  - ✚ how the assessment will be conducted and who needs to be involved
  - ✚ the anticipated timescale
  - ✚ what is expected and what can be expected from whom, including the family
- ✚ Assessments will be concluded within a timescale that ensures the needs of the child are understood and are addressed in accordance with identified need.
- ✚ Assessments will be conducted openly and honestly with children and their families and will actively involve them in the assessment and planning process.
- ✚ Assessments will take due consideration of the context within which the child lives, the views and wishes of the child and their family and be conducted in a collaborative and respectful way.
- ✚ Assessments will identify strengths as well as worries.
- ✚ Assessments will be evidence based and where appropriate reference current research in support of the conclusions reached.
- ✚ Assessments will include information from other professionals as appropriate and be integrated in approach
- ✚ Where there is more than one child the assessment process will specifically consider each child individually
- ✚ Areas of disagreement will be taken seriously and considered with the family.

- ✚ The child and family will have information that informs them how to make a complaint.
- ✚ Where necessary Assessments will result in a single plan designed to coordinate professional intervention.
- ✚ Plans will be reviewed with the family and their effectiveness monitored

For further guidance refer to the [Regional Assessment document](#)

## 5. Team and Service core roles and functions.

<b>Integrated Referral Team</b> is the 'front door' through which contacts and referrals are researched and managed. The triage process aims to ensure that only appropriate Police referrals come into the Children's Social Care system.
<b>Assessment and Intervention which includes the Edge of Care team</b> hold CiN cases from assessment through intervention to closure or transfer if escalated to CP/LAC or legal intervention.
<b>Safeguarding and care planning team</b> hold cases where the child is on a child protection plan and or subject to proceedings (including LBP) or Looked after under section 20 Children Act 1989. Some CiN cases will remain with the service based on established relationships.
<b>Looked after children team</b> hold cases where children are in permanent placements either on a Care Order or section 20. They also hold responsibility for care leavers.
<b>Children with Disability team</b> work with children with disabilities under section 17 that meet the criteria for the team. They also undertake investigations under section 47 and hold a small number of cases where the child is looked after or under a CP plan.

## 6. Child Protection Plans and Child in Plans

### Principals of a good plan:

**What ever type of plan is developed with a child and family the following key principals will be applied.**

- The child is at the heart of the plan with all actions being linked to the child's assessed needs
- The child's known or perceived experiences will form the corner stone of plans which will be designed to improve the child's outcomes.
- Plans will be formulated with parents/carers and young people using clear language and plain speak in a spirit of openness and honesty.
- Areas of disagreement will be taken seriously and considered with the family.
- Plans will be reviewed and moderated regularly to ensure their ongoing effectiveness

### What a good plan should contain:

**In Gateshead we have agreed that the following should be evident in the plans we co produce with children and families.**

- What type of plan it is i.e. a child protection plan, CiN plan, Looked after plan, or pathway plan
- A summary of the main findings of the assessment as they relate to the child and their circumstances and why we need a plan.
- A list of professionals and services involved in the plan and the name and profession of the lead worker
- A clear statement about what the concerns are and the likely impact on the child if their circumstances are not addressed
- A clear indication of what the intended outcomes for the child are and what success will look like.
- What services and measurable actions will be provided in order to achieve the identified outcomes
- Who is responsible for each aspect of the services/work to be provided
- The period of time- linked to the identified needs of the child- that each aspect of the plan is intended to cover with a clear indication of when improvements must be in evidence. Incremental steps towards the outcome.
- A clear statement of what will suggest the plan isn't working and the likely consequences.
- Identified review points
- A contingency plan that supports the child if the plan isn't working or breaks down.

## 7. Risk assessment and evaluation

The word 'risk' conjures up a negative connotation in most of us and the possible positive outcomes of a risk have been over shadowed with the consequences of making a 'bad' risk judgement. So, for most of us, a definition of risk that will probably feel most comfortable would be along the lines of,

*'A probability or threat of a negative occurrence that is caused by external or internal vulnerabilities and that may be avoided through pre-emptive action.'*

However, in working with children and families we need to take a more sophisticated view of risk and balance our strongest professional desire to eliminate risk for a child with a focus on strengths, benefits, potential and opportunity. The approach of 'risk management' rather than 'risk elimination' requires highly developed practitioner competence, and ability to work with ambiguity, uncertainty and crucially within a supportive management environment.

Risk assessment is a process that identifies the number, severity and duration of risk indicators balanced with mitigating strengths/resources and benefits that results in an informed judgement about the severity of harm, the likelihood of and the severity of future harm occurring/recurring and the anticipated impact on the child. It is through the systematic gathering of information in line with the 3 domains that the indicators of strength and risk will become apparent.

Any risk judgement or decision must be framed within a timescale for which the judgement/decision is relevant. As circumstances change so will the concerns, strengths, benefits, and likelihood. Therefore, an evaluation and analysis of risk must be specific and as with any assessment not a single one off event but subject to review.

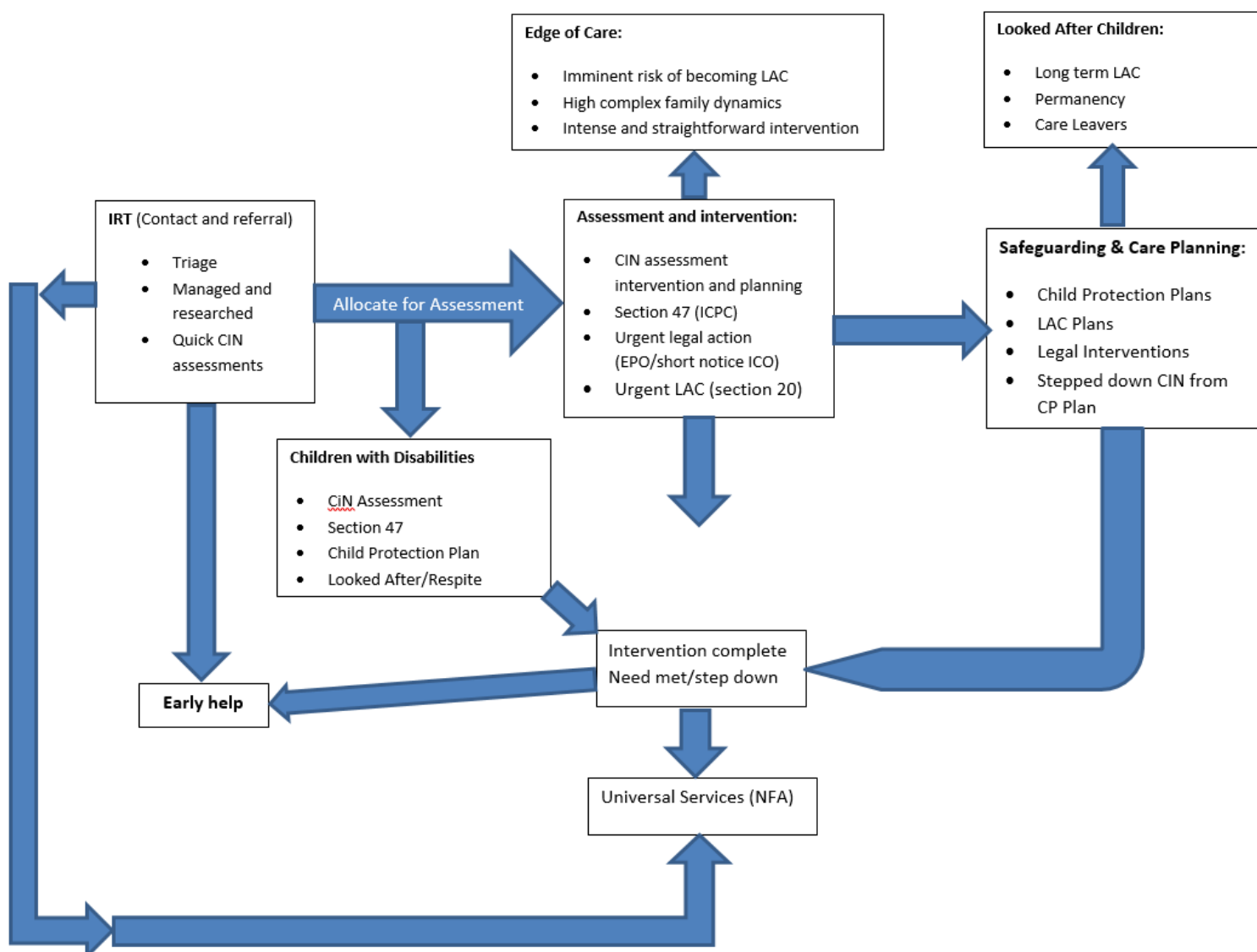
Munro, (The Munro Review of Child Protection: Final Report *A child-centred system 2011*) helpfully reminds us that:

*‘Uncertainty pervades the work of child protection. ... Risk management cannot eradicate risk; it can only try to reduce the probability of harm...risk assessments are fallible and can err by over-estimating or under-estimating the danger the child is in. A well thought out assessment may conclude that the probability of a child suffering significant harm in the birth family is low. However, low probability events happen and sometimes the child left in the birth family is a victim of extreme violence and dies or is seriously injured. Professionals, in particular social workers, currently face the possibility of censure whatever they do: they are ‘damned if they do and damned if they don’t.’ It is therefore important to convey a more accurate picture of the work and an understanding that the death or serious injury of a child may follow even when the quality of professional practice is high.’*

In short, risk assessment is not an exact science and even a well evidenced and analysed assessment that makes reasonable predictions of future harm may not prevent a false negative (a risk that is not identified occurs). It is an irksome truth of life that the possibility of an event occurring is rated higher after it has occurred than it would have been rated at the time- this is known as hindsight bias. In assessing and managing risk it is therefore of supreme importance that risk indicators that can be reasonably observed or known are taken into account and given due weight. Decision making, and professional judgements must be recorded and the reasons for the decision clearly noted- a helpful test is to consider if the decision you’ve reached would be supported by a reasonable body of co-professional opinion.

**In Gateshead we do not promote a particular model of risk assessment, however the approach at [appendix 2](#) provides a possible framework.**

## 8. Pathway and process flow:



## 9. Transfer and case closure of cases

### Memorandum of understanding between A&I, Edge of care, SGCP, LAC and CWD

#### Principles and best practice guidance:

Reduce where possible the number of Social Workers a child or family have during their involvement with CSC.

Transfers should be as seamless as possible for the service user whose needs will take priority

Promote caseloads that are manageable and allow sufficient capacity for meaningful change orientated interventions to be successful with children and families.

Services will always apply the most collegial and collaborative approaches to any individual, team or service facing capacity difficulties.

Disputes should be resolved at Team Manager level where possible.

#### Before any case is transferred to another team or Service a transfer summary must be completed and authorised by a manager, which will include an audit to ensure each case has the following:

- Up to date chronology
- Up to date recording
- Up to date relationships
- Current Genogram

#### Safeguarding and Care Planning (SGCP):

Take CP plans from the ICPC where a CP plan is made following the ICPC.

Retain CP cases which end and become a CiN plan until the case can be safely closed or transferred to Early Help. Exceptionally a CP case where the plan ends and CiN plan made might transfer to A&I where this won't impact negatively on the progress of the case or the family/child.

Take re-referred cases within 3 months of SGCP closing the case, including those stepped down to Early Help.

Children accommodated by A&I during their work will transfer to SGCP at the first LAC review.

Similarly, cases that progress to LBP will also transfer from A&I to SGCP

Supervision Orders will either transfer from SGCP to A&I or may remain with SGCP where practice/relationships demand.

#### Assessment and Intervention (A&I):

Referrals for assessment from the Integrated Referral Team (IRT). Where a CiN plan is required the case remains in A&I until closure is appropriate or escalation to CP plan or LAC plan becomes necessary.

CP plans that end in SGCP and become CiN plans where the change in relationship won't impact negatively on the progress of the case or the family/child

Section 7 and 37 that are directed while open to A&I. Where the case is subject to a section 47 and an ICPC and subsequent CP plan likely the Service Managers will agree which service would be best placed to take on the Court report.

Where a section 7 or section 37 is ordered on a closed case the team/service who had the previous involvement and knowledge should pick up the case, unless there is no legitimate link to the previous team/service in which case A&I will pick up the cases as a CIN case.

Supervision Orders where the change in relationship with the SGCP worker won't impact negatively on the progress of the case or the family/child.

Court ordered Family Assistant Orders

Private fostering arrangements

### **Edge of Care (formally CCiN team):**

Cases identified by IRAT or A&I service where there is a high probability that a child over the age of 11 will become looked after imminently unless urgent, intense, and sustained intervention takes place.

Cases identified by IRAT or A&I service where there are highly complex family dynamics that are impacting on the behaviour or welfare of the children and without intense and sustained intervention it is highly probable that a child or children will become accommodated

Cases which require additional intense and sustained intervention to achieve an agreed plan of reunification with their family from care over a specific period. These cases are likely to be co-worked with a Social Worker from another team or service. In such circumstances the Social Worker from the requesting service remains responsible for the case.

Where the Edge of Care team accommodate a child on their caseload the team will retain the case where rehabilitation is a realistic plan and achievable before the LAC 2<sup>nd</sup> review

### **Wrap around team (formally Rapid Response Team):**

This team primarily supports the work of the Edge of Care team in providing support to families in crisis out of normal working hours.

Where capacity allows the team, via the Team manager, can be approached to provide specific short-term support to cases open to SGCP, LAC and A&I where a significant crisis or risk of family breakdown is evident. In such circumstances the Social Worker from the requesting service remains responsible for the case.

Wraparound support offered to cases in A&I, LAC and SGCP will be time bound and have a clear and specific plan of intervention that will support the family plan in place

### **Looked after Children Service (LAC)**

Children who are subject to a Care Order at the end of proceedings

Children subject to section 20 where a legal gateway meeting has concluded that proceedings are not necessary and Long-Term fostering is the plan - [see protocol for case transfer to the LAC team from SGCP dated February 2019](#)



**Children with Disabilities (CWD).**

Referrals from outside agencies relating to families with a disabled child or self-referrals are made directly to the IRT who will determine if the child meets the criteria for CWD team. If the criteria is met the CWD team manager will allocate the case for a CiN assessment. [Link to CWD criteria](#)

CWD will assume case responsibility for that child and any siblings referred.

Where a CP concern becomes evident on an open case and the child becomes subject to a CP plan the case will remain with the Team. Likewise, if a child becomes a LA Child.

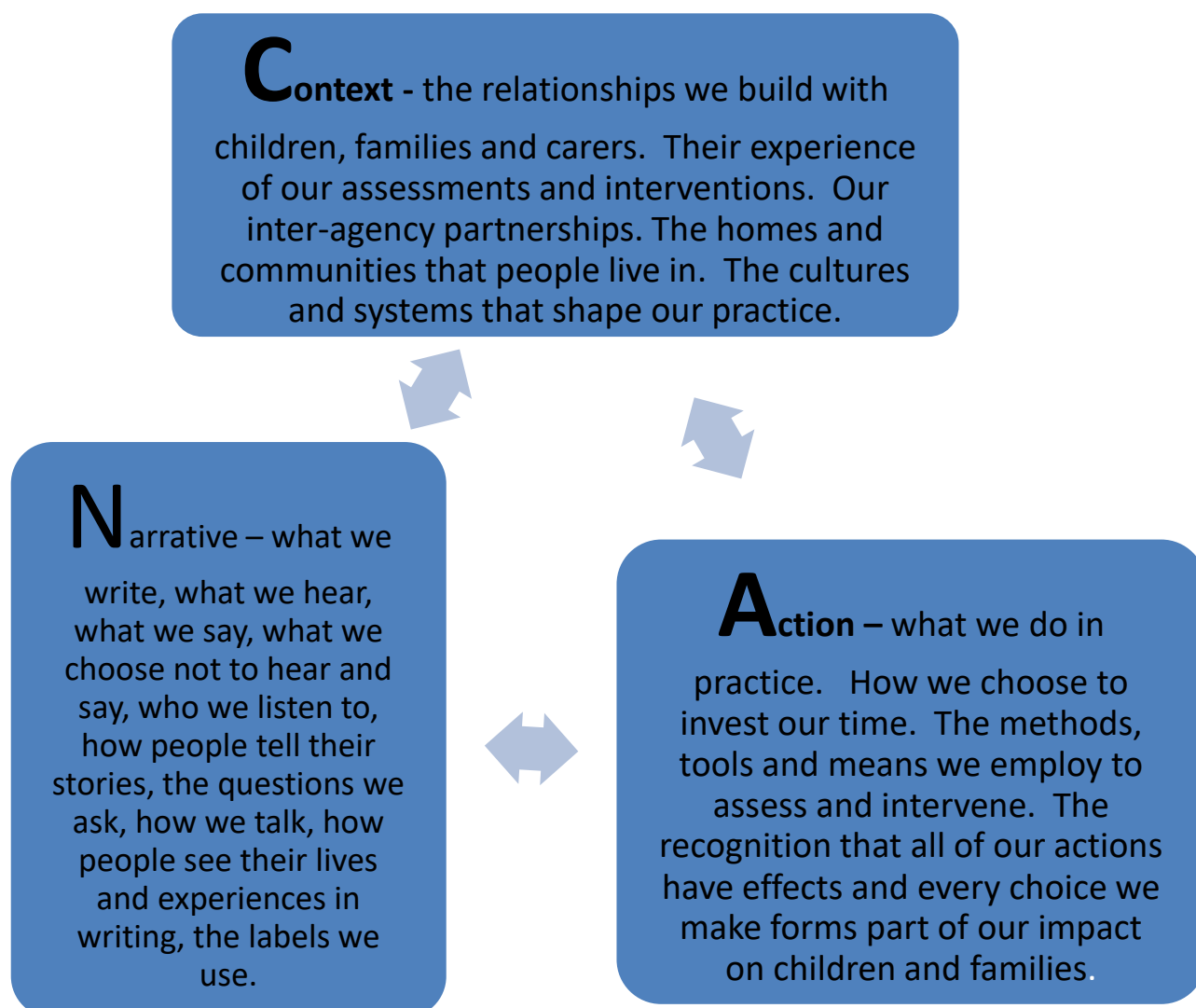
Internal transfers in to the CWD Team should be made following discussions between Team Managers.

Where there are needs identified but the threshold for CWD is not met then IRT will direct the case to the appropriate service namely; A&I, SGCP, or Early help.

## Gateshead CAN: Context, Action, Narrative

Children's Social Care (CSC) has a commitment to putting the 'social' back into social work. For us, social work is about the relationships we build, the conversations we have, the direct work we do with the children and families who need our services. Gateshead CSC puts an emphasis on reclaiming *practice* as the central tenet of social work. We are investing in learning and developing systemic and strengths-based practice skills to enable our social workers to support real change in the lives of vulnerable children

Our approach to Social Work practice is not limited to one model or 'way to do it'. Rather it draws on the tools, techniques, methods and models from all person- and system-centred theoretical positions. We have named our approach **Gateshead CAN**, to give an emphasis to the positive, strengths-based, purposeful, creative and can-do attitudes by which it is underpinned. CAN is more than a collection of attitudes, it represents our recognition of the interrelationships between Context, Action and Narrative:



**Gateshead CAN** – Social Workers in Gateshead will use a range of skills, techniques, methods, tools and models’ social workers use in their assessments and interventions. These are broadly connected by their systemic and solution-focused theoretical underpinnings:

- Relational Genograms
- Ecomaps
- Solution-focused practice
- Person-centred techniques
- Motivational interviewing
- Narrative techniques (eg externalising the problem, the Tree of Life, Words and Pictures)
- Systemic and reflexive interviewing (circularity, hypothesising, curiosity)
- Signs of Safety
- Non-Violent Resistance
- Positive psychology (Functional analysis; Cognitive modelling)

“It is the goal of any genogram interview to leave the clients feeling understood and more connected to the context than when they began”  
(McGoldrick, Gerson, Petry: 2008)

**Gateshead CAN** recognises that *practice* and *relationships* have not always been prioritised in social work. Over time processes, procedures, reports and administration have taken too much practitioner time. We cannot expect our Social Workers to be able to improve the lives of vulnerable children unless they have more time for practice.

Our approach therefore also involves an organisational commitment to:

- Reduce the burden of excessive administrative processes on Social Workers
- Provide technology that allows Social Workers to work remotely
- Monitor caseloads and act to reduce caseloads that become unmanaged.

## Risk Assessment Recording Template (RART)

### Appendix 2

#### **Why complete a RART.**

To evidence that the decisions made regarding a risk or risks to a child or children are justifiable, proportional and defensible.

#### **When to complete a RART.**

1. When a decision is required and the decision carries with it a discernible risk for a child. For example:
  - As part of the analysis section in a CiN assessment/section 47 enquiries.
  - As part of a strategy meeting
  - When considering whether a child requires accommodation or not
2. When a risk is being taken and underpinning thought and processes and judgements need to be demonstrated.
3. When a proposed action or decision is strongly opposed by a colleague or other professional

## Guidance

#### **Section 1**

Describe in summary form the relevant known aspects of the chronology.

#### **Section 2**

State here specifically what the decision actually is that needs to be made.

#### **Section 3**

**Column 1** – specifically state what the worry is about the current child's circumstances. Break them down into constituent parts rather than a single enormous worry. Avoid being catastrophic unless you can genuinely evidence it. Agree a value in numerical terms.

**Column 2** – state here the known strengths within the child's circumstances but be clear how they are protective factors rather than just good things.

**Column 3** – Balancing the worry against the strengths what is the likelihood of the worry occurring – use here reasonable foresight based on known evidence including professional research and wisdom. In this column you need to show your 'working out' and be able to justify it.

**Column 4** – state here what the severity of the worry would be on the child if it happened. Again avoid being catastrophic unless you can justify this. Consider here factors like the child's age, known reliance and vulnerabilities.

**Column 5** – Consider here available and proportionate actions that might reduce the risk.

**Column 6** – in the light of the protective factors, consideration of the severity of the likely harm and any further action achievable, has the value of the worry decreased, stayed the same, or increased.

#### **Section 4**

State in this section what the decision is and outline the safety plan that supports the decision made. It is very important that you state in this section how long the risk decision is meant to cover. For example, overnight, over the weekend, until the first ICPC and so forth

#### **Section 5**

In this section say who has been involved in making the decision and outline any dissenting views. Depending of the strength of feeling it may be appropriate to consider a peer review of the decision and or escalate the decision to senior managers.

**SECTION 1**

Description of the circumstances which have led to the need for a RART:

## SECTION 2

What is the decision that needs to be made?





#### SECTION 4

What is the safety plan and over what period does it cover?

**SECTION 5**

Who has been involved with making this decision?

Did anyone disagree and if so is there a need for a peer review?

Date completed:

Date of review if needed: