



## **Children's Safeguarding and Family Help**

Assessment: local procedures and  
best practice guidance

# Assessments

## 1 Introduction

This document provides details of local procedures and best practice for social workers carrying out child and family assessments, and should be read together with the main assessment policy available at: [Assessments](#)

The document covers:

- local procedures for carrying out, updating and repeating assessments
- information on specialist assessments
- practice guidance on analysis including significant harm and capacity for change
- information on evidence-based practice
- information on assessments tools and their use.

## 2. Local procedures for child and family assessments

### 2.1 General procedures

- Camden has an upper timescale of 35 working days from referral to completing a child and family assessment, but assessments should be available within 34 working days to allow for amendment. There is an expectation that in less complex cases, assessments will be brief and will be completed within 15 working days.
- Social workers should also be aware that the assessment will become the report to the first CIN planning meeting and first CLA review and the initial child protection conference and must therefore be available within the relevant timescales for those meetings.
- All assessments must be planned in advance by the social worker and team manager. See [section 6 of the Assessments policy](#) for further details. A mid-way review to check the progress of the assessment should be set for 8 working days from the date the assessment is begun.
- Chronologies should be started whenever a child and family assessment is started and should be regularly updated. For further guidance please refer to the chronologies practice guidance available at: [chronologies-practice-guidance.pdf](#)
- As part of the assessment process:

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- The child must be seen within 7 working days of the child and family assessment beginning.
- Where the assessment timescale has been set at 34 working days, a further 2 visits to the child and family should take place during the assessment.
- Where the assessment is less complex and to be completed within 15 working days, one further visit should be made to the child and family during the assessment.
- Where an assessment is being conducted as part of a section 47 enquiry:
  - The completed assessment needs to be available to the initial child protection case conference within **15 working days**.
  - If the assessment was **completed 10 working days or less** before the initial conference the original assessment can be presented.
  - If the assessment was **completed more than 10 working days prior** to the initial conference, an addendum assessment should be prepared to include any new information and presented to the meeting along with the original assessment.
- In circumstances where a child and family assessment becomes out of date before an initial child protection conference or CIN meeting has been held (because of new information or following a major incident) and the response from CSFH may have to change, social workers should update the original assessment using the addendum to the child and family assessment record (available on MOSAIC). The addendum can also be used to update a pre-birth assessment once the child is born.

### 2.2 Updating assessments

- As part of the review process, the assessment will need to be updated every 6 months to include any new information and to assess the impact of interventions and services in meeting the child's needs and improving outcomes.
- The updated assessment should be recorded on the Child's Plan and should include:

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- a re-assessment of the child’s needs, parenting capacity and family and environmental issues
  - details of family strengths and difficulties
  - details of any changes to household composition or the family’s situation
  - information on any significant incidents or events.
- Updated assessments should also identify cases where no progress has been made in achieving outcomes and where escalation should be considered or cases where progress has been made to the point where CSFH can consider “stepping down” to a lesser intervention (ie: child protection to child in need) or case closure and potential step down to early help services.

### 2.3 Repeating assessments

In some cases, the relevance of the original assessment may diminish due to changes to the family’s circumstances, leading to changes in the level or nature of risk. In these cases, it may be necessary to repeat the assessment in order to ensure that the plan remains viable and can safeguard and promote the child’s welfare.

Assessments must be **repeated** whenever a case significantly changes direction due to any of the following:

- ***A long-term CIN case becomes a child protection case:*** This may be due to increasing concerns or specific incidents. The assessment will be required as part of the section 47 investigation and will be used to report to the initial case conference.
- ***A CIN or CP case becomes CLA:*** An assessment should be repeated whenever a child who was originally deemed in need or subject to child protection procedures becomes looked after. This is to inform their care plan.
- ***A looked after child returns home.*** The updated assessment should inform the child in need plan and “step down” provision and ensure that parents are being properly supported so that the return home can be successful.
- ***Child has been subject to a child protection plan for more than 2 years.*** The chair of the conference may recommend that the assessment is repeated in order to address any drift in the case.

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- **Looked after children cases.** The IRO may recommend that the assessment is repeated if it is felt the original assessment is out of date and the overall care plan for the child is one of permanent substitute care. This is to ensure the care plan remains viable.

### 2.4 Closing cases following assessment

- In some cases, it may become apparent following assessment that the child has not met the threshold for a social work service and CSFH has no role to play in supporting the family, and the case will be closed **immediately** following assessment and a Closure record should be completed.
- If the family requires an early help service, social workers should follow the procedures set out in the *Step down to Early Help* protocol. [step-down-to-early-help-procedures.pdf](#)

### 2.5 Quality assurance and the role of managers

- The role of managers in the planning process and in terms of quality assurance of assessments is crucial in order to ensure the following:
  - All assessments are completed within the upper timescale of 35 days.
  - Completion of assessments is timely, with no drift, so that families do not experience delay in decision-making.
  - The depth of the assessment is proportional to the presenting issues.
  - The assessment meets a high standard of quality.
- Managers should agree an assessment plan with the social worker at the outset and set a date for a mid-way review where progress can be discussed.
- It is recommended that assessments are discussed at least once during the social worker's supervision and/or Reflective Group supervision so that:
  - social workers can be supported in the task
  - the social work analysis and planning can be critically appraised
  - the social worker has an opportunity to explore issues arising from the assessment, test hypothesis and gain an objective view of their professional judgement.
- Where social workers are unsure of whether thresholds have been reached for statutory intervention or need expert advice on child protection or looked after children, CPOs and IROs should be able to provide advice and guidance.

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- On completion, all assessments **must** be authorised by the manager or senior practitioner via the authorisation task on MOSAIC. There is a section at the end of the assessment for managers to record their comments on the assessment.
- In line with the London Safeguarding Children Partnership child protection procedures, managers should ensure the following information has been included in the assessment before authorisation:
  - the child has been spoken to and seen alone and their wishes and feelings have been ascertained and recorded in the assessment
  - all children living in the household have been seen and their needs considered as part of the assessment
  - the child's home address has been visited and the child's bedroom seen
  - the parent has been seen and their views and wishes ascertained and recorded
  - the analysis has been completed
  - the assessment provides clear evidence for decisions on what type of services and interventions are required
  - there is an up-to-date chronology on the child's case record.
- Completed assessments should contain recommendations for further action and services to be provided that will form the basis of the child's plan. Managers should reply to the authorisation task stating whether they agree with the recommendations and authorising any further action and service provision.

### 2.6 Recording child and family assessments

- All child and family assessments, including specialist assessments, should be recorded on the child and family assessment template available in the *Child and family assessment* episode on MOSAIC.
- At the end of a child and family assessment, social workers will be expected to provide a list of recommendations for actions, services and support for the family and this list of recommendations will be the outline plan. The assessment will be the social work report to the relevant first multi-agency meeting where the recommendations will be developed to become the CIN/CP/Care plan.

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- Timescales for this are:
  - CIN review (within 2 weeks of the completion of the assessment)
  - CLA review (to be held within 20 working days of the child becoming looked after)
  - Initial child protection case conference (within 15 days of the date of the strategy meeting where it was agreed to go to conference).

### 3 Specialist assessments

Some children's circumstances and situations may require special consideration within the child and family assessment and a specialist assessment may be carried out alongside the child and family assessment:

- **Pre-birth assessments** are carried out where there is a risk of harm to an unborn child posed by the mother's current lifestyle and there are concerns about future risk of harm stemming from parental capacity to care for the child once born. Details can be found in the *Pre-birth assessment and working with expectant parents* guidance. [pre-birth-assessments-policy.pdf](#)
- **A young carer assessment** should be carried out whenever a child or young person is identified as carrying out a caring role for a member of their family (adults and siblings). Further details on the assessment can be found in the young carer's protocol: [young-carers-protocol.pdf](#)
- **Homeless young person's assessment** is carried out where a young person aged 16 or 17 presents as homeless to establish whether the young person is homeless and needs to become looked after. Further details are available in the Homeless Young Person's protocol: [homeless-young-peoples-protocol.pdf](#)
- **Assessments for children with disabilities** are carried out by the CYPDS and will assess children under the Children Act 1989 and the Chronically Sick and Disabled Act 1970 to establish what support and practical assistance the child and their family need in order to help the child to reach to achieve good outcomes.
- The **CYPDS Transitions team** will carry out a Preparing for adulthood assessment for all young people who are known to the service and who have reached the age of 13 in order to establish what future support needs they may have up to the age of 25 and whether they will need continued support from Adult Social Care under the Care Act 2014 on reaching 25.

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### 4 Analysing assessment information: practice guidance

This section should be read together with [section 7 of the Assessments policy](#).

- Analysis is the process of making sense of the information gathered during the assessment and allows social workers to construct a coherent story of the child's life. It is defined as the process of breaking down the information into its component parts in order to explore the relationship between the parts and how these interact to make the whole.
- Analysis is an objective process that allows social workers to use the information gathered to build, test and refine hypotheses to explain what is happening in the family and in the child's life and explore the processes that are bringing the situation about.
- Analysis needs to consider the relationship between the different domains and dimensions within the Assessment Framework, focussing on strengths and weaknesses evidenced from the information and should cover:

#### ***Child development:***

- What is happening to the child in terms of their age and stage of development?
- Do they have any vulnerabilities or disabilities and how do these impact on their development?
- What is their social and emotional functioning and are these being impaired?

#### ***Parenting capacity:***

- What is the parent's ability to provide care for the child and meet their needs?
- What is the quality and nature of the care provided?
- Is the care provided consistent?

#### ***Wider environment:***

- What is the influence and impact on the child's development and parenting capacity of the wider family, neighbourhood and social networks?
- What is the impact of the family's individual histories?
- In particular, analysis should ask the following questions:
  - What are the child's needs?
  - If there are needs that are being met, how is this happening?
  - If there are needs that are not being met, why is this?



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- What impact is unmet need having on the child's development and future outcomes?
- How is parenting affecting the child's development, either negatively or positively?
- How are wider environmental factors affecting the child's development and parenting capacity, either negatively or positively?
- Are there any gaps in information or unknown factors?
  
- To understand how the different factors affecting the family are interacting, social workers may wish to explore the processes that are operating within the family and the strength of the impact, both positive and negative, on the family. This will be important in terms of deciding on successful interventions.
  
- For example, social workers should distinguish between:
  - what has brought things about (past)
  - what keeps things going (present)
  - what is likely to happen in the future.
  
- When considering the significance and severity of the impact of factors and processes, both positive and negative, the following should be taken into account and may inform decisions on prioritising interventions and resources:
  - how many dimensions within the framework show some difficulties
  - how significantly the difficulties adversely affect the child's development or family functioning or how much a strength contributes to better outcomes
  - how frequently difficulties or strengths are manifested
  - how long difficulties or strengths have existed
  - the extent to which difficulties or strengths can be altered by other factors
  - how unusual the difficulty or event is
  - how these factors are impacting on all domains, ie: child development, parenting capacity and the wider environment.

### **Predicting future outcomes and potential harm**

- Predicting future outcomes is a key part of analysis where social workers consider what the future will be like for the child if their needs remain unmet, there is no change within the family and the current situation is allowed to continue.

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- Prediction should look at what will happen in the short term, based on current functioning, and the long term, using information from research to build a hypothesis of what the child's functioning and development may be if no services or interventions are offered.

## Significant harm

- Significant harm is defined as “the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm”.
- Harm is further defined as ill treatment or impairment of health and development in a child and can be due to physical, sexual or emotional harm and abuse or neglect or the impact on the child's health and development of witnessing the ill treatment of others, for example as a result of domestic abuse.
- The concept of significant harm is also important in care proceedings as this is the level of harm required for a court to consider a care or supervision order in respect of the child. Harm is defined as “ill treatment or the impairment of health and development” compared to “that which would be reasonably expected of another child”.
- When making decisions on whether the threshold has been reached, social workers should consider the severity, frequency and duration of the harm and the extent to which it is pre-meditated as this will be positively linked to the level of adversity the child is likely to suffer as a consequence.
- Appendix 1 lists the factors that should be considered in order to build up a profile of harm, severity of difficulties and the prospects of successful intervention that can inform professional judgements on significant harm and whether the threshold for child protection intervention has been reached.

## Capacity for change

- Where assessment shows that the child has unmet developmental needs that are directly attributable to the quality of parenting received, and changes are needed to parenting capacity, social workers should consider the parent's capacity for change, and whether change is likely to occur within a timeframe that is suitable for the child.

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- Analysis should look at:
  - parent's acceptance of the issues or responsibility for the situation
  - their willingness to change
  - their ability to effect and sustain change.
- To assess this, social workers may wish to use the available models of change to decide whether parents are ready to accept change or the C-Change model available at: [Assessing parental capacity to change | Children's Policy & Practice Hub](#)

## 5 Evidence based practice and use of research in assessment

- Evidence based practice is the process where social workers combine research findings with their own professional experience and the experiences of service users in order to inform decisions on interventions. It is how social workers, in partnership with families, can identify the right intervention that may lead to greater success as actions and support is tailored to the family's needs.
- As the needs of children and families become more complex, social workers need to become more aware of research and how it can be harnessed to tackle the increasing complexity.
- Assessment particularly is an area where the use of research is vital so that social workers can form and test hypotheses leading to a full understanding of the child's needs and how complex factors within the family interact and drive these needs. Evidence based practice can also help social workers to define and explain problems and possible solutions so that children and families are better able to understand and more likely to engage.
- The components of evidence-based practice are:
  - **Evidence:** research findings and the interpretation of these findings
  - **Practice wisdom:** the social worker's own professional knowledge, experience and expertise and that of their supervisor, discussed and explored during critical reflection in supervision.
  - **Child and family's experiences and wishes;** how the family perceives and experiences their difficulties and the impact on them and what they wish to be done to address the difficulties.

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- Use of research and evidence-based practice to improve decision-making is important because of the impact of decisions taken by social workers;
  - in child protection cases, decisions may need to be made quickly against a backdrop of real concerns for the child's safety.
  - for longer term cases such as looked after children, decisions need to be taken that can have consequences for their future welfare.
- Evidence based practice can also help social workers to:
  - challenge their own perceptions and assumptions and help them reflect on and improve their practice and add to their professional knowledge base.
  - be flexible in their assessment and decision making by being able to adapt interventions to changing circumstances as new information arises.

## 6 Assessment tools, questionnaires and scales

- There are a range of assessment tools, questionnaires and scales available to social workers that can support the assessment process and help to gather relevant information that informs decision-making.
- Assessment tools can be especially useful in engaging children, parents and family members and can be a good way of capturing information that might otherwise have been overlooked. The tools can give individuals the space and opportunity to consider their responses without prompting from social workers and can help individuals gain insight into issues.
- Assessment tools can be holistic, covering a wide range of indicators and situations, such as the Home inventory. Others may be more specialised, screening for specific elements such as wellbeing or depression or focussing on specific tasks such as parenting.
- The tools can be used as a checklist for observations during assessment where relevant, and to prompt discussion with families. They can help families get an understanding of their situation and provide information on which to base packages of support or to emphasise family strengths on which to work with the family to effect change.

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- The tools can be used in the home or in care settings with foster carers where relevant. The tools can identify needs and provide an understanding of the nature and intensity of need and presenting issues and help social workers understand the interactions between issues that are driving need.
- Use of tools should be discussed with managers when planning the assessment or as part of a review when new facts arise and there is a relevant use for a specific questionnaire or scale. This could be decided from information contained in the referral or on the first visit to the family or following updating the assessment prior to review.
- It is important that tools such as questionnaires and scales are used in the right context as inappropriate use or over-reliance can have a negative impact on the quality of data collected, its analysis and therefore the professional judgements drawn from the data. Their use in emergency or crisis situations is not recommended as there may not be enough time for families to give a proper response or responses may be skewed.
- Social workers need to introduce questionnaires and scales to families in a sensitive way that avoids appearing judgemental, clearly explaining the purpose of its use and where it fits in with the overall assessment. This is particularly important for parents with learning disabilities.
- There should be a discussion on how the individual family member feels about using the tools and social workers should try to understand and acknowledge concerns raised about their use.
- Social workers should not get too involved with the completion of questionnaires although the completion should be observed. Parents or children should be left to consider their own responses, with the social worker leading on discussion of any issues arising and clarifying where necessary.

### 7. Types of scale and questionnaires

Many of the assessments described here require specialist training that will be made available via the TDS. For some training, for example Signs of Safety, it is a divisional requirement for social workers to attend.

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### Assessment framework questionnaires

The Department of Health has produced a pack of questionnaires and scales that can be used with families to facilitate the assessment process and help social workers and service users to focus on specific issues. Questionnaires and scales include the following:

- The strengths and difficulties questionnaire screens for emotional and behavioural problems in children and young people.
- The parenting daily hassles scale can be completed with parents and measures the frequency and impact of 20 potential hassles faced by them daily.
- The home conditions scale measures the physical state of the home environment.
- The adult wellbeing scale measures parent's feelings in terms of levels of depression and anxiety.
- The adolescent wellbeing scale measures depression in adolescents.
- The recent life events questionnaire measures the impact on individuals and families of events such as bereavement and divorce and can be used as part of social history taking for both parents and children.
- The family activity scale is completed by parents and looks at the quality of the home environment in terms of supporting the child's development through activities.
- The alcohol scale measures the amount and impact of drinking and helps social workers identify parents (or young people) whose drinking is harmful or hazardous.

These are all available in the Assessment scales and questionnaires section of the children's policy hub.

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### Home inventory

- The Home Inventory for Measurement of the Environment (HOME) inventory is a set of questions and observations to be completed with families that aims to measure the level of support a child is receiving for their welfare and development within the home environment.
- The inventory can indicate strengths and weaknesses within the family, including family relationships and how these impact on the child. It allows social workers to gather a wide range of information so that a hypothesis as to what is driving need can be developed.
- Use of the HOME inventory is covered in the divisional training on assessments that all social workers are expected to attend.

### The family assessment

- This is a resource for social workers for assessing family functioning, including history, relationships, organisation and family character. It looks at how family members interact and can be used to assess complex family dynamics and provide models for understanding family strengths and difficulties. It can also be used to assess change over time and the impact of interventions.
- Use of the assessment requires specialist training that social workers should request via the LDS.

### Attachment style interview

- This is a semi-structured interview to be used with adults in order to explore and assess their close relationships with partners and other family members. This provides an evidence base of the quality of the adult's relationships and their ability to form and sustain lasting relationships.
- Use of the assessment requires specialist training that social workers should request via the LDS.

### In my shoes

- This is a computer-based package used with children to facilitate their communication around their experiences, including distressing events and relationships. It can be particularly useful for children who have been abused, have difficulty expressing emotions or who have developmental delay.

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- Use of the assessment requires specialist training that social workers should request via the LDS.

### 7.6 Signs of Safety

- This is a strengths based approach to child protection that incorporates a model of assessment based on risk and safety planning and that ensures families are fully involved in addressing concerns and finding solutions.
- It is an expectation that all social workers attend the Signs of Safety training; materials from the training are available at: [signs-of-safety-framework.pdf](#)

### 7.7 Drug Use Screening Tool (DUST)

- The DUST assessment allows social workers to assess an individual's drug or alcohol use in order to decide on what level of risk their substance use poses and what intervention is required to address the issue. It should be used whenever substance misuse is an issue for either a young person or for a parent.
- The tool is based on a scoring system that provides guidance on what level of risk has been reached and what level of intervention is required. Where a person's score is 9 points or more, social workers should refer on to the appropriate resource.
- Where a young person is using drugs or alcohol, or where there is parental substance misuse and the child is more than 10 years old, a referral should be made to the FWD young people's drug and alcohol team.

The DUST assessment tool can be found at the link below. [e-dust-camden-15-9-06.xls](#)

### Genograms and ecomaps

Genograms are a pictorial representation of the child's relationship to other family members, and ecomaps illustrate the child's external relationship within the community, such as involved professionals and other community resources.

### Graded care profile

- The Graded care profile is the assessment tool used in Camden for the recognition, measurement and management of neglect. It can help professionals objectively measure the standard of care given in order to



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assess the level of neglect the child is experiencing in order to inform decisions on interventions.

- Guidance for using the tool can be found in the Neglect section of the policy hub and social workers will be expected to attend the Graded care profile training. [Graded care profile | Children's Policy & Practice Hub](#)

**Appendix 1: Child protection analysis (SAAF) profile of harm and prospects for successful intervention**

<b>Profile of harm (level of risk)</b>	<b>Prospects for successful intervention</b>
<p><b>Severity of harm and impact on child</b></p> <ul style="list-style-type: none"> <li>Context and extensiveness of harm, past and present</li> <li>Impact on the child’s development</li> <li>History of child’s needs and how they were met, past and present</li> <li>Establish what needs to change</li> </ul>	<p><b>Child-centredness of parents regarding harm to child</b></p> <ul style="list-style-type: none"> <li>Whether parents recognise, acknowledge and understand the severity of harm to the child</li> <li>Parent’s ability to take appropriate responsibility for the harm</li> <li>Level of parent’s acknowledgment of the need for protection and therapeutic work to ensure the child’s future safety and recovery.</li> </ul>
<p><b>Parenting, protection and therapy</b></p> <ul style="list-style-type: none"> <li>Level of parenting, protection and therapeutic work the child requires given levels and extent of harm</li> <li>Factors indicating additional needs requiring particular parenting skills, ie: disability</li> </ul>	<p><b>Child-centredness of parents regarding parenting difficulties</b></p> <ul style="list-style-type: none"> <li>Whether parents recognise, acknowledge and understand the nature and level of past and present parenting difficulties</li> <li>Parent’s ability to take appropriate responsibility for their motivation to achieve change</li> </ul>
<p><b>Severity of parenting difficulties</b></p> <ul style="list-style-type: none"> <li>Extensiveness of difficulties in parenting capacity, past and present</li> <li>Establish what needs to change</li> </ul>	<p><b>Modifiability of parenting difficulties</b></p> <p>Parent’s potential to respond to the child’s needs and to develop their capacity as parents to help children recover from abusive affects and achieve their potential</p>
<p><b>Severity of individual and family difficulties</b></p> <ul style="list-style-type: none"> <li>Extensiveness of difficulties linked to individual and family factors and processes and the extent of their influence on parenting capacity</li> <li>Impact of factors from the parent’s childhood, health, relationships, family organisation and family relationships, including the wider family</li> <li>Establish what needs to change</li> </ul>	<p><b>Child-centredness of parents regarding individual and family difficulties and motivation to change</b></p> <ul style="list-style-type: none"> <li>Whether parents recognise, acknowledge, understand and are able to take appropriate responsibility for the role and severity of individual and family factors and processes and their effect on parenting</li> <li>Parental motivation to achieve change</li> </ul>
<p><b>Severity of environmental difficulties</b></p> <ul style="list-style-type: none"> <li>Extensiveness of difficulties related to environmental factors such as housing, employment, income and family integration and their impact on parenting, individual and family functioning, and parenting capacity</li> <li>Nature and extensiveness of difficulties in family-professional relationships, past and present</li> <li>Establish what needs to change</li> </ul>	<p><b>Modifiability regarding individual and family factors</b></p> <p>Potential for change in individual and family factors and processes and to respond to intervention and improve parenting to meet the child’s needs</p> <p><b>Child-centredness and modifiability regarding environmental factors</b></p> <p>Whether parents recognise, acknowledge, understand and are able to take appropriate responsibility for the role of environmental factors and the potential for change</p>

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	<p><b>Co-operation of parents/family and child's wishes and feelings</b></p> <ul style="list-style-type: none"><li>• Acknowledgement of nature and history of family's relationships with professionals and agencies</li><li>• Potential for working together and the availability of resources to achieve change within the child's timeframe</li><li>• Child or young person's wishes and feelings and whether they match professionals and/or family's view of intervention most likely to promote child's health and development</li></ul>
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