



CHILD AND FAMILY SINGLE ASSESSMENT - GUIDANCE

Introduction

This practical guidance is intended to support staff to complete consistent, high quality child and family single assessments.

The guidance directs the author of the assessments to the specific sections of the template on the CASS IT system.

In Calderdale, the Safe, Successful Families practice framework is based on the principles of systemic social work. We use systemic approaches and practice tools to support our work with families. These tools and practice guides can be used to support the assessment activity.

[Link to Safe, Successful Families intranet](#). All the tools referred to within this guide can be found on our Intranet site.

We maintain the view that assessments of families are, in themselves, a significant intervention in family life offering opportunity to both engage and support families to change. **How** we conduct assessments impacts on the potential for engagement and change.

Completion of the assessment template

The Social Worker completing the assessment must clearly indicate what type of assessment is being completed, the name of worker/team completing the assessment, whether the assessment is being completed as part of a S47 enquiry, will it be used as a report for ICPC/RCPC or initial/ongoing CLA review.

The Social Worker also must ensure that there is no missing information in Details of Children box, Family/Household Members box, Family/Household Address and Contact Number box and Other Significant People Not Living in the Household box (i.e. date of birth, gender, ethnicity, religion, PR and relationship to the relevant child).

It is important that Social Workers consider their audience appropriately and ensure that the assessment is both informative and accessible for the family to read. The assessment should clearly explore any safeguarding concerns and unmet needs identified for the children and highlight the families (including children and adults) and professional views, as per the sections discussed below.

Communication needs (including language) regarding any of the people to be included in this assessment:

If a child/young person or their parent/carer has a disability, or where there are specific communication needs, the worker must record what those needs are and what actions have been taken to address these needs (i.e. use of an interpreter or a signer, or an advocate to ascertain the child/young person's or parents views).

Legal status/immigration status information regarding any of the people to be included in the assessment:

In this section the Social Worker must clearly record the family's legal/immigration status and any current issues with regards to this matter.

Professional relationships:

Full details of all professionals involved with the family should be included including their full name, title, agency they work for, their telephone number(s), person they work with and whether they have contributed to the assessment or not; if not please state reason. The Social Worker must also record if any joint visits have been planned/undertaken and brief outline of this visit or contribution.

It is essential that the Maintained Person's section of all the children subject to assessment are appropriately updated on CASS, the information recorded within this assessment can then be pulled through into the assessment appropriately.

If a professional cannot be located within the CASS section, speak to the team's business administrator in the first instance for this to be inputted onto the system.

Please note:

All boxes in the assessment are to be filled in unless they are not applicable. If not applicable, please input 'not applicable' so the authoriser is aware that you have not missed this box.

Third party information should be either anonymised or omitted (no names or personal details). Be mindful of children where there may be more than one father referred to, as addresses are shown within this section. Please include 'absent fathers' whenever possible.

Assessment details:

Social Worker must ensure that the date of referral is clearly recorded as well as the date the assessment has commenced and target completion date.

Reason for the assessment:

Social Worker must include the name and title of the referrer (unless an anonymous referral). The concerns raised in the referral must be clear and summarised in paragraphs. The reason for the assessment should not be copied and pasted directly from the actual referral form. Police information should be redacted in line with information sharing agreements. Please consider whether any other significant information available prior to the commencement of the assessment should be included within the reason for the assessment.

Assessment plan and timeframe for the assessment to be carried out:

The Social Worker and their manager must review the progress of the assessment and this review should take place within the first 8 working days of the assessment.

Assessment Progress:

Assessment progress should be reviewed regularly by a manager and there must be a clear rationale provided for any extension requests. Assessments should be completed in a timely manner, not exceeding 40 working days unless authorised by a Practice Manager prior to such an event occurring.

Information Sources:

Please include the names of family members interviewed, the date of interview and the names of child(ren)/young persons seen/interviewed.

Consent:

Please record who has given consent for the assessment to be undertaken. If no or limited consent has been given, explain why the assessment is continuing. Provide details of any specific issues relating to consent.

Please ensure that a copy of the consent form obtained at the initial visit with the family and provided within the information pack is promptly handed to Business Support and a copy is placed within attached documents on the CASS system.

All three domains must be covered (use sub-headings if required):

- Child/young person's developmental needs – if the assessment is being completed for more than one child/young person, each child/young person's individual needs must be assessed.

Consider each child/young person's health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self-care skills including any needs of unborn children. Please include details of agency checks made, including the name and title of the professional and the date this information was gathered.

The Practitioner Toolbox includes child development and direct work tools to assist with this.

Please refer to Social Graaccess on Safe, Successful Families site for information on identity.

- Parents'/carers capacity to respond to those needs – consider basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability. Please refer to each child/young person individually. Please include details of agency checks

made, including the name and title of the professional and the date this information was gathered. Please include parent/carer(s) understanding to the presenting risk and their motivation to make changes to reduce the risk. What is the evidence? Can these changes be sustained?

Consider use of the C-Change manual to explore issues of motivation and capacity to change. (See Practitioner toolbox on Intranet)

- Family and Environmental Factors – consider family history and functioning, wider family, housing employment, finances, family’s social integration and use of community resources. Please include details of agency checks made, including the name and title of the professional and the date this information was gathered. Consider use of systemic tools to assist with genograms, ecomaps and family scripts. (See Safe, Successful Families site)

Child/Young Person’s Developmental Needs:

Health

This section should consider the following; growth and development as well as physical and mental wellbeing, is the child’s development age appropriate, the impact of any genetic factors and of any impairment, whether the child receives appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks, dental and optical care, and for older children appropriate advice and information on issues that have an impact on health, including sex education and substance misuse. Record the names of any health professionals involved and where they are based, and their input to the assessment.

Education

This section should consider the following; all areas of a child’s cognitive development which begin at birth, opportunities for play and interaction, access to books and being able to develop skills and interests, experience of success and achievement, promoting the child’s learning and intellectual development through encouragement, stimulation, and promoting social opportunities, enabling the child to reach their full potential, ensuring the child has access to educational provision, current education provision name and lead contact, attendance, attainment, home-school relationships, including any areas for concern.

Emotional and behavioural development

This section should consider the following; is the child’s development age appropriate, does the child present as happy, are they able to regulate their emotions, is the child demonstrating attachments, does the child display any self-harming, aggressive, challenging, risk taking or violent behaviours? Does the child have a good routine and how this is managed?

Please use the Strengths and Difficulties Questionnaire (SDQ) to support this activity.

Identity, and family/social relationships

This section should consider the following; the child's growing sense of self as a separate and valued person, hobbies, interests, skills, race, religion, age, gender, sexuality, disability, where the child fits within the family, feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups, self-esteem, relationship with parents/carers, relationship with siblings, age appropriate friendships with peers and others significant persons in the child's life and response of family to these relationships, trusted adults and/or peers. Does the parent/carer ensure the child(ren) keeps in contact with important family members and significant others, is the child subject to conflict between family members?

Self-care skills and social presentation

This section should consider the following; does the child have age appropriate self-care skills, appropriate supervision and support is offered by parents/carers to encourage development of self-care skills and independence, does the child have inappropriate levels of responsibility according to their age, is the child provided with clean, adequate and appropriate clothing for age, gender, culture and religion, cleanliness and personal hygiene? Describe how the child presents both physically and behaviourally, and their interactions with adults and peers.

Parents/Carers Capacity to respond to those needs:

These sections should include evidence of the Social Workers direct observations/contact and information from other professionals, discussions with the child(ren), parent/carers. It is important to record clearly the name of the adult to whom the information is attributed. It is imperative that details of adults who are considered to be or are likely to be posing a risk of significant harm to the child are recorded. These adults may or may not be living in the same household as the child. In sibling groups, any differences between the children in terms of the level of care provided to them should be highlighted, and therefore their names will need to be recorded individually. If children have different parents (multiple fathers in families etc.) or parents are living separately this should also be highlighted and each carer considered individually.

Basic care/ensuring safety

This section should consider the following; who provides care for the children and who holds parental responsibility, are all the child(ren)'s basic needs regarding food, clothing, access to health, education, other services met, is the child adequately protected from significant harm or danger, are there concerns about contact with any unsafe adults/other children, are there concerns of the child and self-harm, recognition of any hazards and danger in the home or elsewhere, is the child protected from inappropriate adult behaviours, such as criminal, antisocial, sexual behaviours, domestic violence, at risk of child sexual exploitation, are there any concerns that affect the parent/carers capacity to provide basic care and safety to the child i.e. physical illness; mental illness; learning disability; substance/alcohol misuse; domestic violence; childhood abuse; history of abusing children.

This section may also include what has been discussed with the family to reduce the identified risk to the child and any safety plans identified and records of any agreed with the family.

Emotional warmth/stimulation

This section should consider the following; the child's requirements for secure, stable and affectionate relationships with significant adults/carers, with appropriate sensitivity and responsiveness to the child(ren)'s needs, appropriate physical contact, comfort and cuddling, praise and encouragement, the opportunity to engage in educational and social activities as part of the family or individually.

Guidance and boundaries/stability

This section should consider the following; how does the parent/carer provide consistent parenting, how are boundaries within/outside the home instilled and managed, are there any challenging/difficult behaviours of the child and how are these managed, is the child provided with a stable family environment, has there been any instability within the family dynamics, has there been several house moves, changes within the family, do both the child's parents live within the same household, are the parent's providing separate care or another adult/carer, does the child have any regular or significant contact with another parent/carer/adult?

Family and Environmental Factors:

These sections should include evidence of the Social Worker's direct observations/ contact and information from other professionals, discussions with the child(ren), parent/carers. It is important to record details of any adults who are considered to be or are likely to be posing a risk of significant harm to the child(ren):

Family history and functioning

This section should consider the following; parent/carer's history, experience of being parented, parent/carer's current and historical relationships, how long together and quality of relationship (stable and supportive), any parental/carer factors (drug, alcohol misuse, mental health, disability, learning disability, sensory impairment, periods in care, known history of violence, domestic abuse, offending, anti-social behaviour, experience of being abused as a child) and their views on any of the above.

Any previous history/Children and Young People Services involvement, who was already involved with the family prior to the assessment starting and any support they were offering, provide brief details of significant events for the child/young person and their family, consider if there is a pattern of repeated concerns, is there a history of disguised compliance or non-engagement with agencies, any previous issues in relation to mental health, substance misuse and domestic violence (toxic trio)?

Wider family and significant others

This section should consider the following; who are considered to be members of the wider family/support network by the child(ren) and the parent/carers, include related and non-related persons and absent wider family, what is their role and importance to the child/family, what contact do they have, what additional support do they provide i.e. emotional, financial, practical, respite, caring responsibilities.

Housing

This section should consider the following; is the home rented or owned, length of time at the property, who (if anyone) is involved for housing (housing officer, landlord, housing association), does the accommodation have basic amenities of water, heating, lighting, sanitation, cooking facilities, sleeping arrangements, cleanliness, hygiene, does the current accommodation meet the child/family's needs, are there any concerns around rent/mortgage arrears, is there a risk of homelessness, has the child(ren)s bedroom been seen, sleeping arrangements, is there adequate food in the household?

The Home Conditions inventory can be helpful to complete with the family.

Employment/income

This section should include who is working in the household, are there any issues around their pattern of work/hours, what impact does a parent/carer working have on the child which may include child(ren) attending a child care provision, home alone for short periods if age appropriate or caring for siblings, is the family in receipt of all its benefit entitlements, are there financial difficulties/debts which affect the child(ren), does the child(ren)/family enjoy regular activities or holidays?

Family's social integration/community resources

This section should consider the following; is the child/family part of the local neighbourhood and community, what facilities and services does the local neighbourhood provide, including universal services or primary health care, day care and schools, places of worship, transport, shops and leisure activities. Do the family access these?

The views and lived experience:

- Views of child/young person - This information should include not only the child/young person's views and wishes ('the child's voice') but also their experience of living within the family. If the child is unable to communicate for whatever reason, then the social worker should record their own observations of the child's lived experience. The 'Day in the Life' practice tool can be helpful in this.
- Views of parents/carers and significant others – To include not just their views and wishes but also their own present experience. The Parenting Daily Hassles tool can be useful to gain a sense of what it is like to be a parent.

Please Note:

Each child/young person must be seen alone (if at all possible/age appropriate) and their views and wishes must be clearly recorded within the assessment. State when and where the child/young person was seen and whether or not they were seen alone.

Parents'/carers views and wishes must be sought and clearly recorded within the assessment. State when and where parents/carers were seen.

Assessment must be **child centred** and look at each individual child/young person's and their family's needs and circumstances including risks, strengths and protective factors.

Risks and strengths factors:

This can be split into underlying risk factors and high risk indicators. Each of these then can be broken down to risks associated with child development, parenting capacity, and family/environmental factors. The risk assessment can be bullet pointed to enable risk to be clearly identified. Presence of the 'Toxic Trio' factors should be acknowledged and highlighted. It should be identified who the risk relates to (e.g. child A has a diagnosis of autism, father has an extensive criminal history of sexual and violent offending).

Underlying risk factors

Child Development

Difficult birth

Poorly as a baby, parent found it hard to feed, settle, stop crying

Irritable sleepless child

Child with communication difficulties

Child with a physical disability

Poor attendance/ attainment at school; reasons unacceptable and "friends" collecting

Low self esteem

Bullied

Large number of siblings, especially under 5 years

Behavioural/ emotional difficulties

Parenting Capacity

Own experiences of poor parenting

Low educational attainment

Physical or learning disability

Previous history of offending or ASB

Rejecting or antagonistic of support

Own behavioural or emotional difficulties

Young (under 21), inexperienced, parent

Lone parent

Low level mental health difficulties or substance misuse, and/or domestic violence

Victimisation of own abuse/neglect

Poor attendance at own health appointments
Inconsistent parenting
Poor supervision
Parents using child to seek attention
Parent has a previous history of CLA
Known or suspected sex offenders involved with the family
Known or suspected violent offenders involved with the family
Parents and carers who have unrealistic expectations of their child
Parent indicating repeat behaviour likely
Current interpersonal conflict and violence – power and control issues, poor attachment
Poor negotiation and lack of autonomy
Recent separation or recurrent reconciliations
Uncontrolled contact between perpetrator and child
Previous child protection concerns with no significant changes effected or sustained
Lack of motivation to engage
Lack of motivation to change
Family unable or unwilling to understand the consequences of their behaviour
Family refusing to engage or only engage conditionally with services
Parent experiencing high levels of stress
Parents and young person appearing not to care what happens

Family and Environmental Factors

Poverty
Poor housing
Overcrowding
Unemployment
Lack of support networks/isolation
Cluttered/ untidy home conditions
Uncertain immigration status
Reconstructed family
Death/loss of significant relationship or friendship
Unrelated males/ lodger caring for the children
Economic and social disadvantage
Evidence of significant debt – financial difficulties
Family seem vulnerable in the face of perceived external threat
Lack of available resources to meet identified needs resources (familial and professional)
Resident in violent, unsupportive neighbourhood
Physical and social environment chaotic, hazardous and unsafe
Family remaining unpredictable and potential for change limited
Absence of supportive/structured living environment
Family enmeshed in unhealthy social networks
Family with high levels of stress
Family displaying low self-esteem

Family/child with negative expectations and goals

High risk indicators

Child Development

Age of the child (<3)

Child's basic needs for food/ warmth/shelter not being met

Child scapegoated or singled out for different treatment

Self-harming, engaged in ASB, fire setting, running away

Missed health appointments

Child being harmed; frequency and duration and intensity of harmful event

Parenting Capacity

****Domestic Violence

****Uncontrolled mental ill health

****Chaotic substance misuse

Previous allegations of child abuse to own children

High levels of trauma in parents, childhood not recognised as a problem, previous abuse or neglect

History of being harmed as a child

Record of previous violent/ sexual offending (against both children or adults)

Cognitive distortions about violence/ sexual behaviour

Failure or denial of responsibility of child abuse or neglect

Parents not accepting their behaviour is a concern and are unwilling to work with practitioners

Pattern of harm is continuing/escalating

Unwillingness/inability to put the child's needs first

The parent unwilling or unable to protect the children

Inability to keep own self safe

Disguised compliance

Family and Environmental Factors

Frequent moves

High levels of debt

Overcrowding

Serial relationships

Enforced isolation

Extended family involved in ASB or criminal activity

Strengths and protective factors:

Again this section can be bullet pointed, this list is not exhaustive and can be used as a guide along with any family specific strengths and individual resilience factors which are identified as part of the assessment.

Secure early relationship with at least one main carer
Secure attachments
Planned pregnancy and birth
Easy temperament as an infant
Positive attitude and problem solving approach
Good communication and social skills
Sense of humour
Capacity to reflect
Good self esteem
Attends and enjoys school
Heath needs being met
Positive hopes and aspirations for the future, rather than a hostile or rejecting outlook.
At least one good parent/child relationship
Affection and emotional warmth
Parent can anticipate child's needs ("in tune")
Clear and consistent discipline and boundaries
Accessing educational support and opportunities
Supportive and stable long term relationship
Puts child's needs first
Wide supportive networks
Good standard of housing
Good standard of living
High morale school with positive policies for behaviour/ attendance/ anti-bullying
School with academic and non- academic opportunities
Access community facilities
Range of sport and leisure opportunities
Close supportive community
Positive relationship with at least one extended family member
Agencies describe good communication with parents and availability
No history of significant trauma or abuse
Recognition of the problem
Perpetrator demonstrating remorse/empathy
Perpetrator accepting responsibility for their behaviour
Children able to protect themselves if the need arises
Healthy peer relationships
No documented school problems
No history of behavioural/emotional problems
Any other specific strengths of the child, parents, carers or support networks

Analysis:

This section should focus on pulling all the information together gathered from the assessment. There should be no new information in this section. Include the child voice/lived experience/parents views in your analysis and reasoning for decisions/actions/outcomes. The analysis should answer the following questions:

What are the presenting concerns identified in the referral? Are these concerns substantiated/are they being addressed?

What does all of the information gathered tell you about the child/family's situation? What has happened/is currently happening for the child and family?

What does the family do well? What services can support this? What role/involvement do wider family and support networks have to support the child/family?

What are we concerned about? What the need or harm to the child/young person is and how significant is it?

The probability (risk) of the need or harm continuing and how serious that would be?

The likely impact on the child/young person now and in the future?

Historical information and if this is relevant or has had a longstanding impact on the child or parenting?

How the parent/carers respond to the concerns and how they have tried to manage the situation?

What needs to change? Where there are protection risks what needs to change to minimise these risks? What are the areas of unmet need?

What has already been tried, what worked and what didn't?

The parent/carers capacity to make changes with and without support/help. Family functioning - any identified risks should be clearly recorded and how these can be managed safely for the child(ren)?

What support would be needed for the family to make changes and maintain those changes?

Identify any areas that are unclear or may be of potential concern for the child(ren). What do we need more information on? Any gaps in information which may impact on our assessment?

Any additional concerns highlighted during the assessment?

Recommendations / Actions Required / Decisions:

This section should clearly identify any recommendations or actions required by the child(ren), parent/carer's, Children and Young People Services or other agencies to achieve positive change, whether there is a need for any urgent action to protect the child(ren)/adult in the household or community, what package of support services are required, safety plan identified and agreed with the family.

You can use bullet points and keep it to the point.

If the assessment suggests that no further involvement from Children and Young People's Services is required, provide clear reasoning for this decision and detail the other support services are in place, any further potential action that should be taken/considered if further concerns are referred/disclosed to Children and Young People Services/other agencies & any contingency planning.

At times, some information still remains unclear. Any areas of uncertainty should be referred to within the analysis and their potential impact discussed with the Practice Manager/Team Manager.

Practice/Team Manager's Analysis/Recommendations:

Throughout the assessment process, there should be regular discussion about its progress with the opportunity for reflection on the information gathered and its significance within the assessment as a whole. This can be done in formal supervision or as part of the Pod 'Reflect' meeting. Once completed, the Practice/Team Manager should analyse the Social Worker's recommendations and provide a clear management oversight/rationale for any recommendations/decisions made.

Consultation following completion of the assessment:

This section should include views of the child/young person, their parents/carers, significant others and involved agencies on the assessment outcome. The assessment is a long document and particular care must be taken to ensure that sufficient time is given so that it is shared in an accessible and meaningful way. Issues of literacy, language and culture must be considered.

Sharing of the assessment is a significant intervention where workers can reflect with family members on the information and jointly consider the opportunities for change.

The Child(ren)/Young People

The children/young people should participate and contribute directly to the assessment process based upon their age and understanding. They should be seen alone and if this is not possible or in their best interest, the reason should be clearly recorded within the assessment.

Every assessment should be child centred and at the pace of the child, additional visits, dependant on the nature of the concern, may be required to encourage a trusting relationship. Where a child is pre-verbal/non-verbal this should be recorded and observations included. If an interpreter is required then arrangements should be made to ensure an independent interpreter is resourced and not a family member.

The parents/carers

The parent/carer's involvement in the assessment will be central to its success. At the outset they need to understand how they can contribute to the process and what is expected of them to change in order to improve the outcomes for the child. The assessment process must be open and transparent with the parent/carer. However, the process should also challenge the parent/carers' statements and behaviour where it is evidenced that there are inconsistencies, questions or obstacles to progress. All parents/carers should be involved equally in the assessment and should be supported to participate whilst the welfare of the child must not be overshadowed by parental needs. There may be exceptions to the involvement of some adults in cases of sexual abuse, physical violence or domestic abuse where the plan for the assessment must consider the safety of an adult as well as that of the child.

The views of other professionals

This should highlight each professional who is involved with the family as a separate heading, when they were spoken to, any areas of concern or strength raised by them, a brief overview of their contribution to the assessment, and whether or not they are in agreement with your analysis and recommendations.

All assessments need to be timely, transparent and proportionate to the needs of individual child(ren)/young people and their families.

Guidance completed by: Zeljko Radevic (Service Manager, MAST, CAT, CET, EDT)

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