SINGLE ASSESSMENT – Children and Families

Policy and Guidance

Version 1.1 - October 2013

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INTRODUCTION AND BACKGROUND:

The single assessment is being introduced in Cheshire West and Chester in October 2013 in response to the recommendations of Eileen Munro being adopted by the Working Together in Safeguarding Children 2013. The single assessment replaces the previous initial assessment and core assessment within the children and young person’s assessment framework. The single assessment will provide an opportunity for social workers to focus on the specific needs of and allow appropriate time within the assessment for reflection and direct work with the child/young person to ensure a robust and analytical assessment.

The Single Assessment in Cheshire West and Chester will come into effect on 28th October 2013 following a period of briefing and training across localities. The development of the Single Assessment in Cheshire West and Chester has reflected upon pilot local authorities who considered the recommendations of Munro (2011) prior to them being filtered through in directed practice.

The Munro Review of Child Protection (Cm 8062, 2011) recommended reducing statutory guidance on safeguarding and promoting the welfare of children in order to promote local autonomy and increase the scope for practitioners to exercise their professional judgement. The focus of the single assessment is for social workers to draw on their professional judgement to analyse and reflect on information gathered regarding that child or young person, and focus the assessment on the specific needs identified leading to a high quality assessment that is child focussed. An assessment is a fluid process that considers emerging needs and sustainability of any change for the family.

Working Together 2013 communicates a clear aim of the revised framework for assessment, which brought in the expectation of each local authority developing a single assessment, as the following:

The aim of the new Children and Families Single Assessment Form is to retain the Framework for the Assessment for Children in Need and their Families (Department of Health et al., 2000) as an underpinning framework and examine children’s developmental needs, parents’ or care givers’ capacity to respond appropriately and family and environmental factors which are specific to the purpose of assessment for that child. However, the form is able to be streamlined so that there are fewer ‘tick boxes’ and/or sub-sections for each of the dimensions (e.g. health, education, emotional and behavioural development) of the Assessment Framework to encourage and empower social workers to exercise their professional judgement about what information to record.

Through the introduction of a change in culture for assessment relying upon a greater use of professional judgement and specific focus upon the individual purpose of assessment, it is hoped that the impact of this change will have the following positive consequences:
- Reduced prescription on timescales to allow social workers to specifically respond to that child and family’s specific need.

- Allowing greater opportunity for the social work practitioner to engage with children to explore their wishes and feelings, focussing upon the child’s journey and the impact of the concern upon their safety and wellbeing from the child’s perspective.

- There is increased opportunity and expectation for the social work practitioner to reflect upon the assessment and the daily lived experiences of the child.

- There is a greater focus on analysis and less expectation of “filling the boxes”.

- As the assessment becomes embedded within practice, opportunity to develop it specifically to be used for wider assessments is possible, including; section 7 and 37 court reports, and adoption support.

However, with the change in relation to timescales and opportunity for extended time for reflection, this leaves potential risks in relation to the completion of the assessment. This is particularly a consideration where a case would normally be close following initial assessment however due to extension of timescales could potentially remain open for longer than necessary.

In response to this, Cheshire West and Chester have included within the single assessment expectations of management review and priority setting in an aim to prevent drift and ensure clarity of management oversight. The way the Single Assessment has been created within Cheshire West and Chester is to seek in a creative way to prevent drift and delay, whilst demonstrating clarity within management oversight.

It is hoped that the Single Assessment will be developed to reflect wider assessments completed by Children’s Social Care, including; section 7 court reports, section 37 court reports, and adoption support assessments.
The following are key points to be aware of:

- Potential consequences to be considered:
  - Drift: introducing prioritisation may lead to cases becoming in a state of drift, meaning those cases which would have closed previously at initial assessment stage remain open longer.
  - Delay: difficulties potentially at the “front door” as cases potentially remain open longer.
  - Focus on experience of social worker and professional judgement leave newly qualified and less experience workers potentially requiring additional support.

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**Risks**

- Drift
- Delay

**Benefits**

- Focussed upon engagement and sustainability for family
- More focussed on the child
- Clearer about purpose
- Allows professional judgement
PURPOSE OF SINGLE ASSESSMENT:

Working Together to Safeguard Children March 2013 is clear that Single Assessments should be undertaken within a maximum of 45 working days. Cheshire West and Chester have implemented a maximum timescale of 45 working days in exceptional circumstances only, with best practice focusing upon the 25 working days mark in order to ensure that all children receive a timely assessment. The team manager will have the flexibility to increase up to 45 working days in those exceptional circumstances where it is felt that this would benefit the child(ren) and family. It is also still expected that some Single Assessments will be completed by the set maximum date for initial review at 10 working days.

It is essential that the child remains the focus of the assessment, to the extent of identifying needs and the impact of parental capacity and wider community influence specifically upon the daily lived experience of each individual child in the family.

For example, the needs of a parent in relation to issues such as their emotional or mental health, lifestyle including their use of alcohol and or drugs or their vulnerability to domestic abuse have to be explored in terms of the impact it has on the child now and going forward. Any actions towards support for the parent must be measured upon the outcomes for the child.

The purpose of the assessment is to determine if there is identifiable evidence of risk or identifiable significant harm to the child or whether they are unlikely to achieve or maintain a reasonable standard of health or development or they have a disability. This purpose of assessment should relate clearly that Level 4 of the Cheshire West and Chester Continuum of Need is met.

The assessment is intended to be used proportionately to gather the most significant and relevant information according to the circumstances of particular children and will determine the range and type of detail of the assessment; it helps to inform the analysis about the needs of that child and the nature or level of any identifiable risks; it helps inform judgment as to whether the child is in need or is at risk of significant harm; it also describes how those needs or risks will be addressed through a SMART plan, whether child in need or looking at child protection processes. Should the analysis of the case lead to closure – clear rationale is needed in relation to this and consideration as to whether the child and family would benefit from input from Team Around the Family support.

The focus of the Single Assessment will follow the domains of the Framework for Assessment triangle as illustrated in the diagram below:
This will be followed by a clear section for Risk Analysis and Analysis.

It will be expected that social workers link analysis to research and the use of wider assessment tools to ensure evidence based assessments which are clearly focussed upon the needs of the child to which it refers.

There is an explicit expectation that the assessment includes and reflects the wishes and feelings of the child or young person in question, with any direct quotes or observations regarding the child recorded in bold. To aid with ensuring the child’s involvement within the single assessment is recorded, there are certain key points through the assessment to note the child’s understanding or hopes for outcomes from the assessment. The child needs to be the focus of the assessment and the analysis needs to consider what positive outcomes would benefit the child and ensure they are appropriately safeguarded.

Throughout the completion of the single assessment, there is an expectation that the social worker is clear with both the child and their family about the timing of key decisions throughout the assessment, how these will be reviewed and that their input is incredibly valuable throughout involvement. Families should be informed of dates of planned reviews and be part of outcome focussed planning.

The Single Assessment is an opportunity for social workers to evidence evidenced based practice balanced with sound professional judgement.
REFERRALS TO CHILDREN’S SOCIAL CARE:

On receipt of a referral to Children’s Social Care, the Contact and Referral Team has 24 hours in which to make a decision about any actions to be taken in respect of the identified child.

If a decision is made that a referral requires an assessment by a social worker, the referral will be allocated to the relevant Children in Need or Children with Disabilities team. Management decisions at this point will need to be made in the referral which will then copy across to the Single Assessment:

- Priority of the assessment in relation to first review, this may include that it is clear completion of the assessment is expected within 10 days. (see section relating to advice on Single Assessment priority setting and tasks within “Conducting the Single Assessment”.)

If safeguarding concerns are identified at the single assessment stage a strategy discussion should be held to determine if a Section 47 enquiry should be progressed. A review Single Assessment can be opened at any point through a Review Assessment form initiated by a team manager.

Dependent on the outcome of the Section 47 investigation the single assessment will either form the basis of the social worker’s evidence to a Child Protection Case Conference or will provide the assessment framework which underpins and informs a child in need intervention. In either case the need for robust multi agency planning and review is critical to the effectiveness of the process.

Where a contact received has progressed to a referral and a decision is made by the team manager that a Single Assessment is required this must be progressed and allocated within 24 hours.

When a strategy discussion is initiated, a blank Single Assessment will be automatically completed by the system and then an option for a Single Assessment to be completed will then be part of the Section 47 process (as was process with initial/core assessments).
CONDUCTING THE SINGLE ASSESSMENT:

Key points of oversight

Key points of process and management oversight during the single assessment:

- Initial tasks will be set by team manager upon referral allocation and copied through into opened single assessment, including priority setting of initial review after 3 working days (urgent CP), 5 working days (potential CP) or 10 working days (likely CiN).

- Visit child within 7 working days from allocation as a maximum and within 24 hours if section 47 concern. Good practice would suggest initial visit within 3-5 working days for the majority of cases.

- Management review to take place at a maximum of 10 working days. Good practice would be to review earlier and it needs to be specific and relating to the child in question.

- After the first review (max 10 working days), a single assessment will need a second review if it is going to extend beyond 25 working days – to be clear of why and what impact upon the child.

- Maximum timescale is 45 working days (although this will not stand for specified documents, ie. Court reports within SA framework).

- Key to note that some single assessments will be expected to be completed and finalised at the 10 working day point.

For clarity of process, see the Single Assessment flow chart at the end of this document.

Single Assessment priority setting and tasks

A Single Assessment is identified at the point of a Children in Need or Children with Disabilities team accepting the referral and the team manager has the responsibility of setting the priority and timescale. The assessment is something that should be parallel to intervention and not a precursor for services and action.

Maximum initial priority to be set at the beginning of assessment is 10 working days, with the priority re-set at each review point by the team manager.
Single Assessment document and focus on analysis

Reflect on child’s age, gender, ethnicity, disability and religion.
Consider household composition, wider family and significant others.
Who are the wider professionals involved?
What are the presenting issues?

What is the current reason for involvement, including considering historic context?

What are multi-agency perspectives?

How can we effect and affect change and positive outcomes for the child?

What is the daily lived experience of the child?

Consider chronology of social care/multi-agency involvement.
Are there any previously achieved outcomes?

Are there any child protection risks?

What are the family resilience and protective factors that surround the child?

What is the family background and are there any significant events?

Risk Analysis and Analysis

Plan to support and achieve positive outcomes for the child.
Purpose of assessment:

It is key that the purpose of assessment clearly communicates that Level 4 of the Cheshire West and Chester Continuum of Need is met in relation to the child.

Consider the following questions when completing what the purpose for the assessment is:

Why?

What are the risks?

Why are we assessing now?

Do not just copy and paste the referral into this section instead be specific about the concerns and why this child and family require the involvement of a social worker.

i) Child/Young Person's Developmental Needs:

Consider each area of needs and development identified within the Assessment Framework triangle, however focus upon those areas which are particularly pertinent for the child/young person which you are assessing – note the strengths but what is key is identifying the areas of difficulty which provide concern.

Physical, emotional and mental health of the child
Include relevant and significant information about the child’s emotional, physical and mental health as well as considering any evidence/or diagnosis of learning difficulties or physical impairments. This will involve talking with other relevant people in contact with the child as well as with the family and child. You will need to speak to the GP and Health Visitor/School Health Advisor involved with the family, including consideration of discussion with any other involved health professional (e.g. community paediatrician). Are the child’s immunisations up to date? Is the child missing health appointments? Consider whether parent can read appointment letters. Has the child been subject to any major illness or diagnosis? Has the child been referred to any specialists? Does the child have generally good health, or not? Does the child smoke or use substances? Consider the potential impact of poor home conditions upon the child’s health.

Education/early years experience for the child
This should be considered in a way that describes what school/early years setting means to the child including relevant and significant information about their attendance, attainment and participation. How does the child get to early years setting/school? Is attendance regular or how does reduced attendance impact upon the child’s ability to reach their full potential? Are they fed, clean and ready to participate? How does the child present and consider impact of lack of routines upon attention span or ability to engage in learning? Any cognitive, learning or behavioural assessments completed? Give a sense of whether early years setting/school is a good place for the child and identify areas that may be a source of stress. It also requires consideration about what the child is learning in the home. Are there books and toys in the home? Is the child read to by the parent? This will involve speaking to the
school or early years setting. In respect of children too young for a formal education setting, consider the stimulation and engagement they receive within the family home. What age appropriate toys are available within the family home?

**Emotional and behavioural development of the child:** this should be considered in relation to the degree of resilience or vulnerability of the child. What are the self-care skills of the child and are age appropriate; what is the extent of their resilience? What are the sources of the child’s resilience and are these age appropriate? Are they a resilient child? Does the child seem to be emotionally secure and attached? Has the child witnessed domestic violence and how does their behaviour reflect this? Consider the impact of physical and sexual abuse upon the child’s behaviour and emotional presentation. Does the child feel supported and do they have a supportive adult available to them? Does the child present with difficult or challenging behaviours? Is the parental response to challenging behaviour consistent or does it fluctuate? Does the child present with different behaviours outside of the family home?

**Family and social relationships of the child:** this should be considered in a way that describes what the family and their wider social circle means to the child. What is the quality and extent of child’s attachment to their caregivers and wider family? What style of attachment is evident? What’s the child’s role and involvement in this family; how are they valued and how is this demonstrated to them? Is the child taking on inappropriate responsibility within the family environment – i.e. is the child a young carer? Consider the number of care arrangements for the child; different households for some of the week? Describe the family giving a sense of their history, culture and values. Is the family a source of support and resilience? Has the family faced any traumatic or distressing events and how has this had an impact for the child? Does the family feel part of a community? Are there significant friends or organisations? Is the child involved in any gang related activity? Is the child reporting any evidence of domestic abuse that involves verbal abuse? What is the child’s peer relationships like and do they value their close friends?

**Identity and social presentation of the child:** Consider within this section whether the child is a valued member of the family and how is this evidenced? Does the child have access to their own private space? What are their sleeping arrangements and are their appropriate? What is a typical day? Do they have a sense of belonging? Do they participate in any organised social activity outside the home and school? Who are they mixing with socially and is this appropriate? Do parents know where they are going and is this age appropriate? Is anyone bullying the child or is there anyone the child is frightened of? Is their clothing clean and appropriate? Does the child have any friends they see regularly? Do they have a best friend? Has the child been involved in offending? Does the child demonstrate appropriate stranger awareness? Does the child recognise their ethnicity in relation to their identity? Are there any language barriers that the child faces? Is the specific child’s race, ethnicity and culture recognised by the family?
Any traumatic experiences for the child; Consider the impact of any significant event for the child within their life and how this has affected their daily lived experiences. Has the child witnessed arguments? Has the child witnessed anybody get assaulted? Has the child witnessed their parent have a psychotic episode or taken an overdose? Has any close relative or friend died? Has the family ever experienced homelessness? Has there ever been a domestic fire? Has the family experienced burglary? Has the child had to go to hospital? Has the child been exposed to abuse?

ii) Parent’s/Carers capacity to respond to the needs of the child/young person:

In this section, consider the use of how a parent or carer meets the needs of the child of young person by relating it to the Assessment Framework triangle as a basis. Consider how each parent provides for and responds to their child/young person’s needs and what both the strengths and weaknesses are in this area. It is often helpful to start by considering what are the specific sources of vulnerability for the child/young person in question and how could they or do they impact upon the parenting required by that child.

In summary – consider clearly whether each parent is able to meet the needs of the child and the impact of parental past experiences on their current parenting capacity, their ability to face and accept their difficulties, their ability to use support and accept help, and their capacity for adaptation and change in their parenting response. Observation and interaction is key to ensuring the professional judgement is evidence based.

Consider each parent or caregiver individually, and ensure that any potential influence on their ability to parent effectively is considered e.g. mental health issues, poor physical health, drug or alcohol misuse, domestic violence, isolation, language barrier. Ensure that a hidden partner, particularly a “hidden male”, is considered within this section of the assessment.

Basic care and wellbeing of the child
Is the child clean, washed and bathed regularly? Are they receiving regular meals? Are there wider concerns that the child is always presenting as hungry? Adequate nutrition provided which promotes a healthy lifestyle? Is food regularly available and healthy? Is the child attending a dentist regularly? Are the child’s medical needs attended to and in responsive timing? Describe relevant information such as diet, smoking, use of alcohol and drugs. Do people smoke in the house – consider the impact of this if the child suffers from asthma or another breathing disorder? Has the social worker had full access to the child’s home, seen the child’s bedroom? Does the child raise any concerns or worries about their day to day care?

Ensuring the safety of the child
Consider if there is appropriate protection inside and outside of the house (floor coverings, electrical safety, evidence of weapons, drugs, stair gates, garden gates); Are there other adults coming into the house who may pose a risk? Use your professional observations – is
it safe for a child to be living here? Are there animals? Are they companion animals or for protection – consider that if professionals feel threatened then what is the child’s lived experience? Are the animals treated appropriately? Is there animal waste inside or outside the house? Are the children given appropriate boundaries for their age and understanding?

**Emotional warmth for the child**
What is the quality of the child – parent/caregiver relationship? Do parents respond appropriately when the child is upset or distressed? Does the parent give praise and encouragement? Do they demonstrate empathy with the child? Does the child experience age appropriate physical warmth?

**Stimulation of the child**
Consider how each parent is able to provide interaction and stimulation to the child to encourage and promote the child reaching their full potential. Do the parents read to the child? What opportunities are there for the child to do engage in age appropriate activities? If the parent has a learning difficulty how could this affect the child and are there others who could provide support as the child develops? Is the child’s language developing age appropriately? How does the interaction with the child help the child to learn and develop – or not?

**Guidance and boundaries for the child**
Consider whether the guidance and boundaries provided are age appropriate? Are there any routines in place for the child? How do the parents establish boundaries? What are the sanctions or rewards, and are they consistent? Are the parents able to respond to and manage the child’s behaviour appropriately and safely?

**Stability for the child**
Consider how stable has the child’s life been so far – how many changes of partner or address has the child experienced? What steps has the parent taken to make the child’s life stable despite difficulty? Is there a secure attachment to the parents and how is this evidenced? Is the child attached to others within the family or close social support?

**Good things about being a parent!**
Encourage and facilitate the parent to reflect upon their relationship with their child and what they mean to them. This can be especially important for parents of very young children who have not yet developed language to express views and wishes. Empower parents to consider their strengths, as well as where they can identify the need for further support.

**What are parent’s views of the challenges of being a parent?**

**What are the parent’s expectations of their child? Are they appropriate?**

**Sources of stress?** You may want to consider using tools such as the Daily Hassles Scales
iii) The impact and influence of the wider family, community and environmental factors:

In this section, consider the wider influencing factors upon the family that may impact and direct the care given to the child/young person. Consider where the strengths may lie and any weaknesses which may be indicated either through historical social care or wider agency involvement with both the identified child/young person or their family.

It is key to remember that the development and care of children does not take place in a vacuum which is unaffected by external influences. All family members are influenced, both positively and negatively by the wider family members and close friends, the neighbourhood, and culture in which they live. The history of the parents and of individual family members may have a significant impact on the child’s daily lived experiences.

Separate history of the birth father and the birth mother.
Do both parents live with the child? If not, what contact does each parent have with the child? Is father of the child named on the birth certificate? Are there any court orders relating to the child which influence contact with either parent? What are each parent’s life story/history/background? Any criminal offences? History of involvement by any services (mental health, substance misuse, domestic violence, criminal justice). Is there any evidence of a cognitive and/or learning difficulty? History of learning difficulty at school whether or not diagnosed? It might be appropriate to approach the education service for information. Do the parents/carers have any specific health needs/disabilities and consider how these additional needs could impact their parenting.

What is the parent’s experience of being parented? Were they brought up by their own parents or did they experience alternative carers (whether family or foster carers)? Did the parent’s upbringing involve any mental health/substance misuse/domestic violence? Are grandparents still together? Is there any history of involvement by any services? Did they experience bullying as children and what was their own experience of being at school? Did they attend a special school? Were they abused as a child? Did Was there any involvement from social care or other agencies? Did they observe domestic violence anywhere throughout their lives prior to becoming a parent?

History of the current partner if they are not the birth parent.
Be clear not to miss any hidden adult which may have contact with the child.

Are there any other adults in the house?
Consider the potential impact upon another adult being within the family home and whether they assume any level of parenting for the child. This may be a member of the extended family, adults who come to the home to care for a disabled child or to support a parent with a learning difficulty. It is important to think about other adults living in the household in a variety of different circumstances and whether they can be viewed as a strength or potential risk (e.g. a lodger?).
How did this family come together?
Consider how and where did parents meet? Are there previous partners who share parenting? In what circumstances and how quickly did the child/ren arrive? What did the pregnancy/birth mean for each of the parents?

Social networks of the adults and the implications for the child.
Consider the influence of wider social networks upon the family, including noting whether these are strengths or weaknesses e.g. does the family attend any organisations or faith groups? What is the impact of this? (There is research evidence that membership of a faith group is one of the indicators of resilience but it might also be a source of risk). Who are the adults who regularly visit the house and what are the positive/negative implications? Where is the circle of support for the child and for the family?

Sources of income and how is it used and managed for the benefit of the child?
Financial issues within a family can have far reaching implications for the care provided to the child, both practically and emotionally. Consider who within the household makes the financial decisions? What debts are there and how are these being managed? Who is owed money? Have the family had any money/benefit advice and are they accepting of advice? Do the family need signposting? Is either parent in employment – is this secure/casual/seasonal and how does this impact their involvement with the child? Are the parents able to provide the child with any money of their own (pocket money) or fund social activities? Are financial issues a cause of strain within the family and does the child openly witness this?

Security of housing and community for the child
Consider the family’s stability and security within their home. How long have the family lived in the property? How many different homes has the child lived in within their life and how has that impacted peer relationships and educational opportunities? What is the condition of the property and who owns the property? What is their relationship with the neighbours/local community? What is the neighbourhood like for the family and is it appropriate for the child? Is there a safe outdoor space for the child to play? Do the family feel settled in their home? What do they like about their home and their area? What is problematic for the family in relation to their home situation? What other sources of support are there in the family / community? Also consider the wider community location upon the daily lived experience for the child. Has anyone in the family experienced physical or verbal violence? What is the pattern of such violence? Are they willing to disclose/discuss the subject? Are there any barriers to disclosure of community issues? Does the family, both children and adults, feel safe in the house? What forms of transport are available to the family? How easy is it for the family to access facilities such as shops, getting to work, doctors and health clinics, children’s schools?

What services are the family receiving at the moment?
Consider the level of engagement from the family. Do they think they need any help or support and what is their attitude towards people and services? What has changed or is changing as a result of help?
Risk Analysis:

Within this section, consider the use of the Resilience framework as established by Daniel, Wassell and Gilligan (1999), which highlights four key areas to balance when assessing risk when balanced against resilience (Protective environment, Resilience, Adversity and Vulnerability).

Analysis

The single assessment has three inter-related domains, each of which has a number of critical dimensions which can have influence upon the care provided to the child. The interaction of these dimensions can often be intertwined with each other and clear consideration and exploration throughout the assessment is required, with reflection upon the analysis of risk, to ensure a comprehensive and detailed analysis to understand the daily lived experience of the child in question and what intervention may be necessary to improve outcomes for the child.

Consider the following key questions within the analysis:

What are the key issues for the child and why was the decision made to initiate assessment?

e.g. Why are we assessing now, summarise the major concerns, reflect the reason for assessment, has anything change throughout the single assessment process?

What is the current impact upon the child?

Key here to include observations of the child and any direct work completed with the child. Consider how the child is presenting and in particular consider any behaviours and how this may have reflected what child has witnessed or been the subject of.

What is the potential impact upon the child if the circumstances do not change and the risks are not reduced?

What does research tell us that is key within the decision making and planning for this child?

Reflectively consider research and how it is specifically relevant for this family – do not just copy and paste quotes into the assessment.

Do the parents and wider family take on board the concerns raised throughout assessment?

What should a plan reflect – ensure the objectives are SMART (see Appendix 2)
Initial plan recorded within Single Assessment

*To be completed by 10 working days to reflect plan for assessment and ensure concurrent assessment and planning for the child.*

This initial plan is key particularly where cases are being stepped down from Children’s Social Care involvement and can create a smooth path in particular to a Team Around the Family plan.

### Child in Need Plans

By 10 working days, an initial plan should be in place, which is in situ within the single assessment form on Liquid Logic, to identify actions (categorised into RISK or NEED and prioritised) to improve the situation for the child/young person and specific, measurable, achievable, realistic and timely outcomes to be recorded.

By 25 working days, an initial child in need meeting should be held and the plan be updated in a stand alone format within Liquid Logic to demonstrate a child centred and SMART outcome focussed plan for the child. This Child in Need plan is situated within the Single Assessment and once completed will ensure that the child is subject to section 17 support within the Liquid Logic workflow.

### Review assessments

Good practice would suggest that a Review Single Assessment is completed after 12 months open to a social worker, with a set 45 day timescale without the review process.

Actions/tasks set via Review Single Assessment Tasks form which is a manually loaded form by managers situated within the Forms tab within Liquid Logic.
MANAGEMENT OF THE SINGLE ASSESSMENT:

Key points

Referral decision within 24 hours. Allocation within 2 working days to include manager setting priority, planned date for review and set tasks within timescales.

Initial tasks will be set by manager upon referral allocation and copied through into opened Single Assessment, including priority setting of review after 3 working days, 5 working days or 10 working days and planned review date set.

Visit child within 7 working days from allocation as a maximum, within 24 hours if section 47 concern. Best practice would suggest visit to child and family home within 3-5 working days.

Management review to take place at a maximum of 10 working days, good practice would be to review earlier and it needs to be specific and relating to the child in question.

After the first review (max 10 working days) need a second review if assessment is going to extend beyond 25 working days – to be clear of why and what impact upon the child.

Maximum timescale is 45 working days (although this will not stand for specified documents, ie. Court reports within Single Assessment framework)

Child Protection initial conference will be held within 15 working days of strategy discussion and Single Assessment needs to be complete 2 working days prior to conference at latest in order to share with parents and child.

Initial Child in Need plan to be in situ by 10 working days with initial child in need meeting and updated plan in place by 25 working days.

Purpose of reviews and expectations

Within 7 working days of the referral recommending that a Single Assessment is undertaken, the social worker will ensure that the child(ren) and family are seen and make a start to the single assessment with regard to the issues raised within the referral and the time it will take to undertake the assessment and send initial copy of assessment to team manager within timescale set (maximum 10 days)

NB where immediate child protection concerns are identified the child(ren) must be seen within 1 working day of the referral being received.

The social worker will then discuss the findings of the single assessment at the set initial review point with the responsible manager, who will then set a Manager’s Target Date for
completion based on the recommendation of the allocated social worker with consideration for further review. There must be a second review with the responsible manager should the assessment expect to extend beyond 25 working days.

NB At initial review point, some assessments should be at completion.

In setting the manager’s further review date, consideration should be given to the issues raised within the referral, information collated by the social worker in the initial visit, any other information collated within the previous 10 days and any commitments the allocated social worker may have over the forthcoming period. The Manager’s Target Date would be set between 10 and 25 working days.

NB target dates should be set at an appropriate and proportionate period to enable a holistic and quality assessment is undertaken, including opportunity for direct work and reflection. The second review point should ensure that the social worker has sufficient time to record their involvement and complete the Single Assessment document without allowing for drift for the child/young person and their family.

There may be occasions where the target date set needs to be reviewed and possibly changed to accommodate significant changes in circumstances. This should be the exception rather than the rule, however a second review should always be held for assessments going beyond the 25 working day point.

By 10 working days, an initial child in need plan should be in place to identify actions to improve the situation for the child/young person and specific, measurable, achievable, realistic and timely outcomes to be recorded.

By 25 working days, an initial child in need meeting should be held and the plan be updated to demonstrate a child centred and SMART outcome focussed plan for the child.

At each review point, the manager should re-set the priority setting within the CIN tab for the child, this will then change the due date for the assessment within the practitioner’s worktray.

By having a clear expectation in relation to ensuring a plan is in situ for each child open to Children’s Social Care, this ensures case work is outcome focussed and looking at the child’s specific needs.
Reporting:

As the Single Assessment within Cheshire West and Chester has been developed “out of the box”, the review and reporting process will require specifically created reports.

Management reporting is initially split into three strands, which will be open to review and development as the Single Assessment is embedded into practice:

1 – Single Assessment in progress report which will highlight all open assessments.

2 – Weekly summary report showing activity required within the next set period of days.

3 – No activity report showing assessments with no review/updated information.
APPENDICES
Appendix 1

SINGLE ASSESSMENT FLOWCHART:

Referral

CP / CLA

Referral Decision

Single Assessment

Set Priority

Start Assessment & Create Initial Plan

First Review

Continue?

Yes

CP / CLA / CIN / TAF / NFA

No

CIN Plan

Second Review

Continue?

Yes

Third Review

Continue?

Yes

Assessment Completion

No

Proceed to ICPC

Max 10 Working Days

Max 25 Working Days

Max 35 Working Days

Max 45 Working Days
Appendix 2

Top tips for SMART planning...

- **Specific** - Start by describing the child’s needs as addressed in the assessment. Avoid clichés or describing needs using ‘universal’ terms e.g. “Jon needs to reach his full potential” – all children need that. Do not describe needs in ‘service terms’ e.g. ‘Jon to be referred to CAMHS’ is not enough - this is an action not a need, think WHY are you concerned. Link these specific needs whether they are RISKS (and why) or NEEDS (and why) e.g. poor hygiene impacting upon health.

- **Measurable** - Some things aren’t easily measured in numbers. ‘Jon to have 100% school attendance’ is easily measured. Measuring whether a child is less neglected or emotionally abused is harder. But, again, consider what is it that the child witnesses, says and does that is worrying? For those that can’t be measured numerically, work out what opposite ‘good’ things the child might witness, say or do and choose those as your measure e.g: 8 year old witnessing ongoing physical DV from Dad to Mum. Child herself looks anxious, is aggressive with classmates, drew ‘worries’ of Dad hitting mum. Measurable might include child will say she hasn’t seen or heard Dad hit Mum.

- **Achievable and Realistic** - To say a child’s aggressive and challenging behaviour will change completely in 2 weeks is unlikely to be realistic. Plans should not require parents to provide more than ‘good enough’ parenting. In law good enough is the type of care that ‘could be reasonably expected of a parent of a similar child’. This means what level of care would most children of a similar age get from a reasonable parent and how would most such children present. Make sure the plan contains these clear achievable outcomes so that as time progresses, families can (hopefully!) see the plan shrinking and that demonstrative outcome can be communicated.

- **Timely** - Make sure you’ve agreed deadlines and that the plan is “owned” by the multi-agency team. Setting a clear timeframe helps measuring progress of plan and parent’s engagement. Think ‘No Delay’- If time required is too long what are the implications for child?
References:


HM Government - Working Together (2013)