

**Children Services
Workshops
May 2020
Assessment
and Plans**

**Newham
Together**

**The best place
for Children and
Young People**



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Purposeful: Assessment purpose

Risk is Recognised; Responded to and Reduced

- Assessment is specific and relevant to concerns at referral or identified during assessment. Create understanding of concerns their history; triggers and impact for each child
- Assessment is proportionate to the concerns raised but sufficient to identify any unidentified risks or needs
- Assessment must be based on engagement and communication with children to understand their day to day experience of life in this family
- Assessment must include the needs of all children in a family not just the presenting child
- Remember young carers have a right to assessment of their needs arising from their young carer role.
- Assessment informs purposeful plans to reduce risks and achieve better outcomes for the child within the timescale the child needs.



Finding from Audit (as of March 2020)

Good 39% RI 44% Inadequate 17%

Working well

- Good working together to respond to child protection concerns.
- Direct work documented more often
- Some evidence of appropriate tools being used to measure risk but they need more detail
- There was some evidence of improved assessment processes
- More urgency in permanency planning in recent case records and using PLO processes to progress plans for children.

Where we need to do better

- Update Assessments not always proportionate to risk and informed by history or research
- Assessment not describing the child's daily lived experience.
- The role / perspective of fathers not being consistently assessed.
- Where chronologies were evident it was difficult to see how these had been used to inform assessment and decision making
- The evaluation of the impact of the child/young person's situation on their safety/wellbeing needs to be stronger
- Greater clarity needed on the balance between the strengths and risks in the child/young person's situation
- Some examples of Practitioners accepting adult explanations without exploring or assessing other possibilities.



Critical analysis

Clarify what needs to happen
outcomes needed

Explore concerns closely be directed and purposeful in seeking information about context + history and current relationships
Child's experience

Inform Plan Review

Discover Explore

Negotiate Collaborate

Consider different perspectives fathers/other professionals

Bring together ideas to create new understanding in family language

Integrate Apply

Test Revise

Weigh the evidence test alternatives against experience research

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Planned and Focussed

Understanding family relationships and history is critical to understanding current barriers to problem solving and potential for change

- Plan your assessment who will you consult Family/professionals.
- Use a genogram and safety circles/ eco map to explore family history who's who and when did they come together/ part
- Understanding the family story will identify family beliefs some which may be self limiting some which may be strengths – experience of overcoming difficulties in the past
- Identify behaviours or people who may support the child and family in overcoming difficulties or beliefs or behaviours or people who pose additional risk or barriers to problem solving. You may bring people who can help together in a family network meeting
- CLA teams should be completing this work where reunification is a possibility or with carers to achieve goals for the child's well being, restorative trauma informed work or risk reduction.



Cumulative Harm

- In practice, the case history is often used to establish the pattern of behaviour to predict likelihood of significant harm – but not necessarily to assess the cumulative impact of events to evidence significant harm.
- It can help with substantiation of neglect if the accumulation of acts of omission or commission resulting in the child suffering, or likely to suffer, significant harm are identified and documented.
- Statutory intervention may be required to prevent further harm to the child.
- Cumulative harm may be caused by an accumulation of a single adverse circumstance or events, or by multiple different circumstances and events
- The unremitting daily impact of these experiences on the child can be profound and exponential, and diminish a child's sense of safety, stability and wellbeing.

(Bromfield and Miller 2007)



Impact of cumulative harm of neglect

Type of effect	Infants 0-2	Early Childhood	The School Years
Development	<ul style="list-style-type: none"> ● poor/growth intellectual capacity ● under stimulation ● nappy rash, infections, hospital attendances ● failure to thrive 	<ul style="list-style-type: none"> ● short stature, dirty, unkempt ● delay in learning new skills ● learning slow and painful ● language delay 	<ul style="list-style-type: none"> ● severe educational deficits: learning disabilities, poor problem-solving ● poor reading, writing and maths
Behaviour	<ul style="list-style-type: none"> ● withdrawn, lethargic, depressed ● self-stimulating behaviours eg. rocking 	<ul style="list-style-type: none"> ● lacking social skills ● either aggressive or withdrawn ● indiscriminate friendliness 	<ul style="list-style-type: none"> ● disruptive/overactive in class ● desperate for attention ● few friends ● overcompensation
Emotional	<ul style="list-style-type: none"> ● no learned trust 	<ul style="list-style-type: none"> ● shame and self-doubt ● lack of coincidence and expectation of failure ● poor self concept 	<ul style="list-style-type: none"> ● encopresis/eneuresis ● guilt/self-blame ● self-harming ● disturbed eating patterns



Systemic approach

Useful relational questions

- The systemic approach to assessing considers the ‘problem identified person’ in a different way – moving focus from the individual presenting as the problem to the problem being inter relational.
- This shifts families and systems who are stuck in problem saturated stories and pathologising patterns. It helps to liberate the entire system by considering contextual factors, exceptions to the dominant discourse around the person being the problem [as it isn’t always present/changes according to people/places/other environmental factors].
- This creates a richer assessment of the young person, their family or carers and identified difficulties. Asking relational questions invites a curious and collaborative and less blaming approach. Group members can engage in exploring a different understanding of the difficulties freeing up new solutions.

Assessment Analysis

- Summarise/pull together key information gathered during the assessment process
- Show an understanding of the emotional implications for the child/family of what has been observed. Take care in the language you use so that it is not punitive. Keep it short focussed and in language that is easy for the family to understand.
- Provide an understanding of the day to day experience of the child living in this family/placement.
- Make sense of the purpose of the assessment/referral concerns in the context of the family's current situation taking into account historical information collected - Chronology.
- Include evidence for the judgements made, whether this is research messages, or your own observations
- Address the child's need for permanence – security of knowing where they will live
- Use your professional expertise to provide an understanding of the family's current situation and the implications for the child's immediate and future safety and wellbeing.
- Judgement should be proportionate with risk and thresholds
- What do the adults/child consider as risks? Capture their views.
- Consequence of no change and if needed contingency plan.



What needs to happen

Purposeful Plans

- The risks and needs to be addressed for the child arise from the assessment and become the outcomes to be achieved:
- ***‘What do you need to see [for the child] to be satisfied that this child is safe enough that the child protection agency can close the case?’***
- Focus on outcomes for the child not attendance at services by parents [these are actions] [means not ends]
- Be specific; measurable; achievable/good enough
- Check relevance to the concerns; reason for referral to ensure relevance
- Set an achievable but specific timescale for action/change reflecting the urgency of change for the child.
- Review plans frequently and update plans as circumstances change



Analysis – conclusion-summary

3 or 4 most important concerns

- I am worried that if Damian goes back to live with you Angie or if the new baby lives with you, that even though you love your kids and care for them well some of the time, that you get distracted by other things you want to do including using drugs. If this happens Damian and the new baby will not get your attention or the food they need or be dirty as Damian was in June. *[Impact of Mum's drug use on care of the children]*
- There would be extra work like making appointments to see the doctor if the children are not well or for checks for the baby. I am worried when you feel pressured you will leave the children with adults who may harm them because they also use drugs. *[neglect]*
- I am worried that Damian or the baby could get bruises as Damian did in June or could be really badly hurt or die if they are intentionally or accidentally given drugs as we know Damian had a positive hair strand test in June for cocaine. *[physical harm risk]*
- I am worried that Damian and the baby will worry and be anxious when they can not be sure to get your attention. We know that stress like this prevents children from growing and developing like children who get the best care. When they go to school children do not catch up and suffer long term harm. *[cumulative harm impact]*



Outcomes

- Damian and the new baby receive Angie's best care all of the time. If Angie cannot do this she will call on one of our agreed safety person to take care of the children who do not use drugs.
- Damian and the new baby receive safe good quality care all of the time and show good development and weight gain, are clean and well fed and get individual attention time.
- Damian and the baby are not around people who are using drugs or left with people who use drugs. If Angie is going to use drugs she must pass the children to the agreed safety person.
- Damian and the baby must not live in a home where drugs are kept and used so that they are safe from taking in drugs themselves.



Example plan

Planned outcomes for the child	Measure of Progress: How to know if we are closer to our outcome	Actions [to deliver outcomes]	By whom	Timescale
Damian will feel safe and not worry about Mum as he sees her not under the influence of drugs	Angie is drug free when spending time with Damian	Angie will get to contact sessions with the Damian on time and not take drugs before contact	Angie	Within 4 weeks by the 1st February
Damian will more often receive Angie's best care he will feel safe	Angie is more in control of her drug use so that she can limit use to times when Damian is in the safe care of an agreed safety person	Angie will develop strategies with her substance misuse worker to manage her cocaine use so she can have care of the children drug free	Angie and Drugs worker	Within 6 weeks by 14th February
Damian will be kept clean and have a good diet and show weight gain. He will not ingest drugs	Angie is keeping her home clean and free of drugs and equipment. She is buying food	Angie will keep her home clean and will not have drugs in the home or use them in her home Angie will have help to develop routine	Angie and Family Support Worker	Within 6 weeks by 14th February
If Damian can not be cared for by his mother he has alternative permanent carers	Damian has a permanent carer	SW progress viability assessment of Lisa Brown. SW to commence life story work for Damian SW to book permanence Planning meeting	Social Worker Fostering Worker	Within 6 weeks by 14th February Within 6 weeks Within 10 days by 20th January





Additional risk assessment tools

Use additional risk assessment tools where helpful. Complete tools or use to gather useful questions to get more specific answers:

- Graded Care Profile tool – neglect
- CAADA DASH – domestic abuse
- Exploitation Screening tool and ETAC record
- SCODA- substance misuse
- Strengths and difficulties questionnaire
- The Parenting Daily Hassle Scale
- Home Conditions Scale
- Adult Wellbeing Scale
- The Adolescent Wellbeing Scale
- The Recent Life Events Questionnaire
- The Family Activity Scale
- The Alcohol Scale
- Check out: [Socialworkerstoolbox.com](https://socialworkerstoolbox.com)

