**SINGLE ASSESSMENT – GUIDANCE**

**Introduction**

An assessment is so much more than a paperwork exercise; it should be recognised and used as a tool to get to know and begin to intervene with a child and their family.

Remember an assessment is something we do together **with** NOT **to** the child and their family. It is only through effective dialogue and engagement with children, families and involved professionals, that you can truly understand the child’s experience and journey.

The relationship you are able to build with the child and their family though undertaking the assessment provides the foundation for any future work needed.

The Single Assessment should support effective, timely and purposeful Social Work. – It may be that some or even all of the concerns highlighted can be addressed during the assessment.

**This guidance aims to help practitioners when completing the Single Assessment.**

For further information see [Single Assessment Process: Overview](https://derbyshirecaya.proceduresonline.com/p_sing_as_over.html) and [Assessments](https://derbyshirecaya.proceduresonline.com/p_sing_social_care.html) chapters in our online procedures. See also [Single Assessment Flowchart](https://proceduresonline.com/trixcms/media/6299/single-assessment-flow-chart.docx) and the section on Assessment within our [Practice Standards for Children's Services in Derbyshire](https://proceduresonline.com/trixcms/media/3928/practice-standards-v12-es-010419.docx)

Any assessment will rely upon practitioner knowledge, research, ethical principles, professional practice experience and Social Work theories. If there has been a previously completed assessment, this should be read and used as an important source of information to build on.

**SECTION 1 - Your Family and Household**

You need to include each family member’s details within this section. It is important to also capture information on any other significant family or friends and ensure details are correct. People who don’t live in the household may have important roles in a child’s life and may need to be spoken to as part of the assessment. Don’t forget absent and non-resident parents and parent’s partners – these can often remain hidden in assessments. Anyone with a caring responsibility for a child should be seen and spoken to as part of the assessment.

***Parental Responsibility*** (PR) – Knowing who has PR for a child is really importance and should be understood from the outset. ALL people with PR should be involved in the assessment.

Use this section to not just record details but to be curious about the nature of the relationships they have with each other; especially with the child. Developing a **genogram** with the family is a great tool to do this and can elicit lots of importation you can use in other sections of the assessment. These can be used to begin to identify and explore with the family who could be possible viable carers / support if ever needed.

Understanding and recording any information relating any communication needs of the family (eg do they require an interpreter, struggle reading, have any learning needs), is crucial to ensure you and others who read the assessment consider how to best engage and communicate with them.

Also gaining other important information (such as working hours, aggressive pets, and access issues) can really help you and others when trying to arrange visits. Any information that could put a professional at risk should be shared with other agencies who are working with the family.

**SECTION 2 – Reasons for this assessment**

This section should make it very clear to families why we are involved and what we need to address through this assessment. Succinctly and clearly outline the concerns raised by the referrer. Don’t just copy and paste long sections from the referral document.

This section is also where you begin to consider the current concerns in the context of what is already known –previous history / involvement. A full detailed chronology is not needed here, however a completed chronology workflow will assists to give an overview / analysis of what is already known better – to help you begin to notice any repeated patterns of concerns / behaviours / achievements. ALWAYS highlight any previous child protection concerns, periods in care and any involvement by other Local Authorities. It is expected that you will have read any previous referral / assessments and understand the information already known.

This section is also where you identify and agree with the family which involved professionals need to contribute to the assessment. This is important because a Single Assessment should bring together and analyse what is known by all those working with the family; to provide a holistic understanding of what life is like for the child.

**SECTION 3 – Child profile and story**

Each child should be considered as a unique individual - This section is where you make each child come alive / become real and understood. Their voice, views and evidence of direct work undertaken should be clear. Direct work should demonstrate creativity, an age appropriate approach and should be relevant according to what you are seeking their views on. What is their view and understanding about the concerns / risks raised by the referrer? What is it like for this child to live in this family? Within this section there needs to be evidence of listening to and respecting the child; what their hopes for the future are and what support they feel they need to get there. Be particularly mindful that you may be the only professional seeing and gaining the views of a child who is home schooled.

Where a child is too young or unable to engage with you verbally, use your observations and knowledge of child development and behaviour to make sense of what they are communicating. Consider the additional vulnerabilities of babies, young children and those with disabilities; and the impact of any risks on them. Where there is a baby how visible are they? Particularly in a family where there are older siblings.

You should explicitly ensure the impact of all key risks/concerns which led to this assessment are considered for each child; but also consider the child and their needs / resilience and circumstances as a whole. You are encouraged to consider the relevant elements of the assessment framework (health, education, emotional and behavioural development, identity, relationships, social presentation and self-care skills), consider any issues of disability, health or developmental concern, identity, race and religion. Is the child a young carer? Be clear to evidence that your information shows a multi-agency perspective. Use analysis to consider the impact on the specific child; rather than just stating information.

A young carer’s assessment would be completed where a child (under 18 years of age) has caring responsibilities. This might be for a parent, carer or sibling who has a disability or illness.

The purpose of the young carer’s assessment is to consider the holistic needs of the young person, the impact any caring duties has on them and what additional support they may require.

These assessments would be completed by way of a single assessment. However there are additional areas for consideration for example whether the arrangements are suitable, the impact on the young carer and their support needs. See [policy](https://derbyshirecaya.proceduresonline.com/p_young_carers.html) and [guidance](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fproceduresonline.com%2Ftrixcms%2Fmedia%2F6245%2Fyoung-carer-practice-guidance.docx&wdOrigin=BROWSELINK) around young carers for further detail

**SECTION 4 – Parents or Carers Profile and how they look after the home and children**

This section is where you assess how well parents/carers are able to keep their children safe, support their development and respond appropriately to their needs.

A good assessment with consider each parent / carer separately and together (if relevant). Consider their own experience of being parented and how this has impacted on their parenting style and capacity. Where there is more than one parent or carer involved – do they work together with a joined up approach or is the child subjected to multiple parenting approaches/styles? Who else supports them to care for the children? Family networks / systems are complex and can involve several households.

Although you are considering the adults in this section always think about the impact their behaviours / actions has on the child(ren).

Ensure you address explicitly any concerns raised by the referral, but place these within a wider assessment of their parenting capacity overall. You are encouraged to consider the relevant elements of the assessment framework (basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, presentation and stability) and reflect both on their capacity to meet and responds to each child’s current needs and future anticipated needs. Highlight what they are doing well, as well as identifying any areas of need / support that may be required. The social worker is expected to keep an open and enquiring mind with the family around key events and milestones in the parents or carers lives, and events of significance for them. This may consider how the parents met, their attitudes to having children, family life and more.

Consider any presenting issues (such as problematic relationships with their partner, parental mental health, alcohol or drugs misuse / dependency, any health issues, physical disability or learning needs / disability) and reflect on if/how these impact on the child(ren) and this parent’s parenting; also consider what action/strategy has been taken (or attempted) to minimise any impact on the child(ren).

Within this section there needs to be evidence of listening to and respecting the views of the parent/carer; what their hopes are for the future and what support they feel they need to get there.

If a parent is a carer of a disabled child they may request a carer’s assessment. The purpose of a carer’s assessment is to help sustain their caring role and support the parent carer to work or access education, training or leisure.

Derbyshire County Council’s policy is that carer’s assessments are included within the child’s single assessment. When assessing parenting capacity practitioners should always consider any needs a parent may have, their caring responsibilities and any support that might be needed to enable a parent to care for their child (ren). If a parent / carer requests a separate assessment, then please discuss this with your practice supervisor / team manager.

You need to be clear when undertaking a single assessment that this includes a carer’s assessment. If carers do not want to share information regarding caring responsibilities, this needs to be recorded in the assessment. The assessment should be explicit in terms of information carers have provided for the assessment and whether this is backed up with any evidence. Carers should agree the content of what is being recorded in the assessment as being accurate.

In order to make the carers part of the assessment explicit it may be helpful to add additional headings to section 4 (Parent or carers profile and how they look after the home and children) of the single assessment. Areas to consider should include: caring tasks and who does this (this may include wider family/friends), carers own needs and the impact these have on their caring responsibilities.

**SECTION 5 – Family and Environmental Factors**

This section needs to consider wider context in which the child and their family is situated. An ecomap can be a useful tool to develop together with the family. Consider the relevant elements of the Assessment Framework (family history, wider family, employment, income, family social integration, community resources) and reflect on whether the wider context supports or prevents the child’s needs being met; helps or gets in the way of parents/carers capacity to meet/respond to the child’s needs. Consider if there are any key considerations (eg births, deaths, illness, moves, loss, redundancy) which are having an impact at this current time (on whom and how). Consider the family's position and relationships in the local community and their wider family. Consider any regular visitors to the house. Explore finances, budgeting and housing. See every child's bedroom. Be interested in who does what around the house

**SECTION 6 – Family Contribution and views**

Within this section record everyone’s understanding of why we’re involved. Do they accept / agree with the concerns raised – if not why not? Are there a multiple of views? What might that mean? Does that matter?

What would they like to change? What do they want their life / their family to be like in their preferred future?

What do they think might help them and their family; what are their suggested solutions? Remember Suggested solutions are more likely to work for them, and produced sustained improvements for their family life.

Consider any possible influence or duress anyone may be under. Have you seen and spoken to everyone alone?

Consider any barriers to them telling you what they want to, and acknowledge and address them. What might happen if they tell you? What are you going to need to do?

Think about the questions you ask - it’s easy to prepare/coach someone to answer a direct question; it’s much harder to prepare/coach someone to answer a circular or reflective question.

All completed assessments should be shared with the family. They should be given the opportunity to give their views on the content recorded; both in terms of its factual accuracy and analysis. It is important that families are heard, and their views considered and recorded on the child’s file. Any factual inaccuracies should be amended in the assessment.

**SECTION 7 – Social Worker's Professional Judgement, Risk Analysis and Recommendations**

This is where you draw together all your work and set out how all the information gathered comes together to inform an understanding about the risks / concerns raised in the referral (and any others that have come to light), in the context of the child/family's current situation. Don’t just repeat / list what you’ve already said in other sections; rather analyse that data and draw out patterns / relationships / links.

Analysis is the process by which we come to understand something and its meaning. In Social work this includes understanding it's meaning to the child, to the parents and to the wider family system.

Analysis in Social Work is not an exact science, but we use a range of knowledge and skills, including a relational understanding of families alongside the capacity to think critically and reflectively. A good analysis makes clear the links between information that is gathered (from a number of different sources) and the decisions made about what happens next for the child and their family.

Don’t just make sweeping blanket statements that could relate to any scenario, but rather focus on the impact of the risks on the child(ren) you are assessing. Distinguish between any actual harm that can be evidenced and potential future harm and consider how this could be different for each child. Remember to be particularly alert to the additional vulnerabilities of babies and children with disabilities.

Don’t just list positives about the family; but draw out those things that are making a difference to the child; keeping them safer and/or ensuring their needs are met.

Where there are differing opinions, perspectives state the discrepancies and explain why that might be / why one seems more likely in the specific circumstance. You need to make a professional judgement in this section, informed from the evidence to date; showing why you have reached that opinion.

Be clear about what needs to happen next to address the risks and build on the strengths identified to achieve positive outcomes for the child. Where it is safe and possible these outcomes should be what the child / family want; to reflect their preferred future. Consider thresholds and who should/is appropriately/proportionate to be involved with the child / family (if anyone) now the assessment is completed.

**SECTION 8 – Safety advice and Information**

This section is not just a tick box exercise. These questions have all been compiled from lessons learned from serious case reviews; so it’s really important you consider/address them during the assessment. If ‘no’ is answered to any of these questions, you should use the comment box to explain why they aren’t relevant or what relevant advice has been given to the family and that this is considered in the risk assessment.

**SECTION 9 – Management Oversight and Quality Assurance**

The 7 day decision should ideally be based on a conversation between the practice supervisor and the practitioner undertaking the assessment. It should take place following the initial visit to the children / family so it can be considered it the concerns highlighted in the referral are substantiated or not. It should consider the plan for the assessment (in Appendix 1) and ensure it is focussed in the right areas to appropriately address the risks / concerned / needs identified. That the range of information / people / agencies to be included and any assessment tools to be used have been identified and the timescale for completion is proportionate to the level of assessment required.

The further section for Manager Rationale, Oversight and Decisions is where ongoing manager’s oversight and endorsement of the outcome of the assessment can be recorded. This can help understand why sometimes initial decisions change and why further work might be necessary.

Recording the rationale for any decision(s) reached is really important; to help all involved understand why things happened the way they did, when they did.

The manager/practice supervisor should comment on the following:

* The timeliness and robustness of the assessment; whether it is inclusive of the views of the wider family and professional network and systems.
* Any shortfalls and comment on how these are to be addressed.
* Any specialist assessments or tools that should be considered
* If the assessment is sufficiently analytical?
* If the child's voice understood and represented?
* If strengths and risks have been fully considered?

**SECTION 10 - Appendix 1: Assessment Plan**

In this section the Social Worker, together with the family, outlines the agreed plan needed to complete the assessment

A timeframe should be agreed; to include how many visits and to whom will be needed. The areas needing to be discussed / assessed should be clear along with any tools needed / methods to be used. The plan should also highlight anything needed to support communication with the child and family e.g. an interpreter?

Any other involved agencies / professionals needing to be spoken to / included should also be identified and agreed. Along with any previous assessments that need to be read and considered (by any agency)

**SECTIONs 11 & 12 - Appendix 2: Next Steps & Actions Taken**

This is where you identify what the outcome of the assessment is and send the appropriate task(s) to who will be completing it (if appropriate). Note: The outcome of your assessment could involve more than one step.

**USEFUL RESOURCES**

**Cultural Genograms**

Introduction to the Genogram - <http://www.genopro.com/genogram>

Genogram examples - <http://www.genopro.com/genogram/examples>

**Ladder of participation**

<http://llk.media.mit.edu/courses/readings/participation-ladder.pdf>

**Systemic**

[Tomm, K. (1987) Interventive interviewing: Part II: Reflexive questioning as a means to enable self-healing](http://is.muni.cz/el/1423/podzim2008/PST433/um/Interventive2.pdf).

[Tomm, K. (1998) Interventive Interviewing Part III: Intending to Ask Lineal, Circular, Strategic, or Reflexive Questions?](https://www.therapypartners.co.uk/assets/uploaded/files/Tomm%20K%201988%20Interventive%20Interviewing_%20Part%20III_%20Intending%20to%20Ask%20Lineal%2C%20Circular%2C%20Strategic%2C%20or%20Reflexive%20Questions_pdf.pdf)