



Children, Young People  
and Family Services



# Assessment - Best Practice Guidance

## Introduction

Excellent assessment practice is the cornerstone of good social work practice. It is an essential component in the identification, evaluation, analysis and management of risk and the foundation of planning effective interventions to support long term safety and wellbeing for children and young people.

Without robust assessment, practice is likely to lack focus and a clear sense of purpose; at worst, poor assessment may result in a vulnerable child's needs being overlooked or misunderstood. It is impossible to make a good plan without a good assessment; and without a good plan, our interventions are likely to lack focus and critical needs may be left unmet, with potentially negative consequences.

Undertaken well, the assessment process has the potential to be a positive intervention in itself, helping children and families make sense of their situation and lead to the co-production of plans ensuring children's needs are met and risks reduced.

## Purpose

The aim of this guidance is to encourage a focus on the skills associated with analysis and critical thinking in assessment, rather than the more procedural aspects of assessment work. This is to ensure that analytical thinking is at the heart of all practice across Children Young People and Family Services in Hull.

This guidance is split in to three sections:

- Characteristics of a good assessment
- Anchor Principles
- Practice Pointers

## Characteristics of a good analytical assessment

A good starting point for this guidance would be to commence by describing 'what a good assessment looks like'. However, it is clear that there is no 'one size fits all'. It is perhaps more useful to think about the characteristics of an assessment that captures the complexities of a child's life and the need to respond swiftly and effectively. The format below describes the key features that should be present in **all** assessments:

### Aims

- Provide a good *picture* of the child, the family and their story
- Provide an understanding of *why* the assessment is being undertaken and what you're expecting to get out of it
- Be specific about the individual child's *needs*, rather than just completing a generic assessment template
- Provide a clear statement about the *impact* of the analysed risks for this specific child or young person
- Be clear about the *seriousness* of the needs identified and the likely consequences (or risks) for the child if they are not addressed
- Specify measurable *outcomes* within the recommendations that link directly to identified needs and are realistic in the context of the seriousness of those needs (so that everyone is clear what success will look like and what will happen if outcomes are not achieved)
- State clearly what *work* will be done to achieve the outcomes set and address the needs identified

### Context

- Show an understanding of family history and the way that history may have contributed to current difficulties
- Remember that history sets the context for the present and you will need to draw out recurrent themes and patterns and highlight the cumulative impact of these, both in terms of risks and areas of strength.
- Include an analysis of what we don't yet know (analysis is an ongoing process and it's acceptable to say we need more information about a particular issue)
- Adopt an open-minded and questioning approach– e.g. is this the only way of understanding this?(uncertainty is acceptable as assessment is part of an ongoing conversation, so a good assessment is always likely to contain some uncertainty)
- Include information directly relevant to the purpose of the assessment

### Style

- Be logical, both in terms of 'showing your workings out' (making sure your thinking process is clear to the reader, showing how you have got from point to point, how you have used the information available to reach certain conclusions, etc.) and in terms of structure, so that recommendations follow from the information obtained
- Be succinct, concise, relevant and specific at each stage

- Be free of jargon, especially words and phrases that will mean little to the family or might have different meanings for different professionals
- Use respectful language at all times
- Link the recommendations and provisional child's plan back to specific parts of the assessment (the plan must clearly emerge from the analysis – any reader should be able to work out the general story of what we're worried about from the child's plan)

### Evidence

- Make explicit the underpinning **knowledge** (for example, child-development theory, knowledge about the effects of bereavement and loss) and **evidence** that have informed your judgement (observation, research findings, information arising from the use of scales or questionnaires as recommended within the Hull CYPFS Risk Assessment Toolkit, etc.) However, be mindful that the assessment does need to be accessible to families and not should read like an academic assignment. Practitioners will need to get the balance right between demonstrating a clear evidence base and keeping it jargon free.
- Include a clear, evidence informed prediction about the likely impact on the child if identified needs are not met (what will be the consequences or risks for this child in the short and long term if nothing changes?)
- Show confidence in your analysis and include clear statements with evidence to back them up rather than generalities

### Expertise

- Be clear about your concerns, and the reasons behind these concerns
- Include hypotheses, i.e. your preliminary (and probably still tentative) explanations for the situation or behaviours at issue

### Child and Family Views

- **This is critical** .You must include the views (worries, wishes and feelings) of the child, and the family's views, and an analysis of those views
- In doing so you need to faithfully record exactly what the child or young person says and document it in inverted commas and bold. You can then give your own analysis of the meaning and significance of what has been said, but the fidelity of recording the child's own words is key.
- When listening to self-reporting by families, adopt a position of respectful uncertainty and professional curiosity, triangulating this with other evidence in forming hypotheses
- Describe clearly how it might feel to be standing in the child's shoes and the ways in which the child's perspective has been obtained (by using Mind of My Own statements, through direct conversation, play, observation, extrapolation from research about children in similar circumstances, etc.). **The child's lived experience is central to the assessment and needs to be explicit.**

You can explore more about these characteristics here [www.rip.org.uk/ACTA](http://www.rip.org.uk/ACTA) *Analysis and Critical Thinking in Assessment*:

## Anchor Principles

Having established the characteristics of a good assessment above, this guidance now explores key principles that can be used as a framework for ensuring analytical thinking in assessments. Research in Practice refer to these as the Anchor Principles and they provide a useful route map through the five key stages of the assessment that 'anchor' our practice in the everyday lived experience of the child or young person.

The emphasis here is on your social work expertise and **structured professional judgement** rather than bureaucratic process and checklist compliance.

The key question stages to fully explore are:

### 1. What is the assessment for?

Asking this question clarifies the purpose of the assessment from the very beginning and allows you to identify key issues from the start. In turn, by thinking about key issues, you can then start to identify and collect knowledge that will be relevant for the individual child. Knowledge can be based on research, practice experience, observation etc.

### 2. What is the story?

Asking this question aims to focus your attention to relevant facts, circumstances and events which can then be connected by way of a coherent narrative. Within the story, how do things relate to one another? Consider the 'history' of the story fully, focusing on the narrative rather than the separate episodes.

The concept of 'the story' is crucial to effective assessment and can be empowering for families. However, it can also be dis-empowering if families feel their story is not being represented. Telling the story is not the same as just filling the dimensions on the assessment format on Liquidlogic. Using a genogram with the family at this stage is essential in capturing a range of information about family relationships.

### 3. What does the story mean?

Getting the meaning out of the facts is key to effective analysis, you will have already started this process in the step above, in deciding which information is relevant. In order to demonstrate the meaning of the story it is vital to demonstrate your 'workings out'. What were your hypotheses along the way; what are the different perspectives (yours, family and other professionals); be prepared that your version may be flawed. What was the critical thinking, how are things on reflection? The quality of the information in the assessment may well reflect the quality of the relationship between the practitioner and family.

#### 4. What needs to happen?

The whole purpose of undertaking the assessment is to decide with the family, wherever possible, what needs to happen. Practitioners need to move away from 'here is the problem, what is the solution?' as working in this way skips the whole analysis process. Instead practitioners need to be thinking 'this is the story, what does this tell us about the needs and strengths, and how best can the family move forward?' Focus should be on the child and family, rather than services which may or may not be available.

It is in this Anchor Principle, that the assessment can begin to connect to planning. Avoid universal statements such as 'Mathew needs to have his emotional needs met' – all children need this. Also avoid service statements such as 'Matthew needs to be referred to CAMHS' – this fails to describe individual need. Of all the needs identified, which are most pressing in terms of safety?

It is important that needs, outcomes and plans are inextricably linked and practitioners should read this guidance in conjunction with Hull CYPFS document **Plans - Best Practice Guidance**. The recommendations you make from your assessment will form the basis of the child's plan.

#### 5. How will we know we are making progress?

This is important for the evolving, ongoing assessment. Look at each of the outcomes individually. Has it been achieved (in part/full)? How important was that outcome (to 'us'/child/family)? If the outcome wasn't achieved, why not? Is there a need to return to earlier Anchor Principles? Do we need to return to the hypothesis? Have we received further information that has changed the story?

### Practice Pointers

#### What do we already 'know'?

Think contextually – have we received previous contacts or referrals regarding this child? What was the assessment, analysis and outcome of this? Were themes and patterns revealed? What does this mean in the context of why the child has come to our attention now and what is the cumulative impact of this? Why might the previous intervention have not brought about lasting safety for the child?

All assessments must include a **chronology**. This should never be seen as an administrative chore but a vital foundation for analysis in your assessment. Do not simply pull through case notes as these are unlikely to provide a coherent narrative demonstrating impact. Significant events can have either a positive or negative impact on the child and chronologies show us triggers, patterns, engagement, and evidence possible change or not,

contributing to our thinking about what may need to happen to secure safety and permanence.

### **Who to involve?**

If at all possible, the child or young person should be seen alone and their views, wishes and experiences sought and captured. The importance of direct work is emphasised and should be evident within the assessment. Tools such as Three Houses, Mind of My Own, indirect play etc. should be utilised. What did they tell us, either directly or indirectly through observation? What's your analysis of this and how will this influence safety and planning?

Assessments should be unique to each child and young person in the family. Their needs, vulnerabilities, risks and desired outcomes will be different.

Fathers must be involved and their absence from the process should be by recorded exception with a clear rationale.

Consider who makes up the extended family and connected network – what might they have to contribute to helping us understand risks, strengths and potential sources of safety? Who cares most and who helps them grow up well? What is the role of the wider family, neighbours, church, key people at school or in the community etc.?

A cultural genogram and ecomap should always be undertaken with the family as part of the assessment process – involve the children too where possible. Genograms can also help us think about cumulative and interacting risks and vulnerabilities. For example, what do we know about parents' histories and the potential of 'colliding biographies' that jointly influence parenting?

Think too about the professional network connected to the family, now and historically. Our safeguarding system is complex with many different organisations playing a part. Working Together to Safeguard Children (2018) reminds us that all social care assessment must be multiagency assessments and everyone that comes into contact with the child has a role to play. No single practitioner can have a full picture of a child's needs and circumstances. What insights and views do other professionals have? Do the family share these views or challenge them?

### **Have you fully considered diversity issues?**

For each child or young person we need to consider the characteristics of diversity that shapes their experience and are critical to the formation of identity. Diversity is multi-dimensional and includes race, disability, class, economic status, age, sexuality, gender (including transgender), faith and belief, and the intersection of these and other characteristics. Don't leave this part blank or record 'no issues related to diversity or identity' - we all have issues related to diversity.

Do these characteristics make a child more or less vulnerable to harm? In thinking about self-identity how might the young person see, describe and define themselves? Consider how a child or young person might view their own identity within their very own specific context, e.g. as a member of a well-known local family, as a resident of a particular housing estate in Hull, or as child whose parent or sibling is in prison? We should also be mindful of ascribed identity (the identity other people or society might impose on someone) and the impact of this, e.g. stereotyped characteristics of care experienced young people.

Practitioners might also want to consider underlying assumptions related to diversity, as highlighted by the Social GRRACCEESSS (Burnham 2013) exploring issues of sameness, difference and our own unconscious biases within assessment practice.

We also need to recognise the importance of assessing the cultural beliefs of caregivers alongside culturally sensitive exploration of these issues. Whilst we might not be able to fully achieve 'cultural competence' in our work, we should adopt an open position of not knowing but wanting to learn by staying professionally curious.

Think too of the role of others in supporting good communication and understanding e.g. professional interpreters, translators, advocates, signers and others. These can all help to bridge communication gaps and ensure people have full access to their rights.

Practitioners will also need to ensure that practice is 'poverty aware' - thinking about the association between a family's socio-economic circumstances and the chances that children in those families may experience child abuse and neglect. Assessment should also consider the complex interactions between deprivation and ethnicity in attempting to understand how people are caring for their children.

### **What's the role of supervision in assessment practice?**

All assessment practice should be supported by regular, high quality reflective supervision. This should help the practitioner to apply critical reflection and analysis to inform their assessment work and support them to provide a rationale for professional decision-making and planning that follows from assessment. Supervision should also help the practitioner to plan how they will test out their hypotheses and mitigate against confirmation-bias and over-optimism.

As assessment is an ongoing process, each time a child or young person is discussed in supervision you will need to evaluate what progress has been achieved against the outcomes described in the plan. For further details, the reader is referred to Hull CYPFS **Supervision – Best Practice Guidance**.

## **Timeliness is important**

As stated, the fundamental purpose of the assessment is to form the basis of a viable plan that will positively address worries, risks and needs. Immediate intervention can and should run in parallel to the assessment practice but we do need to act effectively and without delay.

Seeing, talking to and observing children in their home swiftly must be a priority and in the first instance managers should have oversight and give direction of this e.g. within 24 hours. This is inextricably linked to the purpose of the assessment - how can we be assured that the child is safe?

Procedurally, undertaking a children's social care assessment should never take longer than 45 days but this a maximum. As risks and needs are unique to each child, managers will need to have oversight of this and agree appropriate timescales for completion e.g. by day 20. This is particularly relevant for Assessment Teams and the reader is referred to Hull CYPFS **Protocol for Assessment Teams** which sets out expectations.

As stated earlier, assessment practice is an ongoing process rather than a one off event and it is important that assessments are updated regularly to reflect changing needs, risks and resources. A new assessment should be undertaken following any significant event and updates should take place annually as a minimum requirement.

## **Links with Hull's Risk Assessment Toolkit**

When working with children and families, all assessments are risk assessments. As described within this document, risk can be multi-dimensional, fluid and shaped by events and context. This is complex work and the **Risk Assessment Toolkit** was developed to support practitioners in Hull approach the tasks of risk identification with a high level of confidence and competence.

The toolkit provides a range of thematic tools and resources that support evidence based systematic approaches to understanding risk and requires practitioners to consider carefully the use and application of the tools, dependent upon the individual situation that they are working with. All assessments should be informed by the use of evidence based tools.

## **How this fits with our practice model**

This assessment guidance is also compatible with our Social Work Practice Model – **Signs of Safety**. The framework maps harm, danger, complicating factors, strengths, existing and required safety, and a safety judgment in situations where children have experienced or are at risk of harm.

Further specific assessment and planning guidance associated with the model will be made available as we progress on our organisational learning journey with Signs of Safety; all guidance will be further updated and firmly aligned to the model. At this stage of implementation, assessment practice should start to incorporate the three column approach into our thinking and at a most basic level the assessment should consider:

- What are we worried about? (past harm, future danger and complicating factors)
- What is working well? ( existing strengths and safety)
- What needs to happen? ( future safety and success)

As part of the assessment process, safety scaling questions are used to capture how people assess situations at any one time and create a further conversation about what needs to happen for things to get better for everyone involved. For example, other professionals could be asked on a scale of 0-10, where 10 means that you are confident that the child is safe enough to close the case and 0 means that you are certain that the child will be harmed or harmed again –where would you rate the situation right now ?

Principles for practice underpinning Signs of Safety emphasise that working relationships are paramount. Establishing a constructive working relationship with families is fundamental in creating a shared responsibility for problem solving which starts within the assessment process.

## **Conclusion**

In sum, assessment practice is so much more than the systematic gathering of information. It is the **analysis** of that information, gathered from various sources using many different methods, that facilitates good planning with families focused on achieving specific outcomes linked to identified risks and needs.

Focusing on the notion of a story helps us to think about the key features in the lives of children and their families and how they relate to the difficulties the child is facing. Assessment is an ongoing process which rarely reaches a natural or obvious conclusion. You will always need to respond to new information, review change and judge the significance of new events.

As the quality of assessment practice relates directly to the quality of plans and tailored interventions unique to each child and situation, it is this particular aspect of our work that when done well has the potential to support excellent social work practice in keeping children safe and making a very real and positive difference to their lives.

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