

Practice Guidance

Signs of Safety Assessments

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Introduction

The Signs of Safety assessment is a relationship, strengths, safety and risks based approach to Child Protection practice that places the child and their family at the heart of the assessment and support.

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 family-owned plans ensuring children's needs are met and safety is worked towards.

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:

- How the assessment guidance fits with our practice model
- Characteristics of a good assessment
- Practice Pointers

How this fits with our practice model

This assessment guidance should be utilised alongside our Social Work Practice Model – **Signs of Safety** and should be read alongside the 'Signs of Safety Child & Family Assessment Prompts' guidance for which can be found on the Signs of Safety resource library ([Ctrl+ click here to access](#)).

The framework maps harm, danger, complicating factors, strengths, existing and required safety, and includes a safety judgment in situations where children have experienced or are at risk of harm.

The assessment focuses on three main questions,

- 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, danger statements, safety goals and scaling questions are used.

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?



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 – you need to bring the child to life.
- Provide an understanding of **why** the assessment is being undertaken and what you’re expecting to get out of it.
- Be clear on the interim safety plan for the child whilst the assessment is on-going. The family must be supported by the Local Authority to develop this plan.
- Be specific about the individual child’s **needs**, rather than just completing a generic assessment template.
- Include a clear danger statement which clearly explains to the family what the professionals are worried about and what we believe the impact on the child will be if nothing changes.
- Include a clear safety goal which will outline what the Local Authority needs to see to no longer be concerned about the child and for safety to be achieved.
- Include a minimum of three bottom lines, outlining the non-negotiables that the Local Authority needs to see from the family. As a minimum, these must include the family identifying and bringing together a network of people who can support them, with this network, the family must come up with a safety plan which satisfies the Local Authority that the child will be safe, even when the danger is present. The parents/carers must also, with the support of the social worker, come up with a words and pictures explanation for the child to explain to them what the worries are and what the plan is to keep them safe.

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- Identify a clear plan which is owned by the family to address the worries and to identify who is going to do what to what to keep the child safe, even when the danger is present.

Context

- Include information directly relevant to the purpose of the assessment.
- Clearly identify the evidenced harm, complicating factors, strengths and safety present.
- Show an understanding of family history and the way that history may have contributed to current difficulties, considering cumulative harm and intergenerational cycles.
- Consider 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).

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.
- Clearly describe behaviours and the impact of those upon the child, e.g. avoid terms such as 'poor home conditions' and 'neglect', instead, describe exactly what you see.
- 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

- Within your assessment and specifically your danger statement, 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.
- Be mindful that this is the family's assessment. It is vital that it is accessible to them and should not read like an academic assignment. However, practitioners also need to make clear 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 Children Young People Family Service Risk Assessment Toolkit, etc.). Practitioners will therefore need to get the balance right between demonstrating a clear evidence base and keeping it jargon free.

Expertise

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

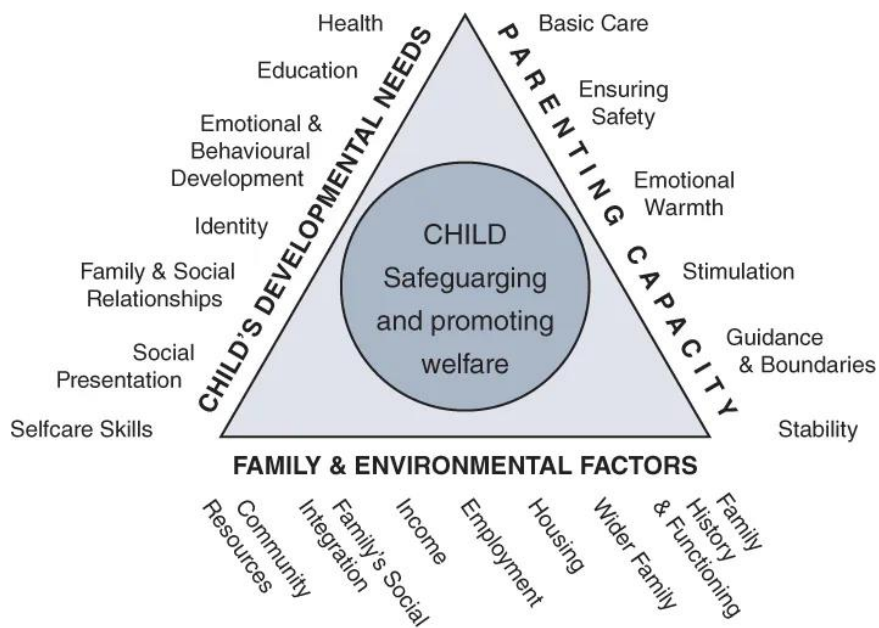
Child and Family Views

- **This is critical.** You must include the views of the child and the family 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 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 a variety of tools such as 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 *Analysis and Critical Thinking in Assessment*:

Assessment Framework

The Assessment Triangle is an assessment tool focused upon **gathering information** around the 20 items of content in the triangle. Professor Eileen Munro identifies that using the assessment triangle alone commonly leads to assessments that are overloaded with information, which at times is not always relevant to the concerns and lack the analysis of risk.



In comparison, the Signs of Safety Framework is focused upon **identifying and assessing risk** whilst guiding the family and the network into and through those relevant issues highlighted.

The Assessment Framework and the Signs of Safety model go hand in hand within the Child and Family Assessment. We must still consider the Assessment Triangle to ensure our assessments are thorough, robust and address all of the **relevant** areas of a child's needs and lived experience, without including information that is not wholly relevant to the concerns.

Previously, when solely using the assessment framework we would include all of the information gathered in relation to parenting capacity, however, under the Signs of Safety framework, we only include the relevant information and we break this down into the harm, complicating factors, strengths and safety sections. For instance, when information gathering regarding parenting capacity, we may consider the **harm** caused to the child as a result of the parenting they receive. Likewise, when considering the **complicating factors**, there may be issues that make it harder for the parent to care well for the child.

Practice Pointers

What do we already 'know'?

Think contextually – have we received previous contacts or referrals regarding this child? What was the assessment, analysis, plan 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? Was there a family led plan previously? Has there been any significant changes to the family network?

All assessments must be supported by a **chronology**. This should never be seen as an administrative chore but a vital foundation for analysis in your assessment. Do not

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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. Consider the age of the child during individual incidents.

In addition, the assessment must focus upon the first, worst and most recent event in the family's life that brought Children's Services involvement with the family and what the impact of this was upon the child. This does not replace the chronology but enables the assessment to focus on key incidents for the child.

Who to involve?

The Signs of Safety approach maximises family participation so that the family is central to the social work assessment and planning process. It is vital that we take all appropriate steps necessary to engage the family throughout the assessment process. The Children's Social Signs of Safety and Assessment leaflet should be shared with the family to promote their understanding of the process and the next steps ([this can be found here](#)).

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

It is imperative that we 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? Who does the child say is most important to them and who do they identify as their extended family? Remember these may not be biological relatives and could be neighbours, church, key people at school or in the community etc.? Consider their roles in creating safety for the child.

A cultural genogram and ecomap should always be undertaken with the family as part of the assessment process – involve the children too where possible and make this interactive. 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 intergenerational cycles 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 (2023) and the Hull Threshold of Need Guidance (2024) remind us that multi agency working is at the heart of all that we do 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? Can we please consider the pivotal role that a General Practitioner has and the need to consult with them if required. Do the family share these views or challenge them?

The child or young person should be seen alone and their views, wishes and experiences sought and captured. It is vital that consideration is given to the most

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appropriate place to see the child, taking into account their wishes and feelings. For instance, do not necessarily assume that they are happy for you to visit them in school.

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?

When assessing sibling groups, assessments should be unique to each child and young person in the family. We need to ensure that we avoid providing a generalised picture of their lived experiences and that their assessment truly reflects their own circumstances. For instance, four siblings may have witnessed the same incident of domestic abuse, however, due to their previous experiences, needs, age and vulnerabilities, their response to the situation and the impact on their health, development and needs may vary significantly, resulting in the risks posed, support required and desired outcomes being different. We also need to ensure that we consider the relationships between the siblings and their care givers and their interactions with one another.

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, 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 GRRRAACCEEESSS (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. Assessments 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 and not a one off piece of work. Each time a child or young person is discussed in supervision you will need to evaluate what progress has been achieved against the the plan. For further details, the reader is referred to Hull CYPFS **Supervision – Best Practice Guidance**.

Appreciative Inquiry

Assessments should be supported by strengths based conversations, both with the family and the practitioner completing the assessment. An appreciative inquiry is a strengths and solution focused conversation about an experience or a piece of work that someone feels has gone well. It can be used to focus on things in their life that are going well for them and where they may have overcome a particular difficulty. It follows the **EARS** (elicit, amplify, reflect, start over) process and seeks to turn questions into conversations.

E (Eliciting information) – Tell me about something that you feel proud of?

A (Amplify the behavioral detail) – What happened that made you feel proud? How did you make this happen?

R (Reflect) – What was the most important thing that you learnt? What is the thing you feel most proud of?

S (Start over) – Begin again looking for more behavioral and meaningful detail

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.

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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.

Tools to support your assessment

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** [\(add link when completed\)](#) 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.

All staff are trained to adopt a range of related tools which support with the Signs of Safety assessment process. Given research shows that past harm is the best predictor of future harm, the Harm Analysis Matrix is a vital tool used to assist the assessment process in this regard, thinking through the harm a child has suffered. It focuses on the first, worst and most recent incidents of harm, how long the harmful behaviour has been occurring, how severe the behaviour has been and what the impact of this has been upon the child. This will assist the worker in carefully thinking through and articulating the impact on the child, even more so when there are concerns around cumulative harm.

Ensuring that the child or young person and their network have a clear understanding of the concerns and their safety plan is a vital part of the assessment process. Words and Pictures are a useful tool to aid this process. They enable the Social Worker to come together with the family, using age-appropriate words and pictures to create an agreed narrative for the child in relation to the concerns and the identified next steps that need to be taken to safeguard them.

Conclusion

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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 goals linked to identified danger and harm.

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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