

CHILD AND FAMILY ASSESSMENT GUIDANCE
Signs of Safety / Wellbeing / Success for
Families First Children with Disabilities 0-18

The child/young person's views about their life and lived experiences need to be included throughout the assessment

STAY CURIOUS

The purpose of this Reference tool is to assist practitioners with the structure and flow of their assessment with children with disabilities. It includes new sections to help us to work with the Signs of Safety / Signs of Wellbeing / Signs of Success practice model and some guidance of what should be included in each of the assessment domains.

Signs of Safety / Wellbeing / Success is our underpinning practice model here in Durham (see Appendix 1 for the Mapping Framework) however we should also always consider other practice frameworks such as the Framework for Assessment (Appendix 2), a restorative approach and trauma informed practice. Practitioners need to complete a holistic assessment with reference to the Assessment Diamond however the depth and focus of the assessment needs to evidence what the biggest impact is on the child / young person in terms of harm / worries, strengths and safety. The assessment also needs to explore the impact on the parents/carers and how this effects other children in the family.

The practitioner can, **where this is helpful for the family**, add any additional headings to the body of the assessment alongside the SOS headings, for example a section on Background context or other headings from the Assessment Diamond.

Remember to discuss with the child and their family the language they would like to use in the assessment and in discussions, for example 'contact' or 'family time', 'coping or managing'.

<https://proceduresonline.com/trixcms1/media/9662/165-language-that-cares.docx>

Principles of Assessment

The following principles need to underpin our approach with children / young people and families otherwise we aren't 'doing' Signs of Safety.

Child focused – is the child / young person's voice, lived experience and the impact of what is happening to them front and centre of the assessment? Have we / parents / carers had a conversation with the child about why we are involved so that we can speak to them directly about the worries/stresses and what is working well, particularly in relation to the worries/stresses and what is making life harder? Have we used communication aids to communicate with children/young people in a way that they best understand? Have we thought about using the child's preferred method of communication? Have we used observation in all the child/young person's known settings and spoken to the people who know the child/young people best so we can best understand the child/young person's lived experience? Have we used this person with some independence from the family, to assist us with communication with the child/young person? Does the child's / young person voice carry over to our danger statements and safety goals and has the child / young person been involved in safety planning?

Questioning Approach – have we been careful about what we think we ‘know’ and asked lots of curious questions to understand the behavioural detail, the impact on the child / young person / family and check out what has happened from lots of different people’s perspectives so that everyone feels heard and involved? Have we spoken with any brothers and sisters, or other close relatives/friends to understand what life is like? Have we been curious about exploring the disability /diagnosis and the impact on this child/young person and their family.

Evidenced based – have we checked out what parents / carers, children and young people are telling us through observation, through direct work, tools, resources and from the perspectives of the people who know the child / young person best so that our understanding and decisions are based on evidence rather than opinion or a single story.

Risk sensible – have we asked as many questions to understand what is working well in relation to the worries and about times when the worries and stresses have been managed better as we would about what the worries are? Have we asked questions to understand how the things that are working well are making life better for the child / young person and family so we know that these things are making a difference? Have we written our assessment in a way that balances the worries/stresses with what is working well, that goes into behavioural detail about both and says what the impact of the worries and what is working well is on the child / young person and their family? Are we being really clear about the worries/stresses and existing safety or what is making life harder?

Valuing children and families as experts in their own lives – are we asking questions about the child / young person’s lived experience to the people who know them best (i.e. their network of family and friends, as well as professionals). Do we ask children, young people, parents and their network of important people for their version of events, what they want to happen and what ideas they have to make things better? Have we checked out what these people think that life will look like when things are better? Have we used advocates, such as NYAS to help us with this and would this be helpful? Have we considered how we can support children and young people to attend their own meetings?

Exploring and involving the network – have we been curious about who else is around this family who could offer support, emotional or practical, even when families tell us that they don’t have any one or they don’t want to involve anyone else, whilst being sensitive to the fact that many families with children with disabilities are more isolated. Have we used tools to help with ‘family’ finding and asked questions to explore both the worries about involving other people and the possibilities that involving other people might create? Have we created for families to widen their support network, e.g. through the Voluntary Community Services (VCS) and parent support groups such as ‘Making Changes Together’, ‘Rollercoaster’, and ‘Little Treasures’?

Have we asked the network for their perspective as part of the assessment and have we said what it is that they already do or could do to help? Have we considered who can support brothers and sisters? Have you involved the Family Support Worker to undertake a carers assessment and is this included in the Child and Family assessment? Have we involved Bridge Young Carers? [Young Carers film](#)

Honouring families – do we appreciate how difficult it can be for families to be open with us about the things that they are most embarrassed, ashamed, stressed by or where parents may blame themselves? Do we appreciate the positive intentions behind actions, even where these actions may not turn out to be helpful? Do we thank families for trusting us enough to speak with us about the things that hurt or stress them the most? Do we notice and appreciate the efforts that families make to try to improve things, no matter how small? Do we make sure that we write about children / young people and their families in a way that reflects the conversations that we have had with them so that families know what to expect in the assessment? When we get ‘stuck’ go back to ‘honouring’ – what is it that people are trying to do despite the worries.

Language – is the assessment understandable to the child / young person, parents and the network using language that makes sense to them rather than professional jargon? Are there ways we can support children to understand either now or in the future?

Is the assessment written in a way that would make families want to work with us, instead of them feeling 'got at' or judged? If this assessment was about a child that you have a personal connection with, how would you want it to be written? Do we check out with children and families what language they use and then use this, where appropriate, in our written reports and assessment.

Do we use the Language that Cares guidance? [Link here](#) Have we understood the child's diagnosis and what this means for **this** child?

Valuing the family's culture and uniqueness – are we curious about what life is like for this family and the particular circumstances, taking into account their culture, identity, family traditions, discrimination and beliefs and how this makes life better or harder for them? Have we thought about what is making a difference , how families are managing in day to day life, and who or what helps?

CHILD AND FAMILY ASSESSMENT

GENOGRAM

This should be one of the first things that is looked at with the child/young person and their family and is essential in exploring the network. Focus on the strengths and networks the family already have, including the people and support in their community.

You can use the genogram as a direct work tool with the children / young people and their family including the network where possible. Mobility Mapping and Ecomaps can also be used with children, young people and families to get a better understanding of who is in their network of support.

REASON FOR ASSESSMENT

To be discussed and agreed by Team Manager or Social Work Consultant

Introduction to the case

Start with a short paragraph about who the child/children/young person is/are, names, ages and who they usually live with, who their parents are and who holds Parental Responsibility. Include any current court orders that are in place. Include the child's disability, diagnosis (by whom and when) and any known impact on the child and family. Include the child/young person's communication needs, how this can be supported and how they communicate best.

First contact will ensure the rationale and the criteria is met for disability tier 4 service.

- The *First Contact referral* should not just be cut and pasted into this section. Based on information in the referral, state what the referrer is worried about (be specific and include any dates) and what the referrer thinks is working well in relation to the child / young person.
- Include the draft **danger/worry statement** from MASH / First Contact, informed by the worries that the referrer has.

Early Help – 'step up'

- Early Help will use a draft worry statement when they step up a case to the CWD team.

WORK PLAN AND TOOLS

Explain how the assessment work will be undertaken, for example

- Which family members or members of the identified network will be seen/spoken with and how often? This needs to include people who don't live with the child / young person, for example if the child / young person's dad lives elsewhere, is in custody etc.
- Prepare good, focused questions before your first call and each visit to explore the worries and what is working well. You can use group supervision where available to support you with this.
- Specify which tools you will use to better understand the worries, what is working well and the impact of these from everyone's perspective.
- Use the Mapping Framework with families from your first visit to map out worries, what is working well and what needs to happen.
- Who needs to give permission for this assessment to happen and who do we need to speak to who knows the child / young person and family best so that our assessment is evidence based? This includes family members and other agencies / professionals, both current and historical
- When considering the history, this should include questions to explore what has changed and what the parents are doing differently since services were previously involved or how safety plans are being used if these were previously created.
- Details of how you will build a relationship with the child / young person over time, how you and their family will explain to them why you are involved, how the child/young person will be seen, spoken with and their views gathered, including the tools to be considered (direct work can also include conversations with children and young people rather than tools).
- Be clear about how often we will visit and speak with the family, child / young person, network and professionals. We need to speak to the child / young person throughout the assessment and use the child / young person's views to inform our next steps.
- Where support services are required to improve the lived experience of the child / young person, alongside support provided by the network, then these should be provided at the earliest opportunity.
- Trajectory (including key tasks) and timeline for the assessment.

Tools:

Genogram / Ecomap / Mobility Mapping

- A genogram must be completed as part of every assessment. Ecomaps and Mobility Mapping can be used with parents, carers, children and young people to get a better understanding of who their supportive people are and who they are closest to so that we start to build up an understanding of support networks from the earliest opportunity. This can include friends, neighbours and voluntary and community resources as well as family members. This is not an exhaustive list and should include schools and other professionals who know the child well.

Harm Matrix

- You can make use of the Harm / Worry Matrix to map out what we already 'know' in relation to past harm so that any gaps in understanding can be identified. Come up with questions to explore these gaps with the family, their network and professionals.
- You can use the Harm / Worry Matrix to guide the questioning for 'What we are worried about'. Ask questions about first, worst and last incidents, explore how long these worries have been present (timescale) and how severe the worries are. **Always explore what the impact of the worries are on the child / young person, including the impact of any trauma, over time.** Explore this from more than one perspective, e.g. the child / young person, mum, dad, wider family members, professionals so that this information is triangulated and based on evidence.

- Ask relationship questions to widen perspectives without being confrontational, e.g. ask dad what he thinks his child would say has been the worst thing about all of the arguing and fighting at home
- The Harm / Worry Matrix is not intended to be shared with families but can be uploaded to Documents as part of the assessment process.

Best Questions for what is working well

- Apply as much rigour in asking questions to explore what is working well as you would when exploring the worries.
- Ask relationship questions to help people understand the situation from a different perspective, especially if they are struggling to see any strengths e.g. ask a mum who is struggling with her child's behaviour what she thinks gran likes / loves best about her child.
- Ask exception questions to get a better understanding of times that the worrying behaviour could have happened but didn't, or times when the worries have been less and what the impact of this has been on the child / young person e.g. 'can you think of a time when you could have hit your child but you didn't want to scare them so you did something else to manage their behaviour. What did you do instead?'
- Ask future hopes / goal questions to get an understanding of what life would look like if things were better than they are now, e.g. 'how would you like your relationship with your child to be in 6 months time?'

My Three Houses / My Safety House or other direct work tools with children:

- Use direct work tools with children and young people to understand what they are worried about, what is working well and what they would like to be different in their lives. Information from these tools should be shared with parents and the network to inform the plan.
- Direct work tools must be uploaded to Documents as part of the assessment process.

Other work tools:

- You can make use of other work tools to help you understand what life is like for children, young people, parents and carers, such as the HEAT Tool and Alcohol Screening Tool. Where there are concerns about domestic abuse the DASH tool should be used to better inform decisions about levels of risk and whether a family should be referred to MARAC.
- Direct work tools – There are specific tools and resources available from the Families First Children with Disabilities for children and young people who use different communication aids.

These and other useful tools to help guide your assessment can be found on the DSCP website:

<https://www.durham-scp.org.uk/professionals/early-help-and-neglect/toolkits-and-guidance-for-practitioners-single-assessments-and-early-help/>

CHRONOLOGY

- Starting a chronology should be one of the first actions for non-emergency cases but, also needs to be completed for duty/emergency cases, for example prior to a Strategy meeting (even in rough form).
- The Chronology should be concise and include significant events in the child/young person's and family's life, both historically and up to date. This should include the impact of the event on the child / young person.
- Events should be included on the date they happened not on the date we found out about this. Enter the date we were told in brackets.
- Include date of conception or expected due dates where known
- Include date and age of the child at the point of diagnosis.

- Practitioners should use their judgement about what to include.
- Celebrate strengths – the child / young person’s achievements
- Chronologies should not duplicate day to day case recording.
- Ensure you delete any irrelevant pre-populated information that Liquid Logic produce

Writing a Chronology as the first action saves time for practitioners by front-loading the exploration of the child/young person and family’s history and any relevant themes and gaps in their knowledge.

Use the Chronology to inform behaviours to explore in the Harm Matrix and create good questions to fill in the gaps.

WHAT ARE WE WORRIED ABOUT?

When we are exploring worries with children / young people and families, it can be helpful to move back and forth between what we are worried about and what is working well so that this experience is less intense for families. **Each time we explore a worry/stress we can ask questions to explore any exceptions to that worry/stress.** Using the Mapping Framework on visits with families can help with this (see Appendix 1). We should always look for exceptions to the worries so that we understand where there is safety, wellbeing and success and to build confidence and hope for the family that they can manage.

When exploring worries/stresses, we can work with denial or have difficult conversations without needing to be directly confrontational, e.g. by acknowledging the point of view and asking a relationship question to widen the perspective, e.g.:

‘I know you say there is no way that your partner would touch your child on their private parts. I wonder what the child who he did this to before would say about what he did and how this affected them?’
 ‘What if you were to read about something like this in the paper? If it was someone else’s family, what would you be thinking if you read that a mum was in a relationship with someone who had abused a child?’

Harm:

This includes any past harm, injury or abuse to the child (usually caused by adults) or any worrying behaviour that is impacting on the child / young person. This also includes any behaviour by the child / young person themselves that is causing us, their parents / carers or others to be worried about them.

We don’t need a disclosure from the child or young person to be worried if there is other evidence to back up concerns.

Questions to explore worries can be informed by the Harm / Worry Matrix and should be explored from more than one person’s perspective e.g. the child / young person, mum, dad, wider network of family, friends and professionals

Example questions (include the child / young person in the questions that we ask)

Questions to explore harm:

- What have the adults done that has hurt, scared or worried the child / young person?
- What has the child / young person been doing that makes us worry about them?
- When did these worries first become a concern? What was the impact on the child / young person then?
- How often is the worrying behaviour happening?

- What would the child / young person say is the worst thing to have happened to them because of the worries?
- When was the last time that something worrying happened around the child / young person and what did that look like? Are things getting better or worse for the child / young person over time?

Questions to explore worries / stressors:

- How does the child / young person show us that they are worried?
- What is the most difficult / stressful / worrying thing for you about your child's disability / additional needs? What do you think your child would say is the hardest thing for them about their disability / additional needs if we asked them? How is this affecting you and your family?
- What do you worry will happen to your child in future if things carry on as they are without changing? What would your child say is their biggest worry about their future?
- If we asked your child's teacher what their biggest worry is for your child, what do you think they would say? How would your child's teacher say that this worry is affecting your child?
- What are the things going on around you or your child that are making your child's disability / additional need harder to cope with?
- What are all of the things that people are doing or saying that make you think, this really isn't helping, we need to do something different?

Remember to always **explore the impact of the worry on the child / young person from different people's perspectives** (including the child / young person, parents / carers, wider family and professionals) and be clear about how we know what the worry is. Be clear about whose view you are recording. What is it people are seeing in that child / young person's behaviour / what is the child / young person telling us about how that made them feel, what is it that has happened in the past that is still having an impact now etc, rather than making assumptions. Include the impact of any worries on the child / young person's brothers / sisters.

When writing about the worries, be specific about the behaviour and who did what to whom, for example:

'Mum Jane suffers from depression and at home visits on 23/1 and 30/1 Jane felt so low that she couldn't bring herself to get out of bed until the afternoon. When Jane is feeling like this and spends hours in bed she isn't noticing or responding to Tommy when he gets upset or agitated, he is going without food until Jane feels able to get up and there have been a couple of times that we are aware of where he has stayed in a dirty nappy because no one around him has been aware that this needed changing. Katie (social worker) is worried that this could mean he is learning that he can't always depend on his mum to look after him when he is upset or to help him feel comfortable and well fed.

Complicating Factors

These are the things going on around the family, the child / young person and also the things that professionals do that make life harder for the child and family or more difficult to solve future danger or worries, rather than causing direct harm to the child / young person.

A worry for one family may be a complicating factor for another family depending on the circumstances and the impact on the child / young person / family.

For example, a parent may drink when their child isn't around however this may make life harder for the family as there is less money. This would be a complicating factor. Where a parent is drinking around their child and this gets in the way of them caring for their child, this would be a danger.

Complicating factors can overlap with areas of need on the Assessment Diamond and include things like:

- Poverty
- Mental Health
- Drug and Alcohol use
- Poor Housing
- Isolation
- Difficult relationships between professionals and family members
- Difficult family dynamics
- Disagreements between professionals
- Number of professionals involved
- Unknowns, uncertainties or questions that need answering in order to understand the situation better
- Covid 19

WHAT'S WORKING WELL?

When exploring and writing about What's working well, this can be separated into Strengths and Safety

When considering the history, be curious about what has changed and what the parents are doing differently since services were previously involved or how they have sustained change / continued to use their safety plan.

Information needs to be triangulated and explored from more than one person's perspective / observation so that this is evidence based.

Existing Strengths:

These are the things that are going well in a child / young person's life that make life better for them and stop us from worrying so much about them, as well as the important people around the child / young person who care about them and look after them.

Ask some really good questions to tease out the strengths and everything that is good about the way that the parents and the network look after the child / young person, for example:

- What does the child / young person say is the best thing about being in their family? If the child/young person is unable to express their wishes and feelings consistently using any form of communication, ask their brother and sisters, friends or other family members or a person who know the child best what they think the child might say. Try to use communication aids, tools and methods where you can.
- Observations of the child/young person in a range of settings is important. Ask professionals who work closely with the child/young person what they notice about them which tells them things are going well?
- Ask a range of people who know the child well some questions around - what impresses you the most about mam and dad's care of the child / young person? What difference does this make to the child / young person? What would the child / young person say if we asked them? Remember that even the smallest positive observation and feedback can make a difference to the child and

their carers. What are the things we notice/ observe about the child in different settings? What do others observe?

- What would the child / young person say or communicate to us are all of the ways that mam and dad look after them and make them feel loved?
- What do the children / young people like best about each other?
- Who would the child / young person say or show us who they are closest to and how do these people make life better for them?
- What is the child / young person like on a good day? When it's a good day, who or what helps?
- Who are the people who you think understand your child the most? What is it about these people that helps?
- How is it that you manage to keep going as a family, despite all the worries? Use scaling question to help identify how this would be moved up one.
- Who are the people who understand what life is like for you and really listen when you talk?
- If you could change even one thing that you think would make a real difference to your child's life, what would that be?

Remember to use relationship questions to understand the strengths from lots of different people's perspectives, **triangulate your evidence** and include this in your assessment so that you cover the unique strengths in each particular family (see questions above) and not just what professionals think the strengths are.

Strengths need to go into detail about the difference they make to a child / young person's life **in relation to the worries** rather than being a shopping list of strengths (e.g. attendance at appointments) that haven't evidenced what the impact is, for example:

'Mum has told us how much she really loves Tommy and at home visits on 20/3/20, 27/2/20 and 10/3/20 Katie (social worker) has seen mum sit with Tommy, nuzzle into him, gaze into his eyes and smile at talk to him. Katie has seen how much Tommy likes and responds to this, e.g. by gazing back at his mum, smiling, gurgling and flapping his arms excitedly when mum smiles and talks to him, suggesting that he really enjoys and learns from this time with his mum. We know that although Tommy can't tell us how he feels, when he is happy at school he displays these behaviours too.'

We need to remain mindful of children with disabilities unique additional needs and how these might present in **this** child. For example they may make a certain noise or movement which indicates they are happy and comfortable.

Existing Safety:

Times when parents / someone from the network have stepped in to do something different so that that the worrying behaviour doesn't happen in the first place; times when the parents / network have stepped in to protect the child / young person when something worrying is about to happen; times when the child / young person has alerted someone from the network that they need help and the network has acted on this; the actions that young people take to keep themselves safe and how the network supports this.

Sometimes someone from the family network may support the disabled child's brothers or sisters to support the family around the disabled child's needs. For example, a brother or sister might sleep at grandma's house to help them have an uninterrupted sleep.

Safety should be explored from more than one person's perspective so that the evidence for this can be triangulated – always think 'How do I know this is actually happening?'

Safety is not a one-off event but is demonstrated over time by the actions of the family and their network being tried and tested (fire drilled) so we know that they are making a difference.

It is really important to fire drill the safety plan as this is when a safety plan is most likely to fail if we are not sure that it is going to work in the first place.

When exploring safety and support this always involves a network and asking questions of the people who know the child / young person best; the people who are around when worrying/stressful behaviour or events are most likely to happen and who have eyes and ears on the child / young person and who are looking out for the parents. This is so that they can notice if things are starting to become worrying again and step in to make sure that the child / young person stays safe and the parents/carers feel supported. We should be asking about and including the network in our assessment from day one, e.g. by asking parents about their support people on our first phone call and if they would like someone else to be there when we first visit.

Remember support can be emotional as well as practical.

Remember the small things family and friends can do like shopping and collecting prescriptions.

'If we don't have a network then the only tools we have are oppressive' (Kevin Campbell). We end up doing 'to' families rather than helping them to think through problems for themselves so that they can manage any difficulties as they arise in future. If we have a problem in our own family, we sort it out together. It's the same for the families that we work with.

Ask questions that dig for detail and help the family and the network reflect on helpful actions that they have taken and what difference this is making. Use exception questions (times when the problem could have happened but didn't) and relationship questions to explore safety from lots of different people's perspectives. Make sure the child / young person is front and centre of any questions that you ask.

- What are the best ways that you have been able to manage your stress levels or juggle work / family life? Who or what helps the most (we might need to help parents think this through and give them some pointers if they are really stressed at the point we become involved as high levels of stress can shut down their thinking process).
- Who is the best person that you can vent to if you've had a really hard day and life just feels like it is getting on top of you?
- Tell me about a time when you could see that things were starting to get worrying or stressful and someone stepped in to make sure that the child / young person wasn't affected by this? What did they do to help?
- Tell me about a time when you could see that things were going downhill and you / your partner thought, 'we need to do something different here so our child doesn't get worried or scared by this'. What did you do instead?
- Who would the child / young person say (or show us) helps them to feel safe and what it is that these people do to help?
- Who would the child / young person (including brothers and sisters) say that they would contact if things at home started to feel unsafe? How would they do this?

- What would be the first thing that you would notice that would tell you that you need to step in to make sure that the child / young person is okay?
- How long have the actions, people and plans that have kept the child / young person safe been going on for?

When evidencing safety, we should be able to say who is doing what to make sure the child / young person is safe when a worry is present, for example:

‘Jane was in bed when Katie visited on 30/1 however mum had arranged for her mum to stay with her for a few days because she realised that she was struggling to look after Tommy whilst she has been feeling so low. Even though Jane was still in bed when Katie called, Katie saw gran sitting with Tommy, feeding him and talking to him. Tommy was gurgling and smiling, suggesting to Katie that he is happy and comfortable with gran helping to look after him’.

The ‘what is working well’ section is the engine room in Signs of Safety. It’s where the good stuff happens, where we build hope, confidence and relationships with families so that change becomes possible. When we are stuck then we should go back to honouring families and continue to be curious about the things that are working well, no matter how small.

Even when life is hard or difficult there will still be times when life is okay or better for the child / young person. We need to evidence this, remembering that the child / young person can access their files at any time.

Where we have lots and lots of worries in a family and we are struggling to find many examples of strengths and safety despite asking lots of questions to explore this, we need to pay particular attention to how we write our assessment so that this remains kind to families, for example opening a sentence with a strength (no matter how small) before going on to talk about the worries.

ANALYSIS

Danger / Worry Statements, Safety /Success/ Wellbeing Goals and Scaling questions are the overall analysis of the information we have gathered under ‘What we are worried about’ and ‘What is working well’ and guide our plans going forward.

Danger / Worry Statements:

Initial Danger / Worry statements based on information shared in the referral should now be updated to reflect the information gathered in our assessment, for example by including the child / young person’s views about the impact of the worries on them.

The Danger / Worry statement should outline the harm or impact of stress on the child/young person if nothing in the family’s situation changes (future danger / worries/stresses). Past harm/stresses are the best indication of the future, but this isn’t always accurate.

The Danger / Worry statement should capture

- **Who is worried?** e.g. the social worker, the parents, the child etc
- **What it is they are worried about?** Describe the specific behaviours/give examples /use the language and words the family have used.
- **Why?** Describe the impact on the child / young person and what this means for them in future if the behaviour described above doesn’t change, include the child’s voice. Think about direct quotes from the child, include what they say, communicate or show us.
- Use plain language that families and children / young people can understand. Use other communications methods to help with understanding.

- Don't over catastrophise but don't minimise the seriousness, even if parents don't agree.
- Include any difference of opinion, e.g. where parents and professionals don't agree

Safety / Wellbeing / Success Goals:

These are the behaviour and actions that we need to see to be satisfied that the child / young person will be safe / well cared for (in relation to the Danger / Worry Statement) so we no longer need to be worried.

- Have a matched Safety / Wellbeing / Success Goal for every Danger / Worry Statement – give these a title and a number, e.g. Danger statement 1: Mum's Mental Health. Safety Goal 1: Mum's Mental Health.
- Start with an acknowledgment of something that is going well within the family/for the child despite the worries/stresses.
- Describe the behaviours you, the family and other professionals would like to see to be less worried, rather than the behaviours you wouldn't.
- It's not a list of services or interventions such as written agreement or contract of expectations
- Are there any bottom lines / non negotiables? If so, they should be included in the safety goal (e.g. the need for a network, a words and pictures explanation for the child (in their preferred communication method), whether or not someone should never be left alone with the child etc)
- Where families are stressed an informed network is crucial to support them and the child/young person to manage, and where needed to keep the child/young person safe.
- Avoid saying how safety will be created - leave this detail to the parents / carers and their support network
- Use language and the words that the child / young person and their family use, where this is appropriate – would an 8 year old understand what we are talking about?
- Involve parents and children / young people in writing the safety / wellbeing goal (however where there are disagreements about this then we need to use our authority skilfully so that everyone is clear about what needs to happen to keep the child / young person safe whether parents agree or not). Remember to be firm but hugely kind.

Scaling Question:

The scaling question helps us to make a judgement about how serious the danger / worry is in relation to safety / wellbeing and helps us plan our next steps

- Create a matched Scaling Question for each Danger / Worry Statement and Safety / Wellbeing / Success Goal – numbers and titles should correlate.
- Start each Scaling Question with:

On a scale of 0 – 10, where 10 is... (link this to the safety / wellbeing goal) and 0 is... (link this to the danger / worry statement), where would you rate the situation today?

- Parents / carers, the child / young person (where possible) and the social worker should scale.
- State who is scaling and how they rate the situation. What are their reasons for giving this score?
- What would need to happen to move up 1 point on the scale? This question helps to inform the steps about what needs to happen next from different people's perspectives.

Recommendation:

Summarise your information taking into account evidence from different sources and reach a conclusion / recommendation about next steps. Include:

- To what extent has the original harm or worry been evidenced? Consider the effect of cumulative harm if there has been previous concerns and whether the balance of existing strengths and

safety (including the parents / carers capacity to change and any helpful actions from the network) is enough to keep the child safe or if extra support is needed

- Where does the worry / harm sit on Durham's Threshold criteria and why

WHAT NEEDS TO HAPPEN?

Next Steps: The immediate actions that will be taken to build future safety / wellbeing, including any bottom lines needed to achieve this. What do we need to do next to move up the scale? This shouldn't be a list of services or a written agreement or a contract of expectations. If a referral to a service is deemed helpful, be clear what difference you want this to make to the everyday life of the child / young person.

Think about:

- Building good working relationships with the child / young person, family, the network and professionals
- Gain an agreement from other professionals for the work. This can include helping them to understand the rationale for our approach.
- Establishing and agreeing a network
- Safety planning sessions with child / young person, parents / carers and the network
- Starting words and pictures – **add link**
- Referrals to services where the family feel this is needed and it will make a difference.
- If professionals feel a service is needed which the family doesn't agree with then we need to be really clear about what difference we think this will make to the child / young person and that this can't be achieved in other, more collaborative ways (for example, our best questions to explore the issue and involving the network in safety planning)

Remember: A successful safety plan changes the everyday living arrangements and experiences of the child / young person so everyone knows the child / young person is safe when things get difficult.

The Danger Statements, Safety Goals and Scales are not a 'set and forget'. They need to follow the child in their journey and they need to be revisited and reviewed at every Family Network Meeting and TAF so that we are measuring progress and making changes to the plan where this is needed.

For more tips on best questions, writing danger / worry statements and safety / wellbeing goals, SOS tools and good practice examples, visit the SOS Shared Resource:

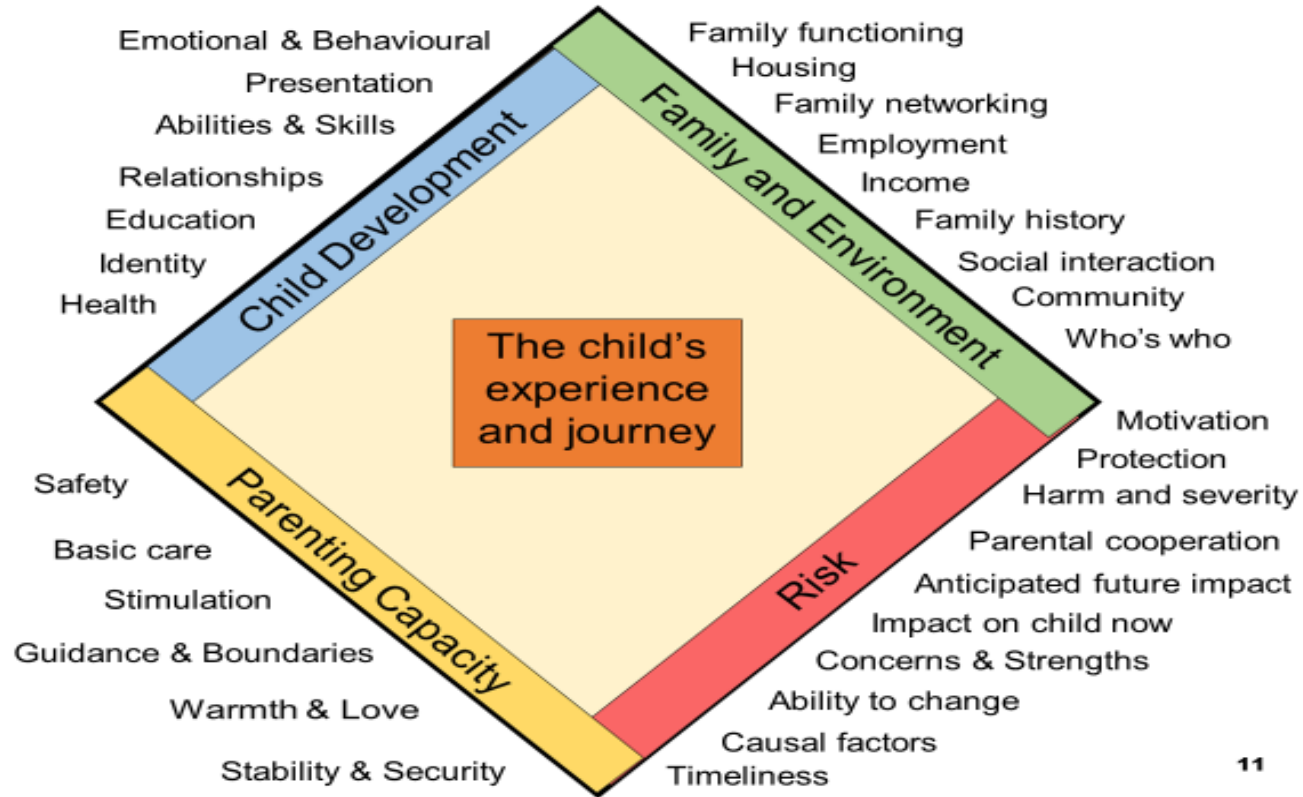
http://teams.durham.gov.uk/sites/cas/signssafety/_layouts/15/start.aspx#/SitePages/Home.aspx

Child's ID:		Date Started:	
What are we worried about?		What's working well?	
Past Harm/worries		Safety / Wellbeing / Success Goal(s)	
Danger / Worry Statement(s)		Existing Strengths	
		Existing Safety	
		Next Steps	
Complicating Factors			



Safety / Wellbeing / Success Scale

Appendix 2 : Assessment Diamond



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