Guidance for writing up assessments

This is a guide for writing up basic parenting assessments. Assessments need to be as long (or as short) as they need to be, so you may need to write more or less depending on your situation and your service. If you are writing an assessment to go to pre-proceedings or court, see the separate Guide and Template in Practice Guidance).

For the different assessment forms you will find different headings. Below, we’ve included the two most common ways assessments are structured. One is framed around “what’s working well and what are we worried about” (which is how the Eclipse Child: Assessment is formatted), and one is framed around the Framework for Assessment headings (which is used in the CIC Assessment form and in other places).

**Introduction**

***Reason for assessment / assessment planning***

Set out why you are completing this assessment. Include the context to this, e.g. if the family has recently been opened to children’s services why this is, or if the children are on plans (e.g. child protection or child in need), when the children were placed on plans and the main concerns, if applicable.

***Relevant family history***

Set out the family history here. Include local authority and other agency information. Set out, in date order, a brief history of the family and the parents (including agency involvement). Start from when the parents were children. If you have done a separate chronology, you can just refer to this and put a very short summary in here.

***Current involvement of BCT/other agencies, including views from involved professionals/outcome of lateral checks (being clear who gave what view) and the outcome of any medical/ABE/S47s***)

Set out the current involvement of your council/other agencies – who is doing what and why and how long have they been involved for? What is the view from involved professionals and the outcome of any medical/ABE/S47s?

**At this point, assessments in the main take one of two approaches. This guide covers both next.**

* **They either go through different people and report what they think is going well and what they are worried about. We’ve called this “option 1”. The Child: Assessment in Eclipse uses this format.**
* **Or they go through the Framework for Assessment headings and ask you to summarise under each heading what you’ve found. We’ve called this “option 2”. The CIC Assessment uses this format.**

**Option 1 – What people are worried about/what people think is going well**

**CHILD**

***How did you capture the child's views? If you saw them, when was this and how did you get their views? What information have other people given you about the child's views?)***

Set out what tools/venues/how many times seen/others present/others who told you the child's views/observations.

***Description of the child***

In this section, give a quick pen picture of the child and their needs - cover age, gender, ethnicity, history and any other important factors. Include a description of them, their personality and something about their likes/dislikes. Are they more or less vulnerable than another child would be because of this? The rest of their views will be covered in the sections below.

**Child’s day**

Describe a normal weekday, and a normal weekend day. What is their daily routine and life at home/school like? Where do they go outside of school?

**Child’s views**

Give a brief account from what they’ve told you, or what you’ve learnt from your observations under these headers. Cover their views of the presenting issue and what their daily routine is and what life at home/school like; where they go outside of school; what they like and not like; who are they close to/not? Non and pre-verbal children (e.g. disabled or young children) still tell us how they feel if we take time to watch them with their parents, so make sure you do this and comment on it.

**FAMILY**

**How did the parents/carers/extended family participate in the assessment? Include who was seen and any special communication methods that were used (e.g. interpreters, advocates etc.**

Set out who you saw/where/when/with who. Include other family members and their views.

**If anyone who should have been contacted and did not participate, what efforts were made to contact them?**

Answer the question above and be clear about why fathers were not seen if they were not, and why other people weren’t seen if they weren’t. Everyone in the house should be spoken to as part of the assessment – including partners, adult children, children of others living in the home etc.

**What did each person say (include what they thought was going well, what they were worried about, and they want to see change).**

Give a brief account under these headings of what they’ve told you, including the presenting issue and their reactions to what you think is happening and needs to happen. Include their response to your views on what needs to happen and what they see as the impact of the situation on the child. This section is just about what they have told you, not your views.

**SOCIAL WORKER**

**What’s working well/what are you worried about?**

Consider everything you’ve heard about in this assessment (which will include the FACIN elements; factors like MH, DA and drugs/alcohol; what the family history tells you, including the history of being parented for each parent and the impact of that on them; observation of the house and interactions between the people who live there and of the child's development; and what people have told you also; and how poverty and poor housing etc. may impact) and state what you are worried about and what you think is going well.

Include information from partner agencies including health and school and be clear who told you what. Make sure you cover the presenting issue and write about the relevant and important things you’ve discovered. What don't you know about that needs further assessment? Is this child more or less vulnerable (due to age, gender, resilience otherwise, previous experiences, disability etc. – consider each child separately) and their developmental needs?

If the family worked well with you, and you think they will accept services (if they need to), then say so. If there is a problem and the family aren’t accepting it, or you don’t think they will work with services, say so and why you think that.

**Now skip to the “Analysis” section.**

**Option 2 – the Framework for Assessment**

All you need to do for this option is under each heading, summarise what you’ve been told by everyone, what you’ve seen, and what the history tells you. You can (and should) read the descriptors of each area for yourself (Tool 1) but we’ve summarised below what each heading asks you to cover. Make sure you cover the presenting issue somewhere here too. Be clear who told you what and what you need to know more about.

**CHILD’S DEVELOPMENT**

Health – Are they meeting their developmental milestones? Are they registered with a GP/dentist and do they go (and to A+E) when needed? Have they had their immunisations, health checks? How is their physical and mental health? Do they have a disability? What’s the situation around diet and exercise? Have they got appropriate advice on sex/substance misuse (if they are an older child).

Education – Are they in school/nursery etc.? Attendance/achievement/behaviour/exclusions etc.? How do parents relate to school/participate. Any learning disability/additional needs/EHCP? If pre-nursery, how are they stimulated? Hobbies/clubs/play with others? For all ages, what is the stimulation at home/outside school including books/games etc.

Emotional and behavioural development – How is their behaviour/emotions towards parents, peers, other adults compared to what you’d expect? This includes self-harm, bedwetting etc. How do they respond to stress?

Identity – How does the child see/describe themselves? Consider self-esteem/image, their ethnicity/gender/sexuality/religion etc. and their view of this. Which groups do they identify with and how far do they feel accepted/belonging?

Family and social relationships – How able are they to relate to family/friends? What’s the quality of relationships with parents/siblings/friends? What is their ability to empathise/see another’s perspective.

Social presentation – This includes dress, cleanliness/hygiene etc. but also their understanding of how they come across as a person (including appearance, behaviour and any additional needs) to other people.

Self-care skills – How able are they to care for themselves? What tasks do they do and how far is this age appropriate?

**PARENTING CAPACITY – WHAT ARE THE ADULTS DOING/NOT TO MEET THE CHILD’S NEEDS?**

Basic care – How far/how well are parents providing suitable housing, food, clothing, washing, medical/MH/dental care? What’s the impact of this on the child?

Ensuring safety - Ensuring protection from harm or danger including unsafe adults/children, appropriate action on self-harm, recognition of hazards and danger, online safety, CSE/CCE. What’s the impact on the child?

Emotional Warmth – How far are parents meeting/responding to their emotional needs, including parent being secure, stable and affectionate and giving praise/encouragement and helping them build a positive sense of racial and cultural ID. What’s the impact?

Stimulation – This includes helping child learn and develop. Consider school/nursery attendance, activities outside of school/evenings and weekends, play, toys, and interacting. Are there opportunities for the child to socialise with others. What’s the impact?

Guidance/Boundaries – This is about setting boundaries/effective discipline, teaching and shaping appropriate behaviour. This includes parents modelling good behaviour, emotional control and positive interactions with others. What’s the impact?

Stability – How stable is life in terms of school/house moves, adults/children in their lives, day-to-day routines and how the caregivers in their lives respond to them? What has the impact on the child been?

**FAMILY AND ENVIRONMENTAL FACTORS**

Family history and functioning – What is the history/chronology of the family particularly of the parents and how were they cared for? (See the Assessing History of Being Parented, Tool 5). Include the history you set out above. This includes genetic/hereditary health issues. Who lives in the household/what’s their relationship to the child and what have been the significant changes over time. How do they get on with these people and with siblings who may live with them/elsewhere? What role do absent parents play and how well do they get on with the other parent? Include details of DA and MH and drug and alcohol history (include impact throughout). What’s the impact of this on the child?

Wider family – Who are in the wider family/where do they live? Include significant adult friends. How far do they support or stress the family and how? What’s the impact on the child?

Housing – Description of the house, who sleeps where. How clean/tidy/well maintained/equipped is the house? Impact of this on the child/family – think about overcrowding/stress, chance to play, health/safety issues caused etc.?

Employment – Do parents work/volunteer? Hours/pattern and impact on caring? Do the parents find work enjoyable/stressful and a source of positive social contact/self-confidence etc.? If they don’t work, what’s the meaning/significance of that for them? What’s the impact of this on the child?

Income – How much money is coming in/going out? Include debts and loans. How far can they meet the children’s needs with this level of income – what do they enjoy/have or miss out on? How far do finances cause stress? What’s the impact of this?

Family’s Social Integration – What is the neighbourhood/community like and what’s the impact of this on the family? Consider crime rates, presence of gangs, groups they may belong to (e.g. religious groups, community groups, youth/sports clubs), employment rate, issues around racism/ethnicity, how far the family are part of the community. Include internet access/use. What’s the impact on the family?

Community Resources – What facilities/services are in the community – include health, schools, transport, leisure, shops etc. How well did the family work with you? Do you think they will /have they accepted and/or worked with services? What’s the impact of this?

**Now move on to the “Analysis” section.**

**Analysis**

**Impact and seriousness of any harm**

If you haven’t already, briefly sum up what the situation seems to be overall for this child.

What has the impact of this situation on the child been so far (bearing in mind the child’s vulnerabilities outlined above)? Be specific and avoid general terms like “the child’s holistic needs are being met” and talk about how the situation has impacted on this child in different ways. Spend a minute imagining yourself as the child – what might you think and feel about what’s going on and when the difficulties are happening? How have they been hurt or harmed and what will the impact be in the future if the harm continues/happens again? Research will help you know what the impact of different types of abuse can be – see the Impact Statements and Summaries tool (in Practice Guidance, Pre-Proceedings and Court Work, Care Proceedings, the SWET Resource File) to help you here both with providing research summaries but also for examples of how to write about impact that you can adapt/use as a starting point. This is one of the most important sections of your assessment so be clear here.

Set out how serious the harm has been so far – reflect on the impact you’ve outlined, what the harm is, how long it lasts or if it’s constant, how long the situation has been going on for/happens and how serious it is in general.

If you are a local authority social worker, look at your threshold document (ask the workers in your MASH/front door team if you’re unsure – this will also be on your website) and identify which level this situation sits at. Also think about how vulnerable this child is (they will be more vulnerable if they are younger (especially pre-verbal or non-mobile), disabled (including non-verbal) or unwell, have suffered significant harm or trauma up to this point, if they present with challenging behaviour or developmental issues or developmental delay, if their parent(s) are isolated without supportive family or friends around, and if they are experiencing poverty or other disadvantage).

Thinking about the impact and the seriousness of harm, tell us if the harm is of low, medium or high level. Does it meet the “significant harm” threshold? Your agency’s threshold document might help you here.

**If the carer(s) are struggling to provide the care this child/ren needs, why is this? What areas need change?**

This is a key section. Unless you can identify what’s causing the problems, your plan isn’t likely to solve it. So, set out why you think the parents are struggling. In terms of what’s going on and what areas need change, think about:

* Alcohol/drug use (and why they may be using)
* The parent’s own history (including their experience of being parented or past traumas that may still be impacting on how they think, feel or act);
* Domestic abuse;
* Mental health;
* Sexual abuse;
* Neglect (the basic care and attention given to the children – really consider why this is a problem if it is – it will generally be to do with stress, or parental mental health or trauma)
* The impact of having lots of children to look after, or children with additional needs or other caring responsibilities
* Think about other environmental factors and stressors (for example living on a low income/in poverty or housing difficulties, stress and risk in their wider family, other social factors and/or a lack of social support will have a huge impact).

Set out exactly what needs to change to make these areas OK in general terms (you’ll describe specific services later).

**What is the parent/carer capacity to change and address the needs / risks? What positive impact could services and/or the wider family have on the situation?**

How likely do you think the parents are to be able to change in the near future? Look at the assessing capacity to change tool (also in the SWET Resource File) to help you, and especially think about the history, how they have worked with agencies now and in the past, and how far they agree there is a problem.

Tell us how likely you think it is that the harm that has happened, will continue or will re-occur, given all of this.

Set out how far the gaps in parenting can be plugged by wider family or other services. Think about who else (especially wider family/friends), or what other services, could potentially step in to do what the parents aren’t able to? What have you tried and what could you try? How likely do you think these things are to make things better in a sustainable way? How far then can the gap be plugged realistically – is it likely, possible, or unlikely?

**Given your analysis above, exactly what needs to happen now?**

Pull it all together here. Remind us in one or two paragraphs:

* What’s the level of harm you have found?
* Why do you think is it happening?
* How likely is change to come about?
* How far can services or the wider family step in to plug the gaps?
* How likely then is the harm to keep happening?

Acknowledge what you don’t know and if there are different ways of looking at the situation, and what else needs to happen to gather more information or to test things out.

At this point, you need to build a plan for change setting out specifically and exactly what needs to happen – who will do what. There is generally little point imposing a plan on parents. You can’t know which services they will find it easier to accept or be more willing to accept.

Ideally, you will have a discussion about your assessment with the people you have assessed and share your conclusions with them. See the guide to doing your assessment for more information.

You will then try and plan with them for how any problem areas you have identified will be addressed. Ask them what they think would work and for suggestions. Outline to them the different choices for addressing each area and explore with them which services/help may work for them to solve the problems and ask them to tell you which choice/service is most acceptable to them/easiest for them/most likely to work for them.

You should also explore involving wider family with them, for example through an FGC or family meeting. Also explore how you can build on strengths, how you can address things that make parenting and life harder for them in general (e.g. finances, lack of support), and how to increase resilience for the child.

If you can’t meet the parents before finishing your write up, you need to identify the possible services that can address each problem area and say that you will explore which service will be used with parents on your next visit. Telling parents they will attend a service when they cannot or will not (for example, due to social anxiety with groups or due to other commitments) is counter-productive and will set your efforts to work in partnership with parents back a long way.

There may be other actions that need to happen which are not to do with the parents, so outline these too.

In general, tell the reader what needs to happen to actually address the problems. Be totally clear who needs to do what, and how this will help.

If you need more information, say what you need and why, e.g. specialist assessments. Think about addressing the parent’s difficulties and the causes of these difficulties. Think about what the wider family can offer and any viability assessments you may need, or assessments of others. If the children need to live elsewhere, say so, and why you think this.

Then tell us what statutory framework this work can happen under. Consider these options (starting from least serious – different local authorities may use different names):

* This work can be overseen by AGENCY NAME
* This matter can be stepped down to Early Help
* This work should take place under a Child In Need Plan
* A strategy meeting should be held to consider a Child Protection Conference and Child Protection Plan due to the level of worry
* This work should take under pre-proceedings to give the parents a final chance to make the changes they need to, and so they can have legal advice and it can be made completely clear to them what they need to do to avoid children’s services considering asking a court if the children need to be cared for by someone else
* Urgent legal advice should be sought because the situation is so worrying that a court need to be asked to agree to the children living elsewhere as soon as possible.

Finally, consider what your contingency plan is if change doesn’t come about or if the situation gets worse. Your options could include:

* Consideration for a referral to Early Help should be made
* This situation should then be stepped back up to children’s social care
* A strategy discussion should be held
* A discussion should be help with a Head of Service to consider what else needs to be done to protect CHILD’S NAME, which may include asking a court to consider removing CHILD’S NAME or alternative carers to be looked at
* Urgent legal advice should be considered to address whether or not CHILD’S NAME can remain in PARENT NAME’s care.