Example Assessment

The headers you have to use will differ between forms but the below will give you a decent guide about what to include overall.

This example is the kind of assessment you might do after an ICPC to explore more thoroughly what’s going on (or as a more lengthy front-door assessment), without completing the depth or length of assessment you might be expected to do for pre-proceedings or court.

Assessments should be as long or as short as the situation demands so yours may be longer or shorter than this. A front-door assessment would generally be shorter and focus more on the concern that brought about the assessment. For a longer pre-proceedings/court assessment, see the separate guide and example.

**Reason for assessment / assessment planning**

This assessment is being done to better understand if Joanne and Ryan are giving Sarah the care and attention she needs and, if not, what should be done to help. As outlined later, a child protection enquiry was opened after the health service became worried about Sarah being kept safe, clean and given the care she needs and because there have been worries about Sarah’s care before and she had previously been on child in need and child protection plans. This recommended this full assessment.

**Family history which informs the current assessment**

*(If this was a brief initial/front door assessment you wouldn’t have this amount of information so in this section and in the next section you might just set out what you know in bullet points and identify what you don’t know and what needs to be investigated for the next assessment. You may only have completed the “three words” parental history exercise and know the history of the parents from your own files. This child has a fairly long and relevant history which is why this section is longer here.)*

This family have been known to Lanchester Children's Trust (and briefly by Darlington Children’s Services) almost continuously since Sarah was 3 months old. Health visitors were worried because Sarah did not seem to be getting the care and attention she needed, and the home was not very clean. Sarah was on a Child in Need Plan in Lanchester from September 2016 to January 2018, then a Child Protection Plan from January 2018 to March 2019 after she had two serious accidents where she got hurt because she wasn’t being watched over closely (she burnt herself on hair straighteners and on another occasion knocked some very hot tea onto her arm). She had not been taken to four health appointments, seemed hungry at times, the home was not clean enough for her, and professionals were worried she wasn’t being played with or talked to enough.

The family then moved to Darlington to get a bigger house and at a receiving-in conference Sarah was given a Child in Need Plan. Sarah was registered at Green Trees nursery where she was often late, and her attendance was low. Sarah was not very clean sometimes, and when nursery staff raised this with Joanne there was then an improvement for a while, but then things got worse again. Similar worries were raised to that Lanchester Children's Trust had, but things were seen to be acceptable. In February 2020 the family moved back to Lanchester and Darlington closed their files. They considered making a referral to Lanchester but felt the situation was good enough would stay that way. Their files note that if a referral about similar issues was made again, Child Protection should immediately be considered. Green Trees did not agree with Darlington that the Child in Need Plan should end. They were worried that Sarah was not enrolled in a Lanchester nursery at the time she moved so she would miss out on nursery and if things got worse this might not be picked up on.

Sarah was not seen from February 2020 until the health visitor referral in April 2020 which I have detailed below. This referral brought about this assessment.

Previously, assessments haven’t established why Sarah’s mother Joanne and Sarah’s dad Ryan have not been able to give Sarah the care and protection they would have wanted to. Both Joanne and Ryan have been thought to use cannabis heavily, although they have never agreed this is the case. According to the police, both Joanne and Ryan have been cautioned for possessing cannabis in 2014 (before Sarah was born) and Joanne has twice been arrested for shoplifting (in 2016 and 2017). Neither Joanne nor Ryan have been known to mental health services.

During this assessment, both Joanne and Ryan’s own histories have been looked at. Ryan has never been known to Lanchester Children's Trust. He has spoken clearly and with detailed examples about having a good childhood with parents who seem to have been able to meet his needs.

Joanne was known to Lanchester Children's Trust between the ages of 2 and 5 as her mother seemed to be struggling to give her the care she needed, and again between 12 and 14 when her mother struggled to manage her behaviour. Joanne has opened up a little about her childhood and it seems her mother Pam may have struggled with alcohol use which meant she didn’t care for Joanne as she needed. Joanne was closer to her nan, Barbara, who provided much of the care to her, but who passed away just before Sarah was born. Joanne was very tearful about her childhood and seemed to find this difficult to talk about, so I am not sure if she has moved on from this entirely and how far it impacts on her thoughts, feelings and behaviour day-to-day now.

Joanne and Ryan met at school and began dating when they were about 17. Joanne became pregnant with Sarah at age 21. Both Joanne and Ryan were pleased about this and the pregnancy seems to have been relatively straight-forward with no major worries.

**Current involvement of children’s social care/other agencies etc.**

In April 2020 the health service referred to Lanchester Children's Trust because they had been trying to do a visit to see Sarah after the family moved back to Lanchester and Sarah had not been taken to 4 appointments at a clinic.

When they went to the home, the curtains were drawn at 3pm. Joanne let them in, and they thought the house was very dirty. They thought that Joanne had been in bed and Sarah had been playing alone when they came. Neither of them was dressed. Sarah seemed hungry, Joanne seemed very stressed, and Sarah and the home were very dirty.

Because these kinds of things had been a problem before and had led to a child protection plan, and because this situation could have a significant impact on Sarah’s health, safety and how well she grows and changes, Lanchester Children's Trust started a child protection enquiry. This enquiry led to an Initial Child Protection Conference which recommended a full assessment take place. The social worker who wrote the child protection enquiry wrote that, “I am worried that since birth, the same worries have been present about Sarah. The fact she has missed so many health appointments, has had two serious accidents, had very low attendance at nursery, didn’t seem to have a routine and is very delayed in her speech makes me worried about what her home life is like. I am worried that she may not be being played with or spoken to as much as she needs to develop and that she seems hungry and grubby at times. I am worried that sometimes no-one plays with her or watches her, and she has got hurt. There are a fair few grey areas that I don’t know about, and I am not sure that Joanne and Ryan will work with professionals well. I am worried that there have been child protection and child in need plans before, and these haven’t brought about change.” The aim of this assessment is to better understand the situation so we can recommend what action needs to be taken to make sure Sarah is safe and that she is given the care and attention she needs.

**Child’s voice and experience**

*(For an initial/front door assessment this section would be briefer as you may not have met the child more than once – see the guide to doing an assessment for what you may know at this point.)*

**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?**

I carried out two sessions with Sarah at home. Due to her age, these were short (about 25 minutes each). I also spoke to her new nursery about her views, which are included below.

Due to Sarah’s speech problems, we used pointing, showing, and feelings cards to understand her views. I also used an adapted family activity with her jumping on different chairs for “yes” “no” and “don’t know” so I could understand where she goes outside the house.

**Description of the child**

Sarah is a White British 4-year-old child. She has no specific needs apart from speech delay. She struggles to speak in longer sentences and I wasn’t always able to understand what she said. As the history shows above, she may not have had as much time playing with other people or being spoken to or sung to as other children. She can present with challenging behaviour sometimes as she can hit her parents and can seem very angry. She needs help to catch up with her speech and to be helped to behave in more helpful ways. She likes Hey Duggie, going to the park and playing on the swings and can be very affectionate. She likes eating bananas but hates carrots. Due to her speech delay and history, she is more vulnerable than another child of her age would be.

**Child’s day**

It seems likely that Sarah gets herself up out of bed fairly regularly and spends a lot of time playing by herself. I think she does not have a regular routine at home and no regular times when she goes to bed or gets up. I don’t think she goes many places outside of home or sees many people. She gets food for herself sometimes when she said her father is “away” and she described her mother as being “sleepy and sad”. She told me the middle of the living room is “safe” when this happens and seemed scared to move to another place in the house in these times, although this was hard to communicate and understand.

**Child’s views**

Due to Sarah’s age and her difficulties with speech, it was difficult to capture her views about what’s going well and what she’s worried about. She told me clearly that she loves her mother and father, although they are both “sleepy and sad” sometimes. She likes to watch PJ Masks and to play with her nee-nahs (the name she gives to some toy characters with little toy houses and buildings that make up a small town). Physically, from my observation, Sarah seems to be developing in line with her milestones.

Sarah also chose the words “tired” and “dozy” to describe her parents, and “away” to talk about her father Ryan. Sarah was clear that she doesn’t go out of the house very often or see other people – adults or children.

I am worried that the care she has received has already had an impact on her behaviour and how she thinks about herself and her self-esteem and about how reliable other people are. I am also worried about her speech, and Sarah finds not being able to communicate obviously frustrating.

Her new nursery are also worried about her speech and her ability to play with other children as she can hit out at adults and children sometimes.

Sarah told me that she is hungry sometimes and would like more food, and that she would like her mum and dad to be less tired and to play with her more. She told me she liked going to nursery and was sad when she doesn’t go.

**Family views**

*(For an initial/front door assessment this section would be briefer as you may only have spoken to the parents once – see the guide to doing an assessment for what you may know at this point. It would be important to flag up areas for further assessment, if this was your recommendation.)*

**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.)**

In addition to Sarah, in this assessment, I spoke with Joanne and Ryan separately at their home once each and together three times (including once to see them interacting with Sarah). I also spoke with Joanne’s mother Pam on one occasion on the phone.

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

Everyone who should have been contacted was spoken to.

**What did each person say?**

In addition to the above, Joanne and Ryan told me that they felt Sarah was a happy young girl who was advanced for her age. They were happy to accept speech and language input.

Pam told me that she has no concerns about Sarah’s care from either parent. She was clear that social services have lied and exaggerated and should leave them alone. She did not want to talk to me for long. I also thought I could smell alcohol on Pam’s breath. On reflection, given her history of alcohol use and her account to me, I had to question what support she is to this family and how far she was truthful with me.

Joanne and Ryan told me that apart from Sarah’s speech, there is nothing they were worried about. I told them the results of what I had seen and my views on this, and they became fairly upset and told me strongly that they did not agree.

As outlined in the child protection enquiry, Joanne said that she had not gone to the health visiting appointments because she knew she did not have to, and she was angry the health visitors had referred her to Lanchester Children's Trust. She said that the home was not dirty, it was just a bit cluttered as they were about to re-decorate, and that she had just been about to bath Sarah when she was visited, but she was not dirty anyway. Ryan told me he wasn’t aware of the health visiting appointments and had been out when they came, but that the house had been fine. There was no change in their account in this assessment.

Joanne and Ryan did not feel much needed to change. They agreed Sarah would benefit from going to nursery and said she didn’t attend everyday as it was not school so there was no real harm in her missing a day and she would go every day when proper school starts. Joanne became emotional at my suggestion she attends counselling or has her mental health needs investigated and strongly rejected this.

They did not agree there was not a clear routine for Sarah and thought her accidents could happen to anyone.

I have outlined more of what I have been told and my observations in the next section.

**Analysis**

**SW analysis: working well**

It’s clear that Sarah is a very loved child, who loves her parents. Her parents give her affection, and it’s clear from the history that they have managed to sustain short times where things have been seen by professionals to be acceptable for Sarah. Sarah had some toys in the house that she enjoyed playing with. Joanne’s mother provides some support to the family, and whilst the house is only just clean and tidy enough, Sarah has her own bedroom.

Despite being upset and worried about having social workers involved, Joanne and Ryan have both been polite, civil and have worked with me and seem in some areas to have been open and honest with me.

They have taken Sarah to see the health visitor and given consent for a referral to speech and language. They have recently enrolled Sarah in a nursery, and Sarah seems to enjoy going.

They have some understanding of what Sarah needs and why and have been able to recognise lots of hazards in the home which they have acted on. They have been able to tell me the behaviour management strategies that they have learnt from previous parenting courses.

They seem to have a positive and supportive relationship with each other without a great deal of conflict.

The house has been acceptably clean on every occasion when I’ve visited. On pre-arranged visits, Joanne and Ryan have both been up, dressed, and Sarah has seemed clean and not hungry. Sarah generally is dressed in clean clothes that fit her.

When I observed them together, Ryan seemed alert to hazards for Sarah.

**SW analysis: worried about**

As outlined above, the family have been known to children’s services in Lanchester and Darlington almost constantly since Sarah was born with worries about the home being dirty, Sarah not being played and talked with enough and not having a routine, missed health appointments, and Sarah being hungry and having serious accidents at home.

Sarah was enrolled in nursery around 2 months ago, and initially she went for each session, but in the last two weeks she has only attended half of her sessions. I have gone to the home address on these days. Joanne told me Sarah had not gone because she was unwell, but she had not telephoned nursery to tell them this and Sarah seemed fine when I saw her.

On these two occasions Joanne took some time to answer the door and then did so in her dressing gown. Sarah was also in nightclothes but was surrounded by toys. My impression was that Joanne had been in bed and Sarah had got herself up and had been playing. This was in the afternoon on both visits. On my one other unannounced visit, the situation was similar. On one occasion Sarah seemed quite grubby and her mouth was smeared with chocolate and there were lots of crisps on the floor around her. My impression was that she had got this food for herself. Joanne has spoken about cooking regular nutritious meals for Sarah, but I’ve not seen evidence of this on visits. Sarah has twice seemed hungry and to ask me for food when I’ve visited.

Ryan has not been in the house on any unannounced visit. Joanne has said he was out with friends, although Ryan has said he was out looking for work, so I am not clear where he was.

I completed the Adult Wellbeing Scale with both Joanne and Ryan. Ryan scored borderline for anxiety, but Joanne’s scores for depression and anxiety both indicated that there may be a problem in this area. Joanne seemed to me quite low, tired and down on every visit. She could appear preoccupied and lose track of the conversation at times.

When I discussed Joanne’s history, as outlined above, she became very upset and emotional when discussing her nan passing, and presented as upset and very withdrawn when talking about her own childhood. I am worried that she may have experienced serious trauma and not have been able to resolve these experiences and they may be interfering with the care she is able to provide Sarah with.

On two occasions, when I visited earlier in the day, I was of the view that I could smell cannabis. Joanne and Ryan have both said they do not use cannabis and said I was mistaken.

Some services have been put in place in the last two months to try and help, specifically, a Family Support worker, drugs worker referrals and parenting classes but Joanne and Ryan have not yet made an appointment with the drugs worker or attended the parenting class. They have seen the family support worker once.

When I observed Sarah with her parents, in addition to being affectionate, she could be challenging and hit them sometimes. Joanne and Ryan seemed to struggle to respond effectively to her, and I was worried about why Sarah behaved this way.

I completed the Family Activity Scale with Joanne. Her answers could be quite vague, and my impression is that Sarah is rarely taken out of the house and has little contact with other children and few other play opportunities outside the home.

I have discussed all this with Ryan and Joanne. They do not share my views or findings. This is another worry for me, as it’s difficult to help parents change if they do not agree there is a problem.

I am also conscious that parenting is hard for anyone, but much harder for people who have little support. Joanne told me that Pam (her own mother) is the main source of support to her, but her views about her mother seem very negative and Sarah did not name her as someone she sees, and Pam did not seem keen to support Sarah when I spoke to her. There seems little support therefore for this family.

Having looked at the family finances, it is clear that there is a high level of debt, and that stress about debt is having an impact on both parents. The family are on benefits only and are paying high levels of debt repayments from these benefits for a TV bought from Bright House and on old loans.

Bringing up children with little money and constant financial worries is harder than doing so in a family where there is plenty of money and comfortable surroundings. Whilst living on a low income does not cause child abuse and many parents on low incomes do not abuse their children (just as many parents on high incomes do), it makes abuse and/or neglect more likely to come about.

In this situation, less money may mean fewer toys and trips out for Sarah; worse housing than her parents would like; more stress for her parents (which makes attentive, patient and tolerant caring far more difficult); less access to help, services and advice when problems come up (which means the problems have a greater impact); potentially poorer mental health for both parents; strain on relationships, and potentially struggles with drugs and alcohol as a way to cope, and feelings of shame and stigma. Finances may therefore be having a significant impact for this family.

Joanne told me that they do not make use of local facilities like the Citizens Advice Bureau or stay and plays as she is a bit scared to go out as there is lots of crime in the area and she is scared of being attacked.

I’m not clear if Ryan is working or not. He has told me he is not, but as he is always out of the house 9-5, he may be working cash in hand. Either way, the fact he is not in the house means most of the care day-to-day falls to Joanne.

Finally, I am very worried for Sarah’s speech. She is significantly behind what I would expect for a child of her age, and she is currently not receiving any services to help her as so many appointments have been missed.

**Impact and seriousness of any harm**

Sarah will likely feel unloved and scared and may not learn and develop well if she is not given the care and attention she needs; may be ill, unhealthy and may get hurt if she is not washed and her home is dirty and if appointments aren't gone to; and will struggle in school and to make friends if she is not taken to school on time each day and if there aren't regular times for getting up and going to bed.

Sarah may be caught up in violence, not be kept safe, not given the care, stimulation and attention she needs to learn and develop as she should and may be ill and unhealthy if she is cared for by people who are drinking alcohol or using drugs. Life revolving around adults getting substances may result in her home being dirty, unclean and unsafe and in homelessness. In addition, she may well not be given the clothes, food and toys she needs.

Research shows that if this situation continues, it could have a really negative impact on most areas of her life. For example, she will not grow or develop as she should physically or in how she thinks, behaves and feels; she may suffer serious health damage or injury (for example, as appointments are missed or she has more accidents if she isn’t given the supervision or safe and clean home she needs and if her hygiene is poor); she may struggle to make relationships and bonds with others and to experience separation, insecurity, low self-esteem, mental health issues, guilt, resentment, rejection, anxiety and loss and to feel unloved; and may do far less well in school (due to low attendance, behaviour problems, bullying due to being scruffy or smelly, and as her development generally may be behind) which will have a significant impact on her future career and life chances. Sarah is more likely to feel confused, powerless, unable to achieve, isolated and alone and is more likely to experience a more unstable, scary and confusing life. Sarah may also take on a considerable caring role. (Taylor A & Flood S. (2020). The impact of parental substance use on child development: Frontline Briefing. Dartington: Research in Practice.; DCSF (2010, 2018) Working Together to Safeguard Children. Nottingham: DCSF and London: DfE; Turney and Tanner (2005) Understanding and working with neglect, DfES, RiP, Making Research Count: Nottingham.)

We have already seen that Sarah at least on a number of days (and potentially more in some periods than others) wakes up, finds her father gone and her mother asleep or physically unavailable, and gets herself up. She plays with herself and when she gets hungry, her fear of hurting herself is overcome by her need for food, and she feeds herself, even though she’s scared of getting hurt. She’s not sung to, played with or talked to much so her speech hasn’t developed well. She doesn’t think adults are reliable or will help her, or that the world is very safe. She needs consistent, attentive care but is not getting this.

It seems she rarely leaves the house. She needs to catch up in her speech, but she is not being helped to. She gets ill fairly often as she and her house are not clean.

This information in this assessment clearly shows that this situation is clearly not good enough for Sarah and is not meeting her needs.

Reflecting on my professional experience; the current harm experienced, and the likely future harm outlined above; and having discussed this case with my team manager, the care and circumstances Sarah is experiencing seems to me to fall considerably below the level I would hope and expect for them.

Sarah is likely to have a higher level of vulnerability when compared to another child of their age due to her age, the fact Sarah has suffered significant harm up to this point and the fact the family are struggling financially and are very isolated.

Therefore, bearing in mind the nature and types of harm, the frequency, the duration, the seriousness of the harm and this specific child, in my view Sarah is experiencing a high level of harm in this situation.

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

I have outlined above the challenges faced in this situation. It seems likely that Joanne can feel very depressed and sad and preoccupied with difficult thoughts and feelings. It seems likely she spends a lot of time in bed and so isn’t up and about to care for Sarah. At the same time, Ryan seems to leave the house most mornings and is out all day, so there is no-one else there to care for Sarah. I am not sure if cannabis use is a problem, but this may also make Joanne and Ryan less alert and able to respond to Sarah. Finances are also a clear stress, which makes being tolerant more difficult and may make them more stressed, and their feelings about their community, and their lack of family to help mean they don’t have a lot of support.

It seems very likely that unless Joanne’s thoughts and feelings (and/or mental health issues) are resolved, she will continue to find it really hard to meet Sarah’s needs. If Ryan continues to be out of the house most of the day, Sarah will continue to not get the care and attention she needs. If they remain without any other support and to have financial difficulties, things will be a real struggle for them. There is little wider family support available to help change the situation.

Therefore, for this situation to be better, the following things need to happen:

* Sarah needs a clear routine where she is got up and put to bed at about the same time each day, given regular meals, and played with and taken out to play with others.
* Sarah needs to be closely watched over and played with and talked to much more.
* Sarah needs to be taken to speech and language appointments
* Sarah needs to be in nursery every day.
* The house needs to be cleaned regularly; Sarah needs to be washed regularly.
* The family need help to sort out their finances and debts and to look into new housing.
* Joanne and Ryan need to have more sources of support in their lives.
* Joanne needs to be helped with her difficult thoughts and feelings about her past

and needs to address how she feels and thinks so she can give Sarah the care she wants to. Ryan’s potential anxiety should also be looked into as this may be impacting on his parenting.

* Both parents, if they are struggling with any drugs problem that impacts on their parenting, need to be honest about this so it can be addressed.
* Ryan needs to see how he can support Joanne more and we need to see who else in the family can help more.

I will explore how this may precisely happen later in this assessment.

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

As I have outlined in this assessment, the harm to date has been high; the harm has happened regularly across Sarah’s life; these parents have a poor level of acceptance, insight and responsibility regarding the concerns I have identified; and the parents’ actual engagement with services that have tried to help them change has been poor overall.

It therefore seems doubtful that Joanne and Ryan can change within a reasonable timeframe to safeguard Sarah from experiencing further harm considering Sarah’s needs.

In terms of how far the gaps in parenting can be plugged by the wider family or other services, there is very little wider family support, but Ryan could likely play a greater role which would be very beneficial and would go some way to plugging the gap. Professionals can visit every other day between them, but cannot step in to the degree Sarah needs, so professionals cannot make the situation OK for Sarah.

**Conclusion and recommendations - exactly what needs to happen?**

In conclusion, I have shown Sarah is currently suffering a high level of harm and it is doubtful that Joanne and Ryan can change within a reasonable timescale for Sarah. It seems possible that the problems can be addressed by wider family or other services.

Subsequently it seems likely that there will be future similar harm (which would impact Sarah as outlined previously in this assessment).

It is therefore my recommendation that:

1. Joanne needs to accept help around how she feels at the moment and about her past and reconsiders not taking her medication. I will discuss the options around this with Rachel within a week, but this may include her speaking to her GP around her mental health or accessing other talking therapy services. Similarly, I will discuss with Ryan what services may be able to help him feel less anxious, and how they may help him on my next visit.
2. I, Joanne and Ryan need to have a frank talk about the situation within a week, and where Ryan goes and if he can stay home more, and who else in the family can help out more. They will also be asked for the names of other people who may be able to care for Sarah if they can’t, and those people will have ‘viability’ (screening) assessments done within 8 weeks.
3. Sarah needs to be taken to nursery every day, so she gets more time to play and talk, and gets to mix with other children. This will help her speech to catch up hopefully and will get her used to other children before school. This week I will discuss and agree a plan with Joanne and Ryan to try and make sure this happens.
4. The anti-poverty toolkit should be completed with Joanne and Ryan so we can see if the stresses that they feel from their financial situation can be made a little better, which should mean they have more brain bandwidth for Sarah. This should be done by the family support worker within 3 weeks.
5. I will visit every week at least to see how the family are doing. If the home is unsafe for Sarah, or if things seem to get much worse and a plan to keep Sarah safe hasn’t been worked out by the social worker with Ryan and Sarah, the social worker will talk to their manager to see if Sarah is able to stay at home.
6. A family support worker will help Joanne and Ryan to focus on their parenting of Sarah and to explore what other support is available in the community for them that they are happy to access. This conversation will happen within 4 weeks. The family support worker will also visit once a week to befriend Joanne, check things are OK and to provide some practical short-term support while things are being sorted out.
7. Both Joanne and Ryan need to consider accepting help around their drug use. Within a week I will visit them to discuss which services are available and which they are willing to work with and would find most likely to help.
8. Joanne and Ryan will be asked to give me names for a Family Group Conference this week which I will refer for next week. This is a meeting where we can all see together who in the family may be able to step in and provide more support.

Reflecting on the severity of harm and on the local authority’s threshold document, it is my view that this work should continue under a Child Protection Plan due to the level of worry.

If change does not come about or the situation gets worse a complex case discussion with a Head of Service should be held to consider what else needs to be done to protect Sarah, which may include asking a court to consider removing Sarah or alternative carers to be looked at.