

**Sheffield City Council
Children, Young People and
Families**

Children and Families Service



**Sheffield Social Care
Assessment Policy and
Guidance**

(Updated March 2018)

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Introduction

This guidance should be read in conjunction with the practice standards for practitioners and follow the standards.

The Sheffield Social Care Assessment (SSCA) will provide an opportunity for social workers to focus on the specific needs of and allow appropriate time within the assessment for reflection and direct work with the child/young person to ensure a robust and analytical assessment.

The focus of the SSCA is for social workers to draw on their professional judgement to analyse and reflect on information gathered regarding that child or young person, and focus the assessment on the specific needs identified leading to a high quality assessment that is child focused. An assessment is a fluid process that considers emerging needs and sustainability of any change for the family.

The aim of the SSCA Form is to retain the Framework for the Assessment for Children in Need and their Families (Department of Health et al., 2000) as an underpinning framework and examine children's developmental needs, parents' or care givers' capacity to respond appropriately and family and environmental factors which are specific to the purpose of assessment for that child. However, the form is able to be streamlined so that there are fewer 'tick boxes' and/or sub-sections for each of the dimensions (e.g. health, education, emotional and behavioral development) of the Assessment Framework to encourage and empower social workers to exercise their professional judgement about what information to record.

To prevent drift and maintain management oversight of the assessment, a management review date is specified within each Sheffield social care assessment.

This review is scheduled for 10 days after the start of the assessment.

Purpose of the Sheffield Social Care Assessment:

Working Together to Safeguard Children (DfE, 2015) is clear that social care assessments should be undertaken within a maximum of 45 working days. The 45 days represents a maximum limit and through careful management oversight most assessments should be completed in less time than this. It should be the focus of all Senior Fieldwork Managers to ensure that all children and their families receive a timely assessment.

Though Senior Fieldwork Managers will have the flexibility to increase the assessment timescale to 45 working days where it is felt that this would benefit the children and family; it is also still expected that some SSCAs will be completed by the set maximum date for initial review of 10 working days.

It is essential that the child remains the focus of the assessment, to the extent of identifying needs and the impact of parental capacity and wider community influence specifically upon the daily lived experience of each individual child in the family.

For example, the needs of a parent in relation to issues such as their emotional or mental health, lifestyle including their use of alcohol and or drugs or their vulnerability to domestic abuse have to be explored in terms of the impact it has on the child now and going forward. Any actions towards support for the parent must be measured upon the outcomes for the child.

The purpose of the assessment is to determine if there is identifiable evidence of risk or identifiable significant harm to the child or whether they are unlikely to achieve or maintain a reasonable standard of health or development or they have a disability.

The Sheffield Safeguarding Children Board (SSCB) multi agency threshold guidance for Sheffield Children, Young People and Families should be used to inform the identification of such factors. This can be found using the link below;

<https://www.safeguardingsheffieldchildren.org/sscb/safeguarding-information-and-resources/thresholds-of-need-guidance-1>

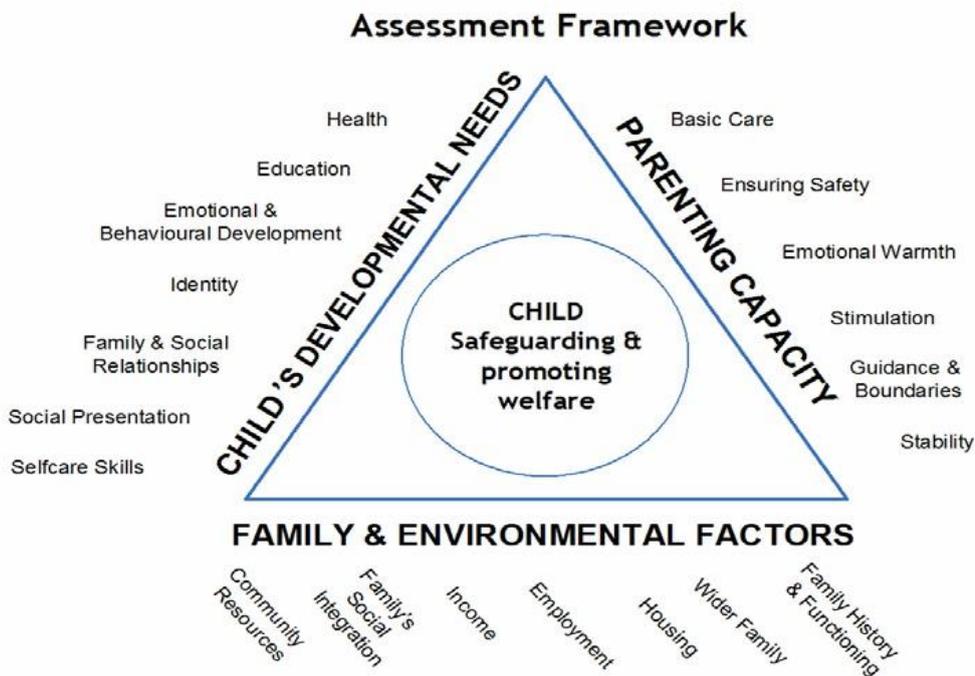
The assessment is intended to be used proportionately to gather the most significant and relevant information according to the circumstances of particular children. It will determine the range and type of detail of the assessment; it helps to inform the analysis about the needs of that child and the nature or level of any identifiable risks; it helps inform judgment as to whether the child is in need or is at risk of significant harm; it also describes how those needs or risks will be addressed through a SMART plan, whether child in need or through the child protection process.

Should the analysis of the case lead to closure; a clear rationale is needed in relation to this and consideration given as to whether the child and family would benefit from input from Prevention and Early Intervention service.

At the start of each SSCA there will be a reason for the assessment as well as actions agreed regarding the assessment process. These will pull through from the Manager's Action Plan following referral.

A review date (not more than 10 working days from the start of the assessment) and an expected completion date for the assessment are also agreed and recorded on the assessment. The completion date can be updated following the review.

The focus of the Sheffield social care assessment will follow the domains of the Framework for Assessment triangle as illustrated in the diagram below:



This will be followed by sections for recording analysis, judgements and decisions.

It will be expected that Social Workers link analysis to research and the use of wider assessment tools to ensure evidence based assessments which are clearly focused upon the needs of the child

There is an explicit expectation that the assessment includes and reflects the wishes and feelings of the child or young person in question and it is important that these are recorded on the assessment. The child needs to be the focus of the assessment and the analysis needs to consider what positive outcomes would benefit the child and ensure they are appropriately safeguarded.

Throughout the SSCA, there is an expectation that the Social Worker is clear with both the child and their family about the timing of key decisions, how these will be reviewed and that their input is incredibly valuable throughout involvement. Families should be informed of dates of planned reviews and be part of outcome focused planning.

The SSCA is an opportunity for Social Workers to demonstrate evidenced based practice balanced with sound professional judgement.

Where SSCA takes longer than 10 working days, in line with practice standards for practitioners there is an expectation that a child need meeting will take place.

When should a Sheffield social care assessment be carried out?

An assessment must always be undertaken in the following circumstances:

- When the screening and referral process which is undertaken at the Safeguarding Hub determines that a child is likely to be a child in need under Section 17 of the Children Act 1989 and will require a social work service.

When a request is made on behalf of a disabled child for a residential short break or complex package of care.

- When a strategy discussion determines the need for a S.47 enquiry the assessment should be completed prior to the case conference meeting.
- Legal proceedings cannot be initiated until a SSCA is completed as required by the Public Law Outline. Where an unknown child is made the subject of an EPO then the assessment should be completed by the first statutory review.

An assessment must be undertaken before accommodating a child under Section 20 (Children Act 1989). When an unknown child is accommodated in an emergency then the assessment should be completed before the first statutory review.

- Where a child is subject to a Child Protection Plan and moves into the city an assessment will need to be carried out to inform whether the plan needs to change.

When a child requires an updated assessment

- Where a child who is in receipt of a service and they experience a significant change in circumstances that requires evaluation, then a SSCA update will be required. In this case the assessment will be short and focused on the impact of the change in the child's life.
- Where a child or young person who is looked after experiences a significant change in circumstances.
- For Review Child Protection Case Conferences.

Referrals to children's social care

On receipt of a request for an assessment or a service, the Sheffield Safeguarding Hub has 24 hours in which to make a decision about any actions to be taken in respect of the identified child.

The decision to move a contact and referral to an assessment will be based on the Signs of Safety model. If a decision is made that a referral requires an assessment by a social worker, the referral will be allocated to the relevant social work team.

A Manager's Action Plan will be completed and the outcomes of this will transfer across to the SSCA. Senior Fieldwork Managers should consider the following when writing a Managers Action Plan and considering the purpose for the assessment:

- **Why?**
- **What are the risks?**
- **The compliance standards in line with practice standards practitioners.**
- **What actions the worker needs to take.**

An assessment review date not more than ten working days from the start of the assessment will also be recorded as well as an expected completion date for the assessment.

If safeguarding concerns are identified at the SSCA stage a strategy discussion should be held to determine if a Section 47 enquiry should be progressed.

Where the SSCA forms part of a S47 investigation and leads to a Child Protection Conference the assessment will be used as the social worker's report for the Initial Child Protection Conference.

In either case the need for robust multi agency planning, which is developed as part of the Child's meeting, is critical to the effectiveness of the process.

Conducting the Sheffield Social Care Assessment

Management oversight

A rationale for the assessment and initial tasks will be set by the Senior Fieldwork Manager in the Manager's Action Plan following referral and pulled through into the opened SSCA. An initial review date (not more than 10 working days from the start of the assessment) and an expected completion date will also be recorded.

The Senior Fieldwork Manager will ensure that the social worker arranges a visit to see the child within 5 working days the start of the assessment and within 24 hours if there are section 47 concerns.

A Management review is to take place at a maximum of 10 working days. Good practice would be to review earlier but needs to be specific and relating to the child in question. Some SSCAs will be expected to be completed and finalised at the 10 working day point.

The maximum timescale is 45 working days from the start of the SSCA

Senior Fieldwork Managers can monitor the progress of assessments on the team dashboard using the RAG system. Open assessments will be flagged as follows:

- **No Colour** – Up to 10 working days from the date the assessment is allocated to a social worker.
- **Green** – 11 to 25 working days from the start date of the assessment.
When an open assessment goes green then the Senior Fieldwork Manager should ensure that a review of the assessment is carried out.
- **Amber** – 26 to 40 working days from the start date of the assessment.
- **Red** – 40 to 45 working days from the start date of the assessment.

If an assessment exceeds 45 working days the Senior Fieldwork Manager should record the reasons for exceeding the time limit on a Managers Decision Record. This should be exceptional and only for reasons such as unplanned sickness.

Sheffield Social Care Assessment Priority Setting and Tasks

A SSCA is identified at the point of a referral as being accepted and the Senior Fieldwork Manager has the responsibility of setting the priority and timescale. The assessment process is something that should happen in parallel to intervention and not a precursor for services and action. Initial priorities should be set at the beginning of the assessment and then reviewed at the review date. At the review date the Senior Fieldwork Manager needs to consider whether the assessment is complete at this stage or whether further time for assessment is required up to a maximum of 45 working days

Considering the domains of the assessment framework

Child's Developmental Needs

Consider each area of needs and development identified within the Assessment Framework triangle, however focus upon those areas which are particularly pertinent for the child/young person whom you are assessing – note the strengths but what is key is identifying the areas of difficulty which provide concern.

Physical, emotional and mental health of the child

Include relevant and significant information about the child's emotional, physical and mental health as well as considering any evidence/or diagnosis of learning difficulties or physical impairments. This will involve talking with other relevant people in contact with the child as well as with the family and child. You will need to speak to the GP and Health Visitor/School Nurse involved with the family, including consideration of discussion with any other involved health professional e.g. community pediatrician. Are the child's immunisations up to date? Is the child missing health appointments? Consider whether parent can read appointment letters. Has the child been subject to any major illness or diagnosis? Has the child been referred to any specialists? Is the child registered with a dentist? Does the child have generally good health? Does the child smoke or use substances? Consider the potential impact of poor+ home conditions upon the child's health.

Education/early years' experience for the child

This should be considered in a way that describes what school/early years setting means to the child including relevant and significant information about their attendance, attainment and participation. How does the child get to early years setting/school? Is attendance regular or how does reduced attendance impact upon the child's ability to reach their full potential? Are they fed, clean and ready to participate? How does the child present? Consider the impact of lack of routines upon attention span or ability to engage in learning? Any cognitive, learning or behavioral assessments completed? Give a sense of whether early years setting/school is a good place for the child and identify areas that may be a source of stress. Consideration is also needed about what the child is learning in the home. Are there books and toys in the home? Is the child read to by the parent? This will involve speaking to the school or early years setting. In respect of children too young for a formal education setting, consider the stimulation and engagement they receive within the family home. What age appropriate toys are available within the family home?

Emotional and behavioral development of the child

This should be considered in relation to the degree of resilience or vulnerability of the child. What are the self-care skills of the child and are they age appropriate; what is the extent of their resilience? What are the sources of the child's resilience and are these age appropriate? Are they a resilient child? Does the child seem to be emotionally secure and attached? Has the child witnessed domestic violence and how does their behavior reflect this? Consider the impact of physical and sexual abuse upon the child's behavior and emotional presentation. Does the child feel supported and do they have a supportive adult available to them? Does the child present with difficult or challenging behaviors? Is the parental response to challenge behavior consistent or does it fluctuates? Does the child present with different behaviors outside of the family home?

Family and social relationships of the child

It is vital to record the full name of any adults within the household and who are in contact with the child. Social Workers must ensure they are clear about who different adults are and what their relationship is to the child.

This should be considered in a way that describes what the family and their wider social circle means to the child. What is the quality and extent of the child's attachment to their caregivers and wider family? What style of attachment is evident? What's the child's role and involvement in this family; how are they valued and how is this demonstrated to them? Is the child taking on inappropriate responsibility within the family environment – i.e. is the child a young carer? Consider the number of care arrangements for the child; different households for some of the week? Describe the family giving a sense of their history, culture and values. Is the family a source of support and resilience? Has the family faced any traumatic or distressing events and how has this had an impact for the child? Does the family feel part of a community? Are there significant friends or organisations? Is the child involved in any gang related activity? Is the child reporting any evidence of domestic abuse that involves verbal abuse? What are the child's peers relationships like and do they value their close friends?

Identity and social presentation of the child

Consider within this section whether the child is a valued member of the family and how is this evidenced? Does the child have access to their own private space? What are their sleeping arrangements and are they appropriate? What is a typical day? Do they have a sense of belonging? Do they participate in any organised social activity outside the home and school? Who are they mixing with socially and is this appropriate? Do parents know where they are going and are this age appropriate? Is anyone bullying the child or is there anyone the child is frightened of? Is their clothing clean and appropriate? Does the child have any friends they see regularly? Do they have a best friend? Has the child been involved in offending? Does the child demonstrate appropriate stranger awareness? Does the child recognise their ethnicity in relation to their identity? Are there any language barriers that the child faces? Is the specific child's race, ethnicity and culture recognised by the family?

Any traumatic experiences for the child

Consider the impact of any significant event for the child within their life and how this has affected their daily lived experiences. Has the child witnessed arguments? Does the child come from another country? Has the child witnessed anybody get assaulted? Has the child witnessed their parent have a psychotic episode or taken an overdose? Has any close relative or friend died? Has the family ever experienced homelessness? Has there ever been a domestic fire? Has the family experienced burglary? Has the child had to go to hospital? Has the child been exposed to abuse?

Parenting Capacity

In this section, consider the use of how a parent or carer meets the needs of the child of young person by relating it to the Assessment Framework triangle as a basis. Consider how each parent provides for and responds to their child/young person's needs and what both the strengths and weaknesses are in this area. It is often helpful to start by considering what are the specific sources of vulnerability for the child/young person in question and how could they or do they impact upon the parenting required by that child.

Impact of parental past experiences on their current parenting capacity, their ability to face and accept their difficulties, their ability to use support and accept help, and their capacity for adaptation and change in their parenting response. Observation and interaction is key to ensuring the professional judgement is evidence based.

Consider each parent or caregiver individually, and ensure that any potential influence on their ability to parent effectively is considered e.g. mental health issues, poor physical health, drug or alcohol misuse, domestic violence, isolation, language barrier. Ensure that a hidden partner, particularly a "hidden male", is considered within this section of the assessment.

Basic care and wellbeing of the child

Is the child clean, washed and bathed regularly? Are they receiving regular meals? Are there wider concerns that the child is always presenting as hungry? Is food regularly available and healthy? Is the child attending a dentist regularly? Are the child's medical needs attended to in a timely way? Describe relevant information such as diet, smoking, use of alcohol and drugs. Do people smoke in the house – consider the impact of this if the child suffers from asthma or another breathing disorder? Has the social worker had full access to the child's home, seen the child's bedroom? Does the child raise any concerns or worries about their day to day care?

Ensuring the safety of the child

Consider if there is appropriate protection inside and outside of the house (floor coverings, electrical safety, evidence of weapons, drugs, stair gates, garden gates); Are there other adults coming into the house who may pose a risk? Use your professional observations – is it safe for a child to be living here? Are there animals? Are they companion animals or for protection – consider that if professionals feel threatened then what is the child's lived experience? Are the animals treated appropriately? Is there animal waste inside or outside the house? Are the children given appropriate boundaries for their age and understanding?

Emotional warmth for the child

What is the quality of the child – parent/caregiver relationship? Do parents respond appropriately when the child is upset or distressed? Does the parent give praise and encouragement? Do they demonstrate empathy with the child? Does the child experience age appropriate physical warmth?

Stimulation of the child

Consider how each parent is able to provide interaction and stimulation to the child to encourage and promote the child reaching their full potential. Do the parents read to the child? What opportunities are there for the child to engage in age appropriate activities? If the parent has a learning difficulty how could

this affect the child and are there others who could provide support as the child develops? Is the child's language developing age appropriately? How does the interaction with the child help the child to learn and develop – or not?

Consider clearly whether each parent is able to meet the needs of the child and the impact of parental past experiences on their current parenting capacity, their ability to face and accept their difficulties, their ability to use support and accept help, and their capacity for adaptation and change in their parenting response. Observation and interaction is key to ensuring the professional judgement is evidence based.

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Guidance and boundaries for the child

Consider whether the guidance and boundaries provided are age appropriate? Are there any routines in place for the child? How do the parents establish boundaries?

What are the sanctions or rewards, and are they consistent? Are the parents able to respond to and manage the child's behavior appropriately and safely?

Stability for the child

Consider how stable has the child's life been so far – how many changes of care giver or address has the child experienced? What steps has the parent taken to make the child's life stable despite difficulty? Is there a secure attachment to the parents and how is this evidenced? Is the child attached to others within the family or close social support?

Good things about being a parent

Encourage and facilitate the parent to reflect upon their relationship with their child and what they mean to them. This can be especially important for parents of very young children who have not yet developed language to express views and wishes. Empower parents to consider their strengths, as well as where they can identify the need for further support.

What are parent's views of the challenges of being a parent?

What are the parent's expectations of their child? Are they appropriate?

What are the sources of stress? (You may want to consider using tools such as the Daily Hassles Scales)

Family and Environmental Factors

In this section, consider the wider influencing factors upon the family that may impact and direct the care given to the child/young person. Consider where the strengths may lie and any weaknesses which may be indicated either through historical social care or wider agency involvement with both the identified child/young person and their family.

It is key to remember that the development and care of children does not take place in a vacuum which is unaffected by external influences. All family members are influenced, both positively and negatively by the wider family members and close friends, the neighborhood, and culture in which they live. The history of the parents and of individual family members may have a significant impact on the child's daily lived experiences.

Separate history of the birth father and the birth mother.

Do both parents live with the child? If not, what contact does each parent have with the child? Is the father of the child named on the birth certificate? Are there any court orders relating to the child which influence contact with either parent? What are each parent's life story/ history/background? Any criminal offences? History of involvement by any services (mental health, substance misuse, domestic violence, criminal justice). Is there any evidence of a cognitive and/or learning difficulty?

History of learning difficulty at school whether or not diagnosed? It might be appropriate to approach the education service for information. Do the parents /carers have any specific health needs/disabilities and consider how these additional needs could impact their parenting.

What is the parent's experience of being parented? Were they brought up by

their own parents or did they experience alternative carers (whether family or foster carers)? Did the parent's upbringing involve any mental health/substance misuse/domestic violence? Are grandparents still together? Is there any history of involvement by any services? Did they experience bullying as children and what was their own experience of being at school? Did they attend a special school? Were they abused as a child? Was there any involvement from social care or other agencies? Did they observe domestic violence anywhere throughout their lives prior to becoming a parent?

History of the current partner if they are not the birth parent.

Be clear not to miss any hidden adult who may have contact with the child.

Are there any other adults in the house?

Consider the potential impact of another adult being within the family home and whether they assume any level of parenting for the child. This may be a member of the extended family, adults who come to the home to care for a disabled child or to support a parent with a learning difficulty. It is important to think about other adults living in the household in a variety of different circumstances and whether they can be viewed as a strength or potential risk (e.g. a lodger?).

How did this family come together?

Consider how and where did parents meet? Are there previous partners who share parenting? In what circumstances and how quickly did the children arrive? What did the pregnancy/birth mean for each of the parents?

Social networks of the adults and the implications for the child.

Consider the influence of wider social networks upon the family, including noting whether these are strengths or weaknesses e.g. does the family attend any organisations or faith groups? What is the impact of this? Who are the adults who regularly visit the house and what are the positive/negative implications? Where is the circle of support for the child and for the family?

Sources of income and how is it used and managed for the benefit of the child?

Financial issues within a family can have far reaching implications for the care provided to the child, both practically and emotionally. Consider who within the household makes the financial decisions? What debts are there and how are these being managed? Who is owed money? Have the family had any money/benefit advice and are they accepting of advice? Do the family need signposting to services that could assist with financial advice? Is either parent in employment – is this secure/casual/seasonal and how does this impact on their involvement with the child? Are the parents able to provide the child with any money of their own (pocket money) or fund social activities? Are financial issues a cause of strain within the family and does the child openly witness this?

Security of housing and community for the child

Consider the family's stability and security within their home. How long have the family lived in the property? How many different homes has the child lived in within their life and how has that impacted on peer relationships and educational opportunities? What is the condition of the property and who owns the property?

What is their relationship with the neighbours/local community? What is the neighbourhood like for the family and is it appropriate for the child? Is there a safe outdoor space for the child to play? Do the family feel settled in their

home? What do they like about their home and their area? What is problematic for the family in relation to their home situation? What other sources of support are there in the family / community?

Also consider the wider community location upon the daily lived experience for the child. Has anyone in the family experienced physical or verbal violence? What is the pattern of such violence? Are they willing to disclose/discuss the subject? Are there any barriers to disclosure of community issues? Does the family, both children and adults, feel safe in the house? What forms of transport are available to the family? How easy is it for the family to access facilities such as shops, getting to work, doctors and health clinics, children's schools?

What services are the family receiving at the moment?

Consider the level of engagement from the family. Do they think they need any help or support and what is their attitude towards people and services? What has changed or is changing as a result of help?

Day in the Life Of

The SSCA asks about what a typical day in the child or young person's life is like. This should be more than just a list of their usual routines, and should give the reader an insight into the impact of any parental vulnerabilities such as substance misuse, domestic violence, mental health and neglect, upon parenting and subsequently on the child or young person. Further guidance on how to write about the "day in the life of" is available by clicking on the link within the SSCA document on ICS.

Analysis

Once you have gathered all your facts and other evidence for your assessment you will need to analyse (or assess) them.

Workers are often unsure about analysis. But all you are doing is trying to make sense of the evidence. What is it telling you? What does it mean? What is positive and what is negative – and why? What are the risks? What might happen if we don't do something about it?

Ultimately, you are trying to work out (based on the evidence) what it must be like to be the child living in that home.

The example below shows part of a real assessment;

The kitchen was dirty and unclean. *Both children were running around unsupervised wearing only a nappy.* The nappies did not appear to have been changed for ages. Mum's presentation is of someone who cannot be bothered to do anything.

However, this is a mix of fact and opinion. Only the sentence in italics could be considered as fact. The other three statements are opinions. We need to present the facts first. We then need to analyse those facts to show why our opinion is a good one.

So this could read as:

Both children were running around unsupervised, each only wearing a nappy. There were three days' worth of plates and pans piled up in the sink. I could see a child's footprints on the kitchen floor and the grease made it quite slippery. There were four full nappies on top of the broken washing machine. I had to step over seven supermarket bags filled with rubbish and rotting food to get into the front room. The mother says she doesn't have the energy to do anything.

Here we have more convincing detail. We get a clearer picture of what you are seeing. We can almost begin to imagine what life must be like in that home. So, in our analysis of these facts, we will explore that but also, perhaps, start to think why this might be happening. This will also help with our judgements about the current situation and, crucially, decisions about what to do.

So our analysis in this example could read as:

Analysis

The mother does not seem to understand the need to keep the home clean and tidy – and that this puts the children at risk of ill-health or harm from a fall. She also couldn't remember when she last changed the children's nappies. Nor did she seem to think it a problem for the children to be running around out of her sight in nappies full of urine and faeces.

However, the mother also seems listless and tired, and says she has no energy to do anything – and just can't control the kids. There might be a more deep-rooted mental health issue. It seems she has given up thinking and feeling. Although there is no sign of the mother shouting or smacking the children, I have not observed her providing warmth, hugs or emotional involvement for the children. The mother is displaying the characteristics of depressed neglect.

Support cleaning the house could be provided, but if she is depressed, the chances are the house will return to its present state within weeks. The mother was also neglected as a child and she may be repeating the way she was brought up.

Here, we are explaining what we think the facts mean: the current level of parenting is putting the child at risk of ill-health or physical harm. However, we are also trying to explain why we think the mother is acting the way she is: is it her mental health? Could it be she is just mirroring the parenting she had? We are also drawing on expertise and research to back up our thinking.

In putting together our analysis in a full assessment we are, in essence, trying to make sense of the facts, make sense of what we know. In doing so, you might want to consider the following questions:

- does the evidence confirm the original reason for the assessment – and have any other issues been brought to light?
- what impact on the child does the evidence suggest (what is it like to be a child living in that home)? Make clear why you think that.
- what are the risks if things do not change or we do not do something about it?

- is there any research you can draw on that backs up your observations and thinking?

Reflectively consider research and how it is specifically relevant for this family – do not just copy and paste quotes into the assessment.

Do the parents and wider family take on board the concerns raised throughout assessment?

Judgements

We have collected the evidence and explored what it might be telling us and why. We now have to weigh up the situation and make a judgement about what we think *is* happening.

In using the example, we have laid out the facts. We have explored what those facts could be telling us and what might be happening. We now decide what we think it is.

So, our judgement in this example could read as:

Judgement

I believe the house is unclean and unsafe for children. They are not supervised and they are at risk of infections because the mother does not see the need to dress them or change their nappies regularly. I believe the mother is neglecting the children. However, I think the mother might be depressed and this is the cause of the neglect. All the signs indicate a case of depressed neglect. This will require a supportive, long-term involvement but we need to weigh that up with the children's welfare and not to let things go on unchanged too long.

Here we have decided that the mother is neglecting her children – and we are very concerned about that. However, we are also concerned that it might not be wilful neglect but, perhaps, is being caused by her depression. As we think that, we now have to bear this in mind about what we do to make a difference in the children's lives.

In putting together our judgement in a full assessment we are, in essence, saying what we believe is happening in the family. In doing so, you might want to consider the following questions:

- is the child in need or suffering significant harm? Why?
- why might this be happening?
- what is the potential for change?
- have you explored all options?

Decisions

Having collected the evidence, analysed it to work out what it might be telling us, we have come to a judgement about what we believe to be happening and why. The final stage is to decide what to do about it all. It might be simply “no further action” or it might be a very complex and time-consuming range of things that need to be put in place or happen. In essence we are deciding what we can do to make or keep the child safe.

In using the example, we think the children are being neglected but we also think the mother has depression.

So, our decision in this example could read as:

Decision

We will continue to visit to monitor the welfare of the children. We need to prepare for long-term supportive involvement to work with the mother on her motivation, in order to bring about change. We can assist in cleaning up the house but recognise this needs to be part of the plan and services need to work with mum. We will ask mum to attend the GP to discuss her possible depression. We will consider family group conferencing to help to bring about the change needed if mum is in agreement. We will review progress in 2 months through a Child in Need meeting but will speak to other professionals involved with the family on a regular basis. If mum does not work with professionals to bring about the necessary change in her home and care of the children we may consider escalation.

In putting together the decision in a full assessment we are, in essence, saying this is how we will keep or make the child safe. In doing so, you might want to consider the following:

- is there a clear, logical flow from the facts to the analysis to the judgment, and to the decision?
- do you “own” the decision? Are you prepared to defend it to your manager and others?
- what do we know from experience that works and what does research tell us?
- is the plan simple, understandable and workable? What does the family think?
- what resources can we use and what specific outcomes will they be aimed at achieving?
- are timescales realistic and achievable?
- are different people and agencies involved? If so, is everyone clear what their role is and what they are trying to achieve?

Initial Care Plan

The plan section of the SSCA should be completed following the completion of the analysis, judgement and decisions sections.

- However, if there is a Child’s Plan already on the child’s record it is sufficient to record see the Child’s Plan. If there is no plan, this section will need to be completed
- The domains and dimensions of the assessment framework should be used, but the plan should focus on the particular aspects that have been identified in the assessment.

Views

The views of the child / young person and the Parents / Carers should be recorded in this section. The social worker should include views about the assessment process as well as the child and parent's views of the conclusions of the assessment.

- It is particularly important to note any areas of disagreement between the child or their parents and the social worker's conclusions.
- They should also include information about how and when the child and their parents were engaged in the assessment process.

Using the Sheffield Social Care Assessment as the Initial Case Conference Report

Where a S47 investigation concludes that a child or young person is at risk of significant harm then the SSCA should be used as the initial conference report.

- The analysis and judgement sections should focus on the risk of significant harm and highlight what the risks are and what are the factors responsible for the child being at risk.
- A useful way to look at this is to list the risk factors in the family situation alongside the strengths and make an analysis of whether the strengths can outweigh the risks and offer adequate protection to the child.
- A clear view about whether a child protection plan as opposed to a child in need plan is needed should be provided in the analysis.
- The decision of the SSCA will actually be a recommendation to the initial case conference. This recommendation will embody the view of the social worker regarding the case and will be underpinned by the findings of the SSCA.
- Any recommendations will be evaluated by the conference in the light of reports submitted by other agencies, and their contributions.

Initial care plan

- Every report presented to conference must be accompanied by an outline plan. This plan should be recorded in the Analysis, Judgement, Decisions and Plan section of the SSCA.
- It should be as thorough as possible and address the areas that are causing concern as well as a recommendation about services that can be provided to address these.
- The plan needs to be very clear about what is to be put in place to offer protection to the child.
- The Case Conference section in the SSCA or updated SSCA needs to be completed highlighting what is working well, grey areas, the impact on the child and what would reduce concerns.

- If the conference decides that the child or young person will become the subject of a child protection plan then this information can be pulled through into the child's plan and form the basis of the child protection plan going forward.

Management of the Sheffield Social Care Assessment Key Points

- On receipt of a request for a service, the Safeguarding Hub has 24 hours in which to make a decision about any actions to be taken in respect of the identified child.
- When it has been agreed that a SSCA is needed, once allocated Initial tasks will be set by the Senior Fieldwork Manager in a Manager's Action Plan and this will pull through into the Sheffield Social Care Assessment.

A review date is set within 10 working days of the start of the assessment. Good practice would be to review earlier

- It is expected that the child or young person will be visited within 5 working days from allocation as a maximum, and within 24 hours if there is a section 47 concern.
- The maximum timescale for the SSCA is 45 working days.
- Child Protection initial conferences will be held within 15 working days of the strategy discussion that initiated the section 47 enquiry,. The request for an Initial Child Protection Case Conference form needs to be completed. The Sheffield Social Care Assessment needs to be completed 2 working days prior to conference at latest, in order to share with parents and child.

A Child in Need meeting needs to be held within 10 working days of allocation. This should be written up and circulated in line with practice standards for practitioners.

The Senior Fieldwork Manager in discussion with the social worker will decide whether the assessment is complete at the 10 days stage or whether further time for the assessment is necessary up to a maximum of 45 working days.

CIN Visits

The minimum requirement to visit children subject to a CIN Plan will be every 20 working days,. The visiting requirement must be agreed in the CIN meeting and recorded. CIN cases will be reviewed every 40 working days.

Step Down

Where a CIN review meeting agrees that a CIN plan is no longer required, support may continue to be offered by the Multi-Agency Support Team, through the lead professional.

Appendix 1 – The Sheffield Social Care Assessment and Analysis

