

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



**Sheffield Social Care Assessment
Policy and Guidance**

June 2015

Contents

Introduction and background	3
Purpose of the Sheffield social care assessment:.....	4
When should a Sheffield social care assessment be carried out?.....	6
When a child requires an updated assessment.....	7
Referrals to children’s social care	7
Conducting the Sheffield social care assessment.....	8
Management oversight.....	8
Sheffield social care assessment priority setting and tasks.....	9
Considering the domains of the assessment framework	10
Child’s Developmental Needs	10
Parenting Capacity	11
Family and Environmental Factors	13
Analysis	15
Judgements	16
Decisions	17
Initial Care Plan	17
Views	18
Using the Sheffield social care assessment as the Initial Case Conference Report....	18
Management of the Sheffield social care assessment key points.....	19
Purpose of reviews and expectations.....	19
Appendix 1 – Sheffield social care assessment flowchart	20
Appendix 2 – The Sheffield social care assessment and analysis.....	22

Introduction

The Sheffield social care assessment replaces the previous initial assessment and core assessment within the children and young person's assessment framework. The Sheffield social care assessment 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 Munro Review of Child Protection (Cm 8062, 2011) recommended reducing statutory guidance on safeguarding and promoting the welfare of children in order to promote local autonomy and increase the scope for practitioners to exercise their professional judgement. The focus of the Sheffield social care assessment 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 focussed. An assessment is a fluid process that considers emerging needs and sustainability of any change for the family.

'The aim of the new Children and Families Sheffield Social Care Assessment 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 behavioural development) of the Assessment Framework to encourage and empower social workers to exercise their professional judgement about what information to record.'

Through the introduction of a change in culture for assessment relying upon a greater use of professional judgement and specific focus upon the individual purpose of assessment, it is hoped that the impact of this change will have the following positive consequences:

- Reduced prescription on timescales to allow social workers to specifically respond to that child and family's specific need.
- Allowing greater opportunity for the social work practitioner to engage with children to explore their wishes and feelings, focussing upon the child's journey and the impact of the concern upon their safety and wellbeing from the child's perspective.
- There is increased opportunity and expectation for the social work practitioner to reflect upon the assessment and the daily lived experiences of the child.
- There is a greater focus on analysis and less expectation of "filling the boxes".

However, with the change in relation to timescales and opportunity for extended time for reflection, this leaves potential risks in relation to the completion of the

assessment. This is particularly so where a case would normally be closed following an initial assessment may remain open for longer than necessary.

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

Purpose of the Sheffield social care assessment:

Working Together to Safeguard Children (DFE 2015) is clear that Sheffield 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 team managers to ensure that all children and their families receive a timely assessment.

Though team 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 Sheffield social care assessments 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 Thresholds of Need Guidance should be used to inform the identification of such factors.

The assessment is intended to be used proportionately to gather the most significant and relevant information according to the circumstances of particular children and 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 looking at child protection processes.

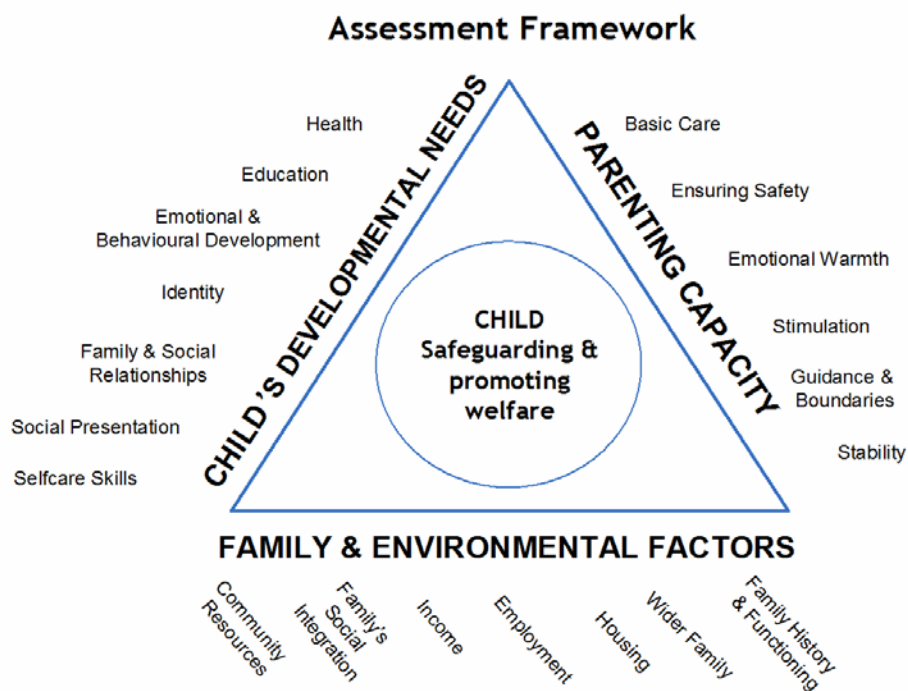
Should the analysis of the case lead to closure; a clear rationale is needed in relation to this and consideration given as to whether the child and family would benefit from input from Prevention and Early Intervention services.

C Y P& F - Children and Families Service

At the start of each Sheffield social care assessment 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 focussed upon the needs of the child to which it refers.

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 Sheffield social care assessment, 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 focussed planning.

The Sheffield social care assessment is an opportunity for social workers to evidence evidenced based practice balanced with sound professional judgement.

When should a Sheffield social care assessment be carried out?

An assessment must always be undertaken in the following circumstances:
PSWCF/CB/Sheffield social care assessment/ 14.8.14

- When the screening process 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 direct payment.
- When a strategy discussion determines the need for a S.47 enquiry the assessment should be completed prior to the case conference meeting.
- When significant changes in a child's circumstances come to light.
- Legal proceedings cannot be initiated until a Sheffield social care assessment 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 that 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 new Sheffield social care assessment will be required. In this case the assessment will be short and focussed on the impact of the change in the child's life.
- The original assessment may be duplicated and changes made to the relevant sections of the form rather than completing a new assessment from scratch.

Referrals to children's social care

On receipt of a request for a service, the area screening team has 24 hours in which to make a decision about any actions to be taken in respect of the identified child.

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 Sheffield social care assessment. Managers should consider the following when writing a managers action plan and considering the purpose for the assessment:

- **Why?**
- **What are the risks?**
- **Why are we assessing now?**

(Do not just copy and paste the referral into this section instead be specific about the concerns and why this child and family require the involvement of a social worker).

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 Sheffield social care assessment stage a strategy discussion should be held to determine if a Section 47 enquiry should be progressed.

Where the Sheffield social care assessment forms part of a S47 investigation then the assessment will be used as the social worker's evidence to a Child Protection Case Conference or will provide the assessment framework which underpins and informs a child in need intervention. In either case the need for robust multi agency planning and review 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 team manager in the manager's action plan following referral and pulled through into the opened Sheffield social care assessment 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 manager will ensure that the social worker arranges a visit to see the child within 7 working days the start of the assessment and within 24 hours if there are

section 47 concerns. Good practice would suggest initial visit within 3-5 working days for the majority of cases.

Management review to take place at a maximum of 10 working days. Good practice would be to review earlier and it needs to be specific and relating to the child in question. Some Sheffield social care assessments 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 Sheffield social care assessment.

Team 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 team 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 it is necessary for the assessment to proceed beyond 45 days then this should be discussed with the social worker and clearly recorded as a manager's decision with the reasons for this clearly stated. Any decision to extend the assessment beyond 45 working days should be taken in consultation with the child, their family and other professionals, an assessment exceeds 45 working days the social worker should record the reasons for exceeding the time limit.

Sheffield social care assessment priority setting and tasks

A Sheffield social care assessment is identified at the point of a referral being accepted and the team 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 Team 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 Health Advisor involved with the family, including consideration of discussion with any other involved health professional (e.g. community paediatrician). 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? Does the child have generally good health, or not? 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 and consider impact of lack of routines upon attention span or ability to engage in learning? Any cognitive, learning or behavioural 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. It also requires consideration 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 behavioural 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 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 behaviour reflect this? Consider the impact of physical and sexual abuse upon the child's behaviour 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 behaviours? Is the parental response to

challenging behaviour consistent or does it fluctuate? Does the child present with different behaviours outside of the family home?

Family and social relationships of 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 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 is the child's peer 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 their 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 is 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? 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.

In summary – 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.

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? Adequate nutrition provided which promotes a healthy lifestyle? Is food regularly available and healthy? Is the child attending a dentist regularly? Are the child’s medical needs attended to and in responsive timing? 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 do 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?

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 behaviour appropriately and safely?

Stability for the child

Consider how stable has the child's life been so far – how many changes of partner 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 or 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 neighbourhood, 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 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 which may have contact with the child.

Are there any other adults in the house?

Consider the potential impact upon 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?). | Page 16

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? (There is research evidence that membership of a faith group is one of the indicators of resilience but it might also be a source of risk). 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? Is either parent in employment – is this secure/casual/seasonal and how does this impact 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 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?

Analysis

The Sheffield social care assessment has three inter-related domains, each of which has a number of critical dimensions which can have influence upon the care provided to the child. The interaction of these dimensions can often be intertwined with each other and clear consideration and exploration throughout the assessment is required, with reflection upon the analysis of risk, to ensure a comprehensive and detailed analysis to understand the daily lived experience of the child in question and what intervention may be necessary to improve outcomes for the child.

Consider the following key questions within the analysis:

What are the key issues for the child and why was the decision made to initiate assessment?

E.g. why are we assessing now, summarise the major concerns, reflect the reason for assessment, has anything change throughout the Sheffield social care assessment process?

What is the current impact upon the child?

Key here to include observations of the child and any direct work completed with the child. Consider how the child is presenting and in particular consider any behaviours and how this may have reflected what child has witnessed or been the subject of.

What is the potential impact upon the child if the circumstances do not change and the risks are not reduced?

What does research tell us that is key within the decision making and planning for this child?

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

Social Workers make judgements by linking their knowledge to the analysis of the information gathered during the assessment to ascertain why a situation has occurred.

Judgements will need to be made about a number of key issues:

- Whether this is a child in need or is suffering significant harm

- Understanding the child and family context sufficiently to be able to secure the child's well-being and safety.
- Assessing the potential and likelihood for change.
- In framing a judgement it is important to ensure that all options have been explored and appraised.

Decisions

Following judgements about a child's developmental needs, parenting capacity and attributes, the social worker will have to make decisions about how to address any unmet needs.

- These decisions follow on from the analysis and judgement of the information gathered in the assessment.
- Decisions should be evidence informed and social workers should draw on their previous experiences of similar cases.
- It is important that social workers 'own' their decisions and that these are robust as decisions will be endorsed or challenged by the social worker's manager.

The decision making process should take into account the following factors:

- How existing relationships and experiences can be nurtured and enhanced to promote the child's development.
- What interventions or social work methods are known to work in a particular situation (What research evidence tells us?)
- The capacity of a young person and the family to cope with an intervention plan needs to be considered. Over complicated plans with multiple interventions can overwhelm children and families thus leading to disengagement.
- How are resources used to achieve positive outcomes (including family and social networks)?
- What are the views of the child and family about what is going to happen next?
- The timescales for interventions need to be realistic and achievable.
- The roles of different agencies in the interventions need to be clearly defined.

Initial Care Plan

The plan section of the Sheffield social care assessment should be completed following the completion of the analysis, judgement and decisions sections.

- The initial plan should address how the needs identified in the assessment will be addressed; by whom and within what timescale.
- The plan is laid out as free text boxes to enable the social worker to focus in on the particular needs of the child.

- The domains and dimensions of the assessment framework should be used, but the plan should focus in 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 SA should be used as the initial case 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.
- Where issues of neglect are identified, these should be evidenced in detail, this allows conference members to gain a true picture of the circumstances.
- It is fine to express an opinion as long as this is stated e.g. it is my view, it is my understanding, I am of the opinion that, as long as this can be evidenced or based on previous experience or research.
- 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 Sheffield social care assessment 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 Sheffield social care assessment.
- Any recommendations will be evaluated by the case 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 a care plan. This plan should be recorded in the care plan section of the Sheffield social care assessment.
- 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.
- If the case 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 area screening team has 24 hours in which to make a decision about any actions to be taken in respect of the identified child.**
- **Initial tasks will be set by manager in a manager's action plan and this will pull through into the Sheffield social care assessment.**
- **A review date is set within ten working days of the start of the assessment. Good practice would be to review earlier and it needs to be specific and relating to the child in question.**
- **Visit child within 5 working days from allocation as a maximum, within 24 hours if section 47 concern. Best practice would suggest visit to child and family home within 3-5 working days.**
- **Maximum timescale is 45 working**
- **Child Protection initial conference will be held within 15 working days of strategy discussion and Sheffield social care assessment needs to be complete 2 working days prior to conference at latest in order to share with parents and child.**
- **Initial Child in Need plan to be in situ by 10 working days with initial child in need meeting and updated plan in place by 25 working days.**

Purpose of reviews and expectations

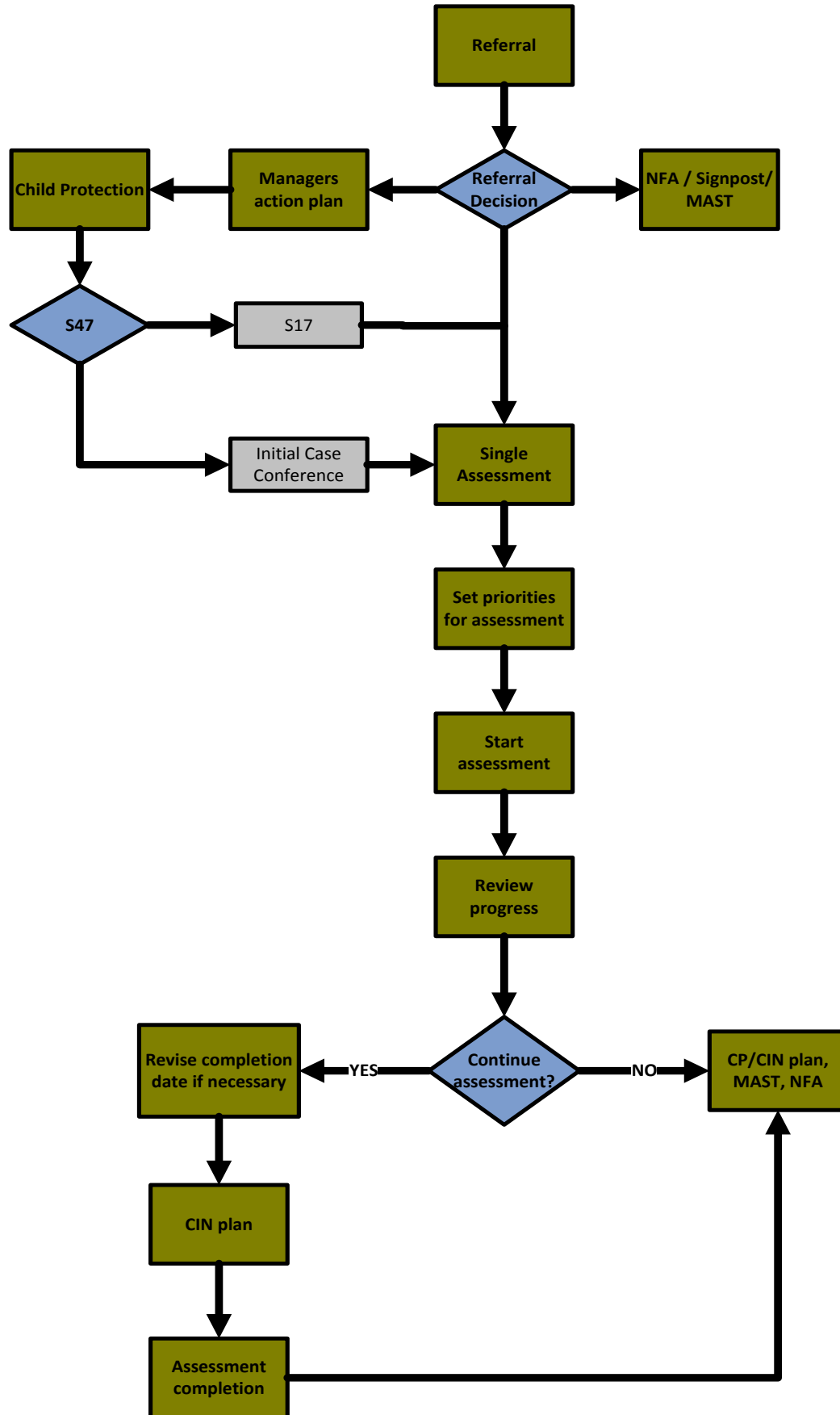
Within 5 working days (where immediate child protection concerns are identified the children must be seen within 1 working day) from the referral recommending that a Sheffield social care assessment is undertaken, the social worker will ensure that the children and family are seen and make a start on the Sheffield social care assessment with

regard to the issues raised within the referral. The initial findings and progress to date will be discussed with the manager at the review.

The manager in discussion with the social worker will decide whether the assessment is complete or whether further time for the assessment is necessary up to a maximum of 45 working days.

Where an assessment is identified as requiring more than 10 working days for completion a CIN meeting should be convened and invites sent to children (where appropriate) parents and professionals involved. Following the completion of the single assessment the CIN meeting should be reconvened and the outcome shared with professionals. Should the recommendation of the single assessment identify no further social care intervention is required the meeting should identify a lead professional as part of step down support for the child and family. Referrals to other agencies identified to support the family should be made prior to the final CIN meeting and requests made for their attendance at the review CIN meeting.

Appendix 1 – Sheffield social care assessment flowchart



Appendix 2 – The Sheffield social care assessment and analysis

