

## Assessing children and families

### An NSPCC factsheet

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Aimed at practitioners, this factsheet describes the process of assessing children and families and highlights aspects of good practice drawn from research literature and guidance.

This factsheet is relevant across the UK.

#### **Introduction**

This factsheet describes the process of assessing children and families and explores the principles which underpin effective assessments across the UK.

The following publications provide more specific guidance on assessment procedures in each of the four nations:

#### **England**

**[Working together to safeguard children: a guide to interagency working \(PDF\)](#)** (HM Government, 2013).

#### **Northern Ireland**

**[UNOCINI: understanding the needs of children in Northern Ireland \(PDF\)](#)** (Department for Health, Social Services and Public Safety: Northern Ireland, 2011a).

#### **Scotland**

**[Getting it Right for Every Child](#)** (Scottish Government, 2012).

**[National guidance for child protection in Scotland 2010 \(PDF\)](#)** (Scottish Government, 2010).

#### **Wales**

**[Safeguarding children: working together under the Children Act 2004](#)** (Welsh Assembly Government, 2006).

The **[Social Services and Well-being \(Wales\) Bill 2013](#)** is currently before the National Assembly for Wales. When this Bill is passed we can expect more clarity with regard to assessment guidance, but in the meantime, Local Safeguarding Children Boards in Wales refer to the **[All Wales child protection procedures](#)** (All Wales Child Protection Procedures Review Group, 2008).

## The purpose of assessment

Good assessments must be purposeful and timely. Practitioners need to be clear about why they are carrying out assessments and what it is they wish to achieve. This information should be shared with families from the outset.

Assessments gather information about a child and their family which will help the practitioner to:

- understand the child's needs and assess whether those needs are being met by the family and/or any services already provided
- analyse the nature and level of any risks facing the child as well as identifying protective factors
- decide how to support the family to build on strengths and address problems to assure the child's safety and improve his or her outcomes.

## The benefits of early intervention

Identifying needs early and providing help to address issues as they arise is more beneficial to a child's welfare than reacting at a later stage, when matters have reached crisis point. Professionals working in universal services (such as education, health or housing) must assess the need for early help if they are worried about a child who:

- is showing early signs of abuse and/or neglect
- is in a family facing substance abuse, domestic violence and/or adult mental health problems
- has a disability or health problem
- has special educational needs
- is taking on caring responsibilities within the family
- is showing signs of engaging in anti-social, risk-taking or criminal behaviour.

The early help assessment is usually carried out by a lead professional whose role is to support the child and family, act as an advocate on their behalf and coordinate the delivery of support services. The lead professional could be a social worker, family support worker, teacher, health visitor, special educational needs coordinator or General Practitioner (GP). Decisions about who should fulfil this role are taken in consultation with the child and their family.

To undertake an early help assessment, the lead professional should obtain the consent of the child and their family. The assessment should be child-centred and actively involve the child and family throughout. The lead professional should also have the opportunity to discuss concerns with a local authority social worker.

The main objective of assessment at this stage is to identify help to prevent a child's needs becoming more serious. Assistance offered as a result of an early help assessment may include targeted support from universal services, family and parenting programmes and help for substance abuse, domestic violence and/or mental health problems. This support is subject to regular review to ensure that real progress is being made which benefits the child.

If at any point it is determined that a child is 'in need' or suffering, or at risk of suffering, significant harm, the case must be referred immediately to children's services. Likewise, if a family does not consent to an early help assessment, the lead professional must decide whether a referral to children's services is necessary based on the family's current needs and the risk of these needs escalating (HM Government, 2013).

## Thresholds for statutory intervention

Social workers carry out statutory assessments of children if they are considered to be 'in need' or suffering 'significant harm'. Legal definitions for children 'in need' and suffering, or at risk of suffering 'significant harm' are broadly similar across the United Kingdom. For specific definitions see: the **Children Act 1989** (England and Wales), the **Children (Scotland) Act 1995** and **The Children (Northern Ireland) Order 1995**..

**Section 17** of The Children Act 1989 (England and Wales) defines a child in need as 'a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services.' Children in need include those with disabilities, special educational needs, young carers, young offenders, asylum seekers and children whose parents are in prison.

Significant harm is defined in **Section 31(9)** of the Children Act 1989 as ill treatment or the impairment of health or development. Ill treatment is defined as including sexual abuse or physical ill treatment. Health is defined as physical or mental health, and development as physical, intellectual, emotional, social or behavioural development.

Detailed guidelines on intervention thresholds are determined at local level.

### England and Wales

Local Safeguarding Children Boards are responsible for clarifying threshold decisions which are often influenced by the level of resources available, time constraints and the demand for services. Once passed by the National Assembly for Wales, the Social Services and Wellbeing (Wales) Bill will introduce a national eligibility framework in Wales.

### Northern Ireland

Intervention thresholds are set out in the Thresholds of need model (DHSSPS, 2011b) and the Family and child care thresholds of intervention (DHSSPS, 2008).

### Scotland

The National guidance for child protection (Scottish Government, 2010) sets out guidelines for identifying and managing risks to children.

## The assessment process

The 2013 Working together guidance for England lists some of the following as features of a high quality assessment:

- they are child-centred and informed by the views of the child
- decisions are made in the best interests of the child
- they are rooted in child development and informed by evidence
- they build on strengths as well as identifying difficulties
- they ensure equality of opportunity and a respect for diversity including family structures, culture, religion and ethnic origin
- and they are a continuing process, not a single event (HM Government, 2013).

## Information gathering

During the assessment, the practitioner gathers information relating to:

- the child's developmental needs

Covers: self-care skills, social presentation, family and social relationships, identity, emotional and behavioural development, education and health.

- parents' or carers' capacity to respond to those needs

The specific components of parenting capacity are: basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability.

- the impact of wider family and environmental factors on both the child's development and parenting capacity

Specifically: community resources, the family's social integration, income, employment, housing, wider family, family history and functioning.

Information is gathered by:

- seeing and interviewing the children

Professionals should make every effort to see the child on their own. The interviews should minimise distress for the child and enable them to open up. Practitioners must avoid asking leading or suggestive questions. They also need to spend time building a relationship, listening to and respecting the child's views, explaining the assessment process, and enabling them to make choices where possible (Bell, 2002; Cleaver, Walker and Meadows, 2004; Turney et al, 2011). It is also important not to overestimate the resilience of adolescents, particularly if they are difficult to engage (Turney et al, 2011).

- interviewing parents and/or carers individually; whole family assessments; and observations of parent- child interaction in a number of settings and at different times of the day.

The relationships between parents and each child in the family should be considered individually, as parents may be able to provide adequate care for one child but not for another. It is important not to ignore the role and influence of fathers within the family, even if they are not currently living with their children. Assessments also need to construct a family history, particularly any previous involvement with social services and the outcomes of this involvement for the child. This will avoid 'start again'

syndrome and wasting valuable time when assessing cases of chronic, long-term neglect (Brandon et al, 2008 and 2009; Farmer and Lutman, 2010; Turney et al, 2011).

It is also important to note how the family interacts, in particular being vigilant to signs of family disunity, poor communication, inflexibility, and animosity between the adults – these features of family functioning are strong indicators of a number of different types of child maltreatment (Higgins and McCabe, 2000; Turney et al, 2011).

When necessary, assessments also need to be informed by appropriate medical tests and specialist evaluations by experts such as speech and language therapists, child psychologists and drug and alcohol counsellors. As the process is holistic, the child and family assessment is supplemented by interviews with extended family and friends, and professionals from other sectors including health, education, housing and the police, as well as access to health, educational and criminal records.

## **Challenges and barriers to successful assessment**

Focusing on the child is an essential ingredient of effective assessments. However, in practice, this can be difficult to achieve because of the tension between needing to focus on the child but also having to build effective relationships with parents whose co-operation is vital if the process is to succeed.

A delicate balance needs to be struck to avoid neglecting relationships with parents; becoming too involved with needy adults; or getting so caught up in a family's chaotic situation that attention is diverted away from the child (Brandon et al, 2009; Turney et al, 2011). Practitioners can also meet with outright hostility or 'disguised compliance' from adults who appear to be co-operating but are not, ultimately, able and/or willing to change.

To confront these difficulties, practitioners should maintain an attitude of 'healthy scepticism' and 'respectful uncertainty' when interacting with families. They also need the time and space to reflect and discuss the situation with people who can offer a fresh perspective and challenge their assumptions and beliefs. They may receive this support from supervisors, peers or external consultants (Trotter, 2008; Turney et al, 2011).

## **Analysis of information gathered during assessment**

Assessment is not just about collecting information; it is about making sense of a large volume of facts and data which can sometimes seem unrelated or even contradictory.

From the outset, practitioners need to be mindful of why they are gathering information. They then need to analyse the material to establish which factors support and which factors undermine the child's development and welfare, and, how these various factors interact with each other. Sometimes, apparently minor issues, when brought together, can have a significant impact on the child's well-being (DHSSPS, 2011a; Turney et al, 2011).

Good assessments are also dynamic and responsive to the changing nature and level of need and/or risk facing the child. Evidence is built and revised during the assessment process. If a social worker makes a judgement early on in the case, they may often need to take action to modify their decisions once new information comes to light (HM Government, 2013).

To be able to analyse assessment information effectively, practitioners need to be equipped with the knowledge and skills to think analytically, critically and reflectively. They also need to be able to inform their judgement through multi-disciplinary liaison and knowledge of current research and evidence. Good, regular supervision will enable them to review their understanding of a case and if necessary revise their conclusions in the light of new information, shifting circumstances or challenges to their thinking (DHSSPS, 2011a; Turney et al, 2011).

## Next steps

Following completion of the information gathering phase of an assessment, the social worker must record the assessment findings, decisions and next steps.

If it is established that the child is a child in need or at risk of harm, a care plan or child protection plan is drawn up to provide support which involves adequate supervision and checks and balances. Assessment is a continuous process so changes happening as a result of interventions need to be measured and modifications to the care / child protection plan made on an on-going basis.

In some cases parents or carers will be unable to make sufficient and timely change to ensure their child does not continue to suffer significant harm or impairment to their health and development. In such cases, it may be necessary to consider separating the child from their family permanently. Find out about [care proceedings](#) on our website.

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## Related content

### Child protection topics

Information, practice, guidance and resources on different topics covering child abuse and neglect.

### Child protection system in the UK

A series of factsheets giving an overview of the process for protecting children. Covers guidelines and legislation, referrals, assessments and investigations and care proceedings in each of the UK's four nations.

## Further reading

Search the [NSPCC Library Online](#) for more information about assessing children and families.

Action for Children and the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) (2010) [The views and experiences of children and young people who have been through the child protection/safeguarding system: review of literature and consultation report \(PDF\)](#). London: C4EO.

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Further help and information

### **SSIA: Improving social care in Wales**

Promotes and supports improvement in social care in Wales. Provides advice and support on performance improvement to local authorities.

### **Care Council for Wales**

Has a leading role in making sure the workforce delivering social services in Wales is working to a high standard. This includes developing competence across the workforce in social services and childcare.

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