An exploration of the views, current practice and potential for developing a Single Assessment Framework in the West Midlands Region:

A report of findings.

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A. Background

The 14 Councils in the West Midlands commissioned a piece of work to examine the current views, progress and potential for developing a single assessment process, potentially to replace initial and core assessments in social care, and perhaps also incorporate the CAF and other specialist assessments. Carola Bennion from Beacon C&C was commissioned through the West Midlands Improvement and Efficiency Partnership to undertake this work.

The scope has included:

- Consultation with all 14 Councils in the West Midlands region on their views and progress with developing a single assessment and other relevant innovations in assessment

- Consultation of three Councils taking part in the national Single Assessment pilots – telephone discussions with managers at Cumbria and Westminster and a visit to Islington.

- Account has also been taken of new national guidance around single assessment that went out for consultation in June 2012

This report presents the findings of this work, as well as a potential draft single assessment framework to be considered and developed further by the regional working group, heads of safeguarding and heads of assessment in the Region. The report does not make specific recommendations but highlights the level of interest in developing Single Assessment in the region, how this might be achieved, and identifies the issues to be resolved.

A note on terminology: The acronym SSCA has been used to denote a "single social care assessment" – the conflation of an Initial Assessment and Core Assessment (or single assessment in Munro's terminology). This is to distinguish it from a single assessment that also integrates the Common Assessment Framework.

B. New consultation guidance: *Managing individual cases: the Framework for the Assessment of Children in Need and their Families.*

Consultation guidance was published in June 2012 by the Department for Education, with a closing date for consultation of 4th September 2012. Any formal changes are therefore not yet known. Key points in the consultation guidance are:

- The guidance is designed to supersede nationally prescribed timescales and focuses instead on the core principles which underpin good assessment. The emphasis is on face to face contact with children so that their needs can be properly understood. That in turn will allow professionals' decisions to be better informed so that the right action can be taken.

- An assessment should be a continuous process, which has the needs of the child at the centre.

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- A good assessment will analyse not only the developmental needs of the child but also the nature and level of both the risks and protective factors in the child's life. An assessment must be proportionate to the needs and the nature of any harm faced by the child.

- It remains the case that the purpose of the assessment is to inform decisions about whether a child is a child in need or is suffering, or likely to suffer, significant harm as defined in section 31 of the Children Act 1989. Local authority social workers are responsible for determining whether:
  - the child may be in need, and should be assessed under section 17 of the Children Act 1989;
  - the child requires immediate protection;
  - there is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm, and must be assessed under section 47 of the Children Act 1989;
  - any services are required by the child and family, and what types of services;
  - further specialist assessments are required in order to help the local authority to decide what further action to take.

- Local authorities with their partners must develop and publish their own local frameworks for assessment - clear, transparent arrangements for how cases will be managed once a child is referred into children's social care.

- The detail of each framework will be developed locally and must be based on timeliness, transparency and be proportionate to the needs of the child and their family.

- How quickly an assessment is carried out after referral into social care will be determined by the needs of the child and the level of any harm being suffered. This will require judgments to be made by the social worker in discussion with their manager on every case.

- The local framework for assessment must:

- use a conceptual framework to gather information, analyse it systematically and understand the
  1. child's developmental needs, including whether they are suffering harm;
  2. parents' or carers' capacity to respond to these needs; and
  3. impact and influence of wider family, community and environmental circumstances.

- provide clarity on the contributions of all agencies and professionals that will be undertaking assessments and providing services;

- be informed by other specialist assessments such as the assessment for children with special educational needs and disabled children; and ensure that any specialist assessments are coordinated so that the child and family experience a single assessment and planning process;

- regard assessment as an ongoing process which should be built upon in order to inform future plans

- seek to ensure that each child and family understand the type of help offered and their own responsibilities for being involved in the assessment and the help being offered

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- require decisions to be recorded in accordance with locally agreed procedures. Recording should include information on the child's development so that progress can be monitored against baseline information to ensure their outcomes are improving. This will reduce the need for repeat assessments during care proceedings, which can be a major source of delay.

- Local frameworks for assessing a child who may be in need must be built around the following **assessment checkpoints:**

  - Where the local authority decides it must convene a child protection conference, a further check is needed to make sure this happens in a timely manner.

  - Within one working day of a referral being received, a local authority social worker must make a decision about the type of response that is required.

  - Where a case is referred that may constitute a criminal offence, the local authority must discuss it with the police at the earliest opportunity.

  - Feedback must be given to the referrer on decisions made and action being taken. The child and family must be informed of the action to be taken.

  - The child must be seen by a qualified social worker as soon as possible following a referral, based on their assessment of the child's needs.

  - The local framework for assessment must have an internal review point set at the outset for completing assessments. This must be shared by the lead social worker with all relevant partners – cases must be reviewed by managers regularly.

C. The National Pilots

As part of this work, discussions were held with three of the national single assessment pilots: Islington, Cumbria and Westminster. Relevant information about what took place and some of the learning is incorporated into this report. In addition, some of the key findings from the Islington pilot are presented here:

Timescales:

- 25% of assessments were taking longer than 50 days (was 6% pre-pilot). Around half of these were to be expected, for example for unborn children. Other circumstances seen as less acceptable and potentially leading to drift included family resistance and large sibling groups. Many of these were reportedly attributable to a small number of workers who already have a track record of needing "chasing up".

- This is seen to demonstrate that timescales are still needed, but the ability to determine these locally and flexibility is valued. It is felt that timescales need to used pragmatically, not as a distraction, and not as an indicator of poor practice. In addition, families need to know that the assessment will have an end point.

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- Having identified the length of time some assessments were taking, the proportion has reduced from 25% to 6% through better systems to track cases and clarifying with social workers the continued need for timeliness.

Visits to families:

- The percentage of visits in the first 10 days dropped from 99% pre-pilot to 86% in pilot – this was seen to be due to pre-pilot pressure to visit at an early stage, which was not always meeting the needs of families.

- There has been no delay in moving to a S47 if needed; they are considering introducing a specific form to record this decision or a decision to close the case on case files.

- Social workers were making more visits to families during the pilot than pre-pilot (72% making three or more visits, compared with 35% pre-pilot).

Direct work with families:

- Related to the point above, assessment / planning / intervention were found to often run together, meaning a service is going in quicker once the imperative to complete an assessment is removed. They also perceive that more judgment was being made around engagement and sustainability of the family situation. There has been no change in the number of cases closing.

- They have observed that with the work being less process driven, the distinction between assessment and direct work with families has become blended.

D. Findings of consultation with West MIdlands Councils

1. Views on a Single Assessment Framework

Support for a Single Assessment Framework.
Almost without exception, West Midlands Councils expressed support for the concept of what is referred to here as a single social care assessment (SSCA), i.e. the conflation of an Initial Assessment (IA) and a Core Assessment (CA) as Munro has recommended. The term is referred to in this report to distinguish a social care assessment from the potential further integration of the Common Assessment Framework or CAF into a more fully Single Assessment.

Furthermore, there was strong support, at least in theory, for a common model across the region, or at least for all local authorities to be using the same dimensions or headings. In particular, it was felt that this would help to help where children move across boundaries from neighbouring LAs; there was also a feeling this would help in dealings with the courts. However, it was readily acknowledged that different ICS systems across the region present a huge barrier to a fully single system. The more likely solution would be to develop the greatest possible consistency whilst accepting the variations that different ICS systems will inevitably bring.

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Integration with CAF.

Most envisaged that while it might be possible for the IA and CA to become a SSCA, other assessments such as the CAF (and also where separate assessments are required, such as core assessments for the courts in support of care proceedings) would potentially be integrated rather than truly single – with each one building on another and using the same questions and language. The potential for integrating the CAF is discussed more fully later in the report.

Many were keen that information from one would be able to populate another (and be software enabled to do so), avoiding the need to repeat information and enabling the use of information already collected by others. This was referred to by one as a "golden thread" of information. The key difference between assessments would be in the level of detail, and this is where a judgment will need to be made to ensure that the right level of information is provided in each case.

It was also considered important that integration of assessments needs to allow a "step down" as well as a "step up", so that when a Child in Need or child protection case is closed, the need for appropriate step down support for sustained change can be properly assessed.

Current issues with assessment

Those consulted were seeking to address a wide range of current issues through the development of a single assessment:

- **Different forms require data inputting to be repeated:** there were several complaints about forms and systems that "can't talk to each other", and this issue extends beyond IA/CA – it includes contact and referral forms and the CAF.

- **Assessment forms are currently not "user friendly":** this is seen as an opportunity to create a more accessible form with fewer fields. Currently, where there are multiple fields with a summary required for each section, this is time consuming and complicated and can leads to large sections not being completed.

- **Having a separate IA and CA is seen to duplicate and cause delay**: many wanted to remove the distinction between IA and CA and move to a continuous process, and in particular did not want to use IA where it is clear that a CA is needed. The view was that where the assessment was progressing to S47, social workers should be enabled to go straight there rather than spend time completing an IA. This would also help in situations where other issues were identified such as parental mental health concerns or domestic violence – a "menu" of further areas for assessment could be highlighted in the single assessment. Conversely, a SSCA would avoid taking a child through a child protection route as a precaution measure to meet timescales, and then having to de-plan straight after.

- **The duplication issue is seen to be particularly acute where cases move to a S47:** writing up a separate CA, CP conference report and outline CP plan for conference is time consuming for social workers and if it were possible to move to one set of paperwork for all this, social work time would be freed up. One Council's processes involve closing down the

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first CA and opening a new standalone document after conference with a new 35 day timescale in order to avoid transferring cases mid-process.

- Following on from this, there is the potential with a single assessment, to update issues as they progress, although this would require a satisfactory means to make amendments to an existing assessment as circumstances change. Current arrangements require an assessment to be signed and dated as being the situation at the time and a new assessment to be undertaken if things change. However, the new guidance states that the local framework for assessment must "regard assessment as an ongoing process which should be built upon in order to inform future plans".

- A small number of councils raised the issue of the pressure of having to make a decision about whether to accept a referral within 24 hours and would like the opportunity to contact other professionals and perhaps undertake a "screening visit" as a more proportionate response before taking a decision to avoid an unnecessary and time consuming IA. One council felt that as many as 50% of referrals that have an IA turn out not to have needed one, and that a screening visit would avoid this. However, it is unclear whether such an approach could be seen to meet the requirement of the new guidance (as at present) that, "Within one working day of a referral being received, a local authority social worker must make a decision about the type of response that is required" – can a screening visit be seen to be a "response"?

2. Potential for integrating the CAF

There is a lot of interest in the Region in taking the opportunity to integrate an SSCA with the Common Assessment Framework (CAF) as well. This arrangement is not covered in the national consultation guidance (though there is nothing to preclude it), or the work done by the national pilots.

Most, though not all Councils would like to develop a single document that includes the CAF, or at least fully integrated arrangements for moving from one to the other ("importing" and "exporting"). The aim would be that it is capable of being completed by any professional from a range of agencies, with shared ownership and input.

Reported expansion in the use of CAFs.

This interest is part of a drive to expand the use of CAFs reported by several Councils (for example, Coventry, Stoke, Staffordshire,) as part of their Early Help arrangements. This is often in tandem with new "front door" arrangements, such as Initial Response Teams designed to increase CAFs and reduce referrals to social care and IAs. As part of this, there is a desire to update the language of the CAF and integrate it into a Single Assessment in line with a whole child's journey as one process, with a plan travelling with the child.

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- **Telford & Wrekin** are launching Family Connect (initial phase Sept - Dec 2012, full launch Jan 2013), a first point of contact multi-agency hub, which will include a triage arrangement and social worker staffed safeguarding helpdesk. Through this arrangement, a child might be referred for a CAF or IA to the Community Social Work team, the Child Protection team or other teams and professionals such as the Disabled Children's Team. This arrangement is felt to make both a "step up", e.g. if the CAF shows cause for safeguarding concern, and a "step down" easier.

- **Herefordshire** are expanding their use of CAFs to provide a broader multi-agency view earlier. This is partly to reduce the number of CAs (they have found that only 17% of CAs have had a CAF). From September 2012, they are not accepting a social care referral without a CAF having been undertaken first unless there is serious risk of harm. Their response will be to refer for a CAF within the required 24 hours. Increased use of the CAF promotes the notion that all agencies are involved, with social care coming in to address safeguarding issues and then leaving. All agencies are reportedly committed to integrating both processes and professionals so they work better together, and avoid duplication for the family.

- In **Walsall**, IAs and LAC numbers have reduced as CAFs have doubled through the use of their Child and Family Support Framework – moving resources from Level 3 to Level 2.

Perceived advantages of integrating the CAF with a SSCA:

- Where the use of CAFs has increased, it was reported that their content is currently not always well used for IAs, as IT systems are not integrated, and working practice does not encourage it.

- Currently, converting CAFs to IAs is so time consuming that some reported it does not always happen, which can lead to drift.

- A single framework would address the issue of duplication, where one agency starts a CAF at the same time as social care is starting an IA (including for different siblings).

- It is more family friendly if families don't have to give the same information several times.

Some expressed a view that the same domains and headings would work well for both, that the "triangle" domains could be used at the CAF level, and some authorities have done some work on this:

- **Solihull** have developed First Co-ordinated Response, an assessment that combines CAF, IA, and an inter-agency referral form. The Core Assessment remains separate. This provides a single document that can be completed by any Children & Families professional, social worker, health visitor, youth worker, school or family support worker. They are looking to develop an electronic system (not the ICS) to be shared by all agencies which can be used to populate a multi-agency chronology.

- **Walsall** are developing an approach through which all early data is collected through CAF and transferred to an IA where necessary rather than duplicating information requests. As part of this they are developing common headings for CAF, IA and CA.

- **Stoke on Trent** is undertaking work to identify what needs to be recorded on statutory assessments so that their Team around the Family assessment and CAF can be amended to be consistent.

Issues for resolution if the CAF process is to be integrated into a Single Assessment

One of the key reasons that some Councils did not see integration of the CAF into a Single Assessment as an option was issues around information sharing across agencies, and there do appear to be different views on this across the West Midlands.   Whilst some saw big opportunities for joint ownership and promotion of multi-agency working here, a minority of Councils saw real issues in putting the CAF together with assessment for social care. Issues identified that would need to be resolved were:

- Some perceived issues of "ownership" of the assessment, with different agencies having different reasons for initiating a CAF; sometimes the CAF holder is looking at something very specific (although it might be reasonable to challenge such a CAF as not sufficiently holistic)

- Culture and working practice across agencies does not always encourage an integrated approach, and different IT systems across agencies may also present problems

- Undertaking a discrete social care assessment can dispel anxiety around thresholds, so there will need to be clarity with a Single Assessment around decisions that a social care threshold has been reached

- Some felt the information required for each was very different, making it difficult to merge the two, e.g. that a social care assessment requires more evidence of need for social care, and that assessment of risk is what makes it different from a CAF. However, others felt that the CAF headings could integrate well with the domains of a SSCA – that the questions were similar and that the sometimes different emphasis, e.g. more detail about education with a CAF, could be easily accommodated

- The multi-agency nature of CAF both in terms of completion and service response, compared to social care assessment. A culture change may be needed to accompany any change here so that everyone understands the value of all agencies working together. A view was also expressed that a single assessment to which all agencies contribute should not lead to multi-agency meetings such as Team Around the Child being seen as unnecessary

- CAF is about the family whereas a social care assessment is focused on the child

- Family consent is needed for a CAF (and S17 IA), but where there are child protection concerns, the best interests of the child becomes paramount, and parental consent is not required - so there are issues to be resolved in using or sharing information gathered under different permissions

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- And finally, the biggest issue identified was that of developing secure arrangements for accessing data if the CAF is integrated with an SSCA, and this issue is discussed in further detail below.

Integration with CAF requires a data secure electronic system.

There were mixed views on whether data security was an insurmountable problem or not. Some Councils saw the need for a secure firewall to prevent inappropriate sharing of safeguarding information with other agencies as a significant barrier to integrating the CAF with an SSCA. Those who saw it as viable and desirable agreed that developing a data secure means of multi-agency electronic input and access was necessary, but felt it was quite possible to achieve. For example, there was the suggestion that CAF be placed within the ICS, with provision for permissions to change so other agencies become excluded if the assessment moves forward to a non-voluntary SSCA.

In Telford & Wrekin, an IT (CRM) system is currently under construction as part of their Family Connect initiative, which will link to their ICS. The system will be operational in around two years. All agencies will be able to access CRM but only safeguarding professionals will be able to see the data past a threshold. At the point of data input, "sensitive" or "non sensitive" must be selected; where data is "sensitive", permission must be obtained for it to be shared. Those involved believe this will mean that where an SCA is required, there will already be considerable information collected that will be relevant – enabling a more timely response, and more time to focus on direct work with families.

They have also piloted a scheme that brings together the CAF with the Children's Development Centre (CDC) Assessment for children with complex needs into a single assessment. Where children come below the threshold, information is saved to a different system; where they progress to needing social care, the information can be progressed seamlessly onto the ICS system.

A less radical compromise suggestion for migrating data upwards was to have a final page on the CAF indicating what has pushed the situation into requiring an SSCA, and for that single page to be forwarded to social care. This would, however, mean that information in the rest of the CAF could not be used.

E. How a single assessment framework and locally determined timescales might work in practice.

1. Timescales
The consultation guidance states that the local framework for assessment must have an internal review point set at the outset for completing assessments, and that this must be shared by the lead social worker with all relevant partners – cases must be reviewed by managers regularly.

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Despite a view that currently there is too much focus on them, people were keen to retain timescales, and saw the potential for drift without them. There are two key aspects to setting reasonable timescales – first, to avoid too much time being spent on assessment, and second, to start direct work with the family and retain a child centred focus. Both help to avoid drift.

An initial perception prior to the publication of the new guidance was that perhaps there would be no requirement to work to timescales. There is support for determining timescales locally, and a maximum is seen to be needed to avoid drift. People wanted maximum flexibility within agreed timescales to enable tailoring to each family's needs.

Taking a maximum of 35 days was generally seen as reasonable, as several of the national pilots have done, and there was interest in Westminster's approach of holding discussions at 15 days (see below), which can be seen as a means of achieving both flexibility **and** accountability.

The consultation guidance also states that local frameworks must be built around a number of further indicative assessment checkpoints, so these will also need to be taken into account as local approaches develop:

- Where the local authority decides it must convene a child protection conference, a further check is needed to make sure this happens in a timely manner.
- Within one working day of a referral being received, a local authority social worker must make a decision about the type of response that is required.
- Where a case is referred that may constitute a criminal offence, the local authority must discuss it with the police at the earliest opportunity.
- Feedback must be given to the referrer on decisions made and action being taken. The child and family must be informed of the action to be taken.
- The child must be seen by a qualified social worker as soon as possible following a referral, based on their assessment of the child's needs.

There will need to be a technical solution to the recording of these timescale checkpoints; ICS systems can monitor some timepoints during the process and set up alerts to social workers and team managers. Timescale monitoring will still be important but can no longer be seen as the critical dimension as the longstanding national timescale PIs have been, and it will need to be accompanied by an analysis of circumstances surrounding longer timescales, in order to ensure that there has not simply been unnecessary drift.

How three of the National Pilots have approached timescales

Westminster

- Introduced a discussion about the IA at 15 days, following a draft analysis. The discussion is about – will we aim to have this completed by 20 days or not? This has been the main change they have made, and the timescale flexibility allows them to do that.

- Discussions at 15 days are diaried in automatically, and content should be recorded and available in case notes (though they have found that has not always happened – needed a clear system for ensuring case note was being recorded and in right place)

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- Sometimes discussion is purely about what the timescale for completion will be. Sometimes they have decided to have a further discussion with a family member of other agency to get more information and where this is indicated, they are not constrained from doing this by prescribed timescales.

- This flexibility has reportedly freed up the whole process so they can get the right level of information to make the right decision in each individual case

- At the same time, they are holding themselves accountable and monitoring potential drift by a) having the 15 day meeting, and b) then setting a timescale either for completion or for further review. Removal of the IA/CA distinction helps too as they are not constrained by having to reach an initial early conclusion where more information is required, and they do not have to complete an IA just in order to start a CA

- They have set themselves a timescale of 35 days as a limit – they see this as reasonable and only 4% of assessments have gone beyond this.

Islington:

- Have not removed timescales completely and see this as too great a culture change; much anxiety was reportedly expressed by social workers at the prospect of losing them.

- They have introduced a 10 day limit by when a child must have been seen, but have not required that a report be produced by then. There is an overall time limit of 45 days to complete assessments, and any not completed by then are reviewed by the social worker and social worker together.

- The timescale is recommended to change to 35 days, as 45 has been seen as too long. The concern has been about how to manage drift and ensure that 45 days (or 35) used as a maximum for exceptional cases, rather than the time that all cases can take.

- Using an IT tracker to alert when timescales are approaching limit.

Cumbria:

- Have remained compliant with 15 day timescale from referral to CP Strategy meeting; they are using the timescale dispensation for S17 CAs

- Each SW has a case list which is used in supervision – date started, planned completion date agreed with family; the manager then authorises this timescale. It is expected that this commitment will be kept; if there is any deviation, it is a matter for supervision to explain why the timescale has gone beyond. Team managers are expected to report on any assessments going beyond 35 days, based on their professional judgment and that of the social worker.

- They see 20-30 days as approx. timescale for having a plan if the assessment is to be of any real value.

- Their performance system records assessment duration by team on a monthly basis.

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2. Developing the professional judgment of social workers

One of Eileen Munro's key recommendations is to remove bureaucracy so that social workers can spend more time with families. Too much time assessing does not leave enough time for planning and intervention, whereas a proportionate assessment process will enable social workers to move on to planning and direct work more quickly.

The move recommended by Munro is away from prescriptive assessment forms and timescales and for social workers to move to more reflective practice. There was strong support for social workers developing their professional judgment and analytical and reflective skills. Currently it is felt that many social workers use description but not analysis in their assessments, and that there is a need to develop these skills and approach to assessment. It was considered that a move to a less structured narrative assessment with fewer specific headings would help social workers get straight to the analysis (perhaps with guidance as required on what is expected against each).

Moving decision making to a competent front line can cut out delays caused by decisions passing up and down to senior managers. In some cases it was felt that social workers were unwilling to be held accountable for a decision and avoided this by recording long description instead of their own judgment. There was a suggestion that social workers should themselves enter onto the assessment any decisions taken with their manager to reinforce that the decisions are their responsibility. This will require a huge shift in professional culture, and greater trust and use of supervision, which may well take some time.

Training will be important here and some Councils are already engaging with this. Sandwell have done work to improve the quality of analysis and reflective practice, and have introduced an aide memoire to help with this - using prompts as a "stepping stone" until training is embedded and a culture change achieved.

National pilot examples:

Islington: Social workers are required to complete the Decision and Further Action section with ratification by the Team Manager – the aim is to ensure social workers develop a view and this represents a culture change. Training has been provided on analysis and decision making.

Cumbria: Took 14 months of the pilot to arrive at their SA form, as they saw the accompanying culture change required as critical, especially to move social workers away from thinking in terms of choosing between a brief or an in-depth assessment. Their message was that paperwork alone will not achieve this.

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3. Possible effect on team structures

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in addition to cultural change, some changes may be required to team structures along with the introduction of a Single Assessment, particularly if it incorporates the CAF. Some structures have different teams for the "front door" and for social work, and within social work, different teams for child protection. It may be that there would be benefits in re-working this if there is no longer to be a distinction, and therefore a transfer point, between the IA and CA. If the CAF is integrated too, there may be further implications; a social worker might for example join the TAF.

National pilot example: Islington
Assessment teams hold all cases throughout assessment up to the 2nd LAC review or court, with no distinction between CIN, CP or LAC pre-permanency.

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4. Implications for ICS Systems

Clearly these changes will have implications for specifying new requirements to ICS Providers. The ambition to develop a truly single assessment across the West Midlands authorities is probably precluded by the fact that there is such a range of different ICS systems use. There are, however, likely to be advantages in Councils with the same systems working together to agree on a new specification to accommodate the move to a single assessment. Systems in use across the region are provided below:

Birmingham	CareFirst (OLM)	
Coventry	Liquid Logic (Protocol)	Forms not considered family friendly
Dudley	Northgate	Piloting new version with hidden drop down boxes. Expected to include templates that permit Councils to enter their own headings, without altering elements required for DfE data returns.
Herefordshire	Framework i (Core Logic)	
Sandwell	Northgate	
Solihull	CareFirst (OLM)	
Shropshire	CareFirst (OLM)	
Staffordshire	SAP	Will be replacing
Stoke	CareFirst (OLM)	
Telford & Wrekin	Liquid Logic (Protocol)	
Walsall	Paris	Do not consider system fit for purpose; may be changing
Warwickshire	CareFirst (OLM)	
Wolverhampton	N/R	
Worcestershire	Framework i (Core Logic)	Framework I is developing a single assessment (providers for LB Wandsworth). Mosaic is next generation Framework I,

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		likely to be live next year, WCC will bring in once moved to single assessment.

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F. How a Single Assessment form might look.

1. Some key principles

In terms of the form itself, a number of principles were seen as desirable:

- **Broad dimensions to encourage narrative and analysis**

There was a strong agreement with the spirit of Munro that the assessment format should encourage and enable a good quality of reflective thinking amongst social workers. A narrative approach was favoured against a number of broad headings and an emphasis on analysis. Although some social workers are seen to have become "de-skilled" in analysis and to find it easier to rely on subheadings and tick boxes as prompts, this is seen to impede the reflective and analytical process. A solution might be hidden drop down boxes containing guidance questions on what to include in each section that does not remain on screen or appear on printed versions. This might provide reassurance to some social workers initially without interrupting a narrative flow. This idea was popular**.**

One issue which is seen to be partly responsible for the current "tick box" approach is that data required for Department for Education returns and safeguarding PIs is embedded into the forms, prohibiting the separation of information and configuration of different content for different purposes, which Councils would like, for example to produce family friendly versions. Several people said they would prefer separate data inputting for returns so assessments and plans can best suit their purpose.

There was a general support for the principle of retaining the three domains which currently make up the triangle in the Assessment Framework, and this continues to be recommended in the new guidance.

> **National pilot examples:**
>
> **Islington:** Paperwork contains one box for each of the three domains. The analysis section includes risk, with some guidance questions included from Signs of Safety.
>
> **Cumbria:** Assessment contains the three domains, linked to a stripped back ICS, to encourage the plan to "speak to" every agency.

- **Provision for flexibility around the level of detail provided**

There was a wish to have a single assessment that is proportionate, allowing the focus of the assessment and the level of detail provided to match individual circumstances, and for this to be determined as need emerges during the course of the work with families. Certain core data will always be needed, and the rest will be a matter of individual judgment, in order to be able to take a decision about the right course of action.

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- **Family friendly**

People were keen that the format should be as "family friendly" as possible, and having a narrative under broad headings unhampered by lots of instruction once printed off was seen to go a long way towards this. Enabling the assessment and report to be one document was also felt to be more family friendly. Family friendly assessments were seen as more likely to engage parents in appreciating the issues present within their family circumstances that might be impacting on their child(ren).

- **Assessment and report to be one document**

A preference was expressed for the assessment and the report to be one document, with an update after each meeting. Some also wanted the assessment form to act as a referral form into other services as appropriate, although there are indications that OFSTED may not like this approach.

- **Scope for updating**

Scope for updating assessments would be valued – currently additional time is spent undertaking a new CA if circumstances change - the assessment is structured so that information is "locked down" once completed as new information would be indistinguishable from original information and so could distort judgments made. A facility to update the assessment whilst preserving the distinct times information was recorded might be explored, or failing that, the ability to pull through data from previous assessments into new ones.

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2. Risk assessment

There were differing views on how risk assessment might be addressed with a single assessment. Some felt that the three dimensions in the "triangle" do not include risk assessment and that this has to be considered alongside, although others saw an assessment of risk as intrinsic to the whole process.

Views on how to address this varied:

- Some wanted to continue using a tool such as Signs of Safety alongside the assessment, although there were mixed views about this tool, and it has reportedly attracted criticism from both the Department for Education and Munro, as well as requiring a license to use. However, those who use Signs of Safety were very satisfied and saw it as a good way of engaging families in the risks in their situation. Warwickshire have developed a bespoke risk assessment which they also find highly effective and would wish to retain in any new arrangements.

- Others had used the "assessment diamond" developed by Martin Calder which is also a licensed system requiring training to use and provides a "4th domain" of resilience and risk. Again, users liked this system and reported that it was well received by Ofsted (though not the Department for Education). Users felt it made the report to case conference easier for all to understand, including the family, and were keen to retain its use.

- A third view was that risk assessment is incorporated into the IA and CA already and that protective factors and risks should be identified through its use, with a separate risk assessment unnecessary. These people wanted a single assessment to follow the same principle regarding risk assessment.

3. Potential headings for a single assessment

This final section provides an initial attempt to incorporate the views offered across the Region during this piece of work into a possible assessment format. Although there has been considerable consistency in the Region, there have also been some differences, as this report has set out.

Some of what is set out here might be "hidden" from screen view in drop down boxes.

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Single Assessment

Preamble to include: If at any time during the course of this assessment you are concerned that a child or young person is at immediate risk of harm you must refer the case to….

1. Child(ren) details

- Name
- DOB
- Address
- Telephone / mobile
- Who has Parental Responsibility: Name, Relationship, Address

- Ethnicity
- Religion
- First Language
- Gender
- Disability

- Is this a Private Fostering Arrangement: If yes please refer case for a Private Fostering assessment
- Household Composition: name plus relationship, care/contact responsibilities with the child/ren
- Significant Adults outside of the Household: name plus relationship care/contact responsibilities with the child/ren

2. Assessment arrangements

- Details of Person Leading this Assessment, Agency
- Start date
- Completion date
- Persons/Agencies contributing to this Assessment
- Assessment requested by: parent / child / practitioner?
- Consent: Has the parents or young persons' consent been given:

If N0 – the assessment will require voluntary engagement of the parents and information sharing between agencies.

- Professionals involved, agency, role, contact details

Reason for assessment

OPTION: reason for CP conference

(link significant current events with previous history)

3. Child(ren)'s and family situation

- **Summary of child and family history**, including any previous or current professional involvement, list of agencies involved *(full chronology may be OPTIONAL depending on complexity of historical events and multi-agency involvement),* any Court Proceedings

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current or past that have resulted in an order on the child or adult (*e.g. Contact Order, Residence Order, Anti Social Behaviour Order, Youth Offending involvement*)

- **Child / young person's development needs** – set out key areas of outstanding need where applicable: *[drop down box prompting areas within this dimension: Health, education, emotional and behavioural development, identity and social development, family and social relationships (including contact), self care / independence skills development].*
- **Parenting Capacity -** set out key areas of outstanding need where applicable: *[drop down box prompting areas within this dimension: basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, stability, additional needs of parent/carer to support/develop parenting skills to meet child's need].*
- **Family and Environmental Factors -** set out key areas of outstanding need where applicable: *[drop down box prompting areas within this dimension: family history and functioning, wider family, housing, employment, family's social integration, community resources].*

4. Involvement of child or young person in this assessment

- *How can you demonstrate the child's needs are at the centre of this assessment? How has the child participated?*

5. Parents Views & Needs

- *Outline the information shared by the parent(s) that they feel impacts on their ability to meet the needs of their child/ren*
- *Additional views of extended family and relevant others who have a significant level of care or contact in the child/family life*

6. Overall how are things for the child / young person now?

Child view

Parent / carer view

Professional view

(at time of each assessment and again at each review)

7. What needs to change and why?

Summary of risk and outcome of assessment

Include here an analysis of the current situation, strengths and protective factors, what is going well / not going well / needs to change and how, seriousness of different needs and how they impact on achieving positive outcomes for the child [e.g. vulnerable due to the behaviour of others (for example, bullying, abuse, neglect, exploitation), vulnerable due to own behaviour (for example self-harming, risk-taking, substance use, offending etc.]

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8. Decisions and recommendations

e.g.: further action, referrals and services required

- Views of Parent on the decisions and recommendations
- Views of Young Person on the decisions and recommendations.

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