

# Single Assessment and Plan Practice Guidance

October 15



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## INTRODUCTION

In North East Lincolnshire the Children's Partnership Board is committed to shifting resources towards greater prevention and early intervention. Our aim is to reduce the demand for specialist services by preventing children growing up and experiencing complex family issues such as domestic abuse, mental illness, substance misuse, crime, anti-social behaviour and poor aspirations for their future.

We aim to identify children and families with high risk factors and low protective factors and provide support at the earliest opportunity with an effective and more personalised service. It is North East Lincolnshire Council's vision that all services will use the signs of safety approach and restorative practice as the building blocks of how we practice and meaningfully engage with families

## Model of Assessment

We have adopted the single assessment and plan as a holistic, multi-agency model of assessment. This model is consistent with the Framework of Assessment and incorporates the signs of safety approach as the mechanism for the assessment of need for children, young people and families.

The process is consistent with Working Together procedures in North East Lincolnshire and supports a common language and understanding across professionals and families. It places the need to listen to children, young people and families at the heart of every assessment.

The Single Assessment is a tool which supports professionals to identify clearly what they are worried about in terms of that child/rens well-being. It is directly linked to statutory assessments and uses the same language and model regardless of level of concern.

If a professional has immediate concerns regarding the safety of a child, and believes that this child might be suffering, or may be at risk of suffering, harm. In such instances, you should follow your Local Safeguarding Children Board (LSCB) safeguarding procedures without delay. If you are unsure what to do, contact your local safeguarding team, MASH (Multi Agency Safeguarding Hub)

Tel: (32)5555

The Single Assessment and Plan can be used for a number of different purposes, these include:

- Referral to the Family Hub
- Referral to Early Help Services
- Referral to Social Care

This can also be used as a tool by single agencies as a way of planning and supporting families within their own service.

If you require support in completing a Single Assessment and Plan (SAP), please contact the Families First Access Point or the Single Assessment Duty Team on **01472 326292 (option 5)** to see if a SAP is already in place. If not, then inform them that you are initiating a single assessment and plan and they will offer you support and guidance at what threshold this case will need support.

## INFORMATION ABOUT THE FAMILY COMPOSITION

*Section 1 – Page 1*

*Initial Meeting with the Family*

*This section relates to the family dynamics, e.g. who lives in the home?*

- **Surname, given names information** – to include any other names that the adult/child may also be known by.
- **Date of Birth (DOB) & Expected Date of Delivery (EDD)** – include expected date of delivery if known
- **Parental Responsibility (PR)** – Does this person have parental responsibility? If so please indicate
- **CCM Number and Capita Number** – Include this if previously this case has been open case to either Children Services or CAF.
- **Ethnicity** – refer to the codes on page 6
- **Religion** – If known
- **Disability** – Details of disability if known
- **First Language** – Details of primary language spoken by child or subject
- **Educational Setting** – Details school, day-care setting or childminder
- **Family address** – Where do the family currently live? This must include the postcode. Space is provided on individual forms to give further information on transient children
- **Telephone no.** – what is the best number to contact the family on?

## DETAILS OF PERSON UNDERTAKING THIS ASSESSMENT

*Section 1 – Page 1*

- **Current Agencies Involved** - It is essential to the process that you include information on agencies that are currently working with any family members and also information on agencies that you know of who have previously worked with the family. Also detail if you have consulted with these agencies when completing this assessment. This will support the pulling together of the TAF for any multi-agency meetings.

All of section 1 pages 1-6 should be completed by the person who has initiated the single assessment.

# HOW TO COMPLETE A GENOGRAM

## Section 1 – Page 2

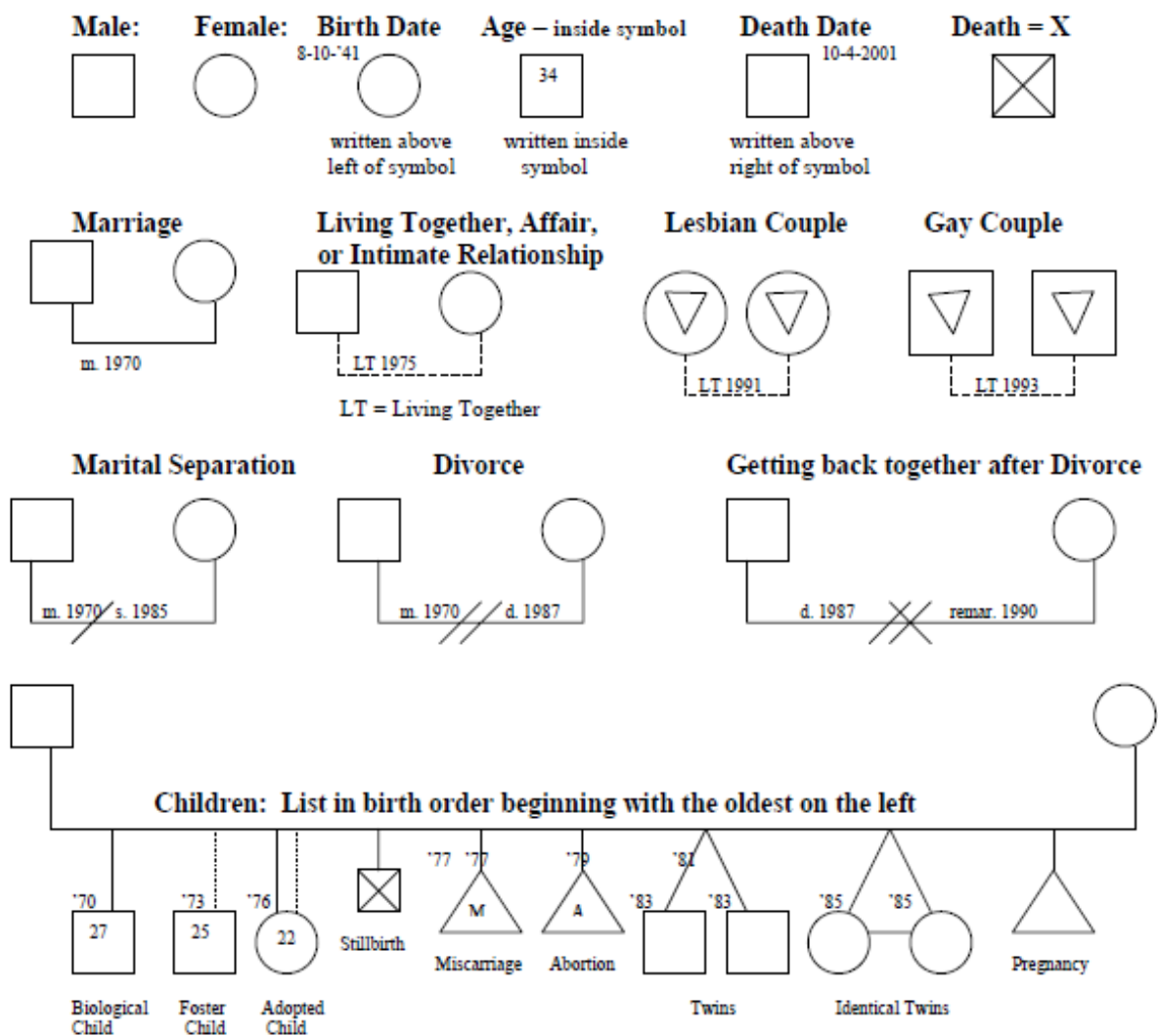
When completing a genogram we need to consider the wider family network including those individual who are friends but are supporting the family unit.

This could include;

- estranged parents
- step siblings
- new partners
- grandparents
- friends
- aunts and uncles
- anyone who support or visit the household

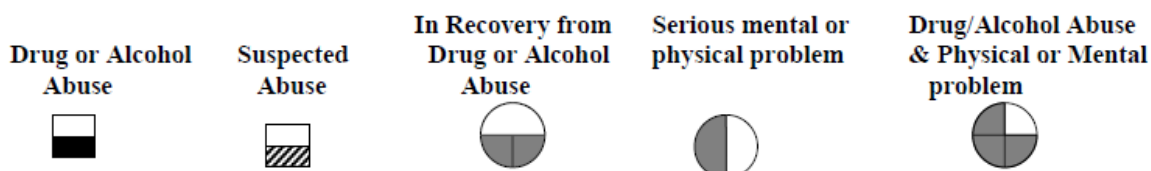
Ensure that you gain as much information about them as possible, this may include them having parental responsibility for a child/young person

## Basic Genogram Symbols

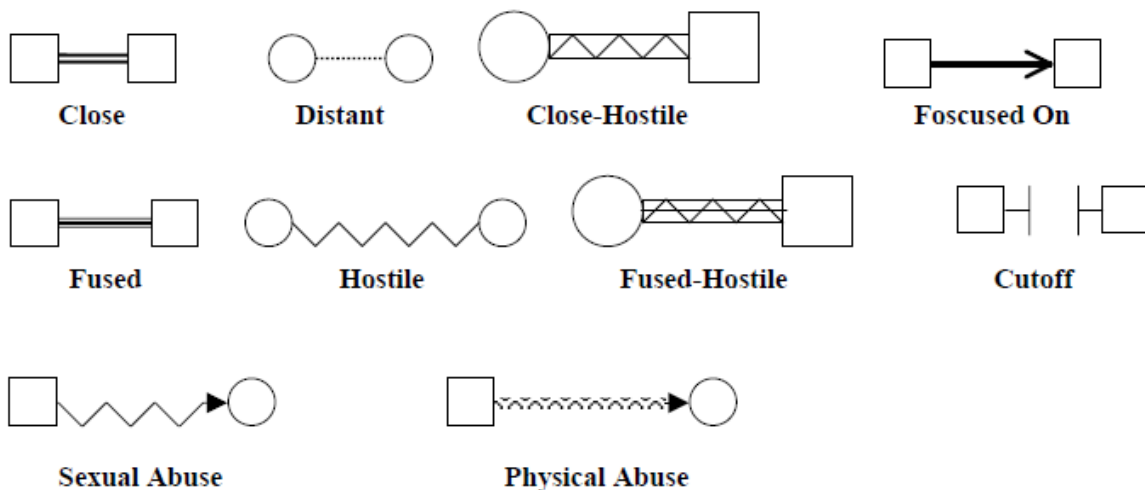


- Two people who are married are connected by lines that go down and across, with the husband on the left and the wife on the right.
- Couples that are not married are depicted with a dotted line.
- Children are drawn left to right, going from the oldest to the youngest.

## Symbols Denoting Substance Misuse and/or Mental Health Problems



## Symbols Denoting Interactional Patterns between People



## HOW TO ELICIT THE BEST INFORMATION REGARDING A CONCERN

Section 1 – Page 3 - The best question format supports practitioners in asking the best question when working with a family. In order to understand the situation/issue fully we have provided you with a best questions format, this format will support your completion of page 3. See Best Question Format Below:

WHAT ARE YOU WORRIED ABOUT?		WHAT IS WORKING WELL?	
HARM / WORRY – What are we worried about and what is the impact on the Child		SAFETY – Tested and Proven behaviour which has reduced the worry / kept the child safe – Time when the child was protected in the past	
Best Questions	Additional Prompts for Panel Members to Consider	Best Questions	Additional Prompts for Panel Members to Consider
<ul style="list-style-type: none"> <li>○ What are we worried about</li> <li>○ What has been the behavior that has caused this?</li> <li>○ What has been the known impact of this?</li> <li>○ Has there been any harm - What is the worst effect of the harm so far?</li> <li>○ How often has this happened?</li> <li>○ Have there been any triggers to this</li> </ul>	<ul style="list-style-type: none"> <li>○ What do Health and Education Professionals say- what is their evidence to support this?</li> <li>○ What does the child say?</li> <li>○ What does it look like from the child’s perspective</li> </ul>	<ul style="list-style-type: none"> <li>○ Who or what is keeping this child safe right now? How do you know they are safe?</li> </ul>	<ul style="list-style-type: none"> <li>○ Has there been a time when a child was going to... (<i>issues linked to worry</i>)... but stopped?</li> <li>○ Has there been a time when mum/dad have successfully managed the worry?</li> </ul>

WHAT ARE YOU WORRIED ABOUT?		WHAT IS WORKING WELL?	
COMPLICATING FACTORS		STRENGTHS	
Best Questions	Additional Prompts for Panel Members to Consider	Best Questions	Additional Prompts for Panel Members to Consider
<ul style="list-style-type: none"> <li>○ What has happened, what did the referrer/ SW see to make them have a worry about this child? How do they know this?</li> <li>○ What are the behaviors that pose a risk to this child? How do you know?</li> <li>○ When did you start to have a worry?</li> <li>○ Is there anything in this child's or family's life that is making this harder to deal with.</li> </ul> <p>NB for closures: these questions must be asked because if they still exist with no strengths or safety it is highly unlikely that this case can safely step down.</p>	<ul style="list-style-type: none"> <li>○ When did worry/ issues start to become a concern</li> <li>○ Was there anything that triggered this</li> <li>○ What is making this situation hard? What would others say?</li> <li>○ What is it that concerns you? (what does that look like, what do you think might happen?)</li> <li>○ Do you have any concerns in respect of worries for the siblings?</li> </ul>	<ul style="list-style-type: none"> <li>○ What has been done to address the worry? How did this help?</li> <li>○ Has there been a time when things were a bit better? What was different? How was this achieved?</li> <li>○ Who are the people that support this child / family? If so please provide details (<i>information should be mapped on the genogram/eco map</i>)</li> <li>○ Are you aware of anybody who is able to offer immediate support to this child/family? (<i>information should be mapped on the genogram/eco map</i>)</li> </ul>	<ul style="list-style-type: none"> <li>○ Who has been helping the child to address the concerns?</li> <li>○ Tell me about the best ways that parents have managed this?</li> <li>○ How worried are the parents about this issue</li> <li>○ What's the best advice that mum would give to another parent if they were in a similar situation? Can they recognise and reflect on the worries?</li> <li>○ What are the best ways that mum/dad are trying to/ have address the concerns?</li> <li>○ What are the best ways they are managing the other children? (i.e. if the worry is child specific</li> </ul>



## WRITING YOUR WORRY/DANGER STATEMENT & SAFETY GOAL

A Worry/Danger Statement clearly states in understandable, simple language, descriptions of worry/danger. These are the most critical statements to get and can be developed from your “What are we worried about” “What’s working well” columns.

Without danger statements written in language that everyone, both professional and family can understand, we are unable to clearly articulate in simple language the worries we have about the child/ren.

Focus this questioning around the simple questions, using the best questions format - i.e:

**‘What are you most worried may happen to the children in the future?’**

For example: ‘i.e. The Family Support Worker and the PCSO are worried that Child 1 (use names) and Child 2 will get really scared and may be hurt again if Dad and Mum continue to use drugs so much that they can’t look after the children and give them the everyday care they need.

To connect the worker’s sense of the danger to family members’ worries ask questions like:

‘What would the parents/children/extended family members say they are most worried will happen to the child(ren) in the future?’

‘What would they say you are worried about?’

When you have the content pretty much done, you often need to re-work and re-write it again to make it make sense. At this stage ask yourself is this worry/danger statement in language that the family members can understand?

**Example of good practice danger statement to be linked**

### The Family/Safety Goal

The Family/Safety Goal is the agency’s ‘bottom-line’ statements that must be addressed for the case to be able to be closed and there be no more worries. This should be written in simple and clear language that all family members can understand

**Example of good practice Family/Safety Goal to be linked**

## SCALING QUESTIONS:

Throughout the assessment there are three steps: Gathering information, analysing information and reaching a judgment.

The Worry/Safety scale in the Single Assessment and Plan, seeks to help professional think through all the information and make a judgement based on the worries specifically outlined in the Worry/Danger Statement.

Worry / Safety Scale	
<b>0</b> ←	→ <b>10</b>
The child is certain to get harmed or harmed again / we are so worried we need to get an outside agency	The child is safe / we do not have any worries
Please scale how concerned you are about the child (directly related to the worry / danger statement(s)). <i>Consider the child's and parents perspectives.</i>	
Please provide you reasons for scaling: <i>In relation to the worry/danger statement record the team around the family's concerns and scaling?</i>	

On a scale of 0 – 10, where 0 means the situation for these children is so bad you feel that there are safeguarding risks and a referral for children services needs to be completed. Or 10 where you have no concerns for this child/ren, where would you rate the situation right now?’

We can also use scaling questions with families and children, exploring the strengths, and worries of a case. i.e. Ask scaling questions around issues identified in the Danger/Worry Statement

‘On a scale of zero to ten, where would you rate your relationship with your mums boyfriend, ( your mother, your child etc.) Where 10 is you can talk openly with them about problems you may have and what is good in your life and you can talking together positive aspect of your life and get encouragement, but zero is you have no relationship with that person at all and they won't even talk to you, where would you rate your relationship with them?’

Scaling Questions can also be used in supervision with your line managers –

On a scale of zero to ten, where would you rate your relationship with this father (mother, child etc.) Where 10 is you can talk openly with them about the problems and what is good in their life and are talking together about what can be done about the problems, but zero is you have no working relationship with that person at all and they won't even engage with you, where would you rate your relationship with them?

'Where would they rate their working relationship with you?'

**Remember:** a good working relationship is key to good outcome! No working relationship, no change! So spend time on this area.

It is important that when scaling we are able to clear state our reasons for scaling, related to the danger statement.

## TROUBLED FAMILIES CRITERIA

The Troubled Families Programme national programme which is an important part of the councils support framework for families. In order for us to identify those families who may need more intensive support from the Early Help Team we will need to consider the following criteria and tick which families meet these.

If the child or young person is involved in crime or anti-social behaviour <input type="checkbox"/>	If the adult or young person is out of work, at risk of worklessness, or at risk of financial exclusion <input type="checkbox"/>	If the adult, child, or young person has a health problem or a range of health problems <input type="checkbox"/>
If the child or young person; is not attending school regularly, has been excluded, is home educated, has been presented at the Behaviour and Attendance Collaborative (BAC), or attends an Alternative Provision <input type="checkbox"/>	Child is assessed as needing early help, a Child in Need, subject to a Child Protection Plan, Looked After, reported as missing, at risk of Child Sexual Exploitation (CSE) or Harmful Sexualised Behaviour (HSB), or a young carer <input type="checkbox"/>	If a person in the family is experiencing or perpetrating domestic violence/abuse <input type="checkbox"/>

## INFORMATION SHARING AND CONSENT

Ensure that the child/young person/adult understands the process and knows who the information on this form will be shared with. Have them sign the assessment to agree that they understand and give their consent.

## PLAN TOGETHER DATABASE

Each local authority has a legal requirement to collect information about children and young people with special needs and disabilities. This is so they can monitor, plan and provide services that meet the needs of those children and young people. Plan Together is the tool that is used to collect this information. By signing this consent, details of the family will be passed to the Plan Together Co-ordinator and their details will be entered onto the database. The family will be contacted on an annual basis to record the views/perceptions of their journey through local services. It is a legal requirement of all Local Authorities to have a record of these families.

## DECISION RECORD

A decision will be made at any multi-agency meeting as to the threshold of each case and the named lead who will support the coordination of the plan. If Step up to MASH is selected please complete section 3 of the single assessment

## FAMILY PLAN

### Effective Family Planning

Developing an effective family plan using the Signs of Safety approach is designed to create a proactive, structured and monitored process that provides parents, children extended family members involved in services with a genuine opportunity, to demonstrate that they can provide care for their children in ways that improve their families situation.

Professionals often believe they have a family plan in place when what they actually have is a list of services family members must attend. It is a mantra of the Signs of Safety approach that a service plan is NOT a Family Plan. A Family plan is a specific set of agreements and arrangements that describe how the family will go about and live its everyday life that shows everyone, the professionals, the family's own supporting people and the children that the issues outlined in the danger statement will be managed.

### Preparation

In early help services when we consider planning for a family it usually consists of the professionals assigning various services to address the issue. However when family planning we need to ensure that families are at the heart of identifying what action they need to take to improve the family situation and be proactive in leading on this. This is not to say that the family would not need additional services to support them but it is essential that professionals work with and help families to find solutions to their problem rather than immediately offering services without considering the families capacity to manage the situation within itself.

### **Straightforward, Understandable Description of the Concerns**

Beginning the Family Planning Process depends on professionals being able to articulate the worry they see for the children in clear, simple language that the parents (even if they don't agree) can understand and will work on with the professionals. Clear, commonly understood danger statements are essential since they outline issues that the family plan must address.

### **Family/Safety Goals**

The Family/Safety Goal is the agency's 'bottom-line' statements that must be addressed for the case to be able to be closed and there be no more worries. This should be written in simple and clear language that all family members can understand

### **The Family Network**

The Network is a group of people identified by the parents who can assist them in caring for the children and support implementing the family/safety plan.

Where a family network is required these people must also be fully informed about the concerns and their role within that.

The family/safety plan must have rules/actions that address particular stressors, triggers or issues. These might include parents and network must identify means and rules for:

- How a couple will deal with conflict to avoid violence.
- How a parent will deal with depression, or high level anxiety or other mental distress/illness and still make sure the children are well cared for whatever their mental state.
- How a young parent will meet her needs to have fun and 'party' and also make sure the children are well cared for when doing so.
- That the parents must decide how they will deal with the issue of use of drug or alcohol. Whether the plan will be a sobriety plan or a plan where if the parents use others are involved to make sure the children are or okay or a plan where the parents can manage their use so they can still
- provide good care of the children.
- How the parents will deal with particular stressors such as anniversaries of previous traumatic events such as the death of a previous child, dealing with critical extended family members, dealing with stressful times of day etc.
- How parents will deal safely with the children when they display the worst of their behaviour (this is particularly important if children have behavioural problems, mental health problems, developmental delays that create management challenges).
- Services that the parents or family members must attend. How the network is going to support that attendance.

Developing a family plan can be done either directly with the family, if they do not need a network to support their issues, In a multi-agency meeting or by holding a Family Network Meeting. If the family identify people who support them then it is always best to hold a family network meeting. The agenda for this is contained within the practitioner guidance.

## REVIEWING CASES

The family/safety plan is now in place and the family network are clear about what their roles and responsibilities are within that plan. The family are aware that the effectiveness of this family/safety plan is regularly reviewed, in Cluster Allocation Review Meetings, TAF Meetings and in Practitioner Supervision. The network may also include some professionals whose role is to ensure that the effectiveness of the family/safety plan is monitored and support families to achieve this, whilst also being clear about their responsibility to report any concerns or incidents which directly impacts on the child/rens safety.

When reviewing case we should always consider the original danger statement and safety goal, these are our book ends of the case and guides to see progression, we need to consider whether the family/safety plan is being effective and whether we are moving away from the original worries and towards the safety goal. It is essential that all of those (including the whole family network) re-scale using the worry/safety scale at this point.

### VOICE OF THE CHILD

- Bring forward the child's perspective through the Three Houses and other direct work tools and ensure these are shared with the Families Network/TAF meeting

### REVIEW DECISION (repeat at regular intervals)

- Worker & supervisor review judgment and planned action
- Group review in group supervision may be appropriate when the case is unclear, the trajectory is uncertain, or it is unusually complex
- Review effectiveness of the safety plan

### Partnership working (repeat at regular intervals)

- Talk with partners and share information
- Professionals score the issues as outlined in the danger statement in relation to the trajectory of the case.

### GATHER INFORMATION, ANALYSE, PLAN

Is the family/safety plan effective, do more meetings with network need to be held to gather information and develop a *safety plan* for the longer-term. Is the safety goal being achieved. Does the case need to step up or step down from this threshold?