

# WARRINGTON Borough Council



## Combined Assessment- Guidance for Template for partners and stakeholders

### 1. National legal framework

Working Together to Safeguard Children 2013 states “safeguarding children the actions we take to promote the welfare of children and protect them from harm is everyone’s responsibility. Everyone who comes into contact with children and families has a role to play”

Legislation requires partners to work together to promote the welfare of children and young people:

- Children Act 2004- Section 11
- Education Act 2002 Section 175
- Childcare Act 2006 Section 40
- Police Reform and Social Responsibility Act 2011 Section 1(8)(h)
- Housing Act 2004 Part 1
- Crime and Disorder Act 1998 section 38
- Borders, Citizenship and Immigration Act 2009 Section 55

### 2. What is the Warrington Combined Assessment?

The Warrington combined assessment replaces initial and core assessments and has been developed in compliance with the work of Munro and Working Together to Safeguard Children 2013. The combined assessment is a single assessment record which can be used to deliver any type of assessment including for example:

- Pre-birth assessment
- S47 enquiry
- Child in need assessment
- Assessment section for a court report for the issue of proceedings
- Child in care assessment

The social worker will lead on completing the assessment, but it is a partnership assessment. Your contribution is vitally important to the delivery of a comprehensive assessment. Partners will be able to support this process with written submissions that can be incorporated into the Combined Assessment Record Report.

This template can be used to support the delivery of your written submission, including your robust professional analysis, grounded in theoretical and empirical evidence from your professional perspective. You should let the child or young person and their family know that you are contributing to the assessment.

It will be helpful if you gather your evidence within the context of the three domains outlined in the Framework for the Assessment of Children in Need.



### 3. Analysis from your professional perspective:

If you use this template you will need to consider all the sections from your professional perspective. You will contribute your evidence from this perspective including your professional analysis of the evidence

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- Health professional – what has been the child or young person’s past health history. How long have you known the child/ young person? When have his/her health needs been met / not met by their family during the time you have known them? Which of the child’s needs are not being met and what level of risk does this present? What are the likely consequences for the child if the current circumstances continue - short term and long term? What are the child's views, wishes and feelings? Identify possible interventions that might help to achieve positive outcomes
- Educational professional – How is the child or young person presenting now in school/ nursery etc? Do they relate to their peers? Are they meeting expected educational outcomes? What are the child's views, wishes and feelings? What are the likely consequences for the child if the current circumstances continue - short term and long term? Identify possible interventions that might help to achieve positive outcomes

Your written submission should be written as a coherent professional analysis. You can use bullet points and you should keep it concise, accurate and relevant. Please use the headings in the template, so that the social worker can organise the assessment record clearly.

**Factors you might need to consider from your professional perspective when contributing to a combined assessment (you do not need to cover all of the bullet points under each heading)**

#### **4. Child young person's developmental needs.**

- Child or young person's past history - how long have you known the child/ young person? When have his/her needs been met / not met by their family during the time you have known them?
- How is the child or young person presenting now? What are their self care skills? Quality of relationships in family (parents, siblings, wider family) and with friends? Behaviours of concern.
- What is life like for the child or young person (past and present), what is their story and lived experience? What are the child's views, wishes and feelings?
- Child or young person's developmental needs – (health, education, physical, motor cognitive, language and social) and attachments assessed and commented on against expected norms.
- Identity – Consideration and impact of age, disability, ethnicity, faith or belief, gender identity, language, race and sexual orientation.
- Risks are identified with your judgement about the level of risk and how this can be reduced?
- Comment on any assessment and help you have provided including effectiveness of impact/improved outcomes.

#### **Examples**

**School** - Child X is 7 years old and in Yr 2.

- In Yr 2 the children are tested in Reading, Writing and Maths and Science via Teacher Assessment as part of the statutory SATs (Standard Assessment Tasks). Child has scored below average in all areas (level 1 and expected level is level 2)
- Attendance is 80% and Child X is often late. Different people collect her from school (mum grandmother, dad and mum's sister) but we do know them all.
- Child X has few friends (but we think this is because she is shy) and needs a lot of reassurance from her teacher that she is doing the right thing. She thrives with this attention.

- Child X is usually well dressed and clean. She loves participating in Christmas, Easter and Eid ul-Fitr festivals and enjoys the days when we have “food from other countries” lunches.

It is our view that Child x is not meeting her educational potential and it is a risk that if this is not addressed she will continue to fall behind. She is bright and keen to learn but can often seem worried or pre occupied and this can get in the way of her learning.

**Mental Health social worker** – Child X has been present when I have visited late afternoons (after school). When her mother is tired and unwell child X seems quiet and occupies herself and watches TV. At other times I have seen Child X and her mum showing each other affection.

## 5. Parenting Capacity

- Have you met both parents? Past history of your involvement of parents
- Are the parents separated? Does the absent parent have contact?
- Parent’s ability to meet the child’s or young person’s basic care needs.
- The quality of emotional warmth, ability to keep their child safe or support their child to achieve their potential with appropriate stimulation. Do they attend parent’s evening or health appointments?
- Parents’ ability to set reasonable boundaries, guidance and provide stability.
- Parents’ ability to make sustained changes to meet child or young person’s unmet needs.
- Identity - Consideration and impact of age, disability, ethnicity, faith or belief, gender identity, language, race and sexual orientation.
- Knowledge of parental drug or alcohol misuse, mental ill health or domestic violence (past and present).
- Risks are identified with your judgement of their level and how these can be reduced.
- Quality of any assessment and help you have provided including effectiveness of impact/improved outcomes.

## Examples

**School** - Child X’s parents clearly love her. Her father attends all parents’ evenings and is keenly interested in her progress. Child X tells us that he reads to her when she is at his house. We have seen Child X’s mum hug her and talk to her when picking her up from school or bringing her in. We think that Child X worries about her mum especially when she is ill and we would like to talk to mum about how we can help with this and reassure Child X when this happens. However when we have asked mum to stay to talk or tried to arrange a meeting she seems to avoid contact and always has somewhere else she needs to be.

**Mental health social worker** - Adult community mental health services have been involved with the mother for 18mths. She experiences stress, fixed beliefs,

psychotic and paranoid symptoms which can be managed with medication but progress is up and down. She self harmed as a teenager and had 2 admissions to Hollins Park in the last 18mths. When she is well Child X's mum shows great affection for her daughter. However staff at Hollins Park noted that when Child X was brought by her dad to see her mum in hospital, Child X seemed anxious about her mum coming home, kept asking if she was alright and was tearful when leaving and clingy to her father.

## **6. Family and Environmental Factors**

- Your knowledge of parents' history (their childhood and experience of being parented, past relationships current relationships). Do you have contact with wider family?
- Is the family part of the community or isolated?
- Are parents employed, and levels of income, debt? How has this impacted on the child or young person?
- Have you seen the home? Have the family moved a number of times?
- Risks are identified with your judgement about the level of risk and how this can be reduced.
- Comment on any assessment and help you have provided including effectiveness of impact/improved outcomes.

## **Examples**

**School** - We know little about the parents' background. The family are clearly supported by extended family (as shown by others who help out with collecting Child X) We think risks can be greatly reduced if we could meet with mum and know when she is unwell so that we can reassure and support child X. We think a little extra tuition will also help Child X reach her full academic potential.

**Mental Health social worker** - Child X's mum has benefitted from work with the Adult Mental Health social Worker and cognitive behaviour therapy techniques. This has helped her understand how her thinking was affecting her feelings and to consider ways that this could be changed. Any repeat of DV will have a significant impact on her health and this risk can be reduced if parents can work better together.

## **7. Finally.....**

Remember to be thinking about the things you can do to support the family as part of the partnership plan.