



Llywodraeth Cymru
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Social Services and Well-being (Wales) Act 2014

Part 3 Code of Practice (assessing the needs of individuals)



Part 3

The Code of Practice on the exercise of social services functions in relation to Part 3 (Assessing the needs of individuals) of the Social Services and Well-being (Wales) Act 2014.

Issued under Section 145 of the Social Services and Well-being (Wales) Act 2014.

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Preamble

1. This Code of Practice is issued under section 145 of the Social Services and Well-being (Wales) Act 2014 (“the Act”). Local authorities, when exercising their social services functions, must act in accordance with the **requirements** contained in this code. Section 147 (Departure from requirements in codes) does not apply to any **requirements** contained in this code. In addition, local authorities must have regard to any **guidelines** set out here.
2. In this code a **requirement** is expressed as “must” or “must not”. **Guidelines** are expressed as “may” or “should/should not”.
3. This Code of Practice contains guidance on the duties contained in sections 19-29 of the Act and the Care and Support (Assessment) (Wales) Regulations 2015 made under section 30 of the Act (“the assessment regulations”).
4. This Code of Practice on assessment is fundamentally linked to the Code of Practice on eligibility, as both codes are critical to the design and delivery of the new system for accessing and delivering care services.
5. References to personal well-being outcomes and personal outcomes within codes of practice under the Act should be taken to have the same meaning.

Purpose

6. This code sets out:
 - A process for assessing the needs of an individual for care and support, or support in the case of a carer.
 - A process of assessment that will apply to all people – children, adults and carers.
 - A process of review and re-assessment that will apply to assessments.
7. Underpinning these changes is the need for more effective arrangements that are used and understood by all practitioners in their work with individuals. Ensuring that practitioners work with people to identify what matters to them, and identify their strengths and capabilities is central to the system. Improving these arrangements locally and getting greater consistency of practice across Wales will help drive the right care, at the right time, in the right place.

8. This Code of Practice:

- is about working in partnership with people and their carers to build on their strengths and understand their needs, to support and enable them to live full lives and maintain their well-being -
- supports people's right to have respectful conversations about their well-being, and to take a full part in decisions about their care.
- simplifies and minimises administrative burdens so people get better services and better outcomes. Practitioners will be able to spend more time working directly with people to better understand their needs and act earlier in helping them.
- supports practitioners to exercise their professional judgement working in partnership with people to agree solutions that are in the best interests of the individual.
- will drive integrated practice and will shape relationships between practitioners, and between practitioners and the individuals they support. It will lead to improved outcomes for individuals; a motivated workforce and raise public confidence in their dealing with health and social care practitioners.
- describes how a local authority, working with their communities and with their health and third sector partners, should ensure they have integrated assessment, care and support planning and review arrangements, which support the wider agenda and the broader integration of social care and health care provision.
- describes how the process of assessment can focus both on people's needs and on their strengths, and support people to contribute to their own personal outcomes.

Context

9. The Act provides the statutory framework to deliver the Welsh Government's commitment to integrate social services to support people of all ages, and support people as part of families and communities. It will transform the way social services are delivered, primarily through promoting people's independence to give them a stronger voice in decisions about them and more control over their lives. Integration and simplification of the law will also provide greater consistency and clarity to people who use social services, their carers, local authority staff and their partner organisations, the courts and the judiciary. The Act promotes equality, improvements in the quality of services and the provision of information people receive, and a shared focus on prevention and early intervention.
10. The Act introduces changes to the way in which assessments are provided for all individuals and families and the way in which assessments are provided for the support of carers. The aim is for greater consistency of practice across Wales and more proportionate application of assessments to enable people to receive the help that they need while minimising administrative burdens.

11. The purpose of an assessment for care and support is to work with an individual, carer and family, and other relevant individuals to understand their needs, capacity, resources and the outcomes they need to achieve, and then to identify how they can best be supported to achieve them. At the core of this is a conversation about promoting independence and development by maximising people's control over their day to day lives and helping address difficulties or problems which are stopping them achieving this. It is essential that people are enabled to identify their own personal outcomes, and how they can achieve those outcomes.
12. This is a model of assessment and care planning that requires the assessment process to start with the person themselves and understand their strengths and capabilities and what matters to them, and how their family, friends and local community play a part in their life to help them reach their personal outcomes. It is consistent with the principles that underpin the Mental Capacity Act 2005. It is an approach to assessment and care planning that recognises that needs can be met not only through the provision of services but through active support and assistance to enable people to meet their own needs. For example, by assisting people to access local services themselves or supporting people to develop the skills and confidence they need.
13. An individual must feel that they are an equal partner in their relationship with professionals. It is open to any individual to invite someone of their choice to support them to participate fully and express their views, wishes and feelings. This support can be provided by someone's friends, family or wider support network.
14. The dedicated Code of Practice on advocacy under part 10 of the Act sets out the functions when a local authority, in partnership with the individual, must reach a judgement on how advocacy could support the determination and delivery of an individual's personal outcomes; together with the circumstances when a local authority must arrange an independent professional advocate. Professionals and individuals must ensure that judgements about the needs for advocacy are integral to the relevant duties under this code.

1. Assessments

The Duty to Assess

15. A local authority must offer an assessment to:

- **Any adult** where it appears to that authority the adult may have needs for care and support:
 - A local authority must assess whether an adult does have needs for care and support and if so, what those needs are.
 - The duty applies in relation to adults who are ordinarily resident in the area and to other adults in the area, regardless of the level of need for care and support and the level of the adult's financial resources. The assessment must focus on the outcomes the adult wishes to achieve in his or her daily life and the extent to which the provision of care and support, preventative services, or the provision of information, advice or assistance, could contribute to the achievement of those outcomes.
 - The assessment itself must be proportionate to need and involve the adult and where feasible, the adult's carer.
- **Any child** where it appears to that authority that the child may have needs for care and support in addition to, or instead of, the care and support provided by the child's family.
 - For the purpose of the trigger for the duty to assess the needs of a child, a disabled child is presumed to need care and support in addition to, or instead of, the care and support provided by the child's family (see section 21(7) of the Act).
 - A local authority must assess whether a child has needs for care and support and if so, what those needs are. In carrying out the assessment the local authority must assess the developmental needs of the child, and seek to identify the outcomes that the child wishes to achieve (to the extent it considers appropriate having regard to the child's age and understanding), and the outcomes that the persons with parental responsibility for the child wish to achieve in relation to the child (to the extent it considers appropriate having regard to the need to promote the child's well-being). There must be an assessment of the extent to which the provision of care and support, preventative services or the provision of information, advice or assistance could contribute to the achievement of those outcomes.
 - The duty applies in relation to children that are ordinarily resident in the area and to other children in the area, regardless of the level of need for care and support and the level of financial resources of the child, or any person with parental responsibility for the child.

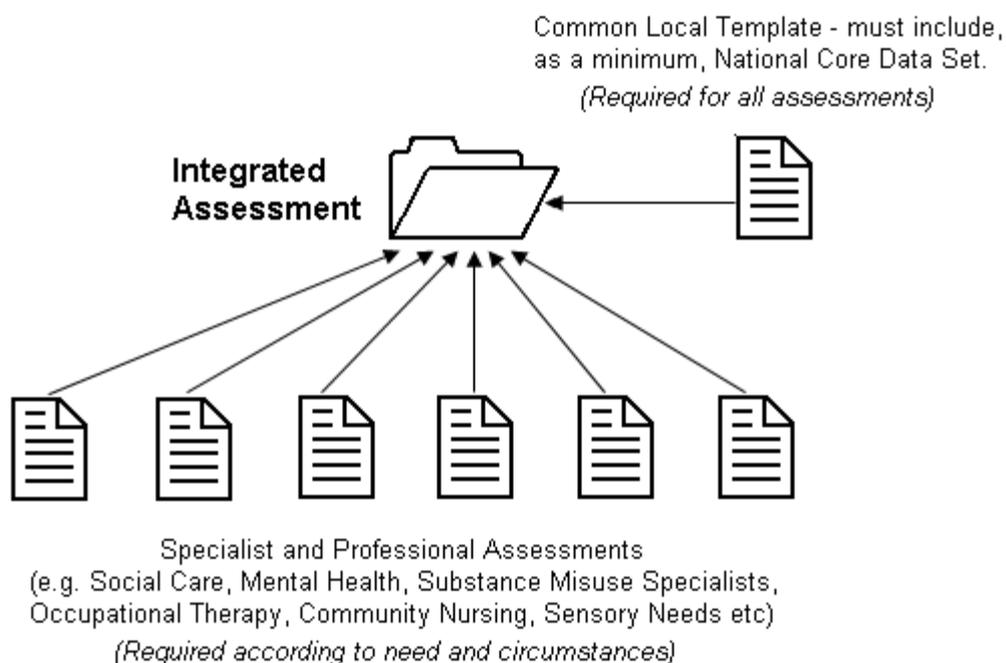
- The assessment itself must be proportionate to need and involve the child and any person with parental responsibility for the child.
- **Any carer** where it appears to that authority that the carer may have needs for support:
 - A local authority must assess whether the carer has needs for support (or is likely to do so in the future) and if they do, what those needs are or are likely to be. A carer is defined in the Act as a person who provides or intends to provide care for an adult or a disabled child. In general, professional carers who receive payment should not be regarded as carers for the purposes of the Act, nor should people who provide care as voluntary work. However, a local authority can treat a person as a carer even if they would not otherwise be regarded as a carer if they consider that, in the context of the caring relationship, it would be appropriate to do so. A local authority can treat a person as a carer in cases where the caring relationship is not principally a commercial one.
 - The duty is triggered if it appears to the local authority that a carer may have needs for support. The duty to assess applies regardless of the authority's view of the level of support the carer needs or the financial resources he or she has or the financial resources of the person needing care.
 - The assessment must include an assessment of the extent to which the carer is able and willing to provide the care and to continue to provide the care, the outcomes the carer wishes to achieve both in terms of themselves and, if a child is the carer, the outcomes the person(s) with parental responsibility for that child wish(es) to achieve for them and the extent to which support, preventative services, or the provision of information, advice or assistance could assist in achieving the identified outcomes. The local authority must involve the carer and where feasible the person for whom the carer provides or intends to provide care in the assessment.
 - The assessment also must have regard to whether the carer works or wishes to work and whether they are participating or wish to participate in education, training or leisure activities. If the carer is a child, the assessment must have regard to his or her developmental needs and the extent to which it is appropriate for the child to provide the care. This should lead to consideration by the local authority of whether a child carer is actually a child with care and support needs in his or her own right and who therefore should be assessed under section 21 of the Act.
 - If the carer is a young adult carer aged between 16 and 25 the assessment must include an assessment of any current or future transitions the carer is likely to make into further or higher education, employment or training and have due regard to what the young adult carer wishes to participate in.

The Assessment Process

16. Any individual or family with a care and support need has a right to an assessment on the basis of that need and the assessment undertaken should be proportionate to the request and/or the presenting need. Therefore a local authority must enable practitioners to provide an assessment process that reflects the extent of the care and support needs being presented, such that the depth and detail of the assessment and care and support planning process is appropriate to the individual's needs.
17. The assessment starts from the presumption that an adult is best placed to judge their own well-being.
18. Effective assessments are valuable experiences in themselves as well as being the catalyst for helping get the care and support an individual or family need. The assessment should build a better understanding of someone's situation, identify the most appropriate approach to addressing their particular circumstance, and establish a plan for how they will achieve their personal outcomes. The assessment process should be based on the principles of co-production ensuring that it involves a relationship where practitioners and individuals share the power to plan and deliver support together, and recognising that all partners have vital contributions to make in helping to meet identified personal outcomes.
19. The assessment process will often start when a person accesses the information, advice and assistance service. Access to an assessment should not be restricted to being accessible through this service alone.
20. Further detail about the information, advice and assistance service is available in the Code on part 2 of the Act. Under this service it is only the provision of information that does not require some sort of assessment. If advice and/or assistance are given an assessment of a person's needs will have taken place.
21. An assessment can be undertaken by a single practitioner where that practitioner would not need additional specialist advice or assessments to determine eligibility.
22. The practitioner should undertake an assessment that is proportionate to the needs and circumstances but a completed assessment should at a minimum record the core data and take into account the five elements to determine eligibility.
23. An individual must feel that they are an equal partner in their relationship with professionals. It is open to any individual to invite someone of their choice to support them to participate fully and express their views wishes and feelings. This support can be provided by someone's friends, family or wider support network.
24. The dedicated Code of Practice on advocacy under part 10 of the Act sets out the functions when a local authority, in partnership with the individual, must reach a judgement on how advocacy could support the determination and delivery of an individual's personal outcomes; together with the circumstances when a local authority must arrange an independent professional advocate. Professionals and individuals must ensure that judgements about the needs for advocacy are integral to the relevant duties under this code.

25. Where the assessment is of the care and support needs of a child, the child must be seen. This includes observation of the child and communicating with the child in an age and capacity appropriate manner. The assessment must address the central or most important aspects of the needs of a child and the capacity of his or her parents or caregivers to respond appropriately to these needs within the wider family and community context.
26. An assessment may conclude that, immediate needs having been met, a more comprehensive assessment is required and the further assessment can be undertaken by a single practitioner with further information from other sources.
27. It will often be the case that where a more comprehensive assessment is required, an assessment of care and support needs may need to comprise a compendium of one or more professional assessments which will supplement the minimum data required in the national assessment and eligibility tool, which is set out in more detail later in this Code.
28. Each of these assessments may be from a particular professional discipline and designed to suit the specific assessment task of that professional discipline. This diagram illustrates this:

Elements of an Integrated Assessment



29. More comprehensive assessments may sometimes involve several stages or discussions to establish a full understanding of the person's needs and the outcomes they wish to achieve. They may also involve seeking the views of other professionals where their involvement does not constitute an assessment.

30. Where required to ensure that the assessment process meets the principles set out in this Code of Practice, the local authority must involve in the assessment someone with specialist skills, knowledge or expertise. Where this is the case the local authority must decide whether to consult an appropriate specialist and then have regard to the outcome of such a consultation in carrying out the assessment or whether the assessment itself should be carried out by someone with such specialist skills, knowledge or expertise. This requirement is set out in regulation 3 (2) and (3) of the assessment regulations. Where a specialist assessment has been carried out, the presumption is in favour of the expert opinion in cases where the expert and generalist practitioner do not agree.
31. When an assessment of the needs of a deafblind person is required or requested, it must be carried out by a specifically trained person/team, equipped to assess the needs of a deafblind person - in particular to assess the need for personal contact and social interaction, assistive technology; support with mobility; communication; emotional well-being; habilitation/rehabilitation learning skills for life and future needs.
32. The need for a more specialist assessment to be undertaken must not prevent or delay appropriate services being provided.
33. If a more specialist assessment is required it is likely that the needs are more complex in nature. As a result a local authority must ensure that there is minimum delay in completing the specialist assessment so that a care and support plan can be progressed quickly and should consider whether it is appropriate to put interim support in place.
34. A timely response to a child's needs is vital; completion of a comprehensive assessment within 42 working days of referral (a requirement set out below under the additional considerations for children) should not take precedence over an analysis of what is happening in the child's life and what immediate action is needed, however difficult or complex the child's circumstances.
35. The process of assessment must recognise the reality of fluctuating needs and capacity and be responsive to changing circumstances. In practice this recognition of fluctuating needs may require that the individual's circumstances are considered over such period as is necessary to establish an accurate indication of the level of need. This must not lead to a delay in support.
36. The person, and people involved, should be kept informed of the progress of the assessment and expected timescales for completion of the assessment process.

Combining needs assessments and other assessments

37. A local authority may combine a person's needs assessment with the needs assessment of his or her carer if it considers it would be beneficial to do so. However, the local authority may only do so if valid consent is given by or in respect of those persons. The Explanatory Notes to section 28 of the Act provide more detail on the meaning of valid consent and the circumstances in which the requirement for valid consent may be dispensed with.

38. In order to avoid the duplication of assessments under different legislation being carried out separately, a local authority may carry out a needs assessment under the Act at the same time as it carries out an assessment under other Acts or at the same time as another body carries out an assessment under other Acts. In such cases, the local authority may carry out the assessment on behalf of or jointly with the other body. In cases where the other body has arranged for the other assessment to be carried out jointly with another person, the local authority may carry out the other assessment jointly with the other body and that other person.

Accessibility

39. The local authority's approach to assessment and eligibility must be clearly communicated so that all people can understand how to access an assessment, what is involved in an assessment, how it will be undertaken, who will be involved and what it means for them. There will be occasions where, because of their particular needs, people will need additional support to ensure that they understand what is available to them and how to access support.
40. A local authority must ensure that deafblind people are able to access specifically trained one-to-one support workers, where this is required.

Lead Practitioner

41. A designated lead practitioner must be named and lead the assessment process. This named practitioner will be responsible for liaison with all other practitioners involved in the assessment of the individual and/or family. They will draw in additional specialists as required; act as a focus for communication for different professionals and for the individual or family to make sure that information is recorded correctly and that the core data set (see below) is made available to the person; and ensure that any problems or difficulties in the co-ordination or completion of an assessment are resolved.
42. The assessment coordinator can also be the named care co-ordinator referred to in the code of practice on part 4 of the Act. If the co-ordinators differ both should liaise on the planning, delivery and review of care and support.

Who should be involved?

43. In addition to those requirements set out in the section on the Duty to Assess (above) and with the agreement of the person concerned¹ the authority should involve, where appropriate, the following people in the assessment:
- any person whom the person (or parent in the case of a child) asks the local authority to involve;
 - other practitioners/ professionals who have undertaken or will need to undertake a related assessment;
 - other practitioners/ professionals with expertise in the circumstances or needs of the person concerned;
 - in the case of an adult who lacks the capacity to decide who to involve, any person authorised to make decisions about the individual under the Mental Capacity Act 2005; or

¹ or the parent or person with parental responsibility in the case of a child, or any person duly authorised to make decisions on behalf of a person who lacks capacity to agree

- any other person, including carers, whom the local authority considers to have sufficient involvement in the care or support arrangements for the person.

Assessment Requirements

All practitioners undertaking assessments must be suitably skilled, trained and qualified in undertaking assessments. This requirement is set out in regulation 3 of the assessment regulations. Appropriate levels of qualification for undertaking these activities include:

- **either** a registered social work or social care practitioner holding a professional qualification at level 5 or above
 - **or** a person holding a social care qualification at level 4 or above, which includes knowledge and skills undertaking person centred assessment, under the supervision of a registered social work or social care practitioner.
44. A local authority will also need to be satisfied that all staff undertaking these activities have the skills, knowledge, and competence to work with children and young people, adults and carers, as appropriate.
 45. Local Authorities should work with their partner local health boards and NHS trusts to agree arrangements across the local health board footprint area for delegating practitioners to undertake assessments for care and support.
 46. Local authorities must have due regard to the United Nations Conventions and Principles listed below when exercising functions in relation to an individual. Guidance on the requirements to have due regard are described in the Code of Practice in relation to part 2 of the Act.
 - United Nations Principles for Older Persons
 - United Nations Convention on the Rights of the Child
 - United Nations Convention on the Rights of Disabled People
 47. Information relevant to the individual must be correct, consistent and shared safely and appropriately.
 48. The individual, carer and/ or the person with parental responsibility are asked to consent to information collected for the purposes of the assessment being shared between relevant practitioners, and that the reasons for this are clearly explained to them.
 49. The process must be well co-ordinated and proportionate to the individual's need.
 50. Unless there is an agreed reason (with individual or family) for them not to be present, an individual must always be at their own assessment. Careful consideration should be given to the appropriateness of a child attending an assessment particularly in the case of younger children. Further guidance on assessing children is included at Annex 2.

It should be the individual's choice as to whether family or friend or carers or advocate should be at an assessment or otherwise consulted as part of the assessment process.

Welsh Language Requirements

52. The assessment process must recognise the concept of language need and practitioners should ensure that the active offer principle is embedded in practice. This means that the local authority should be proactive in its approach and the individual should be asked which language they would prefer at the beginning of the process. This will ensure that they are able to receive services in their own language throughout the process of identifying and meeting care and support needs. Language is an integral element of the care that people receive and it is the responsibility of the local authority to deliver appropriate services which includes meeting users' linguistic needs. Only by doing this can they provide care that is safe and effective. Therefore assessments should be conducted through the medium of English or Welsh as appropriate to the individual or family concerned. The requirement for an assessment to be in the medium of Welsh should not delay the process.

Common Principles for Assessment

53. A local authority must ensure that all local and specialist assessment arrangements comply with the overarching duties in sections 6 and 7 of the Act (see the Code on part 2) and also consider the following principles:
- before undertaking any assessment, practitioners consider whether or not the person whose needs are being assessed would benefit from the presence of a carer, family member, friend or advocate.
 - the assessment is timely and responsive to the urgency of the individual's needs.
 - provide information on accessing advocacy support where this is required to enable the individual to be an equal partner in the process.
 - the role played by unpaid carers, parents, partners and other family members in an individual's care and support is recognised, and these are appropriately supported and recorded.
 - while families, carers and cared-for people may wish for their needs to be assessed together, it may be that some of the assessment of their needs may better be done separately. Decisions to go against people's wishes in this respect are made with a clear and recorded rationale of acting in the best interests of the individual whose needs are being assessed.
 - the process of assessment must be designed around the needs of the adult or child whose needs are being assessed; this includes the environment where the assessment takes place, the documentation used and the methods of communication employed.
 - practitioners must be alert to any risk or harm to the individual or to others – including others in their care. Assessment and care and support planning will explore the possible responses to those risks and agree approaches to risk management and/or mitigation.
 - in line with the Mental Capacity Act 2005, an assessment takes account of an individual's capacity to engage in the assessment and makes the necessary arrangements to ensure that where this is impaired, their needs and wishes are understood and taken into account.
 - the assessment process should be accessible to all, with documentation in easy read or other format and communication support as appropriate to the needs of the individual whose needs are being assessed.

- the type and degree of specialism required for assessing a deafblind person should be judged on a case by case basis according to the extent of the person's condition and their communication needs. Specialist assessors for deafblind people should be trained in deafblindness at a minimum of Open College Network (OCN) or Qualifications and Credit Framework (QCF) level 3 or above where the person has higher or more complex needs. A specialist involved in an assessment should also be involved in care and support planning under part 4 of the Act.

National Assessment and Eligibility Tool:

54. Assessments must, as a minimum record the assessment in line with the national assessment and eligibility tool. The tool is a framework for assessment and eligibility as set out below. This provides the foundations of the tool but it may be expanded to include templates and further guidance for practitioners over time.
55. The national assessment and eligibility tool comprises:
 - the national minimum core data set;
 - an analysis structured around the five elements of the assessment; including setting out the outcomes which have been identified (as required by Regulation 4 of the assessment regulations);
 - the actions to be taken by the local authority and other persons to help the person achieve those outcomes (including actions to be taken by the person whose needs are being assessed and/or their carer);
 - a statement of how the practitioner assesses the identified action will contribute to the achievement of the personal outcome or otherwise meet needs identified by the assessment. This applies to those needs which are to be met through the provision of care and support and those met through community based or preventative services, the provision of information, advice and assistance, or by any other means.

National Minimum Core Data Set

56. Whoever has first contact with an adult, child or family member has a vital role in influencing the course of future work. The quality of the early or initial contact affects later working relationships with other practitioners. Recording of information about the initial contact or referral contributes to the later stages of assessment. It is essential, therefore, that all practitioners responding to individuals, families or to referrers are familiar with the principles which underpin the assessment of need and are aware of the importance of the information collected and recorded at this stage.
57. To promote consistent practice across Wales a national minimum core data set has been devised (below) to ensure that individuals can rely on their local agencies to have a common baseline of information collected in all assessments across the country. This will mean that individuals do not have to repeat the same details many times, and that practitioners in local areas are able to share a common data set as the basis for well co-ordinated services.

58. Local authorities must work together with local health boards and NHS trusts to ensure that local, regional and specialist templates meet the national minimum core data set and are used by all partners across the footprint of the local health board as part of any assessment which leads to the provision of advice, assistance, or a care and support plan. The core data set should enable practitioners to quickly identify and reference other health, care and support, and well-being assessments that have been provided to the individual and/or family.
59. The obligation to complete the core data set in its entirety is only required to be met when an individual's needs are deemed to be eligible and a care and support plan, or support plan in respect of a carer, is required.

The Core Data Set

NHS Number	Preferred Language / Communication method / Accessibility requirement
Title	Name(s) of Carer(s) / People with Parental Responsibility
Surname	Relationship
Forename(s)	Contact Details for Carer(s) / People with Parental Responsibility
Preferred Name	Is this a child on the Child Protection Register?
Address and Postcode	Contact details of Lead Assessment Co-ordinator.
Date of Birth	Contact details of Lead Care Co-ordinator
Telephone	Information taken by (name)
Email Address	Designation
Sex	Organisation
GP Name and address	Date
School name and address	
Occupation	
What other assessments have been undertaken by other agencies?	

60. Local Authorities must put protocols and systems in place to ensure that the national minimum core data set for an individual is kept up to date and maintained so it can be referred to at a later date by/with other practitioners as well as for capturing performance management data.

The Five Key Elements

61. The process of assessment requires that practitioners must have discussions with people to identify what matters to them and the personal outcomes they wish to achieve (and in the case of children, the outcomes which persons with parental responsibility wish to achieve for the child, if appropriate), and what contribution the individual and their family can make to achieving those outcomes. This may involve the friends, family or professionals advocating on the individual's behalf.
62. These personal outcomes will reflect national well-being outcomes, defined in the code on part 2 and in the definition of well-being in section 2 of the Act.

63. The Act and its associated regulations introduce assessment and eligibility criteria based on a comprehensive analysis of five inter-related elements to ensure that a local authority considers the person's circumstances in the round. This requires a local authority to:

- assess and have regard to the person's circumstances;
- have regard to their personal outcomes;
- assess and have regard to any barriers to achieving those outcomes;
- assess and have regard to any risks to the person or to other persons if those outcomes are not achieved; and
- assess and have regard to the person's strengths and capabilities.

Guidance on these five elements is set out in Annex 1: Guidance on Five Elements of Assessment.

64. The assessment will be a product of the conversation between the individual or family and the practitioner designed to identify how to meet care and support needs. The assessment process must focus on understanding each individual's personal outcomes, identify risks to themselves and others, explore barriers to meeting their outcomes and their strengths and capabilities. Through this the assessment must identify what solutions they need and how they will be delivered. It must be a partnership approach between the individual or family and the practitioner with a shared understanding of the outcome. A specialist involved in an assessment should also be involved in care and support planning.

65. All five of the elements listed above must be taken into account in the assessment, and from this, a judgement reached about whether each of the identified needs is one that must be met by the provision of care and support, a need which is an eligible need.

Additional Considerations for Assessing the Needs of Adults

66. Assessment should begin with the presumption that the adult is best placed to judge their own well-being.

67. Assessment should promote the adult's independence where possible.

Additional Considerations for Assessing the Needs of Children

68. The starting point for any assessment must reflect the duty under section 6(4)(a) in part 2 of the Act which states that any person exercising functions under this Act in relation to a child must have regard to the importance of promoting the upbringing of the child by the child's family, in so far as doing so is consistent with promoting the well-being of the child.

69. Assessment is the first stage in helping a child and his or her family and must be families focused and child centred.

70. Supporting families to care for their children should be delivered as part of a co-ordinated multi-agency approach to address primary and underlying needs. It is important to identify early on what needs the family has and provide appropriate support and/or make appropriate referrals.

71. Multi-agency approaches such as the Team Around the Family (TAF) model ensure that a broad range of support can be delivered in ways that suit the family, and not solely the child's, circumstances and needs. Multi-agency teams should co-ordinate, target, and tailor provision towards need. The advantages of a tailored approach include the right forms of support being targeted at the problems where they are likely to have greatest impact and ultimately keep families together.
72. The assessment process should promote the upbringing of a child by the child's family, as far as that is consistent with the well-being of the child. Working with family members is not an end in itself; the objective must always be to safeguard and promote the well-being of the child. Developing a working relationship with children and family members will not always be easy to achieve and can be difficult especially when there have been concerns about significant harm to the child. However resistant the family or difficult the circumstances, it remains important to continue to try to find ways of engaging the family in the assessment process.
73. When this is not possible there are particular considerations that apply to the assessment of the needs of children. The assessment must take into account the developmental needs of the child, and any other circumstances affecting the child's well-being. This could include circumstances where the child's parents have been assessed as having needs for care and support. In addition to focusing on the outcomes the child wishes to achieve in his or her daily life, the assessment must also seek to identify the outcomes that those with parental responsibility wish to achieve. There must be an assessment of the extent to which the provision of care and support, preventative services, or the provision of information, advice or assistance, could contribute to those outcomes.
74. Fundamental to establishing the care and support needs of a child and how those needs should be met is that the approach must be child centred. This means that the child must be seen and his/her welfare kept in focus throughout the assessment. Account must always be taken of the child's perspective. The significance of seeing and observing the child throughout any assessment cannot be overstated. Direct work with children during assessment is important, including developing multiple, age, gender and culturally appropriate methods for ascertaining their wishes and feelings, and understanding the meaning of their experiences to them. Throughout the assessment process, the safety of the child must be ensured.
75. In the case of the assessment of a child under the age of 16, the assessment should ascertain and have regard to the views, wishes and feelings of the persons with parental responsibility for the child in so far as this is reasonably practicable and consistent with promoting the well-being of the child.
76. The process of assessment is about ensuring that the best interests and well-being of the child are met and children are safeguarded so that they reach or maintain a satisfactory level of health and development, or their health and development will not be significantly impaired. The central duty is to safeguard children and young people and to promote their well-being.

77. Important principles underpin the approach to assessing children and their families. Assessment must:

- be child centred;
- be rooted in child development;
- be holistic in approach;
- ensure equality of opportunity;
- involve working with children and their families;
- build on strengths as well as identify difficulties;
- include an inter-agency approach to assessment and the provision of services;
- be a continuing process, not a single event;
- be carried out in parallel with other action and providing services;
- be grounded in evidence based knowledge.

To support the assessment process for children practitioners should gather evidence as informed by the three domains of the assessment of children. These areas of enquiry should be analysed against the 5 elements of the assessment to inform, where necessary, the development of the care and support plan. Further information about the principles underpinning the assessment and the three domains of the assessment are included in Annex 2.

78. The response from a local authority to an initial contact or a referral requesting help is critically important. It is important, also, that each local authority has structures and systems in place to ensure an effective, accessible and speedy response to children and families. A timely response to responding to a child's needs means that the process of assessment cannot continue unchecked over a prolonged period without an analysis being made of what is happening and what action is needed, however difficult or complex the child's circumstances. The timescale for completion of the assessment is a **maximum of 42 working days from the point of referral**.

79. The refusal of assessments must be overridden where such a refusal would be inconsistent with the child's well-being.

Additional Considerations for Assessing Needs Which Are Being Met By Carers

80. The local authority must identify all presenting needs including those which would be deemed as eligible if a carer was not meeting those needs. This is so that the local authority is able to respond appropriately and quickly where the carer or the child's family becomes unable or unwilling to meet some or all of the identified care and support needs.

81. The assessment process must be proportionate to the presenting need and must consider fully the care and support needs being presented regardless of any support being provided by the carer or the child's family.

82. The point at which a carer is unable or unwilling to carry on meeting a care need, or informs the local authority that this is about to happen, will constitute a significant change in circumstances for the cared for person. As a result the local authority must undertake a re-assessment of the person's needs for care and support (*see regulation 7 of assessment regulations*).

83. Where a carer is suddenly unable to meet a care and support need the requirement for a re-assessment must not prevent or delay the local authority from taking urgent and immediate action to meet the care and support needs of the adult or child. Such action should be informed by the most recent assessment undertaken.
84. The Act entitles anyone to have an assessment where there appears to be a need for care and support – even if that care and support is being met by a carer.

Safeguarding and Protecting

85. A key part of the assessment must be to establish whether there is reasonable cause to suspect that an adult or a child is at risk.
86. Where the assessment establishes an adult or a child is at risk, the local authority must act immediately and without delay. Local authorities' duties to safeguard adults and children are set out in more detail in the statutory guidance under part 7 of the Act.

Adults

87. The Act defines that an adult is at risk if they are experiencing or are at risk of abuse or neglect, have needs for care and support (whether or not the authority is meeting any of those needs), and as a result of those needs are unable to protect themselves against the abuse or neglect or the risk of abuse or neglect.
88. Where the assessment produces reasonable cause to suspect that an adult is experiencing or is at risk of abuse or neglect and it has not already done so, the local authority must make whatever enquiries it thinks necessary to enable it to decide whether any action should be taken and if so, what and by whom, to protect that adult.

Children

89. The Act defines that a child is at risk if they are experiencing or are at risk of abuse, neglect or other kinds of harm; and have needs for care and support (whether or not the authority is meeting any of those needs).
90. The pace and scope of assessment may need to change to recognise the additional risks the child is exposed to.
91. Where the assessment produces reasonable cause to suspect that a child is experiencing or is at risk and it has not already done so, the local authority must investigate and make inquiries into the circumstances of that child. Where these inquiries indicate the need, the local authority must decide what action, if any, it may need to take to safeguard and promote the child's welfare. The investigation will form an in-depth assessment of the nature of the child's needs and the capacity of his or her parents to meet those needs within the wider family and community context. This duty is set out in section 47 of the Children Act 1989.

Reviews of Assessments

92. The duty to undertake an assessment of needs where it appears to a local authority that someone may have needs for care and support is a principle that should be extended to reviews of an assessment. Where the previous assessment has not fully addressed the person's care and support needs, or there may be new needs due to a change in circumstances then a review of an assessment must be undertaken. Where this is not the case there is no duty to review.
93. This is not the same as reviewing the care and support plan, which is a process by which the practitioners and the individual and/or family consider how effective the care and support plan has been in supporting the person to meet their identified outcomes. Requirements relating to the review of care and support plans are covered in the Code of Practice in relation to Determination of Eligibility and Care and Support Planning under part 4 of the Act.
94. A local authority must review assessments where there has been a change in identified personal outcomes, or a significant change in the individual's or family's needs or circumstances. The judgement on whether the change is significant should be made with reference to the five elements of the assessment. This can include a new barrier, a new risk or the loss of a resource.
95. The transition from child to adult constitutes a significant change in circumstances and so creates a right to a re-assessment of needs.
96. The local authority must review the assessment where the change in the individual's or family's needs or circumstances is such that the five elements of the assessment need to be considered anew. That review is likely to encompass a re-assessment that must re-establish whether and to what extent the provision of care and support, preventative services, and/or information, advice and assistance can contribute to the achievement of the person's newly identified outcomes or otherwise meet identified needs. The importance of family and friends in assisting the person to engage and participate fully in the process of re-assessment is fundamental.
97. Where there has been a change in identified personal outcomes, or a change in the individual's or family's needs or circumstances, a local authority must assent to requests to review assessments. This request must be made by the person themselves, persons with parental responsibility for a child, persons with legal rights to act on the person's behalf, or those the person has identified as their advocate for the assessment process.
98. The individual has the right to request a re-assessment of their needs at any time. A formal process for making this request must be developed, published and clearly communicated by the local authority.
99. The local authority must consider whether a different practitioner to the practitioner who undertook the initial assessment should undertake the re-assessment. This will be particularly relevant when an individual has requested a re-assessment because they are not satisfied with the outcome of the original assessment. Where a specialist has been involved in the person's original assessment, the local authority should consider whether the specialist should be involved in the re-assessment.

100. Re-assessments must be acted on quickly and without delay. In case of a re-assessment for a child the re-assessment must meet the required timescales of assessment for children.

Personal Information Sharing

101. The willingness and ability to share appropriate and relevant personal information between practitioners and service providers is inherent to the delivery of effective integrated health and social care services.
102. The process of assessment set out in this code is based upon the principle of working with people as full partners in identifying and meeting their care and support needs.
103. The information in the assessment is owned by the person whose needs are being assessed and practitioners undertaking assessments must ensure that the person giving the consent to share information fully understands what they are consenting to and the implications of giving or not giving this consent. Working with individuals and families within a professional relationship built on trust, respect and confidence should help to ensure that this conversation is not a difficult one. Being open and honest, including being clear about information sharing and respecting people's wishes wherever possible, will help to maintain this trust and confidence. This conversation is an integral part of making sure that the practitioner fully understands the person's needs and how best to meet those needs, including which other practitioners may be able to support them.
104. This code endorses the Caldicott² recommendations that "... there should be a presumption in favour of sharing for an individual's direct care and that the exceptions should be thoroughly explained, not vice versa. The motto for better care services should be: 'To care appropriately, you must share appropriately'." Therefore the presumption should be that all information is shared.
105. A local authority must work with partners to have a system in place to ensure that, as a minimum, personal information in the national core data set for any individual or family is shared safely and appropriately between partners. Where appropriate, this will include using the Wales Accord for Sharing Personal Information (WASPI)³ information sharing framework and developing WASPI - compliant information sharing agreements which should ensure to a great extent that the arrangements put in place will be compliant with the Data Protection Act 1998 (DPA). A local authority must also ensure that staff are supported and trained appropriately in both information sharing and compliance with the DPA. Staff accessing or using the data must be trained in good data handling and be aware of security issues. Individuals and families must be informed of this sharing at the start of the assessment and care and support planning process.
106. When a child or adult is identified as being at risk of abuse or neglect the presumption should be that all information is shared among relevant partners at an early stage provided it is lawful to do so and in keeping with the DPA and associated guidance.

² Caldicott 2 - <http://www.wales.nhs.uk/sites3/page.cfm?orgid=950&pid=68298>

³ Wales Accord on the Sharing of Personal Information <http://www.waspi.org/>

Refusal of Assessments

107. The local authority must record any refusal of an offer of an assessment of need.

Adults:

108. If an adult refuses an assessment, the local authority's duty to carry out the assessment does not apply except for two cases where the local authority must carry out an assessment notwithstanding a refusal. The first case is where the adult lacks capacity to make the decision to refuse the assessment and an assessment would be in his or her best interests. The second case is where the adult is experiencing or is at risk of abuse or neglect. If the adult experiencing abuse has capacity, and chooses to endure the abuse and refuses to participate in an assessment, the local authority must assess the situation given the information it holds or has received from its partner agencies.

109. An adult who refuses an assessment is entitled to change their mind and the local authority must then carry out an assessment. Also, if the adult's needs or circumstances change, the local authority must again offer to carry out an assessment but is not obliged to do so if the adult refuses (unless one of the exceptions applies).

Children:

110. The local authority is not obliged to carry out an assessment if a child aged 16 or 17 refuses but in the case of children under 16, there is no presumption in law that they have capacity. In order for a refusal by a child under 16 to discharge the local authority's duty to carry out an assessment, the local authority must be satisfied that the child is able to make an informed decision. This must be recorded on the assessment and eligibility tool.

111. In the case of children aged 16 or 17, the refusal of the child must be overridden by the local authority in two cases:

- where the local authority is satisfied that the child lacks capacity and that an assessment would be in his or her best interest.
- where the child is experiencing or is at risk of abuse, neglect or other kinds of harm

112. In the case of children under the age of 16, a refusal by a child who is considered capable of making an informed decision must be overridden if the local authority suspects the child is experiencing or is at risk of abuse, neglect or other kinds of harm.

113. A child who refuses an assessment is entitled to change their mind and the local authority must then carry out an assessment. Also, if the child's needs or circumstances change, the local authority must again offer to carry out an assessment but is not obliged to do so if the child refuses (unless one of the exceptions applies).

Parents:

114. If anyone with parental responsibility for a child under 16 refuses an assessment for that child then the duty on the local authority to assess does not apply. The refusal of a parent must be overridden in three cases:

- where the local authority suspects the child is experiencing or is at risk of abuse, neglect or other kinds of harm.
- where the local authority is satisfied that the parent lacks the capacity to decide.
- where the local authority is satisfied that the child can make an informed decision and disagrees with the parent's view.

A parent who refuses an assessment for a child is entitled to change their mind and the local authority must then carry out an assessment. Also, if the child's needs, or person with parental responsibility's needs, or circumstances change, the local authority must again offer to carry out an assessment but are not obliged to do so if the parent refuses (unless one of the exceptions applies).

Carers:

115. If an adult carer or a carer aged 16 or 17 refuses an assessment then the duty to assess does not apply. A carer who refuses an assessment is entitled to change their mind and the local authority must then carry out an assessment. Also, the local authority must again offer to carry out an assessment if it is satisfied that the carer's circumstances have changed meaning that a further assessment would be beneficial to the carer. Again the local authority is not required to undertake the assessment if the carer refuses.

The Results of an Assessment

116. A local authority must record the outcome of the assessment and any advice or guidance given on the assessment and eligibility tool. In all cases the record of the assessment must include an explanation of how the recommended action will help meet the identified outcome or otherwise meet needs identified by the assessment. This is the responsibility of the assessor, not the person being assessed. This applies to those needs which are to be met through the provision of care and support and those met through community based or preventative services, the provision of information, advice and assistance, or by any other means. A copy of this assessment must be offered to the person or family to whom the assessment relates, or to their representative. The recording of the assessment must be proportionate to the identified need and in the language of need, and in 'easy read' or other format as appropriate to the needs of the child or adult whose needs are being assessed.

117. If the assessment concludes that a care and support plan is needed, a care and support plan should be produced without delay. Further information about this process is available in the Code of Practice on part 4 of the Act.

118. If the assessment concludes that the care and support a person requires to meet their personal outcomes may amount to a deprivation of liberty the appropriate assessments and referrals must be made and completed⁴.

An assessment will conclude with one of the following:

- there are no needs to be met;
- a more comprehensive assessment is required, which may include more specialist assessments;
- needs can be met through the provision of information, advice or assistance;
- needs can be met through the provision of preventative services;
- needs can be met, wholly or in part, by the individual themselves (with or without the assistance of others);
- other matters can contribute to the achievement of the personal outcomes, or otherwise meet the needs;
- needs can only be met through a care and support plan, or a support plan.

119. In all cases the potential solutions about how to meet needs and achieve personal outcomes must be considered during the assessment process. The person, and any people involved, including those who may be advocating on that person's behalf should be clear about the options available to them and what this means for them. Where relevant, this must include information about costs, charging and direct payments.

120. The contribution of carers should also be taken in to account and the assessment should clarify and record that they are willing and able to contribute to the care and support of the individual.

121. The completion of an assessment does not inevitably lead to a care and support plan. This is a decision which is dependent upon the result of the assessment, and whether it is agreed that the needs meet the eligibility criteria and a care and support plan is developed for the individual. This will include circumstances where a care and support plan is needed to provide support or assistance that will enable the individual or family to access services, such as community based third sector services or social enterprises, which would otherwise be accessible without the need for a care and support plan. Further detail on this can be found in the Code of Practice on part 4 of the Act which covers eligibility and care and support planning.

122. The local authority must enable the person whose needs have been assessed to have a clear understanding of the outcome of the assessment and what will happen next. This may require securing the support of family friends or an independent advocate. Detailed guidance on how advocacy can support individuals is contained in the advocacy Code of Practice under part 10 and related Parts of the Act.

⁴ Links to the codes of practice for the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards are attached here:
<https://www.wales.nhs.uk/sites3/page.cfm?orgid=744&pid=36235>

<https://www.wales.nhs.uk/sites3/page.cfm?orgid=744&pid=36239>

Annex 1: Guidance on the Five Elements of Assessment

Guidance on the Five Elements of Assessment

A Person's Circumstances:

Examples of presenting need are given here. This is not an exhaustive list and it will be for the local authority to identify that the individual has a need for care, support or both care and support.

The individual is/will be unable to carry out basic personal care activities:

- The individual is unlikely to achieve or maintain, or to have the opportunity to achieve or maintain, a reasonable standard of health or development or their health or development is likely to be significantly impaired, or further impaired
- The individual is/will be unable to carry out basic household activities and daily routines.
- An adult is/will be unable to carry out caring responsibilities the adult has for a child
- Where the person is a carer, that person is unable to provide some of necessary care to the adult needing care, or is unable to provide care to other persons for whom the carer provides care.

Where the carer is a child, the child is unlikely to achieve developmental goals:

- The individual is/will be unable to access support to maintain or develop family or other significant personal relationships
- The individual experiences loss of control, or is likely to experience loss of control, over their immediate environment and/or day-to-day life.
- The individual is unable to undertake, or is likely to be unable to undertake family and social roles and responsibilities that enable them to meet personal outcomes for themselves or others.
- The individual's social support systems are or could be at risk
- The individual is unable to attain or experience good physical and/or mental health
- The individual is/will be unable to access and engage in work, training, education, volunteering or recreational activities.
- The adult's independence is at risk, or likely to become at risk.

The analysis of presenting needs must be considered by reference to the effect that the needs have on the person or family concerned and/or by reference to the person's circumstances. The process of determining eligibility must also take account that individual needs may form part of a combination of needs that affect the person concerned.

Personal Outcomes:

Personal outcomes must be identified through the process of proportionate assessment, and although individual to each person, will relate to the national outcomes set out in the well-being statement, which have been defined against the definition of well-being in the Act. The well-being statement is available at:

<http://gov.wales/docs/dhss/publications/150722wellbeingen.pdf>

To meet the eligibility criteria for local authority provided or arranged care and support the personal outcomes to which a need must relate are set out in the eligibility regulations as:

For Adults:

- ability to carry out self-care or domestic routines;
- ability to communicate;
- protection from abuse or neglect;
- involvement in work, education, learning or in leisure activities;
- maintenance or development of family or other significant personal relationships;
- development and maintenance of social relationships and involvement in the community; or
- fulfilment of caring responsibilities for a child.

For Children:

- ability to carry out self-care or domestic routines;
- ability to communicate;
- protection from abuse or neglect;
- involvement in work, education, learning or in leisure activities;
- maintenance or development of family or other significant personal relationships;
- development and maintenance of social relationships and involvement in the community; or
- achieving developmental goals.

For Carers:

- ability to carry out self-care or domestic routines;
- ability to communicate;
- protection from abuse or neglect;
- involvement in work, education, learning or in leisure activities;
- maintenance or development of family or other significant personal relationships;

- development and maintenance of social relationships and involvement in the community; or
- in the case of an adult carer, fulfilment of caring responsibilities for a child;
- in the case of a child carer, achieving developmental goals.

Barriers:

A person is facing barriers to achieving their personal outcomes if something related to the individual's condition or circumstances, or something outside their control, is preventing them from meeting their outcomes.

In defining a barrier the assessment will need to take account of:

- The information presented by the person, and/or their family or carer, and other agencies and people about their needs, personal outcomes, resources and risks.
- The professional judgement of the worker and their knowledge of the services or support which would be likely to be most useful to the individual and/or their family or carer, backed up by professional protocols and organisational duties to behave in a way which will protect the best interests of the individual.
- Local information and guidance about available services.

Risks to meeting personal outcomes:

An evaluation of risk is essential to determining a need for care and support. Here the analysis of risk is based on an understanding of those risks which will prevent people becoming too dependent on services and undermine their potential for meeting their personal outcomes. For an explanation of the local authorities' duties with regard to risks of abuse neglect or harm please refer to the section on safeguarding and protection in this guidance which must also be adhered to during the assessment process.

When exploring potential risks to meeting personal outcomes the practitioner and the individual should together consider the time-scale, predictability and complexity of the issues that are presented.

It is possible for individuals to have several low risk elements which in themselves would not pose threat to achieving personal outcomes, but the combination and how the risks interact will result in a more serious threat.

Positive risk taking is an essential part of everyday life which enhances independence and choice. The determination of eligibility must encompass a judgment on whether the individual is competent to assess the risks for themselves and is willing and able to accept and bear those risks.

The determination of eligibility must be informed by an appreciation of the balance between ensuring that the health and safety of vulnerable adults and other people is not put at risk; against curtailing the choice, autonomy and independence of particular individuals. To manage this balance, in making decisions under uncertainty, the assessment has to be undertaken jointly with the user and will be led by their preferences and wishes in relation to achieving and enhancing their ability to meet their personal outcomes.

This analysis may, but may not, lead to a requirement for a care and support plan that includes understanding and anticipating activities which will invoke risk either to the individual and/or others and developing an action plan that can manage the situation appropriately.

Strengths and Capabilities:

The skills, capacity, support and materials available to an individual from within themselves, their family and their community, that can be marshalled to meet their needs and promote their well-being.

It is the function of the assessment and care and support planning process to identify these personal resources, enable the individual to make best use of them, and maximise the contribution they make to achieving personal outcomes.

People's needs fluctuate and circumstances change and the assessment process must provide for practitioners to look for and anticipate those changes. At any one time each individual will have needs for which they have sufficient resources to overcome barriers and achieve their personal outcomes and other needs for which they will not have sufficient resources and which will require the design and delivery of a care and support plan. The pattern of: *"these needs I can meet/these needs I need help with"* will vary over time and circumstance for each person.

Annex 2: Principles Underpinning the Assessment of Children

Principles Underpinning the Assessment of Children

Important and established principles underpin the approach to assessing children and their families. They are important in considering how an assessment should be carried out.

Assessments:

- are child centred;
- are rooted in child development;
- are holistic in their approach;
- ensure equality of opportunity;
- involve working with children and families;
- build on strengths as well as identify difficulties;
- are inter-agency in their approach to assessment and the provision of services;
- are a continuing process, not a single event;
- are carried out in parallel with other action and providing services;
- are grounded in evidence based knowledge.

Child Centred

This means that the child is seen and kept in focus throughout the assessment and that account is always taken of the child's perspective. In complex situations where much is happening, attention can be diverted from the child to other issues which the family may be facing, such as a high level of conflict between adult family members, or depression being experienced by a parent or acute housing problems. This can result in the child becoming lost during assessment and the impact of the family and environmental circumstances on the child not being clearly identified and understood. The significance of seeing and observing the child throughout any assessment cannot be overstated.

The importance, therefore, of undertaking direct work with children during assessment is emphasised, including developing multiple, age, gender and culturally appropriate methods for ascertaining their wishes and feelings, and understanding the meaning of their experiences to them. Throughout the assessment process, the safety of the child should be ensured.

Rooted in Child Development

A thorough understanding of child development is critical to work with children and their families. Children have a range of different and complex developmental needs which must be met during different stages of childhood if optimal outcomes are to be achieved. Disabled children, including those with learning disabilities, may have a different rate of progress across the various developmental dimensions. Many disabled children will have quite individual patterns of development. In addition, different aspects of development will have more or less weight at different stages of a child's life.

Each child's development is significantly shaped by his or her particular experiences and the interaction between a series of factors. Some factors are intrinsic to individual children, such as characteristics of genetic inheritance or temperament. Other factors may include particular health problems or an impairment. Others may relate to their culture and to the physical and emotional environment in which a child is living.

Children with care and support needs are frequently very vulnerable and their opportunities to reach their full potential may have been or may be likely to be compromised in some way, for a variety of reasons. It is, therefore, crucial to know about the importance of developmental milestones which children need to reach, if they are to be healthy and achieve their full potential. This knowledge should recognise also that children are individuals and variations may occur in that sequence of development: such variations, however, may indicate services are necessary. Practitioners should understand the consequences of variations for particular children of different ages, some of whom may have special educational needs and profound difficulties. Furthermore, they have to understand the significance of timing in a child's life. Children may not be getting what they require at a crucial stage in their development and time is passing.

Holistic Approach

An understanding of a child must be located within the context of the child's family (parents or caregivers and the wider family) and of the community and culture in which he or she is growing up.

Assessment, therefore, should take account of three domains:

- **the child's developmental needs;**
- **the parents' or caregivers' capacities to respond appropriately;**
- **the wider family and environmental factors.**

The interaction between the three domains and the way they influence each other must be carefully analysed in order to gain a complete picture of a child's unmet care and support needs and how these needs should be met.

Ensuring Equality of Opportunity

Children and young people and their parents should all be considered as individuals with particular needs and potentialities. Differences in bringing up children due to family structures, religion, culture and ethnic origins should be respected and understood, and that those children with 'specific social needs arising out of disability or a health condition' should have their assessed needs met and reviewed. Ensuring that all children who are assessed have the opportunity to achieve optimal development, according to their circumstances and age, is an important principle. Furthermore, since discrimination of all kinds is an everyday reality in many children's lives, every effort must be made to ensure that agencies' responses do not reflect or reinforce that experience and indeed, should counteract it. Some vulnerable children may have been particularly disadvantaged in their access to important opportunities, such as those who have suffered multiple family disruptions or prolonged maltreatment by abuse or neglect and are subsequently looked after by the local authority. Their health and educational needs will require particular attention in order to optimise their long-term outcomes in young adulthood.

Ensuring equality of opportunity does not mean that all children are treated the same. It does mean understanding and working sensitively and knowledgeably with diversity to identify the particular issues for a child and his/her family, taking account of experiences and family context.

Working with Children and their Families

In the process of assessment, it will be critical to develop a cooperative working relationship, so that parents or caregivers feel respected and informed, that staff are being open and honest with them, and that they in turn are confident about providing vital information about their child, themselves and their circumstances.

Working with family members is not an end in itself; the objective must always be to safeguard and promote the welfare of the child. The child, therefore, must be kept in focus. It requires sensitivity to and understanding of the circumstances of families and their particular needs.

Parents value taking part in discussions about how and where the assessment will be carried out, as well as what they hope it will achieve. Similarly, according to the age and development of the child, listening to what children have to say and working openly and honestly is valued by them and produces more effective outcomes.

Developing a working relationship with children and family members will not always be easy to achieve and can be difficult especially when there have been concerns about significant harm to the child. However resistant the family or difficult the circumstances, it remains important to continue to try to find ways of engaging the family in the assessment process. Use of mediation may be helpful in assisting professionals and family members to work together. The quality of the early or initial contact will affect later working relationships and the ability of professionals to secure an agreed understanding of what is happening and to provide help.

Building on Strengths as well as Identifying Difficulties

It is important that an approach to assessment, which is based on a full understanding of what is happening to a child in the context of his or her family and the wider community, examines carefully the nature of the interactions between the child, family and environmental factors and identifies both positive and negative influences. These will vary for each child. Nothing can be assumed; the facts must be sought, the meaning attached to them explored and weighed up with the family.

Sometimes assessments have been largely in terms of a child or family's difficulties or problems, or the risks seen to be attached to particular behaviours or situations. What is working well or what may be acting as positive factors for the child and family may be overlooked. Working with a child or family's strengths may be an important part of a plan to resolve difficulties. It is important that they not only identify the deficits in assessing a family's situation, but also make a realistic and informed appraisal of the strengths and resources in the family and the relative weight that should be given to each. These can be mobilised to safeguard and promote the child's welfare.

Inter-Agency Approach to Assessment and Provision of Services

From birth, all children will become involved with a variety of different agencies in the community, particularly in relation to their health, day care and educational development. A range of professionals, including midwives, health visitors, general practitioners, nursery staff and teachers, will have a role in assessing their general well-being and development. Children who are vulnerable are, therefore, likely to be identified by these professionals, who will have an important responsibility in deciding whether to refer them to social services for further assessment and help. The knowledge they already have about a child and family is an essential component of any assessment. These agencies may also be required to provide more specialist assessment for those smaller numbers of children where there are particular causes for concern.

Similarly, responding to the needs of vulnerable children will require services from agencies other than social services or in combination with social services' help. Interagency work starts as soon as there are concerns about a child's welfare, not just when there is an enquiry about significant harm. An important underlying principle of the approach to assessment therefore, is that it is based on an interagency model in which it is not just social services departments which are the assessors and providers of services.

A Continuing Process, not a Single Event

Understanding what is happening to a vulnerable child within the context of his or her family and the local community cannot be achieved as a single event. It must necessarily be a process of gathering information from a variety of sources and making sense of it with the family and, very often, with several professionals concerned with the child's welfare.

This assessment process involves one or more of the following:

- establishing good working relationships with the child and family;
- developing a deeper understanding through multiple approaches to the assessment task;
- setting up joint or parallel assessment arrangements with other professionals and agencies, as appropriate;
- determining which types of intervention are most likely to be effective for which needs.

For many children the process will be relatively straightforward and short term. The more complex or serious a child's situation, however, the more time it may take to understand thoroughly what is happening to the child, the reasons why and the impact on the child and the more it is also likely to involve several agencies in that process. Where there are concerns about a child's safety, decisions to safeguard the child may have to be made quickly pending greater understanding of the child's circumstances. Once it has been established whether a child has care and support needs, further questions will remain to be answered about:

- the parents' views of the child's needs and services required;
- the precise nature of these needs;
- the reasons for them;
- the priority for action and/or resources;
- the potential for change in the child and family;
- the best options to be pursued;
- the child's and family's response to intervention;
- how well the child is doing.

Assessment should continue throughout a period of intervention, and intervention may start at the beginning of an assessment.

Assessment is thus an iterative process which for some children will continue throughout work with the child and the family or caregivers. This does not mean that assessment should be over intrusive, repeated unnecessarily or continued without any clear purpose or outcome. Effective discrimination between different types and levels of need are key considerations.

Action and Services are Provided in Parallel with Assessment

Although assessment is generally a discrete process which will result in an understanding of need, from which referral to preventative services or a care and support plan and intervention will be developed, in many situations there is inevitably overlap between these different activities. Undertaking an assessment with a family can begin a process of understanding and change by key family members. A practitioner may, during the process of gathering information, be instrumental in bringing about change by the questions asked, by listening to members of the family, by validating the family's difficulties or concerns, and by providing information and advice. The process of assessment should be therapeutic in itself. This does not preclude taking timely action either to provide immediate services or to take steps to protect a child who is suffering or is likely to suffer significant harm. Action and services should be provided according to the needs of the child and family, in parallel with assessment where necessary, and not await completion of the assessment.

Grounded in Evidence

Each professional discipline derives its knowledge from a particular theoretical base, related research findings and accumulated practice wisdom and experience. Social work practice, however, differs in that it derives its knowledge from theory and research in many different disciplines. Practice is also based on policies laid down in legislation and government guidance. It is essential that practitioners and their managers ensure that practice and its supervision are grounded in the most up-to date knowledge and that they make use of the resources described in the practice guidance as well as other critical materials, including:

- relevant research findings;
- national and local statistical data;
- national policy and practice guidance;
- The Care and Social Services Inspectorate Wales (CSSIW) Inspection Framework;
- the National Outcomes Framework;
- the Performance Measurement Framework

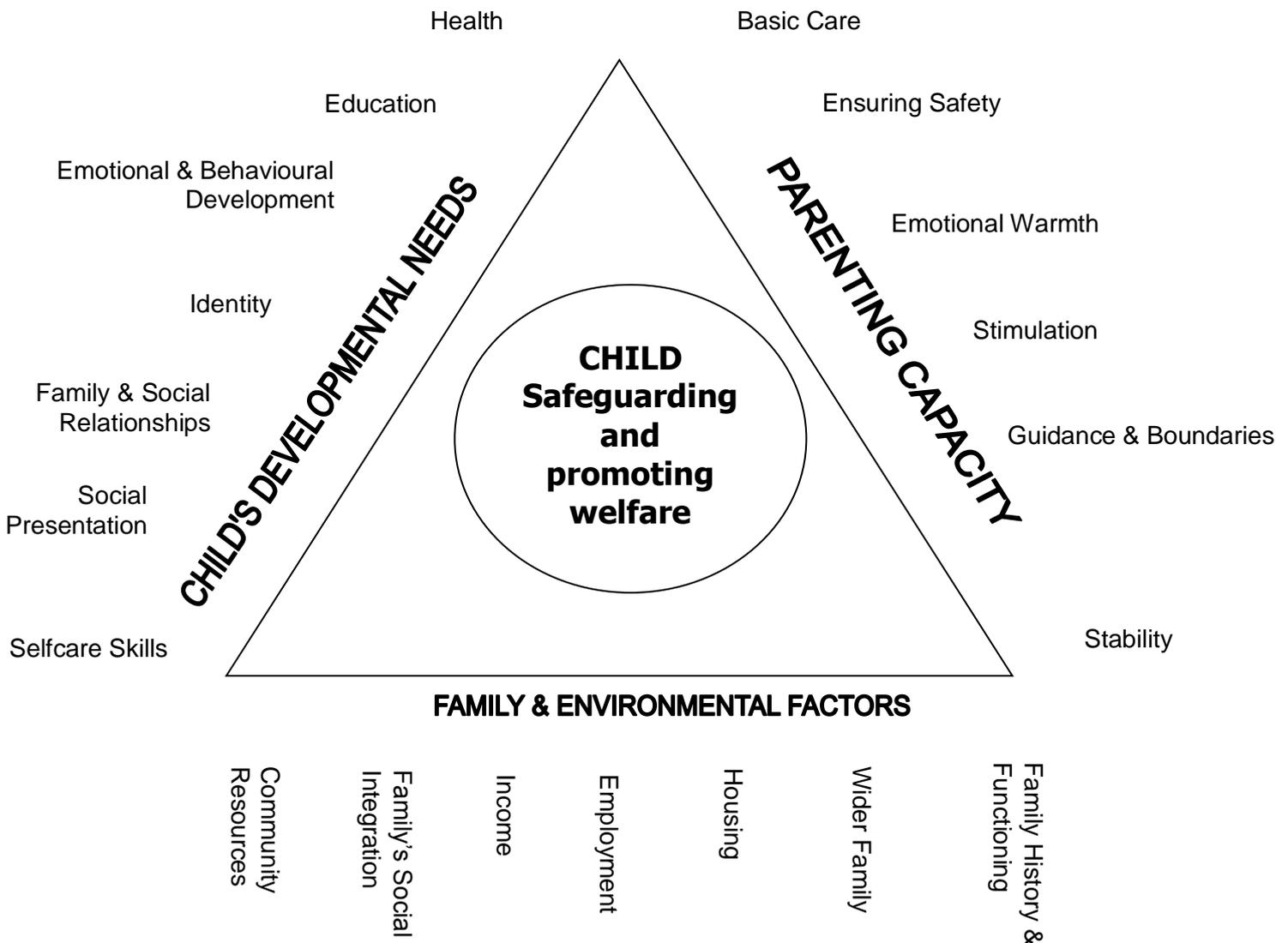
- lessons learnt from national and local inquiries and reviews of cases of child maltreatment.

Practice is expected to be evidence based, by which it is meant that practitioners:

- use knowledge from research and practice about the needs of children and families and the outcomes of services and interventions critically to inform their assessment and planning;
- record and update information systematically, distinguishing sources of information, for example direct observation, other agency records or interviews with family members;
- learn from the views of users of services i.e. children and families;
- evaluate continuously whether the intervention is effective in responding to the needs of an individual child and family and modifying their interventions accordingly;
- evaluate rigorously the information, processes and outcomes from the practitioner's own interventions to develop practice wisdom.

The combination of evidence-based practice grounded in knowledge, with finely balanced professional judgement is the foundation for effective practice with children and families.

Framework for the Assessment of Children and their Families



Assessing whether a child has care and support needs and the nature of these care and support needs requires a systematic approach which uses the same conceptual map for gathering and analysing information about all children and their families. It requires a thorough understanding of:

- the developmental needs of children;
- the capacities of parents or caregivers to respond appropriately to those needs;
- the impact of wider family and environmental factors on parenting capacity and children.

These are described as three inter-related systems or domains, each of which has a number of critical dimensions (see diagram above). The interaction or the influence of these dimensions on each other requires careful exploration during assessment, with the ultimate aim being to understand how they affect the child or children in the family.

This analysis of the child's situation will inform planning and action to secure the best personal outcomes for the child. All assessment activity and subsequent planning and provision of services must focus on ensuring that the child's welfare is safeguarded and promoted.

Dimensions of a Child's Developmental Needs

Assessment of what is happening to a child requires that each aspect of a child's developmental progress is examined, in the context of the child's age and stage of development. This includes knowing whether a child has reached his or her expected developmental milestones. Account must be taken of any particular vulnerabilities, such as a learning disability or a physically impairing condition, and the impact they may be having on progress in any of the developmental dimensions. Consideration should also be given to the socially and environmentally disabling factors which have an impact on a child's development, such as limited access for those who are disabled and other forms of discrimination. Children who have been maltreated may suffer impairment to their development as a result of injuries sustained and/or the impact of the trauma caused by their abuse. There must be a clear understanding of what a particular child is capable of achieving successfully at each stage of development, in order to ensure that he or she has the opportunity to achieve his or her full potential.

When practitioners are undertaking an assessment of a child's developmental needs, they should:

- identify the developmental areas to be covered and recorded;
- plan how developmental progress is to be measured;
- ensure proper account is taken of a child's age and stage of development;
- analyse information as the basis for planning future action.

Dimensions of a Child's Developmental Needs

Health

Includes growth and development as well as physical and mental well-being. The impact of genetic factors and of any impairment should be considered. Involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.

Education

Covers all areas of a child's cognitive development which begins from birth.

Includes opportunities: for play and interaction with other children; to have access to books; to acquire a range of skills and interests; to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

Emotional and Behavioural Development

Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family.

Includes nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self control.

Identity

Concerns the child's growing sense of self as a separate and valued person.

Includes the child's view of self and abilities, self image and self esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

Family and Social Relationships

Development of empathy and the capacity to place self in someone else's shoes.

Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.

Social Presentation

Concerns child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created.

Includes appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene; and availability of advice from parents or caregivers about presentation in different settings.

Self Care Skills

Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children.

Includes encouragement to acquire social problem solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self care skills.

DIMENSIONS OF PARENTING CAPACITY

Basic Care

Providing for the child's physical needs, and appropriate medical and dental care.

Includes provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

Ensuring Safety

Ensuring the child is adequately protected from harm or danger.

Includes protection from significant harm or danger, and from contact with unsafe adults/other children and from self-harm. Recognition of hazards and danger both in the home and elsewhere.

Emotional Warmth

Ensuring the child's emotional needs are met and giving the child a sense of being specially valued and a positive sense of own racial and cultural identity.

Includes ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.

Stimulation

Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities.

Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play, and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent opportunity. Facilitating child to meet challenges of life.

Guidance and Boundaries

Enabling the child to regulate their own emotions and behaviour.

The key parental tasks are demonstrating and modelling appropriate behaviour and control of emotions and interactions with others, and guidance which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up. The aim is to enable the child to grow into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to be dependent on rules outside themselves. This includes not over protecting children from exploratory and learning experiences.

Includes social problem solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

Stability

Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development.

Includes: ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour. Parental responses change and develop according to child's developmental progress. In addition, ensuring children keep in contact with important family members and significant others.

Critically important to a child's development is the ability of parents or caregivers to ensure that the child's developmental needs are being appropriately and adequately responded to, and to adapt to his or her changing needs over time. Again, these descriptions are illustrative rather than comprehensive of all parenting tasks.

It is important that parenting capacity be considered in the context of the family's structure and functioning, and who contributes to the parental care of the.

In family situations where there is cause for concern about what is happening to a child, it becomes even more important to gather information about how these tasks are being carried out by each parent or caregiver in terms of:

- their response to a child and his or her behaviour or circumstances;
- the manner in which they are responding to the child's needs and the areas where they are experiencing difficulties in meeting needs or failing to do so;
- the effect this child has on them;
- the quality of the parent – child relationship;
- their understanding of the child's needs and development;
- their comprehension of parenting tasks and the relevance of these to the child's developmental needs;
- the impact of any difficulties they may be experiencing themselves on their ability to carry out parental tasks and responsibilities (distinguishing realization from aspiration);
- the impact of past experiences on their current parenting capacity;
- their ability to face and accept their difficulties;
- their ability to use support and accept help;
- their capacity for adaptation and change in their parenting response.

Observation of interactions is as critically important as the way they are described by the adults involved.

The parenting tasks undertaken by fathers or father figures should be addressed alongside those of mothers or mother figures. In some families, a single parent may be performing most or all of the parenting tasks. In others, there may be a number of important caregivers in a child's life, each playing a different part which may have positive or negative consequences. A wide range of adults, for example grandparents, step relations, child minders or baby sitters, may have a significant role in caring for a child. A distinction has to be clearly made between the contribution of each parent or caregiver to a child's well-being and development.

Where a child has suffered significant harm, it is particularly important to distinguish between the capabilities of the abusing parent and the potentially protective parent. This information can also contribute to an understanding of the impact the parents' relationship with each other may have on their respective capacities to respond appropriately to their child's needs.

The quality of the inter-parental relationship, which has an impact on the child's well-being will be considered more explicitly in the following section on family and environmental factors.

Family and Environmental Factors

The care and upbringing of children does not take place in a vacuum. All family members are influenced both positively and negatively by the wider family, the neighbourhood and social networks in which they live. The history of the child's family and of individual family members may have a significant impact on the child and parents. Some family members, for example, may have grown up in a completely different environment to the child, others may have had to leave their country of origin because of war or other adverse conditions, and others may have experienced abuse and neglect as children.

The narration and impact of family histories and experiences can play an important part in understanding what is happening currently to a family. An adult's capacity to parent may be crucially related to his or her childhood experiences of family life and past adult experiences prior to the current difficulties. The family may be in transition, for example refugee families.

An understanding of how the family usually functions, and how it functions when under stress can be very helpful in identifying what factors may assist parents in carrying out their parenting roles. Of particular importance is the quality and nature of the relationship between a child's parents and how this affects the child. For example, sustained conflict between parents is detrimental to children's welfare. The quality of relationships between siblings may also be of major significance to a child's welfare. Account must be taken of the diversity of family styles and structures, particularly who counts as family and who is important to the child.

The impact of multiple caregivers will need careful exploration, with an understanding of the context in which the care is being provided. Children can be protected from the adverse consequences of parenting problems when someone else meets the child's developmental needs. It is also important to record when there is evidence that no one is responding appropriately to the child. In some circumstances children who have a number of caregivers may be more vulnerable to being maltreated. Special attention should be given to the needs of disabled children who experience multiple caregivers as part of their regular routine, and to their need for reasonable continuity of caregivers.

FAMILY AND ENVIRONMENTAL FACTORS

Family History and Functioning

Family history includes both genetic and psycho-social factors.

Family functioning is influenced by who is living in the household and how they are related to the child; significant changes in family/household composition; history of childhood experiences of parents; chronology of significant life events and their meaning to family members; nature of family functioning, including sibling relationships and its impact on the child; parental strengths and difficulties, including those of an absent parent; the relationship between separated parents.

Wider Family

Who are considered to be members of the wider family by the child and the parents? *Includes* related and non-related persons and absent wider family. What is their role and importance to the child and parents and in precisely what way?

Housing

Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members?

Includes the interior and exterior of the accommodation and immediate surroundings.

Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements access to appropriate and safe play and cleanliness, hygiene and safety and their impact on the child's upbringing.

Employment

Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child?

Includes children's experience of work and its impact on them.

Income

Income available over a sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties which affect the child?

Family's Social Integration

Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents.

Includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.

Community Resources

Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities.

Includes availability, accessibility and standard of resources and impact on the family, including disabled members.

In families where a parent is not living in the same household as the child, it is important to identify what role that parent has in the child's life and the significance to the child of the relationship with that parent. It cannot be assumed that parents who live apart are estranged. This arrangement may be by mutual agreement.

A wide range of environmental factors can either help or hinder the family's functioning. Here it is important to think broadly and creatively about the family and environmental factors described on the previous page.

Careful account should be taken of how these factors are influencing both a child's progress and the parents' responses. This can be illustrated by the following examples of the inter-relationship between such factors and a child's development:

Family history

A child may have a genetic condition or pre-disposition, such as sickle cell disorder or Huntington's Chorea, which may affect current or future physical or mental health and the need for services.

- **Family Functioning**

Despite a recent separation, the parents co-operate regarding decisions about key events in a 10 year old boy's life such that he continues to attend the same school, maintains a strong group of friends, and is fully supported in his education by both parents. This enables him to do well in school.

- **Wider family**

A child may have developed a close, affectionate attachment to a friend's parent who, over a number of years, compensates for chronic parental problems in the family home, giving that child a sense of belonging and self-esteem. This may become a resource to be mobilised at the time of family breakdown.

- **Housing**

Accommodation which is damp, infested and overcrowded may be contributing to a low birth weight baby's failure to thrive and chronic ear, nose and chest problems, requiring urgent action.

- **Employment**

The expectation that a 13 year old girl will assist regularly in the family business may result in her sudden failure to keep up with school work and difficult behaviour in class.

- **Income**

A low income over many years and parents' inability to manage on this income may mean a young adolescent being bullied at school simply because he is wearing clothes which do not have the correct designer logo.

- **Family's social integration**

Constant racial harassment and bullying in a neighbourhood may result in a teenager from a minority ethnic family being isolated and excluded from positive and affirming friendship group experiences at a formative stage of developing his identity.

- **Access to community resources**

Knowledge of resources available in the community which are accessible and accommodate disabled children may enable an isolated single mother to organise out of school care and activities for her 6 year old disabled child, thus enabling her to remain in work.

The complex interplay of factors across all three domains should be carefully understood and analysed. Parents may be experiencing their own problems which may have an impact through their behaviour on their capacity to respond to their child's needs. This could cover a variety of situations. It could include parents who are unable to read or write and are therefore unable to respond to notes sent home from school. On the other hand, it could include a child being traumatised by witnessing her mother being regularly assaulted by her father.

The impact of particular parental problems (mental illness, domestic violence, drug and alcohol misuse) on a child's development may adversely affect a parent's ability to respond to the needs of his or her child. While some children grow up apparently unscathed, others exhibit emotional and behavioural disorders as a result of these childhood experiences. This knowledge can assist professionals to be clear about the impact of a parent's difficulties on a child. In some situations, where the parents' problems are severe, such as major psychiatric illness or substance misuse, there may need to be **joint** or **concurrent assessments**; to examine the parent's problems, the impact of those problems on the child, and the effect of the child on the parent. Such assessments should be carried out within a clear focus on the needs of the child.

Research has shown a strong association between domestic violence and child abuse. It has shown also, that not all parents who have suffered childhood abuse or deprivation go on to maltreat their children, but a significant proportion of parents who harm their children have been abused themselves

The interactions between different factors are often not straightforward which is why it is important that:

- information is gathered and recorded systematically with care and precision;
- information is checked and discussed with parents and, where appropriate, with the child;
- differences in views about information and its importance are clearly recorded;
- the strengths and difficulties **within** families are assessed and understood;

- the vulnerabilities and protective factors in the child's world are examined;
- the impact of what is happening on the child is clearly identified.

The assessment process is, therefore, a conceptual map which can be used to understand what is happening to all children in whatever circumstances they may be growing up. For most children referred or whose families seek help, the issues of concern will be relatively straightforward, parents will be clear about requiring assistance and the impact on the child will not be difficult to identify. For a smaller number of children, the causes for concern will be serious and complex and the relationship between their needs, their parents' responses and the circumstances in which they are living, less straightforward. In these situations, further, more detailed and, in some cases, specialist assessment will be required.

Inclusive Practice

The assessment process is predicated on the principle that children are children first, whatever may distinguish some children from others. This poses a challenge for staff - how to develop inclusive practice which recognises that all children share the same developmental needs to reach their optimal potential but that the rate or pattern of progress of individual children may vary because of factors associated with health and impairment. At the same time, due weight needs to be given to other important influences on children's development. Prominent amongst these are genetic factors, the quality of attachment to primary caregivers and the quality of everyday life experiences.

When assessing a child's needs and circumstances, care has to be taken to ensure that issues which fundamentally shape children's identity and well-being, their progress and outcomes are fully understood and incorporated into the framework for assessment.

In assessing the needs of children, practitioners have to take account of diversity in children, understand its origins and pay careful attention to its impact on a child's development and the interaction with parental responses and wider family and environmental factors.

Assessment requires that children and families' differences must be approached with knowledge and sensitivity in a non-judgemental way. Ignorance can result in stereotyping and in inappropriate or even damaging assumptions being made, resulting in a lack of accuracy and balance in analysing children's needs. To achieve sensitive and inclusive practice, staff should **avoid**:

- using one set of cultural assumptions and stereotypes to understand the child and family's circumstances;
- insensitivity to racial and cultural variations within groups and between individuals;
- making unreasoned assumptions without evidence;
- failing to take account of experiences of any discrimination in an individual's response to public services;
- failing to take account of the barriers which prevent the social integration of families with disabled members;
- attaching meaning to information without confirming the interpretation with the child and family members.

Assessment, derived from children's developmental needs and which also takes account of the context in which they are growing up, takes on more significance in relation to children for whom discrimination is likely to be part of their life experience. Such children and their families may suffer subsequent disadvantage and a failure of access to appropriate services.