

Slough's Local Protocol for Assessment

April 2014



Contents

	Page
1. Introduction	2
2. What is a local protocol	3
3. Contacting Children’s Social Care in Slough Statutory “child and family assessments”	4
4. How will we ensure that assessments are timely?	5
5. How will we ensure that assessments are transparent?	7
6. How will we ensure that assessments are proportionate?	11
7. How will we address the needs of disabled children, young carers and children involved in the youth justice system?	13
8. How will we address the needs of young carers?	17
9. Slough Youth Offending Team (Slough YOT) and the assessment of young offenders	19
10. How will statutory child and family assessments be informed by other specialist assessments?	21
11. What is the process for assessments for children who are returned from care to live with their families?	23
12. How will we ensure that each child and family understands the type of help offered and their own responsibilities, so as to improve the child’s outcomes? What is the process for challenge by children and families?	24

1. Introduction

- 1.1 In 2013 close to 8,000 individuals contacted Slough's children's social care services because they had concerns about children's welfare. For children who need additional help, every day matters. The actions taken by professionals to meet the needs of these children as early as possible can be critical to their future. Children are best protected when professionals are clear about what is required of them individually, and how they need to work together. Professionals help best when all local agencies have carried out a thorough assessment and drawn up a plan for support.
- 1.2 Ultimately, effective safeguarding of children can only be achieved by putting children at the centre of the system, and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children.



2. What is a Local Protocol?

- 2.1 The Local Protocol is a 'handbook' that describes what the Local Authority (LA) will do when a child is referred to for support. It is a map that guides the child's journey through assessment and planning.
- 2.2 The main purpose of the Local Protocol for Assessment is to set out the arrangements for how cases will be managed once a referral has been received by Slough Borough Council's Children's Services.
- 2.3 The Local Protocol will also explain what help a child receives before the thresholds are met for statutory assessment, such as when children and families require early help (sometimes known as the Common Assessment Framework or CAF). In Slough, we have agreed to call this the Slough Early Help Assessment
- 2.4 In this document a child is defined as anyone who has not reached their 18th birthday, including unborn children. 'Children' therefore means 'children and young people' throughout. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection. (Definition provided by Working Together 2013)
- 2.5 This protocol aims to secure the cooperative working that is essential for the effective assessment of needs and the identification of the services to be provided. It sets out how we, the local authority and its partner agencies along with parents/carers and young people, will assess, plan and manage cases when there are concerns about a child and where the threshold for a children's social care assessment (under the Children Act 1989) is met. It also aims to explain the journey that children will take through the assessment process, providing support to them and their families on the way.
- 2.6 Section 10 of the Children Act 2004 requires each local authority to make arrangements to promote cooperation between the authority, relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate. The local authority's relevant partners are:
- Local authorities and district councils
 - Local policing body
 - Chief officer of police
 - Local probation board
 - Providers of probation services
 - Youth offending services
 - NHS Commissioning Board
 - Clinical commissioning groups
 - NHS Trusts and NHS Foundation Trusts
 - Cafcass
 - Maintained schools
 - FE colleges
 - Independent schools
 - Academies and Free Schools
 - Contracted services including those provided by voluntary organisations
- 2.7 Where requested to do so professionals from other parts of the local authority such as housing and those in health organisations also have a duty to cooperate under section 27 of the Children Act 1989 by assisting the local authority in carrying out its children's social care functions.
- Working Together 2013 expects that a local protocol will set out clear arrangements for how cases will be managed once a child is referred into Slough's Children's Social Care and be consistent with the requirements of statutory guidance.

3. Contacting Children's Social Care in Slough

- 3.1 In Slough we have an integrated arrangement for contacts and referrals to Children's Social Care and Early Help 'Children's Duty and Early Help Referral Team'. Their phone number is 01753 875362 Anyone who has concerns about a child's welfare should make a referral: children themselves, teachers, a GP, the police, health visitors, family members and members of the public. Children's Social Care should act as the principal point of contact for welfare concerns relating to children.
- 3.2 After basic information-gathering by the Customer Service Officers and/or the duty social workers, the Duty Social Worker Manager will decide if the threshold for Children's Social Care is met, in which case a referral into that service will be made and if appropriate, a statutory assessment (under the 1989 Children Act) will be undertaken. This assessment will normally be undertaken by a social worker in one of our Assessment and Child in need teams.
- 3.3 If the threshold for Children's Social Care is not met, the Early Help Duty Manager will decide which service in Slough appears to be the most appropriate to provide support to the family based on the level and type of need and will sign post to the appropriate service.
- 3.4 Slough has a 'Threshold Document' that describes the levels of need and risk and the type of response.

Level 1 Where need is relatively low level individual services and universal services may be able to take swift action.

Level 2 For other emerging needs a range of early help services may be required, coordinated through an early help assessment.

Level 3 Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need).

Level 4 Where there are child protection concerns (reasonable cause to suspect a child is suffering or likely to suffer significant harm) local authority social care services must make enquiries and decide if any action must be taken under section 47 of the Children Act 1989.

The local authority and its LSCB partners have agreed the levels for the different types of assessment and services to be commissioned and delivered, and Children's Social care should make sure this information

- 3.5 The local authority and its LSCB partners have agreed the levels for the different types of assessment and services to be commissioned and delivered.
- 3.6 If a member of the public or a professional has concerns about a child's welfare and believes they may be suffering or likely to suffer harm, but is unsure about the level of need, then they can share the information they have with Children's Social Care and ask for advice about the next step.
- 3.7 They should telephone Children's Social Care and ask to speak to a duty Social Worker. They should share any information they have on the child's circumstances, their developmental needs and the capacity of the child's parents or carers to meet those needs.
- 3.8 If a professional is sure about the need to make a referral (meets the threshold) to Children's Social Care, they should refer using the agreed Multi Agency Referral Form (MARF).
- 3.9 The MARF is also the pro-forma for an Early Help Assessment, so where an Early Help Assessment has already been undertaken it can be used as the referral document.
- 3.10 Best practice is to telephone first and speak to a duty social worker. Then follow this up with an electronic copy (email with attachment) of the appropriate form.

Statutory 'child and family' assessments

4. How will we ensure that assessments are timely?

- 4.1 The purpose of the assessment is always:
- to gather important information about a child and family;
 - to analyse their needs and/or the nature and level of any risk and harm being suffered by the child;
 - to decide whether the child is a child in need (section 17 of the Children Act 1989) and/or is suffering or likely to suffer significant harm (section 47); and
 - to provide support to address those needs to improve the child's outcomes and to make them safe.

(Wherever possible referrals should be made using the Multi Agency Referral Form or MARF.)

- 4.2 Once the referral has been accepted a duty team social worker will clarify with the referrer the nature of the concerns and how and why they have arisen. Within one working day of a referral being received a duty team social work manager will make a decision about the type of response that is required. This will include determining whether:

- the child requires immediate protection and urgent action is required;
- the child is in need, and should be assessed under section 17 of the Children Act 1989;
- there is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm, and whether enquires must be made and the child assessed under section 47 of the Children Act 1989;
- any services are required by the child and family and what type of services; and
- further specialist assessments are required in order to help to decide what further action to take.

- 4.3 The child and family will be informed of the action to be taken as soon as possible, and the case will be allocated to a social worker will aim to see the child within 48 hours of the referral being made, and as soon as possible, if the decision is taken that the referral requires further assessment.

Information sharing

- 4.4 Government guidance for practitioners and managers (2008) supports frontline practitioners, working in child or adult services, who have to make decisions about sharing personal information on a case by case basis. This guidance says that it is critical that where professionals have reasonable cause to believe that a child or young person may be suffering or may be at risk of suffering significant harm, they should always consider referring their concerns to children's social care or the police, in line with Local Safeguarding Children Board (LSCB) procedures. In Slough these are the Pan-Berkshire Child Protection Procedures.

In some situations there may be a concern that a child or young person may be suffering, or at risk of suffering significant harm, or of causing significant harm to another child or serious harm to an adult. However, you may be unsure whether what has given rise to your concern constitutes 'a reasonable cause to believe'. In these situations, the concern must not be ignored. You should always talk to someone to help you decide what to do - a lead person on safeguarding, a Caldicott Guardian, your manager, an experienced and trusted colleague or another practitioner who knows the person. You should protect the identity of the child or young person wherever possible until you have established a reasonable cause for your belief. Significant harm to children and young people can arise from a number of circumstances - it is not restricted to cases of deliberate abuse or gross neglect. For example a baby who is severely failing to thrive for no known reason could be suffering significant harm but equally could have an undiagnosed medical condition. If the parents refuse consent for further medical investigation or an assessment, then you may still be justified in sharing information. In this case, the information sharing would be to help ensure that the causes of the failure to thrive are correctly identified.

4.5 The guidance offers **Seven golden rules for information sharing**

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.



5. How will we ensure assessments are transparent?

- 5.1 The purpose of the assessment and the way the assessment is carried out needs to be well understood by all agencies, and by children and their families.
- 5.2 High quality assessments:
- are child centred. Where there is a conflict of interest, decisions should be made in the child's best interests;
 - are rooted in child development and informed by evidence;
 - are focused on action and outcomes for children;
 - are holistic in approach, addressing the child's needs within their family and wider community;
 - ensure equality of opportunity;
 - involve children and families;
 - build on strengths as well as identifying difficulties;
 - are integrated and multi-agency in approach;
 - are a continuing process not an event;
 - lead to action, including the provision and review of services; and
 - are transparent and open to challenge.
- 5.3 Research has shown that taking a systematic approach to enquiries using a conceptual model is the best way to deliver a comprehensive assessment for all children. A good assessment is one which investigates the following three domains, set out in the diagram on the next page:
- the child's developmental needs, including whether they are suffering or likely to suffer significant harm;
 - parents' or carers' capacity to respond to those needs; and
 - the impact and influence of wider family, community and environmental circumstances.
- 5.4 In order to provide consistency of experience for children, and to support the development of effective and reflective practice in Slough, we have developed a needs and risks assessment framework.
- 5.6 The needs and risk assessment framework draws on a number of models and provides guidance for all staff in how to proceed from referral to analysis and planning, and to effective and positive risk management. There are different evidence based approaches for the different types of needs and risks.
- 5.7 The Slough framework takes as its starting place, the Framework for the Assessment of Children in Need and their families, updated by Dalziel in 2011 (and now re-presented in Working Together 2013) and uses the step wise approach developed by De Mello and Yuille and highlighted in Calder and Hackett's Assessment in Child Care (2003). This model is the framework for all assessment work, and provides a clear and structured approach for all managers and staff in local agencies. The interaction of these domains requires careful investigation during the assessment. The aim is to reach a judgement about the nature and level of needs and/or risks that the child may be facing within their family.
- 5.8 It is important that:
- information is gathered and recorded systematically;
 - information is checked and discussed with the child and their parents/carers where appropriate;
 - differences in views about information are recorded; and
 - the impact of what is happening to the child is clearly identified.

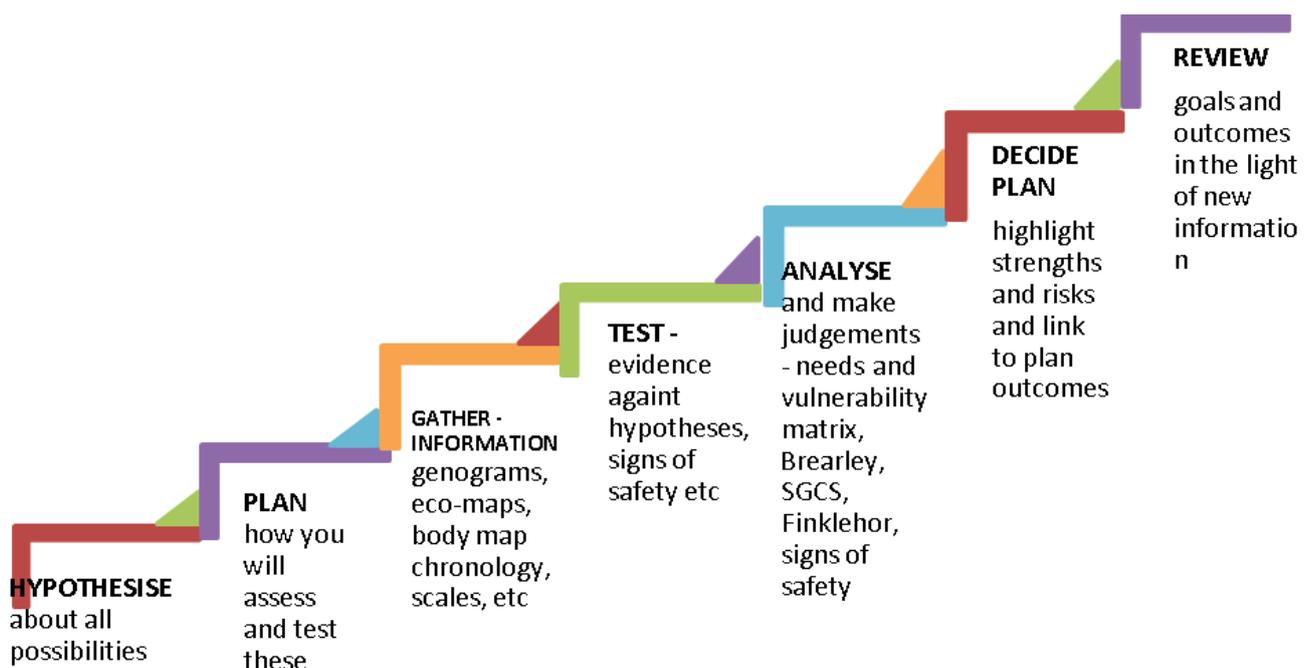
- 5.9 Every assessment should be child centred. Where there is a conflict between the needs of the child and their parents/carers, decisions should be made in the child's best interests. Each child who has been referred will have an individual assessment to respond to their needs and to understand the impact of any parental behaviour on them as an individual. Local authorities have to give due regard to a child's age and understanding when determining what (if any) services to provide and before making decisions about action to be taken to protect individual children. Every assessment must be informed by the views of the child as well as the family.
- 5.10 Children will, wherever possible, be seen alone and the social worker will ascertain the child's wishes and feelings regarding the provision of services to be delivered. It is important to understand the resilience of the individual child when planning appropriate services.
- 5.11 Every assessment should reflect the unique characteristics of the child within their family and community context. The Children Act 1989 promotes the view that all children and their parents should be considered as individuals and that family structures, culture, religion, ethnic origins and other characteristics should be respected.

- 5.12 Every assessment should draw together relevant information gathered from the child and their family and from relevant professionals including teachers, early years workers, health professionals, the police and adult social care. A high quality assessment is one in which evidence is built and revised throughout the process. It is important that agencies provide this information in a timely way.
- 5.13 A social worker may arrive at a judgement early in the case but this may need to be revised as the case progresses and further information comes to light. It is a characteristic of skilled practice that social workers revisit their assumptions in the light of new evidence and take action to revise their decisions in the best interests of the individual child. The aim is to use all the information to identify difficulties and risk factors as well as developing a picture of strengths and protective factors.
- 5.14 The social worker will analyse all the information gathered from the enquiry stage of the assessment to decide the nature and level of the child's needs and the level of risk, if any, they may be facing. The social work manager will challenge the social worker's assumptions as part of this process. An informed decision will be taken on the nature of any action required and which services should be provided.



Social workers, their managers and other professionals should be mindful of the requirement to understand the level of need and risk in a family from the child's perspective and ensure action or commission services which will have maximum impact on the child's life.

- 5.16 No system can fully eliminate risk. Understanding risk involves judgement and balance. To manage risks, social workers and other professionals should make decisions with the best interests of the child in mind, informed by the evidence available and underpinned by knowledge of child development. Critical reflection through supervision should strengthen the analysis in each assessment.
- 5.17 Social workers, their managers and other professionals should always consider the plan from the child's perspective. A desire to think the best of adults and to hope they can overcome their difficulties should not override the need to protect children from chaotic, neglectful and abusive homes.
- 5.18 Social workers and managers should always reflect on the latest research on the impact of neglect and abuse when analysing the level of need and risk faced by the child. This should be reflected in the case recording.
- 5.19 Assessment is a dynamic and continuous process which should build upon the history of every individual case, responding to the impact of any previous services and analysing what further action might be needed. Social workers must build on this with help from other professionals from the moment that a need is identified.
- 5.20 Decision points and review points involving the child and family and relevant professionals are used to keep the assessment on track. This is to ensure that help is given in a timely and appropriate way and that the impact of this help is analysed and evaluated in terms of the improved outcomes and welfare of the child.



Focusing on outcomes

- 5.21 Every assessment should be focused on outcomes, deciding which services and support to provide to deliver improved welfare for the child. Where the outcome of the assessment is continued local authority children's social care involvement, the social worker and their manager will agree a plan of action with other professionals and discuss this with the child and their family. The plan will set out what services are to be delivered, and what actions are to be undertaken, by whom and for what purpose.
- 5.22 Many services provided will be for parents or carers. The plan will reflect this and set clear measurable outcomes for the child and expectations for the parents, with measurable, reviewable actions for them.
- 5.23 The plan will be reviewed regularly to analyse whether sufficient progress has been made to meet the child's needs and on the level of risk faced by the child. This will be important for neglect cases where parents and carers can make small improvements. The test should be whether any improvements in adult behaviour are sufficient and sustained.
- 5.24 Social workers and their managers will consider the need for further action and record their decisions. These review points will be agreed by the social worker with other professionals and with the child and family to continue evaluating the impact of any change on the welfare of the child.
- 5.25 Effective professional supervision can also play a critical role in ensuring a clear focus on a child's welfare. Supervision will support social workers to reflect critically on the impact of their decisions on the child and their family. The social worker and their manager will review the plan for the child in supervision meetings. Together they will ask whether the help given is leading to a significant positive change for the child and whether the pace of that change is appropriate for the child.
- 5.26 Any professional working with vulnerable children should always have access to a manager to talk through their concerns and judgements affecting the welfare of the child. Assessment should remain an ongoing process, with the impact of services informing future decisions around action.



6. How will we ensure that assessments are proportionate?

- 6.1 The timeliness of an assessment is a critical element of the quality of that assessment and the outcomes for the child. The speed with which an assessment is carried out after a child's case has been referred will be determined by the needs of the individual child and the nature and level of any risk of harm faced by the child. This will require judgements to be made by the social worker in discussion with their manager on each individual case.
- 6.2 Assessments need to be completed quickly, in the least number of days necessary to assess the needs and risks for individual children. But thorough enough to assess, and then plan to meet need.
- 6.3 For children who are in need of immediate protection, action must be taken by the social worker or the police as soon as possible after the referral has been made (sections 44 and 46 of the Children Act 1989).
- 6.4 Social workers or the police should:
- initiate a strategy discussion to discuss planned emergency action. Where a single agency has to act immediately, a strategy discussion should take place as soon as possible after action has been taken;
 - see the child (this should be done by a practitioner from the agency taking the emergency action) to decide how best to protect them and whether to seek an Emergency Protection Order (EPO); and
 - wherever possible, obtain legal advice before initiating legal action, in particular when an EPO is being sought.
- 6.5 The maximum timeframe for a statutory assessment to conclude should be no longer than 45 working days from the point of referral.
- 6.6 If, in discussion with a child and their family and other professionals, an assessment exceeds 45 working days the allocated social worker should record the reasons for exceeding the time limit.
- 6.7 Whatever the timescale for assessment, where particular needs are identified at any stage of the assessment, social workers will not wait until the assessment reaches a conclusion before commissioning services to support the child and their family. In some cases the needs of the child will mean that a quick assessment will be required.
- 6.8 The assessment of neglect cases can be difficult. Neglect can fluctuate both in level and duration. A child's welfare can, for example, improve following input from services or a change in circumstances and review, but then deteriorate once support is removed. Professionals must be wary of being too optimistic. Timely and decisive action is critical to ensure that children are not left in neglectful homes.
- 6.9 It is the responsibility of the social worker to make clear to children and families how the assessment will be carried out and when they can expect a decision on next steps.
- To facilitate the shift to an assessment process which brings continuity and consistency for children and families, there is no longer a requirement to conduct separate initial and core assessments. Slough Children's Social Care will conduct a single, Child and Family Assessment.
- 6.10 Slough's single Child and Family assessment procedure includes a **Review Point within 10 days** from the point of referral. Within the first 10 days the social worker and their manager must meet to decide on the outcomes so far and the timescale of the Child and Family Assessment.
- 6.11 With enough information the manager may decide that no further Children's Social Care involvement is needed at this stage: other action may be necessary e.g. onward referral, early help assessment/services.

- 6.12 This is a crucial time for gathering information. The allocated social worker will visit the family and see the child. It will be necessary to ask other agencies for their information, and to discuss developmental needs, parental capacity and environment factors with involved professionals. The social work manager will challenge the social worker about having enough information to make a decision at this stage.
- 6.13 If the assessment is to continue, the social worker and their manager may decide on and plan for **within 20 days** or **within 30 days** or **within 40 days** from the point of referral.
- 6.14 The social worker must book a **Child Protection Conference** to take place **within 15 days** of the decision to begin a (section 47) child protection enquiry, or book a **Children in Need meeting** to take place **within 15 days** of the point of referral.
- 6.15 Child Protection Conferences and Children in Need Meetings are multi-agency forums and there is an expectation that professionals will share information with each other and with the family (and sometimes the child or young person) and contribute to plans to meet children's needs or reduce risk of harm. The lead professional is always the local authority social worker.



7. How will we address the needs of disabled children, young carers and children involved in the youth justice system?

7.1A disabled child in a family will receive a Child and Family Assessment as any other child. In Slough, the specialist Learning Difficulties and Disabilities Children's Social Work team will undertake the assessment if the child meets the criteria set out below. If the child does not meet these criteria, the assessment will be carried out by an Assessment and Child in Need team social worker.

7.2 Any service eligibility assessment, carer assessment or special educational need assessment will be taken into consideration by the assessing social worker before concluding the analysis and agreeing with the family any future multi-agency plan.

7.3 Any Special Educational Needs (SEN) assessment will take into account any statutory assessment that has occurred within 3 months. Where a child is known and open to a social worker or child and family worker, then the statementing officer leading the assessment will initiate contact and receive an update of the child's progress and family circumstances as identified in the last review of any plan so that assessments of educational, social and health needs are coordinated.

Eligibility Criteria for Direct Referrals to LDD Social Care

7.4 Severe or Profound Learning Disability:

- Child or young person needs full time help with every aspect of their lives, including eating, drinking, washing, dressing and toileting;
- Child or young person has a Statement of SEN and attends a special school, requires constant supervision during school breaks and lunch times and 2:1 adult supervision when in the community.
- Child or young person diagnosed with severe or profound:
 - Learning Disability/Developmental Delay;
 - Physical Disability;
 - Sensory Disability;

- Multiple disabilities that impact on the child or young person to the same degree as a diagnosis of severe/profound disability.

- Child or young person is diagnosed with complex health needs including cancer / palliative/transplant/life threatening condition.
- Child or young person has severe behavioural difficulties related to child's permanent and severe / profound disability.

7.5 The LDD Service will also receive transfers from Children and Families teams where the child or young person is diagnosed with moderate to severe disabilities and an assessment has identified a serious risk to the child or young person. The child could be at risk of full time accommodation or family breakdown without specialist provision or the carers have one of the following issues that may impact on their ability to care for them on a full time basis:

- Carer of child or young person has a disability or long term health needs i.e. physical, learning or mental health condition;
- Carer of child or young person has regular sleep deprivation due to child or young person's disability;
- Carer of child or young person has known significant pressures in the home environment e.g. domestic violence;
- Carer of child or young person is a sole carer with a limited support network;
- Child or young person is in receipt of higher rate DLA - Care Component.

7.6 Severe or Profound Physical Disability:

- Child or young person is wheel chair dependent both inside and outside the home environment;
- Child or young person is reliant on specialist equipment for transfers and mobility generally;

- Child or young person is dependent on others for feeding, bathing, dressing and toileting;
- Child or young person is in receipt of higher rate DLA - Mobility Component.

7.7 Severe or Profound Sensory Disability:

- Child or young person is registered blind;
- Child or young person has severe hearing and/or visual impairment and requires the need for additional supervision to maintain safety and to access specialist
- Child or young person has no language or communication appropriate to age.

7.8 Complex Health Needs:

- Child or young person has complex health problems requiring specialist advice and guidance which is under regular review at specialist hospital.

7.9 Severe Behavioural Difficulties related to Child's Permanent and Severe or Profound Disability:

- Child or young person is diagnosed with a permanent disability e.g. some ASD and requires 2:1 adult supervision in the community.

Eligibility Criteria for Transfers from Children and Families social work teams to LDD

7.10 Moderate to Severe Learning Disability:

- Child or young person needs significant help with every aspect of their lives, including eating, drinking, washing, dressing and toileting;
- Child or young person has a Statement of SEN, attends a special school and requires constant supervision during school breaks and lunch times and 2:1 adult supervision when in the community;
- Child or young person is in receipt of middle rate DLA - Care Component.

7.11 Moderate to Severe Physical Disability:

- Child or young person is able to walk with aids or uses a wheelchair;

- Child or young person is able to manoeuvre self at least some of the time in wheelchair of either electric or manual type;

- Child or young person is reliant on others for feeding, bathing, dressing and toileting;

- Child or young person is in receipt of lower or higher rate DLA - Mobility Component.

7.12 Moderate to Severe Sensory Disability:

- Child or young person is eligible for registration as partially sighted;
- Child or young person has severe hearing and/or visual impairment and requires the need for additional supervision to maintain safety and to access specialist support;
- Child or young person has very little or no speech, but is able to communicate at least basic needs using any method, e.g. PECS, signing.

Referral Process

7.13 Where a referral is received through the Children's Duty and Early Help Referral Team and it appears that the criteria for the Service for Children with Learning Difficulties & Disabilities are met, consultation will take place and advice sought as to whether the criteria are met.

7.14 Where there is a dispute, the matter should be discussed between the relevant Practice Managers (team managers) with a view to resolution. Where the dispute remains unresolved, the matter should be referred to the Head of Service with a view to resolution.

Assessment Process

7.15 All children who meet the criteria for the Service for Children with Learning Difficulties & Disabilities will receive a single assessment. This assessment will be completed by the LDD service if the child meets the severe disability threshold, or the Assessment and Child in Need team if the child has a moderate disability with other compounding complex environmental/parenting concerns.

- 7.16 The Assessment will be carried out in consultation with the family, using information from other professionals as appropriate. It is the impact the disability has on daily living that is a key part of the assessment. Additional specialist assessments will be commissioned as necessary from Occupational Therapy and/or Sensory Impairment.
- 7.17 When a child is referred for an occupational therapy assessment and they meet the LDD eligibility criteria, a specialist occupational therapy assessment will be completed subject to the urgency of the equipment needs for the child. For non urgent occupational therapy referrals, a waiting list is in place.
- 7.18 If during the occupational therapy assessment other needs are identified, the Occupational Therapist will refer the child and family back to the LDD social work team for further assessment.
- 7.19 The assessment may identify that needs arise due to a child's disability or as a result of a parent's health or disability or a child may be in need of protection from abuse or neglect.
- 7.20 Parents of children with disability and the child (depending of their age and level of understanding) will be given information about the Disability Register.
- 7.22 Where it is agreed that the assessment will be undertaken by the Duty team or an Assessment and Child in Need team, appropriate advice will be provided by the LDD Service relating to issues arising from any disability. However, the assessment process and any instigation of child protection procedures will remain the responsibility of the Duty team or Assessment and Child in Need team until such time as the case is formally transferred.
- 7.23 The Service for Children with Learning Difficulties & Disabilities (LDD) will usually undertake all necessary section 47 child protection enquiries (assessments) and legal proceedings in respect of children who are already open cases.
- 7.24 In cases where there is a child with disability as one of a group of siblings under child protection procedures, joint working will occur between the LDD and the relevant children's social care team as agreed between the respective managers.

Services to Children with Disability

Children with disabilities and Child Protection concerns

- 7.21 With new referrals (i.e. where the case is not open to the LDD Service) and where the primary concern is child protection, following the initial enquiries carried out by the Duty team, a discussion will take place between the relevant managers within the Duty team and the Service for Children with Learning Difficulties & Disabilities as to which service will hold responsibility for the case and undertake the relevant assessment.
- 7.25 As a general principle, where children and families can receive mainstream services, these should be provided as a way of minimising the impact of disability and avoiding any unnecessary segregation.
- 7.26 Where the assessment identifies that specialist services are required, these may be provided by health or voluntary agencies as well as the local authority. The assessment will make recommendations as to the kind of services or equipment that are required to meet the child's needs.
- 7.27 Any recommendation for the provision of equipment requires the approval of the Service for Children with Learning Difficulties & Disabilities Manager. If approved, equipment will usually be provided on a long term loan basis. Adaptation work through a Disabilities Facilities Grant can be carried out by referral to the local authority and the family will be given assistance with this.

7.28 The support services that may be included in a support package for a disabled child and his/her family range from:

- The provision of information on activities, clubs, playgroups and play schemes;
- The provision of advice and information about other organisations which may be able to offer help and support;
- Support for the child in/outside the home;
- Day care services such as childminding;
- Short breaks providing overnight care;
- Support services using direct payments.

7.29 When services have been agreed, they will be incorporated into a Child in Need Plan - or, where the child becomes Looked After, a Care Plan or Short Break Plan.

Services to Carers

7.30 Services can also be provided to carers where the child is disabled. Under the Carers (Recognition and Services Act) 1995 carers are entitled to an assessment of their own needs. Any such assessment of carers should follow the guidance in the Assessment Framework (as revised by Working Together 2013).

Disability Register

7.31 In Slough the disability register is called the KITE Register holds information about children with disability and is a legal requirement for all local authorities to have such a register. Parents can register themselves at <http://servicesguide.slough.gov.uk> and supply information about their child for inclusion on the register. The register is used to plan and develop services for children with disability and also to assist Adult Services with information on future service needs.

Reviews

7.32 Reviews of Child in Need Plans for children with disability take place within 3 months of the start of the plan and thereafter six monthly. Reviews are conducted more frequently where circumstances require it, e.g. where there has been a significant change in the child's circumstances or with the resource or resources involved.

7.33 The review is usually conducted by the allocated worker contacting all those involved in the plan. The worker will then prepare a summary of the comments and observations made and present it to the Service for Children with Learning Difficulties & Disabilities Practice Manager for approval. Where necessary, changes to the Child in Need Plan will be made and the amended plan circulated to all involved as set out in Child in Need Plans and Review Procedure.

7.34 If a young person approaching their 16th birthday has a disability which means they may receive a service when they become an adult, the assessing and reviewing social worker will use the Transition Protocol to guide further assessment of needs for services into adulthood.

Transition Protocol

(this is currently draft and under review)

8. How will we address the needs of young carers?

- 8.1 Young carers are children and young people under 18 who provide regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances.
- 8.2 Inappropriate caring roles or long hours of caring can have a detrimental impact on young carers. Their health and educational achievement may suffer as well as being bullied and/or socially isolated. Young carers want their school, teachers and other staff to be more supportive of their caring role, recognising that they are balancing a demanding home life with education. Young carers are often strongly attached to their caring role and in some cases it is only with assertive support from trusted others that they can be encouraged to accept help to reduce the impact of their caring role on other aspects of their life.
- 8.3 The key to ensuring better support and outcomes for young carers is effective assessment and support, ideally through early identification and early help.
- 8.4 Where Adult Services are carrying out an assessment of an adult's needs they will consider these questions as part of their assessment:
- Who is helping to care for the adult being assessed?
 - Does the adult have children younger than 18 years old?
 - What effect does any health problem have on the children in the household?
 - How much do the children help out?
 - Does the adult need more support as a parent?
 - Do the children in the household need more support?
 - Is any child in the household at risk of significant harm?
- 8.5 Other agencies and professionals working directly with children may have concerns that a child could be a young carer with some of the signs being:
- Anxiety or concern over an ill or disabled relative - needing to be in constant touch with home
 - Often late or misses days or weeks from school or youth group for no apparent reason and being secretive about home life
 - Often tired, withdrawn or stressed
 - Isolated or a victim of bullying - either because of the situation in the family, or because they lack social skills when they are around their peers. Some children may take on a caring role with younger children and in contrast they may be confident with adults
 - Behavioural problems - there is often a big difference between the young people who seems "mature beyond their years" in their home environment, where they are very protective of a relative they are caring for and the young person who takes out their pent-up frustration or stress at school or in a youth group.
 - Suffering from back pain due to lifting heavy loads
- 8.6 In many cases, young carers identified in these ways can be supported through assessment and intervention under an Early Help common assessment framework with a lead professional and the implementation of an effective Team Around the Family (TAF) using a whole-family approach to meeting the needs and building on the strengths of everyone in the household.
- 8.7 Where, despite intervention under Early Help, there are concerns that a young carer may be a child in need or a child in need of protection, a referral will be made to Children's Social Care.
- 8.8 There are a number of published assessment tools to assist professionals in the assessment and evaluation of work with young carers including:

- Multidimensional Assessment of Caring Activities - an 18 item self report measure that can be used to provide an index (or score) of the total amount of caring activity undertaken by a child or young person;
- Positive and Negative Outcomes of Caring - a 20 item self report measure that can be used to provide an index (or score) of the subjective cognitive and emotional impact of caring in children and young people; and
- Multidimensional Assessment of Caring Activities - a 42 item tool that might be useful in one-to-one contexts where professionals want to explore with young carers the nature and extent of their caring tasks.

8.7 These tools should not be used in isolation but they can complement what is already known about a young person and their family and they can help to better inform any assessment under Early Help or within Children's Social Care.



- 8.8 Where a young carer is referred to Children's Social Care or where it becomes apparent during an existing assessment that a child may be a young carer, the social worker will make enquiries with Adult Services to determine if the child's parent is known to their service. If they are not known, the child's social worker will make a referral to Adult Services. If the referral is accepted or if the parent is already known to Adult Services, the child's social worker will continue to lead the Children's Social Care assessment but the two services will work together taking a 'whole-family approach' to consider within the assessment the impact of the parental disability or illness on the child; including whether any care or support they are providing is impacting on their own wellbeing and whether any services can be implemented to improve their outcomes.
- 8.9 An assessment by Children's Social Care will also trigger a review of the parent's care package by Adult Services, if one is in place. This will help to determine if any new or alternative support can be put in place to reduce the demands being placed on any young carers in the household.
- 8.10 Where a child is assessed as a child in need, the child's social worker will co-ordinate a care team with all relevant professionals to discuss the whole family's needs including who is providing what. The care team will then regularly review the needs of the whole family.

9. Slough Youth Offending Team (Slough YOT) and the assessment of young offenders

- 9.1 Youth Offending Teams (YOTs) were established in all local government areas in England and Wales under the 1198 Crime and Disorder Act.
- 9.2 These teams are tasked with carrying out all Youth Justice services within the area. Slough
- 9.3 The Slough YOT is a multi-agency team that brings together the experience of police, social services, youth and community, probation, education and health, in order to prevent offending and re-offending by children and young people.
- 9.4 Having representatives from all agencies based on one team helps to make sure a more comprehensive and cohesive service is provided. These services aim to prevent offending and re-offending by children and young people.
- 9.5 Slough YOT aims to:
- engage young offenders at an early stage, and in the context of their families, so that offending behaviour can be tackled before it becomes entrenched,
 - deliver services to children and young people who have offended (Statutory Services) and those at risk of offending (Preventative Services),
 - enable young people to stop offending and instead learn about themselves and maximise their full potential,
 - enable young people to contribute to society repairing any harm done, in a direct or indirect manner.
 - prevent offending behaviour and promote a safe community, and enable young people to recognise the importance of apologising and offering reparation to their victims.
 - safeguard young people.
- to enable young people to understand why they offended and how they can avoid future offending. By listening to young people, understanding their needs, and working with them to help them to help themselves and avoid offending
 - employing sanctions that deter offending behaviour.
- 9.8 The YOT runs a range of in-house tailor made programmes providing young people with essential skills that can positively affect their lives and those around them. These include:
- Coping with Anger: Looking at what makes young people tick and ways in which anger can be controlled.
 - Offending Behaviour: An insight into the consequences of offending and looking into ways to avoid/prevent offending.
 - Drugs and Alcohol Awareness: Educating and raising awareness of the effects of drugs and alcohol and the consequences of excess use.
 - Citizenship: An opportunity for active participation in community events and how young people can positively contribute to the community.
 - Cultural Awareness: An insight into the vast range of local culture and the religious customs which surround young people, supporting the development of community cohesion.
 - Education and Employment: Providing support in remaining and achieving education and learning in those essential skills required for the workplace, including receiving support in completing application forms and CV's.
- 9.6. The YOT offer many activities, residential and one day excursions to help young people to build their self esteem, consider law abiding options and recognise and use their skills and talents.

Youth justice assessments

- 9.10 Any youth justice assessment must take account of any current Children Act 1989 S17 or S47 assessments and plans and any Early Help assessment.
- 9.11 Youth Justice ASSET Assessment is a structured tool used by all Youth Offending Teams when working with young people who come into contact with the Criminal Justice System. It aims to look at the young person's offence and identify factors or circumstances which may have contributed to such behaviour. The information gathered from ASSET is used to inform court reports and help formulate plans of intervention to address needs, vulnerability and risk.
- 9.12 Under section 3 of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 a child becomes looked after by the Local Authority when they are remanded into Local Authority Accommodation by a Criminal Court or made subject of Youth Detention Accommodation. The statutory guidance for care planning and eligibility for services therefore also apply in these circumstances.



10. How will statutory Child and Family assessments be informed by other specialist assessments?

- 10.1 The Child and Family Assessment is informed by other specialist assessments, it may trigger another agency assessment or contribute to them.
- 10.2 When a Child and Family Assessment is begun, the social worker must ensure that any other current or ongoing assessments by other agencies are identified and requested from partners. This means that all relevant information, assessments and plans, made by professionals with the child and family informs the Child and Family Assessment.
- 10.3 Professionals who have contributed to the Child and Family Assessment will be recorded on the assessment form and their analysis of the main strengths and concerns of the current circumstances for the child and family will be explicitly taken into account throughout.

Court related assessments

- 10.4 If a Court has concern for the welfare of a child during the course of proceedings in a private law application then they can ask a social worker to conduct a Section 37 assessment. The information gathered during this assessment will assist in the decision making and planning for the child.
- 10.5 Where a child is currently in receipt of or has received a service from Children's Services the court may ask the Local Authority for a Section 7 Assessment when they are considering any private law application under the Children Act 1989. Otherwise social workers from Child and Family Court Advisory Support Service (CAFCASS) may produce such reports for the court.

Private Fostering

- 10.6 A Private Fostering Assessment must be completed when a child under the age of 16 years (18 years if the child has a disability) has been cared for by someone who is not a close relative for longer than 28 days. The statutory assessment is to ascertain the carer's suitability to care for the child/young person and must also consider the child's needs to ensure the carers are able to provide suitable day to day care of the child/young person. In most cases, the Private Fostering Assessment would be followed by a Child and Family Assessment.

Adoption Orders

- 10.7 Assessment of prospective adopters including step parent adopters are different from a statutory assessment of a child's needs, but the child's need must be considered when completing these assessments to ensure the adopters are able to care for the child and meet their needs.

Special Guardianship/Residence Orders

- 10.8 Special Guardianship Order/Residence Order assessments of friends or family capacity to become Special Guardians or exercise parental responsibility via a Residence Order for a child. This is different from a statutory assessment of a child's needs, but the child's need must be considered during any relevant private law or public law proceedings to ensure the carers are able to care for the child and meet their needs.

Health related assessments

10.9 Health assessments provide valuable input and insight into the wider assessment process and should be considered for all children where a Section 47 assessment is being considered. Health assessments should be performed in a timely manner by health professionals who have the experience and capacity to undertake a comprehensive medical and developmental history and perform an appropriate physical examination. In the majority of cases this will be a Consultant Paediatrician. Sexual abuse requires a different level of experience and competence which the majority of paediatricians will not have.

All cases where physical abuse or neglect are considered should be discussed with the local on call Consultant Paediatrician and a timely appointment arranged for assessment. This may in some cases be a planned appointment within 24-48 hours. Urgent cases, where there are concerns about medical wellbeing, should be seen as soon as possible.

Any limitations of a parent or older adolescent (16 plus) to consent and contribute to a statutory assessment under the Children Act 1989 may be assessed under Mental Capacity Act or Mental Health Act by health or adult professionals.



11. What is the process for assessment for children who are returned from care to live with their families?

- 11.1 If Children's Social Care are considering returning a child in care to their parents, the local authority's 'Placement of a Child in Care with Parents' procedure must be followed.
- 11.2 All placement decisions are subject to the duty set out in the Children Act 1989 Section 22(3) that the placement is the most appropriate way to safeguard and promote the child's welfare.
- 11.3 The vast majority of children are looked after because of abuse or neglect. Where a child is subject of a care order because they were suffering or were likely to suffer significant harm, it will not be consistent with their welfare to return home if the factors which led to these concerns have not been addressed and resolved.
- 11.4 Placement decisions must therefore be underpinned by an up to date assessment of the child's needs and family circumstances.
- 11.5 In all cases other than those in which the placement decision is being made by a Court or where a placement decision is being made in an emergency there must have been a looked after review to consider any plan to place a child who is subject of a care or interim care order with their parent(s).
- 11.6 In cases where a child has been placed in an emergency or where the placement decision has been made by a Court, a looked after review must be carried out within two weeks of the placement being made. However, in these circumstances, the Independent Reviewing Officer must be consulted as soon as is reasonably possible.
- 11.7 Before a placement is made, the social worker must carry out an assessment of the suitability of the parent to care for the child, taking into account the suitability of the proposed accommodation and of other people in that accommodation.
- 11.8 Factors to be given particular weight when assessing the parenting capacity of the parent include their physical, mental and emotional health and their age. Unless there are adequate protective factors in place, domestic violence, parental alcohol or substance abuse, uncontrolled mental health problems and severe learning disabilities can have an adverse impact on the parent's capacity to safeguard and promote the child's welfare. It is therefore particularly important to assess these issues and to explore whether, if they formed part of the grounds for a care order, the parent has had sufficient support in addressing them before a child returns home.
- 11.9 The assessment must include any available information about the parent's previous experiences of looking after children. Where the parent has other children of their own who are subject to care or adoption orders, earlier case records should be explored to ascertain the circumstances which led to social work involvement with these children, and any indicators that the capacity of the parents to bring up children has changed.
- 11.10 Where consideration is being given to a child being placed with a parent and where that parent has a new partner, the assessment must take account of parental and family history and wider family functioning of the new partner as well as the relationship between the child and the new partner.
- 11.11 The assessment must also consider all members of the household who are aged 18 or over and police checks should be obtained on all of these individuals. The assessment should also address the history and current lifestyle of any other young people in the household who are under 18. It is important to assess the relationships between the parent with whom the child will live, and other adults who have a significant role in the child's life such as grandparents. As part of the assessment, the social worker should consult with and gather information from other professionals to determine whether they have any views or information which would raise concerns about the proposed placement.

12. How will we ensure that each child and family understands the type of help offered and their own responsibilities, so as to improve the child's outcomes? What is the process for challenge by children and families?

- 12.1 This Assessment Protocol requires decisions to be recorded in accordance with locally agreed procedures.
- 12.2 For Children's Social Care, recording should include information on the child's development so that progress can be monitored to ensure their outcomes are improving.
- 12.3 Children, families and other professionals should be informed of the outcomes of every assessment, and this will include a copy of any Child and Family Assessment, notes from Children in Need meetings and Child Protection Conferences, copies of Child in Need plans and Child Protection Plans and any other Specialist assessments.
- 12.4 It is the social workers job, the teachers job, the nurse's job, the police officer's job, etc. to explain what they are doing and why they are doing it, and to check that parents and children understand what is happening and what is going to happen.
- 12.5 For children that are at risk of significant harm, such that the local authority is considering applying to the Court to share parental responsibility, even to remove children from their parents, a good Child and Family Assessment will reduce the need for repeat assessments during care proceedings, which can be a major source of delay.

Challenge

Working Together 2013 states that there needs to be a clear process for challenge by children and families through an accessible Complaints Procedure. Slough Borough Council's Children's Services Children Act Complaints Procedure can be found on the Slough Borough Council website.

Children's Services have published a booklet for children and young people who receive a service from Children's Services and this can be found on the council's website.



Review and contribution points	What Children's Social Care is expected to do	What partner agencies are expected to do
<p>Contact and referrals</p> <p>Means getting in touch, usually by telephone, with Children's Social Care about concern for a named child or children</p> <p>Working Together 2013 uses both contact and referral. Anyone who has concerns about a child's welfare should make a referral: children themselves, teachers, a GP, the police, health visitors, family members and members of the public. Children's Social Care should act as the principal point of contact for welfare concerns relating to children.</p>	<p>After basic information-gathering by the Customer Support Officers and/or the duty social workers, the Duty Social Worker Manager will decide if the threshold for Children's Social Care is met, in which case a referral into that service will be made.</p> <p>If the threshold for Children's Social Care is not met, the Duty Early Help Manager will decide which service in Slough appears to be the most appropriate to provide support to the family based on the level and type of need. With assistance from a multi-skilled team.</p> <p>There is a 'Threshold Document' with information about the levels of need and risk.</p> <p>Level 1 Where need is relatively low level individual services and universal services may be able to take swift action.</p> <p>Level 2 For other emerging needs a range of early help services may be required, coordinated through an early help assessment.</p> <p>Level 3 Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need).</p> <p>Level 4 Where there are child protection concerns (reasonable cause to suspect a child is suffering or likely to suffer significant harm) local authority social care services must make enquiries and decide if any action must be taken under section 47 of the Children Act 1989.</p> <p>The local authority and its LSCB partners have agreed the levels for the different types of assessment and services to be commissioned and delivered, and Children's Social Care should make sure this information is readily available and understood.</p>	<p>If a member of the public or a professional has concerns about a child's welfare and believes they may be suffering or likely to suffer harm, then they can share the information they have with Children's Social Care and ask for advice about the next step.</p> <p>If he/she is not sure that the level of risk meets the threshold for a referral to Children's Social Care they should telephone and ask to speak to a duty Social Worker. They should share any information they have on the child's circumstances, their developmental needs and the capacity of the child's parents or carers to meet those needs.</p> <p>If a professional is sure about the need for a referral (meets the threshold) to Children's Social Care, they should request a service using a referral form.</p> <p>Where an Early Help Assessment has already been undertaken it should be used to support a referral, or a new Multi Agency Assessment Referral Form should be used.</p> <p>Best practice is to telephone first and speak to a duty social worker. Then follow this up with a faxed copy or electronic copy (email with attachment) of the appropriate form. The same form is in use for an Early Help Assessment or a Multi Agency Referral to Children's Social Care. One Front Door.</p>

<p>Review and contribution points</p>	<p>What Children's Social Care is expected to do</p>	<p>What partner agencies are expected to do</p>
<p>Information sharing and consent</p> <p>Working Together 2013 says that all organisations should have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and with the LSCB.</p>	<p>Seven golden rules for information sharing</p> <ol style="list-style-type: none"> 1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately. 2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so. 3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible. 4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case. 5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions. 6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely. 7. Keep a record of your decision and the reasons for it - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose. <p>No professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with local authority children's social care.</p>	

Review and contribution points	What Children's Social Care is expected to do	What partner agencies are expected to do
<p>Once the referral is accepted:</p> <p>Children's Social Care agree to provide a service</p> <p>Within one working day of a referral being received a duty team social work manager will make a decision about the type of response that is required.</p>	<p>The response to a referral will include determining whether:</p> <ul style="list-style-type: none"> the child requires immediate protection and urgent action is required; the child is in need, and should be assessed under section 17 of the Children Act 1989; there is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm, and whether enquires must be made and the child assessed under section 47 of the Children Act 1989; any services are required by the child and family and what type of services; and further specialist assessments are required in order to help to decide what further action to take. <p>The child and family will be informed of the action to be taken as soon as possible, and the duty social worker or allocated social worker will aim to see the child within 48 hours of the referral being made, and as soon as possible, if the decision is taken that the referral requires further assessment.</p>	<p>Duty social workers and their managers need information from other agencies (and sometimes from the family) to make their decision to accept a referral, and to decide what to do next. So professionals approached by Children's Social Care and asked to provide information about a child or family, or to be involved in an assessment, should comply promptly with this request for information. Requests for information may be made to your agency, regardless of who made the referral to Children's Social Care.</p>
<p>Needs and Risks assessment at the point of referral</p>	<p>The duty manager will record an initial analysis of the needs and risks for this child, based on the information received from the referrer, and the information received from other agencies consulted during the first 24 hours. This will replace any "Risk Matrix" as part of the social work record.</p>	<p>Once the referral has been accepted the lead professional role falls to a duty team social worker who will clarify with the referrer the nature of the concerns and how and why they have arisen. The duty social worker will also talk to other agencies known to be involved with the child. Professionals approached by Children's Social Care and asked to provide information about a child or family, or to be involved in an assessment, should comply promptly with this request for information.</p>

Review and contribution points	What Children's Social Care is expected to do	What partner agencies are expected to do
<p>First Review Point</p> <p>The first assessment review within 10 days</p>	<p>Within the first 10 days the allocated social worker (from one of four Assessment and Children in Need teams) and their manager must meet to decide on the outcomes so far and the timescale of the Child and Family Assessment.</p> <p>With enough information the manager may decide that no further Children's Social Care involvement is needed at this stage: other action may be necessary e.g. onward referral, early help assessment / services.</p> <p>How much information may depend on the purpose of the assessment, and will make the difference between a short or long assessment.</p> <p>If the assessment needs to continue, the manager must decide how long the assessment will take. Another 10 days (20 days), another 20 days (30 days), or another 30 days (40 days).</p>	<p>The manager may decide that best practice would be for the involved professionals to come to an early information sharing meeting with family members, after the referral and before the first review point.</p> <p>This will require agreement and cooperation from all agencies, and professionals approached by Children's Social Care and asked to attend a multi-agency meeting should try to attend.</p>
<p>Children in Need Meetings</p> <p>Section 17 assessment leading to a Children in Need Meeting within 15 days of the point of referral</p>	<p>Within 10 days of the referral (on or before the first review point), the social worker must book a Children in Need meeting. This means writing to the family members and all the involved agencies explaining that the assessment is continuing or that the child is judged to be "in need", and has been assessed under section 17 of the Children Act 1989.</p> <p>At the meeting the social worker reviews the plan and desired outcomes for the child with the family and other professionals, and decides to continue with a Child in Need Plan or to refer to non-statutory services for 'step down' to an Early Help plan, or to close the case without this step down.</p>	<p>Agencies and the family (and sometimes the child or young person) are asked to come together to agree a Child in Need plan if they think this is appropriate.</p> <p>All involved professionals should:</p> <ul style="list-style-type: none"> • participate in further discussions as necessary; • contribute to the development of any plan as appropriate; • provide services as specified in the plan for the child; and • review the impact of services delivered as agreed in the plan. <p>Or if the information shared by professionals at the meeting is about actual or potential significant harm, the social worker may decide on a strategy meeting to consider section 47 child protection enquiries.</p>

Review and contribution points	What Children's Social Care is expected to do	What partner agencies are expected to do
<p>Immediate protection</p> <p>The child requires immediate protection and urgent action is required;</p>	<p>Social workers or the police should: initiate an immediate strategy discussion to discuss planned emergency action. Where a single agency has to act immediately, a strategy discussion should take place as soon as possible after action has been taken.</p>	<p>Usually this will only involve the Police and Children's Social Care. Someone should see the child (this should be done by a practitioner from the agency taking the emergency action) to decide how best to protect them and whether to seek an Emergency Protection Order (EPO); and wherever possible, obtain legal advice before initiating legal action, in particular when an EPO is being sought.</p>
<p>No emergency action required</p>	<p>The social worker must book a Children in Need meeting within 15 days of the referral.</p>	<p>With family and other professionals, agree plan for ensuring child's future safety and welfare and record decisions, and act on it. The social worker discusses next steps including review/decision points with child, family and other professionals.</p>
<p>Strategy discussion, and strategy meetings</p> <p>Where information gathered during an assessment (which may be very brief) results in the social worker suspecting that the child is suffering or likely to suffer significant harm, the local authority should hold a strategy discussion to enable it to decide, with other agencies, whether to initiate enquiries under section 47 of the Children Act 1989.</p> <p>This may be a second strategy discussion after appropriate emergency action has been taken or after initial information gathering.</p>	<p>Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there should be a strategy discussion. This might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary.</p> <p>Social workers and their managers must convene the strategy discussion and make sure it:</p> <ul style="list-style-type: none"> considers the child's welfare and safety, and identifies the level of risk faced by the child; decides what information should be shared with the child and family (on the basis that information is not shared if this may jeopardise a police investigation or place the child at risk of significant harm); agrees what further action is required, and who will do what by when, where an EPO is in place or the child is the subject of police powers of protection; records agreed decisions in accordance with local recording procedures; and follows up actions to make sure what was agreed gets done. 	<p>A local authority social worker and their manager, health professionals, and a police representative should, as a minimum, be involved in the strategy discussion.</p> <p>Other relevant professionals will depend on the nature of the individual case, but may include the professional or agency which made the referral, the child's school or nursery, any health services the child or family members may be receiving.</p> <p>All attendees should be senior enough to make decisions on behalf of their agency.</p> <p>A strategy discussion can take place following a referral or at any other time, including during the assessment process.</p>

<p>Review and contribution points</p>	<p>What Children's Social Care is expected to do</p>	<p>What partner agencies are expected to do</p>
<p>Decision to initiate section 47 child protection enquiry</p> <p>The social worker leads the enquiry (an assessment) under section 47 of the Children Act 1989.</p> <p>Assessments follow the local protocol based on the needs of the child within 10, 20, 30 or 40 working days of the point of referral.</p>	<p>Social workers with their manager should:</p> <ul style="list-style-type: none"> • carry out enquiries in a way that minimises distress for the child and family; • see the child who is the subject of concern to ascertain their wishes and feelings; assess their understanding of their situation; assess their relationships and circumstances more broadly; • interview parents and/or caregivers and determine the wider social and environmental factors that might impact on them and their child; • systematically gather information about the child's and family's history; • analyse the findings of the assessment and evidence about what interventions are likely to be most effective with other relevant professionals to determine the child's needs and the level of risk of harm faced by the child to inform what help should be provided and act to provide that help; and • follow the guidance set out in Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures, where a decision has been made to undertake a joint interview of the child as part of any criminal investigation. 	<p>The police, health professionals, teachers and other relevant professionals should help the local authority in undertaking its enquiries. Partner agencies should be involved in the assessment and provide further information about the child and family, and agree further action including what services would help the child and family. Partner agencies should inform children's social care if any immediate action is required.</p> <p>The police should:</p> <ul style="list-style-type: none"> • help other agencies understand the reasons for concerns about the child's safety and welfare; • decide whether or not police investigations reveal grounds for instigating criminal proceedings; • make available to other professionals any evidence gathered to inform discussions about the child's welfare; and • follow the guidance as for social workers <p>Health professionals should:</p> <ul style="list-style-type: none"> • undertake appropriate medical tests, examinations or observations, to determine how the child's health or development may be being impaired; • provide any of a range of specialist assessments. E.g. , physiotherapists, occupational therapists, speech and language therapists and child psychologists; and • ensure appropriate treatment and follow up health concerns. <p>All involved professionals should:</p> <ul style="list-style-type: none"> • contribute to the assessment as required, providing information about the child and family; and • consider whether a joint enquiry/investigation team may need to speak to a child victim without the knowledge of the parent or caregiver.

Review and contribution points	What Children's Social Care is expected to do	What partner agencies are expected to do
<p>When child protection concerns are substantiated</p> <p>The outcome of a s47 child protection enquiry determines whether or not the child protection concerns are substantiated. Where concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant harm, Children's Social Care must decide if an Initial Child Protection Conference (ICPC) is necessary.</p>	<p>Social workers with their managers may decide to convene an initial child protection conference.</p> <p>The ICPC should take place within 15 working days of a strategy discussion, or the strategy discussion at which section 47 enquiries were initiated if more than one has been held.</p> <p>Social workers and their managers must book a conference and arrange to meet with the allocated Child Protection Adviser who will chair the ICPC.</p> <p>The participants at this consultation meeting must:</p> <ul style="list-style-type: none"> • review the s47 enquiry report and the decision to hold a conference • consider whether any professionals with specialist knowledge should be invited to participate; • agree actions to ensure that the child and their parents understand the purpose of the conference and who will attend; and • agree actions to help prepare the child if he or she is attending or making representations through a third party to the conference. • Agree who will give information about advocacy agencies and explain that the family may bring an advocate, friend or supporter. <p>Please note: This is an extremely tight timetable, but no-one can change this. The legislation sets 15 working days as the maximum time between starting s47 enquiries and holding an ICPC. The social worker must book and ICPC immediately in case we need it. If not done already, the social worker must immediately ask other involved agencies for information. When an ICPC is needed invitations to other professionals must go out as soon as possible. In reality we have just one week (5 working days) to make a decision and arrange a conference.</p>	<p>All involved professionals should:</p> <ul style="list-style-type: none"> • contribute to the information their agency provides ahead of the conference, first to help the social worker and their manager decide whether or not to hold a conference, and then as a report setting out the nature of the agency's involvement with the child and family; • consider, in conjunction with the police and the appointed conference Chair, whether the report can and should be shared with the parents and if so when; and • attend the conference and take part in decision making when invited. <p>Our new 'Strengthening Families' approach to conferences means that we also ask partner agencies to use their reports to tell the conference participants what risks they are worried about, what strengths there are in the family and community that act as protective factors, what they would like to see in a plan to protect the child</p>

<p>Review and contribution points</p>	<p>What Children's Social Care is expected to do</p>	<p>What partner agencies are expected to do</p>
<p>When child protection concerns are not substantiated, or the decision is that a child protection conference is not necessary</p> <p>Sometimes concerns about a child are not substantiated but the child is considered to be a child in need</p> <p>Sometimes concerns are substantiated but the child is not likely to suffer significant harm, and the decision is that a child protection conference is not necessary</p> <p>The assessment continues, and services are provided if appropriate.</p>	<p>The social worker must book a Children in Need meeting within 15 days of the referral. Social workers with their manager should:</p> <ul style="list-style-type: none"> • discuss the case with the child, parents and other professionals; • determine whether support from any services may be helpful and help secure it; and • consider whether the child's health and development should be re-assessed regularly against specific objectives and decide who has responsibility for doing this. <p>Continuing assessments: The social worker reviews the plan and outcomes for the child with the family and other professionals, and when appropriate refers to non-statutory services for 'step down' to Early Help, or to close the case. If there are new concerns about actual or potential significant harm the social worker will recommend a strategy meeting to consider the need for section 47 child protection enquiries.</p>	<p>All involved professionals should:</p> <ul style="list-style-type: none"> • participate in further discussions as necessary; • contribute to the development of any plan as appropriate; • provide services as specified in the plan for the child; and • review the impact of services delivered as agreed in the plan.

