

# Local Assessment Protocol

## Redcar & Cleveland Children's Services



**this is Redcar & Cleveland**

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## Version Control

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## 1 Introduction

The national guidance Working Together 2018, issued by the Department for Education, requires:

*local authorities, with their partners, should develop and publish local protocols for assessment. A local protocol should set out clear arrangements for how cases will be managed once a child is referred into local authority children's social care and be consistent with the requirements of this statutory guidance. The detail of each protocol will be led by the local authority in discussion and agreement with the safeguarding partners and relevant agencies where appropriate.*

This guidance sets out how cases will be managed by Children's services once a child has been referred to them. Working Together references the need to work to a standard framework to ensure practitioners and managers are confident with the areas of need and any risks they are assessing.

Redcar & Cleveland has implemented Signs of Safety as our practice model across the whole of Children's services from Early Help through to Children in our Care. Our practice model sets out how we will engage with children, young people and their families and place them at the centre of our assessment and planning work with them. Our practice model supports the national guidance, considering each of the four domains and identifies clearly and in plain language what we are worried about, what strengths families have and what needs to happen next for Children's service not to be worried. We have published information leaflets for partners and families which explain the assessment process in more detail. Our Signs of Safety Charter was signed up to by the key Safeguarding Partners.

Our practice model incorporates the elements of the nationally recognised Framework for Assessment of Children in Need and their Families and considers and considers these in asking fundamental questions such as '**what are we worried about?**' – what harm has happened, what is risk of future harm happening, what are the parental behaviours that might contribute to harm for the child- complicating factors; '**what is working well?**' – what does the family well to keep the child safe and well even when the worries have been present, what do others do to support the family and keep the child safe – strengths and safety; and '**what do we need to do next?**' – what do we need to plan to do to keep the child safe and to move the family situation on to a point where we no longer have the worries – developing safety goals and safety planning.

## **2      Contacts & referrals**

Partner agencies should use the SAFER referral form [Home \(teescpp.org.uk\)](http://teescpp.org.uk) to refer children into the Multi Agency Children's Hub (MACH) or via the Emergency Duty Team (EDT) outside of office hours. The Emergency Duty Team offer an emergency response to referrals and any that remain unresolved will be forwarded to First Contact for consideration at the start of the next working day.

The decision on how to respond to a referral is the responsibility of the MACH, which includes qualified social workers. When the team receive a referral, the information is recorded and, unless the referral is accompanied by a completed Early Help Assessment (EHA), a check will be made on the EHA database to determine if there is an active lead professional and / or team around the family (TAF).

The MACH will make a decision about the type of response that is required within one working day of receiving the referral. Possible responses are:

- not progressing the referral due to one of the following reasons: a) the referral was for information only; b) the referral does not meet the threshold for statutory intervention under section 47 of the Children Act 1989; and there is no consent, or the referrer is

unable to gain consent, to the referral from a parent or other person with parental responsibility;

- more information is needed before a decision can be made by the MACH about a proportionate response;
- to allocate the referral to the Early Help team; or
- to allocate the referral to Social Work Assessment Team.

### 3 Assessments

There are a number of reasons why a social worker from Redcar & Cleveland Council's Children's Services might be involved with a family. They might have requested help or someone else might have requested help on their behalf, either to provide support or because they are worried about a child. Assessments of need or risk should be a dynamic process rather than a one-off event. Any significant changes within a child's life may also generate the need for a new assessment/re-assessment to take place. This should ensure any plan to meet a child's needs is based on up-to-date information.

During any contact with Redcar & Cleveland Children's Services:

- **We will be honest and respectful** in all the discussions we have with families about any worries and concerns.
- **We will spend time with the child or children** (depending on their age and understanding) to understand their wishes and feelings and make sure this is at the centre of all the work we do.
- **We will work with families and the important people in their lives to develop a plan that keeps your child safe**, we want them to be central to this process.
- **We will use clear, everyday language when we speak or write to families**, so they understand exactly why we are worried and what we need to see achieved for us not to have a worry.

#### **What is a children and family assessment?**

The children and family assessment is the process that social workers use to gather information about a child/young person and their family, so that we can establish if we need to help and support you to create a plan that keeps children safe and well cared for. The assessment will consider what people are worried about, what is working well to address these worries and what needs to happen next. To do this we will work closely with families and the important people in their lives. We will also speak to people who

work for other organisations who might know the family, like schools or health visitors. This will help us to work out who is the best person to support families.

**There are two reasons why we might carry out an assessment:**

- To consider if a child is a 'Child in Need' meaning that some help and support from a social worker is required for the child to achieve and maintain a reasonable level of health and development or to prevent their health and development from being impaired (this is set out in Section 17 of the Children Act 1989).
- Where children's services have received information that suggests a child has suffered, or is likely to suffer significant harm, and involvement from a social worker is required to keep them safe. (this is set out in Section 47 of the Children Act 1989)

The social worker should always explain the reasons for the assessment.

**Consent to the Assessment**

If we are undertaking a 'Child in Need' assessment we will ask for parental consent, which they have the right to withdraw at any time. If we are concerned that a child has suffered or is likely to suffer significant harm, consent is not needed as we are legally required to undertake an assessment to safeguard the welfare of a child.

**What happens at the end of the assessment?**

At the end of the assessment the social worker will compile a report, which sets out recommendations for what happens next. The team manager will consider all of the information in the assessment and authorise the assessment outcome if they agree with the social worker's recommendations. A copy of the assessment will be provided to families. The assessment should take no longer than 45 working days.

An assessment is complete when it is possible to reach a decision on what should happen next and when it has been authorised by the Team Manager. With any new assessment, there will be up to three management review points during the assessment depending on the length of time it takes to complete. The review points will take place within:

- 10 working days following the decision to undertake an assessment
- 25 working days following the decision to undertake an assessment
- 40 working days following the decision to undertake an assessment

**The outcome of the assessment will be one of the following:**

**No further action** - The social worker has assessed the child as safe and well and doesn't feel any further action is required, their involvement will end at this point.

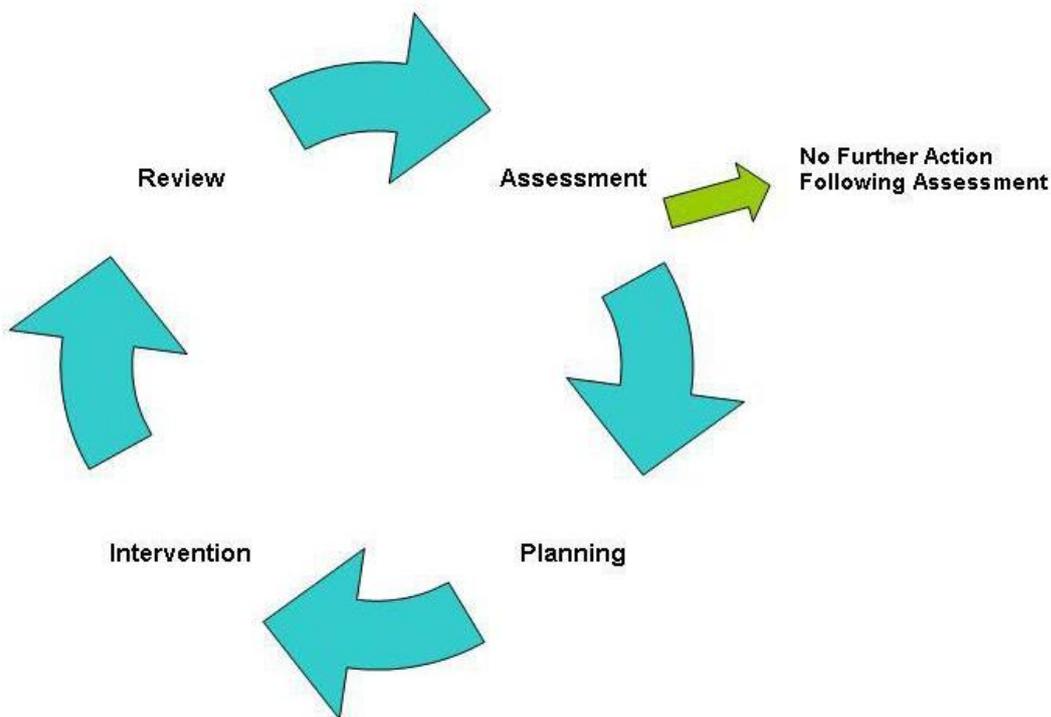
**Refer to Early Help** – Social worker involvement will end but with your agreement, if we feel you still need some help to prevent the worries getting any bigger, a referral will be

made to our Early Help service who will provide a lower level of support to try and prevent any social worker involvement in the future.

**Child in Need** – The social worker has assessed your child as a Child in Need, the next steps will be to develop a Child in Need Plan with you and your network.

**Child Protection** – If, during the course of the assessment, there are any worries about significant harm to a child, we will still work with you to agree a plan that keeps your child safe, and we may hold an Initial Child Protection Conference. This will involve other agencies so that all the professionals involved with your family have a shared understanding of the worries and are all monitoring the plan to make sure your child is safe.

If the assessment concludes the child/ren are children in need of support, then a plan will be developed and then reviewed regularly as the diagram below shows.



## **Consideration of Specialist Assessments within the assessment process**

Sometimes there may be specific situation that require a more in depth and focussed assessment of a child's circumstance. These 'specialist' assessments should run alongside the C&F assessment – not to duplicate work but to add a different dimension to the assessment.

### **Pre-birth Assessment**

A referral for a pre-birth assessment should be referred to the MACH no later than 18 weeks gestation. The timescale for the completion of the Children and Families Assessment will be determined through consultation with the Social Worker and a thorough review of information from relevant agencies. This is with the 45-day timescale in mind. In circumstances where there are significant concerns a strategy meeting should be convened on the completion of the Children and Families Assessment or at 28 weeks gestation, whichever is sooner (see Tees Procedure for Safeguarding the Unborn Baby).

### **Section 37 Report**

On notification from the court that a Section 37 report is required a child protection strategy meeting should be convened to determine if there is reasonable cause to suspect the child is suffering or likely to suffer significant harm and determine, what if any, immediate actions should be taken. Given that the Section 37 report will analyse the developmental needs of the child and also the nature and level of risk and protective factors in the child's life a separate Children and Families Assessment will not be completed, however this will cross refer to the Section 37 document and direct the reader to where it can be found.

### **Section 7 Report**

On notification from the court for the local authority to produce a Section 7 report there is no requirement for the allocated social worker to undertake a Children and Families Assessment. If this request generates a Children and Families Assessment on ICS then, as above, it will simply need to cross refer to the Section 7 document and direct the reader to where it can be found. There is a joint CAFCASS and AD protocol which requires the Local Authority to only complete reports when there has been previous involvement with the family in the preceding three months.

### **Private Fostering**

The Local Authority has a duty to assess the suitability of a private fostering arrangement within 45 working days of notification. A visit should be undertaken by the social worker to the accommodation with 7 days of the notification. The purpose of the assessment is to promote and safeguard the child's welfare and assess what action needs to be taken to support the child. The Private Fostering Officer is notified of all new referrals who will then track progress. In these circumstances if a child is an active case or has been within the last six months, the allocated Social Worker will complete the assessment. In all other circumstances the referral will be passed to the Assessment team to undertake the Private fostering assessment and to determine if the child/young person is a child in need under S17 too.

### **Children with a disability or complex health need**

Particular attention needs to be given to the needs of or any risks to children with disabilities, in view of the added vulnerability of children with a disability. All children with disabilities are entitled to a child in need assessment and can be referred to Children's Services in the same way as other children. The local Authority has a dedicated 0-18 team that works with children and young people who have a substantial learning or physical disability or a diagnosed serious health condition that impacts significantly on their development. This team is responsible for undertaking all assessments, interventions and care planning relating to these children and young people and they will retain responsibility for children in their team who become looked after or subject to child protection inquiries and care proceedings. The Children with Disabilities team uses the same process and format for assessments as all other social care Teams, links with adult services are crucial to ensure that the young person can transition seamlessly from children's services to adult service at 18 years old.

### **Young Carers**

Young carers are children or young people who are caring for a parent, sibling or other relative/person. Young carers may be particularly vulnerable as they may not be receiving the level or quality of parenting that would normally be expected due to the limited capacities of their own carer. All young carers are potentially children in need and the Local Authority works closely with The Junction Young Carer's Project, who can offer a variety of different services to young carers and their families. All referrals to their service must come from a social worker, who will carry out a Children and Families Assessment and involve the project worker at the earliest opportunity within the assessment process. Close liaison with Adult Services should also take place to look at what other services can be put in place to reduce any burden on the young person.

### **Children and Young People Involved in the Youth Justice System**

All children and young people who commit offences are referred to the Youth Offending Service which provides the primary support to this group. Hartlepool's Youth Justice Service (YOS) complete assessments using the Youth Justice assessment framework (currently known as Asset Plus). If it becomes apparent that a young person may require additional services or that they are suffering or likely to suffer significant harm, a referral should be made to Children's Social Care. Both assessment processes should support and complement each other and include consultation between the allocated workers in both services to ensure all relevant information is appropriately shared, there is a coordinated approach and no unnecessary duplication of information or roles and responsibilities.

### **Children returning to live with their families.**

When a child or young person has been living away from their family, whether by consent or a court order, and possible rehabilitation has been identified a formal assessment is required under the Care Planning, Placement and Case Review (England) Regulations 2010. This will involve the parents, other relevant family members, the child and professionals and will identify any needs and interventions required to enable the child to return home safely with appropriate supports and safeguards. Where the child has been living away from home with consent, this will take the form of a Children and Families Assessment, however when the care plan is being progressed within formal care proceedings it may take another form appropriate for court, for example as a word document. The Children and Families Assessment process will run alongside the children in our care review process and the Independent Reviewing Officer will be regularly consulted.

### **Female Genital Mutilation**

Female Genital Mutilation (FGM) is illegal in England and Wales under the Female Genital Mutilation Act 2003 and is an extremely harmful practice and a form of child abuse. 'Working Together' (2018) highlights the need for every Children's Services department to have multiagency policies and procedures in place, consistent with those developed by their local safeguarding children's board, that include handling cases where Female Genital Mutilation is alleged or known about.

The responsible team manager for the case and the worker undertaking the assessment will need to take account of any special considerations such as, for example, the involvement of any professional with specific expertise and the use of an interpreter trained in all aspects of FGM. Further guidance for responding to cases of FGM can be found within the Multi-Agency Practice Guidelines: FGM (HM Government, 2014) and Mandatory Reporting of FGM (Home Office, 2015), both of which can be found on the Tees Local Safeguarding Children's Board Procedures website, as well as in the FGM Risk & Safeguarding Guidance for Professionals (DOH, 2015).

## **Contextual Safeguarding**

As well as risks to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including exploitation by criminal gangs and organised crime groups; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.

Assessments of children in such cases should consider whether wider environmental factors are present in a child's life and are a threat to their safety and/or welfare. Children who may be alleged perpetrators should also be assessed to understand the impact of contextual issues on their safety and welfare. Interventions should focus on addressing these wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to local authority children's social care. Assessments of children in such cases should consider the individual needs and vulnerabilities of each child. They should look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children safe and assess potential risk to the child or young person.

In Redcar & Cleveland we have regular multi-agency meetings – VEMT Practitioners Group (VPG) to share concerns about possible and actual concerns about exploited young people with a specific focus on managing risks to the individual young person but also the wider community. Usually there is an organisation already involved with the young person – such as Early Help services, a social worker, Youth Offending services. Any discussions at these meetings should be co-ordinated with any assessment, planning or review work undertaken with the family and the lead agency to ensure no

duplication of work is taking place and that everyone involved with that young person knows how that are contributing to the overall plan to support and keep the young person safe.

### **Education, Health and Care Plan (EHCP)**

An Education Health and Care plan (EHCP) is the document which replaces Statements of SEN and Learning Difficulties Assessments for children and young people with special educational needs, covering the age range of 0-25. An EHC plan can only be issued after a child or young person has gone through the process of EHC needs assessment which will be a joint assessment between Special Education Needs department (SEND), school, health and social care. At the end of that process, the local authority makes a decision, either to issue an EHC Plan or not. This assessment is coordinated by a SEND officer. As well as the special educational needs and special educational provision of the child/young person, The EHC plan should detail the health care provision and social care provision that is assessed as being required.

## **4 Child protection or safeguarding responses**

### **Section 47 enquiries**

The function of a section 47 enquiry is to determine whether a child is continuing to suffer, or is at continuous risk of suffering, significant harm; and if they are, what action is required by whom to safeguard and promote their welfare.

A section 47 enquiry is carried out as an outcome of a child protection strategy meeting and must be concluded within 15 working days of that strategy. Although the Social Worker must lead any such assessment, the police, health professionals, teachers and other relevant professionals should help the Social Worker to undertake their enquiries.

If there is an ongoing social work assessment at the time of the decision to conduct a section 47 enquiry, this assessment will continue while recognising that the focus will now be the section 47 enquiry. If the assessment had already been active for 30 or more working days, to allow the full 15 working days to conclude the section 47 enquiry, there is an acknowledgement that the assessment will not be concluded within 45 working days. This is to allow for an accurate and seamless record of the child's journey through the assessment process.

Within 3 working days of the start of the section 47 enquiry, the Social Worker and the Team Manager must decide whether to convene an Initial Child Protection Conference (ICPC). The Team Manager can seek the views of other agencies when reaching this decision; any decisions made will be communicated to relevant agencies in a timely manner. If the decision is made to convene and ICPC, this must take place within 15 working days of the strategy meeting that decided to initiate the section 47 enquiry. Safety planning should start immediately to ensure the children's welfare is sufficiently safeguarded.

Where there is to be an ICPC, the assessment document can be used as the Social Worker's report to the conference. This means that the assessment must contain an analysis which considers whether a Child Protection Plan may be needed and what elements may need to be contained within such a plan in order to safeguard and promote the welfare of the child.

The Social Worker's completed assessment must be signed off by the Team Manager either within 13 working days of the start of the section 47 enquiry or two days before the ICPC, whichever is soonest.

The completed assessment must be shared with the family at least one day before the Initial Child Protection Conference.

## **5 Planning with families**

At the end of the Children and Families Assessment a decision will be made as to whether the child requires support from a social worker, in most cases it will be necessary to develop a plan to achieve the Safety Goals identified during the assessment.

Plans can be known by different names depending on why we are involved with a family – it may be known as a child in need plan, a child protection plan, a care plan, a pathway plan. Whichever plan it is, the information should still contain the same elements.

As part of the planning process, the social worker should identify any bottom lines – things that must happen to progress the plan; the timeline sets out how and when people involved will work towards the safety goal and then creating the safety plan and agreeing the rules of the plan so that it is absolutely clear to everyone involved what needs to happen and by when to keep the child/ren safe if ever the problems happen again. In some cases, this may mean that the rules of the plan need to stay in place until the child is 18.

## **6 Reviewing plans**

Review meetings will take place with the family, the child/young person if appropriate, any network members, social worker and other professionals to develop the plan and check on progress. The reviews may be known as child in need reviews, child protection review, child in our care review but as with planning the same elements will be considered.