



Derby City Council Children Services

Assessment Protocol

Introduction

The majority of children and young people are brought up within their families and have a range of needs which are met through “universal” services available to all, such as education, early years, health, housing, leisure facilities, community and voluntary groups and youth services.

Some children may have low level or emerging needs that require services which are specifically targeted at providing them with the help that they and their family needs. For instance if a child is disabled, a young carer, getting involved in anti-social behaviour or has special educational needs, then there are services available to support them.

A smaller number of children have more complex or serious needs and there may also be child protection concerns and these children, along with their families, require specialist support such as that provided by Children's Social Care, Youth Offending Teams and Child and Adolescent Mental Health Services. Any child or family can freely access “universal” services. For services which are targeted or specialist an assessment is undertaken to ensure that the right service is provided to the child and family at the right time and in the right way.

As required by Working Together to Safeguard Children 2015, Derby has an assessment process for children and families with emerging, complex or serious needs or where there are child protection concerns. It comprises of an early help assessment and a Social Care single assessment.

Early Help Assessment

The early help assessment is undertaken to help with the early identification of children and young people's emerging needs and to promote a coordinated service response to meet them.

Emerging needs are when there are concerns about a child's wellbeing or when a child's needs are not clear, not known or not being met and a range of early help services are required. An early help assessment can be started by anyone working with a child and their family and will be the key document in helping to identify the child's needs, the strengths and resources within the family and the services which are best placed to support them. An early help assessment will also always be completed when:

- A child is disabled and has specific additional needs
- Has special educational needs
- Is a young carer
- Is showing signs of engaging in anti-social or criminal behaviour

- Is living in a family where there are challenges for the child such as substance misuse, adult mental health, domestic abuse and /or
- Showing early signs of neglect or CSE.

Where need is relatively low, individual and universal services may be able to meet these needs and take swift action to prevent needs escalating. In these cases the early help pre-assessment checklist and request for support form should be used to identify and document needs. If support is needed from one other single agency, the form can be used to request help.

A good early help assessment will:

- Engage the child, young people and / or parents and carers and support them to participate in and take responsibility for their contribution to a collaborative assessment. The voice of the child / young person is listened to and recorded throughout the assessment process.
- Support the child, young person and parent / carer to adopt a self-determining, solution focused approach to the issues.
- Be accessible to all concerned, including the efficient use of time and access to the means needed to undertake the assessment e.g. equipment, interpreter.
- Ensure that the purpose of the assessment is clear, the discussion is open and honest and there is no hidden agenda.
- Aid relationship building in practice and acknowledging that this relationship itself can be an agent for change.

Promote sustained improvements to the quality of the lives of children and their families. Once a decision has been made to undertake an early help assessment it must be completed in a timely way within 10 working days, unless otherwise agreed.

Actions are agreed with the family as to what should happen next and the practitioner completing the early help assessment with the family will organise a Team Around the Family (TAF) meeting within 4 - 6 weeks of the completion of the assessment. The TAF is a multi-agency meeting and will bring together a range of different practitioners from across both Adults and Children's Services along with the family in order to co-ordinate appropriate support.

TAF members are jointly responsible for developing and delivering a package of solution focused support to meet the needs of the family identified through the early help assessment. TAF members should:

- Be responsible to deliver the actions they have agreed to carry out as part of the action plan.
- Support the lead professional by keeping them informed, attending TAF meetings, and offer guidance and advice.
- Contribute to chairing and minute taking of TAF meetings.

The practitioner completing the early help assessment does not automatically become the "lead professional." The lead professional is identified at the first TAF meeting and could be any practitioner working with the child / young person and family. The lead professional is responsible for coordinating provision and acting as a single point of contact in providing integrated early help services. They are not

accountable for the actions of other practitioners or services within the TAF, but can act as a conduit for information and provide a single point of contact for the child and family.

The action plan drawn up at the TAF with the family members will be reviewed every 6 weeks until it is evident that the identified needs and issues have been addressed and appropriate on-going support is available through universal services. Where a child has chronic needs requiring long-term support, as in children with significant disabilities, the frequency of reviews will be reduced to a minimum of 6 monthly. On some occasions needs / concerns may escalate and require Children's Social Care involvement.

Derby Safeguarding Children Board has responsibility for monitoring and evaluating the effectiveness of early help and the local authority has responsibility to promote interagency cooperation to improve the wellbeing of children. When an early help assessment has been completed either before or after the first TAF, practitioners must complete an early help assessment monitoring form and forward this to the local Single Point of Access (SPA) Clerk. When an early help assessment is closed the closure monitoring form must also be completed and sent to the SPA Clerk. This is so that periodic analysis of the number and quality of assessments can be undertaken.

More detailed guidance on the completion of early help assessments can be found on www.derbyscb.org.uk

Children's Social Care Single Assessment

A Social Care single assessment is undertaken when a child has more complex or serious needs or where there are child protection concerns. Their health or development is likely to be significantly impaired or they may have a significant level of disability or in some cases a child may be in need of care and / or protection. Under such circumstances an assessment is undertaken by a registered Social Worker. There is a single format for a Social Care assessment and which can build on the early help assessment (where one has been completed). This will help reduce duplication or for a family to have to repeatedly “tell their story” when more than one assessment is undertaken within a relatively short space of time.

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

An assessment will be undertaken:

- If a child has needs that cannot be met by targeted services and / or the case has been “stepped-up” if there are indications that the child has more complex or serious needs;
- If there are child protection concerns, indications that a child is suffering or is likely to suffer significant harm, and a Section 47 enquiry is undertaken after a strategy discussion.

An assessment will also always be completed when:

- A child becomes or is at risk of becoming accommodated;
- A child is the subject of Care Proceedings;
- Prior to the return home of a child whose Care Plan is for a return home, as required under the Care Planning, Placement and Case Review (England) Regulations 2010;

- Where a placement of a child under the Care Planning, Placement and Case Review (England) Regulations 2010 and / or an application to discharge a Care Order is being considered;
- Where a child is privately fostered;
- A looked after child has a significant change of circumstances e.g. the change of a long term placement.

Assessments are carried out in partnership with children and families and with other agencies. An assessment should establish:

- What the Social Worker and the family are worried about;
- What the impact is of these risks / behaviours on the child and their family;
- What is working well in the family to address these worries, what are the strengths;
- What needs to happen next to address the risks and needs and to build on the strengths;
- What the family say about how they can best be supported and assisted;
- How will the Social Worker and family know when the desired outcomes have been achieved / things are better.

The Social Worker will need to take particular care to assess risks which may be hidden, such as sexual abuse or Female Genital Mutilation.

Working in Partnership with Parents and Children

The child should participate and contribute directly to the assessment process based upon their age, understanding and identity. They should be seen alone and if this is not possible or in their best interest, the reason should be recorded. The Social Worker should work directly with the child in order to understand their views and wishes, including the way in which they behave both with their care givers and in other settings. The child's views about what they would like to change or stay the same should be recorded. A range of age appropriate tools are available to professionals to assist them in this work. Consideration and support must be given to ensure that disabled children can contribute to their assessments.

Initial discussions with a child should be conducted in a way that minimises distress and maximises the likelihood of gaining accurate and complete information. The pace of the assessment needs to acknowledge the pace at which the child can contribute. However, this should not be a reason for delay in taking protective action if that is required. It is important to understand the resilience of the individual child in their family and community context when planning appropriate services. Issues of disability should always be considered or if the child is a young carer.

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.

The parents should be involved at the earliest opportunity unless to do so would prejudice the safety of the child. The parents' involvement in the assessment will be central to its success. At the outset they need to understand how they can contribute to the process and what is expected of them to change in order to improve the outcomes for the child. The assessment process must be open and transparent. However, the

process should also challenge parents' statements and behaviour where it is evidenced that there are inconsistencies, questions or obstacles to progress.

Parents and children should be central in offering their own solutions and views of what might help.

Consider if either parent has health issues, physical disability or learning needs / disability that may impact on parenting, or if they are a carer of a disabled child they may require a carer's assessment.

All parents or care givers should be involved equally in the assessment and should be supported to participate, whilst the welfare of the child must not be overshadowed by parental needs. There may be exceptions to the involvement in cases of sexual abuse or domestic violence for example, where the plan for the assessment must consider the safety of an adult as well as that of the child.

An assessment should be undertaken with the consent of and in partnership with the child and his / her parents and carers. Consent to sharing information should be obtained in writing by the assessing social worker. The only exception is where an assessment is being completed as part of a child protection enquiry under Section 47 Children Act 1989 and to seek consent may place a child at increased risk. This will necessarily include an assessment of whether the concern involves abuse or neglect; and whether there is any need for any urgent action to protect the child, or any other children in the household or community.

Contribution of Agencies Involved with the Child and Family

While the assessment is led by a Social Worker it will invariably involve other agencies or independent professionals, who will provide information they hold about the child or parents, contribute specialist knowledge and / or give advice / undertake specialist assessments. This will particularly be the case where other statutory assessments are taking place such as a child with special needs or a young offender, and assessments relating to adults in the family or household. The child in need meeting or core group meeting will promote the effective proportionate sharing of information to ensure that the assessment and resulting child's plan is as comprehensive as possible.

All agencies and professionals involved with the child, and the family, have a responsibility to contribute to the assessment process. This includes those providing services to the parents where their behaviours could affect their parenting abilities. This might take the form of providing information in a timely manner and direct or joint work.

It is possible that professionals have different experiences of the child and family and understanding these differences will actively contribute to the understanding of the child / family. The professionals should be involved from the outset and through the agreed, regular process of review. The Social Worker's manager will have a key role in supporting the practitioner to ensure all relevant agencies are involved.

Timescales

Timeliness is a critical element of good assessment and of ensuring good outcomes for children. The speed with which an assessment is carried out once a referral has been made to Social Care will be a decision for a Social Worker to make in conjunction with the family. This will then be confirmed by the Manager within 7 days. The length of time an assessment takes will be determined by the needs of the individual child and the nature and level of any risk of harm but will not exceed 45 days.

Within one working day of a referral being made, a decision will need to have been made about the type of response required and receipt of the referral will need to be acknowledged.

The assessment plan and timescales will be recorded on the assessment form after the first meeting with the child (and family) within 3 working days of receipt of the referral in the reception service. Where children have recently been the subject of an early help assessment, the Social Worker in consultation with the Team Manager may decide that the child should be seen within 7 days. The Social Worker will speak with the family about the assessment process and agree on a timescale and make clear to the child and family how the assessment will be carried out and when they can expect a decision on next steps. The Social Worker must clearly record the date that the child was seen. If the child has not been seen within 3 working days of referral or 7 working days within receipt of an early help assessment, then a clear explanation of the reasons for this must be recorded.

If concerns meet child protection thresholds then the child will be seen as soon as possible and within 24 hours. Where the outcome of a strategy discussion is that a Section 47 enquiry is conducted the assessment must be completed within 15 working days. If the concerns are substantiated and the child is considered to be at continued risk of harm then a Social Work Manager convenes a child protection conference 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.

In all cases, assessments should be completed within the time frame agreed with the manager specific to each case, subject to the maximum statutory timeframe for the assessment which is 45 working days from the point of referral. Whatever the planned timescale for assessment, Social Worker's should not wait until the assessment is concluded before commissioning support services. Timely and decisive action is critical in providing the right support to children and families. All families should be sent a copy of their assessment and referrers should be informed in writing of the outcome of the assessment and whether further work is planned.

Recording and Review

Social Worker's should record the assessment findings and decisions and next steps following the assessment. There should be a clear distinction between evidence and opinion and the source of all information should be clear.

Recording by all professionals should include information on the child's development so that progress can be monitored to ensure their outcomes are improving. This is particularly significant in circumstances where neglect is an issue.

Assessment tools such as the Graded Care Profile and Domestic Violence Risk Identification Matrix should be used to assist in the assessment process, and scaling charts used to provide a baseline of areas of concern.

Records should be kept of the progress of the assessment on the individual child's record and in their chronology to monitor any patterns of concerns. The recording should be such that a child, requesting to access their records, could easily understand the process taking place and the reasons for decisions and actions taken. It should also be recorded in such a way that the child's voice is clear to anyone who reads it.

If a child has a disability then the Social Worker will record that they have given the family the opportunity / information to undertake a carer's assessment.

Assessment is not a standalone event and should be seen as an essential part of undertaking quality social work with children and families. Whilst services may be delivered to a parent or carer, the assessment should be focused on the needs of the child and the evaluation on the impact any services are having on the child. This impact and the progress being made by the child and family will be reviewed at regular

intervals in line with children in need, child protection or child in care procedures according to the type and level of service the child and family are receiving. As a minimum:

- **Children in Need:** If there is on-going involvement the first review will be completed within four months of referral, chaired by an independent Child in Need Reviewing Officer. Subsequent reviews to be as agreed but should be held at 6 monthly intervals (+/- 4 weeks) maximum, chaired by Senior Social Worker, Team Manager or Children in Need Reviewing Officer, as agreed at first review. Reviews will be interspersed with network meetings as required / agreed at reviews.
- **Child Protection:** The first review will be held within 3 months of the initial conference. Subsequent review dates will be agreed at conference and be within a maximum of 6 monthly intervals. Reviews will be interspersed with core groups as agreed and in accordance with safeguarding procedures.
- **Child in Care:** Reviews will be held in accordance with Care Planning Regulations, or as required by an Independent Reviewing Officer. They will be interspersed with network or professionals meetings as required. Independent Chairs, Reviewing Officers and Team Managers will ensure that plans for children are being progressed and assessments updated as required. This will include any child who is in care and where there is a plan for their return home. The Independent Reviewing Officer must ensure that a review takes place to agree the plan for a child to return from care to live with their family.

More detailed procedure and guidance on the completion of Social Care single assessments can be found in the Derby Children's Social Care Manual.

Complaints and Challenges

All families will be advised on how they might raise concerns or lodge a complaint if they are unhappy about the service that they are receiving. The full complaints procedure can be found in the DCC Children and Young procedures and on Derby City Council website. Any partner agency which is concerned about the service that a child or family is receiving can raise their concerns through the DSCB Escalation policy located on www.derbyscb.org.uk.

END

Version Control

| Version | Author/s | Updated by | Signed off by | Date | Review Date |
|---------|----------------------|--|-----------------------------------|------------|--|
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