2015

Protocol for assessment and threshold guidance

“For children who need additional help, everyday matters”
Introduction

i. Most children have needs that are met by their parents, wider family, support network and universal services such as health, early years and schools. This protocol supports our Prevention Strategy which sets out arrangements for working together for children to build resilience, prevent and protect from harm. The child remains firmly at the centre whilst interventions change in response to needs and different practitioners move in and out of their lives.

ii. Children with additional needs may benefit from early help or, following a referral to children’s social care, may need specialist help to safeguard and promote their welfare. This document sets out arrangements for assessing children with additional needs and providing child centred effective help that is proportionate to the child’s needs and risks to their welfare. It is primarily for practitioners working with children and their families. The aim is to support judgements about the child’s level of need and risk to their welfare, so that the right response for the child can be made. ‘Child’ refers to children and young people who have not reached their 18th birthday.

iii. This protocol sets out the arrangements for how cases will be managed once a child is referred into children’s social care. It is consistent with the statutory guidance Working Together to Safeguard Children (2015) and the London Child Protection Procedures. Its aim is to support practice across the professional network so that good assessments form the foundation for effective action that has a positive impact for children.

iv. The Royal Borough of Greenwich takes the lead in developing and updating this protocol, in discussion with partners, and the protocol is agreed with the Greenwich Safeguarding Children Board. The Royal Borough of Greenwich is publicly accountable for this protocol and all organisations and agencies share their responsibility to understand it. This protocol is published on the Royal Borough of Greenwich and Greenwich Safeguarding Children Board websites.

v. This document is divided into sections set out in the table below.
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1. **Information sharing**

1.1 Sharing of information between professionals and local agencies is essential for effective identification and assessment of children’s needs and risks to them, so there is a proportionate response and the right help for children and families. Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services. If a professional is concerned about what information to share, they should talk to the safeguarding lead in their organisation or talk to a Social Worker through the Multi-Agency Safeguarding Hub (MASH) consultation line. See Appendix Four.

1.2 The Caldicott Guardian should be consulted where appropriate. Unless there is a good reason not to, concerns should be shared with the child’s parent including, when appropriate an explanation of why consideration is being given to making a referral to children’s social care. Information Sharing: Guidance for practitioners and managers (DfE, 2015) supports frontline practitioners, working in child or adult services, who have to make decisions about sharing personal information on a case by case basis, and supplements individual agency guidance. Link: https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

2. **Assessment with purpose**

2.1 All assessments, including early help assessments, should be with purpose, they are the basis for practitioners taking action to safeguard and promote the child’s welfare. Every assessment should be focused on outcomes, deciding which services and support will improve the welfare for the child. All assessments should be child centred and focussed on the child’s best interests, rooted in child development and informed by evidence and they should be focused on action which will change children’s lives resulting in better outcomes for them.

2.2 Assessments should be completed in a timely way, and the assessment process should not delay the child and family getting the immediate help and intervention they need. In carrying out the assessment, the child must be listened to and the child’s wishes and feelings must be addressed, and parents, carers and other family members should be involved. Assessments should build on strengths as well as identifying problems and what needs to change for the child. In all assessments the safety of the child should remain paramount at all times and in all circumstances.

2.3 Assessments should be planned so that there is clarity about the steps to be taken, and who will do what when. The key steps are:

- information gathering and evaluation including checking records held by the agency
- planning any joint visits or interviews with other professionals
- seeing children and talking to them with and without their parents
- interviewing parents and other relevant family members
2.4 The record of the assessment should contain the views and wishes of children, what parents / carers say, information about child’s development (so that progress can be monitored), decisions made and the supporting evidence. Actions to be taken as a result of the assessment should be set out in a plan which says what needs to change, who will take the action when, and how progress and impact will be reviewed.

3. Providing early help

3.1 Where there are emerging needs an early help assessment identifies what changes are needed in the child’s life and what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989.

3.2 An effective early help assessment depends on the agreement of the child (of sufficient age or understanding) and their parents or carers. If parents and / or the child do not consent to an early help assessment, then a professional judgement has to be made as to whether, without help, the needs of the child will escalate. If so, a referral into children’s social care may be appropriate.

3.3 Early help works best when a lead professional who knows the child best and is trusted by the family plays a co-ordinating role for the child, parent and other practitioners (see Early Help Guidance). We have a range of effective, evidence-based services in place to address assessed needs early (see our Preventions Directory that provides information about the early help on offer). Professionals do not need to refer to the Multi-Agency Safeguarding Hub (MASH) to make a referral to an early help service.

3.4 For some children and families we cannot prevent problems escalating and presenting much greater risk to children’s well-being. Taking swift, decisive action will be important to prevent significant and lasting damage to children’s welfare and life chances. It will also maximise our chances of restoring their resilience, enabling them to lead successful lives.

3.5 If a professional is unsure about the need or risk, they should talk to their manager and / or the named safeguarding lead for their service.

3.6 All professionals can get advice or discuss the appropriateness of making a referral to children’s social care with the Multi-Agency Safeguarding Hub (MASH) consultation line on 020 8921 2267. See Appendix Four.
4. Threshold criteria for children’s social care referrals

4.1 Threshold criteria help professionals to exercise professional judgement and should be used to identify when:

- a child is being maltreated, persistently neglected or is suffering or is likely to suffer significant harm as a result of child sexual exploitation, gang involvement, Female Genital Mutilation, forced marriage, trafficking, so called honour violence, radicalisation or some other reason

- a child will not reach their expected health and development, or their health and development will be significantly impaired if there is not children’s social care help or intervention

- a child has a disability that impairs their life chances, and without the provision of an integrated disabled children’s service or children’s social work help, they will not be able to realise their potential and live as normal a life as possible.

- a child appears to be in a private fostering arrangement, and the local authority has not been notified

- a child is or appears to be a young carer and there are grounds for thinking they require children’s social care help if impairment to their health and development is to be prevented

- the behaviour of a professional or carer who is placed in a position of trust and responsibility for a child raises concern about their suitability

These thresholds are considered in more detail below. The intention is not to attempt an exhaustive list of every child in every possible circumstance against which professionals try and match the child and family they are working with, but Appendix One provides examples of situations that could trigger a referral to children’s social care.

If a professional is unsure about the need or risk, they should talk to their manager and / or the named safeguarding lead for their service.

All professionals can get advice or discuss the appropriateness of making a referral to children’s social care with the Multi-Agency Safeguarding Hub (MASH) consultation line on 020 8921 2267.

Concern that a child is being maltreated, persistently neglected or is suffering or is likely to suffer significant harm for some other reason

4.2 The Multi-Agency Safeguarding Hub (MASH) must be contacted without delay. If there is concern that a child is in immediate danger, contact the police without delay. The concern may be about children living away from home, or may arise from young people putting themselves at serious risk or harming themselves.
4.3 Significant harm refers to the threshold that justifies compulsory intervention in family life in the best interests of children, and gives children’s services the duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering or likely to suffer significant harm.

4.4 Children suffer or are likely to suffer significant harm as a result of the care they receive in their family or as a consequence of exploitation which may not be related to parenting or the family situation. Some forms of exploitation such as gang involvement, child sexual exploitation, trafficking, radicalisation may be related to peer associations, internet activity or where young people go. Significant harm may result from beliefs or values which lead to Female Genital Mutilitation, forced marriage or so called honour violence.

The child will not reach their expected health and development, or their health and development will be significantly impaired if there is not children’s social care help or intervention.

4.5 A child can be a child is in need but not at risk of significant harm. The key question is what will happen to a child’s health or development if there is no children’s social care involvement. This threshold does not justify compulsory intervention in family life. Personal information can only be shared with consent. The key question is therefore why arrangements for working together through early help need to be ‘stepped up.’ Issues to be considered by the practitioner making a referral are:

- whether the parent or carer of the child accepts that there is a problem that needs to be addressed to prevent the problem from becoming entrenched or more serious
- whether the parent or carer has worked with professionals already involved with their child to address the problem
- why targeted intervention co-ordinated through an Early Help Assessment and Team Around the Child arrangement cannot address the child’s needs
- whether there is evidence or research to indicate that without social work help and intervention it is likely that the child will become at risk of significant harm
- why a child or young person who is or appears to be a young carer is likely to require a children’s social care service rather than early help or other services

A child has a disability that impairs their life chances, and without the provision of an integrated disabled children’s service or children’s social work help, they will not be able to realise their potential and live as normal a life as possible.

4.6 Disabled children whose primary need is safeguarding, or where there is a likelihood of a break down in their care arrangements should be referred to the Multi-Agency Safeguarding Hub. Disabled children whose primary need is related to a severe, enduring, life affecting condition are eligible for a specialist integrated disabled children’s service. See guidance on working with disabled children.
The child appears to be in a private fostering arrangement, and the local authority has not been notified.

4.7 Children’s social care should be notified about the intention to place a child in a private fostering arrangement, or when a child is in a private fostering arrangement. This does not always happen. Where professionals think that a child is in private fostering arrangement, unless they know a notification has been made, they should contact children’s social care. They will be advised whether or not the child is known to be in a private fostering arrangement, or that a visit to the child where they are living will take place. The purpose of the notification is that children’s social care take action to assure themselves that the private foster carer is safeguarding and promoting the welfare of the children they care for, and action is taken where appropriate to provide children’ social care help or take action to remove the children from the arrangement. See Private Fostering guidance.

The behaviour of a professional or carer who is placed in a position of trust and responsibility for a child raises concern about their suitability

4.8 A referral should be made to the designated officers in children’s social care who are involved in the management and oversight of allegations against people that work with children (previously referred to as the Local Authority Designated Officer, in children’s social care) See designated officers involved in the management of allegations against people who work with children procedure.

5. Arrangements for responding to a children’s social care referral

5.1 All referrals about children will be received by the Multi-Agency Safeguarding Hub (MASH) unless:

- it is received by the Pre-Birth Support & Assessment Team because the referral is from hospital based maternity services about an unborn child
- the referral is received by the social worker already responsible for the child’s case.
- the referral is received by the specialist disabled children service because the child has already been assessed as eligible for that service
- a 16 or 17 year old goes to the Point when they are, or are at risk, of homelessness

5.2 Referrals should be made in writing using the Inter-Agency Referral Form. Where referrals are made by telephone, the referrer must send an Inter-Agency Referral Form within three working days. Any early help assessment should be attached to the written referral. See Appendix Five.

5.3 Within one working day of receiving a referral, children’s social care will make a decision about the type of response that is required and acknowledge receipt to the referrer.
5.4 Children’s social care make a threshold judgement about whether the child’s level of need and risk requires social work assessment, help or intervention. Where a fuller picture is required from other agencies to make that decision, multi-agency MASH information gathering, sharing, analysis and decision making arrangements are used to determine the best response to the presenting need and risk. This may be action by children’s social care but could be early help, single agency action or another pathway to support such as that provided by our Adult & Older People Services (Young Carers), Families 1st Service or Youth Offending Service.

5.5 Following receipt of a referral or multi-agency information the options in terms of next steps are:

- assessment of need to determine whether the child is in need of children’s social care help
- assessment of need including child protection enquiries to determine what action should be taken by children’s social care and others to safeguard and promote the child’s welfare
- young carer assessment (by children’s social care where new referral and safeguarding concerns or current children’s social care case or, as part of an early help assessment unless Adult & Older People Services are already working with the person being cared for)
- private fostering assessment
- concern referred to the Local Authority Designated Officer
- referral to adult social care for a parent carer assessment
- referral to a universal or targeted service so that an early help assessment is undertaken with a view to providing early help
- advice, information and signposting to help and support for the child and family
- further information or a specialist assessment is commissioned to decide what if any children’s social care action should be taken
- no action will be taken by children’s social care, universal services continue to address the child’s needs with appropriate targeted help.

5.6 The decision on how to respond to the referral will be communicated to the referrer. Where the referrer told the child and family about the referral to children’s social care, they will take responsibility for telling the family of the action to be taken when a referral to children’s social care does not meet the threshold criteria.

5.7 Where a referral is accepted by children’s social care, a social worker will be allocated to the child’s case and they will contact the child and family to explain what action will be taken.
6. **Children’s social care assessments**

6.1 The social worker becomes the lead professional once a referral is accepted by children’s social care with responsibility for completing the assessment and taking action to safeguard and promote the child’s welfare. See Appendix Two for the legal basis of the assessments undertaken.

6.2 The social worker completes the Child and Family Assessment to determine what action should be taken by children’s social care or others to safeguard and promote the child’s welfare. They will gather and evaluate relevant information about the child, parenting capacity, the wider family circumstances including what support networks and help they have already received. The child’s experience and views will be at the centre of the assessment process. The social worker will see the child alone and with their parents so they can hear and understand what the child is showing them about their lives.

6.3 The assessment will consider what has gone before, including previous concerns about the child’s welfare, parenting capacity (particularly where domestic violence, parental substance misuse or mental ill health have been concerns). The impact of early help and whether changes children need are happening quickly enough will be considered with the child, their parents and other professionals.

6.4 Assessments will be timely and purposeful avoiding drift in making decisions for children. They will be completed within 45 days and when this does not happen the social worker manager will record the reasons for this. The social worker with their manager will consider the key questions they need to address through the assessment, determine what tasks they need to carry out in order to have sufficient information to form an analysis as a basis for a professional judgement about the child’s needs, risk to their welfare, protective factors and what type of help is required from whom.

6.5 Where children are looked after, the social work led assessment will be the baseline for work with the family, and it will address what needs to happen so that the child can secure permanence (a sense of belonging, security and safety through their childhood). An assessment will be carried out where there is a duty to accommodate a child (section 20 Children Act 1989) at the request of the parents or child and no family members are available to care for the child.

6.6 The Family and Friends Policy sets out the range of options for children and young people who are unable to live with their birth parent so that wherever possible care is provided by extended family, friends or others who have an existing relationship. Assessments will be carried out where children become looked after following emergency interventions such as Police Protection or a remand into local authority care (Legal Aid, Sentencing and Punishment of Offenders Act 2012).

6.7 Where a decision is taken by children’s social care that parenting cannot be improved within a timescale that meets the child’s needs, legal advice will be sought and the threshold for care proceedings considered. The threshold for care proceedings is defined in the Children Act 1989 based on a child suffering, or likely to suffer, significant harm and that harm being attributable to the care given to the child, or the child being beyond parental control. Pre-
proceedings processes will be initiated unless there is a need for immediate action to protect the child. The Public Law Outline sets out the target timescale for care proceedings as 26 weeks. The conclusion of care proceedings will recommend a plan for permanence which could be through rehabilitation to family, adoption, Special Guardianship or long term fostering.

6.8 Any needs which have been identified will be addressed before decisions are made about the child's return home. The child and family support needs will be assessed to support a permanent return home (Care Planning, Placement and Case Review (England) Regulations 2011). This will provide evidence of whether the necessary improvements have been made to ensure the child's safety when they return home.

6.9 The specific needs of disabled children and young carers will be given sufficient recognition and priority in the assessment process. Further Royal Borough Of Greenwich guidance can be accessed at Safeguarding Disabled Children - Practice Guidance (2009), Recognised, valued and supported: Next steps for the Carers Strategy (2010) and our local Young Carers' Practice Guidance (2009). Professionals will work together and with the child and their family or carers to co-produce an Education, Health and Care Plan where appropriate.

6.10 The social worker will make sure that appropriate help is provided immediately to the child and family during the assessment, and will take into account the impact of that help in deciding whether or not there is a continuing need for children's social care help. The social worker will also consider whether any specialist assessments are needed to assist the decision making about what continuing help is needed.

6.11 Where the social worker confirms there is a continuing need for children’s social care help, a child in need plan will be developed which sets out which agencies will provide what services to the child and family. The plan will set clear measurable outcomes for the child and expectations for the parents. The plan will reflect the positive aspects of the family situation as well as the weaknesses. Professionals across the local authority such as housing, and health professionals will meet their duty to cooperate under section 27 of the Children Act 1989 by assisting the social worker to carry out their delegated duties.

7. Child protection processes: compulsory intervention in family life

7.1 Where information gathered during an assessment results in the social worker suspecting that the child is suffering or likely to suffer significant harm, there will be a strategy discussion with the police and other relevant professionals to confirm that enquiries under section 47 of the Children Act 1989 should be undertaken, or to decide that in the light of further information and analysis this is not required.

7.2 Child protection processes may be initiated at any point of the assessment process where there are reasonable grounds for thinking that a child is at risk of significant harm. Following referral some assessments will include child protection enquiries, but concerns about significant harm could emerge at any point in the assessment process. Similarly during the
assessment the concern about significant harm may be resolved, and the child protection process is concluded.

7.3 Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there will be a strategy discussion involving children's social care, the police, health and other bodies such as the referring agency. This might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary. A strategy discussion can take place following a referral or at any other time, including during the assessment process.

7.4 Where there is a risk to the life of a child or a likelihood of serious immediate harm, children’s social care social workers and the police will use their statutory child protection powers to act immediately to secure the safety of the child. If it is necessary to remove a child from their home, children’s social care will wherever possible and unless a child’s safety is otherwise at immediate risk, apply for an Emergency Protection Order (EPO). An EPO, made by the court, gives authority to remove a child and places them under the protection of the applicant.

7.5 **Police powers to remove a child in an emergency will only be used in exceptional circumstances** where there is insufficient time to seek an EPO or for reasons relating to the immediate safety of the child. When considering whether emergency action is necessary consideration will always be given to the needs of other children in the same household or in the household of an alleged perpetrator.

7.6 The local authority in whose area a child is found in circumstances that require emergency action (the first authority) is responsible for taking emergency action. If the child is looked after by, or the subject of a child protection plan in another authority, children’s social care will consult the authority responsible for the child. Only when the second local authority explicitly accepts responsibility (to be followed up in writing) are we relieved of responsibility to take emergency action.

7.7 Planned emergency action will normally take place following an immediate strategy discussion which is initiated because there is reasonable cause to believe a child is or is likely to be at risk of significant harm. Social workers with the police will:

- initiate a strategy discussion to discuss planned emergency action. Where a single agency has to act immediately, a strategy discussion will 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 EPO; and

- wherever possible, obtain legal advice before initiating legal action, in particular when an EPO is being sought.

7.8 As a minimum the social worker, a social work manager, health professionals and a police representative will be involved in the strategy discussion. Other relevant professionals will depend on the nature of the individual case. Where the concern is about a looked after child in a foster placement the strategy discussion should include a representative of the fostering agency. All attendees should be sufficiently senior to make decisions on behalf of their
agencies. Strategy discussion tasks include agreeing the conduct and timing of any criminal investigation; and confirming whether or not enquiries under section 47 of the Children Act 1989 should be undertaken.

7.9 The police will discuss the basis for any criminal investigation and any relevant processes that other agencies might need to know about, including the timing and methods of evidence gathering; and lead the criminal investigation (local authority children’s social care have the lead for the section 47 enquires and assessment of the child’s welfare) where joint enquiries take place.

7.10 The police will 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 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 the criminal investigations.

7.11 Health professionals will 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. The lead health practitioner (probably a consultant paediatrician, or possibly the child’s GP) may need to request and coordinate these assessments; and ensure appropriate treatment and follow up health concerns.

7.12 Children’s social care are responsible for deciding what action to take and how to proceed following section 47 enquiries. If children’s social care decides not to proceed with a child protection conference, then other professionals involved with the child and family have the right to request that local authority children’s social care convene a conference, if they have serious concerns that a child’s welfare may not be adequately safeguarded. As a last resort, the Greenwich Safeguarding Children Board has in place a quick and straightforward means of resolving differences of opinion.

7.13 Where concerns of significant harm are not substantiated social workers with their managers will 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.

7.14 All involved professionals will 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. Where concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant harm social workers with their managers will convene an initial child protection conference. The timing of this conference should depend on the urgency of the case and respond to the needs of the child and the nature and severity of the harm they may be facing, but be not more than 15 working days after the strategy discussion.
8. Disabled children

8.1 Disabled children may be the subject of an early help assessment, a social work led assessment or an assessment of a child’s special educational needs (which may lead to a Education, Health and Care Plan) or other specialist assessment is being undertaken, there will be a lead professional coordinating the process. A social worker will have the opportunity to provide input to this assessment however, there will be no need for a children’s social worker to lead the special educational needs assessment. Where Section 47 enquiries have to be undertaken, the social worker will take on the lead professional role around co-ordinating all other assessments.

8.2 When the child has an Education, Health and Care (EHC) plan this should act as a baseline for information on the disabled young person’s needs and views used to inform any social work assessment. The social worker will obtain the EHC plan in a timely way and target their assessment around gaps in information. The EHC plan contains up to date, comprehensive information in relation to the child’s views, needs and their identified outcomes. The social worker will liaise with the SEN Team to ensure that any information gathered or outcome of the assessment is included in their EHC plan review. See Special Educational Needs (SEN) Code of Practice: for 0 to 25 years, DfE Statutory guidance for organisations who work with and support children and young people with SEN January 2015.


8.3 The especial vulnerabilities of disabled children, and the potential barriers to a child communicating what is happening to them and express their wishes are recognised and addressed in practice guidance. Social workers from the specialist Children with Disabilities Team are able to provide consultation to professionals leading assessments and working with disabled children. Safeguarding Disabled Children - Practice Guidance (DfE, 2009) at https://www.gov.uk/government/publications/safeguarding-disabled-children-practice-guidance

8.4 When the child has a disability, the social worker will take into account the communication needs of the child to ensure that they elicit the views and wishes of that child. Every child can communicate in some way and it is the duty of the social worker to engage with that child in a way that meets the child’s needs. The social worker will liaise with those who know the child best to ensure that they are using the appropriate strategies; this may include family members or other professionals who know the child well. The assessment needs to explore the ways in which the child’s condition or ability impacts their day to day life and the life of the family. The social worker needs to consider the child’s outcomes and what support is required for that child to meet them.

9. Young carers

9.1 Children’s social care will undertake a young carer’s needs assessment where it appears that the child or young person is or is likely to experience impairment to their health and development unless Adult & Older People’s Service are already working with the person being cared for and will lead on the young carer’s assessment. Other assessments will be undertaken as part of an early help assessment. There is a commissioned young carers’ service which is a source of guidance and support for children and young people through the assessment process.
10. Young people who offend

10.1 There is a protocol that supports effective joint work between professionals in the Youth Offending Service and children’s services. Good outcomes in terms of reducing crime and improved outcomes for children and young people depend on effective assessment, planning and intervention. ASSET is the youth justice assessment tool for young people sentenced to youth court orders or subject to bail and remand requirements. The dimensions of the Assessment Framework for children in need are consistent with those of the ASSET. The key difference is that ASSET concentrates in depth on areas of a young person’s life most likely to be associated with offending behaviour.

10.2 Responsibility for undertaking ASSET assessments, either directly or with the help of others, lies with staff based with YOS. ASSET reports will provide an assessment, analysis and plan for managing the risk of re-offending, including violent and sex offenders. Where required, ASSET, and YOS Risk of Serious Harm Assessments will always be shared with social workers. Assessments relating to the same child will be shared between practitioners in the Youth Offending Service and children’s social care. When YOS complete their involvement with a looked after child who has been subject to a community sentence, they will provide the children in need/ care planning with a copy of the final ASSET assessment. All workers will ensure minimum duplication of effort and content where Children Act 1989 assessments and ASSET assessments are being undertaken.

11. Quality assurance, decision making and challenging assessments

11.1 At the point of allocation, the social worker will agree with their manager any immediate actions to protect the child, the key assessment tasks, when to complete the assessment, provide where appropriate immediate help. The target timescale for completing the assessment will be based on the social worker’s professional judgement about the referral. The aim is that no assessment should take more than 45 days from referral.

11.2 The social worker will review the progress of the assessment and their manager, who will maintain management oversight of the progress of the assessment in formal supervision and through weekly progress monitoring. They will specifically monitor that:

- the response to referrals to children’s social care takes place within one working day and the child’s case is allocated to a social worker
- the Referrer is advised of what will happen next in relation to the child’s case usually within 3 working days
- the assessment and any decision-making arising from the assessment, are completed within 45 working days from the point of referral to children’s social care
- any initial child protection case conference takes place within 15 working days of the strategy discussion / meeting that confirmed that child protection enquiries would take place
• the child is seen within a timescale that is appropriate to the nature of the concerns expressed at referral but within 10 working days of the referral. Where child protection enquiries are being undertaken, the child is seen and interviewed about any alleged maltreatment or neglect in accordance with the plan agreed at the strategy discussion/meeting

• the case record shows clearly the child’s experiences, views and wishes and what needs to change for them.

• the views of the parent about the child’s need, risk and protective factors and what needs to change for the child are recorded on the child’s case record.

• interviews with the child and family members are conducted separately and together as appropriate

• assessment findings, decisions, the reasons for decisions and next steps are recorded on the child’s case record

• there is a child-centred chronology of significant events in the child’s life and the impact for them

• all the relevant agencies and the family are informed of decisions and, if the child is a child in need, of the plan for providing support; and inform the referrer of what action has been or will be taken

• the parents and other people with parental responsibility and the child (appropriate to their age and understanding) will have a record of the assessment and any plan arising from it.

• manager maintains and records in the child’s case file their oversight of the progress of assessments and the impact of help provided during the assessment process, providing feedback and appropriate challenge to professional judgements made by the social worker.

11.3 Parents and children (taking into account their age and capability) will be given information by the social worker about how to make a complaint or other representation at the start of the assessment process. Unless it would place the child at risk of serious harm or would be likely to lead to a crime being committed, the social workers will explain to the child and their parents what their role is, what work they will do with the family and keep them informed of the progress of the assessment.

11.4 The social worker will explain to their parent any concerns they have about the parent’s capacity to safeguard and promote their child’s welfare, and seek their views about what needs to change and how this can be achieved. Differences of opinion will be recorded in the assessment record.

11.5 Where appropriate, social workers will talk to children about using the advocacy service for children involved in child protection processes. Where parents are learning disabled or there
are concerns about their capacity, the social worker will talk to the parent about having an advocate. Children who are looked after have access to an advocacy service.

11.6 The appropriate complaints process is available to children and their parents where there are unresolved concerns about how an assessment was carried out, or that the decisions arising from the assessment are irrational.
Appendix One

Examples of situations that could trigger referral to children’s social care

This is not an exhaustive list of all possible situations a child could be facing when a referral to children’s social care should be made. See the Protocol for Assessment and Threshold Guidance for guidance, talk to your safeguarding lead or ring the consultation line if you are unsure what to do but are concerned about a child.

**Child at immediate risk of serious harm needing immediate protection.**

- Injury confirmed as being the result of a harmful action,
  - i.e: child was hit, poisoned, thrown, or otherwise physically assaulted.

- Unexplained injury indicative of non-accidental injury.

- Failure to thrive - no medical explanation.

- Child tells someone they have been physically or sexually abused.

- Child is emotionally abused as a result of witnessing domestic violence or harm to another person.

- Child is emotionally abused through persistent negative behaviour from their parent or carer; i.e: may be evident in low self-esteem, social isolation, being ‘singled out’ or ‘different’ from other children in the household. May be linked to belief system, and the child being seen as ‘bad’ or representing a harmful force.

- Child is persistently neglected, evidenced by all or any of:
  - not kept or helped to be clean
  - routinely wears dirty, ill-fitting or inappropriate clothing
  - tired because no routine bed time and lack of sleep
• not regularly fed
• not given age and developmentally appropriate food and drink
• failure to thrive – no medical explanation
• seeks nourishment when outside the home
• lack of stimulation affecting development of communication, social and self-care skills
• pattern of injuries associated with persistent lack of supervision

Children under 13 years of age involved in unlawful sexual activity.

Child at avoidable risk from an adult whose behaviour is known to pose a risk to children.

Child at avoidable risk of illness and injury because unhygienic or poor home conditions pose a significant hazard.

Child suffers an avoidable injury as a result of a lack of supervision.

Child does not attend routine health appointments increasing the risk of undiagnosed health problems likely to lead to impairment of the child's health and development.

Child is not receiving prescribed health treatment because the parent does not take the child to appointments, make sure medication is taken or otherwise refuses to work with health professionals without good cause.

Children putting themselves in danger because of gang involvement and offending behaviour.

Children abusing other children.

Siblings or other children at risk from other children’s behaviour, including offending behaviour.
<table>
<thead>
<tr>
<th>Child at risk of or a victim of Female Genital Mutilation.</th>
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<tbody>
<tr>
<td>Child at risk of or a victim of so called ‘honour’ abuse, violence or exploitation including forced marriage</td>
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<tr>
<td>The child is at risk of exploitation arising from radicalisation</td>
</tr>
<tr>
<td><strong>Child at risk of or a victim of sexual exploitation.</strong></td>
</tr>
<tr>
<td>Unborn child whose parent / carer has had previous children taken into care or has had children subject to a child protection plan.</td>
</tr>
<tr>
<td>Unborn or new born child in a household where there has been a previous unexplained injury or death of a child whilst in the care of either parent.</td>
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<td>Adult joining a household, or in a relationship with a parent / carer or otherwise has access to children whose behaviour is known to pose a risk to children.</td>
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<tr>
<td>Children with families or other care arrangements that are likely to breakdown, which would lead to them becoming looked after or being cared for by someone other than their parent or current carer.</td>
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<tr>
<td>Pre-birth concerns for the well-being of a new born child as a result of parental substance misuse, parental mental ill health, domestic violence, very young parent/s with no experience and little support, or parents who have previously had children removed from their care to protect them from maltreatment or neglect.</td>
</tr>
<tr>
<td>Witnessing on-going domestic abuse affecting the child's cognitive and emotional development, and their behaviour (ie: unexpected or excessive aggressiveness towards others when frustrated or angry).</td>
</tr>
<tr>
<td>Children living with the consequences of acrimonious separation. For example allegations and counter-allegations between parents and / or partner about alleged abuse or neglect, negative frightening interactions between adults in conflict, or seeking to turn a child against a parent.</td>
</tr>
</tbody>
</table>
Children subject to private law proceeding where the court requests a section 7 report because of recent children’s social care involvement, previous child protection involvement or children being the subject of care proceedings or were looked after.

Children who run away from home and are missing.

Children who self-harm or have attempted suicide.

Children at risk from or involved in gangs associated with criminal activity and sexual exploitation.

Young carers who have taken on caring responsibilities in the home which is affecting their ability to regularly attend school, make good progress and / or to maintain expected friendships and out of school and home activities.

Children who are or appear to be unaccompanied children (no one with parental responsibility in the UK) who have no secure arrangements for their upbringing.

Homeless teenagers whose parents will not allow them to live with them.

Children who have been looked after before or subject of a child protection plan where there were concerns about maltreatment and neglect
Appendix Two

The legal basis for social work led assessments.

Assessment to determine whether the child is in need of children’s social care help (under Section 17 of the Children Act 1989)

When undertaking an assessment of a disabled child, the local authority must also consider whether it is necessary to provide support under section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970. Where a local authority is satisfied that the identified services and assistance can be provided under section 2 of the CSDPA, and it is necessary in order to meet a disabled child’s needs, it must arrange to provide that support.

Assessment of need including child protection enquiries (under Section 47 of the Children Act 1989) to determine what action should be taken by children’s social care and others to safeguard and promote the child’s welfare. This applies where children have been the subject of police protection or an emergency protection order. This is the threshold for intervening in family life, and information may be shared between professionals if parents do not agree in order to complete the child protection enquiries.

A private fostering assessment to determine that the private foster carer is safeguarding and promoting the child’s welfare. This may result in action under the private fostering regulations or, under Section 17 (as a child in need) or, under Part 5 of the Children Act 1989 to protect a child.

Assessment of a child who has become a looked after child as a result of emergency intervention (for example a child taken into police protection) or where there is a duty to accommodate a child under section 20 Children Act 1989.

Assessment where a child is remanded into care (Legal Aid, Sentencing and Punishment of Offenders Act 2012).

Where an application for a care order or supervision order is going to be or has been made (Section 31A Children Act 1989).

If a local authority considers that a young carer may have support needs, they must carry out an assessment. An assessment must also be carried out if a young carer, or the parent of a young carer, requests one. Such an assessment must consider whether it is appropriate or excessive for the young carer to provide care for the person in question, in light of the young carer’s needs and wishes. The Young Carers’ (Needs Assessment) Regulations 2015 require local authorities to look at the needs of the whole family when carrying out a young carers’ needs assessment. Young carer’s assessments can be combined with assessments of adults in the household, with the agreement of the young carer and adults concerned. Young carers’ assessments do not have to be carried out by a social worker.
If a local authority considers that a parent carer of a disabled child may have support needs, they must carry out an assessment. The local authority must also carry out such an assessment if a parent carer requests one. Such an assessment must consider whether it is appropriate for the parent carer to provide, or continue to provide, care for the disabled child, in light of the parent carer’s needs and wishes.
Appendix Three - Contacting Children’s Social Care

Multi-Agency Safeguarding Hub (MASH)

The MASH is based at:
Woolwich Centre
First floor
35 Wellington Street
London SE18 6HQ

Consultation line for professionals: 020 8921 2267

Telephone number for referrals: 020 8921 3172

Referrals or other communications via secure e-mail:
mash-referrals@royalgreenwich.gov.uk or faxed to 020 8921 3180.

The MASH is operational during office hours:

Monday – Thursday: 9.00am-5.30pm
Friday: 9.00am-4.30pm

Referrals outside office hours are handled by the Out of Hours Social Worker who can be contacted on 020 8854 8888.

Pre-Birth Support & Assessment Team

The Pre-Birth Support & Assessment Team is based at the Queen Elizabeth Hospital,
Brook House, Stadium Road, London SE18 4QH.
Telephone number: 020 8836 6584 / 6589
Children with Disabilities Team

The team is based at:

Woolwich Centre
First floor
35 Wellington Street
London SE18 6HQ
Telephone number for consultation or advice: 02089212599
All referrals in relation to a disabled child go through the MASH service.

The Point

The Point is based at 47 Woolwich New Road, Woolwich SE18 6EW
Telephone number: 020 8921 8224.
Only young people aged 16 and 17 years old who present as homeless are referred through the Point.

Designated Officers – allegations against staff working with children

Concerns about the suitability of people working with children, or allegations against people working with children should be referred initially to the MASH.
Appendix Four

MASH Consultation Service
020 8921 2267

A telephone Consultation Service for professionals provided by Children’s Social Care Multi Agency Safeguarding Hub (MASH) Team

Consultation Service aims to:

- Offer quick access to Children’s Safeguarding and Social Care advice
- Provide advice on Children's Safeguarding and Social Care thresholds
- Improve information sharing about universal and target services providing early help in the borough
- Allow professionals the opportunity to talk through situations that are raising concern to help determine what an appropriate response might be, without the need for formal referral.

How the Consultation Service works:

- Consultation will be offered by the MASH Duty Manager for all professionals seeking advice about a child or children who they are concerned about.
- Anonymity of the child or children will be maintained unless both the professional involved and/or the MASH Duty Manager have good reason to believe that there is a valid safeguarding reason to disclose further details.
- Written records of the consultation will not be kept by Children’s Service unless a formal process is required, and the contacting professional is expected to follow the record keeping and information guidelines for their own agency.
- Professionals and their agencies are not obliged to follow the advice offered.
- This is not a short cut or referral route into Children’s Services. If a referral is required, the usual Inter-Agency Referral Form will be completed by the contacting professional following the discussion.
Appendix Five – Interagency Referral Form ([click here to download](#))

**INTER-AGENCY REFERRAL FORM**

### 1. CONSENT

(Please note that consent should be sought from the parent/carer unless obtaining this consent will place the child at further risk of significant harm – obtaining consent should not delay a referral being made)

Has consent been sought from PARENTS/CARERS before making this referral?  
<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
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If consent has not been obtained, please give reason.

### 2. DETAILS OF PRACTITIONER MAKING THIS REFERRAL

<table>
<thead>
<tr>
<th>Name of Referrer:</th>
<th>Job title:</th>
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<th>Agency:</th>
<th>Address:</th>
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<th>Email:</th>
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Date:  
Details of Social Worker taking referral

### 3. CHILD/YOUNG PERSON DETAILS

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>DOB/EDD</th>
<th>Age</th>
<th>M/F</th>
<th>Ethnicity</th>
<th>Preferred Language</th>
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Address(es):

Tel/ Mobile:  
Email:

### 4. CHILD/YOUNG PERSON’S MAIN CARERS

<table>
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<tr>
<th>Carer Last Name</th>
<th>Carer First Name</th>
<th>DOB</th>
<th>M/F</th>
<th>Ethnicity</th>
<th>Relationship to child</th>
<th>Parental Responsibility</th>
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Give carer address(es) here if different from the child’s:

Tel/ Mobile:  
Email:

### 5. OTHER HOUSEHOLD MEMBERS or SIGNIFICANT PEOPLE IN THE CHILD/YOUNG PERSON’S LIFE (where known)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>DOB/EDD</th>
<th>Age</th>
<th>M/F</th>
<th>Ethnicity</th>
<th>Relationship to child</th>
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**6. REASON FOR REFERRAL**

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<tr>
<th><strong>Framework for Assessment</strong></th>
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<tr>
<td><img src="image" alt="Diagram of Framework for Assessment" /></td>
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<table>
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<tr>
<th><strong>Why are you contacting us / What are you worried about?</strong></th>
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<tr>
<th><strong>Risks</strong></th>
<th>Please tell us your opinion of the level of risk to the child and detail explicitly your reasoning for this. [to tick boxes double click on box and select checked]</th>
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<tr>
<td><img src="image" alt="Risk levels" /></td>
<td>Low  Medium  High</td>
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<th><strong>What type of harm the child is suffering or likely to be suffering and any known history of harm.</strong></th>
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<th><strong>If any disclosures made include who by and when</strong></th>
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Parents’ capacity to meet child’s needs adequately

How in your opinion this impacts on the child’s health and/or development / analysis of risk.

7. HAS THERE BEEN PREVIOUS STATUTORY OR SPECIALIST INVOLVEMENT?
   [to tick boxes double click on box and select checked]

<table>
<thead>
<tr>
<th>Service</th>
<th>No</th>
<th>Yes</th>
<th>Not Known</th>
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<tbody>
<tr>
<td>Children’s Social Care</td>
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<td>Child and Adolescent Mental Health Service</td>
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<td>CAMHS</td>
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<td>Special Educational Needs or Disability</td>
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<td>Borough School Attendance Service / Education Welfare Service</td>
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<td>Specialist Health</td>
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<td>Adult Services – (Mental Health /Drug or Alcohol Abuse /Disability /DV / Housing)</td>
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<td>Youth Justice Service</td>
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<td>Police/Probation/</td>
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<td>New to Borough</td>
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<tr>
<td>Other</td>
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8. HAS AN EARLY HELP ASSESSMENT e.g. COMMON ASSESSMENT FRAMEWORK (CAF) BEEN COMPLETED?
   No | Yes | If yes, please attach (if available)

9. OTHER PROFESSIONALS INVOLVED (TO INCLUDE GP AND SCHOOL DETAILS)

<table>
<thead>
<tr>
<th>Name / Title</th>
<th>Team/Agency [school / GP/ HV etc]</th>
<th>Unique Pupil No.</th>
<th>Address</th>
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COPY THIS FORM SECURELY TO MASH – EMAIL/FAX OPTIONS AS FOLLOWS:

Before contacting the Multi Agency Safeguarding Hub (MASH) you need to consider whether the child or young person’s needs can be met by services from within your own agency, or by other professionals already involved with the family (refer to the Royal Greenwich Preventions Directory). If you are not sure about the needs of the child or whether you should make a referral you can discuss with your Safeguarding Lead and if you are still not sure you can call the MASH Consultation Line on 020 8921 2267 to discuss the case with professionals in the MASH.

We know that it is sometimes difficult to decide the appropriate point of intervention. To help you to determine levels of need when making your own assessment, please refer to the threshold document.

If you are making a referral please contact:

Tel: 020 8921 3172 Fax: 020 8921 3180

Email: MASH-referrals@royalgreenwich.gov.uk

Royal Borough of Greenwich MASH, 1st Floor The Woolwich Centre, 35 Wellington Street, London SE18 6HQ

OUT OF HOURS: TEL CONTACT: 020 8854 8888