**Allocation/C&F Assessment process – February 2021**

This process has been drafted following a working group of managers and senior social workers across the MASH, Duty and Assessment and Contextual Safeguarding functions. the principles of this document are to ensure that there is timeless allocation and intervention with families, increased participation of children and families and with the intention of creating consistency across Lancashire County Council. The document sets out expectations in relation to:

* **Timescales for allocation of a case at the point of referral.**
* **Process for allocation of case**
* **Expectations of a 10 day assessment**
* **Expectations of a 20 day assessment**
* **Expectations of a 30 day assessment**
* **Expectations of a 45 day assessment**
* **Participation of children, young people and families from the start of the journey into duty and assessment.**
* **Use of the assessment planning tool**
* **C&F checkpoints/timescales for completion of a C&F Assessment.**
* **Extension of C&F assessment timescales**
* **Use of and the recording of a Multi-Agency Planning Meeting.**
* **Circumstances when it may be appropriate to complete a 45 day assessment.**
* **Minimum expectations in relation to the quality assurance of C&F assessments.**
* **Inclusion of absent parents/carers and significant others within the C&F Assessment.**
* **Feedback and comments on an Assessment.**

**Timescales for allocation of a case at the point of referral.**

All referrals are to be allocated to a worker on the same day that MASH reassign the referral to the duty box. It is accepted that at times this is not possible due to urgent duty matters preventing allocation or referrals being reassigned to the duty box late in the day. Where it is not possible to allocate the case within the same day, this should not be left for more than 24 hours (if a working day) or one working day without allocation.

At the end of a duty week, the duty box should be clear ready for handover to the next duty team. Team Manager to Team Manager discussions should take place to handover any duty matters that will need the attention of the new duty team.

In some areas, Team Managers are holding daily duty briefings with their teams to consider allocation and duty tasks. This is reported to work well and should be adopted by all team managers where possible, particularly whilst remote working.

**Process for allocation of case**

In order to allocate a case, it is good practice to hold a face-to-face (or virtual) discussion about the case allocation in order to ensure that the worker is aware of the case allocation and is clear around direction of case. Where it is not possible to hold face to face discussions with a worker, as a minimum the worker should be notified for example via email that a case has been allocated and the worker should be referred to the case note for more information and direction.

Upon allocation of all cases, the Team Manager is to record an "Allocation" case note, setting out who the case has been allocated to, giving clear direction and stipulating whether the assessment is deemed to be a 10, 20, 30 or in exceptional circumstances a 45 day assessment. The case note can set out expectations of the worker in line with the below case file expectations or alternatively refer to the allocated worker to this document for the expectations required.

**Case file expectations of a 10 day assessment – Allocation case note to include direction as follows:**

* Case file to be reviewed and chronology to be reviewed/updated. (Case should come to CSC with Chronology completed by MASH) prior to visit taking place.
* Relationships tab on LCS to be updated – including the ending of any relationships that no longer exists – those with PR for the child should be recorded as having such and the main carer for the child/ren should be identified.
* The involvements tab on LCS to be updated to include all current relevant professionals involved and any previous involvements ended if they are no longer involved.
* Child to be seen within 3 days (72 hours) of allocation, save for Section 47 enquiries in which case child will be seen within 24 hours.
* Child and family to have a minimum of 1 visit for a 10 day assessment.
* Child aged 3 and over to be seen alone (away from parent/care giver).
* In relation to children aged under 3, evidence of where and how the child was seen is to be recorded, including interactions with the child and observations of the child within the environment (See section on children being seen alone for more information).
* COVID Risk Assessment to be completed and then updated every 4 weeks or earlier if COVID related changes.
* Assessment tools used to be highlighted within the C&F assessment.
* Consent to be clarified – via consent forms being signed.
* Family to be provided with assessment pack which include signed consent form, information in relation to the Child and Family Assessment and the complements/complaints procedure.
* Case Summary to be completed prior to case closure/transfer.

**Case file expectations of a 20 day assessment – Allocation case note to include direction as follows:**

* Case file to be reviewed and chronology to be reviewed/updated. (Case should come to CSC with Chronology completed by MASH) prior to visit taking place.
* Relationships tab on LCS to be updated – including the ending of any relationships that no longer exists – those with PR for the child should be recorded as having such and the main carer for the child/ren should be identified.
* The involvements tab on LCS to be updated to include all current relevant professionals involved and any previous involvements ended if they are no longer involved.
* Child to be seen within 3 days (72 hours) of allocation, save for Section 47 enquiries in which case child will be seen within 24 hours.
* Child and family to have a minimum of 2 visit for a 20 day assessment.
* Child aged 3 and over to be seen alone (away from parent/care giver).
* In relation to children aged under 3, evidence of where and how the child was seen is to be recorded, including interactions with the child and observations of the child within the environment (See section on children being seen alone for more information).
* Multi-agency planning meeting to be held on all 20 day assessment cases.
* COVID Risk Assessment to be completed and then updated after 4 weeks or earlier if COVID related changes.
* Assessment tools used to be highlighted within the C&F assessment.
* Expectations that there is some direct work with the child/family to inform the assessment – this is the purpose of the second visit.
* Consent to be clarified – via consent forms being signed.
* Family to be provided with assessment pack which includes signed consent form, information in relation to the Child and Family Assessment and the complements/complaints procedure.
* Case Summary to be completed prior to case closure/transfer.

**Case file expectations of a 30 day assessment – Allocation case note to include direction as follows:**

* Case file to be reviewed and chronology to be reviewed/updated. (Case should come to CSC with Chronology completed by MASH) prior to visit taking place.
* Relationships tab on LCS to be updated – including the ending of any relationships that no longer exists – those with PR for the child should be recorded as having such and the main carer for the child/ren should be identified.
* The involvements tab on LCS to be updated to include all current relevant professionals involved and any previous involvements ended if they are no longer involved.
* Child to be seen within 3 days (72 hours) of allocation, save for Section 47 enquiries in which case child will be seen within 24 hours.
* Child and family to have a minimum of 3 visit for a 30 day assessment.
* Child aged 3 and over to be seen alone (away from parent/care giver).
* In relation to children aged under 3, evidence of where and how the child was seen is to be recorded, including interactions with the child and observations of the child within the environment (See section on children being seen alone for more information).
* Multi-agency planning meeting to be held on all 30 day assessment cases.
* COVID Risk Assessment to be completed and then updated after 4 weeks or earlier if COVID related changes.
* Assessment tools used to be highlighted within the C&F assessment.
* Expectations that there is direct work with the child/family to inform the assessment – this is the purpose of the second and third visit.
* Consent to be clarified – via consent forms being signed.
* Family to be provided with assessment pack which includes signed consent form, information in relation to the Child and Family Assessment and the complements/complaints procedure.
* Case Summary to be completed prior to case closure/transfer.

**Case file expectations of a 45 day assessment – Allocation case note to include direction as follows:**

* Case file to be reviewed and chronology to be reviewed/updated. (Case should come to CSC with Chronology completed by MASH) prior to visit taking place.
* Relationships tab on LCS to be updated – including the ending of any relationships that no longer exists – those with PR for the child should be recorded as having such and the main carer for the child/ren should be identified.
* The involvements tab on LCS to be updated to include all current relevant professionals involved and any previous involvements ended if they are no longer involved.
* Child to be seen within 3 days (72 hours) of allocation, save for Section 47 enquiries in which case child will be seen within 24 hours.
* Child and family to have a minimum of 4 visit for a 45 day assessment.
* Child aged 3 and over to be seen alone (away from parent/care giver).
* In relation to children aged under 3, evidence of where and how the child was seen is to be recorded, including interactions with the child and observations of the child within the environment (See section on children being seen alone for more information).
* Multi-agency planning meeting to be held on all 45 day assessment cases.
* COVID Risk Assessment to be completed and then updated after 4 weeks or earlier if COVID related changes.
* Assessment tools used to be highlighted within the C&F assessment.
* Expectations that there is direct work with the child/family to inform the assessment – this is the purpose of the second, third and fourth visit.
* Consent to be clarified – via consent forms being signed.
* Family to be provided with assessment pack which includes signed consent form, information in relation to the Child and Family Assessment and the complements/complaints procedure.
* Case Summary to be completed prior to case closure/transfer.

**Participation of children, young people and families from the start of the journey into duty and assessment.**

* Parents/care givers are to be provided with the Assessment pack on the first visit to the family. The will include the family assessment plan which incorporates the explicit consent form and the how the assessment is to be completed. It will also include information in relation to the C&F assessment process and the compliments and complaint procedure and pack.
* The Family Assessment plan to be undertaken with parents/carers/children/young people during the initial visit.



* Parents/care givers and children where appropriate are to be invited to the multi-agency planning meeting to ensure that they have the opportunity to participate.
* All children are to be seen as part of the assessment, and children aged 3 and over should be seen away from their parents/care givers.
* All household member, parents, care givers, absent parents and wider family members who are involved in the child's life should be involved and consulted with as part of the assessment.
* Children, parents, care givers, absent parents and wider family members who are involved in the child's life should be asked to identify as part of the assessment what they feel is working well (the strengths), what they feel is not going well (the concerns/unmet needs) and how they feel the strengths could be built upon and concerns reduced. This should be clearly recorded within the assessment.
* For 20, 30 and 45 day assessments, direct work with the child/ren and parents/care givers should be undertaken. The nature of this direct work would be dependent upon the nature of the referral/assessment need/risk.
* A copy of the C&F assessment should be shared with those with PR for the child and where appropriate also with the child/ren.
* Feedback and comments in relation to the assessment from those with PR/the child/ren should always be obtained and this information should be recorded within the feedback section of the C&F assessment (see below section of feedback).
* In cases whereby a plan of support is identified for the child/family at the conclusion of the assessment, whether this be a plan under level 2, 3 or 4 on the Continuum of Need, the plan should be co-produced with the parents/carers and child.

**Use of the assessment planning tool**

The family assessment planning tool has been revised to encourage participation of children, young people, and their families. The aim of the family assessment plan is to clarify how the assessment should be conducted and who should be contacted as part of the assessment. In addition, it provides an opportunity for the family who are an expert in relation to their own family to identify what they feel is working well and what they feel needs to change. The assessment planning tool must be used and attached to the C&F assessment.



**C&F checkpoints/timescales for completion of a C&F Assessment.**

Cases requiring a 10 day assessment should be completed by the social worker and sent forauthorisation no later than day 8. This allows time for the Team Manager to quality assure the C&F assessment and allows time for any updated information to be obtained, and any required amendments to the assessment to be made.

10 day assessment cases will not require a C&F checkpoint, unless the C&F assessment has not been completed by day 8 or in the event that the timescale for a C&F assessment is to be extended. In these cases, the C&F checkpoint should be held by day 9/10.

Cases requiring a 20 day assessment should have a checkpoint undertaken by both day 9/10 and day 15. The C&F assessment should be completed by the social worker and sent for authorisation no later than day 18. This allows time for the Team Manager to quality assure the C&F assessment and allows time for any updated information to be obtained, and any required amendments to the assessment to be made.

Cases requiring a 30 day assessment should have a checkpoint undertaken by day 9/10, day 15 and day 25. The C&F assessment should be completed by the social worker and sent for authorisation no later than day 27. This allows time for the Team Manager to quality assure the C&F assessment and allows time for any updated information to be obtained, and any required amendments to the assessment to be made.

Cases requiring a 45 days assessment should have a checkpoint undertaken by day 9/10, day 15, day 25 and day 35. The C&F assessment should be completed by the social worker and sent for authorisation no later than day 40. This allows time for the Team Manager to quality assure the C&F assessment and allows time for any updated information to be obtained, and any required amendments to the assessment to be made.

In relation to the process for arranging and recording a C&F checkpoint, it is the responsibility of the Social Worker with support of the Team Manager to arrange checkpoints using their online calendar at the relevant "days". At the checkpoint, it is expected and a case discussion will be held, that the actions agreed at allocation will be reviewed and further direction/actions will be given. The C&F checkpoint will be recorded by the Team Manager on a case note – under supervision. In addition, the checkpoint tab on LCS will be updated to reflect that a checkpoint has been held.

**Extension of C&F assessment timescales**

Extension of C&F assessments should only be undertaken in exceptional circumstances that are agreed by the Team Manager. An extension to a C&F assessment timescale should only be agreed whereby a further extension will benefit the child and family as further information or further direct work is required in order to inform the assessment. A C&F assessment must not be extended to allow a social worker time to write up an assessment or to undertake actions that should have been undertaken within the originally agreed timescale. In the event that either of the above apply, the C&F assessment timescale should remain at the originally agreed timescale and will show as out of date on data. Any themes or patterns in relation to assessments timescales should be addressed through supervision.

An extension may be warranted where new information has arisen that needs to be assessed, or new actions identified as part of a checkpoint review, or in exceptional circumstances whereby all reasonable steps have been made by the social worker to undertake any agreed actions but this has not been successful. An example of this would be if a parent is serving a custodial sentence and a prison visit is required but could not be undertaken within the timescale for an assessment.

In the event that the timescale for completion of a C&F assessment is extended, the case file and assessment expectations for that relevant assessment timescale apply. For example if an assessment was originally set as a 10 day assessment case, and this is extended by the Team Manager to a 20 day assessment, the case file/assessment expectations that apply are those of a 20 day assessment.

**Use of and recording of a Multi-Agency Planning Meeting.**

Multi-agency planning meetings must be undertaken for all 20, 30 and 45 day assessments. The purpose of the multi-agency planning meeting is to share and triangulate information required to inform the assessment. When holding a multi-agency planning meeting, there is no need to then contact each agency separately to gather information unless a particular agency is unable to or does not attend the meeting. Holding multi-agency meetings ensures that agencies own the information shared and are accountable. Parents/carers and children/young people where appropriate should also be invited to attend the meeting in order that they are aware of the information being shared and have the opportunity to comment on that information. This will also encourage participation of the family within the assessment process.

In relation to the recording of the multi-agency meeting. The date of the multi-agency meeting should be recorded within the C&F assessment, under *key information* – *dates of planning meetings held.* A request has been made for LCS to be amended to add a section to record the attendees at the meeting, and a summary of discussions held; however in the interim this should be recorded on the below word document template *(MA meeting)* and attached to the C&F Assessment. A standalone form is not requiredin order that it can be quality assured by the manager along with the C&F assessment and ensure a link between the Multi-agency meeting and the information contained within the C&F assessment.



**Circumstances when it may be appropriate to complete a 45 day assessment.**

There are circumstances where it is appropriate to extend a C&F assessment to 45 days by agreement of the relevant Team Manager. Below is a list of some of those expectations (please note the list is not exhaustive).

* Pre-birth assessments where the referral is made early and there is a need to assess parenting capacity to change over time.
* Instances where a specialist assessment is required to inform the assessment such as a CE Risk Assessment, Transitions Assessment, Expert Assessment, MH Assessment etc and such assessment has not yet been received.

In the event that the team manager agrees the need for a 45 days assessment, this should be clearly documented within the C&F checkpoint, with the rationale as to the reason for this by the team manager. (see checkpoint section of this document)

**Minimum expectations in relation to the quality assurance of C&F assessments.**

Team Managers will be responsible for the quality assurance of C&F assessments. When quality assuring a C&F assessment, Team Manager's must ensure that as a minimum assessments have the following:

* Evidence that the child/ren have been seen and if aged 3 and over, have been seen alone. Where children aged 3 and over have not been seen alone, evidence of the reason for this must be recorded as set out earlier in this documents.
* In relation to children aged under 3, evidence of where and how the child was seen is to be recorded, including interactions with the child and observations of the child within the environment (See section on children being seen alone for more information).
* Evidence that children have been seen a minimum of once for 10 days assessment, twice for 20 day assessments, three times for 30 day assessment and four times for 45 day assessments.
* Evidence of the child's views/voice in relation to the referral concerns and their lived experience.
* Evidence of observations of the child in their environment, focussing on their interactions and presentation and evidence of whether the observations match what the child/family are saying.
* Evidence of contrasting observations if the child is seen in different environments as part of the assessment.
* Evidence of assessment tools used within the Assessment.
* Evidence of direct work with the children and family for 20, 30 and 45 day assessments.
* Evidence that children and families have participated in the assessment process and how this has been achieved.
* Evidence that all household members, children, parents/care givers, absent parents and significant wider family members have been involved in and consulted with as part of the assessment.
* Evidence that where a particular individual has not been involved in and consulted with as part of the C&F assessment this is clearly documented, along with the rationale for this individual not being involved/consulted with.
* Evidence of agencies contacted/spoken to as part of the assessment, along with their views.
* Evidence of any agencies not contacted/spoken to as part of the assessment, along with the rationale for this.
* Evidence that a multi-agency planning meeting has been held, including the date this was held, who was in attendance, that parents and where appropriate the children attended and a summary of the meeting is recorded for all 20, 30 and 45 day assessments.
* Evidence of the family makeup within the C&F Assessment (Genogram) so that it is clear what family members are involved with the child and their role.
* Evidence of consideration of the chronology and the impact on the child/family.
* Evidence of strengths/protective factors being identified and the impact on the child/family.
* Evidence of unmet needs/risks being identified and the impact on the child/family.
* Evidence that the referral concerns have been addressed within the C&F assessment.
* Evidence of the consideration of any other assessments undertaken such as specialist assessments/CE assessments.

**Assessments under Section 47 of the Children Act.**

It is essential when undertaking a C&F assessment under Section 47 that there is evidence of consideration of the Section 47 enquiry and outcome within the C&F assessment. The C&F assessment is the means in which enquiries under S47 are undertaken and is not a standalone assessment however forms part of the information gathering. Any findings should be included and referred to in the analysis of the C&F assessment to inform future planning and safeguarding.

**Children being seen alone as part of the C&F assessment.**

Children aged 3 and over are required to be seen alone as part of the C&F Assessment. The term "*seen alone*" means that the child is seen away from his or her caregivers. Therefore, children seen in the presence of siblings or another professional are still considered "seen alone".

It is important that whether a child has been "*seen alone*" is accurately recorded within the C&F Assessment, in the key information section of the C&F assessment, subsection "*was the child seen alone*"

In relation to children aged under 3 whilst it may not be appropriate to see the child alone away from care givers, it is expected that the child is seen, and where appropriate is handled by the social worker and/or engaged in some level of interaction. This could include playing with a toy with a small child in the presence of the parents/care givers or siblings, or holding the baby. It is expected that young children will be seen out of the cot/pram/highchair/baby chair to ensure a good visual observation is made and interactions can be observed. This should then be recorded within the C&F assessment to evidence how the child was seen, observed and interacted with.

In the event that the child/young person has not been "*seen alone"*, this information should be recorded in key information section of the C&F Assessment – subsection "*Date the child/young person & family members seen and spoken to*" including a clear rationale as to the reason why the child was not seen alone. **See Appendix 1 for details of where this section can be found within the C&F Assessment**)



**Inclusion of absent parents/carers and significant others.**

It is essential that all household members, absent parents/carers and significant others are included with, and consulted with as part of the assessment.

It has been highlighted through audits undertaken, that often absent parents, step-parents or other significant wider family members are not consulted with as part of C&F Assessments, or if they are, it is not clear to see from the assessment. The rationale/reason for not speaking to/consulting with or including these individuals is also often not evident in the C&F assessment.

It is now agreed that all individuals seen, spoken to, consulted with and included in the C&F assessment, along with those who are not, with a clear rationale as to the reasons why are to be clearly recorded in the key information section of the C&F Assessment – subsection "*Date the child/young person & family members seen and spoken to*". (**See Appendix 1 as per the previous section**)



**Feedback and comments on an Assessment.**

It is mandatory that C&F assessments are shared with parents/carers and children where appropriate. It is also essential those children, young people and their parents/carers have the opportunity to provide feedback in relation to the assessment and proposed plan and that the feedback is recorded within the Child and Family Assessment. It has been highlighted through audits undertaken that the feedback function within a Child and Family Assessment has been rarely used, in the most part due to workers and managers being unaware of where this is to be recorded.

The Child and Family Assessment should be finalised and authorised by a manager before being shared with the family. In the event that there are factual inaccuracies within the assessment, the inaccuracies can be altered by completing a revision of the C&F assessment (**see Appendix 2);** however, the decision and outcome of the assessment cannot be changed.



In relation to the recording of feedback/comments on the C&F, these can and should be recorded after the C&F assessment has been finalised and authorised. (**See Appendix 3 for how to guide)**

