

CCP:POL:001 FOI: Public Version 1.0	Children in Need Practice Guidance Children's Social Care Children and Younger Adults Department	July 2007 Review Due July 2008
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DERBYSHIRE COUNTY COUNCIL Children and Younger Adults Department

Children in Need Practice Guidance

1. *Approval and Authorisation*

Completion of the following signature blocks signifies the review and approval of this process

Name	Job Title	Signature	Date
Authored by:- Sara Wilson	Operations Manager (safeguarding and specialist services)		July 2007
Approved by:- Ian Johnson	Assistant Director (safeguarding and specialist services)		July 2007
Authorised by:- Bruce Buckley	Strategic Director		July 2007

2. *Change History*

Version	Date	Reason
Draft 0.10	July 2007	Consultation phase
Version 1.0	July 2007	Approved

3. *Contents*

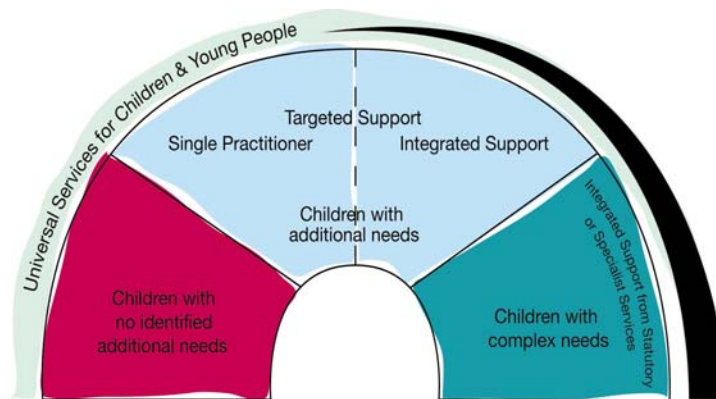
This practice guidance provides a framework for assessing whether a **child is in need** and determining what service should be provided to meet the needs of that child and family.

The local authority has responsibility to secure the well-being of children by protecting them from all forms of harm and ensuring their development needs are responded to appropriately. The Local Authority also has a responsibility to ensure the children achieve the five outcomes of Every Child Matters.

This document will continue to evolve over time with the participation of staff and others in shaping its progress.

The Continuum Model of Children's Needs

The continuum model of children's needs has been developed integrating the Framework for the Assessment of Children in Need and their Families and a number of initiatives introduced by the Government Every Child Matters: Change for Children Programme. This model is consistent with the [Derby and Derbyshire Safeguarding Children Procedures](#) and the national guidance [Working Together to Safeguard Children 2007](#). The model provides a framework to develop a common understanding amongst professionals of children's needs and vulnerabilities, shared assessment procedures and a platform for inter-agency and multi-agency working.



Children and families may experience a range of needs at different times in their lives. All children including children with additional needs require access to high quality universal services. Some children are at risk of poor outcomes. These children with additional needs require targeted support from education, health children's social care or other services. Within this group of children with additional needs a small proportion have more significant or complex needs which meet the threshold for intervention by statutory and specialist services.

Children with complex needs require intensive support to meet their needs. This group includes those children who require an assessment to determine whether or not they are children in need, those that have been assessed as children in need and those who have suffered or who are at risk of suffering significant harm.

Children in Need

The obligations of Local Authorities to assist families who need help in bringing up their own children are laid down in legislation. [Part III of the Children Act 1989](#) is the basis in law for the provision of local services to children in need. Children in this respect are defined as under the age of 18 years [\(s105\)](#).

It shall be the general duty of every Local Authority:

- To safeguard and promote the welfare of children within their area who are in need; and
- So far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs.

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[The Children Act 1989](#) places a specific duty on agencies to co-operate in the interests of children in need in [Section 17](#). [The Children Act 2004](#) builds on and strengthens the framework set out in the Children Act 1989. [Section 11](#) requires a range of organisations to make arrangements for ensuring that their functions, and services provided on their behalf, are carried out in a way that safeguards and promotes the welfare of children.

Several key principles which underpin the [Children Act 1989](#) are found in [Part III of the Act](#):

- it is the duty of the State through Local Authorities to both safeguard and promote the welfare of vulnerable children;
- it is in the children's interests to be brought up in their own families wherever possible;
- whilst it is parents' responsibility to bring up their children, they may need assistance from time to time to do so;
- they should be able to call upon services, including accommodation ([under s20 of the Children Act 1989](#)), from or with the help of the Local Authority when they are required.

The notion of partnership between the state and families is thus also established.

A child shall be taken to be in need if:

- he is unlikely to achieve or maintain or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority;
- his health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or
- he is disabled.

And "family" in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom he has been living.

The critical factors to be taken into account in deciding whether a child is in need under the [Children Act 1989](#) are what will happen to a child's health and development without services, and the likely effect the services will have on the child's standard of health and development. Determining who is in need, what those needs are, and how services will have an effect on outcomes for children requires professional judgement by children's social care together with colleagues from other professional disciplines who are working with children and their families.

The duties and powers of the Local Authority to assess the needs of a child and to provide services are outlined in [Part III of the Children Act 1989](#).

Children who are Suffering or are Likely to Suffer Significant Harm

Some children are in need because they are suffering or likely to suffer significant harm. Concerns about maltreatment may be the reason for the referral of a family to children's social care or concerns may arise during the course of providing services to a family. In such circumstances, the local authority is obliged to consider initiating enquiries to find out what is happening to a child and whether action should be taken to protect a child. The obligation is set out in [Part V s47 of the Children Act 1989](#).

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This section of the Act requires local authorities to consider if action is necessary. To make enquiries implies the need to assess what is happening to a child. The procedures for such action to be followed are laid out in [Working Together to Safeguard Children \(2006\)](#), [What to do if you are Worried a Child is Being Abused \(2007\)](#) and in [the Derby and Derbyshire Safeguarding Children Procedures](#)

The [Children Act 1989](#) places a duty on:

- any local authority;
- any local education authority;
- any health authority, special health authority, National Health Service Trust or Primary Care Trust; and
- any person authorised by the state;

to help a local authority with its enquiries. In addition, the Police have a duty and a responsibility to investigate criminal offences committed against children.

Where a local authority:

- a. are informed that a child who lives, or is found in their area:
 - ii. is the subject of an emergency protection order; or
 - iii. is in police protection; or
- b. have reasonable cause to suspect that a child who lives, or is found in their area is suffering, or is likely to suffer significant harm;

the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

The Process of Assessing Children in Need

Assessment is the first stage in helping a vulnerable child and his or her family, its purpose being 'to contribute to the understanding necessary for appropriate planning' (Compton and Galaway, 1989) and action. Assessment has several phases which overlap and lead into planning, action and review:

- clarification of source of referral and reason;
- acquisition of information;
- exploring facts and feelings;
- giving meaning to the situation which distinguishes the child and family's understanding and feelings from those of the professionals;
- reaching an understanding of what is happening, problems, strengths and difficulties, and the impact on the child (with the family wherever possible);
- drawing up an analysis of the needs of the child and parenting capacity within their family and community context as a basis for formulating a plan.

This concept is echoed in the work undertaken by Milner and O'Byrne (2002) who prescribe five phases in undertaking an assessment:

1. **Preparation.** Deciding who to see, what data will be relevant, what the purpose is and what the limits of the task are.
2. **Data collection.** People are met and engaged with, difference gaps are addressed, and empowerment and choice are safeguarded as we come to the task with respectful uncertainty and a research mentality.
3. **Weighing the data.** Current social and psychological theory and research findings that are part of every qualified worker's learning are drawn on to answer the questions 'is there a problem?' and 'How serious is it?'

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4. **Analysing the data.** One or more of the analytical maps are then used to interpret the data and to seek to gain an understanding of them in order to develop ideas for intervention.
5. **Utilising the analysis.** This is the stage in which judgements are finalised.

The assessing social worker rarely meets with an individual on a truly voluntary, partnership basis. Social work intervention involves unequal power relations because the social worker can do something to people against their will which they cannot do to social workers, or because social workers have something people want and can decide whether or not to give it to them. Inevitably, this means that decisions are made involving some sort of judgement.

There is however a very important distinction, between 'making a judgement' and being 'judgemental'. Social workers are required to face the challenge and responsibility of the former in order to be child centred; they need to avoid the prejudice, close-mindedness and blaming implicit in the latter. Assessment involves making a judgement and that **is the responsibility** of the social worker.

A number of key principles, which draw on findings from research, underpin work with children and their families. They are important in understanding the framework for assessment and in considering how an assessment is to be carried out.

Principles Underpinning the Assessment Framework

- Child centred
- Rooted in child development
- Ecological in their approach
- Ensure equality of opportunity
- Involve working with children and families
- Build on strengths as well as identify difficulties
- Are inter-agency in their approach to assessment and the provision of services
- Continuing process, not a single event
- Carried out in parallel with other action and providing services
- Grounded in evidence based knowledge
- Focussed on outcomes for children

[The Framework for the Assessment of Children in Need and their Families \(DoH 2000\)](#) is the established method of assessing children in need.

Assessing whether a child is in need and the nature of these needs requires a systematic approach which uses the same framework or conceptual map for gathering and analysing information about all children and their families, but discriminates effectively between different types and levels of need. It requires a thorough understanding of:

- the developmental needs of children;
- the capacities of parents or caregivers to respond appropriately to those needs;
- the impact of wider family and environmental factors on parenting capacity and children.

These are described as three inter-related systems or domains, each of which has a number of critical dimensions. The interaction or the influence of these dimensions on each other requires careful exploration during assessment, with the ultimate aim being to understand how they affect the child or children in the family.

Figure 1. The Assessment Framework



Assessment of Risk

All workers assessing the needs of children, young people and their families must consider the following:

- Strengths, needs and risk factors in all three domains of the assessment framework;
- Exposure to risk factors is associated with an increased likelihood of experiencing negative outcomes;
- The combination or accumulation of risk factors, especially when occurring across more than one domain, results in a much higher probability of a child suffering negative outcomes;
- Exposure to protective factors may reduce the likelihood of negative outcomes;
- Decision relating to the type of intervention necessary must be evidenced based, using professional judgement, backed by consultation and supervision.

There is no specific section in the assessment which refers to risk, this should be addressed in whichever section is relevant to the harm the child might suffer and an analysis of this risk should be included in the plan. The plan will explicitly address the needs to be safe and services which are provided to maintain the child's safety. The Resilience/Vulnerability Matrix which follows is a useful tool identifying the vulnerabilities of children.

Variables

- timing and age
- multiple adversities
- cumulative protectors
- pathways
- turning points
- a sense of belonging

Resilience/Vulnerability Matrix

Resilience

- good attachment
- good self-esteem
- sociability
- high IQ
- flexible temperament
- problem solving skills
- positive parenting
- attractive

Interventions

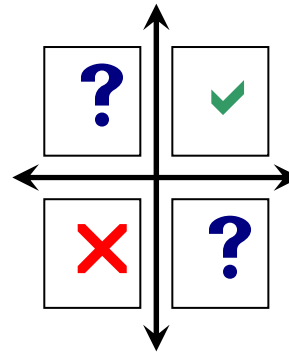
- strengthen protective factors & resilience
- reduce problems & address vulnerability
- achieve initial small improvement

**Resilient Child
High Adversity**

**Resilient Child
Protective Environment**

Adversity

- life events/serious crises
- illness loss/bereavement
- separation/family breakdown
- domestic violence
- asylum seeking status
- serious parental difficulties eg drug abuse/alcohol misuse
- parental mental illness



Protective environment

- good school experience
- one supportive adult
- special help with behavioural problems
- community networks
- leisure activities
- talents & interests

**Vulnerable Child
High Adversity**

**Vulnerable Child
Protective Environment**

Vulnerability

- poor attachment
- minority status
- young age
- disability
- history of abuse
- innate characteristics in child/family which threatened/challenged development
- a loner/isolation
- institutional care
- early childhood trauma
- communication differences
- inconsistent/neglectful care

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Professionals from a number of agencies, but in particular health and education, are a key source of information regarding children who are, or may be, in need. They may already know these children and their families well and, if so, they will be key in assisting children's social care in carrying out the assessment. They may have conducted an earlier assessment using CAF

The following principles should guide inter-agency, inter-disciplinary work with children in need. It is essential to be clear about:

- the purpose and anticipated outputs from the assessment;
- the legislative basis for the assessment;
- the protocols and procedures to be followed;
- which agency, team or professional has lead responsibility;
- how the child and family members will be involved in the assessment process;
- which professional had lead responsibility for analysing the assessment findings and constructing a plan;
- the respective roles of each professional involved in the assessment;
- the way in which information will be shared across professional boundaries and within agencies, and be recorded;
- which professional will have responsibility for taking forward the plan when it has been agreed.

Communicating with Children

If the process of assessment is to be child centred, an understanding of what happened to the child cannot only be gained from information contributed by family members or other professionals who know the child. Direct work with children is an essential part of the assessment, as well as recognising their rights to be involved and consulted about matters which affect their lives. This applies to all children, including disabled children. Communicating with disabled children requires more preparation, sometimes more time and on occasion's specialist expertise, and consultation with those closest to the child.

There are five critical components in direct work with children: seeing, observing, talking, doing and engaging:

- **Seeing children:** an assessment cannot be made without seeing the child, however young and in whatever circumstances. The more complex or unclear a situation or the greater level of concern, the more important it will be to see the child regularly and to take note of appearance, physical condition, emotional wellbeing, behaviour and any changes which are occurring.
- **Observing children:** the child's responses and interactions in different situations should be carefully observed wherever possible alone, with siblings, with parents and/or caregivers or in school or other settings.
- **Engaging children:** this involves developing a relationship with children so that they can be enabled to express their thoughts, concerns and opinions as part of the process of helping them to make real choices, in away that is age and developmentally appropriate.
- **Talking to children:** talking to children requires skill, confidence and careful preparation by practitioners. Issues of geographical distance, culture, language or communication needs may require specific consideration before deciding how best to communicate with a child.

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- **Activities with children:** undertaking activities with children can have a number of benefits. They can allow positive interactions between the worker and the child to grow and to enable the worker to gain a better understanding of the child's responses and needs.

Children have been asked what they consider to be good professional practice. They value social workers who are:

- Listeners
- Available and accessible
- Non-judgemental and non-directive
- Humorous
- Straight-talking
- Trust worthy and can maintain Confidentiality when able

Working with Equality/Diversity

As stated in the [Guidance to The Children Act \(DoH et al 2000\)](#) 'since discrimination of all kinds is an everyday reality in many children's lives, every effort must be made to ensure that agencies' responses do not reflect or reinforce that experience and, indeed, should counteract it.'

Various research findings have consistently found that disabled children and families from minority ethnic groups receive a poorer service than children who do not come from these groups.

Minority ethnic families, and families with children having disabilities, may face personal and institutional discrimination. Such issues compound other problems of parenting.

Principles

- All children, irrespective of cultural and ability, can potentially be subject to abuse and neglect
- The assessment process should maintain a focus on the needs of the individual child
- Cultural factors neither explain nor condone acts of omission or commission which place a child at risk of significant harm
- All children have a right to grow up safe from harm
- Professionals should guard against myths and stereotypes – both positive and negative – of black and minority ethnic families, and children with disabilities
- Anxiety about being accused of racist practice should not prevent the necessary action being taken to safeguard a child
- Abuse to a child may be disguised by the disability, therefore workers need to be aware of broader issues when undertaking assessments
- Workers should be sensitive to differing family patterns and lifestyles, and to child rearing patterns that vary across different racial, ethnic and cultural groups
- Workers should be aware of the broader social factors that serve to discriminate against black and minority ethnic people, and people with disability
- Working in a multi-racial and multi-cultural society requires workers and organisations to be committed to equality in meeting the needs of all children and families

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- Workers need to understand the effects of harassment, discrimination and institutional discrimination as well as cultural misunderstanding or misinterpretations.

This Guidance is to assist workers when working with all families and the following considerations should be applied at all times:

- Services provided should be flexible, easily accessed and should be of good quality
- Facilities should be made available to address the special physical and emotional needs of children
- Each agency should have coherent processes to respond to the initial contact, or referral and assessment processes, which involve families in deciding how their needs will be best met
- Plans and reviews of children's needs should be carried out in accordance with regulation and guidance, and should include objectives and record of steps taken to achieve these
- Communication needs of all children and their families should be met when they have contact with any agency. Information about available services should always be provided in ways which they can understand
- All agencies should have non-discriminatory service delivery, recruitment and employment practices, which underpin a commitment to equal opportunities
- All agencies should have clear and comprehensive policies and procedures for provision of services
- Workers should not be afraid to ask for help or to accept assistance
- Assumptions should not be made about how a particular family works or receives support.

Sharing Information

Knowing when and how to share information isn't always easy – but it's important to get it right. Children, young people and their families need to feel reassured that their confidentiality is respected. In most cases you will only share information about them with their consent, but there may be circumstances when you need to override this.

"No inquiry into a child's death or serious injury has questioned why information was shared.

It has always asked the opposite" G. Nunnery, Solicitor, Lewisham.

Six Key Principles:

1. Explain openly and honestly at the outset what information will or could be shared, and why, and seek agreement – except where doing so puts the child or others at risk of significant harm
2. The child's safety and welfare must be the overriding consideration when making decisions on whether to share information about them
3. Respect the wishes of children or families who do not consent to share confidential information – unless in your judgement there is sufficient need to override that lack of consent
4. **Seek advice when in doubt**

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5. Ensure information is accurate, up-to-date, and necessary for the purpose for which you are sharing it, shared only with those who need to see it and shared securely
6. Always record the reasons for your decision – whether it is to share or not.

Points for consideration:

1. Is there a legitimate purpose for you or your agency to share information?
2. Does the information enable a person to be identified?
3. Is the information confidential?
4. If so, do you have consent to share?
5. Is there a statutory duty or court order to share the information?
6. If consent is refused, or there are good reasons not to seek consent, is there sufficient public interest to share information?
7. If the decision is to share, are you sharing the right information in the right way?
8. Have you properly recorded your decision?

[See Information sharing protocol](#)

Children in Need: Request for a Service (Referral), Assessment, Planning and Review

Time is critical in a child's life. A timely response to a child's needs means that the process of assessment cannot continue unchecked over a prolonged period without an analysis being made of what is happening and what action is needed. Timescales have now been introduced in the objectives for children's social care.

Initial Contacts

When a contact has been made to children's social care, business services will obtain the following information:

- Name of child (ren)
- Date of birth
- Ethnicity/Religion
- Language
- Home
- Name of Referrer and Designation
- Address/Contact Number for referrer
- Professional and agencies involved and contact details
- All relevant information the referrer has
- A clear reason for the contact being made
- A copy of the Common Assessment if completed
- Parental awareness of referral.

The child/children's name will be checked against the electronic recording system (Frameworki). It is necessary to check if:

- the family is currently allocated to a social care professional
- previously known and the nature of that involvement eg previous child protection plan
- whether a CAF has been completed
- if there is an identified Lead Professional.

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An ICS Contact Record will be completed in all cases where a professional, family member or member of the public makes contact with children's social care. [See ICS Contact Record.](#) There are 3 exceptions to this rule:

- if the case is already allocated to a social worker then a case record should be completed and the information provided to the referrer
- If a CAF has been completed and a Lead Professional is known the information will be provided to the referrer unless concerns suggest otherwise
- when advice is being requested and a child's name has not been provided, in these circumstances the person making the request will be required to record the advice given.

The telephone caller will be transferred to a duty worker together with the completed ICS Record Contact. The duty worker will make a judgement as to whether:

1. a child may have additional need/s and may benefit from signposting to a specific service or advice being
2. a child has additional needs, a pre-CAF checklist would indicate whether a CAF should be undertaken
3. the child's needs are complex which indicate a referral should be made to children's social care for a Initial Assessment to be undertaken to determine if a child is in need (this includes children who may have experienced or at risk of significant harm which indicate a section 47 enquiry is required).

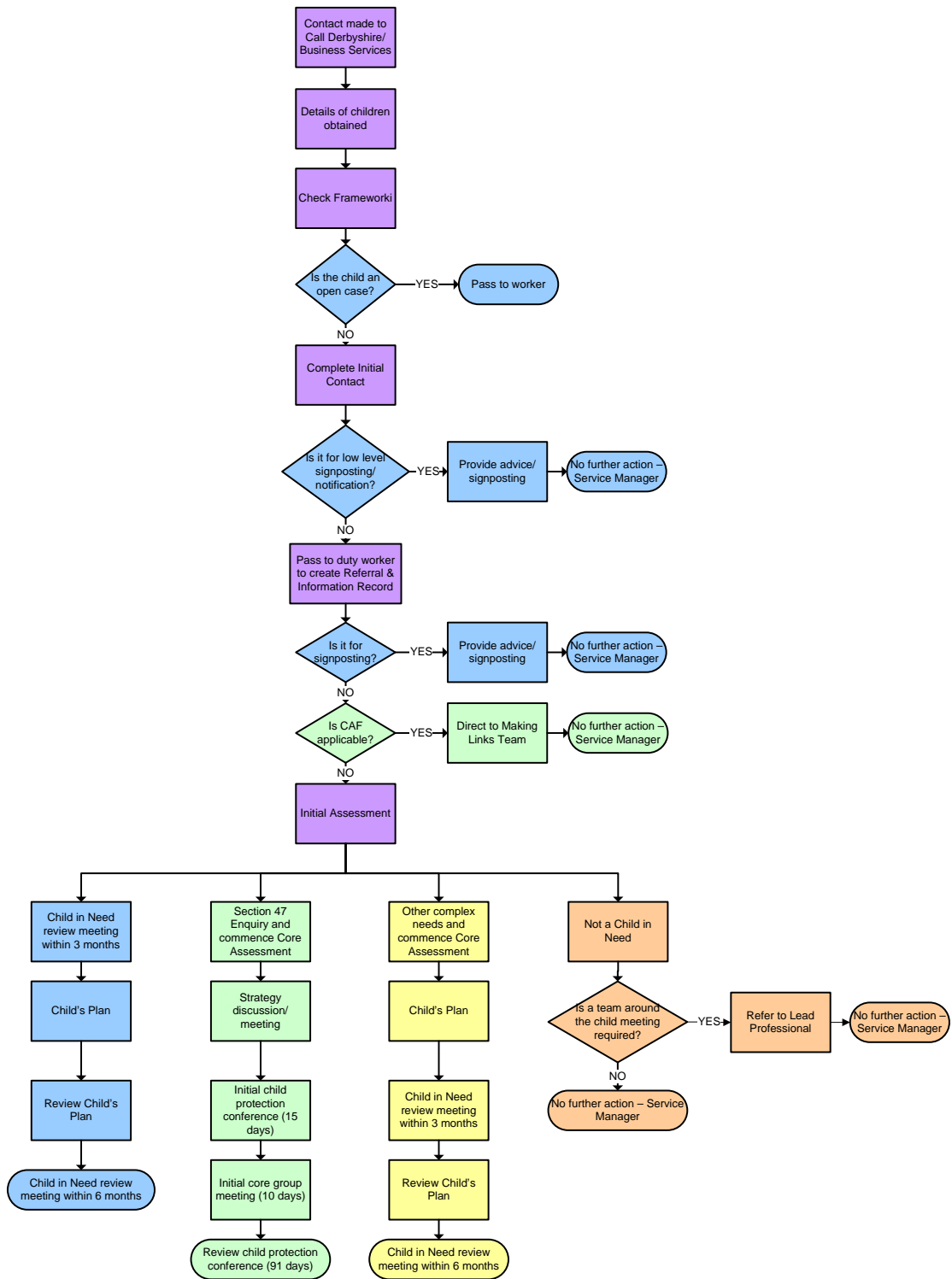
Advice will be provided to the referrer regarding appropriate signposting or referral to a specific service, this may include completing a referral on behalf of the family. The case will then be closed and the referrer informed of this decision and its rationale, as well as the parents or caregivers and the child, if appropriate.

Support will be available to the referrer in completing the pre-CAF checklist and if appropriate identifying the most appropriate person to complete the CAF. Guidance will also be available in accessing the eCAF and navigating the CAF processes. [See CAF procedures and table of indicators](#)

If the judgement is made that the child may have complex needs the duty worker will complete a detailed ICS Referral and Information Record. Information will be obtained from the referrer and from historical information held by children's social care. If information is contained within a paper file this file will be recalled at the earliest opportunity. If the child has been previously subject to a CAF this assessment will also be requested.

The ICS Referral and Information Record will be allocated within 1 working day in order to undertake an Initial Assessment. The Initial Assessment may be very brief when a judgement is made that a child is believed to have experienced or to be at risk of significant harm (section 47 enquiry received). The duty worker will provide in writing confirmation of the outcome of the referral. The process from a contact to children's social care being made and the decision about the response required will be completed **within 1 working day**. Under no circumstances should this process be delayed. [See electronic form, and table of indicators.](#)

The following process map has been devised to assist professionals in identifying children with additional needs and how those needs can be appropriately met.



Initial Assessment

The Initial Assessment is defined as a brief assessment of each child referred to children's social care. It should address the dimensions of the Assessment Framework, determine whether a child is in need, the nature of services required, and whether a more detailed core assessment should be undertaken.

[Standards for the Assessment of Children in Need can be found by clicking here.](#)

The following criteria have been developed to assist staff in identifying the complex needs of children.

Children in Need Indicators

- Children with a disability (with a permanent and substantial impairment of function);
- Children with a life threatening medical condition;
- Children with significant emotional and behavioural difficulties or with significant mental health needs;
- Children with additional needs and consent to a CAF has been refused
- Homelessness;
- Young people who are involved in alcohol or substance misuse;
- Children/young people who are being sexually exploited;
- Young people who are at risk of forced marriage;
- Children and young people who are young carers;
- Children whose parents or carers have a physical or learning disability, have mental ill health, are seriously ill, or misuse substances;
- Children whose parents are experiencing difficulty in providing a reasonable standard of parenting;
- Children/young people living in situations where an adult carer has experienced or is at risk of domestic violence ;
- Children and young people experiencing harassment on the basis of race, gender, culture or sexuality;
- Children and young people who are living in families where there are serious family relationship problems;
- Children and young people who display behaviour which is sexually harmful
- Children and young people who are runaways.

A decision to gather more information constitutes the need for an Initial assessment. This assessment will be undertaken within **7 working days** but could be very brief depending on the child's circumstances eg ([section 47 enquiry required](#)). An Initial Assessment is deemed to have commenced at the point of referral to children's social care or when new information on an open case indicates an Initial assessment should be repeated. If during the course of the assessment a judgement is made that the child is not in need, the Service Manager may regard the assessment as complete and authorise no further action.

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47 enquiry and will be seen during the enquiry. The Service Manager will record the reason for this decision. When the referral is about a child concern the child should be seen **within 2 working days** of the contact being made to children's social care. When the child is subject to a section 47 enquiry the child should be seen within **24 hours** unless in exceptional circumstances this has been agreed within a strategy discussion and this decision should be recorded.

The Initial Assessment should be undertaken in accordance with the [Framework for the Assessment of Children in Need and their Families](#) (Department of Health et al., 2000). Where a Common Assessment has been completed, this information should be used to inform the Initial Assessment. Information should be gathered and analysed within the three dimensions of the [Assessment Framework](#). The initial assessment process should not repeat a good assessment; information gathered through the course of the CAF should be added to special assessment issues.

The Initial Assessment should address the following questions

- What are the development needs of the child?
- Are the parents able to respond appropriately to the child's identified needs?
- Is the child being adequately safeguarded from significant harm, and are the parents able to promote the child's health and development?
- What impact are family functioning and history, the wider family and environmental factors having on parents' capacity to respond to their child's needs and the child's developmental progress?
- Is action required to safeguard and promote the welfare of the child?

Child/Young Person's Plan

The assessment should determine whether a child is in need and conclude with a Child/Young Person's Plan which should identify the child's needs in accordance with the National Assessment Framework dimensions. The plan will set out how the child's identified needs will be responded to, what actions or services need to be provided, the frequency and length of the service to be decided, the person or agency responsible to provide the service, the date the service should commence and, if known, the date the service should be completed. The plan should state the planned outcomes for each identified need and the service to be provided. The Initial assessment should also decide whether a more in depth/specialist assessment if required eg Core Assessment, Psychiatric Assessment.

The details of the plan are bench marks against which the progress of the family and the commitment of the workers are measured, and therefore it is important that they should be realistic and not vague statements of good intent.

The analysis, judgement and decisions made will form the basis of a plan of work with a child in need and his or her family. The complexity or severity of the child's need will determine the scope and detail of the plan.

The plan must include the following:

- What services will be provided or commissioned and by whom and what the purpose of the service is;
- The timing and nature of contact by workers with the family;

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- Specific commitments to be met by the family;
- Specific commitments to be met by the workers involved-from each agency;
- Which components of the plan are negotiable and which are not;
- What specifically needs to change and the goal to be achieved and in what period;
- What is acceptable and unacceptable care of the child;
- What action would be taken if there are concerns that the plan is not being actioned, the family does not cooperate or the child may be at risk of harm
- The views of the parent and child.

Child in Need Reviews

The child's plan should be agreed by all parties involved in the assessment and plan and signed by all parties. A copy of the assessment and plan should be provided to the child, parent/caregiver and professionals working with the family. The Initial Child in Need Review meeting should be held within 3 months of the completion of the assessment and plan. Subsequent meetings will be held at a frequency of not more than 6 months.

The Children in Need Review Meeting will be chaired by an independent manager who has no responsibility for the direct line management of the case. The child/young person (as appropriate), parent/caregiver and professionals working with the child and family will be invited to the meeting. The aim of the meeting will be to monitor the implementation of the child in need plan against the objectives identified within the plan. Revisions to the plan will be made in accordance with the child's needs; this may include a decision for no further action to be undertaken by children's social care. The outcome may suggest the child continues to have additional needs and would benefit from a professional undertaking the role of Lead Professional responsible for co-ordinating the Team around the Child Action Plan. [See Child in Need Review Episode.](#)

Core Assessment

A Core Assessment is defined as an in-depth assessment which addresses the central or most important aspects of the needs of a child and the capacity of his or her parents/caregivers to respond appropriately to these needs within the wider family and community context. While this assessment is led by children's social care, it will invariably involve other agencies or independent professionals, who will either provide information they hold about the child or parents, contribute specialist knowledge or advice to children's social care or undertake specialist assessments. Specific assessments of the child and/or family members may have already been undertaken prior to referral to children's social care. The findings from these should inform this assessment. There should be an analysis of the findings which will provide an understanding of the child's circumstances and inform planning, case objectives and the nature of service provision. [See Standards for Core Assessments](#)

A Core Assessment should always be completed when:

- Where an Initial Assessment has concluded a more in-depth assessment is required
- Care proceedings or other legal processes are being considered
- A section 47 enquiry is being undertaken

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- A child has been placed in care or is at risk of being placed in care
- A disabled child has complex needs
- A child in need plan is not achieving the desired outcomes
- There have been 2 Initial assessments completed in respect of any child in the family in the previous 12 months.
- When carrying out assessments under [the Leaving Care Act 2000](#) Regulations
- When considering post adoption support
- When considering complex needs requiring a high cost resource
- Placement breakdown of a long term placement
- When considering a 52 week placement of a child in a residential school
- Other complex cases eg multiple need indicators, asylum seeking children, persistent runaways.

The timescale for completion of the Core Assessment is a maximum of **35 working days**. A Core assessment is deemed to have commenced as the point the Initial assessment ended, or a strategy discussion decided to initiate enquiries under section 47, or new information obtained on an open case indicates a Core Assessment should be undertaken. Where specialist assessments have been commissioned by children's social care from other agencies or independent professionals, it is recognised that they will not necessarily be completed within the 35 working day period. The assessment should be concluded pending that specialist assessment. Appropriate Services should be provided whilst awaiting the completion of the specialist assessment.

The process of assessment should be carefully planned, a number of key questions should be considered:

- Who will undertake the assessment and what resources will be needed?
- Who in the family will be included and how will they be involved (remembering absent or live-out family members, wider family and others significant to the child)?
- In what groupings will the child and family members be seen and in what order?
- Are there communication issues? If so, what are the specific communication needs and how will they be met?
- What methods of collecting information will be used? Which questionnaires and scales will be used?
- What information is already available?
- What other sources of knowledge about the child and family are available and how will other agencies and professionals who know the family be informed and involved?
- How will family members consent be gained?
- Where will assessment take place?
- What will be the timescale?
- How will information be recorded?
- How will it be analysed and who will be involved?

At the conclusion of either an Initial or Core Assessment, the parent(s) and child, if appropriate, should be informed in writing, and/or in another more appropriate medium, of the decisions made and be offered the opportunity to record their views, disagreements and to ask for corrections to recorded information.

The ICS Core Assessment Record should be completed within the child's electronic record. A separate Core Assessment should be completed in respect of every child in

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the family, unless a decision to the contrary has been taken by the Service Manager and recorded. [See ICS Core Assessment Record tools and checklist on Frameworki Procedural Help.](#)

Appendices

A summary of indicators of children with additional needs

A Summary of the vulnerabilities/indicators which may be identified in children presenting complex needs

ICS Contact Record

ICS Referral and Information Record

Standards for the Assessment of Children in Need

Initial Assessment

Child's Plan

Section 47 enquiry

Standards for Core Assessment

ICS Core Assessment

A summary of indicators of children with additional needs

1. Development Needs of Baby, Child or Young Person	
<p>Health.</p> <ul style="list-style-type: none"> • Defaulting on immunisations/checks • Is susceptible to minor health problems • Slow in reaching developmental milestones • Minor concerns re diet/hygiene/clothing • Starting to default on health appointments • Concerns re diet, hygiene, clothing • Smokes, substance misuse • Some concerns around mental health <p>Education and learning</p> <ul style="list-style-type: none"> • Have identified learning needs that places them on 'school action' or 'school action plus' • Identified learning needs and may have a Statement of Special Educational Needs • Poor punctuality • Pattern of regular school absences • Not always engaged in learning eg poor concentration, low motivation and interest • Not thought to be reaching educational potential • Reduced access to books/toys <p>Emotional and Behavioural Development</p> <ul style="list-style-type: none"> • Some difficulties with peer group relationships and with adults • Some evidence of inappropriate responses and behaviours • Can find managing change difficult • Starting to show difficulties expressing sympathy • Finds it difficult to cope with anger, frustration and upset 	<p>Identity</p> <ul style="list-style-type: none"> • Some insecurities around identity expressed eg low self esteem for learning • May experience bullying around 'difference' <p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Limited support from family and friends • Has some difficulties sustaining relationships • Has lack of positive role models • Involved in conflicts with peers/siblings <p>Social Presentation</p> <ul style="list-style-type: none"> • Inappropriate dress for different settings • Poor level of personal hygiene <p>Self-Care Skills</p> <ul style="list-style-type: none"> • Not always adequate self-care • Slow to develop age-appropriate self-care skills
2. Parents and Carers	
<p>Basic Care</p> <ul style="list-style-type: none"> • Parental engagement with services is poor • Parent requires advice on parenting issues • Professionals are beginning to have some concerns around child's physical needs being met • Parent is struggling to provide adequate care • Previously looked after by Local Authority <p>Ensuring safety</p> <ul style="list-style-type: none"> • Some exposure to dangerous situations in the home and community • Parental stresses starting to affect ability to ensure child's safety <p>Emotional Warmth</p> <ul style="list-style-type: none"> • Inconsistent responses to child by parent(s) • Unable to develop other positive relationships • Perceived to be a problem by parents • May be subject to neglect <p>Stimulation</p> <ul style="list-style-type: none"> • Spends considerable time alone eg watching TV • Child is not often exposed to new experiences <p>Guidance and Boundaries</p> <ul style="list-style-type: none"> • Can behave in an anti-social way in the neighbourhood 	<p>3. Family and Environmental Factors</p> <p>Family History and functioning</p> <ul style="list-style-type: none"> • Parents have some conflict or difficulties that can involve the children • Has experienced loss of significant adult eg bereavement or separation • May be needed to look after younger siblings • Parent has physical/mental health difficulties <p>Wider family</p> <ul style="list-style-type: none"> • Family has poor relationship with extended family or little communication • Family is socially isolated <p>Housing</p> <ul style="list-style-type: none"> • Some aspects of poor housing • Family seeking asylum or refugees <p>Employment</p> <ul style="list-style-type: none"> • Periods of unemployment of the wage earning parent(s) • Parents have limited formal education • Parents starting to feel stressed around unemployment/work <p>Income</p> <ul style="list-style-type: none"> • Low income and debt

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<ul style="list-style-type: none"> • Parent/carer offers inconsistent boundaries <p>Stability</p> <ul style="list-style-type: none"> • Key relationships with family members not always kept up • May have different carers • Starting to demonstrate difficulties in attachments 	<p>Family's Social Integration</p> <ul style="list-style-type: none"> • Family may be new to area • Some social exclusion experiences <p>Community Resources</p> <p>Poor quality universal resources but family may have access issues</p>
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Summary of the vulnerabilities/indicators which may be identified in children presenting complex needs. This includes children who may have suffered or be at risk of suffering significant harm

1. Development Needs of Baby, Child or Young Person	
<p>Health</p> <ul style="list-style-type: none"> • Has severe/chronic health problems • Persistent substance misuse/smoking • Developmental milestones unlikely to be met • Early teenage pregnancy • Serious mental health issues • Learning disabilities <p>Education and Learning</p> <ul style="list-style-type: none"> • Is out of school • Permanently excluded from school or at risk of permanent exclusion • Has no access to leisure activities <p>Emotional and Behavioural Development</p> <ul style="list-style-type: none"> • Regularly involved in anti-social/criminal activities • Puts self or others in danger eg missing, absconding • Suffers from periods of depression • Self-harming or suicide attempts 	<p>Identity</p> <ul style="list-style-type: none"> • Experiences persistent discrimination eg on the basis of ethnicity, sexual orientation or disability • Is socially isolated and lacks appropriate role models <p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Periods of being accommodated by the Local Authority • Family breakdown related in some ways to the child's behavioural difficulties • Subject to physical, emotional or sexual abuse or neglect • Is the main carer for a family member <p>Social Presentation</p> <ul style="list-style-type: none"> • Poor and inappropriate self-presentation <p>Self-care Skills</p> <ul style="list-style-type: none"> • Neglects to use self-care skills due to alternative priorities eg substance misuse
2. Parents and Carers	
<p>Basic Care</p> <ul style="list-style-type: none"> • Parents unable to provide 'good enough' parenting that is adequate and safe • Parents' mental health problems or substance misuse significantly affects care of the child • Parents unable to care for previous children <p>Ensuring Safety</p> <ul style="list-style-type: none"> • There is instability and violence in the home • Parents involved in crime • Parents unable to keep the child safe • Victim of crime <p>Emotional Warmth</p> <ul style="list-style-type: none"> • Parents inconsistent, highly critical or apathetic towards the child <p>Stimulation</p> <ul style="list-style-type: none"> • No constructive leisure time or guided play <p>Guidance and Boundaries</p> <ul style="list-style-type: none"> • No effective boundaries set by parents • Regularly behaves in an anti- 	<p>3. Family and Environmental Factors</p> <p>Family History and functioning</p> <ul style="list-style-type: none"> • Significant parental discord and persistent domestic violence • Poor relationships between siblings <p>Wider family</p> <ul style="list-style-type: none"> • No effective support from extended family • Destructive/unhelpful involvement from extended family <p>Housing</p> <ul style="list-style-type: none"> • Physical accommodation places the child in danger <p>Employment</p> <ul style="list-style-type: none"> • Chronic unemployment that has severely affected parents' own identities • Family unable to gain employment due to significant lack of basic skills or long-term difficulties eg substance misuse <p>Income</p> <ul style="list-style-type: none"> • Extreme poverty/debt impacting on ability to care for the child <p>Family's Social Integration</p> <ul style="list-style-type: none"> • Family chronically socially excluded • No supportive network <p>Community Resources</p> <ul style="list-style-type: none"> • Poor quality services with long-term difficulties with accessing target populations

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<p style="text-align: center;">social way in the neighbourhood</p> <p>Stability</p> <ul style="list-style-type: none"> • Beyond parental control • Has no-one to care for him/her 	
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ICS Contact Record

ICS Contact Record



Child / Young Person Details

Name:

Date of birth:

Person ID:

Please ensure, where possible, that a contact telephone number for the family is recorded here:
 Contact telephone number:

If a telephone number is available please amend the child's personal details screen with this information. Click on the LIVE link at the foot of the page.

About the contact

Reason for contact:

Does the referrer wish to remain anonymous?
 YES NO

Are parent(s)/carer(s) aware of this contact?
 YES NO UNKNOWN

Any requests for information regarding a Service User or concerns regarding a child or young person must be passed to the Duty Worker for a Referral to be completed.
 Please indicate reason for contact:

<input type="checkbox"/> Request for information	<input type="checkbox"/> Request for service
<input type="checkbox"/> Reporting a concern	<input type="checkbox"/> Other agency check if child/young person known to Social Services
<input type="checkbox"/> Notice of other agency contact with child/young person	<input type="checkbox"/> A notification

Is there any known previous Social Services involvement?

If yes, closure date of most recent involvement:

Name of team last involved?

If the Initial Contact is a Notification to Social Services, please confirm the type of Notification

- | | |
|---|---|
| <input type="checkbox"/> Child protection register notification confirmation | <input type="checkbox"/> Homeless family |
| <input type="checkbox"/> Person posing a risk to a child | <input type="checkbox"/> Child/ren placed for adoption by another Local Authority |
| <input type="checkbox"/> Child/ren placed in Derbyshire by another Local Authority | <input type="checkbox"/> Missing child/ren |
| <input type="checkbox"/> Child/ren on another Local Authority child protection register | <input type="checkbox"/> Special Educational Needs Statement - info required |
| <input type="checkbox"/> Domestic abuse | <input type="checkbox"/> Private fostering arrangement |

Other type of Notification - please specify:

FOR ALL INITIAL CONTACTS (EXCEPT MISSING CHILDREN) WHERE NO FURTHER ACTION IS REQUIRED A TASK MUST BE SENT TO THE RELEVANT SERVICE MANAGER TO CONFIRM THIS OUTCOME.

Summary of action taken:

- | | | |
|--|---|--|
| <input type="checkbox"/> Provision of information / advice | <input type="checkbox"/> Referral to another agency | <input type="checkbox"/> Passed on as a referral |
| <input type="checkbox"/> No further action | | |

Notification Guidance

For Child Protection Register Notification Confirmation, complete Initial Contact and pass to the appropriate duty worker.
 For Child placed in Derbyshire by another Local Authority this should be dealt with by Business Services at Headquarters.
 For Child/ren on another Local Authority CP Register this should be dealt with by the CP office at St. Helenas, Chesterfield.
 ALL notifications of Domestic Abuse must be passed to the appropriate duty worker.
 For Missing child/ren, this should be dealt with by Business Services at Headquarters.
 For ALL people posing a risk to a child, this should be dealt with by the CP office at DeBradelei, Belper Please redirect if necessary.
 For SEN Statements where information is required, complete Initial Contact and pass to the Duty Worker.
 For Private Fostering notification complete Initial Contact and pass to the appropriate duty worker.

ICS Referral and Information Record

ICS Referral and Information Record



Basic Referral Information

The Referral and Information Record gathers together the essential information about a child or young person.

IT is expected that within one working day of a referral being received there will be a decision about what response is required. (Paragraph 3.8, Framework for the Assessment of Children in Need and their Families, 2000).

Person ID:

Child's Name:

Council with Social Services Responsibility (CSSR):

Does the referrer wish to remain anonymous?

YES
 NO

Family and Household Member Details

Mothers Details:

Name:

Address:

Telephone:

Date of Birth:

Ethnicity:

First language:

Main Carer?
 Aware of Referral?
 Consent Obtained?

Mother's view of referral:

Fathers Details:

Name	
Address	
Telephone	
Date of Birth	
Ethnicity	
First language	
	<input type="checkbox"/> Parental Responsibility? <input type="checkbox"/> Main Carer? <input type="checkbox"/> Aware of Referral? <input type="checkbox"/> Consent Obtained?
Father's view of referral:	

Significant Others:

Name	Address	Relationship	DOB:	Referred	PR Held	Main Carer	Aware

Please ensure that ALL appropriate relationships are created in the Childs front screen by choosing amend, personal relationships, add the detail and save.

Reasons for Referral

Reason for referral/request for services:

Child/Young Persons view of referral?

Disability

Does the referrer consider the child/young person to be disabled?

YES NO

Does the Parent/Carer require information regarding services for disabled children?

YES NO

If yes, ensure a TASK is sent to Business Services to send out the Disability Information Network (DIN) Register details to the family.

The criteria for Disabled Children's Team are as follows:

A child/young person has:

- * a significant permanent and enduring physical disability and depends upon technical aids.
- * a significant permanent and enduring physical illness who depends on equipment, aids and adaptations.
- * a global learning disability (moderate to severe) with or without challenging behaviour.
- * The child/young person should be eligible for DLA with the Care component.

Does this child/young person meet the criteria for the Disabled Children's Team?

YES NO

If yes, please complete the next section 'Disabled Childrens Checklist'.

Disabled Childrens Checklist

About the family

Have the family had contact with SSD previously?

YES NO

How many adults live in the child's/young person's home?

Are there other children in the home?

YES NO

Do the parents/carers have family or community Support?

YES NO

Comments:

Finances

Is the child/young person or family in receipt of the following allowances:

1. DLA Care Component?

YES NO

If yes, at what rate? _____

2. Mobility Component?

YES NO

If yes, at what rate? _____

3. Carer Allowance?

YES NO

Comments:

Eating and Drinking

Does the child/young person need assistance with eating or drinking?

YES NO

Comments:

The Child's/Young Person's Mobility

Is the child/young person able to move independently at home?

YES NO

Is the child/young person able to move independently outside the home?

YES NO

Does the child have any equipment to enable them to safely move and be handled?

YES NO

Comments:

Education

What kind of educational provision does the child/young person receive?

Does the child/young person have a Statement of Educational Need?

YES NO

Does the child/young person have an Individual Education Plan with Mainstream Support (MSG)?

YES NO unnamed

Please Specify the educational establishment/provision the child attends:

Comments:

About the Child/Young Person

How does the child/young person make his/her needs known?

Verbal/Oral Speech

YES NO

BSL - British Sign Language

YES NO

Makaton

YES NO

Symbols/Pictorials

YES NO

Sign Supported English

YES NO

Computerised/IT Support

YES NO

Eye Pointing

YES NO

Bliss Board

YES NO

Gestures

YES NO

Other means,
please specify:

Comments:

Health

Is the child known to a Consultant Paediatrician?

YES NO unnamed

What is the child's/young person's disability?

Who diagnosed the child's/young person's disability?

Comments:

Support Services Involved with Family

Indicate whether the family receive any other services in relation to the child's/young person's disability:

Physiotherapy

YES NO NOT KNOWN

Speech Therapy

YES NO NOT KNOWN

Dietician

YES NO NOT KNOWN

Occupational Therapy

YES NO NOT KNOWN

Educational Psychologist

YES NO NOT KNOWN

Health Visitor or Specialist Health Visitor

YES NO NOT KNOWN

Clinical Psychologist

YES NO NOT KNOWN

Sitting Services

YES
 NO
 NOT KNOWN

CAFTS/CAMHS

YES
 NO
 NOT KNOWN

Voluntary Sector - please specify:

Private/Independent Sector - please specify:

Other Health Professionals - please specify:

Comments:

Key Agencies

The name of key professionals from all agencies currently involved with the child and family should be recorded. This includes agencies working with parents. Parental permission to contact other agencies should be obtained unless permission seeking may itself place a child at increased risk of significant harm Paragraph 5.6, Working Together. It should be ascertained whether other professionals agree to the information they are asked to provide being shared with the child and/or family.

Details of Key Agencies Involved: - 1

Agency:	
Contact Name:	
Address:	
Postcode:	
Telephone:	
Role:	
Parental consent to contact:	
Date consent given:	

Summary of Previous Social Services Involvement

Details of previous Social Services Involvement	
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Further Action - To be completed by a manager

Is this a Re-referral?

YES
 NO

If Yes, does the reason for the re-referral indicate that the response to the original referral did not appropriately address the child's needs

Timescale

Has a decision been made within one working day?

YES
 NO

If no, please confirm the reason for this timescale not being met

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Further action decided:

- Provision of Information and Advice
- Initial Assessment
- Core Assessment
- Prepare for Accommodation of Child/Young Person
- Strategy Discussion
- Section 47 Enquiry
- Private Fostering Enquiry
- No Further Action

Reason for
decision/further
actions

- Referral to Other Agencies

IF NO FURTHER ACTION IS TO BE TAKEN BY SOCIAL SERVICES BUT ONGOING SUPPORT IS REQUIRED BY OTHER AGENCIES, PLEASE SPECIFY YOUR DECISIONS BELOW

Other agencies
referred to:

Reason(s) for action
taken:

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Informing interested parties:

Referrer informed

Date informed:

Parent(s)/carer(s) informed

Date informed:

Child/Young person informed

Date informed:

Comments:

Standards for the Assessment of Children in Need

A decision to gather more information constitutes an Initial Assessment (DoH 2000).

Initial Assessments should be completed within a **maximum of 7 working days** but could be very brief depending on a child's circumstances e.g. when it becomes clear a section 47 enquiry is to be initiated child experienced or at risk of significant harm.

Every Initial Assessment will:

1. Be informed by a completed Common Assessment (if available)
2. Be undertaken by an appropriately qualified and experienced social worker or led by a Service Manager
3. Address the dimensions of the Assessment Framework
 - child's developmental needs
 - parenting capacity
 - family and environmental factors
4. Determine whether a child is in need
5. The nature of services required, from where and within what timescale and whether a more detailed Core Assessment should be undertaken
6. The child subject to an Initial assessment should be seen and spoken to unless in exceptional circumstances the decision has been made by the Service Manager that it is inappropriate in this case e.g. child to be subject to section 47 enquiry and will be seen during the enquiry. The Service Manager will record the reason for this decision.
7. In cases identifying child concern the child should be seen within 48 hours.
8. Interviews with family members.
9. In every Initial Assessment, information will be sort at least by telephone from;
 - Health Visitor, if any child is below school age
 - School, if any child in the family is school age (Education Social Work service during school holidays)
 - School Nurse
 - Early Years provider, if any child in the family is attending such a service
 - Any children's social care department known to be previously involved with the child or family

- Any other professional/agency involved with the child or family e.g. probation, mental health services
9. The referrer if a partner agency will be informed in writing of the outcome of any Initial Assessment within five working days of its conclusion.
 10. Consultation with the Service Manager responsible for the child's case.
 11. The child/young person and parent/caregiver will have their views incorporated within the assessment and a copy of the completed assessment will be provided to them.
 12. All assessments will be approved by the Service Manager responsible for the child's case.
 13. The Initial assessment will provide an analysis of its findings.
 14. Record the decision on further or no further action.
 15. Inform child/young person and parent/caregiver of the decision and rationale and provide a copy of the completed approved ICS Initial Assessment document.
 16. Inform other agencies of the decisions and provide a copy of the ICS Initial Assessment document.
 17. In most cases the Initial assessment will result in a child/young persons plan which will address the three dimensions of the assessment framework.

Initial Assessment

Initial Assessment



Initial Date Information

An initial assessment is defined as a brief assessment of each child referred to social services with a request for services to be provided. This should be undertaken within a maximum of 7 working days from the date of referral but could be very brief depending on the child's circumstances. In completing this initial assessment, if it is known that a core assessment will be required, social work staff should make a professional judgement about whether it is necessary to complete all sections before beginning a Core Assessment.

Date initial assessment commenced:

Child/Young Persons Details

Name:	Best Practice
Date of Birth:	01/04/2006
Expected Date of Delivery:	<input type="text"/>
Child/Young Person Age:	0
Address:	County Offices Derbyshire County Council MATLOCK DE4 3AG Tel: 01629 123456
Postcode:	DE4 3AG
Person ID:	614000

Reason For Initial Assessment

Include the views of the child/young person and their parents or carers.

Reasons:

Sources of Information:

Please record all visits, telephone contacts and other communications with the child/young person, their family and other professionals during the course of this assessment. Record details in the fields below and Click ADD. This inserts the information into the table. You MUST add the details for them to save or be displayed when printed.

Persons seen/consulted with:

Name	Relationship	Date Seen/Consulted with	Child Seen	Child Seen Alone

Agencies Contributing to the Assessment

Health:

- GP
- Health Visitor
- School Nurse
- Dentist
- Community Paediatrician

Education:

- School/College
- Pupil Referral Unit
- Education Welfare Officer
- Nursery

Other:

- Police
- Probation
- Youth Offending Team

If another agency other than those listed above contributes to the assessment, please record their details below

Other Agency Contributing to the Assessment - 1

Agency:	
Contact Name:	
Address:	
Postcode:	
Telephone:	
Role:	

Emotional and Behavioural Development

Childs Needs

--

Parenting Capacity

--

Identity

Childs Needs

--

Parenting Capacity

--

Family and Social Relationships

Childs Needs	
Parenting Capacity	

Social Presentation

Childs Needs	
Parenting Capacity	

Self Care Skills

Childs Needs

Childs Needs	
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Parenting Capacity

Parenting Capacity	
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Issues Affecting Parenting Capacity

It is important to be aware of parent's /carer's strengths as well as difficulties they are experiencing. Research shows that the following are most likely to affect parenting capacity: physical illness, mental illness, learning disability, substance, alcohol misuse, domestic violence, childhood abuse, history of abusing children. It is important to record that an issue is present, to whom it refers and its affect on parenting. It is also important to record details of adults who might pose a risk of significant harm to the child/young person. Consider whether a separate carer's assessment is required under the Carers and Disabled Children Act 2000.

Please consider the following:

- Physical Health
- Physical Disability
- Mental Health
- Learning Disability
- Alcohol Use
- Drug Use
- Domestic Abuse
- History of Child Abuse (perpetrator or victim)

Issues affecting parent/carers' capacity to respond appropriately to the child/young persons needs

Issues affecting parent/carers' capacity to respond appropriately to the child/young persons needs	
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Community Resources

Summary, Analysis and comments

In summarising the assessment it is essential to address the findings under the Every Child Matters outcomes listed below
 Be Healthy
 Stay Safe
 Enjoy and Achieve
 Make a Positive Contribution
 Achieve Economic Well-Being

The analysis should identify the factors that have an impact on different aspects of the child's development and parenting capacity, and explore the relationship between them. This process of analysing the information available about the child's needs, parenting capacity and wider family and environmental factors should result in a clear understanding of the child's needs, and what types of service provision would best address these needs to ensure the child has the opportunity to achieve his/her potential. It is important to include any evidence that the child is suffering or likely to suffer significant harm.

Summary and analysis of the information gathered during the initial assessment

Risk Assessment:

Child/Young Person; Please comment on the process and outcome of the assessment

Parents/Carers; Please comment on the process and outcome of the assessment

Sharing Information

Date Initial Assessment shared with child/young person

Date Initial Assessment shared with parents/carers

Date Initial Assessment was completed

Decisions and Further Action - To be Completed by a Manager

TIMESCALES

Has the Initial Assessment been completed in 7 days?

YES NO

If no, please select the reason

The child/young person is a child in need as defined in the Children Act 1989

YES NO

If yes, please indicate which child in need category is appropriate

- A Child whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development without the provision of services
- A Child whose health or development will be significantly impaired without the provision of services or is suffering or is likely to suffer significant harm
- A Disabled Child

Further action arising from the initial assessment

Immediate legal action to protect the child/young person

S47 enquiry

Initiate Strategy Discussion

Provide Accommodation for child/young person

Core Assessment

Commission specialist assessment

Provide Services

Referral to Other Agency

No further action

This should include needs relating to the child or parent, and should relate to all appropriate agencies.

If needs have been identified but services are either not to be provided or are unavailable, please explain why:

- Referral to other agencies

Family and Environmental Factors

Please record relevant historical information as well as that relating to the current situation. It is important to record details of any adults who are considered to or are likely to be posing a risk of significant harm to the child/young person.

Family History and Functioning

Wider Family

Housing

Employment

Income

Family Social Integration

ICS Child's Plan

ICS Child's Plan



Childs Plan/Review

Please indicate if this is a plan or review

Childs Plan Childs Plan Review

Is the child subject to a Safeguarding Plan

No

If this is a review please ensure the review section is completed, and the outcomes are recorded on the plan.

Name

Date of birth

Person ID

Being Healthy

This Plan should be drawn up in conjunction with the other agencies who are providing services

Being Healthy

Identified Needs	Actions and persons responsible	Start date and frequency	Planned outcomes	Actual outcomes and date achieved

Staying Safe

This Plan should be drawn up in conjunction with the other agencies who are providing services

Staying Safe

Identified Needs	Actions and persons responsible	Start date and frequency	Planned outcomes	Actual outcomes and date achieved

Enjoying and Achieving

This Plan should be drawn up in conjunction with the other agencies who are providing services

Enjoying and Achieving

Identified Needs	Actions and persons responsible	Start date and frequency	Planned outcomes	Actual outcomes and date achieved

Making a Positive Contribution

This Plan should be drawn up in conjunction with the other agencies who are providing services

Making a Positive Contribution

Identified Needs	Actions and persons responsible	Start date and frequency	Planned outcomes	Actual outcomes and date achieved

Achieving Economic Well-Being

This Plan should be drawn up in conjunction with the other agencies who are providing services

Achieving Economic Well-Being

Identified Needs	Actions and persons responsible	Start date and frequency	Planned outcomes	Actual outcomes and date achieved

Review Record	
Date of Review:	<input type="text"/>
Time of Review	<input type="text"/>
Review Venue	<input type="text"/>
Method of Review	<input type="text"/>
Please record a brief summary of work undertaken	<input type="text"/>
New needs identified	<input type="text"/>
Decisions recorded at review	<input type="text"/>

Please record below the names of all family members and professionals who have contribute to the revised plan and review.

Review Contribution Record

Name	Role	Contributed	Revised Plan Shared	Date Shared	Method of Sharing

Name of Person Recording/Chairing this Review

Role

Date of Next Review

Worker Responsible for Next Review

Contingency Arrangements and Sharing the Plan

Please indicate what the contingency arrangements are in the event of these outcomes not being met

Please indicate who the plan has been shared with

Plan has been shared with:

Name	Role	Date Shared	Method of Sharing	Comments

Date of First Review

Name of Person Chairing Review

ICS Record of Section 47 Enquiry

ICS Record of Section 47 Enquiry



Child/Young Person Details

	Child/Young Person's Name: <input style="width: 95%;" type="text" value="Child Test"/>
	Date of birth: <input style="width: 95%;" type="text" value="19/07/2000"/>
Expected Date of Delivery	EDD if not yet born: <input style="width: 95%;" type="text"/>
	Gender
	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown
	Address: <input style="width: 95%;" type="text" value="3 Brocklehurst Court
Brocklehurst Piece
CHESTERFIELD"/>
	Telephone: <input style="width: 95%;" type="text" value="1111111111111111"/>
	Person ID: <input style="width: 95%;" type="text" value="613061"/>

Consultation

Reason for undertaking S47 Enquiry

Consultation

This checklist for Section 47 enquiries is to be completed for every child protection investigation (known and new cases). All questions should be completed using not applicable where no action is required. NOTIFICATION TO CHILD PROTECTION REGISTER must be completed by undertaking a register enquiry in Framework

Date Register Notification Completed

Person Making Register Notification

Outcome

Consultation with Police

YES NOT APPLICABLE

Date Completed

Name of Person Contacted

Outcome

Consultation with Safeguarding Children Manager

YES

Date Completed

Name of Person Contacted

Outcome

Consultation with Nursery/School/College

YES NOT APPLICABLE

Date Completed

Name of Person Contacted

Outcome

Consultation with Midwife

YES NOT APPLICABLE

Date Completed

Name of Person Contacted

Outcome

Consultation with Health Visitor/School Nurse

YES NOT APPLICABLE

Date Completed

Name of Person Contacted

Outcome

Consultation with GP

YES NOT APPLICABLE

Date Completed

Name of Person Contacted

Outcome

Consultation with School Educational Psychologist

YES NOT APPLICABLE

Date Completed

Name of Person Contacted

Outcome

Consultation with Social Worker

YES NOT APPLICABLE

Date Completed

Name of Person Contacted

Outcome

Consultation with Education Social Worker

YES NOT APPLICABLE

Date Completed

Name of Person Contacted

Outcome

Consultation with Probation

YES NOT APPLICABLE

Date Completed

Name of Person Contacted

Outcome

Consultation with Child Psychiatry

YES NOT APPLICABLE

Date Completed:

Name of Person Contacted:

Outcome:

Consultation with Other

Date Completed	Name of Person	Agency/Relationship	Outcome

Interview/Contact with Referrer

Date Completed:

Name of Person Contacted:

Outcome:

Actions Taken

The checklist for Section 47 enquiries is to be completed for every child protection investigation (known and new cases). All questions should be completed.

Following initial enquiries, has a decision been made to take No Further Action?

Date agreed:

Decision taken by:

Child Interviewed/Seen by Social Worker?

Date Completed:

Method of Interview:

Name of Social Worker:

E.g. Joint Police/SSD, video, single agency etc

Other Children in Household Interviewed/Seen

Name of Child	Date Completed	Outcome	Action taken by

Parents/Carers Interviewed

Parental Role	Date Completed	Outcome	Action taken by

Medical Examination

Date of examination

Name of person carrying out examination

Outcome

Feedback to Referrer

Date completed

Feedback method

Summary of feedback

Section 47 Initial Risk Assessment

Please record the main factors increasing risk and include vulnerability

What are the main concerns and risk factors?

What are the protective factors?

Please record any views or disagreements that you have noted during these enquiries:

Concern Log - To be completed by Safeguarding Children Manager

The Safeguarding Children Manager is responsible for giving advice to Area staff on child protection matters. They should be consulted before a Conference is called, and are available to discuss whether a Conference should be called.

Name of worker referring

Date of Contact:

Detail of Concern:

Outcome Agreed with Safeguarding Children Manager

Date of Further Update:

Outcome of Update:

Name of Safeguarding Manager Completing this Concern Log:

Future Actions / Outcomes - To be completed by the Service Manager

No Further Action
 Child Protection Conference

Proposed Date of Conference

Interim Protection Plan required
 If a plan is required, please outline the details of the plan:

Complete Core Assessment
 Action to be taken by
 Date Agreed

Provision of Services S17 / Develop Childs Plan
 Action to be taken by

Initiate Legal Action
 Action to be taken by

Decisions and Reasons:

Concerns not substantiated
 Concerns are substantiated, but the child/young person is not judged to be at continuing risk of significant harm.
 Concerns are substantiated, and the child/young person is judged to be at continuing risk of significant harm.

Reasons for Decision/Action:

Richard Requirements

Does this allegation relate to Sexual Abuse?

YES NO

If yes, has this been reported to the police?

YES NO

Date the decision was made to report allegation to the police

Date the allegation was reported to the police

If not reported to the police, please indicate reason why

Any additional comments

Has the section 47 Checklist been seen by the Service Manager and sent to the Safeguarding Children Manager?

YES NO

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Has the Safeguarding Children Manager completed the Concern Log?

YES NO

Have the section 47 Enquiry Leaflets been provided to the carers and child/young person?

YES NO

Have letters been sent to the referrer, agencies and family with regard to the outcome of the enquiry?

YES NO

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Standards for the Completing of Core Assessments

- The Core Assessment will be recorded within the ICS Core Assessment Record
- The Core Assessment will be completed in **35 working days**.
- A separate Core Assessment should be completed in respect of every child in the family, unless a decision to the contrary is taken and recorded;
- Age related guidance to staff should be used in completing the assessment;
- The assessment will conclude with a summary and analysis of the information obtained in the course of the assessment
- Core Assessments are undertaken in a variety of circumstances. The level of detail required should be proportional to the complexity of the case. The assessment Framework states that it is **an in-depth assessment which addresses the central of most important aspects of the needs of a child and the capacity of his or her parents to respond appropriately tot hose needs within the wider family and community context**. The practitioner and/or manager will define the central or most important aspects, informed by the child/family and other professionals working with the child and family.

All Core Assessment Reports will include:

- The child's personal details
- Details of the family;
- Details of significant others
- Reason for and basis for the assessment this will include a description of the assessment process, including dates of visits to the family, when the child was seen, agencies involved, specific tools/scales/research used etc
- Summary of the assessment, presented within the 3 dimensions of the Assessment Framework
- Views and comments of the child/young person and parents/caregivers
- Analysis of the meaning of the evidence, including analysis of any risks
- Preliminary plan
- Assessment, Preliminary Plan endorsed by the Service Manager
- Confirmation of Core Assessment shared with child/young person and parents/caregivers.

Triggers for Core Assessments

A Core Assessment should always be completed when:

- Where an Initial Assessment has concluded a more in-depth assessment is required
- Care proceedings or other legal processes are being considered
- A section 47 enquiry is being undertaken
- A child has been placed in care or is at risk of being placed in care
- A disabled child has complex needs
- A child in need plan is not achieving the desired outcomes
- There have been 2 Initial assessments completed in respect of any child in the family in the previous 12 months.
- When carrying out assessments under the Leaving Care Act 2000 Regulations
- When considering post adoption support
- When considering complex needs requiring a high cost resource
- Placement breakdown of a long term placement

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- When considering the placement of a child in a residential school

A Core Assessment should be considered when:

- Other complex cases eg multiple need indicators, asylum seeking children, persistent runaways.

ICS Core Assessment

ICS Core Assessment



Child Details

Section 1.

Name

Date of Birth

ID

Family Composition

Relationship	Name	Address	Date of Birth

Information Provided to the Family

Suggestions, Praise and Complaints information Given

Access to Social Care records information Given

Significant Others

Section 2.

Agencies/Persons Contributing to this Report

Relationship to Child	Name	Address	Contact Details

Profile of the Report Author(s)

Section 3.

Details

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Reason for and Basis of this Assessment

Section 4.

4.1 Reasons for Undertaking this Assessment

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4.2 How was this assessment carried out? Please indicate which Scales, Questionnaires or tools have been used.

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Family and Environmental Factors

Section 5.

5.1 Family History and Functioning	
5.2 Wider Family	
5.3 Housing	
5.4 Employment	
5.5 Income	
5.6 Family Social Integration	

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5.7 Community Resources



Child's Developmental Needs

Section 6.

6.1 Health

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6.2 Education

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6.3 Emotional and Behavioural Development

--	--

6.4 Identity

--	--

6.5 Social Presentation

--	--

6.6 Self Care Skills

--	--

Parenting Capacity

Section 7.

7.1 Basic Care

--

7.2 Ensuring safety

--

7.3 Emotional Warmth

--

7.4 Stimulation

--

7.5 Guidance and Boundaries

--

7.6 Stability

--

Views of Family Members

Section 8.

8.1 Child/Young Persons comments on the assessment	
8.2 Parents/Carers comments on the assessment	

Summary and Analysis

Section 9.
 In summarising the assessment it is essential to address the findings under the
 Every Child Matters outcomes listed below
 Be Healthy
 Stay Safe
 Enjoy and Achieve
 Make a Positive Contribution

Achieve Economic Well-Being

Summary of Child/Young Persons Developmental Needs	
Summary of Parenting Capacity	
Summary of Family and Environmental factors	
Analysis	

Recommendation - Preliminary Plan

Section 10.

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Further Action - To be completed by a manager

Timescale
 Has the Assessment been completed in 35 days?

YES NO

If NO please select a reason

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Further Action

- Provide accommodation for child/young person
- Initiate strategy discussion
- Section 47 enquiry
- Immediate legal action to protect the child/young person
- Provide services
- Commission specialist assessment
- No further action

Reason for decision/further action

- Referral to other agencies

IF NO FURTHER ACTION IS TO BE TAKEN BUT ONGOING SUPPORT IS REQUIRED BY OTHER AGENCIES, PLEASE OUTLINE THE PLAN BELOW

Outline Plan

Informing interested parties

- Parents/carers informed

Date informed

- Child/Young Person informed

Date informed