

# Derbyshire County Council Children Services and Partner Agencies Assessment Protocol

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## Introduction

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

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

A smaller number of children have more **complex or serious** needs and there may also be **child protection** or safeguarding concerns and these children, along with their families, require specialist support such as that provided by children’s social care, youth offending teams and child and adolescent mental health services.

Any Child or family can freely access “universal” services. For services which are targeted or specialist an **assessment** is undertaken to ensure that the right service is provided to the child and family at the right time and in the right way.

As a result of changes outlined in Working Together to Safeguard Children 2013, and stemming from the Munro Review of Child Protection, Derbyshire has developed a Single Assessment Process for children and families with emerging, additional, complex or serious needs. It encompasses both early help and social care assessments and replaces the previously referred to Common Assessment (CAF), Initial and Core Assessments.

The new assessment process is recorded on documents Part A, B and C. Part A provides the basic information on a family and their current situation. It can also be used by Derbyshire Schools as a request for service from the Multi Agency Teams (MATs). Part A provides the basic information as part of an Early Help Assessment or a Social Care Assessment.

Part A and Part B together form the Early Help Assessment for children and young people and is one of the elements of frontline service delivery. The Early Help Assessment replaces the Common Assessment (CAF). The assessment is for use across all children’s services in Derbyshire and it aims to help the early identification of children and young people’s additional needs and to promote coordinated service provision to meet them.

Part A and Part C together form the Social Care Assessment and are to be completed by a qualified Social Worker. The Social Care Assessment replaces Initial and Core Assessments and is designed to support confident professional practise and effective timely and purposeful social work interventions with children and families.

## **Early Help Assessment**

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

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

An early help assessment will also always be completed when:

- A child is disabled and has specific additional needs
- Has special educational needs
- Is a young carer
- Is showing signs of engaging in anti- social or criminal behaviour
- Is living in a family where there are challenges for the child such as substance misuse, adult mental health, domestic abuse and /or
- Showing early signs of neglect.

### **A good early help assessment will:**

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

Once a decision has been made to undertake an early help assessment it must be completed in a timely way and early help assessments undertaken by Multi agency Teams should be commenced within 10 working days.

Actions are agreed with the family as to what should happen next and the practitioner completing the early help assessment with the family will organise the Team Around the Family (TAF) meeting within 6 weeks of the completion of the assessment.

The TAF is a multi-agency meeting and will bring together a range of different practitioners from across both Adults and Children's Services along with the family in order to offer appropriate support.

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

TAF members should:

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

The practitioner completing the early help assessment does not automatically become the "lead professional" The lead professional is identified at the first TAF meeting.

The Lead professional could be any practitioner working with the child/young person and family. The Lead professional is responsible for coordinating provision and acting as a single point of contact in providing integrated early help services. The Lead professional is not accountable for the actions of other practitioners or services within the TAF but can act as a conduit for information and provide a single point of contact for the family if this is felt to be useful.

The action plan drawn up at the TAF with the family members will be reviewed every 6 weeks until it is evident that the identified needs and issues have been addressed an appropriate on-going support is available through universal services.

The Local Safeguarding Children Board has responsibility for monitoring and evaluating the effectiveness of early help training and the local authority has responsibility to promote interagency cooperation to improve the wellbeing of children. When early help assessments have been completed by partner agencies a copy of the early help assessment should be sent to the local Multi Agency Team Manager so that periodic analysis of the number and quality of assessments can be undertaken.

## **Children's Social Care Assessment**

A Children's social care assessment is undertaken when a child has more **complex** or **serious** needs. Their health or development is likely to be significantly impaired or they may have a significant level of disability or in some cases a child may be in need of care and/or protection.

Under such circumstances an assessment is undertaken by a registered social worker. There is just one form of documentation for recording any type of social care assessment and the assessment **will build on** the early help assessment (where one has been completed). This will help reduce duplication or for a family to have to repeatedly “tell their story” when more than one assessment is undertaken within a relatively short space of time.

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

An assessment will be undertaken:

- If a child has emerging needs that cannot be met by targeted services and/or the case has been “Stepped-up” if there are indications that the child has **complex or serious needs**
- If there are **child protection concerns**, indications that a child is suffering or is likely to suffer **Significant Harm**, and a **Section 47 Enquiry is undertaken after a Strategy Discussion**.

An assessment will also always be completed when:

- A child becomes or is at risk of becoming accommodated
- A child is the subject of Care Proceedings
- A Child In Care reaches the age where a Pathway Plan is required
- Prior to the return home of a child whose Care Plan is for a return home, as required under the Care Planning, Placement and Case Review (England) Regulations 2010.
- Where a placement of a child under the Care Planning, Placement and Case Review (England) Regulations 2010 and/or an application to discharge a Care Order is being considered
- Where a child is Privately fostered

Assessments are carried out in partnership with children and families and with other agencies

An assessment should establish:

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

## **Working Parents and Children**

The child should participate and contribute directly to the assessment process based upon their age, understanding and identity. They should be seen alone and if this is not possible or in their best interest, the

reason should be recorded. The social worker should work directly with the child in order to understand their views and wishes, including the way in which they behave both with their care givers and in other settings. The child's views about what they would like to change or stay the same should be recorded. A range of age appropriate tools are available to professionals to assist them in this work (*link to WIKI needed*). Consideration and support must be given to ensure that disabled children can contribute to their assessments.

Initial discussions with a child should be conducted in a way that minimises distress and maximises the likelihood of gaining accurate and complete information.

The pace of the assessment needs to acknowledge the pace at which the child can contribute. However, this should not be a reason for delay in taking protective action if that is required. It is important to understand the resilience of the individual child in their family and community context when planning appropriate services. Issues of disability should be considered or if the child is a young carer.

Every assessment should be child centred. Where there is a conflict between the needs of the child and their parents/carers, decisions should be made in the child's best interests.

The parents should be involved at the earliest opportunity unless to do so would prejudice the safety of the child. The parents' involvement in the assessment will be central to its success. At the outset they need to understand how they can contribute to the process and what is expected of them to change in order to improve the outcomes for the child. The assessment process must be open and transparent. However, the process should also challenge parents' statements and behaviour where it is evidenced that there are inconsistencies, questions or obstacles to progress.

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

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

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

An assessment should be undertaken with the consent of and in partnership with the child and his or her parents and carers. The only exception is where an assessment is being completed as part of a child protection enquiry under Section 47 Children Act 1989 and to seek consent may place a child at increased risk.

This will necessarily include an assessment of whether the concern involves abuse or neglect; and whether there is any need for any urgent action to protect the child, or any other children in the household or community

### **Contribution of Agencies Involved with the Child and Family**

While the assessment is led by a social worker, it will invariably involve other agencies or independent professionals, who will provide information they hold about the child or parents, contribute specialist knowledge and/or give advice/undertake specialist assessments. This will particularly be the case where other statutory assessments are taking place such as a child with special needs or a young offender. The child in need meeting

or core group meeting will promote the effective proportionate sharing of information to ensure that the assessment and resulting child's plan is as comprehensive as possible.

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

It is possible that professionals have different experiences of the child and family and understanding these differences will actively contribute to the understanding of the child / family.

The professionals should be involved from the outset and through the agreed, regular process of review.

The social worker's manager will have a key role in supporting the practitioner to ensure all relevant agencies are involved.

### **Timescales**

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

**Within one working day of a referral** being made, a decision will need to have been made about the type of response required and receipt of the referral will need to be acknowledged (See Call Derbyshire Referral Processes Chapter).

The assessment plan and timescales will be recorded on the assessment form after the first meeting with the child (and family) within 7 working days of receipt of the referral. The social worker will speak with the family about the assessment process and agree on a timescale and make clear to the child and family how the assessment will be carried out and when they can expect a decision on next steps. The social worker must clearly record the date that the child was seen. If the child has not been seen **within 7 working days** of referral then a clear explanation of the reasons for this must be recorded.

If concerns meet Child Protection thresholds then the child needs to be seen as soon as possible and **within 24 hours**. Where the outcome of a Strategy Discussion is that a Section 47 Enquiry is conducted the assessment must be complete within **15 working days** – see Section 9 Conducting Section 47 Enquiries/ Assessment. If the concerns are substantiated and the child considered to be at continued risk of harm then a Social Work Manager convenes a child protection conference **within 15 working days of a strategy discussion, or the strategy discussion at which section 47 enquiries were initiated if more than one has been held.**

The maximum statutory timeframe for the assessment to conclude is **45 working days from the point of referral**. In Derbyshire, assessments are to be completed within **42 working days as a maximum** to allow time for managers to follow up assessments which are not yet completed to ensure that the statutory requirement is met.

Whatever the planned timescale for assessment, social workers should not wait until the assessment is concluded before commissioning support services. Timely and decisive action is critical in providing the right support to children and families.

## **Recording and Review**

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

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

Records should be kept of the progress of the assessment on the individual child's record and in their chronology to monitor any patterns of concerns.

The recording should be such that a child, requesting to access their records, could easily understand the process taking place and the reasons for decisions and actions taken. It should also be recorded in such a way that the child's voice is clear to anyone who reads it.

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

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

This impact and the progress being made by the child and family will be reviewed at regular intervals in line with children in need, child protection or child in care procedures according to the type and level of service the child and family are receiving. Independent chairs and reviewing officers will ensure that plans for children are being progressed and assessments updated as required. This will include any child who is in care and where there is a plan for their return home. The independent reviewing officer must ensure that a review takes place to quality assure the plan for a child to return from care to live with their family.

## **Complaints and Challenge**

All families will be advised on how they might raise concerns or lodge a complaint if they are unhappy about the service that they are receiving and the full complaints procedure can be found at .....

Any partner agency which is concerned about the service that a child or family is receiving can raise their concerns through the LSCB escalation procedure found at .....

