

**Referral, Assessment,  
Planning and Decision  
Making for Children in  
Need Procedures**

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## **Accessibility**

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## **1 Introduction**

- 1.1 Bracknell Forest Children's Social Care seeks to promote children's well being within their families and communities, and to enhance the outcomes for children 'in need' (within the meaning of the Children Act 1989) and their families.
- 1.2 Research indicates that offering services to families where children are 'in need' increases their capacity to care for and protect their children.
- 1.3 These procedures set out how Children's Social Care will assess whether children are 'in need' and how services will be provided, if this is seen as the most appropriate form of support. These procedures also set out how services will be planned and reviewed.
- 1.4 Such services can either be provided directly and solely by Children's Social Care or in collaboration with other agencies. Not all children assessed as being 'in need' will require or receive a service from Children's Social Care. Other agencies (e.g. education or health) might be best placed to provide services directly without requiring Children's Social Care's involvement. In addition services in the community (eg voluntary or statutory agencies) might be able to support children and their families without a continuing Children's Social Care involvement.

## **2 Legal Framework**

### **2.1 Children Act 1989**

- 2.1.1 The Children Act 1989 sets out the responsibilities of Councils with Social Services. Responsibilities as the lead agency for establishing whether a child is in need and for ensuring services are provided to that child as appropriate.

- 2.1.2 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, in particular Section 17, and Schedule 2 Part I. Part III is the main part of the Act (titled *Local Authority Support for Children and Families*) about the delivery of services by social services departments. Other Parts (I, II, IV and V) outline the way in which court orders may be obtained to authorise or enforce certain actions, in relation to family proceedings, care and supervision and the protection of children

## 2.2 Children in Need

- 2.2.1 The Children Act 1989 states the general duty of every local authority.

It shall be the general duty of every local authority (in addition to the other duties imposed on them by this Part):

- (a) to safeguard and promote the welfare of children within their area who are in need; and
- (b) 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.

### **Children Act 1989 Section 17 (1)**

- 2.2.2 This duty rests with the local authority *as a whole*. The provision of the range and level of services appropriate to children's needs is done by local authorities, schools, health and voluntary agencies working together in partnership

- 2.2.3 The Children Act 1989 provides a definition of a 'child in need'

For the purposes of this Part a child shall be taken to be in need if:

- (a) 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 under this Part;
- (b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or

- (c) 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. **Action Act 1989 Section 17 (10)**

“development” means physical, intellectual, emotional, social or behavioural development; and “health” means physical or mental health. **Children Act 1989 Section 17 (11)**

- 2.2.4 A child who has been assessed as being ‘in need’ is the threshold for Children’s Social Care interventions with children and their families. <sup>1</sup>
- 2.2.5 The majority of the children involved with Children’s Social Care are ‘children in need’ who are living with their families.

## 2.3 Children with disabilities

- 2.3.1 Local Authorities are required to provide services for disabled children which are designed to minimise the effects of their disabilities and to give them the opportunity to lead lives that are as normal as possible (Children Act 1989 Schedule 2 paragraph 6)

- 2.3.2 Under the Children Act 1989, disability is defined as follows:

A child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed.

**Children Act 1989 Section 17 (11)**

- 2.3.3 The definition of disability under the Children Act 1989 is different from Health and Education definitions <sup>2</sup>. A disabled child under the Children Act 1989 is one whose disability is ‘substantial’ and ‘permanent’ and where their needs which arise from their disability requires more

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<sup>1</sup> See Brackenll Forest’s needs/risk matrix which clarifies the threshold for Children’s Social Care

<sup>2</sup> The DfE definition is “someone who has a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities”.

support than is available through the capacity of their parents/carers and mainstream services.

- **Substantial** will mean considerable or significant factors which are life changing or limiting, and might include issues to do with risk and dependency.
- **Permanent means existing indefinitely, not expected to improve. However, there must be sufficient flexibility to take account of intermittent or episodic conditions.**

## 2.4 Child Protection

2.4.1 The Children Act 1989 sets out the local authority's duty to investigate child protection concerns.

Where a local authority:

- (a) are informed that a child who lives, or is found, in their area –
  - (i) is the subject of an emergency protection order; or
  - (ii) 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. **Children Act 1989 Section 47 (1)**

## 2.5 Children Act 2004

2.5.1 The Children Act 2004 identifies 5 outcomes that must inform the work undertaken with children and young people:

- Stay Safe
- Be healthy
- Enjoy and achieve

- Make a positive contribution
- Achieve economic well-being

2.5.2 The Children Act 2004 also demands Sections 17, 20 (provision of accommodation) and 47 (Child Protection Investigations) of the Children Act 1980 so that the wishes and feelings of children are taken into account when assessments are made of services to be provided to children in need, when decisions are made over the provision of accommodation for children, and when a child protection investigation is undertaken.

2.5.3 Section 10 of the Children Act 2004 establishes a duty on local authorities to make arrangements to promote co-operation between agencies in order to improve children's well-being defined by reference to the five outcomes and a duty on key partners to take part in those arrangements.

### **3 Regulatory Framework**

#### **3.1 The Framework for the Assessment of Children in Need and their Families (also known as the Assessment Framework)**

3.1.1 Not all children assessed as being 'in need' will require or receive a service from Children's Social Care. Other agencies (e.g. Health) might be best placed to provide services directly without requiring Children's Social Care's involvement. In addition, services in the community (e.g. voluntary or statutory agencies) might be able to support children and their families without a continuing Children's Social Care involvement.

- 3.1.2 Every local authority has a duty to promote and safeguard the welfare of children in need in its area. To do this local authorities are expected to provide a range of services to enable children to remain within their own families as long as this is consistent to promoting and safeguarding their welfare.
- 3.1.3 The Children Act 1989 is also clear that partner agencies carry a responsibility to assist with these assessments. For assessments to be most effective, this requires a collaborative way of working with families, as well as other agencies unless this would conflict with their own statutory and other duties.
- 3.1.4 The Framework for the Assessment of Children in Need and their Families (2000) was developed by the Department of Health to provide a systematic way of recording, understanding and analysing children's needs.
- 3.1.5 The Assessment Framework provides a systematic multi-agency approach to record and analyse what is happening to children and young people within their families and the wider context of the community in which they live.
- 3.1.6 A fundamental principle of the Assessment Framework is that a holistic approach is required to ensure full understanding of the circumstances and needs of the child / young person and their family in order to ensure the best outcome possible.

## **3.2 Common Assessment Framework**

- 3.2.1 The Common Assessment Framework (CAF) is intended to promote more effective, earlier identification of children's additional needs and improve multi-agency working. It is intended to provide a simple, non-bureaucratic process for a holistic assessment of a child's needs, taking account of the individual, family and community. In Bracknell Forest the CAF will be undertaken by practitioners working with the children and

young people at levels 1 and 2 (see CAF procedure and the needs/risks matrix).

3.2.2 The CAF has been developed for use by practitioners in all agencies so that they can communicate and work more effectively together. Information will follow the child and build up a picture over time. The CAF will encourage greater sharing of information between practitioners where consent is given. It will:

- Promote earlier intervention where additional needs are observed
- Reduce the number and duration of different assessment processes that children and young people need to undergo
- Improve the quality and consistency of referrals between agencies by making them more evidence based
- Help embed a common language about the needs of children
- Enable information to follow the child
- Promote the appropriate sharing of information

3.2.3 If a Common Assessment suggest that a child has needs that require input from more than one service, it will help if one practitioner acts in the role of lead professional, to:

- Provide a single point of contact, who children, young people and families can trust, and who is able to support them in making choices and in navigating their way through the system.
- Ensure that children and families get appropriate interventions when needed, which are well planned, regularly reviewed and effectively delivered.
- Reduce overlap and inconsistency from other practitioners.

3.2.4 As far as possible a CAF will normally accompany any professional referral to Children's Social Care or can be used as the referral documentation.

### **3.3 Integrated Children's System**

- 3.3.1 The Integrated Children's System (ICS) incorporates and is based on the Assessment Framework and the Department of Health Looked After Children documentation.
- 3.3.2 The integrated Children's System aims to provide a clear and consistent framework for the gathering and production of information to:
- Build up a picture of the child's needs, within the context of their family and the community in which they live;
  - Facilitate the processes of gathering information, and collation and analysis at each stage;
  - Support the development of plans, which include clear objectives and measurable outcomes for children;
  - Provide accurate information on the costs of services delivered;
  - Facilitate review processes on the costs of services delivered;
  - Facilitate review processes which monitor the child's progress and the effectiveness of interventions.
- 3.3.3 The scope of the Integrated Children's System take into account that all providers of services for children and families will benefit from a common approach to assessment, planning, intervention and review and from being able to share relevant information with each other.

## **3.4 Child Protection**

- 3.4.1 Some children are in need because they are suffering or likely to suffer significant harm. Concerns about maltreatment may be the reason for 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. This obligation is set out in Section 47 of the Children Act 1989.
- 3.4.2 Where a child is suspected to be suffering, or likely to suffer, significant harm, the local authority is required by Section 47 of the Children Act

1989 to make enquiries, to enable it to decide whether it should take any action to safeguard and promote the welfare of the child. If this is the case, the Berkshire Local Safeguarding Children Board's Child Protection procedures must be followed.

## 4 Principles

Several key principles, derived from the Children Act 1989, underpin the approach adopted in these procedures and guidance:

- It is the children's best 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 them to time to do so
  - Parents should be able to call upon services when they are required
  - Local Authorities have a duty to safeguard and promote the welfare of vulnerable children
- Key principles underpinning the Assessment Framework provide that assessments;
    - Are child centred
    - Are rooted in child development
    - Are ecological in approach
    - Ensure equality of opportunity
    - Involve working with children and families
    - Build on strength as well as identifying difficulties
    - Are inter-agency in their approach
    - Are a continuing process not a single event
    - Involve action and provision of services in parallel with assessment
    - Grounded evidence
  - Services should be provided to meet the needs of children and families in the community, which should be:

### **Inclusive and collaborative**

Children and families should be involved in the planning and review of services and information should be available to support this participation in an accessible and appropriate format. Services should be sensitive to the individual needs and

aspirations of every child and young person taking full account of their race / ethnicity, culture, language, gender, sexual orientation and ability.

## **Participative**

Whatever their circumstances or difficulties, the concept of partnership between the State and the family, in situations where families are in need of assistance in bringing up their children, lies at the heart of child care legislation. Working with family members is not an end in itself, the objective must always be to safeguard and promote the welfare of the child, The child, therefore, must be kept in focus.

Family involvement in the assessment process provides:

- A more transparent and accountable relationship with the family;
- A more focused approach to assessment
- Increased consultation with the family
- Increased recording of the views of family members;
- A forum to discuss issues where parents and professionals disagree.

Social Workers recognise that the increased involvement of families in the assessment process improves the quality of their assessments.

Developing a working relationship with children and family members will not always be easy to achieve and can be difficult especially when there have been concerns about harm to the child. However resistant the family or difficult the circumstances, it remains important to continue to try to find ways of engaging the family in the assessment process. The quality of the early or initial contact will affect later working relationships and the ability of professionals to secure an agreed understanding of what is happening and to provide help.

*Framework for the Assessment of Children in Need and their Families para 1.47*

## **Child centred**

The child is seen and kept in focus throughout the process and account is always taken of the child's perspective.

If the process of assessment is to be child centred, an understanding of what is happening 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 assessment, as well as recognising their rights to be involved and consulted about matters which affect their lives.

*Framework for the Assessment of Children in Need and their Families para 3.41*

### **Co-ordinated**

The assessed needs of each individual child should be the focus for service delivery with services to children and families being co-ordinated so the child and family do not experience multiple assessments and planning.

A key principle of the Assessment Framework is that children's needs and their families circumstances will require inter-agency collaboration to ensure full understanding of what is happening and to ensure an effective service response.

Framework for the Assessment of Children in need and their Families para. 5.1

### **Equitable and non-discrimatory**

Children and families should have access to, and be enabled to participate in, services which they need in a way which respects diversity and their individual needs. It means understanding and working sensitively and knowledgeably with diversity to identify the particular issues for a child and his/her family, taking account of experiences and family contact.

### **Evidence based**

Access to services should be determined by an assessment of need and delivery of services planned and subject to regular review. It is essential that practitioners and their managers ensure that practice and its supervision are grounded in the most up to date knowledge and research evidence and that they make use of the resources described in the practice guidance as well as other critical materials.

## **5 Contacts and Referrals**

### **5.1 Introduction**

- 5.1.1 The families referred to or seeking help from Children's Social Care will have differing levels of need. Many will be helped by advice or practical services or short term intervention. A smaller proportion will have problems of such complexity and seriousness that they require more detailed assessment, involving other agencies in that process, leading to appropriate plans and intervention.
- 5.1.2 For cases that are open to the long term teams (i.e. Under 11's, Over 11's and the Disabled Children's Team), any new contacts or referrals regarding these cases should be passed directly to the relevant team.
- 5.1.3 For children and young people who were previously open to one of the long term teams within the previous 3 months, any new contacts or referrals on these children should be passed directly to the relevant team.

### **5.2 Contacts**

- 5.2.1 Not all initial contacts will lead to a referral. For example a request for information or advice that is dealt with and does not require any follow up action is not a referral.
- 5.2.2 A contact will normally be:
- Notifications from other agencies.
  - A request for general information, advice or assistance (eg childminding list; benefits query, notification of intention to undertake a Statement of Educational Needs).
  - Offering a service (eg prospective foster carer).
  - Recording significant information on an already open case where assessments are ongoing.
- 5.2.3 Signposting where the request is for a service that Children's Social Care do not provide. Clarification of an issue to see if a Referral is appropriate.
- 5.2.4 All contacts (and referrals) on not previously known or on closed cases will be dealt with by the Duty and Assessment Team

- 5.2.5 The Duty and Assessment Team Support Services staff will check Fwi on receipt of a contact or referral to ascertain whether this is an open case. The Contact information (data and content of contact) will be recorded on Fwi by the Support Services staff.
- 5.2.6 Where the contact or referral refers to an open case, this will be passed immediately on to the allocated worker or their supervisor if the worker is absent or not available.
- 5.2.7 It is appropriate for other agencies to contact Children's Social Care for advice about a child or young person in a consultative capacity, rather than making a formal referral. In such cases, the personal details of the child or young person will not always be given to Children's Social Care. These contacts will be recorded in the Consultation Book by the Duty Worker, together with details of any advice given. The Duty Senior will sign these entries off. If the name and personal details of the child are provided, this should be recorded on Fwi.
- 5.2.8 Where it appears that the child or children being discussed might be a 'child in need', the professional will be asked to discuss with the family making a formal referral.
- 5.2.9 The Duty Senior will decide upon any further action. This will be either:
- No further action
  - Progress to information and advice received
  - Progress to referral (for those cases where there is a request for services from Children's Social Care or the Duty Senior's assessment is that the threshold for receiving a service will be met)
  - This decision will be communicated to the referrer in writing usually through sending a feedback notification

5.2.10 **No further action**

The Duty Senior will pass this to the Duty and Assessment Team Support Services staff to input on Fwi.

5.2.11 **Progress to information and advice received**

The Duty Senior will identify what action needs to be undertaken. The Duty Senior will then pass on to the Duty and Assessment Team Support Services staff to input on Fwi as an unallocated contact.

5.2.12 This will then be passed to the Duty Worker to complete the action identified by the Duty Senior.

5.2.13 When the action has been completed, the contact will be passed on to the Duty Senior to decide whether to take no further action or to progress to referral. This decision will be made within one working day. Any uncompleted work on contacts will be allocated at the end of the day to a named worker.

5.2.14 **Progress to referral** see referral process below.

### 5.3 Referrals

5.3.1 A referral is a request for services to be provided by Children's Social Care. Referrals might be made by professionals, members of the public, or be self-referrals. All such referrals should initially be regarded as potential 'children in need'. \*The leaflet 'Accessing Children's Social Care Services' can be provided at this point.

5.3.2 Professionals making a referral to Children's Social Care should use either the multi-agency referral form (MARF) (Adult Services, professionals only) or through submitting an unsigned CAF assessment, subject to the views of the child, or parent or carer, and it being in the best interests of the child.

5.3.3 The exception to this is where a child is suspected to be suffering, or likely to suffer, significant harm. These referrals must be made directly to Children's Social Care and followed up in writing. If this is the case, the Berkshire Local Safeguarding Children Board's Child Protection procedures must be followed. The Duty Senior, or other appropriate manager, should be informed of the referral immediately.

5.3.4 A referral will normally follow from:

- Information received about a child, adult or family which points to the need for further (professional) enquiry or intervention (this will have been already recorded as a contact)

- A request for an assessment / or service where the thresholds for service may be met
- Any significant one-off pieces of work requiring professional knowledge /skills to resolve
- A CAF having been undertaken with a recommendation for referral to Children's Social Care.

5.3.5 There is an expectation that **within one working day** of a referral being received or new information to or from within a social services department about an open case, there will be a decision about what response is required. A referral is defined as a request for services to be provided by the social services department. The response may include no action, but that is itself a decision and should be made promptly and recorded. The referrer should be informed of the decision and its rationale, as well as the parents or care givers and the child, if appropriate. *Framework for the Assessment of Children in Nee and their Families* para 3.8

5.3.6 Wherever possible a decision on the response to referrals will be made within 24 hours of the information being received (i.e. within one working day).

### 5.3.7 **Receiving referral information**

Receiving information will entail establishing the following:

- What the issues/concerns are
- The source of the information (second party/third party etc)
- If any immediate/urgent action is required to safeguard a child
- The details of the child/family/household members
- The details of the referrer
- Whether the parent/carer is aware of the referral
- The involvement of other agencies with the family

5.3.8 The Referral screen on Fwi will be completed by the Duty Senior at the point of referral (i.e. wherever a referral or request for service is made by, or on behalf of, a child or young person). This will act as the Referral and Information Record.

### 5.3.9 **Provision of advice / one-off service**

Referrals may be satisfactorily dealt with through:

- The provision of advice
  - where this is the case, the case will be closed, The Duty Worker will inform the Duty Senior of the advice or action undertaken. If the Duty Senior is in agreement they will pass to the Duty and Assessment Team Support Services staff to close on Fwi.
- Provision of a one-off service or resource (e.g. one-off financial grant)
  - where this is the case, an Initial Assessment must be completed prior to the one off service being provided and the case being closed.

### 5.3.10 **Further Action**

If at the end of this process, the matter cannot be satisfactorily dealt with without:

- More detailed knowledge of the child's general development (including Health, Education, Family and Social Relationships etc)
- More information about the parenting capacity of the child's carers
- More information about the ecological factors causing stress and strains on the family
- additional information and analysis of the concerns
- further assessment of the child's views
- referral to other specialist provisions which require more detailed information from the referrer

then an Initial Assessment will be undertaken.

5.3.11 The referral should be passed to the Duty Senior with a view to allocation for an Initial Assessment.

5.3.12 All referrals that require an assessment in order to ascertain whether the child/ren are 'children in need' will be allocated to the named Duty Worker for the completion of the Initial Assessment within 10 working days.

### 5.3.13 **Child Protection Enquiries**

Where it is suspected that a child is suffering, or likely to suffer, significant harm, these referrals must be discussed with the Duty Senior

immediately to decide whether enquiries under Section 47 of the Children Act 1989 should begin. If this is the case, the Duty Senior will allocate these cases on FWI immediately for the Section 47 enquiries to be completed. The Berkshire Local Safeguarding Children's Board Child Protection Procedures must be followed.

5.3.14 Where Section 47 enquiries begin, the Initial Assessment will be seen as being completed at that point and a Core Assessment will begin, This information will be inputted onto FWI by the Duty and Assessment Team Support Services Staff.

#### 5.3.15 **Private Fostering Notification**

When notification regarding a proposed or actual private fostering arrangement is received, this will be passed to the Family Placement Team for an assessment of the private fostering arrangements. The Duty and Assessment Team is responsible for undertaking an Initial Assessment in relation to the child who is being privately fostered if this is a new case. For children and young people already allocated in the long-term teams who become privately fostered, the allocated worker will undertake the necessary assessments. \*see Policy Procedures & Practice for Private Fostering.

#### 5.3.16 **Fostering Referrals**

Expressions of interest or enquiries received regarding people wishing to become foster carers will be passed to the Family Placement Team Duty Worker.

5.3.17 **In-Family Adoption** Enquiries received regarding in-Family adoptions will be passed to the Family Placement Team Duty worker.

5.3.18 **Adoption** Enquiries received regarding Adoption will be passed to the Family Placement Duty worker.

### 5.3.19 **Special Guardianship**

Expressions of interest or notifications received regarding people wishing to become special guardians will be passed to the Family Placement Duty Worker.

### 5.3.20 **Requests for Occupational Therapy (OT) Support**

The Duty and Assessment Team worker will speak to the parents and professionals covering all issues raised in guidance prepared by the Disabled Children's Team<sup>3</sup>An Initial Assessment will be completed for referrals requesting an OT service, but the child or family will not need to be seen as the Occupational Therapist will subsequently be visiting to assess the child. The purpose of this Initial Assessment is to gather sufficient information to enable the prioritisation of the OT service and to identify any other needs that may require additional services.

### 5.3.21 **Re-referrals**

Where a child or young person is re-referred within 12 months of the previous referral, it is sometimes appropriate for the Duty Senior to arrange a Child In Need Planning Meeting, include family members and professionals, in order to review the supports and services in place for the family for cases which:

- an Initial Assessment was completed within 6 months of the current referral date, and no services were provided by Children's Social Care; and
- the current presenting issues are similar to the previous referral

5.3.22 Cases referred, which have been closed for less than 3 months by a long-term team, will be passed directly to the long-term team for recording the contact, the referral and consideration of any further action. If the case is to be allocated, an Initial Assessment will be undertaken by the allocated worker. This may be a brief piece of work, updating the information and analysis already available to the team, or

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<sup>3</sup> See page 56 of Referral Feedback 5.3.2

may require more in-depth assessment if the referral is about a new issue/need.

## **6 Assessments**

### **6.1 General**

- 6.1.1 Assessment is the first stage in helping a child and their family. Its purpose is to contribute to the understanding necessary for planning and decision-making.
- 6.1.2 Gathering information and making sense of a child and family's situation are key phases in the process of assessment. It is not possible to do this without the knowledge of the family. Families should be given the explanatory leaflet 'A Guide to Assessments for Children & Families'.
- 6.1.3 Assessment is not an end itself. The information gathered should be used to inform the plan most appropriate to the child or young person's needs and circumstances, including decisions about which interventions are the most appropriate for this particular child and family.

6.1.4 Analysis is key to the assessment process:

- a child's needs must be based on knowledge of what would be expected of this child's development;
- parenting capacity should draw on knowledge about what would be reasonable to expect of parental care given to a similar child;
- family and environmental factors should draw on knowledge about the impact these will have on both parenting capacity and directly on a child's development.

6.1.5 Professionals from a number of agencies, but in particular health and education, including schools, are a key source of referral to Children's Social Care of 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 to carry out their assessment functions under the Children Act 1989.

6.1.6 Professionals from agencies most involved with the child and family may request that Children's Social Care undertake an assessment of need which does not appear to reach the social care thresholds but has general support from the agencies involved. If this difference of opinion can not be agreed within the Social Care team, a Senior Manager in Children's Social Care should be consulted.

6.1.7 The Framework for the Assessment of Children in Need and their Families identifies 2 forms of assessment:

### ***Initial Assessment***

This is a brief assessment of a child who has been referred to Children's Social Care with a request that services be provided. An Initial Assessment is deemed to have started either at the point of referral to Children's Social Care or when new information on an open case indicates that an Initial Assessment should be repeated.

### ***Core Assessment***

A Core Assessment is defined as a more in-depth assessment, which addresses the central or most important aspects of the child's needs and the capacity of their parents or caregivers to respond appropriately to those needs within the wider family and community context.

6.1.8 An assessment is not complete unless:

- There is information from family members including the child or young person
- There is a record of the analysis
- An appropriate manager has authorised it.

6.1.9 At the conclusion of an assessment the parent(s)/carer(s) and child (if appropriate) should be informed of the decisions made and be offered the opportunity to record their views, disagreements and to ask for corrections to the recorded information. Agencies that have contributed to the assessment should also be informed of the decisions made.

## **6.2 Assessment Framework Dimensions**

6.2.1 Assessing whether a child is in need and the nature of these needs requires a systematic approach to gather and analyse information

about the child and their family and can discriminate effectively between different types and levels of need.

## 6.3 Initial Assessments

6.3.1 Following a referral, a decision will be made as to whether more detailed information should be gathered in order to make an informed decision about the needs of the child and/or concerns regarding the child's quality of care.

6.3.2 An Initial Assessment is defined as a brief assessment of each child referred to Children's Social Care where there is a request for intervention or for the provision of services.

A decision to gather more information constitutes an Initial Assessment. 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 10 working days but could be very brief depending on the child's circumstances. It should address the dimensions of the Assessment Framework, determining whether the child is in need, the nature of any services required, from where and within what timescales, and whether a further, more detailed core assessment should be undertaken. An initial assessment is deemed to have commenced at the point of referral to the social services department or when new information on an open case indicated an initial assessment should be repeated.

*Framework for the Assessment of Children in Need and their Families para.3.9*

6.3.3 An Initial Assessment is usually the first stage in the assessment process. However, if the referral indicates a level of need that requires more in-depth assessment, then a Core Assessment should start immediately (the trigger to move immediately to begin a Core Assessment would be a request for a child to become looked after, child protection concerns or complex needs). Usually the long-term teams will undertake Core Assessments, other than those undertaken by the Duty and Assessment team, as part of S47 enquiries.

- 6.3.4 Not all cases are progressed to assessment will continue through to the full completion of an Initial Assessment. For example, the collection of further information may mean there is no need to continue with the case. These cases should be closed by the Duty Senior. The referrer and family should be informed of the decision, with reasons.
- 6.3.5 All Initial Assessments will be allocated a named worker by the Duty Senior. This ensures that there is a named worker responsible for completing the Initial Assessment. The Duty Senior will notify the Duty and Assessment Team Support Services staff to input on Fwi as an allocated case. Where appropriate, the Initial Assessment will be undertaken jointly with a worker from the DCT or FAST, but the Duty Worker retains responsibility for completing the assessment.
- 6.3.6 The Initial Assessment should be completed **within 10 working days** from the point of the referral. The Initial Assessment will address the dimensions of the Assessment Framework determining:
- Whether the child is in need;
  - The nature of services required;
  - From where and within what timescales these services are to be provided;
  - Whether a more detailed **Core Assessment** should be carried out.
- 6.3.7 The process of assessment consists of 5 stages:
- Planning
  - Information gathering, including the use of Assessment Tools (see Section 6.6)
  - Reflection and Analysis
  - Professional judgement
  - Decision making

6.3.8 Gathering information requires careful planning. However difficult the circumstances, the **purpose** of assessing the particular child and the family should always be kept in mind and the impact of the process on the child and family considered. It has to be remembered that

- The aim is to clarify and identify the needs of the child
- The process of assessment should be helpful and as unobtrusive to the child and family as possible;
- Families do not want to be subjected to repeated assessments by different agencies;
- If, during the assessment, the child's safety is or becomes a concern, it must be secured before proceeding with the assessment.

6.3.9 The parent or carer should consent to the assessment and also to information being requested and shared with other agencies. This consent should be recorded on the appropriate referral forms. If the child/young person is of sufficient age and understanding, their consent should also be obtained.

6.3.10 Personal information about children and families held by professionals and agencies is subject to a legal duty of confidence and should not normally be disclosed without the consent of the subject. However, the law permits the disclosure of confidential information if it is necessary to safeguard a child or children in the public interest; that is, the public interest in child protection may override the public interest in maintaining confidentiality. Disclosure should be justifiable in each case, according to the particular facts of the case, and legal advice should be sought in cases of doubt.

6.3.11 The child **must** be seen as part of the Initial Assessment. This includes observation and talking with the child in an age appropriate manner, unless there are clear reasons for this exception that are recorded and authorised by a manager, eg a core assessment is to be started, the child will be seen as part of the OT assessment, s47 enquiries are being commenced.

6.3.12 Depending in the child's circumstances, an Initial Assessment may include some or all of the following:

- Interviews with the child and family members, where appropriate;
- With the consent of the family the involvement of other agencies in gathering and providing information as appropriate;
- Consultation with supervisor/manager; Record of initial analysis;
- Decisions on further action/no action; Informing other agencies of the decisions;
- Completion of a Genogram on a word document and uploaded to Open Text.

### 6.3.13 **Completing the Initial Assessment Record**

The Initial Assessment Record should be completed within a maximum of 10 working days from the date of the referral, but could be very brief depending on the child's circumstances. In completing the initial assessment, if it is known that a core assessment will be required, social work staff should make a professional judgment about whether it is necessary to complete all sections before beginning a core assessment. The fact that a decision is made to carry out a Core Assessment should not prevent a child and family receiving the services that are necessary to support them. The Initial Assessment Record should be shared with the child as appropriate and parents, unless to do so would place the child at risk of significant harm. If the family are in agreement, a copy of the Initial Assessment Record should be passed to other agencies who contributed to or who referred the family.

#### 6.3.14 **Outcomes of Initial Assessments**

These will include one or more of the following courses of action:

- No further action to be taken (child is not 'in need')
- Referral on to the appropriate agency to meet the assessed needs
- Provision of services to address identified needs
- Continue assessment process by undertaking a Core Assessment
- Emergency provision of specific services where needs are significant and urgent.

The Duty Senior will make the decision on what action is to be taken following the completion of the Initial Assessment and record this decision, with reasons.

6.3.15 If no further services are to be provided and the case is to be closed, a copy of the Initial Assessment, a closure letter a privacy notice, and an exit questionnaire should be sent to the family to seek their views on the quality of the service provided by the Duty and Assessment Team.

### 6.3.16 Standards for Initial Assessments

- All cases requiring an Initial Assessment will be allocated to a named worker and this will be recorded on Fwi.
- Initial Assessments will be completed within 10 working days of the referral
- Consent to contact other agencies and to share information will always be obtained, unless consent is not sought under child protection procedures
- The Initial Assessment will include:
  - Face to face contact with the child (or an explanation as to why the child was not seen)
  - Interviews with the child and family as appropriate
  - Involvement of at least one other agency in gathering information
  - Discussion of the presenting problem
  - Identification of the child's needs
  - Summary of strengths/risks/concerns
  - Recommendations regarding future actions/options available
- Initial Assessments will be signed by the Duty Worker and their supervisor. The family will be sent a copy of the Initial Assessment and given an opportunity to comment on this
- The outcome of the Initial Assessment should be provided in writing to the referrer
- Except in an emergency, no services will be provided without a prior assessment of need.

## 6.4 Core Assessments

6.4.1 Not all children assessed as being 'children in need' will require a Core Assessment. The information provided by the Initial Assessment will often be sufficient to identify the needs and obtain the correct service/s to meet these needs.

6.4.2 In those cases where a more in depth assessment is required of the child's needs and of the capacity of the child's parents/care givers to meet these needs within the wider family and community context, a Core Assessment will be undertaken. The decision to begin a Core Assessment will be based upon:

- The level of needs and/or risk requiring additional information/enquiries to be made
- The complexity of needs
- Any previous involvement with Children's Social Care
- The risk of family breakdown

The following children will always have a Core Assessment undertaken:

- Where s47 enquiries are being made
- Where the child is looked after or this is being requested, including those children receiving short-break care
- Where public law proceedings are being considered

6.4.3 Core Assessments will generally be undertaken by the long-term teams (ie the Under 11s Team, the Over 11s Team and the Disabled Children's Team). The exception will be those Core Assessments undertaken by the Duty and Assessment team as part of Section 47 enquiries.

6.4.4 The Core Assessment is led by Children's Social Care, but it will invariably involve other agencies or independent professionals who will either provide information about the family or contribute specialist knowledge or advice.

6.4.5 As part of the preparation for the Core Assessment, consideration should be given to the following:

- 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 had lead responsibility;
- How the child and family members will be involved in the assessment process;
- Which professional has 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 is shared across professional boundaries and within agencies, and be recorded;
- Which professional will have responsibility for taking forward the plan when it is agreed.

6.4.6 Core Assessments will be completed within 35 working days from completion of the Initial Assessment or the Strategy Discussion where it has been decided to initiate enquiries under Section 47 of the Children Act 1989. In other cases where a Core Assessment is necessary, it will be completed within 35 working days from the decision to commence a Core Assessment.

6.4.7 The purpose of the Core Assessment is

- To gain an understanding of the child's developmental needs and the parents'/carers' capacity to respond
- To provide an analysis of findings, to inform planning, case objectives and the nature of service provision

#### 6.4.8 **Core Assessment Record**

A Core Assessment Record provides a structured, in-depth assessment of the child's needs where their circumstances are complex. The Core Assessment record provides a structured framework for Social Workers to record information gathered from a variety of sources to provide evidence for their professional judgements, and facilitate analysis, including risk analysis, decision-making and planning. A completed Core Assessment Record is then used to develop the child's plan.

6.4.9 When a child becomes look after, an up to date core assessment is required. It is used to inform the child's Care Plan. A Core Assessment continues the process of collecting information necessary to monitor the progress of children and young people who remain looked after. For children and young people who remain looked after for longer periods, further assessments will be recorded using the Assessment and Progress Record. The Core Assessment Records are aligned with the Assessment and Progress Records to support a continuous process of monitoring a child's development.

6.4.10 The Core Assessment Record is a recording tool and requires the skills, knowledge and professional judgement of social workers to use it effectively. It should not be used as a questionnaire with children and families; its purpose is to support social workers in recording and analysing information gathered during an assessment. This should enhance the quality of decision-making and plans for children in need.

6.4.11 Assessment tools are available on the Intranet to use with core assessments. All core assessments must use tools or research evidence to inform the assessment and analysis.

#### 6.4.12 **Completing the Core Assessment Record**

It is important to remember that the purpose of the core assessment is to inform future planning. The focus should be on the analysis and therefore recording on the form should be as concise as is possible, summarising the information obtained.

- 6.4.13 The assessment should be as helpful and non-intrusive as possible. The purpose of the assessment will dictate the amount of information gathered and this should be proportionate to the level of need of the child. The length of the assessment will vary too, however, there should always be enough information and analysis to make sense of the child's situation, and inform decisions and plans about how best to meet the needs of the child.
- 6.4.14 The Core Assessment Record recognises that in order to obtain a clear understanding of the inter-relationship between a child's needs, parents' capacities and the impact of family and environmental factors, it is necessary to collect and analyse information obtained from a variety of sources, using a number of different methods. The domains and dimensions of the Assessment Framework provide the structure for the Core Assessment Records and are intended to assist social workers in collating and recording information.
- 6.4.15 Social workers should show the Core Assessment Record to parents prior to doing the assessment and discuss the assessment process with them (the leaflet 'A Guide to Assessments for Children and Their Families' can be given at this point). At the completion of the assessment, parents should be given a copy of the Core Assessment Record and the Child's Plan or Care Plan, unless by doing so the child's safety would be placed at risk. Decisions not to share a record with a particular person should be recorded.

#### 6.4.16 Standards for Core assessments

- All cases requiring a Core Assessment will be allocated to a named worker and this will be recorded on FWI
- Core Assessments will be completed within 45 working days of the decision to begin the Core Assessment
- Consent to contact other agencies and to share information will always be obtained, unless consent is not sought under child protection procedures
- The Core Assessment will include:
  - Face to face contact with the child
  - Interviews with the child, their carers and family members as appropriate involvement of at least one other agency in gathering information
  - Discussion of the presenting problem
  - A chronology
  - Identification of the child's needs
  - Summary of strengths/risks/concerns
  - Recommendations regarding future actions and services required, and how these might be provided
- Core Assessments will be signed by the allocated worker and their supervisor. The family will be sent a copy of the Core Assessment Record and given an opportunity to discuss and comment on it, and to sign it.
- Core Assessments should make reference to current research evidence where applicable
- All looked after children and all children subject to section 47 enquiries will have a core assessment

## 6.5 Chronology

- 6.5.1 The Chronology records all significant events and changes in the life of a child or young person. The Chronology is an analytical tool designed to help social workers understand the impact, both immediate

and cumulative, of events and changes on the child or young person. The Chronology will replace the Essential Information Record Part Two from the Looking After Children system.

- 6.5.2 The Chronology can enable the social worker to gain family members' perspectives on particular events and develop an understanding of their impact on individuals in the family.
- 6.5.3 The Chronology should draw on various sources of information such as previous social work files and information from other agencies. However, a key source of information is the family itself. Therefore the social worker should involve the child and his or her family in the process of completing the Chronology to ensure accuracy of information. The involvement of family members provides an opportunity to check the accuracy of information, and it can enable the social worker to gain family members' perspectives on particular events and develop an understanding of their impact on individuals in the family.
- 6.5.4 Information about children and young people is recorded under the following headings:
- previous social services activity;
  - the child's health history;
  - education, training and employment history
  - changes in the child's or young person's legal status;
  - placement history of a looked after child;
  - history of any offences; and
  - significant events and changes in the circumstances of the child and family.
- 6.5.5 The process of gathering information about significant events and changes can *in itself* assist a parent in recognising, patterns and cycles in the family life, possibly for the first time, which may have caused the family problems or difficulties. It should record positive events and impacts, and can help identify strengths and constructive periods.

- 6.5.6 A Chronology should be started as part of the process of completing an Initial Assessment, and be updated during the period of Children's Social Care's involvement with the child or young person.
- 6.5.7 The primary function of a Chronology is to record and organise factual information. It is also used to record the social worker's assessment of the impact of events on the child or young person. For some children the impact of events will be evident at the time of the event or change, but for others the impact may not be known and should be recorded later when it becomes apparent.
- 6.5.8 Chronologies should be completed in WORD and stored on Opentext. The ICS Chronological View can be used to assist with completion of Word chronologies.

## 6.6 Assessment Tools

(Hard copies of these are available in Time Square from Team Managers. These are also available in Assessment Tools on BORIS).

- 6.6.1 The Assessment Framework materials include a number of questionnaires and scales that can be used by social workers and other staff when assessing children and their families.
- 6.6.2 **The Strengths and Difficulties Questionnaires** are a modification of the very widely used instruments to screen for emotional and behavioural problems in children and adolescents.
- 6.6.3 **The Parenting Daily Hassles Scale** aims to assess the frequency and intensity/impact of 20 potential parenting 'daily' hassles experienced by adults caring for children.
- 6.6.4 **Home Conditions Scale** addresses various aspects of the home environment (for example, smell, state of surfaces in house, floors).

- 6.6.5 **Adult Wellbeing Scale** looks at how an adult is feeling in terms of depression, anxiety and irritability.
- 6.6.6 **The Adolescent Wellbeing Scale** involves 18 questions each relating to different aspects of a child or adolescent's life, and how they feel about these.
- 6.6.7 **The Recent Life Events Questionnaire** focuses on recent life events (ie those occurring in the last 12 months).
- 6.6.8 **The Alcohol Scale** focuses not on the amount of alcohol consumed, but how it impacts on the individual and, more particularly, on their role as parent.

## 6.7 Specialist Assessments

- 6.7.1 Specialist assessments are sometimes required to supplement the information and analysis obtained through the Core Assessment process.

In order to arrive at well-balanced judgements about the needs of children, practitioners and their managers may benefit from the expertise and experience of professionals in other disciplines. These professionals can act as consultants or advisers to assist and contribute to the assessment processes, which includes analysis of information gathered. This type of input may be as useful to the assessment as the commissioning of specialist assessments. Specialist assessments from a range of professionals may be commissioned to provide specific understanding about an aspect of the child's development, parental strengths and difficulties or the family's functioning. The timing of these and their particular contribution to the analysis of the child's needs and the plan of intervention will require careful consideration.

*Framework for the Assessment of Children in Need and their Families* para 4.18 & 6.18-22

6.7.2 Specific, in-depth assessments on particular aspects of the child and family's circumstances might be required. These specialist assessments might include:

- Parenting assessments
- OT assessments
- Paediatric assessments
- Psychological or psychiatric assessments of the child or of the parents.

6.7.3 Areas where social workers may seek additional information, consultation or special services include those families where there is parental mental health, parental substance misuse, domestic violence, and parental learning disability. The effects of these on children are likely to be complex and require a careful and thorough assessment.

6.7.4 Families in these circumstances are likely to benefit from collaboration between Children's and Adult Services. Protocols and guidance documents are in place to assist in this: Community Mental Health Team and Children's Services Inter-Agency Policy; Substance Misuse Protocol; Domestic Abuse Multi-Agency Protocol.

## **7 Duty and Assessment Team Family Group Conference Referrals**

7.1 There will be a small minority of cases where the Initial Assessment might indicate there is no continuing role for Children's Social Care, but that additional supports (either from within the family network or from other agencies) would enable the family to manage and would also prevent further referral to Children's Social Care.

7.2 In these cases the Duty and Assessment Team is able to make a referral for a Family Group Conference, as a one off piece of work, as a structured way for a family to identify additional supports. When the referral is made and passed to the Family Group Conference Development Workers there will be no further input from the referrer (it the Duty and Assessment Team worker).

- 7.3 Such referrals will give the family the opportunity to explore their own resources and to work with those agencies that are currently involved with the family (eg universal services).
- 7.4 An independent Family Group Conference Co-ordinator will be commissioned to work with the family network and any identified professionals to facilitate the Family Group Conference.
- 7.5 Once the Family Group Conference has been held, any plans and decisions made will be reviewed by the family network and any professionals directly.
- 7.6 The FGC development worker will pass the plan to the children's social care admin team who will create a new contact (information only) and ensure plan is scanned onto the ESCR. **Also see Section 10**

## 8 Case Responsibility and Transfer

- 8.1 The Duty and Assessment Team acts as an initial point of contact for all new referrals to Children's Social Care. However, if a case has been previously open to a long-term team and was closed within 3 months of the date of the referral being made, the referral will be passed to the long-term team to undertake.
- 8.2 The Duty and Assessment Team is responsible for completing Initial Assessments for new referrals where it is believed that a child might be 'in need'.
- 8.3 Following completion of an Initial Assessment, all cases that require services will transfer from the Duty and Assessment Team to the relevant longer-term team (ie either the Under 11s Team, the Over 11s Team or the Disabled Children Team).
- 8.4 Exceptionally, where it appears that by a time limited piece of work, the case can be closed within 4 weeks of the completion of the assessment, the Duty and Assessment Team may keep the case in short term services order to achieve this and avoid unnecessary case transfer.
- 8.5 Children in Need cases  
Children in Need cases will not remain in the Duty and Assessment Team for longer than 4 weeks from the point of referral.

- 8.6 Team Managers will hold weekly transfer discussions to discuss those cases that will be transferred from the Duty and Assessment Team.
- 8.7 If it is not possible for a manager from a longer-term team to attend the Transfer discussion, this should not delay the process. Agreement for cases to transfer can be made in a manager's absence, normally with the assistant team manager.
- 8.8 Case transfer decisions will not be dependent on the availability of a worker, but flexibility will be used in the best interests of the child. Some cases may be fast-tracked from Duty for a core assessment or court report to be completed.
- 8.9 For a case to transfer, details of the case should be sent to the long term team one day prior to the transfer meeting for the manager to read and make decisions about allocation.
- 8.10 There is an expectation that the case record will be up to date at the transfer discussion
- 8.11 Where cases are transferred, the team holding the case is responsible for entering details of the transfer on Fwi. Where there are no details of a named worker for case allocation, then the details of a nominated manager within the long-term team will be entered.
- 8.12 The team holding the case will be responsible for arranging a Child in Need Planning Meeting.
- 8.13 Child Protection cases  
If the Duty and Assessment Team has begun Section 47 enquiries, the case will transfer to the relevant long-term team at either the Initial Child Protection Conference or the completion of a Core Assessment (if there is no Child Protection Conference). The Duty and Assessment Team Manager must inform the receiving Team Manager of the date and time of the Child Protection Conference as soon as this is known, to facilitate their attendance and prior identification of the future key worker.
- 8.14 Looked After Children cases  
If a child has become accommodated (Children Act 1989 Section 20) the case will be transferred at the initial planning meeting, which will be held prior to

admission if it is a planned admission, otherwise within a maximum of 5 working days of the child becoming looked after.

- 8.15 Cases subject to emergency court action followed by no further legal action, will transfer in accordance with their subsequent status. For example, if the case is taken to an Initial Child Protection Conference, then transfer will take place at this point.
- 8.16 For cases that are the subject of care proceedings, the allocated Duty and Assessment Team worker will complete the initial statement for court. A case transfer discussion will be held prior to the first hearing. The Team Manager and social worker from the relevant long-term team will consult with the Duty and Assessment Team worker to clarify the interim Care Plan for the child and agree who will complete this for the court. The Team Manager from the relevant long-term team will identify a worker to attend court and continue case responsibility (the Duty and Assessment Team worker will be required to attend court.)
- 8.17 Standards for case transfers
- Accountability for cases will be clear at all times. The allocated worker or team will be recorded on Fwi
  - Parents, children and carers, and referrers where relevant, will be kept informed of case transfer arrangements
  - Cases will transfer at a multi-agency child in need planning meeting. In exceptional circumstances a joint home visit by the case holding social worker and the social worker who the case will be transferred to, will best meet the needs of the family and these cases will transfer following the home visit without a full multi-agency meeting being held.
  - Case records transferred from the Duty and Assessment Team will be up to date and will be authorised by a manager. Information on FWI will be up to date.
  - The initial assessment or letter informing the family of the outcome of S47 enquiries will be sent to the family prior to the transfer planning meeting or initial child protection conference with a fair processing (or privacy) notification.

## 9 Planning and Decision Making

### 9.1 Introduction

- 9.1.1 Following an assessment that a child is a child 'in need', and that Children's Social Care's continuing involvement is required, arrangements will be made for family support services to be made available to the child/ren and their family.
- 9.1.2 It is important to recognise that it will be necessary at times to move from the Child in Need process into the Child Protection or Looked After systems. Similarly, the Child in Need process should be utilised when moving from the Child Protection and Looked After System.
- 9.1.3 The impact of interventions in achieving better outcomes for children or young people and families is dependent upon effective planning which is in turn informed by good quality assessments. Information from research and the findings of audit and inspection have all highlighted the challenges that planning can present for those working with children and families.
- 9.1.4 Children and young people and families should be involved as much as possible at all stages in the planning process. It is important that the child or young person (in keeping with age and understanding) and family members are consulted about the content of the plan, helped to identify the actions and services required and participate in discussions about the way in which they are to be provided. The plan should not be seen as a plan for professionals only, but should identify the actions required by the child or young person's identified developmental needs.
- 9.1.5 All children and young people receive services from a number of different agencies from birth, in particular health education. All agencies working with a child or young person should be involved in the development of the plan. In some cases one or more agency may already have a plan in place for their work with a child or young person, for example, a Statement of Special Educational Needs. Agencies working with a child or young person should ensure that

planned interventions are co-ordinated in a manner which will support the child or young person and family in achieving planned outcomes.

#### 9.1.6 **Initial Plan**

The Initial Plan is intended to address immediate or short-term assessed needs.

#### 9.1.7 A child or young person should have an Initial Plan:

- where services are to be provided as a result of an Initial Assessment and a Core Assessment is not necessary
- where services and actions are being provided whilst a Core Assessment is being carried out

#### 9.1.8 **The Child's Plan**

A Child in Need Plan is known in the Integrated Children's System as a Child's Plan.

#### 9.1.9 The Child's Plan is designed for use with all children in need who are not looked after or leaving care

#### 9.1.10 A child's Plan is completed following a Core Assessment or becoming subject to a Protection Plan. It is informed by this assessment and should identify how the following will be addressed:

- the identified developmental ends of the child or young person
- attributes which impact on parents' and carers' capacities to respond to the needs of the child or young person, drawing on their strengths and areas of competence whilst recognising difficulties
- wider family and environmental factors which may have an impact on the child or young person and family, drawing on strengths in the wider family and community as well as identifying difficulties

9.1.11 The plan should be specific about the actions to be taken, identify who is responsible for each action, and any services or resources that will be required to ensure that the planned outcomes can be achieved within the agreed time-scales.

#### 9.1.12 Key features

- *Type of plan*
- *Overall aim and timescale for the plan*  
This sets out the overall objective that the individual actions detailed in the plan are intended to contribute to.
- *Actions and services*  
The plans should include actions to be provided by family members and may include actions to be undertaken by the child or young person. Any action and service provided by another agency or organisation should be discussed and agreed with the agency or organisation concerned before it is included in the Child's Plan.
- *View of all parties*  
All parties including the child or young person, if appropriate, should sign the completed plan and provide with a copy.
- *Date for plan to be reviewed*  
It is important that the Child's Plan is reviewed at regular intervals to monitor the impact of actions and services and to evaluate progress towards the overall aim of the plan. (See section 11.)
- *Child/young person's comments*
- *Parent(s)/main carer(s) comments*  
The proposed plan should be discussed with the child or young person and their parent(s)/main carer(s), who should be encouraged to give their views on its contents and whether they think that it will achieve the overall aim of the plan.

#### 9.1.13 **Standards for planning**

The Child's Plan will:

- be developed from an up to date assessment
- involve children and young people, and families
- be responsive to changes in a child and young person's needs or circumstances
- involve service providers from all relevant agencies/organisations
- enable social workers and managers to identify specific and measurable outcomes for the child and young person
- enable social workers and managers to evaluate the impact of actions taken and services provided
- identify contingencies.

## 9.2 Child in Need Planning Meetings

(for children who are not looked after or subject to a protection plan)

- 9.2.1 The purpose of Child in Need Planning Meetings is to provide a structure for the decision-making related to the provision of services to children and their families. Child in Need Planning Meetings will seek to build on strengths of families and communities and will promote participation in order to give children and their families an active role in seeking solutions to problems and identifying help they might see as helpful.
- 9.2.2 It is important to note the key role of the family in identifying issues and ways to address these.
- 9.2.3 Child in Need Planning Meetings are a key way in which services are planned, co-ordinated and reviewed, following an assessment that child/ren and their family require Planning services to meet identified needs. They provide a multi-agency forum for considering the priority needs of children and their families and take into account the wishes and feelings of the child and parents.
- 9.2.4 In every case where a decision has been made by Children's Social Care to provide services following an Initial Assessment via a Child in Need Plan or to carry out a Core Assessment and then to develop a Plan, a Child in Need Planning Meeting will be convened to make the necessary arrangements. If the criteria for a Child in Need Planning Meeting are met, then consideration should also be given to offering the family the option of a Family Group Conference.
- 9.2.5 Child in Need Planning Meetings also provide an opportunity for family members and professional staff to discuss the purpose and the process for completing the Core Assessment and agree what will happen afterwards.

9.2.6 Child in Need Planning Meetings should have a clear focus on decision-making (as opposed to concentrating on information sharing), and will follow a Signs of Safety approach<sup>4</sup>. Appropriate outcome focused plans should be made to meet identified needs.

9.2.7 Expected outcomes from Child in Need Planning Meetings will include:

- arrangements for completing/updating a Core Assessment with the family to identify the child's needs where this is needed;
- the development of a working plan to safeguard and promote the welfare of the child and identify the people who are to implement the plan;
- reviewing the effectiveness of actions and services against intended outcomes for the child

### 9.2.8 **Involvement of the child**

The involvement and participation of children should always be considered. Decisions regarding attendance should be based on his/her maturity and what is in his/her best interests.

9.2.9 In all circumstances the views and wishes of all children old enough to express their views and wishes should be ascertained using whatever medium is most appropriate.

9.2.10 If the family are unable to speak English the other participants should decide whether a meeting should take place in the family's absence or if the meeting should be rearranged so that the family are able to attend.

9.2.11 If a meeting does take place without the family being present, this should be considered a professionals meeting. This meeting should follow the same format as a Child in Need Planning Meeting and a copy of the record of the meeting must be given to the family.

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<sup>4</sup> Signs of Safety is an innovative strengths based, safety-organised approach to child in need and child protection casework

## 9.2.12 Practical arrangements for Child in Need Planning Meetings

Teams remain responsible for making all the necessary arrangements for holding Child in Need Planning Meetings including:

- identifying who should attend and notifying all concerned;
- preparing children/young people and others who may attend;
- choosing a venue (if not the family home);
- identifying a chairperson;
- recording decisions, actions and disagreements;
- ensuring that all concerned are aware of the above arrangements.

## 9.2.13 **The Chairperson**

The role of the chairperson in any meeting is vital to ensure the integrity, rigour and fairness of the meeting. The chair must:

- facilitate the exchange of information and the inclusion of all those attending the meeting
- facilitate the participation of parents, carers, children and young people
- ensure the meeting follows the agenda and that the meeting keeps to time
- help members to interpret the information and focus on the relevant issues
- manage any conflict and facilitate discussion of opposing views
- encourage clear, jargon free communication and challenge the evidential base of any judgements given
- summarise regularly to ensure all involved are aware of what is happening

9.2.14 The chair should have an understanding of child in need issues and knowledge of the child protection procedures. The Chair of Child in Need Planning Meetings will be either a Team Manager or Assistant Team Manager.

## 9.2.15 **Attendance**

Parents/carers and young people of sufficient age and understanding should be encouraged to attend and be engaged in the child in need process by the agency convening the meeting who will discuss the issues with them, provide written information and prepare the family for the meeting. Parents and young people should be offered the chance to put their views in writing.

9.2.16 Representatives from Health and Education who have contact with the child will be invited to the meetings, together with any other agency working directly with the family or who may be able to offer a service to the family.

9.2.17 The Child in Need Planning Meeting should be held at a time and place that maximises the ability of the family to participate in a meaningful way.

#### 9.2.18 **Venue**

Ideally the venue should be familiar to the family and able to provide comfortable, family friendly surroundings.

9.2.19 Consideration should be given to the accessibility of the venue for people with a disability or who are dependent on public transport.

#### 9.2.20 **Supporters**

A positive partnership between parents and agencies is a fundamental principle underpinning the successful promotion of children's welfare and the protection of children. However, parents may need independent support, information and advice to be able to participate fully in the system processes from an informed position particularly where there is a divergence of views.

9.2.21 Accommodation should be made in meetings for parents/carers and children to be accompanied by a supporter.

#### 9.2.22 **Issues to be covered in Child in Need Planning Meetings**

The list of issues to be addressed in Child in Need Planning Meetings is drawn from the Assessment Framework and will include some or all of the following:

- issues arising out of the assessment process (ie the Initial Assessment and any other relevant material to be included in the Core Assessment if one is required)

- previous departmental and other agency involvement with the family and family background
- child's developmental needs (each child of the family/household should be considered individually)
- parents'/carers' capacity to respond appropriately to the child/young person's needs
- family and environmental factors
- child's views
- parent's views
- analysing needs and actions requested to safeguard and promote the child's welfare
- whether any additional protective action should be taken, including consideration of whether the situation fulfils the criteria for holding a Child Protection Conference
- whether a Family Group Conference is required to continue to develop the plans being developed for the child/young person
- arrangements for completing the Core Assessment, if applicable, and developing a Child's Plan
- any specialist assessments required and arrangements for commissioning these (ie who is to do what and when is this to happen)
- interim arrangements/plan, ie actions to be undertaken and services to be provided pending the completion of a Core Assessment
- date of the Planning Group, if needed, and the next Child in Need Planning Meeting.

9.2.23 Decisions will be made where possible on the basis of agreement (reflecting a desire to work in partnership), be based on negotiation (as opposed to imposition), respect family views, make clear tasks and responsibilities (for both the family and agencies) and be subject to review

9.2.24 If no agreement can be reached the record of the meeting should record disagreements and any action proposed.

### 9.2.25 **Recording Actions and Decisions from Child in Need Planning Meetings**

A summary of the issues discussed must be recorded, together with the agreed Initial Plan or Child's Plan. The word processed Signs of Safety plan and record of the meeting must be sent to everyone who was invited to the meeting.

9.2.26 The aim of a Child in Need Plan is to:

- promote the child's health and development and establish safeguards
- provided it is in the best interests of the child, to support the family and wider family members to promote the welfare of their child

9.2.27 The development of plans should always follow an assessment of a child or young person's developmental needs, parental and/or carer capacity to respond appropriately to those needs and the impact of family and environmental factors on the child or young person and their family. The plan should set out what work needs to be done, why, when and by whom. The plan should:

- involve children or young people and families;
- describe the identified needs of the child, and what therapeutic services are required
- include specific, achievable, child-focused objectives and identify intended outcomes;
- identify the specific actions to be taken within each of the three domains;
- include realistic strategies and specific actions to achieve the objectives;
- involve service providers from all relevant agencies/organisations;
- clearly identify roles and responsibilities of professionals and family members, including the nature and frequency of contact by professionals with children and family members;
- lay down points at which progress will be reviewed, and the means by which progress will be judged;
- set out clearly the roles and responsibilities of those professionals with routine contact with the child;
- enable social workers and managers to identify specific and measurable outcomes;
- establish timescales, costs and contingency arrangements.

9.2.28 Plans should include the following components:

- the objective of the plan, for example to provide and evaluate the efficacy of therapeutic interventions
- what services will be provided by which professional group or designated agency
- the timing and nature of contact between professional workers and the family
- the purpose of services and professional contact
- specific commitments to be met by the family
- specific commitments to be met by the professional workers
- which components of the plan are negotiable in the light of experience and which are not

- what needs to change and the goals to be achieved (for example the child's weight to increase by a specific amount in a particular period, regular and appropriate stimulation for the child in keeping with her or his development and age)
- what is unacceptable care of the child

9.2.29 The plan should take into consideration the wishes and feelings of the child, and the views of the parents. The key worker should make every effort to ensure that the children and parents have a clear understanding of the objectives of the plan, that they accept it and are willing to work to it.

9.2.30 If the family do not speak English, the plan should be constructed with the family in their first language and they should receive a written copy in their first language. If family members' preferences are not accepted about how best to safeguard the child, the reasons for this should be explained. Families should be told about their right to complain and make representations, and how to do so.

9.2.31 In some cases it will be useful or useful or necessary for those professionals most directly involved with the case and family members to meet together between Child in Need Planning Meetings to either further develop the plans made or to review changes in the child's/family's circumstances.

9.2.32 Parents should be clear about any issues, causes of concern, what needs to change and about what is expected of them as part of the plan for promoting and safeguarding the child's welfare. All parties should be clear about their respective roles and responsibilities in implementing the plan.

9.2.33 The social worker is responsible for:

- completing the Core Assessment of the child and family (where necessary), securing contributions from other professionals and family members as necessary
- acting as lead workers for the inter-agency work with the child and family

- co-ordinate the contribution of family members and other agencies to the actions that need to be taken, putting the plan into effect, and reviewing progress against the objectives set out in the plan

9.2.34 It is important that the role of the social worker is fully explained at the initial Child in Need Planning Meeting.

9.2.35 The social worker has the lead responsibility to monitor the progress of the Plan and alert appropriate managers where the plans cannot be progressed and it is necessary to consider alternative action.

9.2.36 Where no social worker is allocated, it is the responsibility of the Team Manager or Assistant Team Manager to oversee the management of the Child in Need Planning Plan and to notify family members and other agencies of this fact.

9.2.37 The responsibilities of other participants are:

- to contribute to the Core Assessment and to continuing assessments (where necessary)
- to carry out agreed tasks in accordance with their own agency functions: if this is not possible the lead worker should be consulted before any plans regarding the child or family are altered
- to provide specialist advice which will inform the plan
- to provide the lead worker with written reports as requested
- to communicate regularly with the key worker about the progress of their own part of the agreed plan
- to inform the lead worker of any change in circumstances relevant to the plan
- to alert the lead worker to the need to convene a Review Child in Need Planning Meeting early
- to help identify unmet need

#### 9.2.38 **Standards for decision-making**

- Decision making should be participative and collaborative
- Decision making should involve family members at all stages
- Decision making should be based on strengths within the family, as well as addressing any deficits or concerns
- Decision making should be on a multi-agency basis
- The decision making process will be recorded as well as the outcomes of that process

## 10 Family Group Conferences

Please see the Policy and Procedures for Family Group Conferences for information regarding the referral process

### 10.1 The Family Group Conference process

Family Group Conferences can be used at any stage and should always be given consideration. For example:

- **Planning** – Family Group Conferences should be considered where there are complex packages of support, including all cases subject to Core Assessment.
- **Child Protection** – A Family Group Conference should be considered at Child Protection Conferences as part of the protection plan
- **Looked After Children** – Family Group Conferences should be considered before placement or as soon as possible afterward. A Family Group Conference should also be considered at first and subsequent LAC Reviews, as appropriate.
- **Leaving Care** – A Family Group Conference should be considered when drawing up and reviewing the Pathway Plan.
- **Court Proceedings** – A child/young person being considered for care proceedings or a court order should not prevent a Family Group Conference taking place.

## 11 Reviews

### 11.1 Introduction

Reviewing the child's progress and the effectiveness of the plan and the services provided and other action taken is a continuous and essential part of the process of working with children and families

### 11.2 Review Child in Need Planning meetings

11.2.1 The first Child in Need Planning Meeting should take place within six months after the initial meeting and thereafter reviewed at least every six months until:

- the child is no longer unlikely to achieve or maintain a reasonable standard of health or development
- the child's health or development is no longer likely to be significantly impaired
- other procedures are followed (eg the child becomes looked after or subject to Child Protection Procedures)

11.2.2 By the time the Review Child in Need Planning Meeting takes place, a Core Assessment (if necessary) and Child's Plan should have been completed and put into action. Both will require continued revision and updating.

11.2.3 All participants are jointly responsible not just for the formulation and implementation of the Plan, refining the Plan as needed, but for monitoring progress against specified intended outcomes in the Plan.

11.2.4 The Review Child in Need Meeting should consider:

- changes in circumstances since the last meeting;
- consideration of the overall aim of the intervention and whether this remains appropriate in light of any progress or development;
- the objectives and actions agreed in the Core Assessment and the extent to which these have been met, including, consideration of any alternative actions or provisions that have been used and any services planned but not yet provided and any work still to be completed;
- any revised priority needs or risks to the child;
- whether the current level and type of service provision is appropriate;
- whether there is sufficient change to the situation to avert cumulative impairment of health or development or of harm becoming serious for the child;
- whether the parent(s)/carer(s) are able to use the services offered and are able to provide adequate parenting;
- the cumulative effect of any repeated minor incidents and persistent deficits in parental care upon the child's health and development.

11.2.5 A record of the meeting together with the new plan will be made and circulated to everyone invited to attend the meeting.

## **12 Case Closure**

12.1.1 The Closure Record summarises the interventions and outcomes under each dimension of the Assessment Framework and the evidence that supports the decision to close a case.

### 12.1.2 A Closure Record will include:

- a summary of the child's identified developmental *needs*, strengths and difficulties
- a summary of Interventions, ie the actions and services provided and
- a summary of *actual outcomes*, ie the progress achieved,
- the reasons for successful outcomes or for non or partial achievement of the planned outcomes, since the referral.
- the *views* of the child, their family (and when appropriate, service providers from relevant agencies), about the decision to close the case.

12.1.3 A Closure Record should be completed on all cases that progress beyond an Initial Assessment. The Closure Record should detail the services and interventions provided to a child or young person and their family since the previous review or assessment and record the reasons for the case being closed, including the plan for the ongoing welfare of the child.

### 12.1.4 Key Features

- **Reasons for Children's Social Care's Involvement**  
This records a brief summary of why services were provided to the child or young person. It may include the reason the child or young person was originally referred to social services, the outcome of assessments in addition to any needs identified during the time that services were provided.
- **Details of social work interventions since assessment/admission/last review**  
This records the dates that the child or young person and other family members were seen. For care leavers up to their 19<sup>th</sup> birthday dates of all contact with the young person, including letter and telephone contact should be recorded.
- **Review of planned actions**  
This section records the outcome of the actions and services contained within the plan for the child or young person, along with the impact of any unplanned services. All services received by the child/young person should be considered, including actions to be taken by the child or young person and their family. The actual level of services received should be recorded.
- **Reasons for closure**  
This records why it has been decided to close the case at this time

- **Views of child/young person**

The plan to close the case should be discussed with the child or young person, prior to closure to enable them to comment on whether they think that closure is appropriate at this time. It may also provide the family with an opportunity to comment on the services they have received.

- **Views of parent(s)/main carer(s)**

The plan to close the case should be discussed with the parent(s)/main carer(s), prior to closure to enable them to comment on whether they think that closure is appropriate at this time. It may also provide the family with an opportunity to comment on the services they have received.

12.1.5 If the case is being closed because a child is moving to another local authority area, and the child has continuing needs, a referral *must* be made to the local authority to which the child is moving, and the date of this referral, and the date of acknowledgement of this referral included in the Closure Record.

12.1.6 No case involving a vulnerable child will be closed until the child and the child's carer have been seen and spoken to, and a plan for promoting and safeguarding of the child's welfare has been agreed.

12.1.7 The decision to close the case will be authorised by the Team Manager or Assistant Team Manager and will normally be made at a Review Child in Need Planning Meeting.

12.1.8 Other agencies involved with the family should be informed of the case being closed and the reasons for this.

12.1.9 An exit questionnaire (feedback form) will be sent to the family by Children's Admin so that the family can provide their views on the quality of the service provided. Feedback form sent and received will be added to case notes in Fwi.

- 12.1.10 In the event of the case being re-opened the Closure Record provides a summary of previous work carried out and its impact on outcomes for the child/young person and their family.
- 12.1.11 The necessary screens on Fwi at case closure, including ending the key worker involvement and team involvement must be completed by the Team Manager or Assistant Team Manager

## 13 Child Protection

- 13.1 Where a child is suspected to be suffering or likely to suffer, significant harm, the local authority is required by Section 47 of the Children's Act 1989 to make enquiries, to enable it to decide whether it should take any action to safeguard and promote the welfare of the child.

13.2 ***The Berkshire Local Safeguarding Children Board's Child Protection procedures must be followed at this time.***

\*The leaflets for parents and for young people which explain child protection enquires should be used so that young people and families have some written information about the process.

- 13.3 The *Framework for the Assessment of Children in Need and their Families* provides a structured framework for collecting, drawing together and analysing available information about a child and family within the following three domains: the child's developmental needs, parenting capacity and family and environmental factors. It will help provide sound evidence on which to base often difficult professional judgements about whether to intervene to safeguard and promote the welfare of a child, and if so, how best to do so and with what intended outcomes.

### 13.4 Immediate Protection

Where there is a risk to the life of a child or a likelihood of serious immediate harm, an agency with statutory child protection powers should act quickly to secure the immediate safety of the child. Emergency action might be necessary as soon as a referral is received, or at any point in involvement with children and families.

### 13.5 Strategy Discussion

Whenever there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm, there should be a strategy discussion involving Children's Social Care and the police, and other bodies as appropriate (for example, nursery/school and health), in particular any referring agency.

### **13.6 Record of the Strategy Discussion**

A strategy discussion should be held whenever there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm. This may include children who are already looked after, for example, when there is concern about abuse by carers. The Record of Strategy Discussion records the decisions made at a strategy discussion/meeting. Such discussions may take place following a referral to social services and initial assessment, or at any other time, if concerns about significant harm emerge in the course of Children's Social Care's work with a child and family.

### **13.7 Completing the Record of Strategy Discussion**

If the decision of the strategy discussion(s) is not to initiate Section 47 enquiries, but that further services should be provided to support a child or young person and a plan is currently in place, the actions identified at the strategy meeting should inform the revision of the existing plan for the child. Where a plan is not yet in place, the actions identified at the strategy meeting should be used to inform the development of an Initial Plan for the child or young person.

13.8 A Strategy Discussion may take place at a meeting or by telephone. Where more than one strategy discussion is held in relation to a child or young person, a separate case note, strategy meeting review should be completed for each discussion. If more than one child or young person in a family is the subject of a Strategy Discussion, a separate record should be completed for each child or young person, but further actions identified for individual children or young people should be co-ordinated. Where an action applies to more than one child or young person, it should be recorded within each record. This will help to ensure that actions (and the recording of these) do not become separated from the individual children and young people to whom they apply.

13.10 It is the responsibility of the Children's Social Care manager responsible for the Strategy Discussion to ensure that the Record of the Strategy Discussion is completed and copied to all those involved in the discussion.

13.10 **Section 47 Enquiries.** The Record of Section 47 Enquiries form records the outcome of Section 47 enquiries which have been instigated following a strategy discussion or meeting, and sets out the further actions to be taken after the Section 47 enquiries have been completed.

13.11 **Completing the Record of Outcome of Section 47 Enquiries.** It is the responsibility of Children's Social Care to decide how to proceed following Section 47 enquiries. This decision should be made following consultation with all those involved in or making a substantial contribution to these enquiries.

13.12 The Record of Section 47 Enquiries should be completed at the conclusion of the enquiries to record the decisions made and the evidence that informed these.

13.13 **Section 47 enquiries and Core Assessments.** The Core Assessment is the means by which Section 47 enquiry is carried out. It must be led by a qualified and preferably experienced social worker. Children's Social Care have lead responsibility for the Core Assessment under Section 47 of the Children Act 1989. In these circumstances the objective of the local authority's involvement is to determine whether action is required to safeguard and promote the welfare of the child or children who are the subjects of the enquiries.

### 13.15 **Outcomes**

#### **Concerns are not substantiated**

Section 47 enquiries may not substantiate the original concerns about the child being at risk of, or suffering, significant harm, but it is important that a Core Assessment is completed. In some circumstances it may be decided that the Core Assessment has been completed and no further action is necessary.

#### **Concerns are substantiated, but the child is not judged to be at continuing risk of significant harm**

There may be substantiated concerns that a child has suffered significant harm, but it is agreed between the agencies most involved and the child and family, that a plan for ensuring the child's future safety and welfare can be developed and implemented without having a Child Protection Conference or a child protection plan. Such an approach will be of particular relevance where it is clear to the agencies involved that there is no continuing risk of significant harm.

#### **Concerns are substantiated and the child is judged to be at continuing risk of significant harm**

Where the agencies most involved judge that a child may continue to suffer, or to be at risk of suffering significant harm, Children's Social Care should convene a Child Protection Conference. The aim of the conference is to enable those professionals most involved with the child and family, and the family themselves, to assess all relevant information, and plan how best to safeguard and promote the welfare of the child.

The decision to proceed to an Initial Child Protection Conference will be made by the Duty Team Manager. Any decision not to proceed to an Initial Child Protection Conference following Section 47 Enquiries is signed off by the Independent Chair – Child Protection. If there is disagreement, this should be referred to the Head of Service – Safeguarding for a decision.

For more detailed guidance, please consult the Berkshire Local Safeguarding Children Board Child Protection Procedures

## 14 Looked After Children

- 14.1 A Core Assessment should be completed for all children and young people who may need to be looked after. This Core Assessment informs the decision making about the best way to meet the child or young person's needs. For children and young people admitted to the looked after system in an emergency, the Core Assessment should be completed as soon as possible after admission.
- 14.2 A summary of the main records to be completed for looked after children is contained in the flow chart at the end of these procedures on page . For more detailed guidance on the processes, please consult:
- Looked After Children Policy and Procedure
  - Actions when a Child Becomes Looked After
  - Statutory Reviews for Children Looked After Policy

## FLOW CHARTS & APPENDICES

### Referral and Initial Assessment Process

<p><b>Same working day</b></p>	<p><b>Contacts</b></p> <p>A request for information or advice that is dealt with and does not require any follow up action.</p> <p>The Duty Senior will decide upon any further action.</p> <p>This will be either:</p> <ul style="list-style-type: none"> <li>• No further action</li> <li>• Progress to referral (for those cases where there is a request for services from Children's Social Care or the Duty Senior's assessment is that the threshold for receiving a service will be met)</li> </ul>	<p>Response provided by the Duty worker</p> <p>Duty Senior to identify what action needs to be undertaken</p>
<p><b>1 working day</b></p>	<p><b>Referral</b></p> <p>A referral is a request for services to be provided by Children's Social Care.</p> <p><i>If there are suspicions or allegations about child maltreatment and concerns that the child may be or is likely to suffer significant harm, at any time, there must be strategy discussions and inter-agency action in accordance with <b>Working Together/Berkshire Local Safeguarding Children Board Child Protection Procedures</b></i></p> <p><b>Outcomes</b></p>	<p>Check Fwi. If an open case, refer on to the appropriate worker/Team. If closed within 3 months, pass on to the long-term team.</p> <p>Duty Senior to identify what action needs to be undertaken.</p>

<p><b>Within 10 working days</b></p>	<p>Referrals are to be processed within 24 hours. This means within one working day a decision will be made on whether to:</p> <ul style="list-style-type: none"> <li>• take no further action;</li> <li>• pass referral on to a more appropriate destination;</li> <li>• commence an Initial Assessment</li> </ul> <p><b>Initial Assessment</b></p> <p>The Initial Assessment will address the dimensions of the Assessment Framework, determining:</p> <ul style="list-style-type: none"> <li>• whether the child is in need;</li> <li>• the nature of any services required;</li> <li>• from where and within what timescales these services are to be provided;</li> <li>• whether a more detailed Core Assessment should be carried out</li> </ul> <p>Necessary enquiries to be completed within 10 working days (including completion of the Initial Assessment and recommendations)</p> <p>Initial Assessment to be completed on the Initial Assessment Record</p>	<p>Information to be recorded on the Referral and Information Record. Social worker and manager acknowledge receipt of referral and decide on next course of action within one working day. Duty Senior's action on the Referral and Information Form to be completed.</p> <p>Detail what action is required and why [Verbal and written advice to be recorded]</p> <p>In cases requiring an Initial Assessment, parents' permission to be sought [unless this will place the child at risk of significant harm].</p> <p>If permission is not forthcoming to discuss with Duty Senior to decide any additional action.</p> <p>The Initial Assessment Record to be completed.</p>
	<p><b>Transfer</b></p> <p>For cases requiring continuing support and services from Children's Social Care, this will be transferred to the appropriate long-term team (ie Under 11s, Over 11s or the Disabled Children Teams) at a planning meeting.</p>	

## CHILD PROTECTION

1 working day	<b>Referral</b>	
	See <b>Referral and Assessment Process</b> flowchart	
Within 7 working days	<b>Initial Assessment</b>	
	See <b>Referral and Assessment Process</b> Flowchart  <i>If there are suspicions or allegations about child maltreatment and concerns that the child may be or is likely to suffer significant harm, at any time, there must be strategy discussions and inter-agency action in accordance with <b>Working Together/ Berkshire Local Safeguarding Children Board Child Protection Procedures</b></i>	
<b>Immediate</b>	<b>Strategy Discussion</b>	
	Immediate Strategy Discussion, involving Children's Services, Police and relevant agencies, to decide whether to initiate a Section 47 enquiry and if necessary to make decisions about: <ul style="list-style-type: none"> <li>• Immediate safeguarding action (if necessary)</li> <li>• Information giving, especially to parents</li> <li>• Plans to see the child and by whom; and</li> <li>• Whether a medical examination is necessary</li> </ul> <b>Outcomes</b> <ul style="list-style-type: none"> <li>• No further action at this stage</li> <li>• Decision to commence a Core Assessment under Section 17</li> <li>• Initiate a Section 47 investigation</li> <li>• Emergency Action to be taken</li> </ul>	Record of Strategy Discussion to be completed

	<p>(consult with Joint Legal Team)</p> <p><b>Section 47 Investigation</b></p> <p>Social worker leads a <b>Core Assessment</b> under Section 47 and other professionals contribute, to plan for the child's future safety and welfare and record decisions.</p> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Concerns about harm not substantiated – <b>agreed NFA</b>;</li> <li>• Concerns about harm not substantiated, but child is a child in need – arrange for appropriate <b>Family Support services</b>;</li> <li>• concerns substantiated by child not at continuing risk of harm – <b>NFA</b> or arrange for appropriate <b>Family Support services</b> as necessary; or</li> <li>• Concerns substantiated and child at continuing risk of harm – Children's Services to convene a <b>Child Protection Conference</b> within 15 working days of last Strategy Discussion</li> </ul>	<p>This is recorded on a Section 47 Report Form. A Core Assessment will also be completed.</p> <p>This decision is made by the Duty &amp; Assessment Team Manager. A CP1 form should be completed to identify invitees and child/parent participation. Please see the LSCB CP Procedures for details of reports required and the Conference process. The social worker's report to conference should include a recommended outline Protection Plan.</p>
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<p><b>Within 15 days of the date of the last Strategy Discussion</b></p>	<p><b>Child Protection Conference</b></p> <p>Decision made whether or not the child should be the subject of a Protection Plan.</p> <p>If yes:</p> <ul style="list-style-type: none"> <li>▪ <b>Protection Plan</b> made; and</li> <li>▪ Appointment of key worker and Core Group</li> <li>▪ If not the subject of a Protection Plan, <b>Action Plan</b> made (consider <b>Child in Need Planning Meeting or Family Group Conference</b>)</li> </ul>	
<p><b>Within 10 days of the date of the initial Child Protection Conference</b></p>	<p><b>Core Group meeting</b></p> <p><b>Protection Plan</b> developed by the key worker, together with Core Group members, and implemented. Core Group members provide/commission the necessary interventions for the child and/or family members.</p> <p><i><b>Additional Core Group meetings to be held at minimum of 6 weekly intervals</b></i></p>	
<p><b>Within 3 months of the date of the initial Child Protection Conference</b></p>	<p><b>First Review Child Protection Conference</b></p> <p>Protection Plan reviewed, together with assessment of risk.</p> <ul style="list-style-type: none"> <li>• Decision made, based on assessments of likelihood of further harm, whether the child's name remains the subject of a Protection Plan</li> <li>• If the child the subject of a Protection Plan, a child protection plan will be made and implemented.</li> <li>• If the child no longer requires a Protection Plan, further decisions to be made about continued service provision (eg to consider arranging Child in Need Planning Meeting)</li> </ul> <p><b>Review Child Protection Conferences</b></p> <p>Protection Plan reviewed, together with</p>	

<p><b>At least every 6 months from the date of the previous Child Protection Conference</b></p>	<p>assessment of risk.</p> <ul style="list-style-type: none"> <li>• Decision made, based on assessments of likelihood of further harm, whether the child the subject of a Protection Plan.</li> <li>• If child remains the subject of a Protection Plan, a further child protection plan will be made and implemented. The Protection Plan will be developed through Core Group Meetings.</li> <li>• If the child is no longer the subject of a Protection Plan, further decisions to be made about continued service provision (eg to consider arranging Child in Need Planning Meeting)</li> </ul> <p>Further Review Child Protection Conferences to be held at least 6 monthly for so long as the child remains the subject of a Protection Plan.</p>	
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## Looked After Children Overview

Before admission	Planned Placement	Unplanned Placement
<p><b>As soon as possible (for unplanned placements)</b></p>	<p>Core Assessment</p> <p><b>Complete:</b></p> <p>Care Plan</p> <p>Placement information record</p> <p>Chronology</p> <p>Health consent form</p> <p>Inform Independent Reviewing Officer and arrange first review</p>	<p>Inform Independent Reviewing Officer</p> <p><b>Complete:</b></p> <p>Care Plan</p> <p>Placement Information Record</p> <p>Health Consent Form</p> <p><b>Then continue as for planned placement</b></p>
<p><b>Within 5 working days (if not held prior to admission)</b></p>	<p><b>Planning Meeting</b></p> <p>Confirm Care Plan and clarify:</p> <p>Day to day arrangements</p> <p>Contact arrangements</p>	
<p><b>Within 20 days</b></p>	<p><b>Personal Education Planning Meeting</b></p> <p><b>LAC Health assessment to be</b></p>	

<p><b>Within 20 working days</b></p>	<p><b>Initial Looked After Children Review meeting arranged</b></p>	
<p><b>Within 35 working days</b></p>	<p><b>Core Assessment to be completed</b> (if not already completed prior to admission)</p>	
<p><b>Within 3 months of the initial LAC review meeting</b></p>	<p><b>Second Looked After Children Review and Permanency Planning meeting</b></p>	
<p><b>Within 6 months of the second LAC review meeting</b></p>	<p><b>Third Looked After Children Review meeting</b></p>	
<p><b>At least every 6 months</b></p>	<p><b>Looked After Children Review meetings</b></p>	

## **Occupational Therapy Referrals: Guidance for Duty Social Worker**

**Please ensure the following areas are covered:**

- Why do they need to see an OT?
- What are they hoping to achieve?

### **1. Child's Developmental Needs**

#### **Health**

*Diagnosis*

*Prognosis if known (is the condition stable, deteriorating or terminal?)*

*Outline medical history*

*Any sensory/cognitive impairment?*

#### **Education**

*Is school able to accommodate the child's needs?*

*Do they need specialist equipment/advice?*

#### **Emotional and Behavioural development**

*In line with expected milestones or delayed?*

#### **Identity:**

*How does being a 'child with disability' affect the person?*

#### **Family and social relationships:**

*Family structure*

#### **Social presentation**

*Any communication difficulties?*

**Self Care Skills:** *Child's functional ability*

#### **Mobility:**

*Ambulant* - Indoors – with or without aids,  
- Outdoors – with or without aids

*Quality of mobility, eg poor balance, lack of co-ordination, awareness of surroundings*

*Wheelchair user – full time, part time, indoors, outdoors*

*How are stairs managed?*

*Can the child sit unsupported?*

**Transfers:** *How are the following managed?*

*Bed*

*Toilet – is the child continent?*

*Bath*

*Is there a moving and handling risk for carers?*

**Personal care:** *Can the child*

*Wash*

*Bath/shower*

*Dress*

*Feed self*

*Prepare drink/snack if age appropriate*

## **2. Parenting capacity**

Are the parents coping with being parents **and** carers?

## **3. Family & Environmental Factors**

**Family & social relationships:**

Support from:

*Family*

*Health*

*Care agencies/respites/playschemes*

**Housing** – owned by:

*Family*

*BFBC*

*Housing Association*

*Landlord*

Type:

*House: Detached Semi-det Terraced (mid or end)*

*Bungalow*

*Flat*

**Access** to the home

By foot or wheelchair

**Income**

*Are child & parents claiming benefits they are entitled to? If so which & at what level?*

**Family's social integration**

*Are siblings affected?*