



# Local Protocols for Assessment

Clarifying expectations about the processes for assessment to improve inter-agency working

## **Introduction**

This Warwickshire "Local Protocols for Assessment" document is designed to assist professionals in understanding the arrangements for undertaking assessments in order to improve inter-agency working.

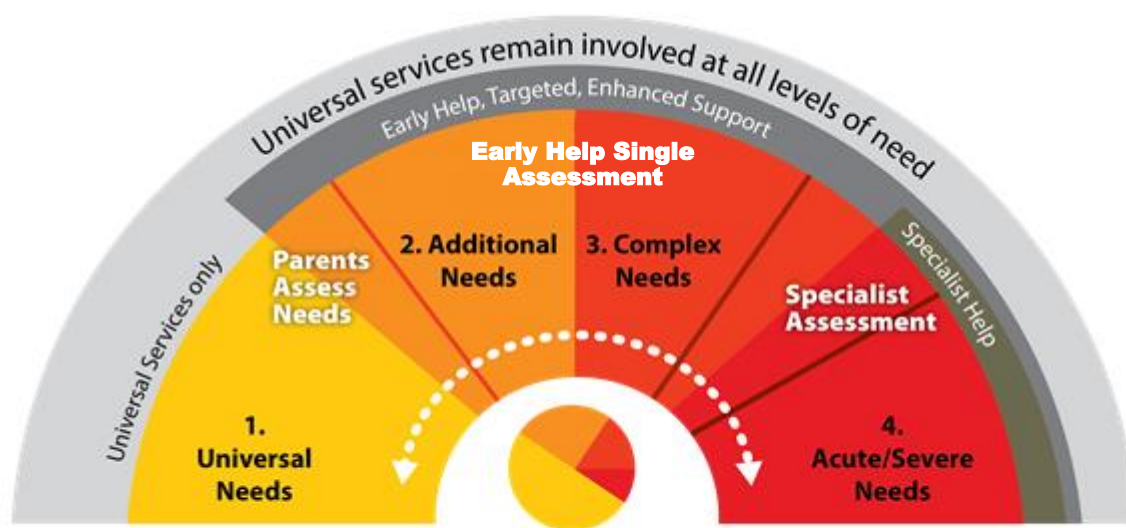
It should be read in conjunction with the WSCB Thresholds for Services document and the WCC Single Assessment procedure.

Working Together 2015 requires all Local Safeguarding Children Boards (LSCBs) to develop a Local Protocol for Assessment which should set out clear arrangements for how cases will be managed once a child is referred into local authority children's social care, and be consistent with the requirements of Working Together 2015.

The protocol should set out and clarify how statutory social care assessments will be informed by, and inform, other specialist assessments and will involve information sharing with professionals known to the child and their family.

The local authority is publicly accountable for this protocol and all organisations and agencies have a responsibility to understand their local protocol and how it relates to their agency.

# THRESHOLDS FOR SERVICES



The windscreen is a visual representation of the 4 tiers of needs. They are as follows:

## Threshold descriptions

Level 1	Children and young people with no additional needs
Services	Universal Services
<p>All children and young people require universal services at Tier 1 such as maternity services at birth, health visiting and Children's Centre in early years, school and youth services for older children.</p> <p>Universal Services seek, together with parents, carers and families to meet all the needs of children and young people so that they are happy and healthy and able to learn and develop securely. Universal services are provided as of right to all children including those with additional and intensive needs.</p>	

**The Family Information Service can provide information on the range of services available in your area**  
**<http://www.warwickshire.gov.uk/fis>**  
**01926 742274 or 0845 0**

<b>Level 2</b>	<b>Children and young people with Additional Needs</b>
<b>Services</b>	<b>Universal Services plus some additional help and support from Early Help</b>
<p>Many children and young people require some additional support. Parent(s)/carer(s) usually access these services for their children by applying directly to them or by asking the relevant universal service to help them. Some services can be accessed directly by young people. Children with '<i>additional</i>' needs are best supported by those who already work with them, such as Children's Centres or schools, organising additional support with local partners as needed.</p> <p>Where the needs are such that there are a number of services involved it will be advisable to assess the child or young person's needs under Early Help Single Assessment with an appointed Lead Professional.</p> <p>It would be expected that the additional needs are at such a level that they are moving towards more complex and risk doing so without intervention at this Level</p>	

<b>Level 3</b>	<b>Children and young people with Complex Needs</b>
<b>Services</b>	<b>Universal Services plus Early Help, Targeted and Enhanced Support</b>

Some children and young people and their families have more complex needs requiring the provision of targeted and enhanced services following an Early Help Single Assessment or in some circumstances a Social Work Single Assessment.

Where targeted or enhanced services are required, a Lead Professional will co-ordinate the child's plan, to support the child, young person and parent(s).

<b>Level 4</b>	<b>Children and Young People with Acute or Severe Needs</b>
<b>Services</b>	<b>Universal plus Early Help, Targeted, Enhanced and Specialist Services</b>

Specialist services are where the needs of the child are so great that statutory and/or specialist intervention is required to keep them safe or to ensure their continued development. This will usually include Children's Social Care, Child & Adolescent Mental Health Service (CAMHS) Tier 3 & 4 or Youth Offending Service.

By working together effectively with children with additional needs and by providing co-ordinated multi-disciplinary/agency support and services for those with intensive needs, we seek to prevent more children and young people requiring statutory interventions and reactive specialist services.

Where Social Care is involved the allocated Social Worker will take the role of lead professional in co-ordinating the multi-agency plan to support the parent(s)/carer(s) which may include services delivered by Early Help to ensure that children and young people are receiving the services they need. This will be through the child's plan as 'in need', in 'need of protection' or as a Child Looked After

Within assessment practitioners should be able to describe areas of risk, and harm as well as need, strengths and resilience factors within the child's circumstances

It is important that children, young people have access to services at the right time and are able to move between the levels of service including stepping down when the levels of need or risk diminish. Equally important in safeguarding children and young people are practitioners who work collaboratively and are able to keep their judgments under constant critical review being willing to respond and challenge new information

## **Early Decision-Making about Levels of Concern**

### **Multi-Agency Safeguarding Hub (MASH)**

MASH offers a dedicated information gathering and safeguarding risk assessment service. MASH has put in place processes to provide the local safeguarding partnership with the capacity and confidence to share information effectively and appropriately to provide improved outcomes for children.

MASH is a co-located multi-agency team which includes Social Care, Health, Police, Education, Probation, Housing and Youth Offending service, with a remit to work collaboratively to collect and interpret information and assess risk

### **Principles of a Good Assessment**

- Strengthening the “voice” of the child through the assessment so that it is possible for anyone reading the assessment to understand the lived experience of the child, within their family.
- Proactive and genuine involvement of children and families in the process to inform decisions and commissioning intentions.
- Helping the child and family to think about what they want and need, now and in the future.
- Getting all the important people who support the child and family to work together to help make things happen in a proactive manner.
- When planning with the child being assessed, the child’s wishes and aspirations must be central to the assessment and decision-making.
- Listening to the child about what they want for their life when they leave school.
- Use of ordinary language and ensuring the printed assessment is accessible and family-friendly to read and understand.
- Active identification of the child, young person and family’s strengths as well as needs/risks.
- Takes into account historical and current information known about the child(ren) and family that may impact on the current and future needs of the child.
- The assessment should be a dynamic process which analyses and responds to the changing nature and level of need and/or risk faced by the child.
- Should be seamless across the different tiers of services.

### **Early Help Assessments (tiers 2 & 3)**

In Warwickshire early help assessments are undertaken using the single assessment by a range of professionals known to the child and family (eg health visitors, teachers, children’s centre staff).

An assessment is undertaken involving the whole family to piece together a picture of a child’s circumstances and functioning in order to coordinate an offer of early help to prevent problems arising or worsening in future.

This will include information held by agencies known to the child and family to enable a fuller understanding of needs.

Lead professionals undertaking an early help single assessment may complete an assessment where there has been a decision that the level of risk and need is at the early Help and Targeted Support level.

Such assessments should ordinarily result in a Family Support Plan unless the assessed level of risk and need indicates a higher or lower level of response is appropriate.

Early help support from universal services will not be delayed if it is obvious before the end of the assessment that particular services will help support a child's safety and stability. More targeted support is triggered once the assessment is allocated to an Early Help Officer who will then broker this.

The Family Support Plan will be regularly reviewed with the family and professionals to ensure that the identified needs are being addressed and that any changes in the child's circumstances are being taken into account.

### Social Care Assessments (tiers 3 & 4)

The Single Assessment is the tool used to assess the holistic needs of the child and will be used as the assessment of a child's needs. Whilst the assessment is led by Children's Social Care, it will involve other agencies or independent professionals, who will provide information they hold about the child or parents, contribute specialist knowledge and/or give advice/undertake specialist assessments. The assessment should be undertaken with the consent of and in partnership with the child and his or her parents/carers. The only exception is where a Section 47 Enquiry is conducted as part of an assessment. (The full single assessment procedures can be found here:

<http://intranet.warwickshire.gov.uk/helpingyouwork/PGGP/CSCGP/ReferralsandAssessments>)

Each Single Assessment will be completed by a qualified social worker who is supervised by a Team Manager using the assessment framework. Where a child has a disability, the assessment will be undertaken by a social worker in the SEND Social Care Team.

The assessment should be completed with an appropriate depth and quality to reflect the circumstances of the situation and the urgency of the situation.

Within one working day of a referral being received, Children's Duty Teams will make a decision about the type of response that is required.

Once the decision is made to undertake a Single Assessment, the maximum timeframe for the assessment to be completed and authorised will be forty-five days from the point of referral. Warwickshire's aim is to complete all Single Assessments within thirty-five days. Only in

exceptional circumstances should assessments be allowed to go over this timescale.

Once the Local Authority Children's Team initiate a Single Assessment, the lead professional role falls to the Social Worker. The referrer and all other involved professionals should continue their provision of services during the course of the Single Assessment. The Social Worker should inform all relevant professionals of their role as lead professional, give opportunities where appropriate for professionals to contribute towards the assessment and agree with each professional their ongoing role and responsibilities. This may include amending intervention during the assessment process to ensure needs and risks are addressed. Where this occurs the interim plan of intervention must be clearly shared, agreed and recorded by all professionals. Following the completion of the Single Assessment, the Social Worker must inform all professionals in a timely manner of the outcome of the assessment. The Social Worker will retain the lead professional role until the assessment is complete and a clear plan for ongoing services is agreed with other professionals.

All Social Workers should aim to visit and see the child or young person, preferably alone within five days from receipt of the referral. There is a requirement within the Single Assessment to state when the child or young person was seen and whether this was alone or not.

Managers, normally the Team Manager, will review all Single Assessments at ten days, twenty-five days, thirty-five and forty-five days following the commencement of any assessment to ensure it will be or is being completed in a timely manner in accordance with the individual needs of the child(ren).

The Social Worker must on all assessments set out a proposed plan of intervention, making it clear what the purpose of intervention is and what changes are being sought. Planning and establishing intervention requires the Social Worker to involve the family, to reflect upon the information gathered through the assessment. By completing an Action Plan with the family everyone focuses on planning what action is needed so that the family can achieve their full potential. The plan should clearly state the goals for the child/young person and family, and what steps are going to be taken to ensure change occurs.

The outcomes of an Assessment may include:

- No further action with advice and signposting to other agencies;
- Referral to other agency or services including early help services;
- Provision of services under Section 17 of the 1989 Children Act, within a **Child in Need Plan**;
- Further specialist assessment;
- A **Child Protection Investigation Section 47 or Child Protection Plan when presented to a Child Protection Conference**;



- A decision that the child should be **Looked After** either under Section 20, Children Act 1989 or by seeking **Police Protection Powers** and an application to **Court** in situations where the child is assessed as at immediate risk of significant harm.

Note that services may be put in place or commissioned before the Single Assessment is completed. The Social Worker with their manager must ensure that actions and services recommended in the assessment are provided and in place in a reasonable timescale to ensure needs are met and any risks reduced.

## **Arrangements for the Assessments of Specified Groups**

### Children with Special Educational Needs

Warwickshire has dedicated teams of specialist teachers who will provide assessments and advice following a referral from a SENCO to the Manager of the team. The referral process differs between teams (see local offers).

These referrals cannot be made without the consent of parents. The existing teams who cover the North, East and Central/South areas of Warwickshire include:

- Educational Psychology\*;
- IDS (Integrated Disability Team – Pre-school, Autism, Visually Impaired, Hearing Impaired, Physical Disability, Complex Learning and Specific & Language Team);
- E.I.S (Early Intervention Service)\* – Learning and/or Social, Emotional and Mental Health.

\*Note - These assessments are an additional cost to schools/colleges.

These services can be accessed by nurseries (not EIS) schools or colleges.

### Request for Statutory Assessment/Education, Health and Care Plan (EHC)

If a Statutory Assessment is considered appropriate the SENCO/school will complete a referral and forward it to SENDAR, Saltisford, Warwick.

Parents also have a right to make a direct request to the SENDAR Team.

The assessment and planning process must comply with Code of Practice 2014 guidelines.

No more than 20 weeks should pass from the point of the request until the final EHC plan is issued.

The referral will only be considered with the completion of both a family and pupil interview.

Warwickshire schools are also asked to complete a Provision Matrix in order to demonstrate their full implementation of the Assess, Plan, Do, Review cycle.

The school referral will also include details and assessments from relevant professionals.

Following receipt of a referral, representatives from the school (SENCO or Head), will be invited to present the case to a panel. The panel consists of Heads, SENCO's, SENDAR and representatives from Agencies and is held weekly. The panel will make a decision whether to proceed to statutory assessment or not.

The LA must respond to any request for statutory assessment within a maximum of six weeks.

If the LA decides following the assessment that it is not appropriate to issue an EHC plan, it must inform the parents or young person within a maximum of 16 weeks from the request of the assessment.

However, if a Draft EHC plan is drawn up, the parent or the young person must be given at least 15 days to consider and provide views and to request a particular school or other establishment to be named on it.

(Further guidance for both parents and professionals is available on the local offer.)

### Young Carers

Warwickshire County Council provides a dedicated service for the assessment of young carers.

It is anticipated that young carers will be identified and directed to the service by self-referral or parental referral, or referral by a range of professionals.

A full assessment of all young carers who are under 18 is offered. The assessment is undertaken using the MACA (Multi-Dimensional Assessment of Caring Activities) and PANOC (Positive and Negative Outcomes of Caring) assessment tools underpinned by the following principles:

- A whole Family approach will be taken in assessing and meeting the needs of young carers, and so relatives, including those being cared for, will be actively involved and consulted with in relation to the support provided to customers as appropriate.
- More strategically, young carers will be involved in service development, design and review. The views of children and young people are paramount, and they must be supported to feel that their views are valued, understood, and recognised.
- Young carers should be supported to achieve a balance between their caring responsibilities and their life outside of caring, enabling them to achieve their own aspirations.

Young carers eligible for targeted support will be initially contacted within five days of the assessment having been undertaken.

A support plan is devised to meet the assessed needs, within four weeks of assessment which includes involvement from the other agencies involved with the young carer and will be reviewed at a minimum of six monthly intervals.

The provider will ensure that young carers referred for targeted support receive appropriate follow-up provision and their support plans are updated as required (minimum six monthly review).

### Children Returning Home from Care

Return home from care will be perceived as a positive option as long as the return home step is assessed as safe and where, for older young people, the risk associated with a return home is outweighed by the risk associated with placement in care.

A single assessment should be undertaken of the child's needs and the parents' ability to meet them, including:

- The nature and level of the harm that triggered entry to care is fully understood in the present.
- The nature of any change, since entry to care, in family or extended family composition and functioning is understood in relation to past harm.
- The child's level of resilience and ability to self-protect is understood in relation to the past harm.
- The nature and level of any future danger is understood.
- The proven willingness, ability, and motivation to make and sustain changed behaviour in parents and family networks is understood.
- The proven willingness to engage honestly with protective and supportive services on the part of the parents in the future is understood.
- A plan has been developed that includes the views of the child, parent(s) and other significant adults, and has been shared with the family, the child, and key professional networks.
- Birth parent(s) agree in writing to support the planned contact arrangements between the child and protective adults and professionals outside the family.

In the majority of circumstances, the child's placement with his or her parent must be part of the Care Plan upon the recommendation of a Looked After Review.

However, where the child's name is or has previously been subject to a Child Protection Plan it is good practice that a Child Protection Conference

will reassess the risk factors and make recommendations to be incorporated in the Care Plan.

Where the Dual Status Policy has not been invoked and the children have remained subject to separate Child Protection Plans, the Review conference will be brought forward in order to discuss the change of Care Plan and reassess the risk factors.

The completed assessment will provide both the report for the Child Protection Conference and assessment required under Regulation 17.

Before the placement is made, approval must be obtained from the Service Manager – Children and Families who will require evidence that the consultation, enquiries, assessment and checks required under this procedure have been carried out. For this purpose, he or she will require a copy of the:

- Assessment;
- Minutes from the Looked After Review that considered the proposed plan;
- Minutes of the Child Protection Conference or Review Conference where applicable;
- A copy of the amended Care Plan and Placement Plan to be signed by the parent including any specific agreements relating to the proposed placement;
- A copy of the Placement with Parent's Placement Plan that has been drawn up and signed by the parent who will be caring for the child that will include details of support services provided and the monitoring arrangements required.

Regulation 19 permits the district Service Manager to approve an immediate placement of children with their parent. This applies to exceptional circumstances where the assessment under Regulation 17 has not been completed.

Once the Service Manager has approved the proposed placement, all agencies that have been consulted are to be informed in writing by the child's Social Worker of the approved plan and proposed placement date.

### Warwickshire Youth Justice Service (WYJS)

Assessments are carried out by qualified staff using the national assessment framework AssetPlus. As a multi-agency service those assessments benefit from specialist knowledge within the service from a range of disciplines.

Desistance (from offending) requires engagement with the young person and their family, and takes into account factors in the young person's community. All assessments therefore engage the young person, family/carer(s) and take account of information from a range of sources,

for example, schools, police, and health in order to develop a systemic understanding of the child or young person's offending and the multiple factors that contribute to it.

An assessment of the parent/carer's ability to support a change in their child, and to safeguard them is included as part of the assessment, as is their ability to protect others from harm by their child.

Assessments are also undertaken with victims of the young person's offending in order to assess the harm caused by the offending and to determine whether a restorative justice intervention can be provided which will support the needs of the victim such interventions also reduce the likelihood of the young person re-offending.

The information gathered from these assessments is used to support magistrates and judges in their sentencing and to plan the intervention which forms part of the statutory order placed upon the young person at court (or by the police in the case of an 'out of court disposal').

An intervention plan is developed from this assessment that takes into account the nature and extent of the offending and factors that will support desistance of that offending in the future. These include amongst others:

- The young person's personal, family and social circumstances;
- Their health, education, attitudes, beliefs, strengths and any factors affecting desistance;
- Factors associated with their ability and motivation to change.

Each young person's plan is therefore unique and aims to provide support to them in order to reduce their likelihood of offending, and to protect others against harm from them.

Where a parenting assessment indicates that support is required to build their capacity as parents to safeguard and protect their child, a parenting intervention is also offered. If this assessment suggests that parenting is a significant factor in the child or young person's misbehaviour and they are not willing to engage in a voluntary intervention, a parenting order can be proposed to the court and managed by WYJS, with the aim of improving their parenting and improving their ability to safeguard and improve the wellbeing of their child.