1. Working Together 2013 requires each local authority, with their partners, to develop and publish a local protocol for assessment.

2. This protocol sets out how cases will be managed by Children’s Social Care once a child has been referred and the framework for assessment will be used by all of the children’s social work teams when they are assessing the needs of children and their families.

Early help

3. Stockton-on-Tees Borough Council recognises that providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years to the teenage years.

4. All agencies working with children or with adults who have children have a role to play in identifying emerging problems and to share information with other professionals or agencies to support early identification of vulnerable children.

5. All professionals and agencies should be particularly alert to the potential need for early help with a child who:
   - is disabled and has specific additional needs;
   - has special educational needs;
   - is a young carer;
   - is showing signs of engaging in anti-social or criminal behaviour;
   - is in a family where situation where there is substance or alcohol abuse, adult mental health, domestic violence; and/or
   - is showing early signs of abuse and neglect.

6. Stockton-on-Tees Local Safeguarding Children Board has developed the *Continuum of Need and Services* as a framework to provide greater clarity in relation to the roles and responsibilities of all agencies working with children in Stockton-on-Tees so that support can be provided quickly to prevent problems escalating higher up the continuum. The Common Assessment Framework is embedded across agencies that work with children in Stockton-on-Tees as an effective means of early assessment and intervention with children and families.

7. The continuum of need and services also offers advice to agencies about when concerns about a child are such that a referral should be made to Children’s Social Care.
Referrals to Children's Social Care

8. All new referrals to Children’s Social Care are made via First Contact during normal office hours or via the Emergency Duty Team (EDT) outside of office hours. The Emergency Duty Team offer an emergency response to referrals and any that remain unresolved will be forwarded to First Contact for consideration at the start of the next working day.

9. When the First Contact Team receive a referral, the information is logged and unless the referral is accompanied by a CAF a check will be made on the CAF database to determine if there is an active lead professional and/or team around the child.

10. Within one working day of receiving the referral, a registered social worker from the First Contact Team will make a decision about the type of response that is required. Possible responses at this time are:

- to allocate the referral to a social work team
- not progressing the referral. Reasons for not progressing for a referral include:
  - the referral was for information only;
  - the referral does not meet the threshold for intervention under section 47 of the Children Act 1989, and:
    - there is no consent to the referral from a parent or other person with parental responsibility; and/or
    - there is no evidence of intervention under the Common Assessment Framework (CAF);
- more information is needed before a decision can be made about a proportionate response. The referral has been passed to the First Contact Social Worker to make further enquiries.

11. If the referral is passed to the First Contact Social Worker, a decision will be made about how to progress the referral as soon as they have sufficient information to ensure a proportionate response. In any circumstances, the decision must be made within five working days and this decision can be:

- the referral should be allocated to a social work team for further consideration; or
- the referral does not meet the threshold for allocation to a social work team.

12. If a referral is not allocated to a social work team, First Contact may:

- provide advice and guidance to the family or the referrer;
- notify the CAF Team that assessment under the CAF may be appropriate;
- make a referral to the Family Support Team;
- make a referral to another agency; or
- decide that no other action is required.

13. Unless the referrer is a member of the public who wishes to remain anonymous, they will always be informed of the response to their referral. Professionals who make a referral cannot remain anonymous.

Social work assessment

14. The vast majority of new referrals that are progressed from First Contact will be assigned to an Assessment Team.
15. Some referrals will bypass the assessment teams and following the First Contact Team procedure will be immediately assigned to either:

- A Fieldwork Team
- A Permanence Team
- The Complex Needs Social Work Team

16. When a referral is progressed to a social work team, the receiving team will give further consideration to the referral. In some circumstances, further information may come to light which suggests a social work assessment would not be appropriate or proportionate. An example would be an anonymous referral with what initially appeared to be concerning information where further enquiries uncover the referral to be malicious. In these circumstances, the social work team can decide that an assessment will not be completed recognising that such circumstances will be exceptional. All other referrals will be assessed by the receiving social work team.

17. As assessment is a dynamic and continuous process which should build upon the history of every individual case, responding to the impact of any previous services and analysing what further action may be needed. The social worker should obtain copies of previous CAF documentation from the CAF team and liaise with any previous lead professional as part of their social work assessment. The only exception to this should be where the family refuse consent to the sharing of any CAF information and where this consent has not been overridden in order to safeguard the child.

18. The timeliness of an assessment is a critical element of the quality of that assessment and in turn, the outcomes for the child. The speed with which an assessment is carried out will be determined by the needs of the child and the nature and level of any risk of harm being faced. This will require judgements to be made by the allocated social worker in discussion with their manager on each individual case.

19. Any new assessment will be completed within 45 working days of the initial referral. It is the responsibility of the social worker to make clear to children and families how the assessment will be carried out and when they can expect a decision on next steps.

20. An assessment is complete when it is possible to reach a decision on what should happen next and when it has been closed by the Team Manager. With any new assessment, there will be up to three management review points during the assessment depending on the length of time it takes to complete. The review points will take place within:

- 10 working days following the decision to undertake an assessment
- 25 working days following the decision to undertake an assessment
- 40 working days following the decision to undertake an assessment

21. At each review point, the social worker and the team manager must:

- consider the information that has been gathered and how other agencies have or should contribute – this should include consideration of agencies or services that are currently involved in providing services to the child or family and whose involvement will need to feature in the planning for the child. This is particularly relevant where there are or have been specialist assessments under part 3 of the Children and Families Bill (when enacted in early 2014) or for example,
assessments undertaken within youth justice or Child and Adolescent Mental Health Services
- consider from the perspective of the child(ren) the current circumstances;
- consider and evaluate the level of parental engagement in the process;
- identify information that is not yet known and how this will be gathered;
- discuss, on the basis of known information, if services should be provided immediately to improve the outcomes for the child;
- consider if a different course of action is needed;
- discuss emerging hypotheses and how these will be tested;
- discuss and begin to formulate a proposed plan for the child
- consider the need to hold a multi-agency meeting to discuss progress and coordinate involved specialists in the formulation of a single plan;
- agree the anticipated timescale for completion
- record the discussion and agreed outcomes on the child's social care record

22. As any intervention by the local authority should be proportionate to the needs of the child, not every assessment will take 45 working days to complete as it will be possible to determine what should happen next much earlier in the process. It is important for children and families to know the outcome of any assessment as soon as possible and it is important to avoid unnecessary drift from assessments taking longer than they need to. In any event, where particular needs are identified at any stage of the assessment, the social worker should not wait until the assessment reaches a conclusion before putting in place services to support the child and their family. In some cases the needs to of the child will mean that a quick assessment will be required. The internal review points will help to achieve proportionate assessments that meet the needs of individual children and their families.

Child Protection Responses

Strategy meetings and emergency protection

23. Any new referral progressed for assessment will be reviewed by the receiving team manager or deputy manager to determine if the information suggests that a child may be suffering or be at risk of suffering significant harm.

24. As well as making this decision on receipt of a new referral, information may also come to light during any other on-going assessment or during the day-to-day management of any other case that suggests a child may be suffering or be at risk of suffering significant harm.

25. Where such concerns arise a strategy meeting must be convened. The extent of the concerns will determine the urgency of any strategy meeting. If the team manager believes the concerns are so great that the child may need immediate protection, an immediate strategy discussion will be arranged and in a particularly urgent situation there may only be time for a telephone discussion between the team manager and the Police. This strategy discussion will determine whether emergency action is needed to protect the child in the form of an urgent legal meeting or the use of police protection. If emergency action is needed, a section 47 enquiry will also be triggered at this time.

26. If the concerns were not so urgent that an immediate strategy discussion was needed, the team manager will convene a strategy meeting within 24 hours with invitations sent to all appropriate agencies.
27. The strategy meeting will decide if a section 47 enquiry is needed.

28. Should there be insufficient information shared at the strategy meeting to decide that a section 47 enquiry is needed, a reconvened strategy discussion will be arranged. In exceptional circumstances, more than one reconvened strategy meeting may be needed to make a decision about whether a section 47 enquiry is needed.

29. If a section 47 enquiry is not needed, the social worker should continue with their ongoing single assessment (if they are already in the process of completing one) or if there isn’t an ongoing assessment the Team Manager may decide to trigger one under section 17 of the Children Act 1989. Any such assessment will follow the process for social work assessments detailed above.

Section 47 enquiries

30. A section 47 enquiry is initiated to decide whether a child is suffering or is at risk of suffering significant harm and if they are, what type of action is required to safeguard and promote their welfare.

31. A section 47 enquiry is carried out by undertaking or continuing with a social work assessment. Although the social worker must lead any such assessment, the police, health professionals, teachers and other relevant professions should help the social worker to undertake their enquiries.

32. All section 47 enquiries must be concluded within 15 working days of the strategy meeting that initiated the enquiry.

33. If there is an ongoing social work assessment at the time of the decision to conduct a section 47 enquiry, this assessment will continue while recognising that the focus will now be the section 47 enquiry. If the assessment had already been active for 30 or more working days, to allow the full 15 working days to conclude the section 47 enquiry, there is an acknowledgement that the assessment will not be concluded within 45 working days. This is to allow for an accurate and seamless record of the child’s journey through the assessment process.

34. Within 3 working days of the start of the section 47 enquiry, the social worker and their team manager must decide whether to convene an Initial Child Protection Conference (ICPC). The team manager can seek the views of other agencies when reaching this decision. The ICPC must take place within 15 working days of the strategy meeting that decided to initiate the section 47 enquiry. Where there is to be an ICPC, the assessment document will be used as the social worker’s report to the conference. This means that the assessment must contain an analysis which considers whether a Child Protection Plan may be needed and what elements may need to be contained within such a plan in order to safeguard and promote the welfare of the child.

35. The social worker’s completed assessment must be signed off by the team manager either within 13 working days of the start of the section 47 enquiry or two days before the ICPC, whichever is soonest.

36. The completed assessment must be shared with the family at least one day before the Initial Child Protection Conference.
Assessment framework

37. The purpose of an assessment is always:

- to gather important information about a child and family;
- to analyse their needs and/or the nature and level of any risk posed to, or harm being suffered by the child;
- to inform a decision as to whether the child is a child in need (section 17) and/or is suffering or likely to suffer significant harm (section 47); and
- to provide support to address those needs to improve the child's outcomes.

38. An assessment is not an end in itself but is part of a dynamic process with planning, intervention and review which analyses and responds to the changing nature and level of need and/or risk faced by the child while monitoring and recording the impact of any services delivered to the child and family:

39. Children’s Social Care works to the principles and parameters of a good assessment that are set out in Working Together to Safeguard Children 2013 recognising that:

- the child is at the heart of the assessment
- the child’s known or perceived experiences will form the corner stone of plans which will be designed to improve outcomes for the child
- a working agreement will be agreed with the family that clearly states:
  - why an assessment is needed
  - who will undertake the assessment
  - how the assessment will be conducted and who needs to be involved
the anticipated timescale
- assessments will be concluded within a timescale that ensures the needs of the child are understood and are addressed in accordance with identified need
- assessments will be conducted openly and honestly with children and their families and will actively involve them in the assessment and planning process
- assessments will take due consideration of the context within which the child lives, the views and wishes of the child and their carers, and be conducted in such a way so as to facilitate their involvement and engagement
- assessments will identify strengths as well as areas of concern
- assessments will be evidence based and where appropriate reference current research in support of the conclusions reached
- assessments will include information from other professionals as appropriate and be integrated in approach
- where there is more than one child the assessment process will specifically consider each child individually
- areas of disagreement will be taken seriously and considered with the family. The child and family will have information that informs them how to make a complaint
- assessments will result in a single plan designed to coordinate professional intervention
- plans will be reviewed with the family and their effectiveness monitored

40. All of our enquiries with children and families use a conceptual framework to help deliver comprehensive assessments for all children. The framework published in Working Together to Safeguard Children 2013 has three domains:

- child’s developmental needs;
- parenting capacity; and
- family and environmental factors.

Stockton’s framework builds on this by adding a fourth domain:

- risk and protection

41. Although an assessment of risk is intrinsic to the whole process of assessment, adding this additional domain to the framework allows the social worker to bring together within one narrative all of the risk and protective factors while considering the child and parent views which when considered with the other three domains, will help to determine the overall impact on the child.

42. Reflective practice will allow a social worker and team manager to reflect on judgements that may have been made early in the case so that they can be revised as the case progresses and further information comes to light. This reflection should also help to strengthen any final analysis in the assessment.

43. The participation and involvement of children and young people in decision making about their own welfare and in the services they receive is a legal requirement. Children are entitled to an explanation of the assessment which is appropriate to their age and understanding. As far as is possible, the purpose should be agreed with the child as an assessment of their situation rather than of the child him or herself. This enables the child to become an essential part of the assessment team, contributing to information gathering and decision making, rather than being the passive focus of the exercise.
Multi agency contributions

44. Although the assessment is co-ordinated and the final report written by the social worker, it is important to recognise that no single professional can have a full picture of a child’s needs and circumstances and a truly meaningful assessment cannot be achieved without support and input from other agencies and professionals working with the child and the family.

45. Any services working with the family, whether universal, targeted or specialised will have important information and experience which can help to inform the assessment. There is an expectation that information will be shared other than where the parent’s or child (where appropriate) object. If the family refuse consent to share information, this can be done where it is justified and necessary to protect a child.

46. Where there are enquiries under section 47, agencies are required to contribute to the assessment. Where the assessment is being carried out under section 17 and the social worker is aware of an agency’s involvement with a family, they will inform that agency that an assessment is being carried out and ask that agency to contribute relevant information to help inform the assessment.

47. If any agency has particular views which they feel should be incorporated within the assessment, they should make these known to the social worker.
Developing a care plan

48. Every assessment should be focused on outcomes, deciding which services and support should be provided to deliver improved welfare for the child.

49. Where the outcome of the assessment is continued involvement from Children’s Social Care, the social worker should then agree a plan of action with other professionals and discuss this with the child and their family. The plan should set out what services are to be delivered, and what actions are to be undertaken, by whom and for what purpose.

50. Many services provided will be for parents or carers. The plan should reflect this and set clear outcomes for how the child will benefit from the services provided to the parents or carers. The parents or carers must also understand their responsibilities and the expectations held by the professionals involved.

Returning a child in care to live with their parents

51. If Children’s Social Care are considering returning a child in care to their parents, the local authority’s ‘Placement of a Child in Care with Parents’ procedure must be followed.

52. All placement decisions are subject to the duty set out in the Children Act 1989 Section 22(3) that the placement is the most appropriate way to safeguard and promote the child’s welfare.

53. The vast majority of children are looked after because of abuse or neglect. Where a child is subject of a care order because they were suffering or were likely to suffer significant harm, it will not be consistent with their welfare to return home if the factors which led to these concerns have not been addressed and resolved.

54. Placement decisions must therefore be underpinned by an up to date assessment of the child’s needs and family circumstances.

55. In all cases other than those in which the placement decision is being made by a Court or where a placement decision is being made in an emergency there must have been a looked after review to consider any plan to place a child who is subject of a care or interim care order with their parent(s).

56. In cases where a child has been placed in an emergency or where the placement decision has been made by a Court, a looked after review must be carried out within two weeks of the placement being made. However, in these circumstances, the Independent Reviewing Officer must be consulted as soon as is reasonably possible.

57. Before a placement is made, the social worker must carry out an assessment of the suitability of the parent to care for the child, taking into account the suitability of the proposed accommodation and of other people in that accommodation.

58. Factors to be given particular weight when assessing the parenting capacity of the parent include their physical, mental and emotional health and their age. Unless there are adequate protective factors in place, domestic violence, parental alcohol or substance abuse, uncontrolled mental health problems and severe learning disabilities can have an adverse impact on the parent’s capacity to safeguard and promote the child’s welfare. It is therefore particularly important to assess these
issues and to explore whether, if they formed part of the grounds for a care order, the parent has had sufficient support in addressing them before a child returns home.

59. The assessment must include any available information about the parent’s previous experiences of looking after children. Where the parent has other children of their own who are subject to care or adoption orders, earlier case records should be explored to ascertain the circumstances which led to social work involvement with these children, and any indicators that the capacity of the parents to bring up children has changed.

60. Where consideration is being given to a child being placed with a parent and where that parent has a new partner, the assessment must take account of parental and family history and wider family functioning of the new partner as well as the relationship between the child and the new partner.

61. The assessment must also consider all members of the household who are aged 18 or over and police checks should be obtained on all of these individuals. The assessment should also address the history and current lifestyle of any other young people in the household who are under 18. It is important to assess the relationships between the parent with whom the child will live, and other adults who have a significant role in the child’s life such as grandparents.

62. As part of the assessment, the social worker should consult with and gather information from other professionals to determine whether they have any views or information which would raise concerns about the proposed placement.

**Young Carers**

63. Young carers are children and young people under 18 who provide regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances.

64. Inappropriate caring roles or long hours of caring can have a detrimental impact on young carers. Their health and educational achievement may suffer as well as being bullied and/or socially isolated. Young carers want their school, teachers and other staff to be more supportive of their caring role, recognising that they are balancing a demanding home life with education. Young carers are often strongly attached to their caring role and in some cases it is only with assertive support from trusted others that they can be encouraged to accept help to reduce the impact of their caring role on other aspects of their life.

65. The key to ensuring better support and outcomes for young carers is effective assessment and support, ideally through early identification and early help.

66. Where Adult Services are carrying out an assessment of an adult’s needs they will consider these questions as part of their assessment:

- Who is helping to care for the adult being assessed?
- Does the adult have children younger than 18 years old?
- What effect does any health problem have on the children in the household?
- How much do the children help out?
- Does the adult need more support as a parent?
- Do the children in the household need more support?
- Is any child in the household at risk of significant harm?
Other agencies and professionals working directly with children may have concerns that a child could be a young carer with some of the signs being:

- Anxiety or concern over an ill or disabled relative – needing to be in constant touch with home
- Often late or misses days or weeks from school or youth group for no apparent reason and being secretive about home life
- Often tired, withdrawn or stressed
- Isolated or a victim of bullying – either because of the situation in the family, or because they lack social skills when they are around their peers. Some children may take on a caring role with younger children and in contrast they may be confident with adults
- Behavioural problems – there is often a big difference between the young people who seems “mature beyond their years” in their home environment, where they are very protective of a relative they are caring for and the young person who takes out their pent-up frustration or stress at school or in a youth group.
- Suffering from back pain due to lifting heavy loads

In many cases, young carers identified in these ways can be supported through assessment and intervention under the Common Assessment Framework with a lead professional and the implementation of an effective Team Around the Family (TAF) using a whole-family approach to meeting the needs and building on the strengths of everyone in the household.

Where, despite intervention under the CAF, there are concerns that a young carer may be a child in need or a child in need of protection, a referral will be made to Children’s Social Care.

There are a number of published assessment tools to assist professionals in the assessment and evaluation of work with young carers including:

- Multidimensional Assessment of Caring Activities (MACA-YC18) – an 18 item self report measure that can be used to provide an index (or score) of the total amount of caring activity undertaken by a child or young person;
- Positive and Negative Outcomes of Caring (PANOC-YC20) – a 20 item self report measure that can be used to provide an index (or score) of the subjective cognitive and emotional impact of caring in children and young people; and
- Multidimensional Assessment of Caring Activities (MACA-YC42) – a 42 item tool that might be useful in one-to-one contexts where professionals want to explore with young carers the nature and extent of their caring tasks.

These tools should not be used in isolation but they can complement what is already known about a young person and their family and they can help to better inform any assessment under the CAF or within Children’s Social Care.

Where a young carer is referred to Children’s Social Care or where it becomes apparent during an existing assessment that a child may be a young carer, the social worker will make enquiries with Adult Services to determine if the child’s parent is known to their service. If they are not known, the child’s social worker will make a referral to Adult Services via First Contact. If the referral is accepted or if the parent is already known to Adult Services, the child’s social worker will continue to lead the Children’s Social Care assessment but the two services will work together taking a ‘whole-family approach’ to consider within the assessment the impact of the parental
disability or illness on the child; including whether any care or support they are providing is impacting on their own wellbeing and whether any services can be implemented to improve their outcomes.

73. An assessment by Children’s Social Care will also trigger a review of the parent’s care package by Adult Services, if one is in place. This will help to determine if any new or alternative support can be put in place to reduce the demands being placed on any young carers in the household.

74. Where a child is assessed as a child in need, the child’s social worker will co-ordinate a care team with all relevant professionals to discuss the whole family’s needs including who is providing what. The care team will then regularly review the needs of the whole family.

**Children involved in the criminal justice system**

75. The main purpose of Children’s Social Care assessments is to decide whether a child is a child in need and/or is suffering or likely to suffer significant harm whereas assessments carried out within the youth justice system focus on the following three outcomes:

- Offending/reoffending: the likelihood that a young person will become involved in offending or commit further offences
- Serious harm to others: the risk that a young person might inflict serious harm on other people (e.g. serious violent or sexual offences)
- Vulnerability: the possibility that a young person might be harmed in some way, either because of their own behaviour or through the actions or omissions of others

76. Children’s Social Care and the Youth Offending Service (YOS) have developed a protocol setting out our joint commitment to promote the safeguarding and welfare of children and young people and the prevention and reduction of youth crime. It has been agreed that the assessment of need as presented by either YOS or Children’s Social Care are of equal standing and will be mutually respected.

77. The YOS will inform Children’s Social Care about any child or young person remanded or sentenced to custody. Any remanded young person will become a looked after child and looked after children’s procedures will be followed.

78. Where the YOS believe that any child or young person they are working with may be a child in need or a child in need of protection, they will refer their concerns to First Contact.

79. Where both agencies are then working with a child or young person, the allocated professionals will work together to help inform any assessments that are carried out (whether they are YOS or Children’s Social Care assessments). Where there have been previous assessments by either agency, attempts will be made to gain the consent of the young person and their parents to share these assessments with the other agency. In the case of children and young people who are in the care of the local authority, assessments will always be shared unless there are exceptional circumstances to suggest that they should not be.
80. If the YOS have responsibility for any child or young person who is assessed as being a child in need or at risk of suffering significant harm, they will contribute to the development of the child or young person’s care plan or protection plan.

81. Children’s Social Care and the Youth Offending Service have also implemented a shared responsibility for the assessment of young people who display harmful sexual behaviours using the AIM2 Assessment Model. Any joint assessment using this model will complement any previous or ongoing social care or YOS assessments.

**Children with a disability**

82. Children and young people who are disabled are entitled to an assessment of need but many parents feel that this is an intrusive and cumbersome process to go through simply to access support in the community for their child.

83. The Local Authority provides or supports a range of activities and services that children with any type of disability can access without the need for an assessment. This is called the Local Offer. The Local Offer was introduced in response to requests from parents in Stockton to enable them to access activities in line with their non-disabled peers. There are no formal eligibility criteria for accessing the Local Offer.

84. The Local Offer Grant is also available to a family if they have a child with a disability that prevents them from attending the Open Access services (or other activities that children of a similar age can easily access) without additional support.

85. The Complex Needs Social Work Team will provide an integrated and well-coordinated response for children and young people with complex needs and their families who fall within the upper end of level 3 of Stockton on Tees Borough Council's Continuum of Need and Services. This will be achieved through the allocation of either a social worker who will undertake an assessment of need or a key working assistant who will assist in identifying a key worker who will coordinate service provision and will be a single point of contact for the family.

86. The Key Working Development Team will utilise the Common Assessment Framework to inform the supportive help required to meet the identified needs of the child or young person with complex needs. The key working assistants will where possible interface with the agencies involved with the child or young person with complex needs to ensure a multi-agency response to meeting needs and working collaboratively to ensure support is sort from the most appropriate agency.

87. Some children and young people at the severe end of a diagnosed disability fall within the level 4 of Stockton on Tees Borough Council's continuum of Need and Services. This specialist support aims to provide a service for:

- Children / young people with severe learning disabilities
- Children / young people with complex physical disability
- Children / young people with a life limiting / life threatening condition
- Children / young people with multiple disability (combinations of above)

88. Referrals which raise child protection concerns need to follow the Tees Child Protection Procedures. These referrals will be allocated to the Referral and Assessment Team. A worker from the Complex Needs Social Work Team will be made available to provide support and advice if required.
89. Child protection concerns raised on cases already active to the Complex Needs Social Work Team will remain with this team and Tees Child Protection Procedures must be followed.

90. When carrying out the assessment, the Social Worker should be mindful that the basic needs of disabled children are no different to those of any other child but that impairments may create additional needs. Any assessment of a disabled child must address the needs of the parents/carers and this can inform the overall assessment of need. Recognising the needs of parents/carers is a core component in agreeing services which will promote the welfare of the disabled child.

91. When planning an assessment involving a child with a complex need it is important to:

- think about your own understanding of disability;
- take into account the child’s experience and understanding of assessment;
- take into account the family’s experience and understanding of assessment;
- be clear about the focus of an assessment;
- find out who else is currently involved with the child;
- gather information from existing assessments;
- access helpful information on specific childhood impairments;
- arrange to speak to parent/carers and the child/young person.

92. Families of child with a complex need often experience similar difficulties to other children in need such as high levels of unmet need, isolation and stress as a result of a range of social, economical and environmental factors. A holistic whole family approach is required and families involved in any assessment should be given clear information about the focus of any assessment and about available services providing support. Parents should be clearly informed that their views and priorities are important and they should be encouraged to contribute to the process.

93. Some families would like friends, advocates or relatives to support them during assessments and this should be facilitated.

94. The child must be seen and spoken to during any assessment which is carried out. Where a child has communication difficulties every effort should be made to ascertain the child's wishes and feelings for example having support from a class teacher or Teaching Assistant who know the child well.

95. The outcome of the assessment should be discussed with the child where appropriate and their parents and consideration should be given to the range of services and support available to meet any assessed needs.

96. When investigating safeguarding or child protection concerns in respect to a disabled child there is additional practice guidance - Safeguarding disabled children for the social work practitioner to consider which should be read alongside Working Together. This practice guidance informs the social worker of the increased vulnerability of disabled children and makes clear the particular issues, which influence their safety and welfare.

97. Safeguarding disabled children Practice Guidance gives the following summary of why disabled children are more vulnerable:
• Many disabled children are of an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children;
• Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour;
• They have an impaired capacity to resist or avoid abuse;
• They may have speech; language and communication needs which may make it difficult to tell others what is happening;
• They often do not have access to someone they trust to disclose that they have been abused;
• They are especially vulnerable to bullying and intimidation;
• Looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home, but are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day to day physical care needs.

98. Disabled children should be seen as children first. Having a disability should not and must not mask or deter an appropriate enquiry where there are child protection concerns.

99. When talking to or interviewing a disabled child, the allocated worker should be mindful of any additional communication needs of the child and should ensure that they seek advice and information from professionals working with the child on the child’s method of communication.
Referral received by First Contact and added to RAISE

If there are multiple children ensure ‘Relationships’ are completed in RAISE

First Contact to gather sufficient information to decide on a response to the referral

First Contact Social Worker makes further enquiries to decide whether an assessment should be completed

Referral received from First Contact

Manager / Deputy to decide if the referral information indicates the child might be at risk of harm

Management Review of assessment progress

Management Review of assessment progress

Management Review of assessment progress

Manager to quality assure assessment, address any issues and ensure completed document is closed by day 45

Transfer to longer term team with outline care plan

Close Case After Assessment

Close case after assessment - Step-down to CAF / TAG / Universal Services

Referral is not progressed for assessment

Allocate to a Social Work Team

Further enquiries are needed – allocate to the First Contact Social Worker

Follow CP Flowchart and trigger a Social Work Assessment

Start Social Work Assessment

No CP Concerns

CP Concerns

NFA or Assess?

Assess

First Contact must inform the referrer of the outcome to their referral

If a referral is allocated to a Social Work Team and they decide to take No Further Action – this team must also inform the referrer that an assessment will not be completed