



## THE ISLES OF SCILLY FRAMEWORK FOR THE ASSESSMENT OF CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES

### BACKGROUND

1. Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Local authorities undertake assessments of the needs of individual children to determine what services to provide and what action to take. Under the Children Act 1989 other agencies are required to co-operate with the local authority in undertaking these duties by responding to inter-agency checks and enquiries, sharing information, attending professionals meeting, providing reports and contributing to the implementation of child plans.
2. We know from experience of the maltreatment of children the importance of identifying problems early and taking prompt and decisive action to resolve those problems before they get worse, before needs turn to crises, before concerns about a child's development turn to concerns about their welfare and safety.
3. We also know from experience that no single professional can have a full picture or understanding of a child's circumstances, their needs and risks or the protective factors in their life. If children are to get the help they need, everyone they are in contact with and especially those who can provide help must be fully committed to playing their role in identifying problems early, sharing information, taking prompt action and making a purposeful contribution to the help and protection offered to the child and their family. This applies equally to those professionals in adult services working with vulnerable parents/carers.

4. It is this collaborative approach to multi-agency practice that has the best chance of providing children on the Isles of Scilly with effective help and protection. The Framework for the Assessment of Children, Young People and their Families should be read in conjunction with Working Together 2015 and the South West Child Protection Procedures.

## STANDARDS FOR WORKING TOGETHER

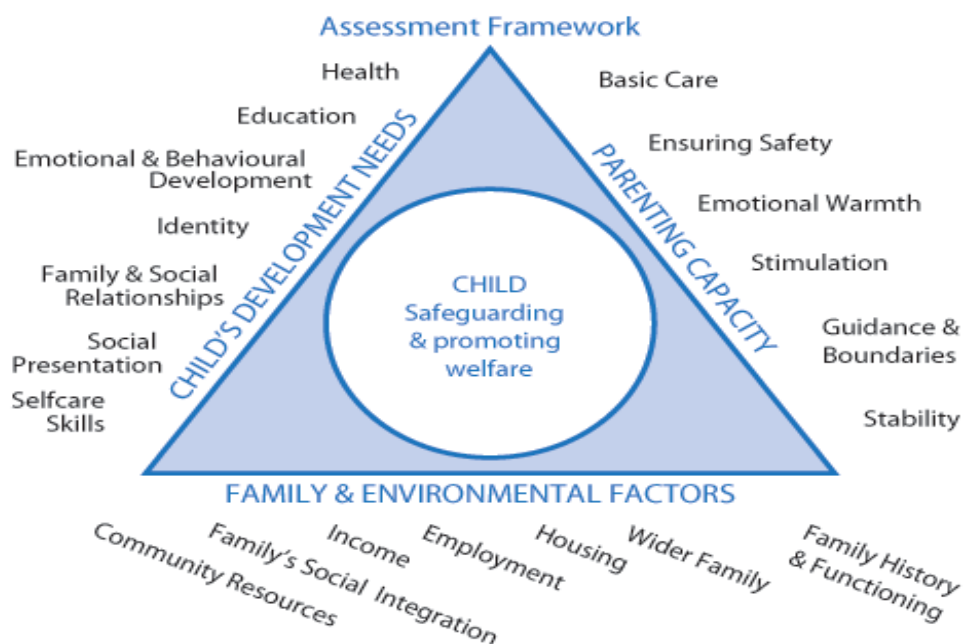
5. What we intend by working together under this local framework is improved outcomes for vulnerable children and especially those children at risk of harm. Effective working together depends on a shared understanding of respective roles and responsibilities, along with a shared sense of what good looks like:
  - 5.1 Members of the public know where to go to seek advice and help when they have concerns about a child or young person, from a trusted professional to Children's Social Care (CSC). They are confident that they will be listened to, they will be treated with respect, the information they provide will be dealt with sensitively and their concerns will be treated seriously.
  - 5.2 People providing advice and support to children or young people, their parents/carers via a voluntary organisation or community group understand their safeguarding duties and know how to seek advice and guidance when they have concerns about the welfare or safety of a child. They are confident about approaching Children's Social Care for advice when they feel out of their depth.
  - 5.3 A professional in contact with a child and/or their parents/carers can identify problems affecting a child's development and welfare early. They are prepared to undertake an assessment of the needs of the child and their family using the Common Assessment Framework (CAF) They share their concerns with the family, seek consent to share information and offer help. They are willing to take on the role of Lead Professional and/or key worker via a Team Around the Child (TAC) or Team Around the Family (TAF).

- 5.4 Professionals in contact with a child and/or their parents/carers have a good understanding of how factors such as ethnicity, culture, language, religion and disability impact upon a child's development, welfare and safety.
- 5.5 Professionals in contact with a child and/or their parents/carers have a good understanding of how parental/carer mental health problems, alcohol and substance misuse and domestic abuse impacts upon the development, welfare and safety of children.
- 5.6 A professional in contact with a child and/or their parents/carers understands the Safeguarding Children Board (SCB) and where appropriate the Safeguarding Adults Board (SAB) inter-agency threshold/continuum of need guidance for intervention and the process for seeking advice from a designated/named professional within their agency. When their concerns about the welfare or safety of a child escalate, they feel able to seek advice and consultation from their designated professional or in their absence through Children's Social Care.
- 5.7 In applying the SCB inter-agency threshold/continuum of need guidance, professionals understand the particular needs of young carers, children with disabilities and young people at risk of or involved in offending. They know where to go for advice in these particular cases and the fact that their concerns may be best addressed by a specialist assessment or at least through a significant contribution from colleagues working in that area of practice and service delivery.
- 5.8 Everyone working with children, young people, parents and carers, including practitioners in adult services, has a good understanding of local Information Sharing Protocols and demonstrates a firm commitment to share information when they have concerns about the capacity of parents/carers to meet the needs of their children. There is a an unequivocal commitment to share information when there are concerns that a parenting gap is impacting or likely to impact on the welfare and safety of a child, especially when there is evidence of maltreatment through neglect or abuse.

- 5.9 All previous or ongoing assessments, including specialist assessments, are highlighted as part of the referral and taken into account when a further assessment is undertaken, such as a CAF, a Domestic Abuse Assessment (DASH), an Occupational Therapy or other child health assessment including an assessment of a child's emotional wellbeing or mental health needs, an assessment of special educational needs including a single Education, Health and Care Plan (EHCP) assessment.
- 5.10 There is a multi-disciplinary response to cases where a person in contact with the child and/or their parents/carers is so concerned about a child's welfare or safety that they have referred the case to Children's Social Care. The referral information they provide, using the SCB inter-agency referral form, meets the standards agreed by the Safeguarding Children's Board (SCB). It includes information about the child's developmental needs and the capacity of the parent/carer to meet these needs, spelling out the referrer's involvement, the nature of their concerns and clarity about the perceived harm or risk of harm. Professionals have a good understanding of Signs of Safety in understanding family needs, risks and strengths.
- 5.11 Children's Social Care responds to the person making contact within 24 hours. CSC staff undertake inter-agency checks that include access to previous assessments such as a CAF. Other agencies and professionals in contact with the child and/or their parents/carers understand the importance of responding promptly CSC requests for information. CSC staff search local authority records and develop an outline chronology as the basis of decision-making by the manager or social worker. The manager or social worker makes a decision about whether to progress a contact to a social care referral within 24 hours of receiving the contact. The person making contact is informed about the outcome and the rationale for this decision within 48 hours.
- 5.12 Referrals are assigned promptly for a decision about how to respond. All cases will be assigned to a member of staff in CSC and the response is proportionate to the

level and type of need Social work assessments under s17, s47, s31A and s20 are always undertaken by a qualified and registered social worker. Other social care assessments may be undertaken by others and supervised by a social worker or a social work manager.

- 5.13 In cases where there is evidence of actual or likely significant harm, strategy discussions are held within 24 hours and written up within 5 working days. Strategy discussions involve, as a minimum, the Police and wherever practicable also a professional who knows the child best. Assessments are started within 48 hours of the decision to undertake an assessment and the child is seen as soon as practicable in line with the perceived level of risk (no more than 10 working days in any case). A timescale for completion of the assessment, proportionate to the case, is agreed with the supervisor. It is exceptional that assessments would extend beyond 35 days before a decision is made whether and how to provide help and protection.
- 5.14 The child(ren) commensurate with their age and understanding and their parents/carers understand the reasons for the assessment and their own rights to be involved in the assessment and any help provided. Where appropriate the individual needs of each child in the family are assessed and the assessment informs their individual plan.
- 5.15 The conceptual framework of the former national assessment framework, is used as the basis for assessments on the Isles of Scilly



5.16 To be rated adequate, assessments incorporate the development and an analysis of a chronology of significant events in the child’s life, a genogram or ecomap and a danger statement. It includes the perspective and analysis of other professionals that are in contact with the child and/or their parent/carer. It includes the views and wishes of the child, provides an accurate picture of their lived experience and an analysis of how the child can be helped. It includes what the child, family and professionals are worried about, what is working well and what needs to happen to ensure the child is safe.

5.17 Good social work assessments are informed by an analysis of research relevant to the case, drawn from validated research sources such as Community Care Inform and Research in Practice. The decision and rationale for the decision is recorded within the assessment.

5.18 Assessments are shared with the child (subject to their age and understanding) and their parent/carer with sufficient time so that they can understand the concerns of professionals, comment on it, challenge the factual accuracy of the information and feel able to make representations, including the use of the complaints procedure where appropriate.

- 5.19 Referrers and those contributing to the assessment are informed about the outcome of a social care assessment within 48 hours of the manager's decision. They feel able to use the SCB procedure for resolving professional differences (escalation policy) if they do not agree with the outcome.
- 5.20 Where an assessment concludes that a child plan is necessary to safeguard a child's welfare and development, the plan is formulated together with the family and relevant professionals. It sets out clearly what outcomes they seek to achieve and how progress will be measured, including a clear contingency plan if the intended outcomes are not achieved within the child's time scales, especially in those cases where the risks to the child are not reducing.
- 5.21 A regular review of the child's plan, using Signs of Safety, is focused on whether the help provided is effective, whether risk is reducing and if change is being achieved within the child's time scales. The review of the plan forms the basis of ongoing assessment. In some circumstances it may become necessary to undertake a further assessment or specialist assessment. Where risks are not reducing or the necessary changes are not being achieved within the child's timescales the lead professional/key worker takes decisive action and implements the contingency plan in consultation with other professionals and their line manager/supervisor.

## ASSESSMENT STANDARDS

6. The following core standards are used by practitioners to self-assess the quality of their own assessments, by supervisors and managers to quality control assessments and quality assurance officers to rate the quality of assessments:
- 6.1. A good quality assessment conveys a clear sense of the child's lived experience. It incorporates the child's voice, their views, feelings and wishes. It addresses the individual needs of the child including particular factors arising from the child's

ethnicity, culture, religion, language, disability, etc. It also conveys the views and wishes of the child's parent/carer.

- 6.2. A good quality assessment builds on previous assessments (such as a CAF or a previous social work assessment). It includes the perspective and opinion of other professionals who are involved with the family and where appropriate the views of specialists in the features or factors affecting the family.
- 6.3. A good quality assessment is based on an accurate and up-to-date chronology of significant events in the child's life and a genogram of all the connected and significant people in the child's life.
- 6.4. A good quality assessment is informed by research relating to the features or factors affecting the family and to those impacting on the child's welfare and development. It incorporates analysis of research relevant to the case and evidence based practice drawn from validated sources such as ccinform and Research in Practice.
- 6.5. A good quality assessment provides a compelling analysis of the information gathered, including observations. The analysis spells out the needs, risks and strengths of the family and where appropriate the practitioner's concerns in a way that can be understood by the parent/carer and, where appropriate, the child.

## PROCEDURE

7. This procedure is compliant with Working Together 2015. All professionals working with children and young people in Cornwall have a good understanding of their duties. The flowcharts describing the procedure to be followed are shown below.

- 7.1 Professionals can seek advice and consultation about a child they are in contact with from CSC. Concerns about the safety of a child must be referred to the CSC as soon as practicable or to the Out of Hours number outside normal office hours. In cases



where there is evidence of actual or likely harm contact must be made immediately – without delay.

*Professional accountability: All other professionals or volunteers in contact with children, especially lead professionals; e.g. Teachers; Child Health Practitioners; Adult Health and Social Care Practitioners; IDVA's; Police Officers; Youth Workers; Voluntary Organisation staff; etc.*

- 7.2 The person making a referral must submit the information to CSC using the SCB approved multi-agency standards for information sharing and the inter-agency referral form, unless there is evidence of actual or immediate risk of harm and to do so would cause delay. In any case, all referrals must be followed up with an inter-agency referral form.

*Professional accountability: Lead Professionals in CAF cases; and all other professionals or volunteers in contact with children; e.g. Teachers; Child Health Practitioners; Adult Health and Social Care Practitioners; IDVA's; Police Officers; Youth Workers; Voluntary Organisation staff; etc.*

- 7.3 Within 48 hours of a referral being received by CSC, the manager or social worker must make a decision about whether to progress the referral to an assessment, using the relevant legislation and the SCB threshold criteria. Feedback must be given to the referrer about the decision and the action being taken within 48 hours.

*Professional accountability: Children's Social Care Manager or Social worker.*

- 7.4 Where the decision is made to progress a referral the case should be allocated as soon as practicable. Strategy discussions must be held within 24 hours. If the decision is to undertake a social work assessment the type of assessment must be proportionate to the needs and risks and protective factors identified at the point of referral. The assessment/enquiries must be started within 48 hours of the decision to progress the referral to social care. The child must be seen by the allocated worker as soon as practicable (not more than 10 days).

*Professional accountability: Children's Social Care manager, Social Worker.*

7.5 Social work assessments under s17, s47, s31A and s20 of the Children Act 1989 must be undertaken by a qualified and registered social worker. Any other social care assessments must be supervised by a qualified social worker or a social work team manager. Consideration must be given to undertaking a separate carer assessment if the child is disabled or arranging for a young carer assessment if a child is caring for a parent or other adult.

*Professional accountability: Assigned Social Worker, CSC Manager*

7.6 The timescale for completing the assessment in a particular case must be determined at the outset, wherever practicable with the other professionals involved with the child and family. In any case, all assessments must be reviewed by the manager/supervisor within 10, 20 and 35 working days of the referral to check progress, level of need and risk, whether to continue with the assessment or whether to escalate the intervention to protect the child. Particular attention should be given to undertaking a relevant checklist and specific assessment e.g. child sexual exploitation.

*Professional accountability: Assigned Social Worker, CSC Manager*

7.7 Consideration must be given to providing interim or immediate help and protection at the outset of the assessment and at any point during the assessment process.

*Professional accountability: Assigned Social Worker, CSC Manager*

7.8 When the assessment has been completed the decision and rationale must be recorded in the child's record and communicated to the referrer and all other professionals involved with the child and/or their parent/carer.

*Professional accountability: Assigned Social Worker, CSC Manager*

7.9 The completed assessment must be shared with the child (where they are of an appropriate age and understanding) and their parent/carer within 48 hours of the decision and sign off by a manager or supervisor.

*Professional accountability: Assigned Social Worker, CSC Manager*

7.10 Where there is a professional difference about the outcome of an assessment or decision, professionals who still have concerns about the welfare or safety of a child should consider using the SCB policy for resolving professional differences (escalation policy).

*Professional accountability: Assigned Social Worker, CSC Manager*

7.11 The outline child plan, including the contingency plan, must be drawn up and shared with the child (where they are of an appropriate age and understanding) and their parent/carer, the referrer and other professionals involved with the child.

*Professional accountability: Assigned Social Worker, CSC Manager*

7.12 The plan must be reviewed at regular intervals to check whether the intended outcomes are being achieved and the risks are reducing or whether progress is inadequate and the concerns about the child's welfare and safety are escalating.

*Professional accountability: Assigned Social Worker, CSC Manager*

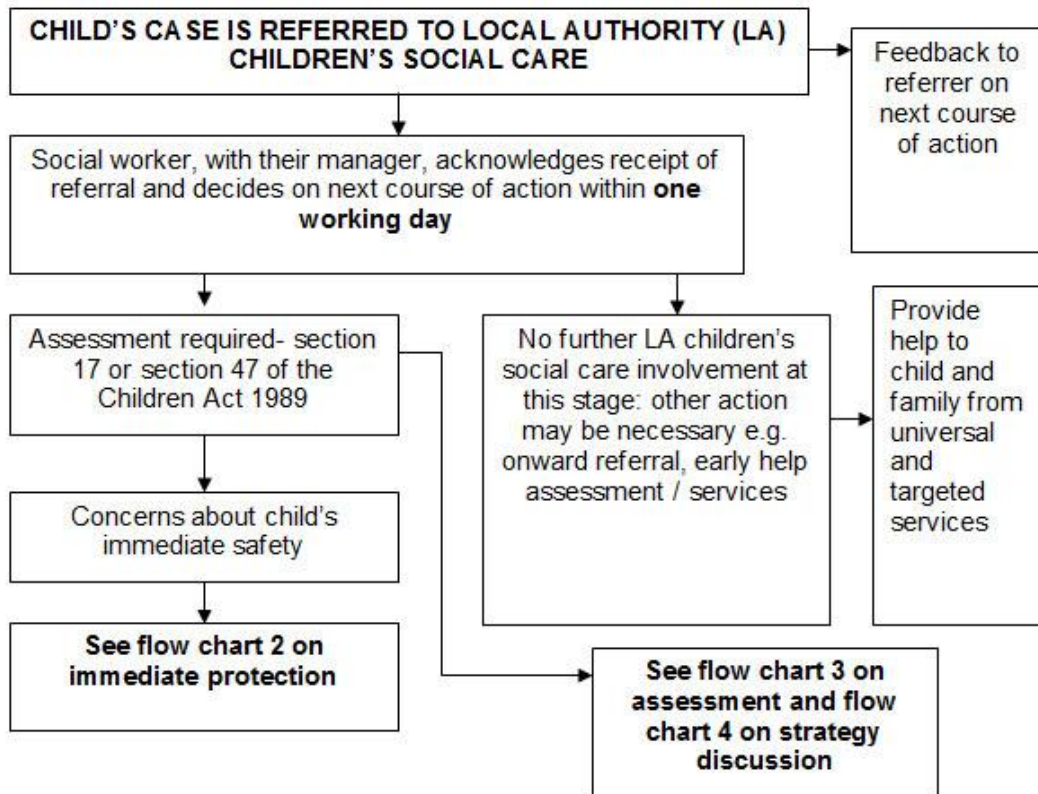
7.13 Where progress in achieving the intended outcomes appears stuck or the risks are not reducing consideration must be given to a further assessment/enquiry or implementation of the contingency plan.

*Professional accountability: Assigned Social Worker, CSC Manager*

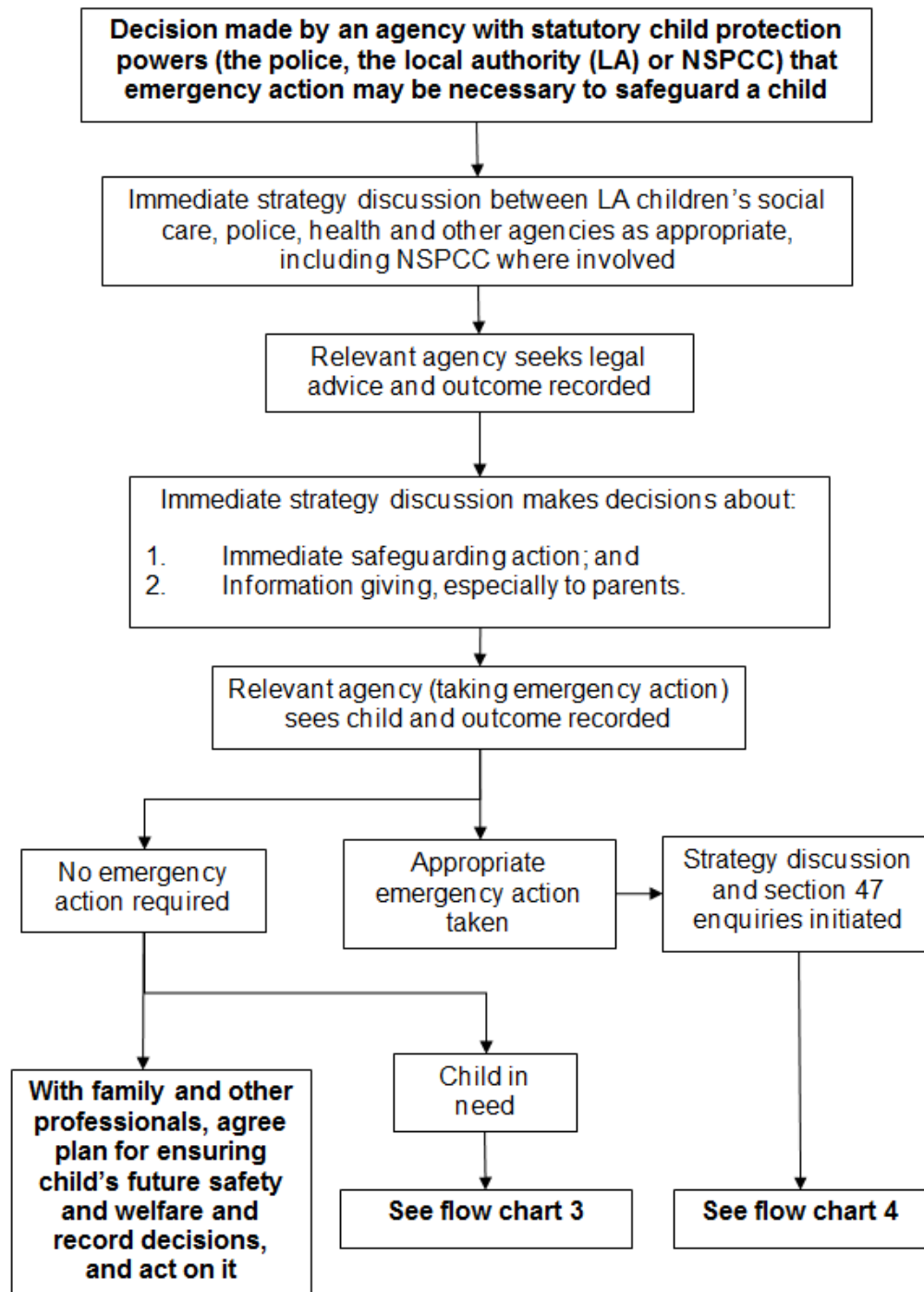
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## Flowcharts

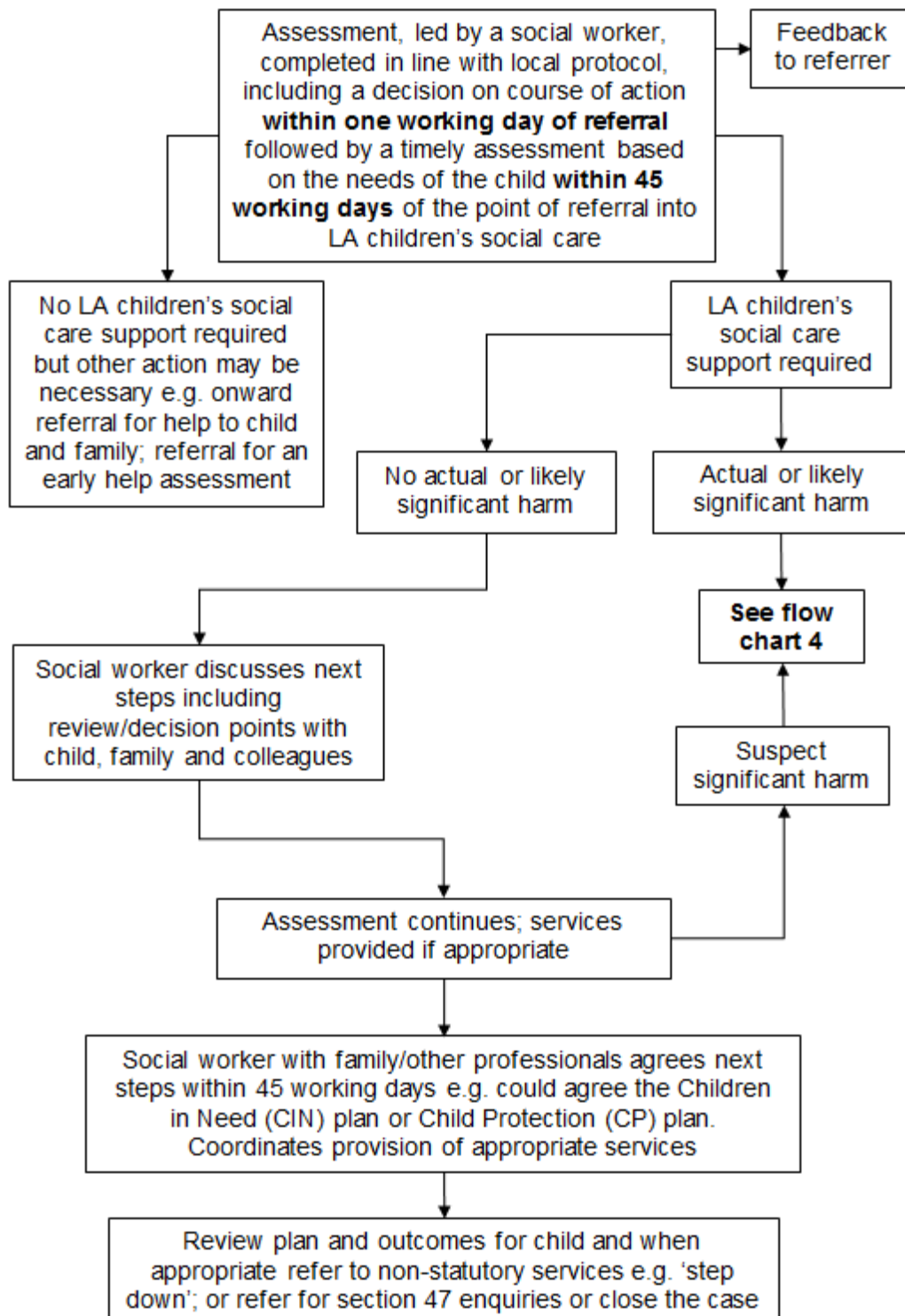
**Flow chart 1: Action taken when a child is referred to local authority children's social care services**



Flow chart 2: Immediate protection



Flow chart 3: Action taken for an assessment of a child under the Children Act 1989



Flow chart 4: Action following a strategy discussion

