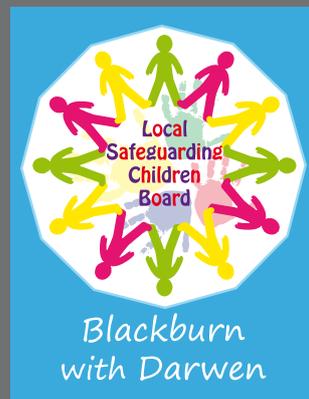


Blackburn with Darwen

Children's Social Needs and Risk

Local Assessment Protocol



Contents

The Purpose of Assessments	page 2
Information Sharing	page 4
The local framework for all assessments	page 5
Principle & Values for all Assessments	page 6
Risk Assessment and Analysis	page 8
Reassessment	page 9
The Assessment Protocol Flowchart	page 10
Appendix 1 - Specialist Assessments	page 11



The Purpose of Assessments

This local assessment protocol sets out how, in Blackburn with Darwen, we will assess, plan and manage cases when there are concerns about a child's needs and the ability of that child to reach its age appropriate milestones. Where it is recognised that there is a need for an assessment and intervention required to assist the child and family, social workers and other professionals working with the child and family will use this framework to assess the needs of children and families in the borough.

A consistent message from cases involving harm to children is the importance of identifying problems early and taking action to address them before they get worse. We also know that no single professional can have a full picture of a child's needs and circumstances. If children and families are to receive the right help, at the right time in the right place, everyone who comes into contact with them – midwives, health visitors, GPs, early years' professionals, teachers, youth workers, police, voluntary workers and social workers – has to play a role by identifying concerns, sharing information and taking prompt action individually and jointly working with other agencies to provide support.

The purpose of an assessment is always:

- to gather information and evidence about a child and their family and to identify whether a child has unmet needs;
- to analyse their needs and/or the nature and level of any risk and harm being suffered by the child;
- to decide 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 and improve the outcomes for the child to make them safer.

An assessment is not an end in itself but the means of informing and identifying those things that need to be addressed to improve the child's circumstances. An assessment under section 17 or section 47 of the Children Act (1989) must be carried out by a qualified social worker.

A good assessment is one which includes consideration of the following three domains:

- the child's development needs, including whether they are suffering or likely to suffer significant harm;
- parents' or carers' capacity to respond to those needs; and
- the impact and influence of wider family, community and environmental circumstances.

In the course of all assessments it is important to consider issues in relation to both children's unmet needs and the possibility that they may be at risk of harm. When undertaking risk assessments it is necessary that staff should be 'risk sensible' and recognise that no system can fully eliminate risk of harm. When making risk decisions, workers must carefully balance the benefits of taking protective action with the potential costs of such action in terms of stability and disruption of family life. It is important to remember however, that in all circumstances, the safety of the child concerned must be the paramount consideration.

Statutory Assessments under the Children Act (1989)

A statutory assessment under the Children Act (1989) will inform decisions about whether a child is a child in need or is suffering, or likely to suffer, significant harm as defined in section 31 of the Act.

A child in need is defined under the Act as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services, or children who are disabled. In these cases, assessments by a social worker are carried out under section 17 of the Act. The purpose of these assessments is to gather information about a child's developmental needs and the parents' capacity to meet these needs within the context of their wider family and community. This information must be used to inform decisions about the multi-agency help needed by the child.

If the social worker believes that the child is suffering, or likely to suffer significant harm, then the local authority under section 47 of the Act is required to make enquires to decide what action must be taken, with partners, to safeguard and promote the welfare of the child. There may be a need for immediate protection whilst the assessment is carried out.

Following an application under section 31A of the Act, where a child is the subject of a care order, the local authority, as a corporate parent, must assess the child's needs and draw up a care plan which sets out the services which will be provided to meet the child's identified needs.

Where a child is accommodated under section 20 of the Act, the local authority also has a statutory responsibility to assess the child's needs and draw up a care plan which sets out the services to be provided to meet the child's identified needs.

Where a child becomes looked after, the assessment will trigger other assessments to plan the long term care of the child, including the possibility of returning home. The single assessment will be the means by which to decide whether the necessary changes and improvements have been made to ensure the child's safety when they return home.

Whatever legislation the child is assessed under, the purpose of the assessment is always to understand the needs, nature and level of any risk and harm being suffered by the child and to provide help and support to address those needs and make the child safe.

Information Sharing

For all assessments, the collation of information on the child, its siblings, parents, carers and wider family members is vital to ensure the holistic needs of the child can be met and all risk factors analysed. Information will need to be collated, shared and accessed from a variety of agencies to ensure that all current and past issues are analysed to determine the immediate and future needs of the child.

Children are best protected when professionals are clear about what is required of them individually and how they need to work together with the child and its family and with other agencies. For the sharing of information to be lawful and proportionate, professionals need to have clarity about gaining consent from parents, carers and children (in particular if aged 16 or over) to enable different professionals to share information with each other. Professionals in all agencies must adhere to statutory requirements in the Human Rights Act and the Data Protection Act.

Consent to share information must be both 'informed' and 'explicit'. Informed consent means the person giving consent understands why the information is being shared, who will see the information, the use made with the information and the implications of sharing the information for the person giving consent. Obtaining explicit consent for sharing information is best practice and ideally should be gained in writing at the outset of any service provision. In the case of emergency services identifying safeguarding concerns, what information will be shared with other agencies should be explained during the process of providing the emergency service.

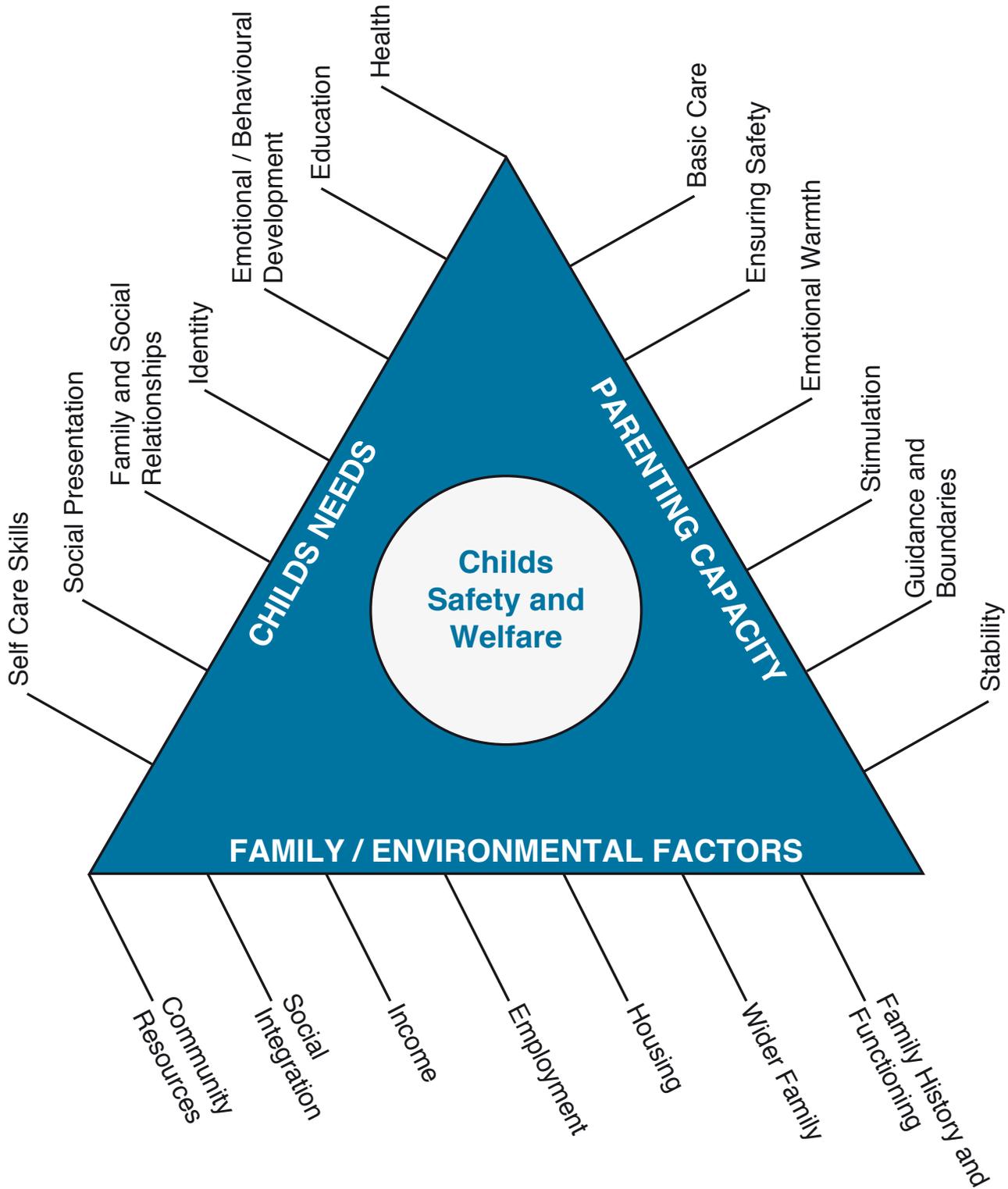
In sharing information, professionals must use their judgement to decide what information they hold is appropriate to share. The government guidance, Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015) provides seven golden rules (principles) that assist professionals in making complex decisions about information sharing.

The 2015 guidance also outlines the very specific circumstances when the sharing of information without consent (including when consent is refused) can be justified:

“Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm. Whilst the [Data Protection Act 1998](#) places duties on organisations and individuals to process personal information fairly and lawfully (Human Rights Act requires that private and family life is respected), it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm.

There will be circumstances when seeking consent to share information will not be required (if the seeking of consent places a child at risk of harm, prejudices the detection of a crime or lead to an unjustified delay in making enquiries about an allegation). Where information has been shared without consent, records must be clear about the decision making process for sharing the information, including permissions sought from managers. Where consent is refused and information shared, accurate recording of the refusal must be made.

The local framework for all assessments



Principle & Values for all Assessments

Children have said that they need:

- **Vigilance:** to have adults notice when things are troubling them
- **Understanding and action:** to understand what is happening to them; to be heard and understood; and to have that understanding acted upon
- **Stability:** to be able to develop an on-going stable relationship of trust with those helping them
- **Respect:** to be treated with the expectation that they are competent rather than not
- **Informed, engaged and outcomes explained:** to be informed about and involved in procedures, decisions, concerns and plans; to be informed of the outcome of assessments and explanations provided about decisions and reasons when their views and wishes cannot be met
- **Support:** to be provided with support in their own right as well as a member of their family
- **Advocacy:** to be provided with advocacy to assist them in putting forward their views.

Work and assessments with children and families should:

- be child centred – analysing the impact of what is happening to the child (where there is a conflict of interest, decisions must be made in the child's best interests);
- be **rooted in child development** and informed by evidence and research;
- be **holistic in approach**, addressing the child's needs within their family and wider community using the most appropriate route to plan how the child will be safeguarded and ensuring their needs are met through a Care Plan, CIN Plan and/or a CAF Plan etc.
- be **focused on action and outcomes for the child** ensuring that the domains of the child's development / parenting capacity / family – environmental factors are fully met (as per model above);
- be **timely** (take no longer than 45 working days from the point of initial referral) **and responsive**, whilst maintaining a focus on **quality** of the assessment;
- ensure they are **proportionate** to the needs of the child;
- build on **strengths** as well as identifying **difficulties**;
- be **informed by other assessments**¹ and care planning, including specialist health, education, criminal justice or universal/targeted service assessments and consider the full history of the child and family;
- have assessments for some children - including young carers, children with special educational needs (SEN), unborn children where there are concerns, asylum seeking children, children in hospital, disabled children, children with specific communication needs, children considered at risk of gang activity, children suspected of being radicalised or involved in terrorist activities, children who are in the youth justice system - will require particular care. Where a child has other assessments (including

¹Appendix 1 outlines a brief description of a few specialist assessments that practitioners should become accustomed with, and include information from regularly as part of the assessment process

The local framework for all assessments

assessments of parents/carers) it is important that these are coordinated so that the child does not become lost between the different agencies involved and their different procedures including subject to multiple assessment processes (start again syndrome);

- be **transparent** so that the family understands what is happening, why, what **responsibilities the family** have and given the opportunity to contribute – be open to professional and family challenge, including complaint procedures;
- **lead to action**, including the provision and review of services;
- be **integrated and multi-agency in approach**, including integration with other assessment processes;
- be a continuing **dynamic process** with regular reviews, not an event;
- encourage multi-agency **professional curiosity/challenge** based on information from professionals and partners who know/have known the family to avoid ‘over optimism’ and ensure progress is within the context of previous involvement with the family;
- **share information** between professionals and local agencies effectively to ensure the effective identification of need/risk, accurate assessments and service provision that assists the family in safeguarding their children.
- ensure **equality** of opportunity;
- be **recorded accurately**, including recording differences in professional views and views/wishes of the child and family.

In addition to what children have said about professionals’ involvement in their lives, all assessments and work with children must be in line with the United Nations convention on the rights of the child; the convention covers the following principles:

- the right to life, survival and development
- the right to non-discrimination
- respecting the views of children
- the requirement to give primary consideration to the child’s best interests in all matters affecting them
- civil rights and freedoms including the right to have access to information, expression of thoughts and association
- the right to a family environment; living and in contact with both parents and where necessary appropriate alternative care
- the right to basic health and welfare services to support a adequate standard of living
- the right to education, leisure and cultural activities
- special protection measures covering the rights of child refugees, children affected by armed conflicts, children’s involvement in the criminal justice system, deprivation of liberty and children suffering forms of exploitation.

Risk Assessment and Analysis

When there are concerns that a child may have suffered, or be likely to suffer significant harm, the Local Authority has a duty to conduct enquiries that will include a risk assessment. The purpose of the assessment is to understand the nature and level of risk to which a child is exposed so that it can be managed and the child made safer.

Risk assessment is the process of getting information about the sources of possible harm to a child and balancing these with an assessment of the child's resilience and the family's strengths.

Risk assessments are most effective when they are completed on a multi-agency basis and typically social workers will contact other professionals who have knowledge of the child and family (School, GP, Police, Health Services, Probation and other Adult Services).

Following the assessment the information gathered is analysed to predict the likelihood of future harm and appropriate plans are made to mitigate (reduce) the risk to which the child is exposed. The risk assessments undertaken by social work staff will take account of any risk assessments that have been completed on the adults involved (Domestic Abuse, Mental Health, Emotional Health, Risk of Reoffending, Substance Misuse, etc.)

All the risk assessments are informed and guided by the Munro risk assessment principles² which recognise that risk can never be totally prevented and that even the best assessments do not guarantee safe and positive outcomes.

²Annex A, The Munro Review of Child Protection, Interim Report: The Child's Journey
Professor Eileen Munro, DfE (February 2011)

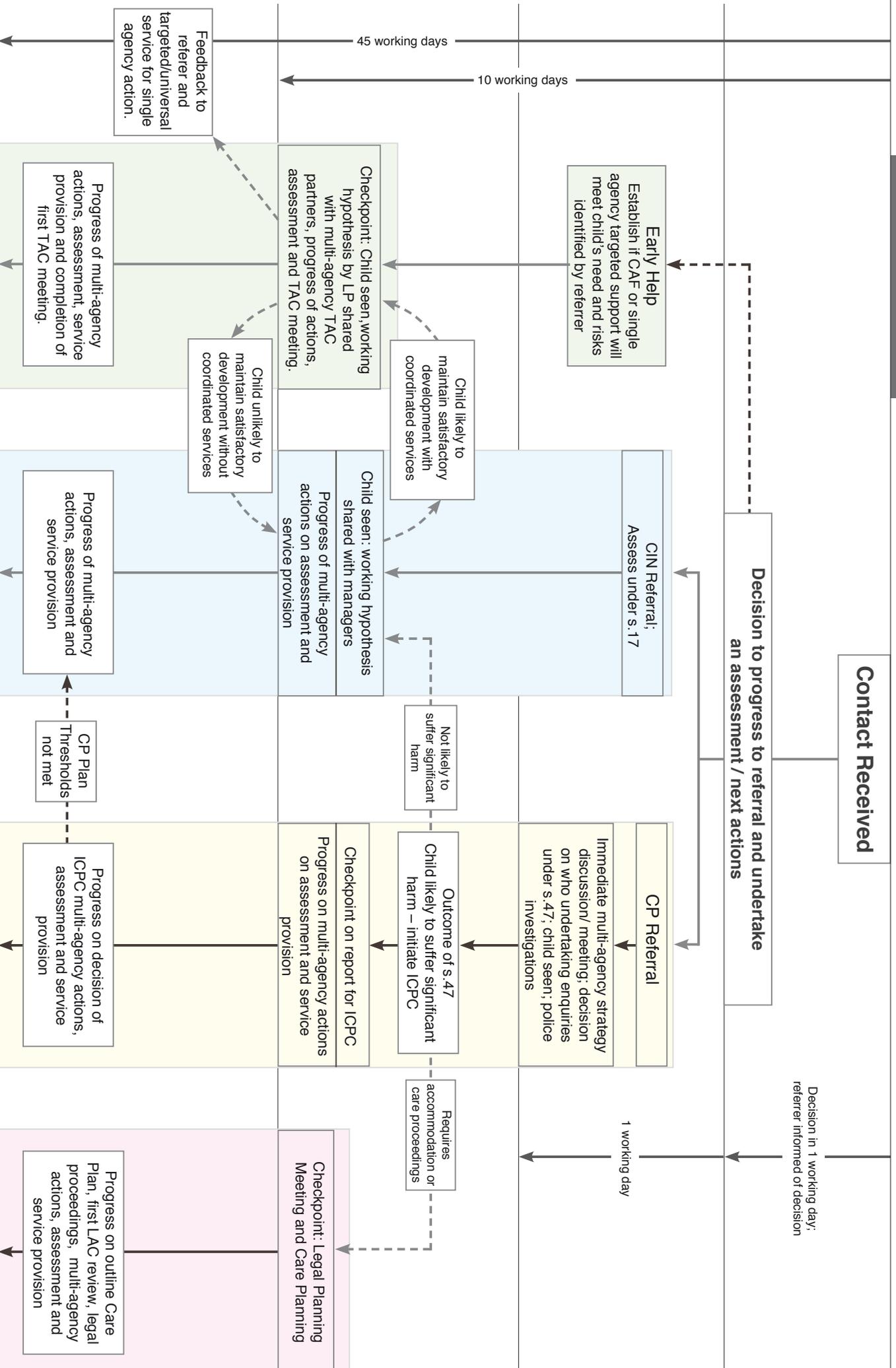
Reassessment

Children and Family Assessments for children who are subject to child protection or child in need plans will be reviewed every two years as a minimum. Safeguarding concerns and/or change in circumstances or need would trigger a review/update at the appropriate time.

For children/young people in local authority care or children with a disability there may not be the need to review/update every two years as a minimum. The triggers for updating these assessments are:

1. Safeguarding concerns (section 47)
2. Change in child's\young person's circumstances \needs or diagnosis
3. Proposed change of care plan\placement breakdown.
4. Transition at 14 (for children with disabilities) and on referral to Adult Social care at aged 17
5. At parental request for re-assessment of need under Section 17.
6. In the event that rehabilitation to birth family is being considered for a looked after child.

Managers: Provide reflection, supervision, oversight, authorisation and performance management



Post 45 working days: Review and update assessment in line with CAF, CIN, CP or LAC procedures to support escalation or de-escalation within the continuum including closure to targeted or universal services

Assessments not completed within 45 working days require manager's authorisation

Appendix 1

Specialist Assessments

Early Help Assessment

Early Help means providing support as soon as a problem emerges, at any point in a child's life.

Where a child and family would benefit from a co-ordinated package of support on a multi-agency basis the Child and Family plan (CAF) approach should be used. The CAF assessment should identify what help the child and family require to prevent their needs escalating to a point where statutory intervention under the Children Act (1989) would be required.

A lead professional should be identified (preferably chosen by the child or family) to co-ordinate the support plan and act as a single point of contact for the family.

For the CAF assessment and plan to be effective, it should be undertaken with the agreement of the child and family and practitioners should actively involve the child and family.

The lead professional should be able to discuss any welfare concerns and child protection suspicions with a social worker; this is facilitated via the Advice and Consultation Social Worker (A&C SW) in the Multi-Agency Safeguarding Hub (MASH).

Where parents and/or the child do not consent to a CAF assessment and plan, the lead professional should make, and record, a judgement as to whether without the co-ordination of early help support, the needs of the child will escalate. Advice may need to be sought from the A&CSW as to whether a referral to children's social care should be made.

Where a Single Assessment is undertaken in a case that has already had a CAF Assessment undertaken, the information within the assessment must be shared and used within the Single Assessment.

Health Assessments

Across Blackburn with Darwen there are many health services available in the acute sector (hospital) and primary care (community) for which particular assessments will be carried out for children, young people and adults. These assessments will feed into the Single Assessment as appropriate.

An example of the departments these assessments will be obtained from include: health visitor/school nursing, mental health, drug/alcohol, GP, paediatrics, audiology, speech & language, midwifery, emergency department and any other health departments that are involved with the child and family (this includes children/young people with complex health needs whereby a number of departments are involved).

Appendix 1

Specialist Assessments

Youth Justice Assessments

The current Youth Justice Service tool for assessment is **ASSET PLUS**. This is used to determine a young person's likelihood of re-offending and address how to safeguard their safety and wellbeing and reduce their risk of harming others.

ASSET PLUS requires and includes specialist assessments within it - thus mental health, physical health, substance misuse, speech, language and communications assessments to provide the young person with learning and skills, including special educational needs are all included within the **ASSET PLUS**.

For young people who are referred to the Youth Justice Service via the anti-social behaviour prevention route, then a "**Prevention ASSET PLUS**" is used. Using a screening tool adapted and developed for BwD.

For young people who present with sexually harmful behaviour, there are a number of routes to being assessed. For all those that come via the criminal justice route they will receive an **ASSET PLUS** assessment prior to a specialist assessment based on the Assessment, Intervention, Move-on (AIM) principles. For young people referred through non-criminal justice agencies a consultation takes place with the referrer, children's social care and the Youth Justice Service, an assessment and report are then completed based on AIM principles.

For young people who are at risk of radicalisation or involvement in terrorist activity, the Youth Justice Service is trained to assess and provide a range of service from reducing vulnerabilities to advising on criminal justice intervention.

Young Carers

The Carers (Equal Opportunities) Act 2004 places a duty on local authorities to inform carers, regardless of their age, of their rights to an assessment. Children (aged under 18) who are carers should be offered an assessment as "a child in need" under the Children Act 1989. This assessment must consider their work, education and leisure needs.

Following a referral to the Young Carers Service (Child Action Northwest) will undertake a Young Carers Assessment which sits within a 'whole family' assessment pro forma. The assessment is undertaken to determine whether or not the young person is taking on an inappropriate caring role which may have an adverse impact on their all-round wellbeing, and if so, how the Carer's Service can work together with other partners to reduce the inappropriate caring roles that have been identified and put support in place for the young person and family members. The assessment process includes a young person's self-assessment sheet and a wishes, needs and feelings sheet to ensure that we are able to hear 'the voice of the child' throughout the assessment process and that they have been fully included in the decision making process.

Appendix 1

Specialist Assessments

Special Educational Needs

From September 2014, Part 3 of the Children's and Families Act replaced statements of special educational needs and learning difficulty assessments for children and young people identified as having special educational needs and disabilities with a single education, health and care (EHC) plan setting out the individual support they require.

The entitlement for children and young people to have their SEN needs assessed has been extended to include children and young people from 0-25 years of age. The legal definition of Special Educational Needs (SEN) remains unchanged from the Education Act 1996: "A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for them.

A child of compulsory school age or a young person has a learning difficulty or disability if they have a significantly greater difficulty in learning than the majority of others of the same age or has a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions." Many children and young people who have SEN may have a disability under the Equality Act 2010 which is defined as 'A physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities'.

Provisions in both Acts allow for the assessment for children with special educational needs and educational settings will use one of the four categories below to plan interventions and services:

- Communication and interaction
- Cognition and learning
- Social, emotional and mental health
- Sensory and/or physical needs.

From birth, many of the needs are identified through early health assessments. Once in educational settings a designated member of staff, the Special Educational Needs Co-ordinator (SENCo) will have overall responsibility for identification, assessment and intervention. The assessment process in schools is supported by a range of professionals including Educational Psychologists, Therapists and Specialist Teachers. Transitional arrangements will be made for children and young people at each stage of their education from early years through to post 16 education or training.

Further information on the Education, Health and Care Planning process can be found on Blackburn with Darwen's Local Offer: www.bwd-localoffer.org.uk

Appendix 1

Specialist Assessments

Domestic Abuse

The principle assessment used by both the statutory and voluntary sectors is the Safe Lives, Domestic Abuse, Stalking and Honour Based Violence (DASH) risk assessment checklist. The Safe Lives-DASH risk assessment checklist contains a range of actuarial risk based questions that can be used by practitioners when abuse is disclosed voluntarily, through routine direct questioning and when attending in the provision of emergency protective services.

The checklist assists in identifying and assessing both the level of single-agency service required and in high risk cases, identifying cases requiring referral to a Multi-Agency Risk Assessment Conference (MARAC) for co-ordinated multi-agency monitoring and service provision. The risk identified from the checklist may also lead to referral for specialist assessments on managing/reducing risk from perpetrators and on assessing the impact of domestic abuse on children. The Independent Domestic Violence Advocate (IDVA) can assist during the assessment process and link the assessment to the Single Assessment/CAF.