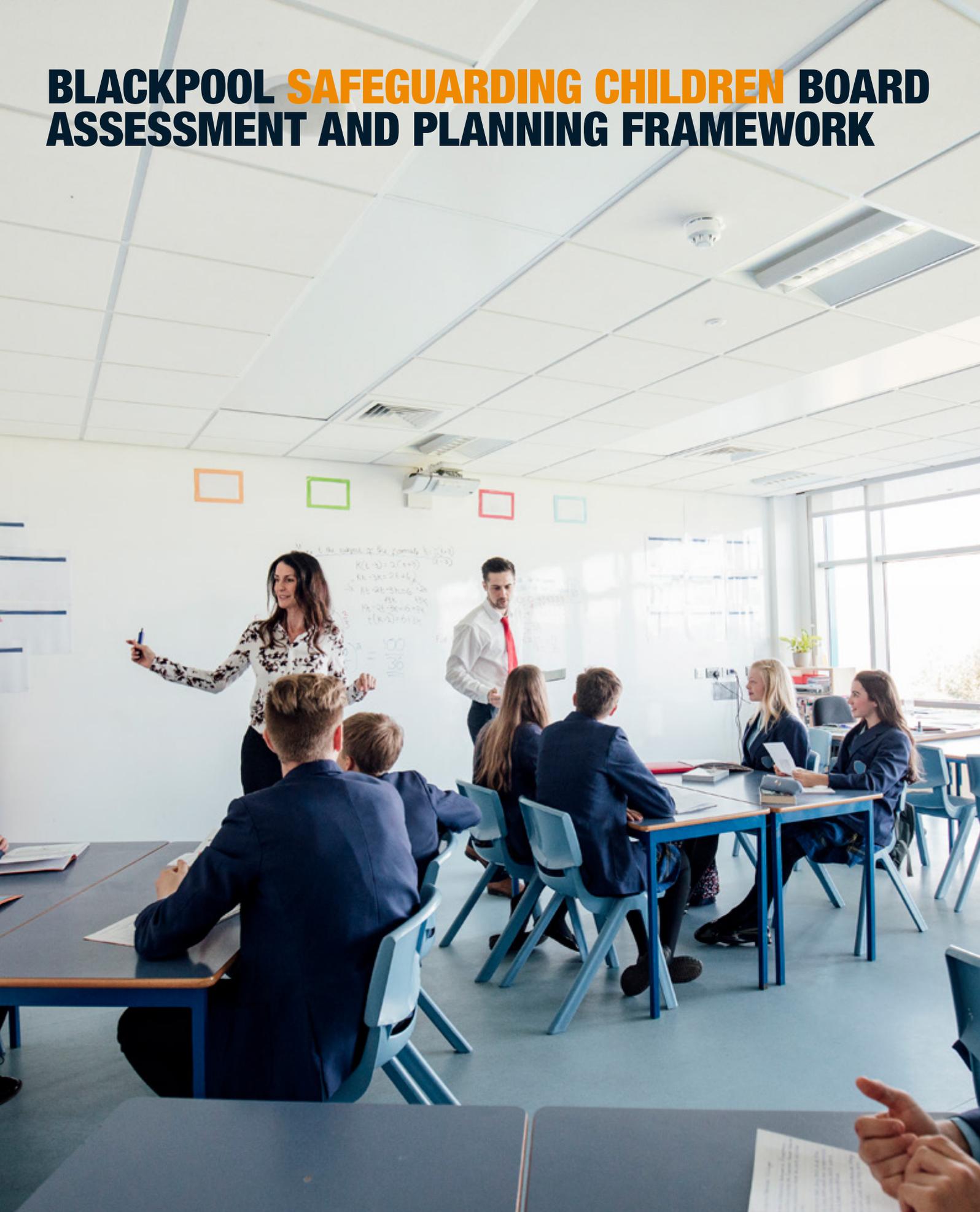


BLACKPOOL SAFEGUARDING CHILDREN BOARD ASSESSMENT AND PLANNING FRAMEWORK



**BLACKPOOL
SAFEGUARDING
CHILDREN BOARD**

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1 INTRODUCTION

- 1.1 Keeping Children Safe in Blackpool sets out the importance of early support for families, ensuring they receive help to address issues and problems as soon as they arise. It highlights and supports the emphasis on both assessment and planning when working with a family and focuses on empowering families by working alongside them to build resilience. The Early Help Assessment (EHA) is a shared assessment and planning tool for use by all agencies in Blackpool. It helps in the early identification of needs for children and families. The EHA promotes a co-ordinated approach as to how these needs should be met. This should lead to fewer children in need of the specialist assessments and support detailed in this document.
- 1.2 The Blackpool Assessment and Planning Framework sets out how we will assess, plan and manage cases when there are concerns about a child and where it is recognised that there is a need for social work assessment and intervention. This framework is equally applicable to all open cases, for example, children subject to a EHA, children with a child in need plan or child protection plan and children looked after, where ongoing assessment and planning is essential to informing plans for children, avoiding drift and ensuring timely decision making based on effective, evidence based assessment.
- 1.3 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. If children and families are to receive the right help, everyone who comes into contact with them – midwives, health visitors, GPs, early years staff, teachers, youth workers, police, voluntary and social workers – has to play a role by identifying concerns, sharing information and taking prompt action.
- 1.4 Concerns about a child’s welfare may arise in many different contexts and the nature of these concerns will vary greatly from child to child. What is important is that support is provided quickly so that a problem does not escalate.
- 1.5 Understanding families and the experiences of children within them can be complex. Professionals working in universal services – health, education, police and early years – have a responsibility to identify the early signs of need, abuse and neglect, to share that information and work together with families to provide children with the help they need.
- 1.6 Assessment should be a continuous process which has the needs of the child at the centre. The assessment completed by a Social Worker will therefore build on information already known as a result of early help to the child and their family and previous or ongoing involvement with Children’s Social Care.

2 THE PURPOSE OF A SOCIAL WORK ASSESSMENT (CAFA)

2.1 The purpose of a child and family assessment is to gather information and evidence about a child and their family to identify whether a child has unmet needs and the nature and level of any risk of harm. An assessment is not an end in itself but the means of informing the delivery of effective services for children and families and these being set out in a SMART plan that contains clear outcomes for the child and a clear indication of whether risks/ needs are reducing. An assessment under section 17 or section 47 of the Children Act must be completed by a qualified Social Worker. The assessment must be based on a sound knowledge of child development and be seen in the context of the child's family and their environment. An effective assessment takes into account the historical information in relation to the child and the family, including previous social work intervention.

The Social Worker leads the assessment which must be informed by the child and their family members and by other professionals who know them, including teachers, health visitors, GPs, housing, probation and the police.



3 STATUTORY ASSESSMENTS UNDER THE CHILDREN ACT (1989)

- 3.1 A statutory child and family assessment, as referenced in section 2, under the Children Act (1989) will inform decisions about whether a child is a child in need as defined under section 17 of the Children Act, or is suffering, or likely to suffer, significant harm as defined in section 47 of the Act.
- 3.2 A child in need under Section 17 of the 1989 Children Act, is defined 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. Explicit and informed consent from parents is required to undertake this assessment and associated enquiries, unless there is a risk of significant harm.
- 3.3 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 enquiries 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. It is good practice to seek the consent of parents during this process, however, the welfare of the child is paramount and the need to make those enquiries takes precedence over consent.
- 3.4 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.
- 3.5 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.
- 3.6 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 child and family 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.
- 3.7 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.

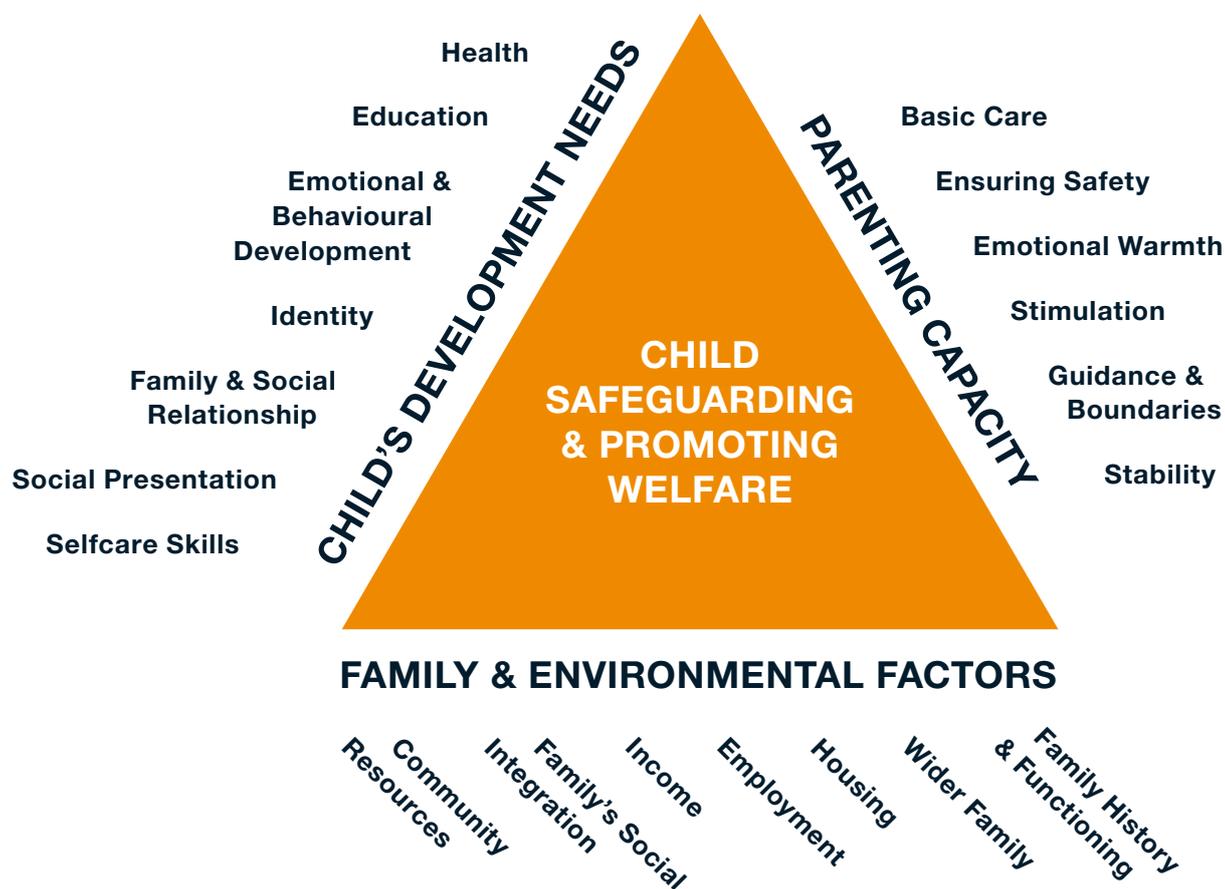
4 RISK ASSESSMENT AND ANALYSIS

- 4.1 Where 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.
- 4.2 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 family strengths. When undertaking risk assessments it is necessary that staff should be 'risk sensible' and recognise that no system can fully eliminate risk of harm. Blackpool has a risk sensible model that practitioners use in order to be able to assess risk, this focuses on the identification of risk, both underlying and high, impact on the child, and parental ability to change. This should result in risk sensible and defensible decision making within these assessments. This model emphasises the need to identify resilience factors and how these may mitigate risk, this is in line with Blackpool's resilience programme, delivered through Head Start. When making 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.
- 4.2 All assessments, including risk assessments are most effective when they are completed on a multi-agency basis. Social Workers should contact other agencies involved with the child and family and identify if other specialist assessments have been completed, including on the adults involved (e.g. SEN, EHC plans, CAMHS, ASSET (youth justice), young carers); these must be considered and inform the outcome of the assessment. BSCB also provides a suite of neglect assessments tools, included the Graded Care Profile 2. These should be used to assess the scale and type of neglect, together with the underpinning factors. It is expected that a Graded Care Profile 2 is completed in respect of all children subject to a child protection plan under the category of neglect.

5 INFORMATION SHARING

- 5.1 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.
- 5.2 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, Data Protection Act and General Data Protection Regulations.
- 5.3 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 of 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 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.
- 5.4 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 that assist professionals in making complex decisions about information sharing.
- 5.5 The 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, it is not a barrier to sharing information where the failure to do so would result in a child... being placed at risk of harm”.
- 5.6 There will be circumstances when seeking consent to share information will not be required (if 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 and provided by managers. Where consent is refused and information shared, accurate recording of the refusal must be made.

6 THE ASSESSMENT FRAMEWORK



Social work assessments must always:

- Use the above conceptual framework to gather information;
- Include good analysis of:
 - The child's developmental needs. The child's development should be recorded so that progress can be monitored against baseline information to ensure their outcomes are improving;
 - The parents' or carers' capacity to respond to the needs of the child;
 - The impact and influence of wider family, community and environmental circumstances;
 - The impact of what is happening to the child, including whether they are suffering significant harm;
- Be informed by the views of the child and their family. Children should, unless there are exceptional circumstances, be seen alone to ascertain their wishes and feelings;
- Be timely and responsive, while maintaining the quality of information;
- Be proportionate to the needs of the child;

- Seek to build on strengths as well as identifying difficulties;
- Provide clarity on the contributions of all agencies and professionals that will be undertaking assessments and providing services;
- Be informed by, and inform, other specialist assessments such as: the assessments for children with special educational needs and disabilities, Education, Health and Care Plans, assessments by adult services;
- Ensure that any specialist assessments are coordinated so that the child and family experience a single assessment and planning process;
- Be transparent so that the family understands what is happening and why, seeking to ensure that each child and family understand the type of help offered and their own responsibilities for being involved in the assessment and the help being provided;
- Be integrated and multi-agency in approach, encouraging professional curiosity/ challenge, based on information from professionals who know the family to avoid 'over optimism' and to ensure progress is understood within the context of wider involvement with the family;
- Ensure equality of opportunity;
- Draw on the most up to date research when considering risk and the impact of neglect and abuse on the child;
- Be evidence based and clearly recorded within the child's social care record. Judgements should be revised as the case progresses and new information comes to light;
- Be borne of the principle that assessment should be followed by a plan>do>review approach to our intervention, and Social Workers must continually review the impact of the resulting plan in terms of improving the child's outcomes.
- Be recorded accurately, including differences in professional views and those of the child and family.



7 THE ROLE OF PLANNING

7.1 The Assessment and Planning Framework ensures that the child and family experience a single assessment and planning process. Active planning with families at the earliest opportunity should identify and put in place services or interventions which will deliver the right help to children and families at the right time. This framework should develop a robust understanding of the child's journey to date and evidence the impact of existing plans in place at the point of referral and during subsequent assessments. The use of chronologies should inform planning, interventions and the approach to assessment. Early planning will complement and inform a process of robust assessment, but changes in circumstances should prompt a proportionate review of current interventions and not lead to 'open-ended' assessment. Professional judgement and management oversight should identify when reassessment or a change in plan should be triggered. Examples where a reassessment may be considered include:

- When entering a pre-proceedings process;
- When required by Public Law Outline in respect of children in proceedings;

- If the child has come into care or is at risk of coming into care;
- If in the Service Manager's, Team Manager's or Independent Reviewing Officer's professional judgment further assessment is required;
- If a s47 Enquiry is instigated;
- If there has been a significant change in the child's circumstances or living arrangements, including a change of placement for a child looked after or if they return home from care to live with their families;
 - If there has been no assessment in the past twelve months for open cases including children looked after or a child looked after moves placement.

7.2 Planning and assessment should deliver an agreed plan, with clear outcomes which can be measured as part of formal review and performance management arrangements.



8 ASSESSMENT - TIMELY, TRANSPARENT AND PROPORTIONATE TO NEED

8.1 How quickly an assessment is carried out, after a child's case has been referred to Children's Social Care, will be determined by the needs of the child and the level of any harm being suffered. This will require judgments to be made by the Social Worker in discussion with their manager on every case and should be clarified by the manager at the point of allocation.

8.2 Assessments must be transparent and open to challenge by professionals and by children and families; complaint procedures must be accessible.



9 ASSESSMENT CHECKPOINTS

In Blackpool the following timescales have been set as 'checkpoints' within the children's social work assessment process:

9.1 Within 1 Working Day

- Within one working day of a referral being received, the Social Worker and their manager must make a decision about the type of response that is required.
- The Team Manager will set a timescale at the outset of the assessment process for its completion. This date will be shared by the Social Worker with the child/family and relevant partners.
- Where a child is suffering or likely to suffer significant harm the child must be seen by a qualified Social Worker immediately (within a maximum of 24 hours) to assess their welfare.

9.2 Within 10 Working Days

- Managers must review the progress of the assessment by day 10. This is Checkpoint 1. The manager must enter the date they reviewed the assessment and any comments on the child's case record. The manager and Social Worker should agree at this point the date by which the assessment should be completed, (if not already completed) and if the case is to remain open as a Child in Need, the date for the Child in Need meeting must be agreed.
- The child must be seen by a qualified Social Worker as soon as possible following a referral. Professionals involved with the child and family must make a decision on the timing of this visit, based on their assessment of the child's needs. In all cases this will not exceed more than 10 working days.
- If for exceptional reasons this has not been possible a clear explanation for this needs recording on the file and consideration given as to whether there needs to be an escalation of the issues

9.3 Within 30 Working Days

- Where it is identified that assessments will take longer than 10 working days to complete, the assessment and understanding of the child's needs will be discussed with the Social Worker by the manager prior to the 30th working day and the timescale for completion will be agreed. This is Checkpoint 2.
- It will be expected that if services are required for the child and family these will be actioned during this time period to prevent delay, and further visits will be undertaken to the family in order to obtain further detailed information.
- It is expected that information gathered from all agencies involved with the family (where consent is given, and where appropriate) will be utilised, including other Blackpool Council services who may have involvement with the family, for example, the SEND or CWD team.
- The voice of the child and their lived experience should at this point be started to be understood and clearly recorded within the assessment.

9.4 Within 45 Working Days

- No social work assessment should take more than 45 working days to complete.
- If in exceptional circumstances, for example, the family are away, or there is complex historical information to be gathered from other authorities, and the assessment is likely to take more than 45 working days, this must be approved by the Service Manager.
- For Child in Need cases a planning meeting will always be held between the 15th and 45th day.

10 EXPECTED PRACTICE IN ALL ASSESSMENTS

- 10.1 Feedback must be given to the referrer on decisions made and the action being taken. The child and family must be informed of the action to be taken.
- 10.2 The child's wishes and feelings must be taken into account when deciding what services to provide.
- 10.3 Where a case is referred that may constitute a criminal offence, the local authority must discuss it with the police at the earliest opportunity. The police have a duty to carry out a criminal investigation.
- 10.4 Delay in providing services, or initiating care proceedings when this is required, has a detrimental impact on a child's development. It is vitally important for their development that children have their needs met at the right time throughout their lives. Professionals must not wait until the assessment reaches a conclusion before providing services to support the child and their family.
- 10.5 The Social Worker must discuss the child's case with other professionals – teachers, health and early years staff, police - and agree how quickly meetings should be convened so that children are kept safe and help is provided which meets the needs of the child and their family.
- 10.6 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 to be made on next steps. The conclusions of any assessment must be shared with the child and their family and parents must always be given a copy of the assessment documentation.
- 10.7 It is important that children and families understand their role within the assessment and that the assessment will be completed with them in order to ensure their needs are identified and that they along with other partners, were it is safe to do so look at solutions to meet the identified needs and improve outcomes.



11 SPECIALIST ASSESSMENTS

11.1 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 would benefit from a co-ordinated package of support, usually on a multi-agency basis, the Early Help Assessment (EHA) should be used. The EHA 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.

Where more than one agency is involved a lead professional should be identified (preferably chosen by the child or family) to co-ordinate the plan and act as a single point of contact for the family. For the EHA to be effective it should be undertaken with the agreement of the child and family and practitioners should actively involve the child and family. Support is available for any practitioner involved in the delivery of early help to a child from the multi-agency Early Help Hub.

Where parents and/ or the child do not consent to an EHA 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 Duty and Assessment as to whether a referral to children's social care should be made. The withholding of consent is not grounds, in itself, for a referral for statutory intervention.

Where a Single child and family assessment is undertaken in a case that already has an EHA undertaken, the information within the EHA must be shared and used within the Single Assessment.

Practitioners must be risk sensible in their approach to families and not make statutory referrals for a child and family assessment just in case, or because they have not undertaken an Early help assessment. Advice to practitioners is available through both the Early help hub and the duty and assessment teams

11.2 Health assessments

Across Blackpool 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 and adults. These assessments will feed into the Single Assessment as appropriate.

Services assessments should be obtained from services including health visiting, school nursing, mental health, drug/ alcohol services, GP, paediatrics, audiology, speech and language, midwifery, emergency department and any other departments involved with the child or family. For children with complex health needs a number of services may be involved.

11.3 Youth Justice Assessments

The current Youth Offending Team (which operates as part of Blackpool Young People's Service) tool for assessment is Asset Plus. This is used to determine a child's likelihood of re-offending and 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 child with learning and skills, including special educational needs are all included within Asset Plus.

For children who present with sexually harmful behaviour there are two routes to being assessed. For those that are identified within the criminal justice system they will receive an Asset Plus assessment prior to a specialist Assessment, Intervention, Move on (AIM) assessment. For children referred to children's social care outside the criminal justice process a decision will be made at the strategy meeting as to the most appropriate means of assessment, which may include an AIM assessment.

11.4 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 section 17 of the Children Act 1989. This assessment must consider their work, education and leisure needs.

11.5 Special Educational Needs and Disabilities

The Children and Families Act 2014 requires that children with special educational needs and disabilities are provided with a single Education, Health and Care (EHC) plan setting out the individual support that they require.

The legal definition of special educational needs is provided by the Education Act 1996: "A child or young person has special educational needs 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 the facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions."

Many children 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 of 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 and Disability Co-ordinator (SENDCo) 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 at each stage of their education from early years through to post 16 education or training.

11.6 Domestic Abuse

The principal assessment used by both statutory and voluntary sectors is the Safe Lives Domestic Abuse, Stalking and Honour Based Violence (DASH) risk assessment checklist. The DASH 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 identifying high risk cases requiring referral to a Multi-Agency Risk Assessment Conference (MARAC) for a co-ordinated multi-agency response. 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 Advisor (IDVA) can assist during the assessment process and link the assessment to the single assessment or EHA.

Appendix 2

Process for all Children Currently Receiving a Service
from Children's Social Care - Flow Chart

