



**Buckinghamshire County Council
Children's Services
Local Assessment Protocol**

**(Agreed by the Buckinghamshire Safeguarding Children Board July
2017)**

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1. Introduction

Working Together (2015) states that:

"Local authorities, with their partners, should develop and publish local protocols for assessment. A local protocol should set out clear arrangements for how cases will be managed once a child is referred into local authority Children's Social Care (Children's Services) and be consistent with the requirements of this statutory guidance. The detail of each protocol will be led by the local authority in discussion with their partners and agreed with the relevant LSCB.

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

- 1.1. This document is Buckinghamshire County Councils' local assessment protocol and it sets out the local arrangements for how a child's needs will be managed once a child is referred to Children's Services.
- 1.2. This document is for professionals who come into contact with children and families and have a concern about a child in Buckinghamshire County Council area. (Not Milton Keynes).

This document should be read alongside:

- [Working Together 2015](#)
- [BSCB threshold document September 2015](#)
- [BSCB Threshold Guidance November 2015](#)
- MASH and First Response protocol

2. The Process

Referrals to Children's Services

- 2.1. All new referrals to Children's Services are made through First Response during normal office hours or via the Emergency Social Work Team (ESWT) outside of office hours. The Emergency Social Work Team offer an emergency response to referrals and any referrals that remain unresolved will be forwarded to the appropriate Children's Services Team at the start of the next working day.
- 2.2. When First Response receives a referral, these will be recorded on the Children's Services electronic data base (LCS). Where possible all referrals should be made using a Multi- Agency Referral Form (MARF).
- 2.3. Within one working day of receiving the referral a qualified Social Work Manager will make a decision on the type of response that is required. Possible responses are:
- The referral was for information only
 - No further action – threshold does not meet the criteria for intervention under Section 17 of Children Act 1989
 - Signpost or refer for early help services
 - Provision of information and advice
 - Where safeguarding concerns are identified a strategy meeting will be held (Section 47 of Children Act 1989)
 - Section 17 criteria met – progress for a C&F (Child & Family) assessment
 - More information is required and this will be passed to a Social Worker to progress further enquiries through the MASH (Multi-Agency Safeguarding Hub)
- 2.4. If the referral is passed to a Social Worker to undertake further enquiries through the MASH a final decision on the next action (which could be one of the above) will be made within 3 working days of the referral being received.
- 2.5. Unless the referrer is a member of the public who wishes to remain anonymous, the referrer will be informed of the response to their referral. **Professionals who make a referral cannot remain anonymous.**
- 2.6. The vast majority of referrals that are progressed from First Response will be assigned to an Assessment Team
- 2.7. Some assessments will bypass the assessment Team and may be assigned to:
- SWAN (Child Sexual Exploitation) Team – where CSE is a primary concern
 - CIN (Child in Need) Team - within 3 months of closure of previous referral
 - CP & Court Team – within 3 months of closure of previous referral
 - CWD (Children with Disabilities) Team – where presenting concern is for a child with disabilities

- CP/Court - Pre-birth assessments (from June 2017) where meets threshold at Tier 4

2.8. When a referral is progressed to a Social Work Team, the receiving Team Manager will progress for an assessment and allocate to a Social Worker to undertake the assessment. In some circumstances, information may come to light which suggests the assessment would not be appropriate or proportionate. An example would be where it is established the family does not live in our area, or further information clearly shows the referral to be malicious. In these circumstances a Practice Improvement Manager (PIM) must authorise the assessment not being progressed and this must have a clear rationale detailed in case notes for this decision. These circumstances should be the exception to not progressing the assessment. Where a child is deemed to be the responsibility of another Local Authority a referral must be made in writing to that Local Authority.

2.9. An assessment is a dynamic and continuous process, which should build upon the history of the individual child and the child's family, with the need for the Social Worker to read and take into account previous Social Work records, responding to the impact of any previous services and intervention and analysing what further action may be needed based upon the new referral or change of circumstances.

2.10. Assessment is continuous and ongoing and an updated assessment should be completed at a minimum of every 6 months for children open to Children's Services aged under 1 years and no more than 12 months for children over 1 year.

2.11. At the outset of an assessment, the allocated Social Worker should advise the family of the concerns and detail how the assessment will be carried out. Written consent should be sought to this process from anyone with parental responsibility and from the child if deemed age appropriate and competent to do so. The only exception to this should be where a family refuses consent to share information and where this consent has been overridden in order to safeguard the child. This decision can only be made by a Social Work Manager and the reasons for this must be fully recorded on LCS and shared with partner agencies.

2.12. A child must be seen within 5 working days from the point of referral. Where this is not achievable this must be discussed with a Manager and the reasons recorded in LCS. An alternative timeframe must be rescheduled for seeing the child. This should not exceed 7 working days from the point of referral.

2.13. The timeliness of an assessment is a critical element of the quality of that assessment and in turn the outcome for the needs of the child. The speed in 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 being made by the allocated Social Worker and their Manager on each individual child.

2.14. Any new assessment will be completed within 45 working days from point of

initial referral. It is the responsibility of the Social Worker to explain to the child and parents / carers who they are, what their role is, why the assessment is being carried out and how they are going to do this. They should also keep the family informed about when they can expect to hear the outcome of the assessment and what will happen next.

2.15. An assessment is complete when it is possible to reach a decision on what should happen next and when it has been authorised by the Manager. With any new assessment there should be up to a minimum of three management oversights during the assessment – from the point of allocation to authorisation.

(i) At the point of allocation – the Manager should give a view and outline plan for the assessment to be undertaken.

(ii) Mid-point review – no later than 20 days to consider the level of concern and whether it should be escalated or deescalated (after at least 1 contact with the adults and children in the family) and what else needs to be done to complete the assessment.

(iii) At completion/authorisation - Assessing Social Worker discusses and submits draft written assessment to Manager and a decision is made by the Manager to either authorise the assessment as complete or to request further work be undertaken- focusing on any further information gathering and contact with the family – the Manager will then review following the additional work and authorise if amendments are satisfactory. The Manager should not authorise the assessment until the needs of the child have been assessed and recommendations and analysis are clear.

2.16. 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 the family. In some cases the needs of the child will mean that a quick assessment will be required. The internal review points will help achieve proportionate assessments that meet the needs of individual children and their families.

2.17. The assessment outcome and any planned work or support to the child and family should be communicated to the child and adults in plain language that they can understand avoiding the use of jargon and acronyms.

2.18. The outcome of the assessment and next actions should also be communicated to the referrer and to any agency consulted or involved in the assessment.

3. The Assessment Framework and the quality of the assessment

3.1. Buckinghamshire Children's Services works to the principles and parameters of a good assessment as set out in Working Together to Safeguard Children 2015, recognising that:

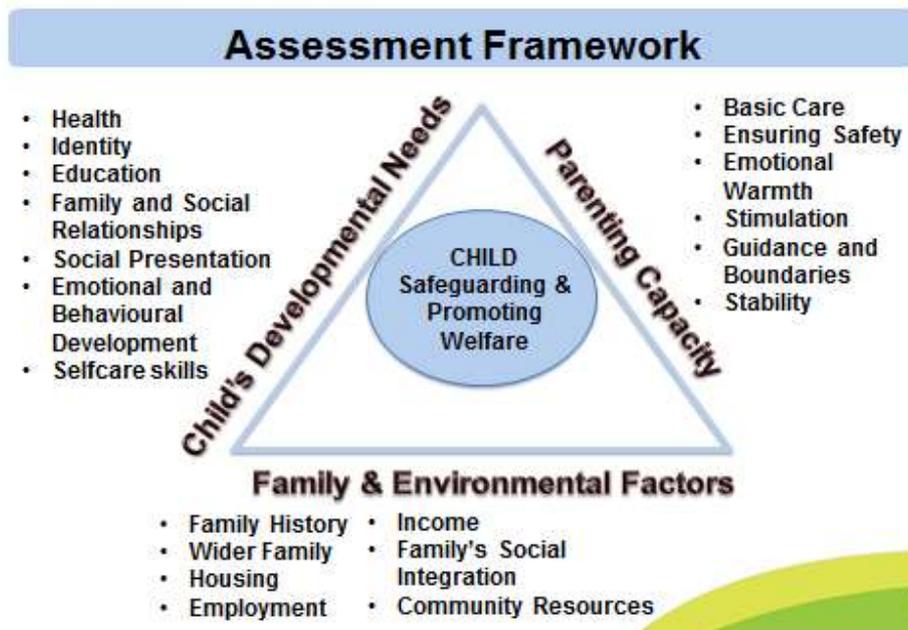
- The child is at the heart of the assessment
- The child's known or perceived "lived experiences" will inform the plans that will be put in place to improve the outcomes for the child

3.2. The purpose of an assessment is always:

- To gather important information about a child and family – using current and historical information held by Children's Services, any involved agency and the family themselves (consideration should be given to the potential of the family having been known to another Local Authority)
- To identify what is working well within the family
- To identify worries about the children in the family through meeting with them to gain their wishes, views and feelings through direct work or through observation of relationships
- To analyse the needs of the child and family and/ or the nature and level of any risk posed to the child, or any harm being suffered by the child
- To inform a decision as to whether the child is a child in need (Section 17) or is suffering or likely to suffer significant harm (Section 47)
- To provide support to address those needs to improve the child's outcomes and identify what needs to change for the care of the child to be safe and stable in the long term

If it is felt that a child is suffering or likely to suffer significant harm, a strategy meeting should be held without delay to consider whether Section 47 threshold is met. When necessary immediate action should be identified and taken to safeguard the child.

3.3. All assessments in Buckinghamshire should be undertaken using the framework for assessment (HM Government 2015)



- Assessments will take into account the three domains of the Assessment Framework (above)
- All assessments will be evidenced based and where appropriate reference current research in support of the conclusions reached
- Assessments will include and take account of information from other professionals as appropriate
- Where there is more than one child the assessment process will specifically consider each child individually
- Assessments will be conducted openly and honestly with the child and their family and will actively involve them (paying due regard to absent parents) in the assessment and planning process
- Assessments will have clear management oversight and decision making on next steps (see section 2)

4. Multi-agency contributions to assessment

4.1. Children's Services will be the lead agency for the assessment but it is important to recognise no single agency can have a full picture of the child's needs and circumstances. It is essential to recognise that a meaningful assessment cannot be achieved without support and input from other agencies and professionals who are working with the child and family.

4.2. Any agencies working with the child and family, whether universal, targeted or specialised will have important information which can help inform the assessment. There is an expectation that information will be shared with consent. If consent is

not obtained it should be noted that this is not a barrier to sharing information when it is seen as necessary and proportionate, in the child's best interests and can be justified to protect and promote the wellbeing of the child. Any reasons for requesting information sharing without consent should always be put in writing and supported by a manager.

4.3. Where there are enquiries under Section 4, 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 child and it's family, they will inform the agency that an assessment is being undertaken and the reasons for this. The Social Worker will ask that the agency contribute relevant information to help inform the assessment.

5. Risk Assessment

5.1. As part of the assessment, the risks for all children, family members and involved professionals should be considered and included within the assessment.

5.2. Guidance on assessing and managing risk can be found in:
["Risk Management & Risk Management Manual version V1.0"](#) (hyperlink to be added)

6. Strategy Meetings and Section 47 enquires for new referrals and allocated children

6.1. Any new referral into Children's Services will be reviewed by a Manager and if, at the outset of the referral, it is felt that the child may be suffering or is likely to suffer significant harm, then a strategy meeting will be held within the MASH.

6.2. A Children's Services Manager will chair the strategy meeting and will involve appropriate partners within the MASH as part of the MASH process and will invite all relevant professions to either attend in person or to dial into the strategy meeting.

6.3. The strategy meeting will be recorded by Children's Services and a copy of the strategy meeting will be forwarded to participating agency representatives within 24 hours of the meeting.

6.4. When a decision is made that threshold for Section 47 enquiries have been met this will be progressed to the appropriate Children's Services team to undertake those enquiries. A C&F assessment will be initiated at this point as well as the Section 47 enquiry. The assessment will be undertaken in line with this protocol.

- 6.5. If threshold for Section 47 enquiries is not met, but Section 17 Child in Need assessment is deemed proportionate, this will also progress in line with this protocol.
- 6.6. If it becomes necessary to undertake a child protection medical as part of the enquiry, then the BSCB multi-agency procedure for child protection medicals should be followed.
- 6.7. Any safeguarding/child protection referral in respect of an allocated child will require the responsible manager to arrange a strategy meeting inviting all relevant professional agencies to participate/contribute by either attending or dialling in to the strategy meeting. The process will then follow as at section 6 (above) points 3 - 5.

7. Other areas requiring a C&F assessment

7.1. Children requiring a young carer assessment

- 7.1.1. A young carer is defined as a child under 18 years of age, whose life is significantly affected because of the need to care for a family member who is ill, has a disability or mental illness or is affected by substance abuse (including alcohol) or other debilitating illness.
- 7.1.2. In addition to completion of the C&F assessment when it is felt that a child may also be acting in the role of a young carer, the following areas should be incorporated into the C&F assessment:
- What amount, nature and type of care does the young carer provide (or intends to provide)?
 - What extent is (or will) this care be relied upon by the family, including the wider family, to maintain the well-being of the person cared for?
 - Does the care which the young carer provides (or intends to provide) impact on the young carers well-being, education or development?
 - Are any of the tasks which the young carer is performing (or intends to perform) when providing care excessive or inappropriate for the young carers to perform having regard to all the circumstances, and in particular the carer's age, sex, wishes and feelings?
 - Could any of the young carer's needs for support be prevented by providing services to:
 - (i) the person cared for, or
 - (ii) another member of the young carer's family?
 - What would the young carer's needs for support be if the carer were relieved of part or all of the tasks the young carer performs (or intends to perform) when providing care?
 - Has any other assessment of the needs for support of the young carer or the person cared been carried out?

- Is the young carer a child in need? If yes a CIN plan should be progressed to incorporate how the assessed needs will be met. This plan should be reviewed in line with CIN process.

7.1.3. In addition, the local authority must consider the impact of the needs of the young carer's family on the well-being of the young carer and any child in that family and, in particular, on their education and personal and emotional development.

7.1.4. The local authority must consider whether to combine a young carer's needs assessment with any other assessment of the needs for support of the young carer, the person cared for, or a member of the young carer's family.

7.1.5. A local authority must identify the young carer's friends and family, and consider how those persons can contribute to meeting the outcomes which the young carer seeks from the assessment.

NB: In the Young Carers regulations, "well-being" has the same meaning as in Part 1 of the Care Act 2014 [\(2\)](#).

7.2. Children with Disabilities

7.2.1. A child with a disability will follow the same referral process and assessment process as for any child in need of an assessment and as already detailed in this local assessment protocol, whether this be under Section 17 or Section 47 of the Children Act.

7.2.2. When a child with a primary concern is deemed to have a disability and meets the threshold for children with disabilities the referral will be passed to the Children with Disabilities Team to undertake the assessment. The siblings of the child with the disability will also be allocated to the same worker to ensure that children and families receive a joined up service and one that can assess and address the needs of all of the children in the family.

7.2.3. When planning an assessment of a child with complex needs it is important to:

- Ensure that children with a disability are seen as children first
- Think about your own understanding of disability
- Take into account the child's lived experience and their understanding of the need for the assessment
- Take into account the family's experience and understanding of the need for the assessment
- Be clear about the focus of the assessment
- Find out who else is currently involved with the child and in particular providing services/support
- Take into account any other specialist assessments in place or being

- undertaken and ensure these are cross referenced i.e EHCP
- Consider any specific or additional communication needs of the child and seek advice from the carer or involved professionals working with the child in relation to the child's method of communication

7.3. Children involved in the youth justice system

7.3.1. The YOS (Youth Offending Service) will inform Children's Services about any child or young person who is:

- Remanded to Local Authority Accommodation: Children's Services will undertake a Children and Families Assessment if one has not already been completed
- Remanded to Youth Detention Accommodation: Children's Services will follow the Looked After Children and Youth Justice Application of the [Care Planning, Placement and Case Review Regulations](#) and carry out Children and Families Assessment as appropriate
- Sentenced to custody where it is an open case to Children's Services: The situation will depend on whether the young person is subject to a Full Care Order or Section 20 or is a Child in Need. The [Care Planning, Placement and Case Review Regulations](#) provide further guidance.

7.3.2. When the YOS believe a child that they are working with may be a child in need or a child in need of protection they will refer their concerns to First Response by completing a MARF and referencing the BSCB threshold document.

7.3.3. Where both agencies are then working with a child, the allocated professionals will work together to share and inform any assessments that are then progressed.

7.4. Female Genital Mutilation (FGM)

7.4.1. When a referral is received in respect of concerns for a child who may have been subject to FGM or it is believed they may be going to be subjected to FGM the BSCB procedure for FGM must always be followed.

7.5. Fabricated or Induced Illness (FII)

7.5.1. When a referral is received in respect of concerns for a child who may have been subject to FII, the BSCB procedure for FII must always be followed. This will include the need for a Strategy meeting, Section 47 enquiry and a C&F assessment as detailed in this protocol.

8. Returning a child in care to live with their parents or person with Parental Responsibility

- 8.1. If Children's Services are considering returning a child in care to their parents or person with parental responsibility, an assessment must be undertaken to determine the appropriateness of this placement.
- 8.2. If a child is made subject to Police Protection and it is deemed appropriate to return the child home, consent must be given by a Head of Service.
- 8.3. If a child is subject to Section 20 accommodation and parents discharge their agreement to Section 20, an immediate assessment of the child's circumstances should be undertaken. If it is assessed as safe, appropriate and proportionate to return the child home, consent must be given by a Head of Service. If there are concerns about the parent's action it may be necessary to seek legal advice/hold an LPM.
- 8.4. If a child is to return home where they are subject to either Section 31 or Section 38 orders then Placement with Parent procedures must be completed and authorised by a Head of Service.
- 8.5. Where return home of a child in care is planned the appropriateness of this plan and the timing of it should be agreed through a looked after review. When the timescale of the return home is outside the review timescale then an urgent review should be arranged to consider the plan.

9. Pre-Birth Assessment

- 9.1 Pre-Birth Assessment should be carried out in line with the BSCB Multi-Agency Pre-Birth Procedure.

10. Dispute Resolution

- 10.1. If an agency with a statutory responsibility is unhappy with a decision or action taken by Children's Services then they have recourse to 'escalate' in line with Buckinghamshire Safeguarding Children's Board Escalation Policy.

11. Compliments and Complaints Process

- 11.1. Any person wishing to raise a compliment or complaint can do so through Buckinghamshire Compliments and Complaints Service. Complaints will be investigated and responded to under Buckinghamshire County Councils Complaints process. Complaints will normally be investigated and responded to within ten working days.

11.2. For more information regarding the complaints process please refer to the Buckinghamshire County Council website regarding Children's Services Complaints at complimentsandcomplaints@buckscc.gov.uk