



ISLINGTON

# **Local Assessment Protocol**

**August 2015**

## 1. The Purpose of assessment

Here in Islington we are determined to provide services which create the best possible outcomes for our children and young people. This means matching our children with the right services as they progress through childhood. Most of our children will fulfil their potential through access to universal services such as school, Early Year's settings and local community health provision. Some of our children however will have additional needs and it is important to provide effective, targeted services for these children in a timely manner to avoid impairment to their health or development. There will also be a smaller group of children who may be at risk of significant harm. In these circumstances it is important to understand the nature of the risks and then promptly agree on the measures which will be needed to deal with them. The fundamental purpose of assessment is to provide a clear picture of the child's needs and then to identify the services which will address them.

## 2. Key Principles underpinning effective assessments

Effective assessments:

- are child centred. Where there is conflict between the needs of the child and their parents/carers, decisions are made in the child's best interests.
- are evidence based and rooted in a sound understanding of child development and relevant research
- are holistic in approach, addressing the child's needs within the context of their family and the wider community
- reflect the 1989 Children Act in that all children and their parents are considered as individuals and that family structures, culture, religion, ethnic origins and other characteristics should be respected.
- actively involve children and families in the process and are informed by their views
- build on strengths as well as identifying difficulties
- are multi-agency in their approach
- are part of a continuing process rather than a single event. The impact of services delivered and other new information is continually reviewed and assumptions tested.
- focus on clear outcomes and the actions required to achieve them
- are transparent and open to challenge
- Take no longer than is necessary to establish the needs of the individual child

The model for Early Help and Social Care Single Assessment is based upon an analysis of 3 inter related domains, the research evidence for this approach is contained in practice guidance (Department of Health, 2000a). It requires a thorough understanding of:

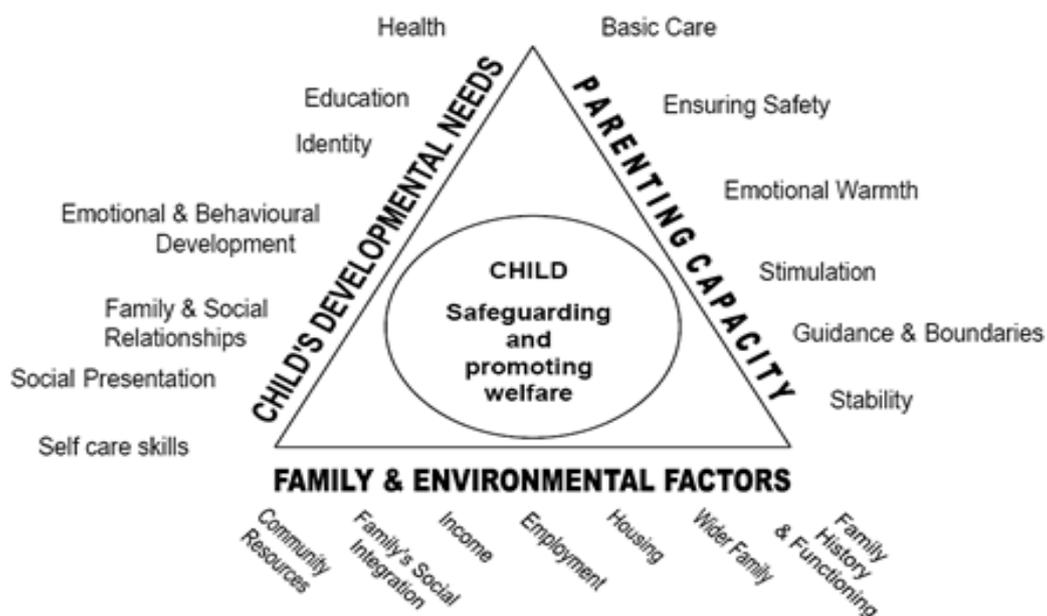
- the developmental needs of children;
- the capacities of parents or caregivers to respond appropriately to those needs;
- the impact of wider family and environmental factors on parenting capacity and children.

These three inter-related systems or domains, have a number of critical dimensions (Figure 1). The interaction or the influence of these dimensions on

each other requires careful exploration during assessment, with the ultimate aim being to understand how they affect the child or children in the family.

This analysis of the child's situation will inform planning and action to secure the best outcomes for the child.

The Assessment Framework can be represented in the form of a triangle, with the child's welfare at the centre. This emphasises that all assessment activity, subsequent planning and provision of services must focus on ensuring that the child's welfare is safeguarded and promoted.



The interaction of these domains requires careful investigation during the assessment. The aim is to reach a judgement about the nature and level of needs and/or risks that the child may be facing within their family. It is important that:

- Information is gathered and recorded systematically;
- Information is checked and discussed with the child and their parents/carers where appropriate;
- Differences in views about information are recorded; and
- The impact of what is happening to the child is clearly identified.

### 3. The Legal Basis for assessments

#### 3.1 Children in Need

Under section 17 of the Children Act 1989 local authorities are authorised to assess children in need within their area. A Child in Need is defined as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services or a child who is disabled." Specific children in need assessments may be carried out in a range of circumstances including

children with special educational needs or disabilities, those who act as carers, or those who are affected by domestic violence. These are discussed later in this protocol.

### 3.2 Child Protection

Under section 47 of the Children Act 1989 local authorities are required to make enquiries “if they have reasonable cause to suspect that a child is suffering or is likely to suffer significant harm, to enable them to decide whether they should take any action to safeguard and promote the child’s welfare.”

### 3.3 Looked after Children

Section 20 of the Children Act 1989 creates a duty for local authorities to “accommodate “children in need where there is “no one who has parental responsibility for them, or because they are alone or abandoned”. The person who has been caring for him/her being prevented (whether or not permanently, and for whatever reason) from providing him/her with suitable accommodation or care; or

Having reached the age of 16, his/her welfare is likely to be seriously prejudiced if he/she is not provided with accommodation; or

Accommodating the child would safeguard or promote his/her welfare (even though a person who has parental responsibility for him is able to provide him with accommodation), provided that that person does not object.

Section 31 of the Children Act 1989 applies where it is deemed that:

The child is suffering, or is likely to suffer, significant harm; and

The harm, or likelihood of harm, is attributable to:

The care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him; or

The child’s being beyond parental control.

Where a child becomes looked after the assessment will be the baseline for work with the child and their family. Any needs which have been identified should be addressed before decisions are made about the child's return home. Assessment by a social worker is required before the child returns home under the Care Planning, Placement and Case Review (England) Regulations 2010. This will provide evidence of whether the necessary improvements have been made to ensure the child's safety when they return home.

## 4. **The Assessment Process**

### 4.1 Referral criteria

Professionals in all agencies have a *responsibility* to refer a child to children’s social care when it is believed or suspected that a child:

- has suffered significant harm
- is likely to suffer significant harm

The timing of such referrals should reflect the level of perceived risk of harm, *not longer than within one working day* of identification or disclosure of harm or risk of harm.<sup>1</sup>

Professionals also have a responsibility to refer a child to children's social care when it is believed or suspected that a child:

- is a "child in need" whose development would be likely to be impaired without the provision of services
- has a disability, developmental or welfare needs which are likely only to be met through the provision of social work led family support services

Professionals should also refer to children's services where following a CAF assessment it is considered that the child has additional needs that cannot be met by a single agency and may benefit from a targeted service. (See the Islington threshold document)  
<http://www.islingtonscb.org.uk/SiteCollectionDocuments/2015.05.21%20ISCB%20Threshold%20Document.pdf>

#### 4.2 Referral process

Anyone who has concerns about a child's welfare should make a referral to Islington's Targeted and Specialist Children and Families Service (TSCFS). Referrals are dealt with by the Children's Services Contact Team (CSCT) which is based at 222 Upper Street. (see CSCT guidance as link below)

[http://islingtonchildcare.proceduresonline.com/pdfs/professionals\\_factsheet.pdf](http://islingtonchildcare.proceduresonline.com/pdfs/professionals_factsheet.pdf).

[http://islingtonchildcare.proceduresonline.com/chapters/p\\_ch\\_service\\_team.html](http://islingtonchildcare.proceduresonline.com/chapters/p_ch_service_team.html)

All contacts are recorded on a contact record and a screening officer will then carry out checks to identify whether any TSCF services are currently, or have previously, worked with the family.

If the screening checks show that the family are already receiving services from CSC then the contact record will immediately be forwarded to the allocated worker or their manager for their attention.

On a new case where there is no allocated social worker, and it is clear that a targeted service is required (refer to the Islington threshold document), the contact record will be forwarded to the Targeted Services work tray (on ICS) within 1 day of receipt of the contact.

These contacts will then be considered at regular targeted services allocation meetings (TAM) and will be allocated to an appropriate targeted service within 3 days of the receiving the contact.

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<sup>1</sup> The Pan London Child Protection Procedures 5<sup>th</sup> edition Part A 1.5.7

Where it is clear from the contact information that the child requires a specialist service, or it is not clear what the Tier of need is, then the contact record and the screening information will be forwarded to the Specialist CSC work tray.

A CSCT manager or SSW will make an initial risk assessment and decision on the presenting level of need. This must occur within 1 day of receipt of the contact but may occur sooner depending on the level of risk.

The CSCT manager or SSW will then make a decision about the best course of action from the following options:

- a) Take no further action
- b) Provide advice/consultation to the professional or child and family involved
- c) Redirect the contact to the Targeted Services Work tray for a targeted Tier 2 service
- d) Refer the contact immediately to one of the CSC Child in Need locality teams for a Child in Need assessment (s17) or Child Protection enquiry (s47) if the level of need or risk is clear.
- e) Gather more information if the level of need or risk of harm is unclear and, if necessary, initiate MASH checks. (Please refer to guidance on the Multi Agency Safeguarding Hub).

[http://islingtonchildcare.proceduresonline.com/chapters/p\\_ch\\_service\\_team.html](http://islingtonchildcare.proceduresonline.com/chapters/p_ch_service_team.html)

The Children's Services Contact Team will make a decision about which service is best placed to respond to the request within 24 hours where a child appears to be in need of protection and otherwise within 72 hours. The referrer will be notified of the decision once this has happened.

## **5. Types of Assessment**

For the majority of children with no additional needs there is no requirement to carry out an assessment. These children's needs can be met by universal services and they correspond with Tier 1 in the Islington threshold document.

For those children with additional needs who are showing the early signs of vulnerability, or where their needs are not clear, it is important to complete an Early Help Assessment (EHA) in order to clarify what help is needed and how it should be provided.

This multi-agency, EHA is completed using the CAF (Common Assessment Framework). These children correspond to Tier 2 of the threshold document.

When children are unlikely to achieve or maintain a satisfactory level of health or development without the provision of targeted services, or where children are disabled, they are deemed to be "children in need" under s.17 of the Children Act. Their needs correspond to Tier 3 of the threshold document and their assessment will be led by a qualified social worker using the Single Assessment format.

Where children are suffering, or are likely to suffer, significant harm then urgent enquiries under s47 of the Children Act must be carried out. As part of the child protection process a detailed Single Assessment will need to be completed. These children have needs corresponding to Tier4 of the threshold document.

Assessments for some children – including young carers, children with special educational needs (who may require statements of 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 who are in the youth justice system – will require particular care. Where a child has other specialist assessments it is important that these are coordinated so that the child does not become lost between the different agencies involved and their different procedures.(see section below on specialist assessments)

## 5.1 Early Help Assessment (e-CAF)

### 5.1.1 When to complete an Early Help Assessment

An Early Help Assessment, (e- CAF) should be completed when it is identified that a child or young person has additional needs which will not be met without the provision of coordinated support from more than one agency. In terms of the Islington threshold document, an e-CAF should be considered for children at Tier 2 (children or young people with some additional needs) and should be completed to help decide whether or not a child's needs reach Tier 3 (children or young people with multiple or complex needs), and hence need referral to CSCT.

### 5.1.2 Starting the e-CAF

Practitioners should discuss with parents/carers when there are concerns about a child/young person's additional support needs and offer the CAF as a way of helping to assess those needs and develop an action plan along with other relevant professionals. It is important that the language used to describe the CAF process is clear and jargon free.

Before initiating a CAF professionals should check if anyone else is working with the child and whether a CAF already exists. This can be done by asking the family and by checking the eCAF system.

If there is no current CAF, the practitioner should initiate the process on the eCAF system after securing parental consent. Explicit consent to store the eCAF and share the information should also be sought when the assessment has been completed.

Where a family is offered a CAF and this is refused, a record should be made in section 11 of eCAF. The family should be informed that a record will be made that a CAF was offered. If consent is not forthcoming, other options should be considered including continuing to work with the family to address the identified needs as a single agency. If it is considered that, without help, the child's needs will escalate, then consideration should be given to referring the child to Children's Social Care.

All CAFs should be recorded on the eCAF system

### 5.1.3 Completing the e-CAF

Once consent is given, the practitioner and family should start to complete the assessment. Depending on the age of the child/young person, they should also be involved in the process. The assessment should be based on three assessment domains:

- Child development
- Parenting capacity
- Environmental factors

and should include the strengths as well as the needs of the child/young person. At each stage it is important to agree with the family what information is being recorded and how it will be used.

A Team around the Family (TAF) meeting will then be arranged involving key professionals and the family. The purpose of the TAF meeting is to agree the assessment and agree a co-ordinated action plan to address the needs identified in the assessment. Future TAF meetings will review the action plan and agree when the CAF can be closed.

TAF members may also be asked to contribute to the assessment either before or during the TAF meeting.

The initial TAF meeting will also confirm who the Lead Professional will be.

Where the Early Help Assessment indicates that the child's needs cannot be met by targeted services, the child should be referred with parental consent (unless to seek consent would place the child at risk of harm) to the Children's Services Contact Team for consideration of targeted or statutory services.

## 5.2 Children in Need Assessments

### 5.2.1 Single Assessment.

In Islington all Children in Need Assessments, whether under sect 17 or sect 47 of the 1989 Children Act are carried out as a single assessment by a qualified social worker.

### 5.2.2 Assessment Allocation

As soon as the need for a single assessment has been identified this piece of work will be allocated to a suitably qualified social worker. The assessment should then be carried out in accordance with the relevant guidance and be supervised by a qualified and experienced Team Manager or Deputy Team Manager.

### 5.2.3 Assessment planning

As soon as possible after allocation the worker will discuss the plan for the assessment with their line manager. This discussion will include when and how to gain the child's views, how to involve the parents and who else needs to be seen. They will also discuss what information is required from other agencies.

Assessment planning should also consider how the concerns should be explained to the child and their parents. The parent's consent to information sharing should also be routinely sought prior to approaching other agencies for information. If there are valid reasons for not seeking this consent, the worker and the manager should discuss these and the manager must record these reasons on ICS .

#### 5.2.4 Timescales

The manager will agree with the worker a proportionate timescale for the completion of the assessment. This decision will take account of factors such as the complexity of the case and the level of perceived risk. The manager will then enter the timescale on to ICS and monitor progress against this target.

The assessment should be done in a timely manner and not exceed 45 days from the point of contact.

Where (exceptionally) it becomes apparent that an effective assessment will require further time to complete, the line manager must review the case, record the reasons for the extension on ICS and set a new completion date.

In many cases it will be appropriate to complete the assessment in a shorter timescale and this determination should form part of the assessment planning discussion.

Whatever the timescale for the completion of the assessment the child(ren) must be seen within 10 working days of the referral being received although where it is perceived that the child may be at risk, this may be much shorter.

#### 5.2.5 Recording

All case notes which form part of assessments must be recorded on ICS and be written contemporaneously. Recording should include information on the child's development so that progress can be monitored to ensure their outcomes are improving. This will also reduce the need for repeat assessments.

A minimum requirement is that events should be recorded on the system within 5 working days.

All case files should also include a case summary and a chronology of key events which is updated regularly. The case file should also include clear evidence of management oversight and supervision notes.

#### 5.2.6 Assessment content

Assessments must be completed on the ICS template and must include accurate, basic information about the family and a description of their circumstances.

The three domains of the Assessment Framework should be covered and there should be a clear analysis of the needs, risks and protective factors within the family.

Each child within the family must be considered as an individual. There should be clear consideration of the impact of race, culture, language and religion on the health and wellbeing of the child(ren).

The assessment should conclude with a set of clear outcomes along with the specific actions and expectations required to achieve them.

The general outcomes which may result from an assessment are:

- No further action
- The completion of a CIN plan to coordinate services to promote the child's health and development, this may include immediate action to meet assessed needs.
- A strategy meeting /discussion with a view to considering initiation of the child protection process
- Emergency action to protect a child.

#### 5.2.7 Assessment completion and authorisation

On receipt of an assessment the line manager will review the document and check that the following actions have been completed before authorising the assessment;

- that the child has been seen as part of the assessment (unless there is a recorded management decision that this is not appropriate)
- that the reason for referral /presenting problem and any underlying problem has been identified, analysed and addressed
- that they agree with the proposed outcomes and actions
- that the case records and chronology are up to date
- that if there is a requirement for a CIN plan, this document is also completed
- that the assessment has been shared with the family and other professionals ( where permission has been given) and that any comments they have made have been included in the document.
- That in the case of specialist assessments, the necessary actions have been Undertaken (see 4.2.2 below).

#### 5.3 Children in Need requiring specialist assessments

Children in Need may require a range of specialist assessments in order to inform their care plans. These assessments can be provided by teams within the department or by external providers. A range of materials are available to support certain types of assessments, and, in some cases assessments will be carried out by specialist teams within the Children's Services department:

##### 5.3.1. Disabled children:

Disabled children are “children in need” in the terms of the Children Act and will often require an assessment in order to establish their level of need and the best packages of support for them and their families.

Assessments of disabled children are provided by the Disabled Children’s team based at the Northern Heath Centre, Holloway Road.

Referrals can either be made directly to this team or via the Children’s Services Contact Team. Professionals should use an eCAF as the referral document.

Once a referral has been accepted a qualified social worker will complete a single assessment (with modified sections relevant to disabled children) in order to identify an appropriate package of support for the family. This in turn will lead to the completion of an Individual Child Support plan which will be reviewed by the Team Around the Family on a regular basis.

As disabled children typically require support from a range of services it is vital that the social worker uses the Child in Need planning and review processes to ensure that multi agency information sharing is carried out in an effective and timely manner.

Parents are also entitled to request a carers assessment which looks at their specific needs and how they might be supported to care for their child. This is carried out by the Social Worker for the child.

### 5.3.2. Children with Special Educational Needs and Disabilities (SEND)

Most children with special educational needs receive the support they require from their school or early years setting. However for a small number of children with the most complex and long-term needs this support may not be enough, and a statutory Education, Health and Care assessment may be required.

Statutory Assessment of Education, Health and Care needs is intended only for those children and young people with the most severe and complex SEND. This is defined locally as a child or young person whose needs cannot be met from the resources normally available through the ‘Local Offer’. This is likely to include all children who attend a special school. It may also apply to a very small number of children who attend mainstream school and whose needs can be regarded as ‘exceptional’<sup>2</sup>.

The assessment to see whether a child may require an Education, Health and Care Plan is sometimes referred to as a ‘single assessment’ but this can be misleading. It is actually a co-ordinated assessment and brings together all existing relevant information about a child. If further advice is required, the ‘Keyworker’ from the SEN Team assigned to the family will arrange for this to be provided (see below).

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<sup>2</sup> When a child has exceptional need for education, health and social care need that cannot be met from resources / assessments / interventions normally available, they will need an EHC assessment. Where a child’s health or care needs are considered exceptional, but their education needs can be met from the resources normally available, they would not normally require an EHC assessment. Children with exceptional education only needs may require an EHC assessment.

The assessment process takes a maximum of 20 weeks but could be less if no further advice is required and all the necessary information has been received.

### **Who can request a co-ordinated assessment?**

Requests for an assessment of education, health and care needs can be made by:

- The child's parents (or somebody on their behalf).
- The young person if over the age of 16 (or somebody on their behalf).
- A person acting on behalf of an early years setting, school or post 16 institutions (this should be with the knowledge and agreement of the parent or young person where possible).

Also, anyone can inform the LA about a child or young person who has (or may have) SEN. This could include, for example, foster carers, health and social care professionals, early years practitioners, youth offending teams or probation services, those responsible for education in custody, school or college staff or a family friend. Again, this should be done with the knowledge and agreement of parents or the young person where possible.

### **Assessment Process**

#### **Stage 1: Is an Education, Health & Care assessment needed?**

- There is a single point of entry for assessment requests through the Education SEN Team.
- The application can be made by a professional (see 'Who can request an assessment, above), with parental consent, by completing a request for assessment. The request will normally be Education led.
- Support for parents to complete an application can be provided through Centre 404 or other support groups detailed within the Local Offer.
- All applications will be considered by the Education, Health and Care needs Panel to determine whether the threshold for a statutory assessment is met.

There are three possible outcomes of an application:

- It does not meet the threshold for a statutory Assessment (see 'What happens if the LA decides that an EHC assessment is not necessary?' below).
- There is need for co-ordinated support (from more than one service) but at a 'targeted level' rather than a 'specialist level'
- The application meets the threshold for a statutory Assessment.

#### **If an assessment is agreed:**

##### **Stage 2: 'Preparation & consideration' of existing information:**

- A Keyworker from the SEN Team will contact the parents to introduce themselves and the process and discuss:
  - Suitability of existing assessment reports for the statutory process.
  - Who should be involved in the assessment process.
- The Keyworker will timetable the assessment.

- The Keyworker will arrange to complete a Pupil Profile with the parent / young person:

### **Stage 3: Information-gathering and analysis(runs in parallel with Stage 2):**

- The Keyworker will liaise with the professionals who make up the Assessment Team to share information and discuss how the assessment will move forward.
- The Assessment Team gathers information, following their own professional frameworks, but giving consideration to the questions/areas for investigation that have been raised at Stage 1 and in the child's Profile.
- Professionals will submit reports of the information they have gathered in the following form:
  - A clear description of the child's needs.
  - Impact these needs could have on current and future provision requirements.
  - Outcomes sought for the child/young person.
- Once collated, the information will be considered by the Education, Health and Care needs Panel to agree whether an Education Health and Care Plan should be issued and any resource allocation.
- The Keyworker will then facilitate a person centred meeting where the final draft Education, Health and Care Plan will be completed. Provision required to meet the agreed outcomes will be written into the Plan.

### **Stage 4: Consult and Agree**

- The completed EHC Plan, including the agreed school placement, is then reviewed and formally signed off following further consultation with providers.

### **Stage 5: 'Monitor & review'**

- The EHC Plan will be reviewed at least annually (more frequently for very complex cases or younger children). The review will take place via a meeting convened by the education placement for this purpose.

### **What happens if the LA decides that an EHC plan is not necessary?**

- If, following assessment, the LA decides that an EHC plan is not necessary, it must inform the parents or young person, the early years provider, school or post 16 institution currently attended and the health service, and give the reasons for its decision.
- This must take place within 16 weeks of the initial request or of the child or young person having been brought to the authority's attention.
- The LA must also tell the parents or young person that they have the right to appeal to the SEND Tribunal against the decision and set out the time limits for appeal, and the availability of parent partnership and disagreement resolution services.
- In these circumstances it is likely that the information gathered during the assessment will have indicated ways in which the school / provider can meet the child or young person's needs from within available resources through an SEN Support Plan.

#### **5.3.3 Assessment of Young Offenders**

These assessments are carried out by the Islington Youth Offending Service. Their role is to prevent offending and re offending by children and young people. In order to formulate effective intervention plans all children and young people need to have a structured needs assessment completed by a suitably qualified worker. This assessment is designed to identify the young person's strengths and protective factors as well as the risks and the harm to others associated with their offending behaviour.

All reports need to be balanced, accurate and timely. They also need to be understood by the young person and their parents/careers and provide the right level of information to allow for informed decision making.

All assessments and reports comply with the National Standards for Youth Justice Services (2013).

### The Assessment process

For all Islington young people entering the youth justice system, YOS or TYS workers will undertake high quality assessments using the ONSET and ASSET assessment tools. Assessments must be informed by a range of sources including at a minimum:

- home visit
- the views of the child or young person
- for all children the views of parents and carers unless the young person is estranged.
- If the young person is Child Looked After the social workers views should be included
- relevant information from other agencies.

Where the assessment is taking place in preparation for a court report, workers will ensure that: appropriate assessment is made of the young person's motivation to comply with sentences where their willingness is a prerequisite (eg. mental health treatment and drug treatment and testing requirements). For cases where alternatives to custody are being explored, contact should be made with relevant services (for example, the treatment fostering/Multi Systemic Therapy or Intensive Supervision and Surveillance worker with the YOS) providing them with any required information.

Plans resulting from assessments must be completed within 15 working days of the initiation of the assessment. In circumstances where the young person is awaiting sentence, completion of the plan can be deferred to no later than 20 working days following sentence.

Workers will maintain assessments under continual review and update the assessment document where necessary to reflect changes in the young person's circumstances, risks and needs.

When assessments identify significant risk of harm to the young person or to others the case managers must inform and share information with relevant agencies. Staff will be expected to complete the relevant Risk of Serious Harm (to others) or Vulnerability documents and take action in line with the local joint

protocol between Children's Social Care and YOS. This may also include referring to the Multi-Agency Public Protection Arrangements.

Where a child becomes looked after as a result of being remanded to youth detention accommodation (YDA), the local authority must visit the child and assess the child's needs before taking a decision. This information must be used to prepare a Detention Placement Plan (DPP), which must set out how professionals will meet the child's needs whilst the child remains subject to the YDA. The DPP must be reviewed in the same way as a care plan for any other looked after child.

#### 5.3.4 Assessment of Young Carers:

If it is considered that a young carer may have support needs, an assessment must be carried out under section 17ZA of the Young Carers' 19 (Needs Assessment) Regulations 2015. The local authority must also carry out such an assessment if a young carer, or the parent of a young carer, requests one. Such an assessment must consider whether it is appropriate or excessive for the young carer to provide care for the person in question, in light of the young carer's needs and wishes.

Assessments will be carried out by a social worker. It will be particularly important to look at the needs of the whole family when carrying out a young carers' needs assessment and liaison with the Adults Social Care teams will be essential.

Young Carers assessments will be recorded in the Single Assessment format.

The London Child Protection Procedures 2015 provide further information about the actions to be taken in respect of Young Carers assessments<sup>3</sup>

#### 5.3.5 Children at risk of radicalisation

Under provisions in the Counter-Terrorism and Security Act 2015, local authorities are required to make arrangements to assess the extent to which identified individuals are vulnerable to being drawn into terrorism and arrange for support to be provided to those individuals. In the care of Children and Young People these needs will need careful assessment. Assessments will be carried out in the Single Assessment format by a Social Worker or, where appropriate, by a YOS/TYS worker. This is a developing area of practice and little effective guidance has been produced, however it may be worth referring to the Government's 2012 Channel Vulnerability Assessment<sup>4</sup>.

The assessment, once agreed by the Line Manager, will be considered by the Channel panels, which will oversee the Multi-agency response which may be necessary in addition to any Child in Need plans which may be appropriate.

#### 5.3.6 Children at risk of Child Sexual Exploitation

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<sup>3</sup> [http://www.londoncp.co.uk/chapters/young\\_carers.html](http://www.londoncp.co.uk/chapters/young_carers.html)

<sup>4</sup> <https://www.gov.uk/government/publications/channel-vulnerability-assessment>

children/young people at risk of sexual exploitation or who are being sexually exploited are a vulnerable group. All agencies need to work together to identify and protect them.

Sexual exploitation of children and young people involves situations and relationships where they, or a third person or persons, receive something which could be food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money, as a result of them performing sexual activities and/or others performing sexual activities on them. Children are often groomed for future sexual exploitation.

Identifying children at risk of sexual exploitation may be complex, and requires analysis of several possible indicators. Local evidence shows that children and young people in Islington are most likely to be sexually exploited by peers or within a gang-related context.

If any agency is worried that a child is being, or likely to be sexually exploited, they should make an immediate referral to CSCT.

Assessments will be carried out by a Qualified Social Worker. The format used will be that of a Single Assessment, although there are a range of specialist tools will be of assistance to practitioners carrying out assessments of CSE.

Where the concerns of CSE are such that a multi-agency response is required, cases will be considered by a strategy meeting (MAP) to consider whether child protection procedures need to be implemented and or to create a plan to protect the child and disrupt the perpetrator. Where necessary a referral to the Multi Agency Sexual Exploitation panel who will oversee the Multi-agency response may be necessary in addition to any Child in Need plans which may be appropriate.

The London Child Protection Procedures 2015 provide further information about the actions to be taken in respect of CSE<sup>5</sup>

### 5.3.7 Assessment of Harmful traditional practices

The Islington Safeguarding Children's Board describes Harmful traditional practices (HTP) as including:

- female genital cutting/mutilation
- so called 'honour' based violence and 'honour' killings
- early, child and forced marriage
- abuse linked to a belief in spirit possession
- breast ironing also known as breast flattening

These harmful traditional practices are based on tradition, culture, custom and practice, religion and/or superstition. They have often been embedded in communities for a long time and are born out of community pressure. They are committed and actively condoned by the child's parents or significant adults within the child's/young person's community.

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<sup>5</sup> [http://www.londoncp.co.uk/chapters/sg\\_sex\\_exploit\\_ch.html](http://www.londoncp.co.uk/chapters/sg_sex_exploit_ch.html)

If any agency is concerned that a child may be affected by one of these Harmful Traditional Practices they should contact CSCT as soon as possible to discuss the most appropriate response.

The London Child Protection Procedures 2015 provide further information about the actions to be taken in respect of these Harmful Traditional Practices.<sup>6</sup>

#### 5.4 External specialist assessments:

5.4.1 In addition to these specialist assessments carried out by LBI staff, there will be circumstances where a specialist assessment from an outside agency will need to be commissioned as part of the case planning process. This will typically occur when the external agencies have specialist skills or expertise which is not available within the department eg psychiatric, forensic risk of sexual harm to children.

#### 5.4.2 Authorisation of Specialist assessments

The allocated social worker should initially discuss the need for a specialist assessment with their team manager. If there is an identified need for such an assessment, this request needs to be presented to the Access to Care and Resources Panel which sits on a weekly basis at 222 Upper Street.

The team manager is responsible for ensuring that the necessary documents are sent to the panel 3 days in advance of the meeting. They will also attend the meeting to present their request and answer any questions which panel members may raise. The panel will then make their decision regarding the request on the day and this will be recorded in the minutes of the meeting.

#### 5.4.1 Coordination of these assessments

It is essential that the information from specialist assessments is included in the wider planning process in a timely way. It is also important that the purpose and scope of the assessments are clearly agreed as are any specific questions which need to be answered. As part of this process managers also need to be clear about what information is already held in order to avoid the unnecessary duplication of assessments.

The coordination of the assessment processes can be carried out as part of the CIN and CP planning and review processes and more commonly as part of the pre-proceedings Public Law Outline (PLO) / Court process.

Planning or review meetings should agree the timescales and content of the specialist assessment with the relevant professionals and the family. The decisions reached should then be clearly recorded and shared with each of the participants to ensure clarity about the process.

When a specialist assessment is being considered in the context of the pre-proceedings PLO or court process then the arrangements should be discussed in a Legal Planning Meeting or in court. In consultation with their legal advisors, and with the agreement of the court, the local authority and the family should agree the details of the assessment in a letter of instruction to the agency carrying out the specialist assessment.

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<sup>6</sup> [http://www.londoncp.co.uk/chapters/sg\\_ch\\_risk\\_fgm.html](http://www.londoncp.co.uk/chapters/sg_ch_risk_fgm.html)

## 5.5 Children at risk of significant harm

- 5.5.1 If at any stage of these various assessment processes there is a reasonable cause to suspect that a child is suffering, or at risk of suffering, significant harm the social worker must immediately inform their manager. ( If the assessment is being carried within another agency, an urgent referral must be made as in 3.1 above.) The manager will hold a strategy meeting or discussion to decide whether section 47 enquiries are required and, if so, to plan how the enquiries will be conducted. All relevant agencies must be consulted and their views considered as part of the strategy meeting/discussion. The strategy meeting/discussion will also consider whether any urgent action is needed to protect the child and how soon the child needs to be seen. In these circumstances the manager must record the decision and rationale.
- 5.5.2 A new assessment must be commenced at the point the Section 47 enquiry begins. The assessment of the child in these circumstances must take account of previous assessments and should not be seen as separate from existing assessment activity. It may, however, need to happen within different timescales, particularly if the perceived risks to the child are immediate and/or serious.
- 5.5.3 The Single Assessment may not have been completed by the time of the Initial Child Protection Case Conference (if one is held) however the S47 assessment will have been completed and the Conference held within 15 days of the strategy meeting/discussion. Assessments that are conducted as part of the Section 47 enquiry must consider all children in the household.
- 5.5.4 In all cases where section 47 enquiries take place these enquiries must comply with the guidance laid out in the London Child Protection Procedures.<sup>7</sup>
- 5.5.5 Where a child is looked after in an emergency the single assessment may not be completed in advance of the need to look after the child. In all cases Children Looked After must have a full single assessment.

## 6. **Children in Need (CIN) Plans:**

- 6.4 All cases that remain open after assessment is complete must have a child in need plan which has been developed through a child in need planning meeting. The child in need planning meeting may be chaired by a social worker and should include the family, the child(ren) where appropriate and the multi agency network.
- 6.5 The CIN plan should have clear and measureable actions with agreed timescales. The role of the social worker, the family and other members of the multiagency network should be specified. There should be a contingency plan to explain what will happen if the actions are not achieved. The plan should be written in a language that the parents and the child can understand and should avoid jargon and abbreviations.

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<sup>7</sup> [http://www.londoncp.co.uk/chapters/chi\\_prot\\_enq.html](http://www.londoncp.co.uk/chapters/chi_prot_enq.html)

- 6.6 All CIN plans should include school or nursery attendance, attainment targets and stronger families objectives related to offending and employment where appropriate.
- 6.7 The child, family and multi-agency network should all be provided with a copy of the CIN plan.
- 6.8 All CIN plans should be reviewed at least six monthly.

## **7. Quality Assurance**

We are committed to providing consistently high quality assessments and will monitor our performance using the following tools.

- ICS statistical information regarding number and timeliness of assessments
- Regular case audits by managers
- Feedback from other professionals
- Case reviews, including Serious Case Reviews
- Complaints
- Audit, internal and external.

When themes emerge from these sources senior managers will ensure that the necessary lessons are learned and practice is improved.

## **8. Complaints Procedure**

Families always have a right to challenge our practice if they are not happy with the service they have received from the department. We aim to respond to complaints in a prompt and professional manner in accordance with the steps laid out in our Complaints Procedure. We will also use the feedback in complaints as a way of learning about our services and the possible improvements that we should make.

There is also an Escalation policy for professionals to use if they are not satisfied with the level of response provided

<http://www.islingtonscb.org.uk/SiteCollectionDocuments/iscb-escalation-procedure-final.pdf>.

## **APPENDICES**

1. Islington Threshold document –

<http://www.islingtonscb.org.uk/SiteCollectionDocuments/2015.05.21%20ISCB%20Threshold%20Document.pdf>