

# Hackney Local Assessment Protocol (2015)

## Introduction

*Working Together to Safeguard Children* (March 2015) requires local authorities, with their partners, to develop and publish local protocols for assessment. This local protocol sets out arrangements for how we will assess, plan and respond once a child or young person<sup>1</sup> is referred to Children's Social Care in Hackney. It is consistent with the requirements of the *Working Together to Safeguard Children* statutory guidance<sup>2</sup> but reflects the dispensation agreed by the Department for Education for statutory assessment timescales in place within Hackney.

## Principles

In Hackney we recognise and value that each child and family is unique and has different needs. It is our primary concern to ensure that children and young people referred for assessment of need and risk are kept safe from harm and are able to access the help they need.

We believe that to accurately assess risk, our social workers must be able to exercise discretion about the extent and scope of the assessments that they undertake. It is our view that assessments should be timely and guided by well-informed professional judgements about the activities that are necessary to complete an assessment that is 'fit for purpose'. We believe that such an approach promotes a greater level of professional analysis throughout the assessment process.

We ensure that specialist expertise, support and help is available from the beginning and throughout an assessment as we believe an assessment is an intervention in its own right. We believe that an assessment provides opportunity to build trust and relationships so that decisions are made swiftly with strong analysis. We aim to inspire confidence in the families we support and in our partners. During the assessment process, if we identify that parents or children have needs that we should take measures to address, we will refer them for a specialist assessment or a service as soon as possible, with parental agreement.

During assessment we will create opportunities for families to collaborate with us. We will promote transparency; we will always try to explain to children, young people and families what we are doing and why and explain this in a way that is comprehensible to them. We will make every effort to understand the child's

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<sup>1</sup> The definition of child/young person used within this protocol encompasses children and young people up to their 18<sup>th</sup> birthday; it also includes unborn babies.

<sup>2</sup> *Working Together to Safeguard Children* statutory guidance (March 2015):

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419595/Working\\_Together\\_to\\_Safeguard\\_Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)

experience from their perspective and to pay careful attention to the insights that this gives us when we are considering how we can best assist them.<sup>3</sup>

Hackney does not follow a single approach or assessment tool but instead encourages our social work practitioners to utilise a range of evidenced-based approaches and tools to gather information, assess risk and effectively communicate and engage with children and families during the assessment process.

Although we do not have prescribed timescales for completing assessments, the responsibility falls to the Consultant Social Worker or Practice Development Manager to ensure that enquiries are focussed and proportionate to the issues of concern and are undertaken in the most timely and least intrusive manner possible for families.

### **The purpose of an assessment**

We believe the purpose of assessment is to piece together a clear picture of the family's current situation by gathering information from other professionals, as well as the family and the child themselves. We use this information to assess risks and needs and to develop hypotheses, test out interventions and create plans for change. Our assessments continue during periods of intervention and are continually shaped by our new learning about a family's life and circumstances which helps us to adapt our plans and intervention to meet changing needs.

The assessment process enables our practitioners to build an understanding of the child(ren) and family by gathering a range of information about what has happened before, what is happening now and what needs to happen next to facilitate change or to ensure that children are safe and that their needs are being met. It provides a narrative of the child's life, who they are, who they know, what is happening to them and how their experiences are impacting upon them. Whilst it is the parents' responsibility to bring up their children we recognise that they may need assistance from time to time to do so.

The purpose of assessment is to:

- Gather important information about a child, their family and the wider systems they engage with
- Analyse risks and identify needs
- Decide what actions are needed to keep children safe
- Identify the support or interventions that need to take place to improve a child and family's likelihood of achieving positive outcomes

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<sup>3</sup> *The way we do things here* (October 2011)

[http://staffroom.hackney.gov.uk/cdm\\_n4394183\\_v1\\_the\\_way\\_we\\_do\\_things\\_here\\_oct\\_2011.pdf](http://staffroom.hackney.gov.uk/cdm_n4394183_v1_the_way_we_do_things_here_oct_2011.pdf)

Assessments will always be completed in partnership with parents and caregivers and will usually involve others which may include; wider family, friends, religious or community groups and a wide range of professionals who know the child and family and who can contribute information and insight in order to build a full picture of a child's needs and circumstances. We use assessments to support the child and family to gain greater insight into their own situation and aspects of family functioning that may need to change.

### **Assessments - timeliness and proportion to need**

All contacts to Children's Social Care are usually screened by the First Access & Screening Team (FAST)<sup>4</sup>. A Screening and Referral Manager will make a decision as to what needs to happen next **within one working day**. The manager may decide that more information is needed, or that another service may be better placed to help. If a contact requires a statutory social work assessment of need or risk it will be referred and allocated to the Assessment Service on the same day the manager makes such a decision.

Since 2011 there have been **no statutory timescales** for the completion of assessments in Hackney.<sup>5</sup> Practitioners spend the time necessary to ensure an accurate assessment is carried out. Having no fixed timeframe allows us to gather the information we need so we can accurately decide what to do next and reduces the risk of families having to be repeatedly assessed to ensure their needs are well understood.

All social work units undertaking assessments are expected to have processes in place to plan and track progress on assessments. Whilst it is the Consultant Social Worker's or Practice Development Manager's responsibility to decide the most appropriate systems for their unit, senior managers will explore the rationale and need for continuing assessment when an assessment has been on-going for 50 days. This ensures that our assessments remain focussed on what it is that is needed to reach a decision about what needs to happen next.

Children will be regularly seen during assessments, as appropriate to the nature of the assessment and age of the child, sometimes this will be alone, sometimes at home and sometimes in other settings like school. A child's home will always be visited as part of the assessment process - where appropriate this will include bedrooms, kitchens, living areas and bathrooms to gain a full understanding of the

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<sup>4</sup> For schools that are participating in the Social Work in Schools (SWIS) project, a Senior Social Worker will be the main point of contact between schools and Children's Social Care. Children attending schools where the SWiS project is in operation that are referred to Children Social Care via other routes will be diverted to the project. The Senior Social Worker may decide that more information is needed, or that another service may be better placed to help. If a contact requires a statutory social work assessment of need or risk it will be allocated to the SWIS project.

<sup>5</sup> Hackney has been working with the Department of Education to trial revised processes and requirements since 2011.

home environment. Families and key professionals will be kept fully informed of progress, and planned activities during assessments.

We do not give specific deadlines for assessments, but will provide an indicative timescale. Indicative timescales can move depending on new information or changes in circumstances during the assessment process; we will explain to the child, family and key professionals if the assessment is likely to take longer because of such a change.

### **The local framework for assessments**

Hackney's local assessment framework is described in this section. The legal framework around assessment and an example assessment form are included in the appendix for reference. The same form is used for a variety of different assessment requirements i.e. abuse, a disabled child in need of help or a young person at risk of homelessness. It is our view that assessments should be fit for the purpose or circumstances they are being completed for.

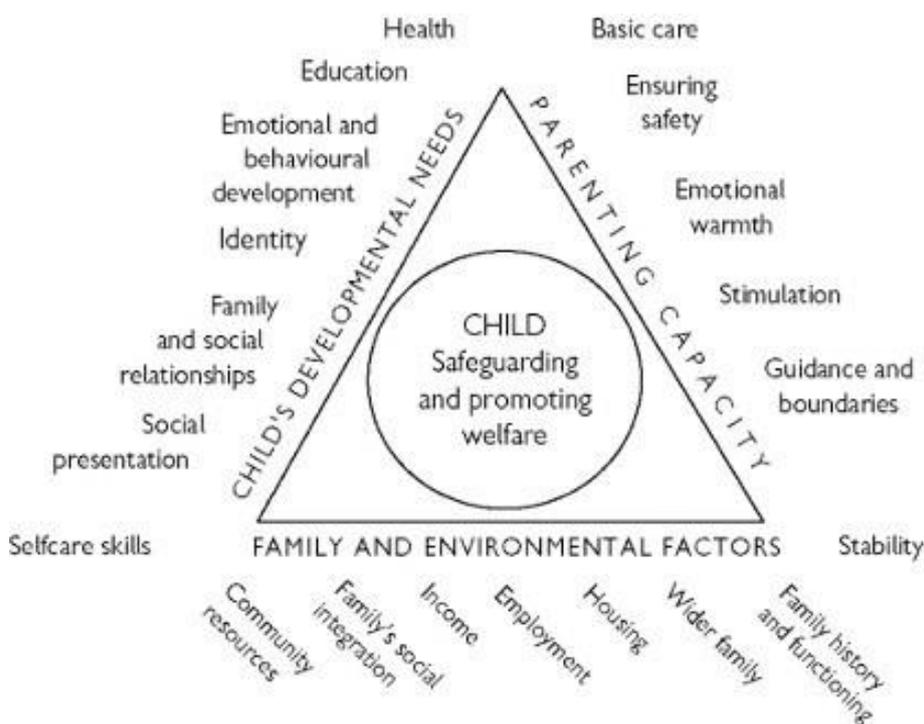
#### **A 'fit for purpose' social work assessment will, as appropriate to context;**

- Consider the impact of previous harm on a child including physical, emotional, sexual abuse and neglect.
- Fully consider the legislative options available in protecting children and young people who have been subject to abuse, neglect, trafficking and exploitation
- Provide robust analysis of previous, current risks and the likelihood of further harm
- Be timely, decisive and evidenced-based
- Take full account of historic factors and patterns of behaviour
- Recognise strengths and protective factors.
- Investigate the whereabouts and influence of absent parent figures and other significant adults
- Consider the issues a family is currently facing in the context of their history and experiences and the support they have available to them
- Fully explore immigration status and circumstances
- Be underpinned by a thorough analysis of need including aspects of equality and diversity.
- Be sharply focused on reducing risks and improving outcomes for children.
- Consider the parents' or carers' current ability to respond to a child or young person's needs and their capacity to change (this will include fathers, partners, and all adults that play a significant caring role in the child/young person's life).
- Fully consider the impact of significant friendship networks, personal relationships and peer groups on the safety and wellbeing of adolescents.

- Capture children’s views and experiences and use these to inform assessments and plans – wherever possible using the child’s own words.
- Be transparent so that the family understands what is happening and why, and seek to collaborate with the family.
- Consider the impact and influence of wider systems and individuals including family, community, culture, religion and environmental circumstances.
- Effectively involve relevant partner agency professionals who know and understand the child and their family.
- Explore the financial circumstances of the family and clearly identify evidence relating to income, poverty, exploitation, criminality or fraud
- Fully explore the child/young person’s/family historic and current living arrangements
- Be written in plain English and clearly distinguishes between facts and professional opinions drawing on relevant research where appropriate.
- Include information on the child’s development so that progress can be monitored to ensure their outcomes are improving.

The National Assessment Framework provides a tool (assessment triangle) that assists practitioners to consider three domains for assessment; parenting capacity, a child’s developmental needs, and family and environmental factors. Social Work assessments in Hackney will often refer to these aspects within the framework.

The diagram below sets out the domains and elements of the National Assessment Framework.



HM Government (2000), *Framework for the Assessment of Children in Need and their Families*  
The headings in the assessment triangle will include consideration of:

- **Family background**

- Including historical and current family relationships and social networks, with consideration given to all significant adults including extended family members, resident and non-resident partners/fathers/father-figures – both current and previous. This will include consideration of the family's racial, cultural and religious background and immigration status.
- Parent's/carer's own experience of growing up, including how they related to their parents/carers, siblings or extended family, what trans-generational patterns of interaction may be impacting on the current situation and their experience of school/being educated.
- Details of significant positive and negative events in the life of the family, including traumatic events that may continue to impact on family functioning. It will also include history of pregnancy and births, and explore how the family coped, who supported them and the identified resources, strengths or support systems that they have utilised and can continue to draw upon.
- Details of previous professional involvement from a range of services including health, this may include medical conditions or psychiatric help the family has accessed in the past. The assessment will consider what help has been useful and why.

- **Environmental factors**

- Including exploration of past and present living conditions, housing, employment status, finances, legal status, access to, and use of family or community resources.

- **Child development**

- For each child in the household, referring to age-related guidance depending on the age of the child or young person you are assessing: health, including if there have been any health assessments or diagnoses, with any outcomes achieved and whether the child has a disability; emotional and behavioural development; education, exploring if any assessments of educational development and cognitive functioning have been undertaken; family and social relationships, including the practitioner's understanding of the quality of the primary attachment relationship(s).

- **Parenting capacity and any parenting assessment**

- Including exploration of basic care, safety, emotional warmth, stimulation, guidance, boundaries and stability, with practitioner's observations of parenting style and attitude – is parenting "good enough" from the practitioner's perspective to meet the child's needs?

- ***Issues affecting the parent or carer's capacity to respond appropriately to the needs of the child(ren)***
  - Including any particular difficulties adults in the family are experiencing e.g. substance misuse, mental health difficulties, learning difficulties, domestic violence. Consideration of parent/carer's own experiences of being parented, any previous professional intervention including parenting interventions and the outcomes of these – did the family engage with the service, what helped, what was the motivation for change? Consideration of support available to parents, factors that may be an obstacle to change, parent/carer's capacity and motivation to change, including cultural and religious factors.
  
- ***A child's emotional wellbeing/mental health***
  - Including any evidence of existing or developing formal child mental health issues such as: risk of self-harm/suicide, low mood/depression, eating difficulties etc. Reference use of appropriate measures and questionnaires. Consideration will also be given to cognitive factors and learning abilities.
  - May include clinical formulation and recommendation of therapeutic intervention as appropriate.

If children and families are to receive the right help, at the right time, everyone who comes into contact with them – including midwives, health visitors, GPs, early years professionals, teachers, youth workers, police, voluntary workers and social workers – has to play a role in identifying concerns, sharing information and taking prompt action individually and jointly working with other agencies to provide support.

All professionals/agencies involved in a child's life will contribute to a child and family assessment and share relevant information relating to their agency involvement and assessments. Practitioners will need to consider whether any of the information provided needs to be further verified or needs to be updated, but not duplicate information gathering activities. Further information is included on page 11 and onwards about other specialist assessments.

Hackney's CSC has an integrated clinical model with co-located Specialist Clinical Practitioners who can contribute to assessments. Clinical input will include a clinical formulation of the child's emotional wellbeing and mental health and a summary of clinical issues, relational patterns and the wider systemic context with a clear rationale for the need of further clinical treatment or therapeutic intervention. The clinical summary may include a proposed timescale, hopes for change, and identify how any clinical risks will be addressed through the intervention.

During the assessment practitioners will sometimes see children alone, they will ask the parents' permission unless there is a child protection investigation being

undertaken. The practitioner will speak to parents/carers individually and together, and consideration will be given to seeing all significant adults including extended family members, resident and non-resident partners/fathers/father-figures – both current and previous.

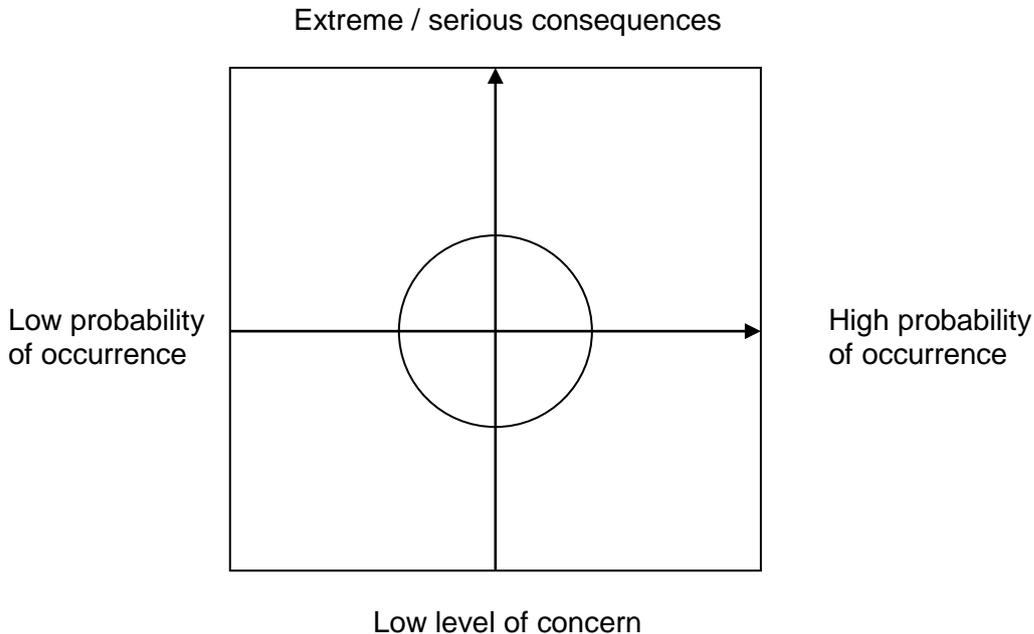
In the process of finding out what is happening to a child, it is critical to develop a co-operative working relationship with parents. Where appropriate, consent from families will be obtained before discussing a referral about them with other agencies. If consent is denied, but it is judged in the best interests of the child's welfare to continue enquires with other agencies, this will be explained to the family. The objective of working with family members is always to safeguard and promote the welfare of the child. The child, therefore, is kept as the focus.

It is recognised that developing a working relationship with children and family members will not always be easy to achieve and can be especially difficult when there have been concerns raised about harm to the child. However resistant the family or difficult the circumstances, we will persistently try to find ways of engaging the family in the assessment process.

It is an expectation that children will be fully informed and involved in the assessment process. There will be some cases where this is not possible. The judgement as to how much information to share with a child about a referral and the reason for the assessment will be based upon the circumstances, a child's age, their capacity to understand the reason for the referral, and professional assessment of whether or not sharing information with the child is in the child's best interests.

Depending on the individual circumstances of the child a decision will be made about the degree of risk to the child, this may be immediate, during the assessment or at the end of an assessment. This judgement may be made in relation to one incident or an overall judgement relating to parenting capacity. The diagram below depicts the continuum of risk which children will move through. Practitioners will describe how the information in the assessment fits together to inform an understanding of the family's current situation and the implications for the child's future welfare. Judgements about risk and protective factors will be outlined, with an explanation of how they have been reached. There will also be clear description of any areas of dispute or uncertainty about risk factors, and any complicating factors. Any changes that are judged to be needed will be specified, and the parent's/carer's capacity to change will be addressed.

### *Risk assessment matrix*



### **Pre-birth assessments**

Assessments may also need to take place before a child is born to ensure that the child will be safe following the birth and that their needs will be met. Pre-birth assessments will consider the domains outlined in the National Assessment Framework described above and also consider:

- The age of the pregnant women and the circumstances leading to the pregnancy
- If a pregnancy has been concealed what the reasons are for this;
- Previous pregnancies and/or children of both parents;
- How the mother and father feel about the unborn baby;
- What preparations the parents have made for the birth;
- The parent's engagement with services;
- Maternal behaviour during the pregnancy i.e. substance abuse during pregnancy.
- The impact of the timing of the assessment in order to avoid last-minute activity around the date of delivery of the child, especially if there is a risk of a premature birth

For first-time parents, their parenting capacity has not yet been tested, so any judgements about this is provisional and the assessment will consider what might change following the birth, including any factors that might increase or decrease risk to the child. Following a pre-birth assessment, if no further action is required,

consideration will be given to referring parents to universal services to provide support. Agencies involved in supporting the family will be made aware of any potential risk factors and advised to re-refer if they have any concerns about the family.

### **Documentation and recording**

Assessments will be factual, evidence-based, written in plain English and include reference to relevant research where appropriate. The assessment recommendations, whether they indicate action or not, will clearly outline the reasons for the decision and this will be made clear to the family and key professionals; including the referrer.

Parents / carers and children's views of the assessment will be recorded. Wherever possible, the language used by the child, young person or family will be captured instead of trying to reinterpret or paraphrase what has been said. This can give valuable insight into the behaviour, relationships and views of family members.

### **Outcomes of assessments**

An assessment will be deemed to be complete when there is sufficient understanding of the risks and need within the family to make a well-informed decision about what needs to happen next. It is the Consultant Social Worker or Practice Development Manager's responsibility to decide when an assessment is complete.

Parents/carers and children will be given the opportunity to comment on assessment findings and their comments and observations will be reflected in the assessment.

Where the assessment concludes that ongoing services from Children's Social Care are required, cases will be transferred through the normal transfer process to the Children in Need service and a multi-agency plan will be developed for each individual child. This includes preparing birth plans for unborn babies. The plan will set out what services are to be delivered and what actions are to be undertaken, by whom, by when and for what purpose.

Assessment is an ongoing process in all casework interventions. As we learn new information, this will inform our plan for working with the family and the interventions we identify to meet their needs. At each point of formal review of the child's plan (e.g. CIN Review, Review Child Protection Conference, Looked After Children Reviews), the updated assessment will be documented in reports prepared for these meetings. Children's plans will be monitored and subject to regular reviews in line with standards and regulations to ensure that the plan is achieving what is required in the timescale agreed as appropriate for the child.

Where the assessment concludes that there is no need for further statutory intervention from Children's Social Care, the case will be closed. It may be 'stepped down' to support provided by other services as appropriate with the agreement of the family. The statutory assessment and plan will form the basis for any further intervention. Further information about the 'step up/step down' process and the Hackney Child Wellbeing Framework is available in the *Children and Young People's Services Resource Guide for Professionals*.<sup>6</sup>

The conclusions of any assessment will be shared with the child and their family. Parents and carers will always receive a copy of any assessment documentation within a maximum of 10 days following the conclusion of the assessment. Where no further action is required the reason for this will be clearly recorded and made clear to the child and family. Children will be given a copy of the assessment if they are of an age where this is appropriate. Some sensitive or confidential family information may be removed if this is deemed to be in the best interest of the child.

Feedback will be given to the referrer on the decisions taken with the family's knowledge and consent. Where appropriate, this feedback will include the reasons why a statutory assessment is not required and include suggestions for other sources of suitable support.

Assessment is an ongoing process with periodic updates to documentation at set times, for example through reports for Looked After Child reviews and Review Child Protection Conference reports.

Where a child becomes looked after by the Local Authority, the assessment will form the basis of on-going work with the family while the child is living away from the family. A further 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 changes and improvements have been made to ensure the child's safety when they return home.

Whatever legislative framework 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.

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<sup>6</sup> *Children and Young People's Services Resource Guide for Professionals*:  
[http://www.hackney.gov.uk/Assets/Documents/CYPS\\_resource\\_guide.pdf](http://www.hackney.gov.uk/Assets/Documents/CYPS_resource_guide.pdf)

## **Other specialist assessments**

A statutory social work assessment can be informed by other specialist assessments. It may also trigger another agency assessment or provide a contribution to them. Specialist assessments are coordinated so that the child and family experience a joined-up assessment process and a single planning process focussed on outcomes.

### ***Health assessments***

There are many different health services available in Hackney that may undertake specific assessments in relation to children, young people and adults. These assessments will sometimes feed into the statutory social work assessments.

Assessments may be obtained from health visiting/school nursing, mental health, drug/alcohol services, GP, paediatrics, audiology, speech and language, midwifery, A&E department and any other health services that are involved with the child and family (this includes children/young people with complex health needs whereby a number of departments are involved).

### ***Young carer's assessments***

The Children and Families Act 2014 strengthened the rights of young carers to receive an assessment of their support needs. An assessment is started if it appears that a young carer may have support needs or if there is a request from a young carer or parent of the young carer to assess their needs for support.

A young carer's needs assessment includes an assessment of whether it is appropriate for the young carer to provide, or continue to provide, care for the person in question, in light of the young carer's needs for support, and other needs and wishes. The assessment will consider the impact of the child's caring role on their health and development, and reach a view about whether any care tasks are inappropriate or excessive. This assessment will have regard to the extent to which the young carer is participating in or wishes to participate in education, training or recreation, and the extent to which the young carer works or wishes to work. A young carer's needs assessment will involve the young carer, the young carer's parents, and any person who the young carer or a parent of the young carer requests to be involved.

Young carers may come to attention through any of the types of assessments described in this document. When the need for a young carer's assessment has been identified, a decision will be made about the most appropriate person to lead the assessment, and the assessment will involve a range of professionals who will contribute to build a full picture of the child's needs and circumstances. This is not limited to, but likely to include schools, health services, young carer's projects and Hackney Children and Young People's Service.

### ***Youth justice assessments***

The ASSET assessment is a common, structured, assessment tool used across the youth justice system in England and Wales for young people who have offended. The purpose of an ASSET assessment is to make a comprehensive and holistic assessment; identifying the needs of a young person; factors contributing to offending behaviour; risk and vulnerability and positive factors as well as problems. The ASSET requires and includes specialist assessments within it, such as mental health assessments and SEN assessments. The ASSET will be completed within 20 working days of the start of the Order and it will be reviewed as a minimum every three months, or if there is a significant change to the young person's circumstances. An end ASSET will also be completed at the end of the Order. During 2015-17 there will be a phased introduction across England and Wales of the updated youth justice assessment and planning tool AssetPlus. This protocol will be updated as this change is implemented locally.

The ONSET assessment is the primary method of assessing children and young people involved in youth justice diversion programmes. Any young person who commits a low level offence and is suitable for pre-court intervention (Triage 1, Triage 2, Youth Caution, or Youth Conditional Caution) will be assessed using ONSET. The ONSET will be completed within 20 days of Triage or Caution commencing. There are no requirements to review the ONSET during the intervention as pre-court diversion interventions are shorter pieces of work that normally last no longer than 6 sessions.

Young Hackney also works with young people at risk of offending or who may be experiencing difficulties in their family or with education or training. Each young person and their family are assessed individually through the Young Hackney assessment process and provided with a package of support specifically tailored to the young person's needs. The aim is to make an effective intervention before a crisis point is reached. In the majority of cases the positive influence of the young person's family or peer group, and guidance and support from respected individuals, will be enough to ensure they are able to participate and do not get involved in criminal activity. However, on those occasions when young people do get into trouble, Young Hackney workers will be there, to both challenge and assist.

### ***Domestic violence***

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

The checklist assists in identifying and assessing both the level of single-agency service required and in high risk cases, identifying cases requiring referral to a

Multi-Agency Risk Assessment Conference (MARAC) for co-ordinated multi-agency monitoring and service provision. The risk identified from the checklist may also lead to referral for specialist assessments on managing/reducing risk from perpetrators and on assessing the impact of domestic abuse on children or a 16/17 year old who is themselves a victim of domestic abuse. The Independent Violence Advocate (IDVA) will assess and link this assessment to the single assessment. Hackney MARAC takes place every fortnight. If a case is very high risk, urgent meetings can be convened with the police Community Safety Unit to ensure immediate action is taken if required.

There are commonly three criteria for referring a case to a MARAC:

1. Professional judgement: if a professional has serious concerns about a victim's situation, they should refer the case to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly.
2. Visible high risk: the number of 'ticks' on Safelives DASH risk assessment checklist
3. Potential escalation: the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at a MARAC.

### ***Special Educational Needs: Education, Health and Care assessments***

A child/young person pupil has special educational needs (SEN) where a learning difficulty or disability calls for special educational provision, namely provision different from or additional to that normally available to pupils of the same age.

The majority of children and young people with SEN or disabilities will have their needs met within local mainstream early years settings, schools or colleges. Some children and young people may require an Education, Health and Care (EHC) needs assessment in order for the Local Authority to decide whether it is necessary for it to make provision in accordance with an EHC plan.

The purpose of an EHC plan is to make special educational provision to meet the special educational needs of the child or young person, to secure the best possible outcomes for them across education, health and social care and, as they get older, prepare them for adulthood. The Local Authority will conduct an assessment of education, health and care needs when it considers that it may be necessary for special educational provision to be made for the child or young person in accordance with an EHC plan.

EHC plans are forward-looking documents that help raise aspirations and outline the provision required to meet assessed needs to support the child or young person in achieving their ambitions. EHC plans specify how services will be delivered as part of a whole package and explain how best to achieve the outcomes sought across education, health and social care for the child or young person.

An EHC needs assessment will not always lead to an EHC plan. The information gathered during an EHC needs assessment may indicate ways in which the school, college or other provider can meet the child or young person's needs without an EHC plan. Hackney Learning Trust will conduct assessments and prepare and maintain EHC plans in the most efficient way possible, working collaboratively with children and young people and their parents. It is likely to be possible to complete the process more quickly than the statutory timescales permit, except in more complex cases or where there is disagreement.

The following people have a specific right to ask the Local Authority to conduct an education, health and care needs assessment for a child or young person aged between 0 and 25:

- the child's parent
- a young person over the age of 16 but under the age of 25, and
- a person acting on behalf of a school or post-16 institution (this will ideally be with the knowledge and agreement of the parent or young person where possible)

In addition, anyone else can bring a child or young person who has (or may have) SEN to the attention of the Local Authority, particularly where they think an EHC needs assessment may be necessary. Children and young people under 19 in youth custodial establishments also have the right to request an assessment for an EHC plan. The child's parent, the young person themselves or the professionals working with them can ask the home local authority to conduct an EHC needs assessment while they are still detained.

Further information on the EHC assessment process in Hackney is available on the website: <http://www.hackneylocaloffer.co.uk>

### ***Disability assessments (including carer assessments)***

Disabled children are regarded as Children in Need and receive a statutory Section 17 assessment to determine the level of service required to support them. This is carried out by the Disabled Children's Service.

Hackney uses a social model of disability to assess how we can help families and young people. This considers the whole person and their family by carrying out a Child and Family Needs Assessment, Carer's Assessment and Transition Assessment for young people aged 16 and over to evaluate the impact that

impairments and difficulties have on their right to enjoy an 'ordinary life' and access the same opportunities that non-disabled children take for granted.

Young people receiving care and support who are approaching their 18th birthday will have a Child Needs Assessment 'in transition' to determine their support needs within Adult Social Care, usually this process begins when young people reach 16<sup>th</sup> birthday. Where the Health Transition Targeted Outreach Team are providing an 'offer of support' around health and wellbeing, education, training for employment and social relationship building, they are also expected to refer for a Child Needs Assessment to determine onward possible adult support.

Carer's Assessments through the Care Act 2014 recognises the impact on siblings and significant others in caring for disabled children, carer's of a disabled young person approaching their 18th birthday will be subject to a Child Carer's Assessment 'in transition'.

### ***Age assessments***

It may be necessary to carry out an age assessment if there is uncertainty about the age of a person seeking asylum as an unaccompanied child (UASC). These take place at the request of the Home Office. Age assessments will be carried out in accordance with guidance<sup>7</sup>.

### ***Female Genital Mutilation (FGM)***

All agencies, including health, police and education, that come into contact with women living in the borough and identified as having been subjected to FGM are expected to contact Hackney Children's Social Care Services (CSC). Contact with CSC will be made irrespective of whether the individual has female children living in the household to ensure that any future female children born or living within the household, including those in private fostering arrangements, are adequately safeguarded.

CSC will check to see if there has been a previous referral. If a previous assessment has been undertaken a new assessment process will not be started unless there is new information warranting such action.

CSC will decide whether to assess; where the FGM Risk Assessment is comprehensive and the risk of FGM being perpetrated against the child(ren) has been identified as low, a statutory social work assessment on the woman's child(ren) is less likely to be required.

CSC may explore with the family the risk of FGM being performed on any girls in the family. This can be undertaken as part of CSC screening within FAST. Alternatively, if a statutory social work assessment is indicated, this exploration will

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<sup>7</sup> Age assessments will be 'Merton compliant'.

be undertaken by one of the Access and Assessment social work units or the allocated social work unit if a case is already open to CSC..

CSC will undertake an assessment of need and risk on all female children under the age of 18 years when a woman caring for or living with them has been identified as having been subject to FGM. The risk of FGM being performed on any female children in the household will be assessed. If there are no female children no assessment will be undertaken.

Pregnant women, where the gender of the baby is not known, will not be immediately assessed until confirmation has been received that the child is a girl. An assessment will be undertaken for all confirmed unborn female children during pregnancy or as soon as a female child is born.

All girls identified as being at risk of FGM will be subject to a CSC assessment of need and risk; this includes girls who originate from regions and countries where FGM is practised and where there are concerns that they will be travelling to those areas for the purpose of FGM.

If a girl has experienced or is assessed to be at a high risk of being subjected to FGM, CSC will initiate a Child Protection Enquiry with Police and Health partners. Legal steps will be considered to respond to or prevent imminent harm.

If the CSC assessment does not identify safeguarding concerns in relation to a child CSC will end their involvement. CSC will inform the family and notify relevant professionals including school, GP, Health Visitor, School Nurse and Hackney Learning Trust of the outcome of the referral including any action taken and any need for further support and monitoring.

Girls identified during CSC assessment as being at risk of FGM may become subject of a Child Protection Plan depending upon the level of risk involved. If a Child Protection Plan is initiated it will be regularly reviewed with a multi-agency professional group and the family to monitor levels of risk. If risk of FGM is reduced the Child Protection Plan will end and a Child In Need Plan will be implemented, monitored and reviewed before CSC end their involvement.

### ***Channel / Prevent assessment***

In line with the statutory requirements of the Counter Terrorism and Security Act 2015, Hackney's Prevent strategy is a borough-wide initiative which aims to support and divert vulnerable people away from the radicalisation process. It also aims to deter extremist groups from operating in the borough. Where there are concerns about an individual becoming vulnerable to radicalisation, a referral can be made to Channel to assess risk and offer support.

Staff from all agencies with concerns about a child or young person's vulnerability to extremism or risk of radicalisation are expected to make a clear written record of

the concerns they have heard and/or witnessed and speak to the First Access and Screening Team (FAST) within Children's Social Care to explore these concerns and the context for the young person, for example: sources of information, friendship groups, interests, access to IT and other relevant background and protective factors. Following this exploration with FAST, a referral to Channel will be considered. It is expected that low level concerns may be managed by universal service provision and the family themselves. A record of concerns and actions is logged. If concerns escalate, the matter must be referred on to FAST.

Where there is imminent or potential risk of harm to a child or young person, agencies are expected to make contact with FAST. An assessment will be undertaken in respect of the child's safety and welfare and consideration given to support and intervention as required.

If there is an imminent threat of harm to others, the Police or the Terrorist Hotline must be contacted. Although involving the family is best practice in making referrals, staff may share information with other agencies without consent and, if necessary, without the family's participation under the Crime and Disorder legislation which allows for information sharing to prevent crime.

Channel<sup>8</sup> is an early intervention multi agency panel designed to safeguard vulnerable individuals from being drawn into extremist or terrorist behaviour. Channel works in a similar way to existing multi-agency partnerships for vulnerable individuals. It is a voluntary process allowing the individual to withdraw from the programme at any time. Channel is for individuals of any age who are at risk of exploitation by extremist or terrorist ideologues.

Anyone can make a referral to Channel and each referral is screened for suitability via a preliminary assessment undertaken by the Police Channel Coordinator and the Local Authority. Where appropriate, a Channel Panel will be arranged to allow a full multi-agency assessment.

The Channel Panel is chaired by the Local Authority, Head of Safer Communities and includes the Police and statutory partners where appropriate, to collectively assess the risk to an individual and decide whether an intervention is necessary. Lead safeguarding professionals are invited to attend the Panel on a case by case basis. If an intervention is required, the Panel works with local partners to develop an appropriate individualised support package to reduce risks to the individual and reduce the risk of extremism.

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<sup>8</sup> Channel: Protecting vulnerable people from being drawn into terrorism, a guide for local partnerships (April 2015) <https://www.gov.uk/government/publications/channel-guidance>

### **Early help**

Information about Hackney's early help is available in the *Children and Young People's Services Resource Guide for Professionals*.<sup>9</sup>

In Hackney we have developed a Common Support Framework to ensure help is provided through an appropriate assessment of need that is linked to integrated packages of support. It is our response to the need to provide appropriate, integrated and effective support for families in the most efficient way possible. It incorporates elements of, and learning from, the Common Assessment Framework (CAF) but places the emphasis upon the delivery plan(s) and outcomes rather than information gathering and duplicate assessments.

The Common Support Framework consists of three interlinking elements: a multi agency family information form, an assessment of need (including any existing valid assessments), and delivery and review plans with specific outcomes and review targets.

It is designed to bring families closer to the ideal of "no wrong door" and to eliminate unnecessary bureaucracy for practitioners.

Hackney is committed to the concept that high quality universal services, where necessary supported by targeted resources, can meet the needs in all but the most intense/complex cases. Wherever possible, workers' efforts will be focused on the effective planning and delivery of services rather than repeated assessments.

### **Information for parents/carers about assessments**

A clear and concise document is available providing information for parents and carers about the assessment process relating to statutory social care involvement with children, young people and families.

The guidance document explains that assessment is a tool which helps Children's Social Care understand what is happening in their family and if there needs to be change to ensure their children are safe and their needs are being met. The document clearly outlines to parents and carers what will happen, how they will be part of the assessment and what might happen after the assessment.

The document is available on the Hackney Council website:

<http://www.hackney.gov.uk/Assets/Documents/assessment-for-children.pdf>

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<sup>9</sup> *Children and Young People's Services Resource Guide for Professionals*:  
[http://www.hackney.gov.uk/Assets/Documents/CYPS\\_resource\\_guide.pdf](http://www.hackney.gov.uk/Assets/Documents/CYPS_resource_guide.pdf)

## **Complaints, compliments and comments**

Parents and children have a right to complain about the services they receive. Local authorities are required by section 26 of the Children Act 1989 to establish complaints procedures, and children and parents will be provided with information about Hackney's complaints procedure as part of the assessment process.

Information on how to make a Children's Act complaint can be obtained from the Safeguarding and Learning Service in Children's Social Care and is available on the Council's website: [www.hackney.gov.uk/Childrens-Social-Care-Complaints](http://www.hackney.gov.uk/Childrens-Social-Care-Complaints) Complaints about Children and Young People's Services that do not fit the Children's Act complaints criteria can be made by following the corporate complaints process, as outlined on the Council's website: <http://www.hackney.gov.uk/complaints.htm>

Records of investigations and the outcome of complaints are held by the Safeguarding and Learning Service. The information is used for quality assurance, monitoring and service improvement.

Compliments and any other comments about Children's Social Care services will also be shared via the Safeguarding and Learning Service.

All other agencies have a requirement to maintain a complaints procedure and parents who have a complaint about a particular agency's services will be advised to pursue this with the agency concerned.

## **Evaluation and review of assessment protocol**

This protocol will be reviewed and practice evaluated on a regular basis. This evaluation and review will incorporate the views of children and families and practitioners. The evaluation and review of the protocol and assessment process will form an integral part of our continuous improvement process.

## **Appendix**

### **The legal framework**

A statutory assessment is an assessment required by law under the **Children Act 1989**. Local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Local authorities undertake assessments of the needs of individual children to determine what services to provide and action to take.

A children's social care assessment is a multi-agency assessment carried out under **Section 17, Children Act 1989**, this requires working together with children, young people and families and it will require their consent to progress. A local authority social worker is responsible for leading the assessment and has a duty to ascertain the child's wishes and feelings and take account of them when planning the provision of service.

If information gathered during an assessment (which may be brief) results in the social worker suspecting that the child is suffering or is likely to suffer significant harm, then the local authority, under **Section 47, Children Act 1989** 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.

Following an application under **Section 31A, Children Act 1989**, where a child is subject of a care order, the local authority must assess the child's needs and draw up a care plan which sets out the services which will be provided to meet the child's identified needs.

Where a child is accommodated under **Section 20, Children Act 1989**, the local authority 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.

# Child Protection

## Core and Risk Assessment

### Core Details

Family surname/s:	
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Children in household									
Surname	Forename	DoB or EDD	M/F	Ethnicity	First Language/ Preferred Communication	Interpreter Required	Religion	Capita ID	Subject
						<input type="checkbox"/>			
						<input type="checkbox"/>			
						<input type="checkbox"/>			
						<input type="checkbox"/>			
						<input type="checkbox"/>			

Address			
Permanent address:		Current address if different:	
Post code:		Post code:	
Telephone:		Telephone:	
Parents/Carers			
Mother		Father	
Parental Responsibility (if known) <input type="checkbox"/>		Parental Responsibility (if known) <input type="checkbox"/>	

## Core and Risk Assessment Incorporates Parenting Assessment

<b>Date assessment commissioned:</b>

<b>Date assessment completed:</b>

### Child protection checklist (to be completed for all s47 Enquiries)

*Enter dates when complete*

Checks		Date
Police		
Hospitals		
HV		
GP		
School		
EWS		
Nursery		
Other, details		
<b>Planning:</b>		<b>Date</b>
Strategy Discussion / Meeting		
<b>INTERVIEWS:</b>		<b>Date</b>
Referrer		
Parents / Carers		
Children in presence of others		
Children on own (please indicate which child seen)		

**Child protection checklist (to be completed for all s47 Enquiries)**

*Enter dates when complete*

Other (specify)		

**Richard Requirements**

<b>Is a referral to the police required?</b>		<b>If yes, date on which matter was referred to the police.</b>	
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**Reason for Assessment/what has been happening**

*Give reasons for undertaking this assessment at this time. What does the referrer say is happening? What do the family and other relevant people (including professionals) believe is happening? Have any allegations or concerns been substantiated and/or is there cause for concern? Are there different accounts? What are the known facts and how do these support the accounts given? What else is or has been happening in the family on a wider level/what is the relevant context (include any relevant past of similar or related concerns)? What are the factors contributing to the concerns? What are the protective factors?*

**Genogram**

***Include at least three generations if possible***

### **Family Background**

*Include exploration here of:*

*History of family relationships and information about current family relationships and social networks (include consideration of all significant adults including extended family members, resident and non-resident partners/fathers/father-figures – both current and previous), this should include consideration of the family's racial, cultural and religious background and immigration issues*

*Parent's / carer's own experience of growing up*

- How did they relate to their parents/carers, siblings or extended family, and what trans-generational patterns of interaction may be impacting on the current situation*
- What was their experience of school / being educated*

*Details of significant events in the life of the family (including history of pregnancies and births), both positive and negative, including possibly traumatic events, which may continue to impact on family functioning. Explore how the family coped, who supported them, and what strengths they can identify from that time which may help them in the present.*

*Details of previous professional involvement, including consideration of the following:*

- Have there been any medical conditions (including genetic and psychiatric) with which the family has had to cope?*
- When the family have received help in the past what was most useful and how did it help them?*
- Summarise information about any previous episodes of Children's Social Care involvement*
- Services that are currently involved and impact they are having.*

### **Environmental Factors**

*Include exploration of living conditions, housing, employment status, finances, legal status, access to and use of community resources*

### **Child Development**

*Taking each child in the household at a time provide information about*

- Health ( including if there have been any health assessments or diagnoses, what outcomes were achieved, and whether the child has a disability)*
- Emotional and Behavioural Development*
- Education (have assessments of educational development and cognitive functioning been undertaken?)*
- Family and Social Relationships (including the practitioner's understanding of the quality of the primary attachment relationship(s))*
- Please refer to age related guidance depending on the age of the child/children/young person you are assessing.*

*Taking each child in the household at a time provide information about*

- *Health ( including if there have been any health assessments or diagnoses, what outcomes were achieved, and whether the child has a disability)*
- *Emotional and Behavioural Development*
- *Education (have assessments of educational development and cognitive functioning been undertaken?)*
- *Family and Social Relationships (including the practitioner's understanding of the quality of the primary attachment relationship(s))*
- *Please refer to age related guidance depending on the age of the child/children/young person you are assessing.*

### **Parenting Capacity/Parenting Assessment**

*Include here exploration of basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, stability.*

*Include practitioner's observations of parenting style and attitude. Is parenting "good enough" from the practitioner's perspective to meet each child's physical, educational, emotional and social needs?*

### **Summary of issues affecting the parent's/carer's capacity to respond appropriately to the needs of the child(ren)**

*Consider any particular difficulties adults in the family are experiencing, e.g. substance use, mental health difficulties, learning difficulties, domestic violence. Consider parent's / carer's own experiences of being parented.*

*Consider any previous professional intervention including parenting interventions and their outcomes. Did the family engage with the service and was there motivation for change?*

*Consider support available to parent, factors that may be obstacles to change, parent's / carer's capacity and motivation to change*

*Consider cultural and religious factors*

### **Clinical Formulation**

#### **Child's Emotional Well Being/Mental Health**

*Please provide a brief summary of the above, to include any evidence of existing or developing formal child mental health issues such as: risk of self-harm/suicide, low mood/depression, eating difficulties etc. Please reference use of appropriate measures and questionnaires, e.g. SDQ, MFQ, Conners etc. Consideration must also be given to cognitive factors and learning abilities.*

#### **Clinical Formulation**

*Please bring together information gathered into a succinct summary of clinical issues, formulation of relational patterns, including reference to the wider societal context e.g. racism, and clear identification of need for clinical intervention*

**Child’s Emotional Well Being/Mental Health**

Please provide a brief summary of the above, to include any evidence of existing or developing formal child mental health issues such as: risk of self-harm/suicide, low mood/depression, eating difficulties etc. Please reference use of appropriate measures and questionnaires, e.g. SDQ, MFQ, Conners etc. Consideration must also be given to cognitive factors and learning abilities.

**Recommendation of Therapeutic Intervention**

Please provide clear evidence for recommendation, proposed timescale, and hopes for change, please reference how any identified clinical risks will be addressed through this intervention.

**Formulation/Analysis/Risk Assessment**

Here the practitioner sets out their understanding of how the information set out above fits together to inform an understanding of the family’s current situation and the implications of this for the child/children’s future welfare. In considering any risk factors the practitioner should consider what might happen and how likely these outcomes are and how undesirable they are. Judgements about risk and protective factors should be outlined, giving an explanation of how these judgments have been reached (including reference to specific research if relevant). Practitioners should also outline any areas where there is dispute or uncertainty about risk factors (‘grey areas’) and any conditions that contribute to greater difficulties in the family but do not constitute a direct ‘risk’ (‘complicating factors’). In reaching an overall judgement of risk consideration should be given to the combination of likelihood and seriousness of risk (The diagram below represents the risk assessment matrix). Any changes that are judged to be needed should be specified and parent’s / carer’s capacity to change should be addressed.



Implications for each child in the household

Recommendations

**Plan**

Risk/Need identified	Work to be done	Person responsible	Timescale	Desired outcome

Parent's / carer's and children's views of the assessment - <b><i>Record the views of each member of the family / household as they wish them to be recorded in their own words</i></b>
Parents/carers views on how the family situation is understood, and what they believe is going to help their family to move forward
Children's views on how the family situation is understood, and what they believe is going to help their family to move forward

<b>Recommendation of practitioner:</b>		
NFA / referral to tier 2 / referral to other agency / CSC to remain involved to implement and review plan / CSC to remain involved and ICPC to be held/ legal action	Is the child in need as defined by the Children Act 1989?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, CIN Code	

<b>Recommendation of practitioner:</b>
Worker making recommendation:
Consultant Social Worker / Manager to approve:
Date:

Manager decision:
Decision:
Approved by:
Date Assessment Signed:
Reason for decision, comments, other directions:

Date for case to be reviewed (if plan is for case to remain open):