

# County Durham

# Single Assessment Procedure & Practice Guidance

Revised: August 2016



County Durham Children  
and Families Partnership



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## Version Control

Published Date – September 2015	
Review Date – August 2016	Updated links and replaced references from the home conditions checklist to the Home Environment Assessment Tool.

## 1.0 INTRODUCTION TO THE SINGLE ASSESSMENT:

- 1.1 The Single Assessment Procedures should be read in conjunction with the [Early Help Strategy](#) the LSCB [Multi Agency Child Protection Procedures](#), and the accompanying [Single Assessment Practice Guidance](#). These documents can be found on the LSCB website at [Durham LSCB](#).
- 1.2 For staff working within DCC Children's Services, these procedures should also be read in conjunction with the Families First Policies and Procedures which can be found on the Council's Intranet.
- 1.2 The procedures underpin the early identification of need and the provision of early help to support those needs. The process, in its entirety, provides the tools necessary to make sure that need is effectively identified, understood and addressed in a timely way so that children get the help and support they need to achieve good outcomes.
- 1.3 These procedures include the following:
- [Single Assessment](#), including the [Early Help Assessment](#) and [Full Assessment](#) to replace the pre CAF, Initial and Core Assessment
  - [Family Plan](#)<sup>1</sup>
  - Team Around the Family meetings and reviews
  - Lead Professional
- 1.4 The [Single Assessment](#) can be built upon over time and as needs increase. It replaces the pre-CAF, CAF, Initial and Core Assessments. The aim is to prevent duplication for families and the need for multiple assessments. It is targeted at those children and families where unmet additional needs may place children at risk of poor outcomes.
- 1.5 The procedures have been developed for all practitioners working with children and families so that they can communicate and work together more effectively. It is suitable for use in all settings – universal, targeted and specialist (e.g. early years, schools, primary health care services, youth support service, voluntary or community sector, children's safeguarding and social care services), to help identify and respond to problems quickly before they become serious.
- 1.6 The framework aims to help practitioners and professionals working with children and young people to undertake assessments in a more consistent way. The expectation is that with the right knowledge, skills and training, practitioners in any agency will be able to undertake a Single Assessment and bring together the range of expertise, knowledge and skill to meet needs at the earliest possible opportunity to keep children and young people safe from the risk of adverse outcomes.

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<sup>1</sup> Children who are Looked After or subject to Care Proceedings will have a separate Care Plan

## 2.0 SUPPORTING DOCUMENTATION:

- 2.1 Throughout this document, reference is made to a number of supporting documents. These supporting documents are hyperlinked throughout this procedure (links are coloured blue, click to download) and are also referenced at [Appendix 1](#).
- 2.2 All of the documents referenced throughout and in [Appendix 1](#) can be found in the “professionals” section of the LSCB website:

## 3.0 THE SINGLE ASSESSMENT FRAMEWORK

- 3.1 There are two parts to the Single Assessment Framework: Part 1 is the “[Early Help Assessment](#)” and Part 2 is the “[Full Assessment](#)”.
- 3.2 The focus of these procedures is on ensuring the clear and early identification of children and families with additional needs.
- 3.3 The criteria for considering a [Single Assessment](#) are:
- The worker or parent/carer is concerned about the progress of the child or young person.
  - The child or young person’s needs are unclear and requires further investigation.
  - The support of more than one agency appears to be required. There is not already a Single Assessment/Team Around the Family in place.
  - The child, young person and their family give their consent to the [Single Assessment](#) and associated processes.
  - Where consent is not provided practitioners and Managers must consider whether an assessment should proceed without consent in the best interest of the child. Please refer to the LSCB guidance “[Collaborative Working and Information Sharing Protocol](#)”
- 3.4 [Early Help Assessment](#): The starting point for most children and families where additional needs have been identified will be the completion of the “Early Help Assessment”. The Early Help Assessment should be sufficient for all families whose needs are assessed at Level 2. This will help to identify the key needs of the child/family and to provide the early help and/or to begin the Team Around the Family (TAF) process if it is required.
- 3.5 [Full Assessment](#): Where needs have been identified at Level 3 or above a Full Assessment should commence at this stage in recognition that needs are becoming more complex and a fuller picture of the child and family’s needs is required. Decisions regarding the allocation of Level 3 cases that come through First Contact and the MASH will be agreed at the weekly One Point Service and Families First Joint Allocation meeting.
- 3.6 Where needs are identified at Level 4 this will progress to the Families First team who will carry out a full assessment. The assessment will be proportionate to the needs of the child and family and an appropriate timescale will be agreed with the team manager and social worker at the point of allocation.

- 3.7 No assessment will take more than 45 days to complete.
- 3.8 **Manager Checkpoints:** As per the regional guidance there are management checkpoints following the allocation of a case to a Lead Professional as follows:-
- 10 days
  - 28 days
  - 40 days

Any extension to the length of assessment should be agreed at these manager checkpoints with the team manager and the rationale for any extension, should it be required, recorded on the child's file.

3.9 Enquiries to First Contact can be made at:

- First Contact, Abbey Woods Business Park Pity Me Durham DH1 5TH
- Email: [firstcontact-gcsx@durham.gcsx.gov.uk](mailto:firstcontact-gcsx@durham.gcsx.gov.uk)
- Phone: 03000 26 79 79
- FAX: 0191 3835752
- TEXT: 07786027280

3.10 Any enquiry to First Contact will have the following potential outcomes

- Level 1 need - Pass to Universal services (eg. Health Visiting, School Nursing, GPs, Schools, Voluntary & Community Sector Service)
- Level 2 need - Pass to One Point Service to identify with the referrer the most appropriate Lead Professional from a range early help services
- Level 3 or 4 need – refer to MASH for full triage. MASH will identify Level 3 or Level 4 need
- Level 3 need following MASH triage – pass to One Point Service to identify with the referrer the most appropriate Lead Professional from a range early help services
- Level 4 need following MASH triage - Pass to Specialist Services (eg Families First Team, Integrated Services Disabled Children, Private Fostering Assessment)
- Level 4 Immediate Safeguarding Action – pass to Families First Team

**In all cases, consideration must be given to inclusion in the Stronger Families Programme.**

3.11 Where concerns are raised via telephone or in writing to the First Contact Service, the First Contact Service will record the details of the callers concerns on the [Early Help Assessment](#). It is important to note that this in itself does not constitute the completion of an [Early Help Assessment](#). Once the case is allocated to a Lead Professional they should then complete the [Early Help Assessment](#) (Level 2) or [Full Assessment](#) (Level 3 or 4) with the family and other relevant professionals.

3.12 All assessments must include a visit to the family home and direct communication with the child and family.

- 3.13 Within 1 working day the First Contact Service will:
- Gather any additional information from the caller and other agencies
  - Consult existing records if available
  - Use the [Child Sexual Exploitation Screening Matrix](#), when appropriate
  - Consider if the family meets the criteria for inclusion in the Stronger Families Programme
  - Determine what course of action should follow
- 3.14 **Multi-Agency Safeguarding Hub**  
The [MASH \(Multi Agency Safeguarding Hub\)](#) in Durham is designed to be a central point for the screening, gathering, sharing and analysing of information about children in County Durham who may be at risk of harm or who may need support services.
- 3.15 All referrals received by First Contact that are screened as Level 3 or Level 4 need will be forwarded to the [MASH](#) who will share and analyse information and determine a final level of need. Subject to [MASH](#) determination of final level of need the referral will progress to One Point Service (Level 2 or 3) to identify the most appropriate Lead Professional, or to the Families First team (Level 4).
- 3.14 If the caller is dissatisfied with the decision made by First Contact or the MASH in relation to their concern he/she should contact the First Contact Team Manager using the contact details above to discuss. Escalation to the appropriate Operations Manager and Strategic Manager should only be made in exceptional circumstances if the issue cannot be resolved following discussion with the Team Manager.
- 3.15 **0-19 Levels of Need:** The [0-19 Levels of Need](#) is an important reference tool linked to these procedures and has been developed to support practitioners and managers identify and assess the needs of children and families. The document identifies the range of indicators which may be present in children and their families at different ages and stages of development. Four levels of need are described. Each level of need links with the relevant step on the Durham Staircase. **All practitioners and managers should use this document to assist them to determine the most appropriate course of action prior to and during contact with the First Contact Service and whilst carrying out assessments with children and families.**

#### 4.0 A STEP BY STEP GUIDE TO THE PROCEDURES:

- 4.1 The following provides a step-by-step guide to the application of these procedures **once a concern or an additional need has been identified.**

##### **Step 1:**

In all cases, where a concern or additional need has been identified, the practitioner should first of all contact the First Contact Service to check whether an assessment is already in place for that child and/or family. If an assessment is in place, the practitioner will be put in touch with the existing Lead Professional so that appropriate information can be shared and agreement can be reached about what

additional support may be required for the family. In most cases the practitioner will be invited to join the Team Around the Family (TAF) if one is in place.

**You can check if an assessment is in place or register an Early Help Assessment by contacting the First Contact helpline on 03000 26 79 79**

**Step 2:**

If an Assessment and/or TAF is not already in place, First Contact will register the [Early Help Assessment](#) and discuss the level of need with the caller. This dialogue will triage the level of need and identify whether a Single Assessment is required. The [Early Help Assessment](#) will be used to record the discussion and register the outcome of the initial referral. The referrer should gather as much information as they can from their own agency records and/or from the Team Around the Family so that the referral information is comprehensive and decisions can be made about appropriate next steps.

**Step 3:**

If the level of need is initially assessed as at level 3 or above the information shared will transfer to the [MASH](#) for further multi agency screening and triage.

**Step 4:**

If the level of need is initially assessed as at level 2 the call will be transferred to the One Point Service Duty Officer who will take any further details necessary. Through this discussion, the most appropriate next steps will be agreed to provide support for the family and the case allocated to the relevant Lead Professional who will complete the assessment with the family and other relevant agencies.

**Step 5:**

Where a Team Around the Family is not already in place and is identified as necessary to coordinate the range of support required to meet the needs identified, the One Point Service or the Families First teams will coordinate the establishment of the TAF and will arrange for invitations to be sent to relevant parties.

**Flowcharts setting out the above steps are attached at [Appendix 2](#) and [Appendix 3](#).**

- 4.2 In all steps, if a Lead Professional does not already exist, the caller (if they are a practitioner) will be considered the Lead Professional until the case has been allocated to an identified Lead Professional **or** until a Team Around the Family meeting is convened. For cases identified at Level 2, the call will transfer to the One Point Service Duty Officer and, if a TAF is not required, actions will be agreed with the caller and reviewed by the One Point Service Duty Officer within 6 weeks to ensure progress has been made and needs have been met. For cases at Level 3 / 4 that are screened by the MASH, will be referred to the One Point Service (Level 3) or the Families First Team (Level 4) for allocation, as set out in paragraph 3.10 above.
- 4.3 If the caller is a parent and/or family member or a member of the public, the First Contact Service will identify the most appropriate practitioner to carry out the assessment, dependant on the level of need identified.



- 4.4 **Child Protection: Contact should be made immediately with the First Contact Service (FCS)** where there are concerns that the child is at risk of immediate significant harm and requires protection, or if a family crisis has arisen that requires urgent action. Reference should be made by the caller to the [LSCB Multi Agency Child Protection Procedures](#). The caller should make clear why they believe that the significant harm threshold is met.
- 4.5 **Consent:** Where a parent/carer and/or child refuses to consent to engage with the Single Assessment process, then the 8 golden rules shall apply and reference should be made to the LSCB Briefing Paper “[Consent and the Public Interest Test](#)”. Where practitioners have significant concerns about the welfare and safety of the child, a TAF may be convened without consent and agencies should be asked to contribute to a single assessment and to develop a shared plan to improve outcomes for the child/young person. The parent/carer and child/young person should be informed of this decision and any actions agreed.
- 4.6 Lead professionals or callers must make every effort to re-engage parents/carers and children/ young people in Single Assessment processes where unmet needs are impacting on outcomes for children and young people.
- 4.7 The [Family Engagement Toolkit](#) should be implemented and actions recorded in the relevant agency records. All services will work continuously to engage parents/carers and children in actions to address needs.
- 4.8 In some cases refusal may be judged to indicate “deliberate avoidance” and this in itself may raise safeguarding concerns. There needs to be careful analysis and monitoring of refusals to engage so that an informed assessment of the level of risk can be made. The First Contact Service will be responsible for escalating concerns and determining appropriate action where it is required.

## **5.0 THE SWIFT PROVISION OF EARLY HELP:**

- 5.1 The timescale for the completion of the [Single Assessment](#) is between 0 to 45 working days, and this will depend upon the level and complexity of need. The timescale for completion of the [Single Assessment](#) should be agreed between the manager and practitioner at the point of allocation.
- 5.2 **Team Around the Family:** If the assessment indicates the need for the support of more than one service/agency/practitioner to meet the needs identified, a Team Around the Family should be convened within 25 working days of the case being allocated. It is essential that where appropriate information is gathered from partner agencies prior to the convening of the first Team Around the Family meeting.
- 5.3 Where additional needs have been identified, the practitioner should put in place the support required by the child and their family whilst the assessment is being completed. It is not necessary to wait for a single assessment to be completed or a TAF to be convened if immediate actions can be taken that will ensure the child and family is supported.

- 5.4 If required, the One Point Service or the Families First Team will provide administrative support to the practitioner who has identified the need to convene a Team around the Family (TAF). The TAF should include the child, young person and parent(s)/carer(s).
- 5.5 The first TAF meeting should agree the Lead Professional and develop the [Family Plan](#) with agreed outcomes jointly with the child and family. The [Family Plan](#) will be outcome focussed and have clear measurable actions agreed and understood by all family members.
- 5.6 A critical function of the TAF is to drive progress and ensure outcomes are being achieved. TAF members will be required to deliver relevant aspects of the [Family Plan](#) in between TAF meetings. They will be expected to deliver on the plan that has been agreed and be able to identify their contribution to improving outcomes. The TAF should set a date for a review meeting to take place between 4-6 weeks following the date of the first meeting and at regular 4-6 weekly intervals thereafter. The TAF should check progress and consider whether actions have been delivered and whether they have been effective in achieving the outcomes agreed at the outset. Barriers to the achievement of progress should be identified and actions reviewed.
- 5.7 **Lead Professional:** The Lead Professional will act as a central contact point for the child and the family and other members of the TAF and will make sure the agreed actions of the TAF are delivered in a timely way and to the satisfaction of the child and family.
- 5.8 The Lead Professional will take responsibility for developing a chronology of significant events using the [LSCB Chronology](#) template. Practitioners should refer to the [Single Assessment Practice Guidance](#) for advice on what constitutes a significant event to include in the chronology. The template is to be used as a single-agency tool. It will only be necessary to share these for the creation of multi-agency chronology should the case escalate to an initial child protection conference.
- 5.9 It is the responsibility of the Lead Professional to inform their line manager of their status as Lead Professional and for the manager to review the progress of the case and the quality of the work being delivered, in line with their own governance arrangements.
- 5.10 **Escalation:** It is important that the [Family Plan](#) is given time to achieve progress. However, if the TAF are concerned that the child and their family's needs are not being met or are escalating and are becoming more pronounced or complex, then discussion and agreement at the TAF should take place and the following must be considered prior to escalation:-
- The inclusion of different agencies in the TAF to meet the changing needs identified;
  - The purpose of escalation – what could be achieved at Level 4 that cannot be achieved at Level 3.

5.11 If the TAF agree the case requires escalation, and are clear about the purpose of escalation, the Lead Professional will contact the First Contact Service. To assist in this process the Lead Professional will share the assessment and TAF action plans and reviews with the First Contact Service. The First Contact Service will confirm with the Lead Professional the most appropriate response.

5.12 See paragraph 6.15 for the procedures relating to de-escalation.

**A flowchart setting out the escalation & de-escalation process is attached at [Appendix 3](#) and [Appendix 4](#).**

## **6.0 ASSESSMENT UNDER S17 THE CHILDREN ACT 1989/ASSESSMENT OF FAMILIES – STEP 4/5 ON THE DURHAM STAIRCASE**

6.1 Assessments under s17 of the Children Act 1989 will be carried out by the Families First Team where the child is resident or the Disabled Children and their Families Team or Young People's Service If the young person is 16+ and has left statutory education.

6.2 The purpose of the assessment at Step 4 or above is to determine if the child is a child in need as defined by s17 of the Children Act 1989, if there is reasonable cause to suspect that the child is suffering or likely to suffer significant harm or if the child is disabled. If the assessment demonstrates that the child meets at least one of the above categories, then consideration needs to be given to what services and action needs to take place to address the assessed needs.

6.3 Working Together 2015 requires the involvement of the appropriate multi-agency partners in completing the assessment and participation in the multi-agency [Family Plan](#). In most cases the existing Team Around the Family will continue to work with the family with the social worker taking the Lead Professional role. In addition it is expected that the social worker and other professionals will work together in order to ensure that comprehensive intervention and assessment is carried out. This could include liaison with housing services, anti-social behaviour services, domestic abuse service, mental health, alcohol and substance misuse services and others as relevant.

6.4 Once the case is allocated to a social worker, consideration should also be given to what immediate support the child and family would benefit from during the course of the assessment. The expectation is that the family will be offered support whilst the assessment is being completed. A range of evidence based tools are commended to supplement the social worker's assessment. The evidence based tools include:-

- [Screening Tool for Alcohol related risk](#)
- [The Family Pack of Questionnaires and Scales](#)
- [Cycle of Change](#)
- [Home Environment Assessment Tool](#)
- [Motivation to change questionnaire](#)
- [Engaging with parents/carers](#)
- [Blank Resilience/Vulnerability Matrix](#)
- [Use of the risk and resilience matrix when planning for children](#)

- [Using the child development checklist](#)
- [Attachment](#)
- [Attachment and Bonding Checklist](#)
- [Wellbeing Tool](#)
- [Three Houses](#)
- [Adolescent Three Houses](#)
- [Queen or King of the Island](#)
- [Queen or King of the Island Exercise](#)
- [Blank ecomap](#)
- [County Durham Engaging Families Toolkit](#)

- 6.5 The social worker should ensure that the appropriate interventions are in place, lead the assessment, ensure that partner agencies contribute timely and relevant information and ensure that the [Multi-Agency Chronology](#) of significant events is completed within the [Single Assessment](#).
- 6.6 The timescale for the completion of the [Full Assessment](#) will be determined by the Team Manager on allocation, but will not take longer than 45 days to complete. The timescale agreed should reflect the presenting need and assessments should be carried out in proportion to those needs. Therefore, some assessments will not require the full 45 days for completion. There are a series of checkpoints to ensure the assessment is progressing in accordance with the agreed completion timescale and managers should check progress with the practitioner at these points:-
- 10 Days
  - 28 Days
  - 40 Days
- 6.7 Where there is an existing Team Around the Family, the social worker/lead professional should convene this team within 25 working days of the escalation. If there is no pre-existing TAF, key partners will be identified and the TAF convened by the social worker within 25 working days of the referral. The Team Around the Family should consist of child/young person as appropriate, relevant family members and the professionals who play a key role in addressing the needs of the children and adults in the household.
- 6.8 The assessment timescale will be agreed by the team manager with the social worker at the point of allocation. Each checkpoint is an opportunity to review whether sufficient assessment activity has been completed in order to understand the needs of the child and family and in order to develop an appropriate Family Plan. Assessments should always be proportionate to the needs of the child and family. The initially agreed timescale can be extended but only with the agreement of the team manager.
- 6.9 No assessment should take longer than 45 days to complete from referral, and it is expected that a number would take significantly less time than this, see paragraph 6.6 above. The assessment and agreed timescale should be proportionate to the presenting needs of the family.

- 6.10 Where a [Family Plan](#) has been developed by a pre-existing TAF, the social worker will review and revise it as required and bring to the TAF meeting for agreement. Where there is no pre-existing TAF the social worker will develop the [Family Plan](#) for agreement at the first TAF meeting.
- 6.11 It is the responsibility of the social worker/lead professional to ensure all TAF members and the child and family have a copy of the [Assessment](#) and [Family Plan](#).
- 6.12 The minimum frequency of Team Around the Family meetings is every 4-6 weeks following the first TAF. A written record of all TAF meetings should be recorded and shared with the family and other TAF members and the record placed on the child's file.
- 6.13 **At 3 months** there should be a formal review of the case with the social worker and team manager to review progress against the plan. A summary not should be recorded in the child's file.
- 6.14 **At 6 months** if the [Family Plan](#) outcomes have not been achieved, the Team Manager should chair a TAF meeting to formally review the plan and determine what action if any needs to take place to ensure progress is achieved.
- 6.15 **De-escalation:** Whenever the family plan is reviewed by the Team Around the Family, consideration should always be given to stepping down to the early help services at Steps 2 or 3. When this is agreed, a timescale for transfer to a Lead Professional from universal or targeted services will be agreed and a Lead Professional identified. This will usually take place within the Team Around the Family.
- 6.16 Some children and families will not require ongoing support or a TAF. Where there is not a need to have a formal de-escalation to a new Lead Professional at level 2 or 3, a clear plan to support the family to sustain the progress they have made and to prevent a re-referral must be in place. In these circumstances, the Team Manager will be responsible for:-
- Endorsing the plan
  - Agreeing how the case will deescalate
  - What the ongoing support needs of the family are, and
  - How these will be met beyond the involvement of the social worker. For example, this could be through an agreed monitoring arrangement with a school or VCS organisation.
- 6.17 The social work case can then be formally closed once this transfer to the Lead Professional has taken place. It is to be expected in these circumstances that the social worker will continue to offer advice to the new Lead Professional and the TAF as required. The new Lead Professional must always be provided with a copy of the [Single Assessment](#) and the [Family Plan](#).
- 6.18 If a dispute arises in relation to ceasing social work involvement, representation should be made to the team manager in the first instance. If matters cannot be

resolved at this stage then escalation in such circumstances can be made to the Operations or Strategic Manager.

## **7.0 CHILDREN WHO MAY BE SUFFERING OR LIKELY TO SUFFER SIGNIFICANT HARM:**

- 7.1 Children and families should not routinely be subjected to formal child protection investigations if these are not necessary. An important function on the social work or First Contact Service assessment is to determine if there is reasonable likelihood that the child is suffering or likely to suffer significant harm.
- 7.2 This may be a very brief assessment where there is an obvious and evident need for immediate safeguarding action required on receipt of referral. Reference should be made immediately to the appropriate part of the [LSCB Multi Agency Child Protection Procedures](#).
- 7.3 All cases that move to strategy discussion require some assessment in the first instance. This may be brief but the rationale for deciding a child is likely to suffer or is suffering significant harm must be clearly recorded within a full assessment.
- 7.4 In other cases the information about the potential safeguarding concern may be less explicit. As the assessment progresses, information may emerge to suggest a child protection concern. In such cases it would be appropriate to swiftly gather information from a range of partner agencies. If required a multi-agency information sharing meeting should be convened in order to reach an early determination if there is reasonable cause to believe that the child is suffering or likely to suffer significant harm. Early contact with the child and/or family should take place if appropriate in order to clarify the concerns.
- 7.5 Where a key purpose of the assessment is to clarify if there is reasonable cause to suspect that the child is suffering or likely to suffer significant harm (as described above) it is essential that a prompt timescale is agreed for completing the preliminary inquiries. Once the assessment has commenced and it becomes clear that there is reasonable cause to believe that a child is suffering or is likely to suffer significant harm, a strategy meeting should be convened within the timescales referenced in the [LSCB Multi Agency Child Protection Procedures](#).
- 7.6 In addition, in a significant number of cases, the analysis of the information gathered by the TAF and/or in the course of a social worker's assessment will indicate that the child is suffering or likely to suffer significant harm. Reference to the [LSCB Multi Agency Child Protection Procedures](#) should be made and a strategy meeting convened under the LSCB Procedures. As per the LSCB procedures, agency checks should be made with all key agencies and statutory partners to ensure all relevant information is shared and levels of risk can be properly assessed.
- 7.7 In all the situations described above, the local authority should hold a strategy meeting to enable it to decide whether to initiate inquiries under s47 of the Children Act 1989. The purpose of the strategy meeting is to agree whether the threshold for S47 enquiries has been met and if so, to agree how these will be conducted.



7.8 The purpose of the s47 inquiry is to undertake further assessments, alongside partner agencies. The s47 should determine whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of or likely to suffer significant harm.

7.9 The social worker should:

- lead the assessment
- carry out enquiries in a way that minimises distress for the child and family;
- see the child who is the subject of concern to ascertain their wishes and feelings; assess their understanding of their situation; assess their relationships and circumstances more broadly;
- Consider whether specialist assessment is required (eg medical examination)
- interview parents and/or caregivers and determine the wider social and environmental factors that might impact on them and their child;
- systematically gather information about the child's and family's history;
- analyse the findings of the assessment and evidence about what interventions are likely to be most effective with other relevant professionals to determine the child's needs and the level of risk of harm faced by the child to inform what help should be provided and act to provide that help;
- Consider seeking legal advice in all cases.

7.10 All other agencies should contribute to the assessment in accordance with their professional roles and as stated in the [LSCB Multi Agency Child Protection Procedures](#).

7.11 All practitioners should seek guidance from the [LSCB Multi Agency Child Protection Procedures](#) for further clarification of the procedures and their roles and responsibilities in the child protection process.

## **8.0 SEND REFORMS & LINKS TO EDUCATION, HEALTH AND CARE PLANS**

8.1 The majority of children with special educational needs and disabilities will have their needs met in a nursery, school or college without requiring an Education, Health and Care assessment. Their needs are identified and the right provision is made by the nursery, school or college through the graduated 'assess, plan, do and review' approach detailed in the SEND Code of Practice.

8.2 Some children and young people with significant learning difficulties might require an Education, Health and Care assessment. Full details are available on our [Local Offer](#) website.

- 8.3 Under the Children and Families Act 2014, Education, Health and Care Plans (EHC) replace statements of special educational needs and Learning Difficulty Assessments.
- 8.2 When beginning an EHC assessment, the Statutory Casework Team will liaise with colleagues in First Contact to determine if a child or young person has a social care need and is in receipt of, or requires, targeted early help services or statutory assessment and/or services under the Children Act 1989.
- 8.3 Where there is current social work involvement, the social worker should contribute to the EHC assessment and provide advice for that assessment within 6 weeks. Consideration will need to be given how children in need, child protection and looked after assessments, care plans and reviews link with the EHC assessment, planning and review processes. EHC plan reviews should synchronise with social care plan reviews.
- 8.4 Where there is no current or previous social work involvement, and where First Contact and/or the MASH (see paragraph 3.14 above) determine the level of need requires social work involvement, the referral will be made to the relevant Families First team.
- 8.5 If the social care needs can be appropriately met through the provision of early help services, the request for advice in these cases should be referred by First Contact to the One Point Service in order to complete section H2 of the EHC Plan. The advice must still be provided within 6 weeks.
- 8.6 EHC plans have two sections in which social care services to be provided to the child or young person must be recorded.
- 8.7 Section H1 is for services provided under the Chronically Sick and Disabled Persons Act 1970. These services include:
- Practical assistance in the home
  - Provision or assistance in obtaining recreational and educational facilities  
At home and outside the home
  - Assistance in travelling to facilities
  - Adaptations to the home
  - Facilitating the taking of holidays
  - Provision of meals at home or elsewhere
  - Provision or assistance in obtaining a telephone and any special equipment necessary
  - Non- residential short breaks
- 8.8 Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having special educational needs – including that made under early help support and services or section 17 of the Children Act 1989 should be included in section H2 of the EHC plan. This may include for example overnight short breaks and services secured through the provision of a direct payment.



8.9 For more detail and guidance please refer to the SEND Code of Practice at:

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

**Carers' Assessments:**

8.10 A parent carer is someone over the age of 18 who provides care for a disabled child for whom they have parental responsibility.

8.11 Parent carers have a right to a parent carer's needs assessment. This assessment should be combined with an assessment of the child or young person with a disability and includes the assessment of support needs, their well-being, whether it is appropriate for them to provide or continue to provide care for the disabled child and the need to promote and safeguard the welfare of the disabled child and any other children in the household/for whom the parent has parental responsibility.

8.12 The Children and Families Act 2014 amends the Children Act 1989 requiring, local authorities to assess parent carers on the appearance of need or where an assessment is requested by the parent.

8.13 The local authority must also be satisfied that the disabled child cared for and the disabled child's family are persons for whom they may provide or arrange for the provision of services under Section 17.  
(Adult carers who do not have parental responsibility also have the right to an assessment)

8.14 If a disabled adult is being cared for, the Local Authority must consider whether there are any children or young people involved in providing that care and if so, the impact on them.

**Transitions:**

8.15 The Care Act 2014 places a duty on local authorities to conduct transitions assessments for young people, their carers and young carers where there is a likely need for care and support after the young person turns 18.  
This assessment should take place at a time when it is of significant benefit to the individual.

8.16 The assessment must include current care and support needs now and after the age of 18; what those needs are likely to be and if they are eligible needs for services, what outcomes the young person wishes to achieve in daily living and how care and support can contribute to achieving them.

8.17 Some young people may not be receiving services from children's care but a transition plan may be of significant benefit – this can include for example young people whose needs have largely been met by education services or those with a degenerative condition.

8.18 By April 2016 a 14-25 Transitions Team will be in place; this team will carry out most of the assessments required under the transitions section. In the interim, close liaison must take place between Children's services and Adults Services to ensure

that a collaborative approach to planning the transition arrangements for young people is achieved.

- 8.19 Where a young person is detained in custody the home local authority must keep their EHC plan and maintain and review it upon release. For detailed information about the responsibilities regarding young people in custody refer to the SEND code of Practice:

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

## **9.0 SUPPORT FOR YOUNG CARERS**

- 9.1 For staff working within DCC Children's Services guidance for the assessment of young carers can be found on the Council's intranet. A flowchart for the young carers referral process can be found at [Appendix 5](#).

## **10.0 SUPPORT FOR YOUNG PEOPLE WHO OFFEND**

- 10.1 County Durham Youth Offending Service (CDYOS) receives referrals in two categories – 'out of court disposals' and youth court sentences.
- 10.2 Young people for whom the police are considering an out-of-court disposal, eg. pre-caution disposal (PCD), Youth Caution (YC), Youth Conditional Caution (YCC), are referred to CDYOS for assessment and decision over which disposal is appropriate. Young people for whom a PCD or a YC is appropriate are assessed using the Single Assessment, whilst those young people for whom a YCC is appropriate are assessed using Asset Plus – a national assessment tool. Should there be any need identified CDYOS will act as lead professional for a Team Around the Family and/or contribute as part of a TAF should one already exist.
- 10.3 All sentences imposed on young people by either the Youth Court or the Crown Court are supervised by CDYOS. All such young people are assessed using Asset Plus and, should there be identified needs requiring a TAF and/or they meet the Stronger Families criteria, CDYOS will act as lead professional or contribute to a TAF should one already exist.

## **11.0 CRITERIA FOR LOOKED AFTER AND PERMANENCE TEAM (16+)**

- 11.1 If a child is 16 and has completed Year 11 and is determined to be a potential child in need by First Contact, or by the current social work team, the case will be allocated to the Looked After and Permanence 16+ Team for intervention and assessment. Where appropriate, cases may be jointly worked.
- 11.2 In the event of a young person presenting as homeless, the multi-agency joint protocol will be convened with a key emphasis on early help and resolution. The relevant Team Manager will determine if a social worker is required to attend the joint protocol meeting.

## **12.0 CRITERIA FOR INTEGRATED CHILDREN WITH A DISABILITY TEAM**

- 12.1 The Integrated Children with a Disability Team will work with children and young people who have a substantial learning or physical disability or a diagnosed serious health condition that will impact significantly on his/her development. The Team is responsible for undertaking all assessments, interventions and care planning relating to these children and young people.
- 12.2 The team will retain responsibility for all looked after children with a disability and those subject to child protection inquiries and care proceedings.
- 12.3 Where the Integrated Children with a Disability Team and an Assessment and Intervention or Child Protection Team are both working with the same household, joint planning meetings should be convened in order to co-ordinate activity between the two teams.
- 12.4 Referrals for children with disabilities should always be made to First Contact who will carry out the same screening functions as for all other referrals.
- 12.5 The Team Manager will liaise with the appropriate Assessment and Intervention or Child Protection Team Manager if there are possible child protection issues in respect of other children in the household in order to agree a collaborative approach.
- 12.6 For information in relation to the links between the Educational, Health and Care Plans and Single Assessment, please refer to section 9 of this guidance.

## **13.0 CRITERIA FOR INTERNAL TRANSFER BETWEEN SOCIAL WORK TEAMS**

- 13.1 A transfer protocol has been developed for the transfer of cases between First Contact, Families First, Young People's Service, Child Protection and Looked After and Permanence Teams.

## **14.0 POST ADOPTION SUPPORT PATHWAY**

- 14.1 The local authority which placed the child for adoption is responsible for the assessment and provision of adoption support services for their adoptive child and adopters up to three years post Adoption Order. DCC will have a duty to assess the adoption support needs for these families three years past the Adoption Order.
- 14.2 Assessment of the need for adoption support services should be carried out in the following circumstances:
- **Pre-Adoption Order:** This should be undertaken jointly by the child's social worker and adoption social worker.
  - **Post order:** An Early Help Assessment will be completed if the First Contact services receive a referral, following the procedures set out in this document. This will ensure an assessment of the child's needs is screened before passing on to the appropriate service
- 14.3 An assessment needs to establish if the child is:

- In need of early help services
- In need of services under S17 Children Act 1989
- In need of safeguarding services
- In need of adoption support services

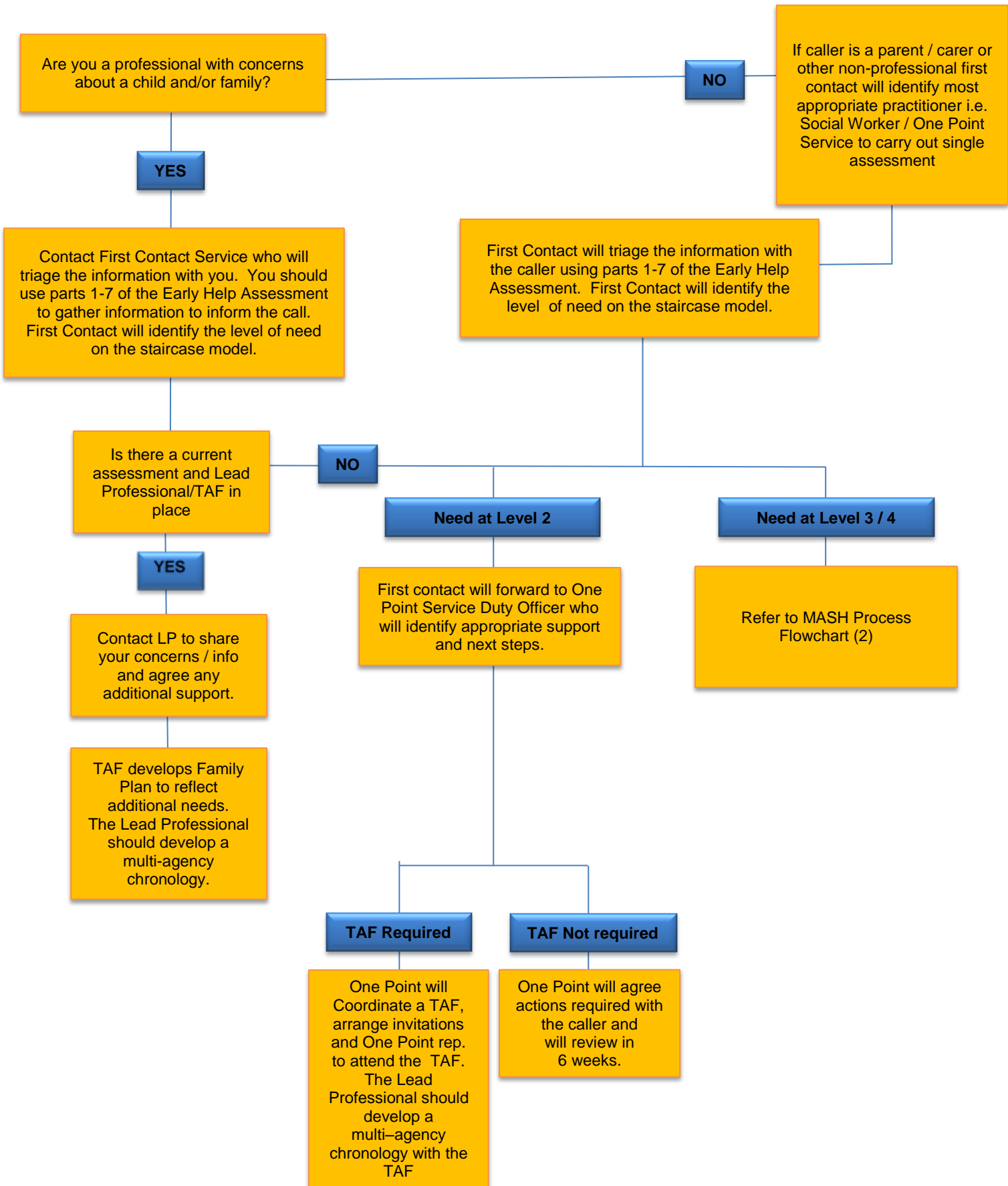
14.4 **Adoption support services** provided by the Adoption Service are listed below:

- Financial support
- Services to enable groups of adoptive children, adoptive parents and birth parents to discuss matters relating to adoption.
- Assistance in relation to contact between an adoptive child, birth sibling, former guardian or related person of the adoptive child.
- Therapeutic services for adoptive children
- Assistance for the purpose of ensuring continuance of the relationship between an adoptive child and his adoptive parent, including training for adoptive parents to meet any special needs of the child, and respite care.
- Assistance where disruption of an adoptive placement
- Counselling, advice and information (about adoption).

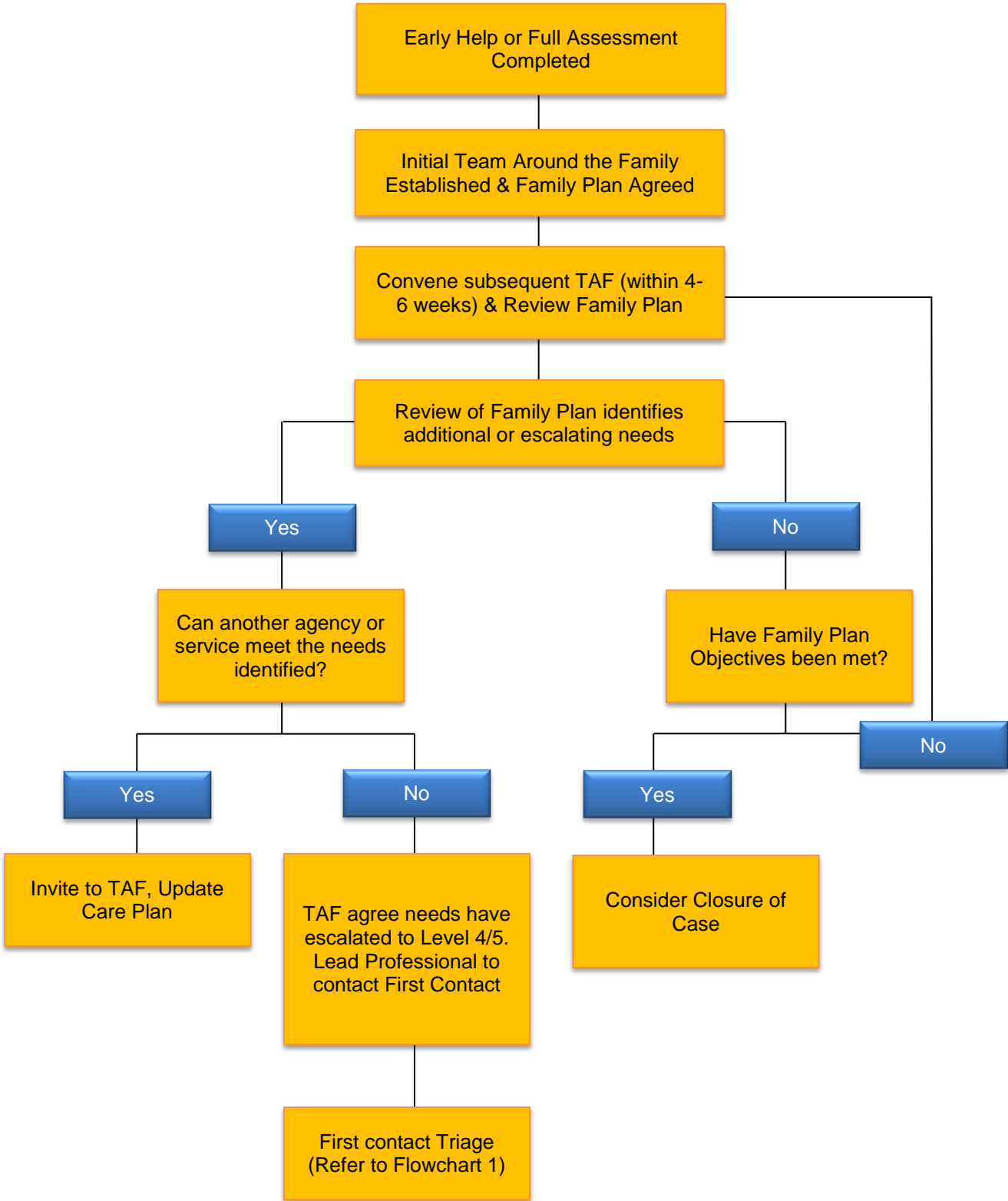
## DOCUMENTS AVAILABLE ON LSCB WEBSITE:-

1. [SINGLE ASSESSMENT](#), INCLUDING:-
  - [EARLY HELP ASSESSMENT](#)
  - [FULL ASSESSMENT](#)
2. [FAMILY PLAN](#)
3. [COLLABORATIVE WORKING & INFORMATION SHARING PROTOCOL](#)
4. [CHILD SEXUAL EXPLOITATION SCREENING MATRIX](#)
5. [MULTI AGENCY SAFEGUARDING HUB \(MASH\)](#)
6. [0-19 LEVELS OF NEED](#)
7. [MULTI-AGENCY CHILD PROTECTION PROCEDURES](#)
8. [CONSENT AND THE PUBLIC INTEREST TEST](#)
9. [FAMILY ENGAGEMENT TOOLKIT](#)
10. [LSCB CHRONOLOGY TEMPLATE](#)
11. EVIDENCE BASED TOOLS
  - [Screening Tool for Alcohol related risk](#)
  - [The Family Pack of Questionnaires and Scales](#)
  - [Cycle of Change](#)
  - [Home Environment Assessment Tool](#)
  - [Motivation to change questionnaire](#)
  - [Engaging with parents/carers](#)
  - [Blank Resilience/Vulnerability Matrix](#)
  - [Use of the risk and resilience matrix when planning for children](#)
  - [Using the child development checklist](#)
  - [Attachment](#)
  - [Attachment and Bonding Checklist](#)
  - [Wellbeing Tool](#)
  - [Three Houses](#)
  - [Adolescent Three Houses](#)
  - [Queen or King of the Island](#)
  - [Queen or King of the Island Exercise](#)
  - [Blank ecomap](#)
  - [County Durham Engaging Families Toolkit](#)

# FLOWCHART 1: SINGLE ASSESSMENT PROCEDURES

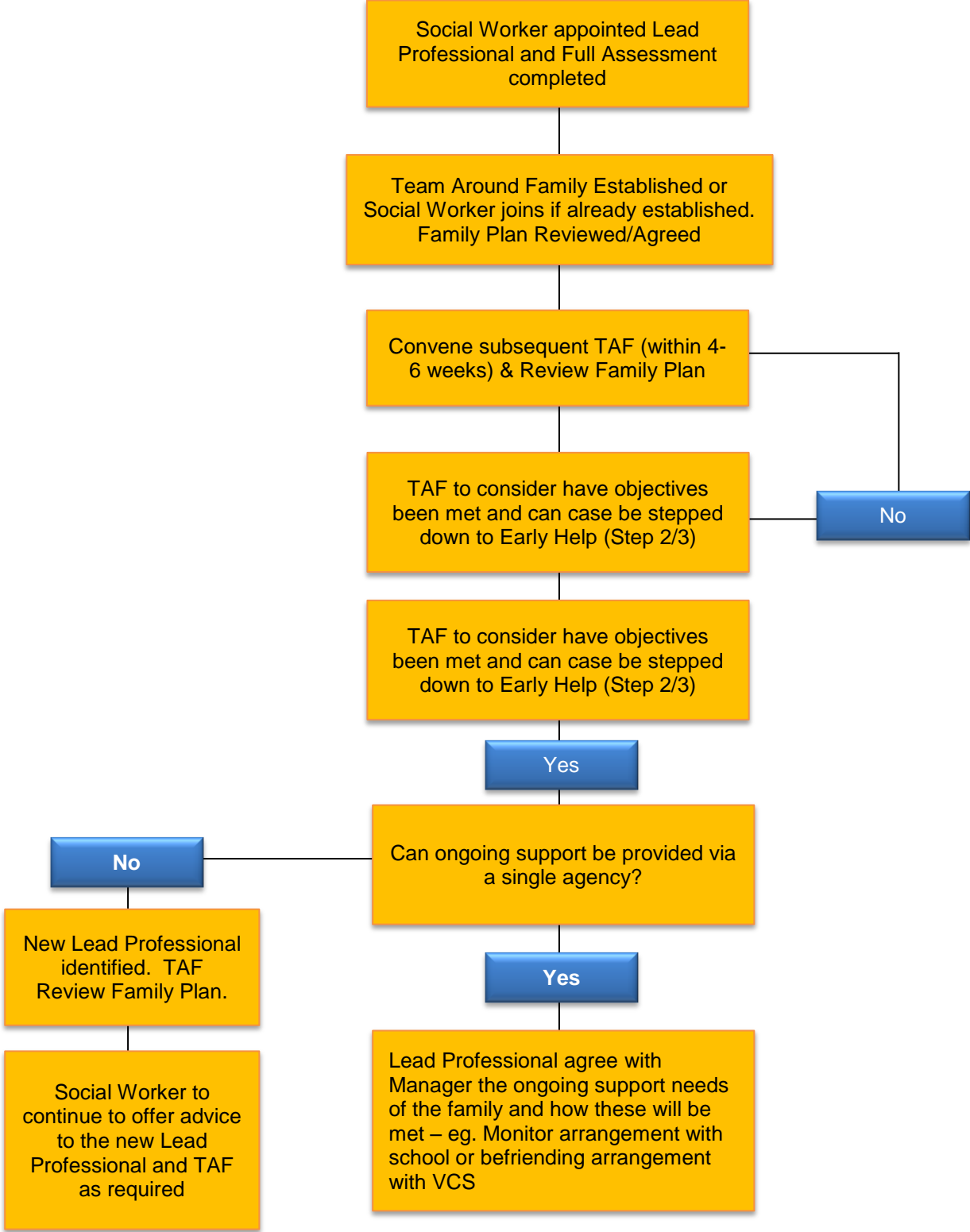


# FLOWCHART 2: ESCALATION



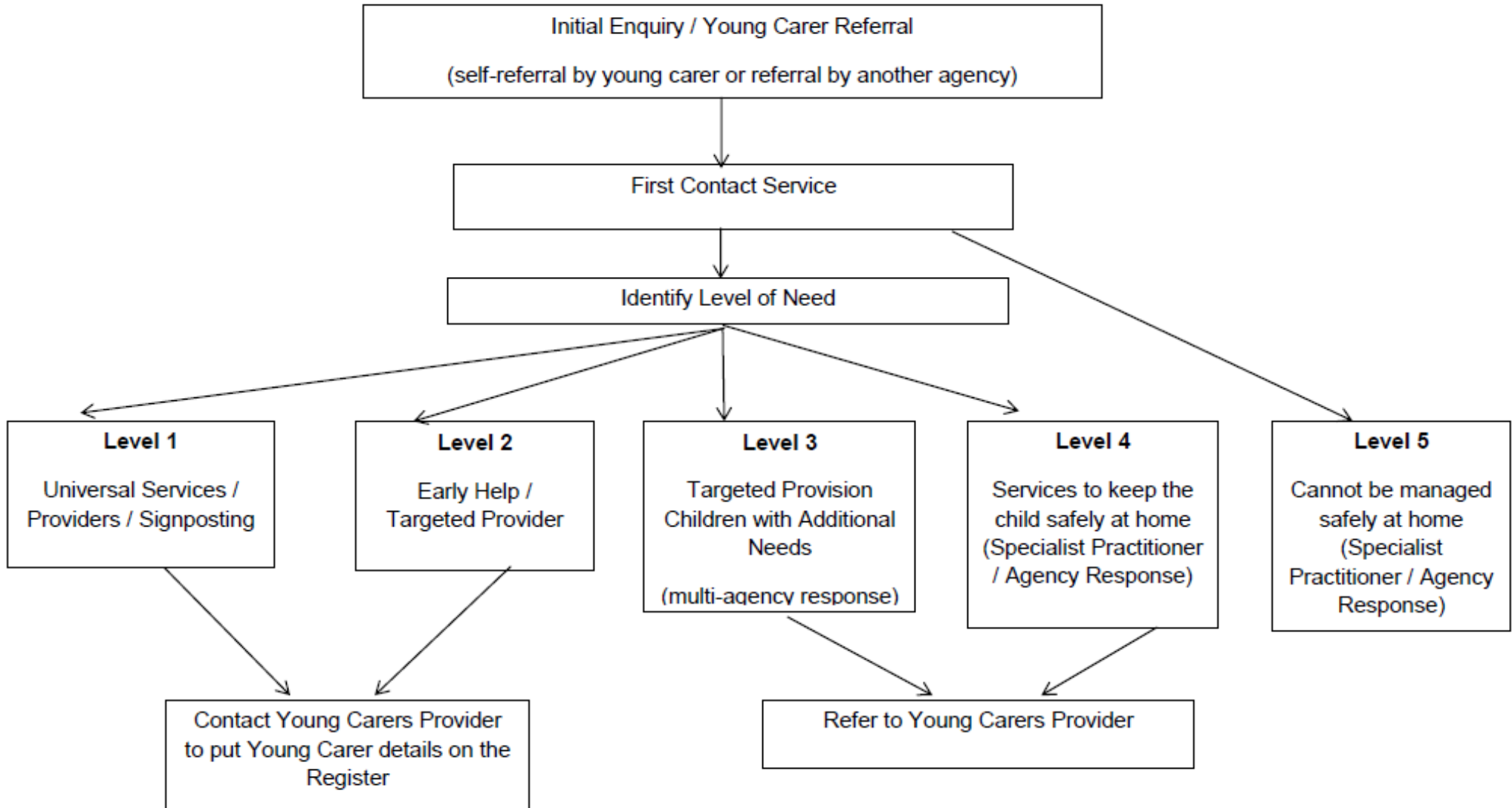
# FLOWCHART 3:

## DE -ESCALATION STEP 4/5





**YOUNG CARERS REFERRAL PROCESS**



## GLOSSARY OF TERMS

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### **ACCOMMODATION (Children Act 1989, Section 20)**

Local Authorities are required by legislation to provide accommodation for children who require it under s 20 of the Children Act.

### **ASBO's – Anti Social Behaviour Orders**

### **ASSESSMENT FRAMEWORK**

This is a shorthand term for guidance contained within the 'Framework for the Assessment of children in need and their families'. This is national guidance published in 1999 setting out a detailed framework for achieving consistency and quality in assessments and planning for children in need.

### **SAF**

The Single Assessment Framework. This follows a similar format to Initial and Core Assessments, but it is designed to be carried out by any professional, and is simple and straightforward to complete. The purpose of the SAF is to ensure that additional needs are identified and assessed at the earliest opportunity, so that when necessary services can be offered and coordinated. The ultimate aim is prevent problems becoming more serious through early intervention. It is a simple assessment to determine whether the child would benefit from a coordinated plan. If such is plan is necessary, a Lead Professional will be agreed, to coordinate the services offered by the 'Team around the Family'.

### **CARE LEAVERS**

Entitlement to Services under the Leaving Care Act 2000 extend to all young people who meet the criteria. **See YPS procedures**

### **CARE PROCEEDINGS**

'Care Proceedings' refer to the Local Authority making an application for a Legal Order under the 1989 Children Act.

### **CARER**

This is a general term for anyone looking after a child or young person. A carer can be a parent, a step parent, a relative, a private foster carer, or a foster carer

### **CHILD IN NEED**

Under Section 17 (10) of the Children Act 1989, a child is a Child in Need if:

- He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;

- His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
- He/she is disabled.

## **CHILDREN AND FAMILIES PARTNERSHIP**

The County Durham Children & Families Partnership works to ensure effective services are delivered in the most efficient ways to improve the lives of children, young people and families in County Durham.

## **CHILD SUBJECT TO CHILD PROTECTION PLAN**

Children who are judged to be risk of continuing harm, and who have been the subject of a child protection conference, will have a child protection plan.

## **CHILD / YOUNG PERSON**

A child or young person is aged up to 18 years with specific reference to the Children Act 1989. The general duties of Local Authority towards children and young people come to an end when the young person is 18. "Formerly Relevant" young adults under the Leaving Care Act 2000 receive support from the Young People's Service until the age of 21 (24 if in continuing education)

## **DISABLED CHILDREN**

The Disabled Children and Families Service carries out specialist social care functions in relation to children who meet the criteria (see Eligibility Criteria). Under the Children Act 1989 a child is disabled "if he is blind, deaf or dumb or suffers from a mental disorder of any kind, or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed".

Defining children's needs only in relation to the type or severity of their disability does not have regard to the social context in which the impairments become disabling for the child and his/her family. Under the Children Act disabled children are "children first" and are always regarded as children in need.

## **DURHAM LOCAL SAFEGUARDING CHILDREN BOARD (LSCB)**

The Durham LSCB is a statutory partnership which is responsible for ensuring effective interagency arrangements for safeguarding children.

## **LEAD PROFESSIONAL – SAF**

The role of the Lead Professional is to co-ordinate actions and services and share information with appropriate workers who are or will be providing support to a child or young person. The Lead Professional will be the worker with the most relevant skills and experience, who is known to child and family and they will be responsible for co-ordinating services of the Team around the Family (TAF).

## **LOOKED AFTER**

Looked After means a child/young person who is in the care of the local authority. Some children on a legal order living at home or with a close relative may be Looked After. There are technical and legal definitions; a looked after child can be

accommodated 'voluntarily' or under a legal order. The Local Authority has specific and extensive responsibilities for Looked after Children **Looked After Procedures**

## **ONE POINT SERVICE**

The overall aim of this service is to provide early help and support to children and families to reduce inequalities in children's health, wellbeing and achievement and to deliver tailored and progressive support to children, young people and families when their needs require it. The One Point Service has been set up to deliver an integrated service to all children and their families from pre-birth to the age of 19 with the aim of improving outcomes.

## **PRIVATE FOSTERING**

Children and young people sometimes live with a carer who is not a close relative. This could be a family friend, a neighbour, or a more a distant relative. If this is likely to continue for more than 28 days then there is a legal requirement for the Local Authority to assess the suitability of the arrangement, and to keep in regular contact with the young person concerned.

## **RISK TO CHILDREN**

Adults convicted of certain offences are designated as a 'risk to children'. Adults who fall into this category who have close contact with children may be subject to action to ensure the safety of any children with whom they have contact.

## **TEAM AROUND THE FAMILY (TAF)**

A 'Team around the Family (TAF) is convened whenever a SAF identifies that the child has needs requiring the support of more than one organisation or service. It is a response to the need for joined up services and the need to provide a more integrated approach within existing resources. The TAF provides a network of support and brings together relevant practitioners with the family to address the child or young person's needs. The team works together to plan co-ordinated support from agencies to address problems in a holistic way.

## **THINK FAMILY**

**'Think Family'** means taking a broader view by ensuring that both parents **and** children are able to get the support they need, at the right time, to help their children achieve good outcomes. It means making sure that families receive integrated, co-ordinated, multi-agency, solution focused support. By identifying problems early, all services can work closely together to help prevent a family's needs escalating and requiring more intensive intervention.

## **YOUNG CARER:**

The term "Young Carer" should be taken to include children and young people under 18 years who provide regular ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances. ("Working Together to Support Young Carers & Their Families: Memorandum of Understanding" DCC)